



How to Complete Your Primary Care Quality Improvement Plan:

Focusing on the quality dimensions: access, integration and patient-centred care

Webinar

Welcome and Introductions

Presentation Team

Anne Speares
QIP and Capacity Building Specialist
HQO

Alice Strachan
Quality Improvement Coach –
Primary Care
HQO

Margaret Millward
QIP and Capacity Building Specialist
HQO

Trish Dwyer
QIP and Capacity Building Specialist
HQO

Learning Objectives

By the end of this session, participants will be able to:

- Understand the role of QIP as a tool for driving organizational quality
- Understand the components of Quality Improvement Plan Template and Narrative and how to complete them
- Understand the Suite of Supports that are available to primary care organizations

Agenda

- Where to find the QIP documents
- How to complete the narrative
- How to complete the template
- How to submit your organizations narrative and template to HQO by April 1, 2013

How to Participate

- The control panel, which allows you to participate in the conversation and control your sound, can be opened by clicking the orange arrow (pictured right)
- Please type any questions you may have into the question pane at the bottom of the control panel. If you ask a question and it is not answered, or if you would like more information following the webinar, please contact us at:
QIP@hqontario.ca



Primary Care QIP Webinar Series

Today's webinar:

Webinar 1 Tuesday Feb 26th at 7:30am and 12:10pm:

How to complete your Primary Care Quality Improvement Plan

Webinar 2 Wednesday Feb 27th at 7:30am and 12:10pm:

Quality Improvement for Primary Care: beginning your journey

Webinar 3 Thursday Feb 28th at 7:30am and 12:10pm:

*Measurement for Primary Care Quality Improvement Plans:
understanding how to use data for improvement*

Poll Question

Before we get started today, please share with me your Quality improvement journey as it relates to the QIP:

1. Early stages of QI journey and no QIP
2. Early stages of QI journey but have a QIP
3. Well established QI journey, but no QIP
4. Well established QI journey with a QIP

QIP Narrative

Narrative

Is a Word document that allows organizations to provide the context for the information in the QIP template. As an engagement tool for organizational staff, the narrative can communicate commitment to the organization's QIP, and provides a practical framework to communicate the organization's quality improvement priorities for the upcoming year. The narrative should be no more than 2-3 pages in length, and written in a manner that can be easily understood by all audiences.

The guidance document, narrative and template can all be found on the MOHLTC website:

http://www.health.gov.on.ca/en/pro/programs/ecfa/legislation/qi_primary.aspx

QIP Template

Template

The Excel worksheet highlights the organization's improvement targets and initiatives for the next fiscal year. The template has been designed with flexibility for organizations to add organization-specific and regional priority areas and measures, but contains a core set of indicator themes that set a common vision for primary care. These priority themes underwent extensive consultation and analysis to ensure alignment with Ontario's Action Plan for Health Care and Health Links.

The guidance document, narrative and template can all be found on the MOHLTC website:

http://www.health.gov.on.ca/en/pro/programs/ecfa/legislation/qi_primary.aspx

Submission Process

Submitting your organizations narrative and template:

Once completed, both files must be submitted to HQO by April 1st, 2013 by sending them electronically to QIP@HQOntario.ca

Once received, your submission is reviewed and the information provided will be used to create an Analysis for Learning document for the sector. This document will be shared with the sector in the fall of 2013

Principles to guide the implementation of QIPs

- Implementation
- Standardization
- Improved Performance
- Establish Thresholds
- Accountability to Targets

QIPs as a tool for driving organization quality

- QIP is about improvement
- Engage all members of the team as well as clients/patients
- QIPs create a space for dialogue
- Incorporate planned strategies to build capacity

How to complete your QIP

1. Download the QIP documents from the MOHLTC website at
http://www.health.gov.on.ca/en/pro/programs/ecfa/legislation/qi_primary.aspx
2. Identify priorities
3. Identify indicators
4. Use what data you have to identify baseline for these indicators
5. Use the guidance document
6. If possible, involve all those who are involved in managing, providing, and overseeing care in your organization in the development, finalization and implementation of the QIP, including your board, patient/clients, clinicians and other staff

Narrative

Let's Make Healthy Change Happen.



2013/14 Quality Improvement Plan for Primary Care organizations in Ontario

[Insert Primary care organization Name/Logo]

[Insert Date]

This document is intended to provide primary care organizations with guidance as to how they can develop a quality improvement plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to HQO (if required) in the format described herein.

Please refer to the [QIP Guidance Document](#) for more information on completing this report.

Overview of Our Organization's Quality Improvement Plan

This section should highlight the main points of your organization's QIP and describe how it aligns overall with other planning processes within your organization and more broadly with other initiatives underway across the province.

[In completing this overview section of your organization's QIP, you may wish to consider including the following information:

- **Overview** [Provide a brief overview of your organization's QIP];
- **Focus** [Describe the objectives of your organization's QIP and how they will improve the quality of care in your organization] ;
- **Use of the Electronic Medical Record (EMR)** [Describe how your organization uses the EMR to improve quality of care (efficiency, access, safety, etc.)];
- **Integration and continuity of care** [Describe how your plan takes into consideration integration and continuity of care across sectors] ;
- **Practice/community profile** [Describe how your organization reviews the profile of its practice and/or surrounding community to identify priorities] ;
- **Chronic disease management and prevention** [Describe how your plan takes into consideration ongoing chronic disease management and prevention activities at your organization] ;
- **Accountability management** [Describe how performance on your plan will be monitored and tracked throughout the year] ;
- **Challenges and risks** [Describe any challenges and risks that your organization has identified in the development of the QIP] ;

Our Improvement Targets and Initiatives

Purpose of this section: Please complete the "QIP template" (Excel file). Please remember to include the spreadsheet (Excel file) as part of the QIP package for submission to HQO ([QIP@HQOntario.ca](#)).

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

[Insert Name]
Board Chair

[Insert Name]
Clinician Lead

[Insert Name]
Executive Director/Admin. Lead

Components of the Narrative

This portion of the QIP enables you to:

- Profile your organization and provide context for your QIP
- Share your organization's improvement goals and objectives for the coming year
- Share engagement activities and communicate commitment to the organization's QIP

It is recommended that the narrative be no more than 2-3 pages in length, and written in a manner that can be easily understood by all audiences.

Sample Narrative

2013/14 Quality Improvement Plan for Primary Care organizations in Ontario

[Anywhere CHC]
[April 1, 2013]

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Overview of Our Organization's Quality Improvement Plan

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In completing this overview section of your organization's QIP, you may wish to consider including the following information:

Overview: Our primary care organization has as its primary goal, a focus on the health and wellness of our community. With an emphasis on chronic disease management, disease prevention and health promotion, we are an integral community organization striving to partner with healthcare and community partners across Anytown to be a key support for our client's healthcare. We strive to deliver innovative, comprehensive primary care in an interprofessional care environment and view the achievement of quality as the critical element of our strategy.

Focus: In 2013, we will focus enhancing our role as a CHC with community partners. Specifically, with respect to chronic disease management and disease prevention we are offering new programs for clients and families that are linked to high priorities within our neighbourhoods and aligned with the MOHLTC 2012 Action Plan. Building on the successes achieved with our diabetes and cardiovascular health programs in 2012, we are launching new, interprofessional programs in 2013 focusing on Healthy Weight & Exercise and Addiction Support. 2013 will also see us entering into the arena of client safety with a pilot program on medication management. Partnering with our CCAC and community pharmacy partners, we have an ambitious goal of providing improved medication management (including medication reconciliation) to high-risk clients from our CHC.

Use of the Electronic Medical Record (EMR): With the implementation of a new EMR in 2013, additional work in transitioning client records is anticipated. This transition process will enable improved data accuracy and a renewed effort at standardization of data input by our team resulting in enhanced retrievability of data to support quality improvement activity. With 100% EMR adoption in our organization since 2011, we are focusing on expanding our monthly reporting to family physicians and nurse practitioners on relevant information pertaining to their clients. In addition, we are focusing on increasing the availability of data for quality improvement and research. Real-time data accessibility, standardization of data input and the involvement of our administrative team as critical participants in the use of information, highlight the ongoing data management goals for 2013.

Integration and continuity of care: In 2013, we will build on strong partnerships with community colleagues. Specifically, our proposed programs on Healthy Weights & Exercise and Addiction Support will demonstrate the linkage between community agency partners and medical specialists that work

will demonstrate the linkage between community agency partners and medical specialists that work with specific populations in our neighborhoods. With an emphasis on a broader definition of team in our community, we will add new measures to our monthly reporting including referral wait times for youth at risk of unhealthy behaviours; evidence of co-management with specialists for addiction support and number of visits that encompass cross-system clinical care delivery. In addition, we will expand our current client experience survey to incorporate questions that address the care experience in our community and beyond the walls of our CHC.

Practice/community profile: Our three (3) year strategic plan will be reviewed in 2013 as we expand our partnership platform and maintain a lens on meeting the healthcare and wellness needs of our clients. Working with our Board of Directors, LHIN partners, community agencies, our two local hospitals and client representatives, we will continue our practice of Town Hall sessions each quarter and engage the community in the design, delivery and evaluation of our work.

Chronic disease management and prevention: Our Quality Improvement Plan will highlight the core chronic disease improvement work we have taken on in 2011 and 2012 surrounding diabetes and cardiovascular health. In 2013, we will expand this focus to healthy weights and a focus on the prevention of obesity in children and youth in partnership with community partners. We will also target specific client populations in our community that are hesitant to seek preventive care and explore options that can be tested to improve screening rates for female cancers. Clients identified as high risk for medication errors and polypharmacy will be targeted for involvement in a new quality improvement initiative surrounding medication management in the elderly.

Accountability management: We will continue our current practice of providing fiscal, quality and activity information to our LHIN as required in our accountability agreement. Our Quality Improvement Plan will describe the core areas from the Accountability Agreement that encompass our aspirational goals for change in 2013. In addition to our Town Hall meetings, we endeavor to include clients on all quality improvement teams in 2013.

Challenges and risks: Maintaining a high-performing interprofessional care team is a challenge and we continue to experience delays in filling some positions related to shortages in professions such as nursing. We will continue to work closely with HealthForce Ontario to resolve this challenge. We have also identified the capacity opportunity we have relative to quality improvement and have an ambitious target for training staff during 2013.

Our Improvement Targets and Initiatives

Purpose of this section: Please complete the "QIP template" (Excel file). Please remember to include the spreadsheet (Excel file) as part of the QIP package for submission to HQO (QIP@HQOntario.ca).

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

[Insert Name]
Board Chair

[Insert Name]
Clinician Lead

[Insert Name]
Executive Director/Admin. Lead

Components of Quality Improvement Template

AIM		MEASURE			CHANGE				
Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2013/14	Target justification	Planned improvement initiatives (Change Ideas)	process measures	change ideas (2013/14)	Comments
Access	Access to primary care, when needed	Timely access to primary care, when needed: Percent of patients/clients able to see a doctor or nurse practitioner on the same day or next day, when needed				Consider selecting initiatives such as: 1) Implement Advanced access principles	Consider selecting process indicators such as: Time to third next available appointment		
						2) ... NJ)			
Space for additional indicators									
Integrated	Timely access to primary care appointments post-discharge through coordination with hospital(s).	Primary care visits post discharge : Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions				1) 2) ... NJ)			
Space for additional indicators									
Patient-centred	Receiving and utilizing feedback regarding patient/client experience with the primary health care organization.	Patient/client engagement : How often are you involved to the extent that you want to be in decisions related to your care?				1) 2) ... NJ)			
		Opportunity to ask questions : When you see your doctor or nurse practitioner, how often do they or someone else in the office encourage you to ask questions?							
		Having enough time : When you see your doctor or nurse practitioner, how often do they or someone else in the office spend enough time with you?							
Space for additional indicators									

Poll

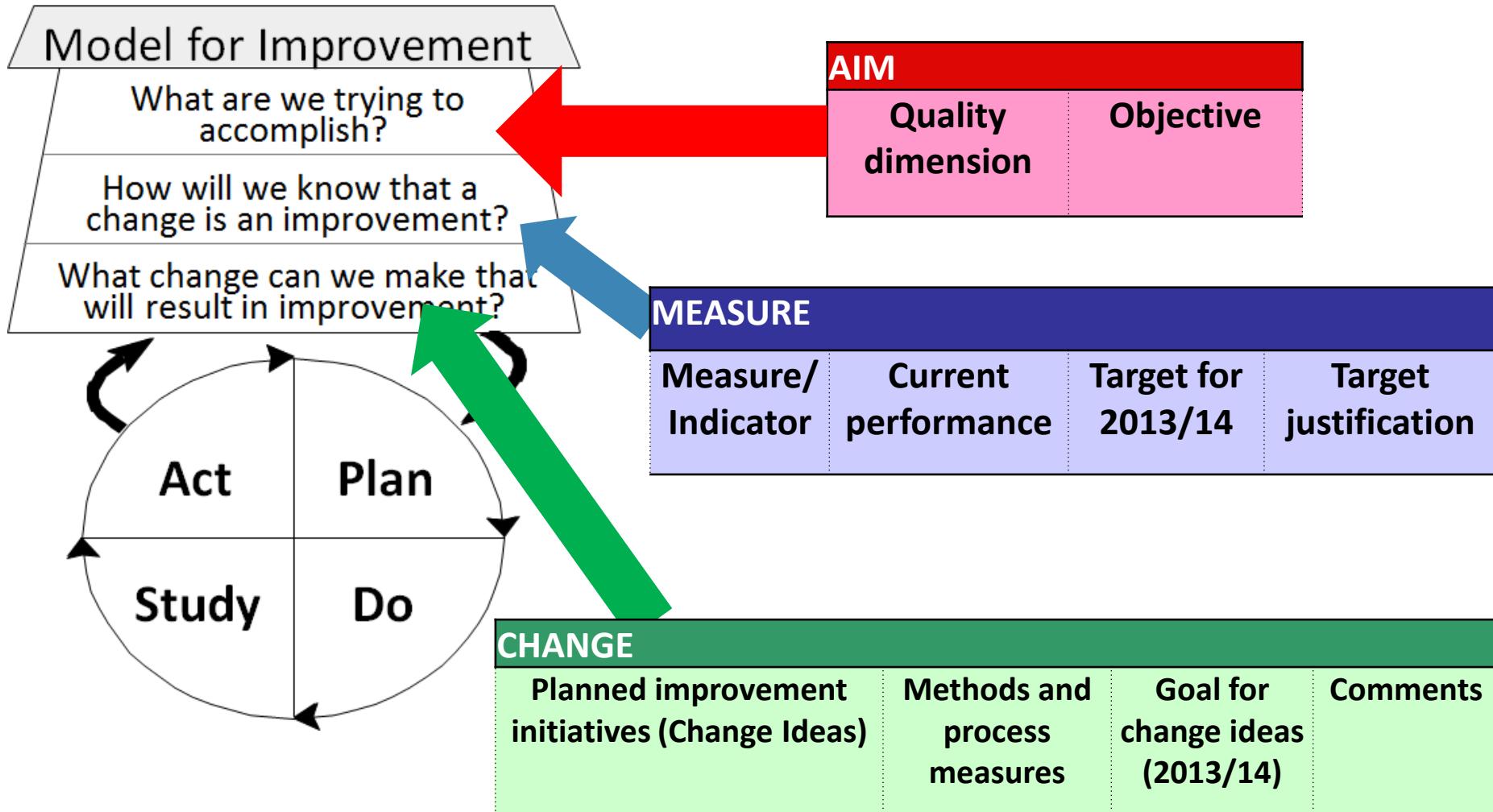
Has your organization downloaded the Narrative and Template from the MOHLTC website?

- Yes
- No

Has your organization started to complete the Narrative and Template?

- Yes
- No

Quality Improvement Plan Template (Excel)



Dimensions of Quality

- **Patient-Centred**
- Safe
- **Accessible**
- Effective
- Efficient
- Equitable
- **Integrated**
- Appropriately resourced
- Population Health focused

The Ministry has identified these 3 priority areas for Primary Care

Aim

AIM		MEASURE			CHANGE					
Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2013/14	Target justification	Planned improvement initiatives (Change Ideas)	process measures	change ideas (2013/14)	Comments	
Patient-centred care	Receiving and utilizing feedback regarding patient/client experience with the primary health care organization.	Patient/client engagement: How often are you involved to the extent that you want to be in decisions related to your care?				1)				
		Opportunity to ask questions: When you see your doctor or nurse practitioner, how often do they or someone else in the office encourage you to ask questions?				2)				
		Having enough time: When you see your doctor or nurse practitioner, how often do they or someone else in the office spend enough time with you?				... N)				
		Space for additional indicators								



These core priorities were identified based on the following principles:

- Strategically aligned with Ontario's quality agenda as well as other provincial priorities (e.g., Health Links)
- General applicability across sector
- Supports standardization
- Easily understood by the public
- Opportunity for focused improvement

Measure

AIM		MEASURE			CHANGE				
Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2013/14	Target justification	Planned improvement initiatives (Change Ideas)	process measures	change ideas (2013/14)	Comments
Access	Access to primary care, when needed	Timely access to primary care, when needed: Percent of patients/clients able to see a doctor or nurse practitioner on the same day or next day, when needed				Consider selecting initiatives such as: 1) Implement Advanced access principles 2) ... N)	Consider selecting process indicators such as: Time to third next available appointment		
<i>Space for additional indicators</i>									



Measure/Indicator	This column has been pre-populated with a core set of indicators (see Appendix 1, Detailed Information to Complete Your QIP , for more information on these indicators). Additional indicators can be added to address organizational priorities. When selecting additional indicators, please consider the importance of focusing on meeting the needs of your roster and/or community.
Current Performance	What is your organization's current performance associated with the indicator? Suggested information and reporting periods have been included for each of the core indicators to guide completion of this section (see Appendix 1, Detailed Information to Complete Your QIP , for more information on this). <i>Note: some primary care organizations are already measuring these and other indicators. For many others, this will be the beginning of the quality journey, and data for "current performance" is currently not available. In these cases, it is appropriate to describe current performance as "not available" and to indicate methods of gathering data in your change plans</i>
Target for next fiscal year	This column should indicate the targeted outcome your organization expects to achieve by the end of the year. For more information on target setting, please see Appendix 4, Target setting <i>Note: for organizations that are at the beginning of their quality journey, and data for "current performance" is currently not available, it is appropriate for the target to be, "establish baseline."</i>
Target Justification	In this column, organizations are instructed to provide a justification for the chosen target.

Change

AIM		MEASURE			CHANGE					
Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2013/14	Target justification	Planned improvement initiatives (Change Ideas)	process measures	change ideas (2013/14)	Comments	
Integrated	Timely access to primary care appointments post-discharge through coordination with hospital(s).	Primary care visits post discharge : Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions				1) 2) ... N)				
	<i>Space for additional indicators</i>									



Planned improvement initiatives (Change Ideas)	The improvement initiative column provides details about the quality improvement initiative (i.e., the changes) being put in place that will lead to the improvement being sought. It is possible to describe more than one change idea, as to address the challenge from various angles. Please see Appendix 1, Detailed Information to Complete Your QIP , for more information on change ideas.
Methods and process measures	This column identifies the methods the organization will be using to track progress on its planned improvement initiatives and the process measures in place that can be used to evaluate progress of the initiatives in meeting target goals. Please see Appendix 1, Detailed Information to Complete Your QIP , for more information on process measures for change ideas.
Goal for change ideas	This is the organization's target specifically related to the process measures it proposes to use to track progress on its change ideas.
Comments	This is the place for any additional comments. These may include factors for success or any additional information the organization may wish to provide. Add comments that help tell the story or describe situations that may impact improvement activities or targets.

Sample Completed Template

AIM		MEASURE			CHANGE				
Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2013/14	Target justification	Planned improvement initiatives (Change Ideas)	Methods and process measures	Goal for change ideas (2013/14)	Comments
Access	Access to primary care, when needed	JUST GETTING STARTED: Timely access to primary care, when needed: Per cent of patients able to see a doctor or nurse practitioner on the same day or next day, when needed	Unknown	Collect baseline	This data is currently not available	<p>1) Begin patient surveying: Collect information on a survey about patient/clients perception of receiving a visit within the same day as required.</p> <p>2) Begin to implement "Advanced Access" techniques: Understand and balance supply and demand Understanding the patterns of both demand and supply on a weekly, monthly or seasonal basis</p>	<ul style="list-style-type: none"> Development of survey Number of patients surveyed Analysis of survey results <ul style="list-style-type: none"> Education sessions for staff Begin measuring demand and supply 	<p>Goal is for 10% of patients seen in 2013/14 to have completed a survey by March 31, 2014.</p> <p>Plan education session on Access for staff. Train staff on how to collect data on access in August 2013</p> <ul style="list-style-type: none"> Measure demand for all appointments by provider and day by September 1, 2013 Measure supply of appointments by provider and day by September 1, 2013 Measure activity (number of appointments used) by provider and day by using workload by September 1, 2013 	Getting EMR system upgrade in summer 2013
		WELL ON YOUR WAY: Timely access to primary care, when needed: Per cent of patients able to see a doctor or nurse on the same day or next day, when needed	50%	75%	Improve by 50% from baseline	<p>1) Understand demand for care and supply (capacity)</p> <ul style="list-style-type: none"> Develop a plan for redistributing workload to meet demand Develop a plan to monitor provider patient loads monthly Identify the number of providers and appointments needed to meet daily demand Adjust provider/staffing hours to match demand pattern Manage variation in demand (e.g., guide pre-booked appointments to days when you tend to have more supply than demand) Make sure to "do today's work today" after eliminating backlog Develop a plan to continuously measure supply and demand for appointments Use regular huddles and staff meetings to organize the day and to optimize team communication <p>2) Increase Supply of Visits</p> <ul style="list-style-type: none"> Maximize provider and staff schedules Optimize the care team — ensure all team members are functioning to their highest level of certification /licensure to maximize response to patient demand Remove unnecessary appointment work from providers. Make sure providers have time to do "provider work" that only they can do Look for appointments that could be managed by non-providers Group visits and/or shared medical appointments Use technology, including EHRs/EMRs, email, telephone and patient portals Encourage patient engagement and self-management <p>3) Backlog reduction</p> <ul style="list-style-type: none"> Distinguish between good and bad backlog Develop a plan to reduce the bad backlog (e.g., add additional appointments temporarily) Develop a communication plan Set beginning and end dates Plan for staffing support Develop plan for any additional needs while reducing backlog Display wait-time data Protect providers with short wait times — don't fill their schedules up with others' work <p>4) Continue to monitor patient feedback through surveys</p>	<p>Use data sources to measure care accessed by patients annually (demand) and divide by planned supply of appointments by care team:</p> <ul style="list-style-type: none"> % of providers measuring number of appointments and provider type per day % of providers receiving training sessions for staff on how to manage backlog % of providers implementing daily huddles % of providers reporting 3rd next available appointment % of patients/clients responding positively to survey regarding access to same day appointment <p>Average number of QI teams that met at least bi-monthly to plan tests of change</p> <p>Average number of changes tested per provider team per month</p> <p>Count number of people calling in per day/per week who are requesting appointments</p> <p>Ratio to internal and external demand</p> <p>Count number of planned supply per day</p> <p>Count number of activities per day by provider</p>	<p>Goal is for panel equation (ratio of annual demand to supply) to be reviewed/considered by 100% of providers in organization</p> <p>1/3 of staff to participate by meeting as local QI team per provider per organization</p> <p>100% of providers in organization have documented one or more small changes tested per QI team per month</p>	

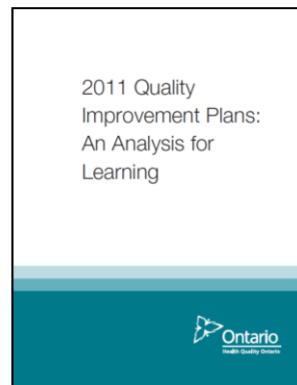
Annual Analysis Reports

HQO's *Quality Improvement Plans:* *An Analysis for Learning:*

- What is important to the sector?
- What priorities are emerging?
- What trends are emerging?
- Purpose of report is for learning, Improvement not accountability

HQO's *Quality Improvement Plans:* *An Analysis for Improvement:*

- Highlights progress achieved in the sector over 2014/15
- Presents key findings regarding priority setting, target setting and change plans
- The analysis is for learning purposes, not for accountability or judgement



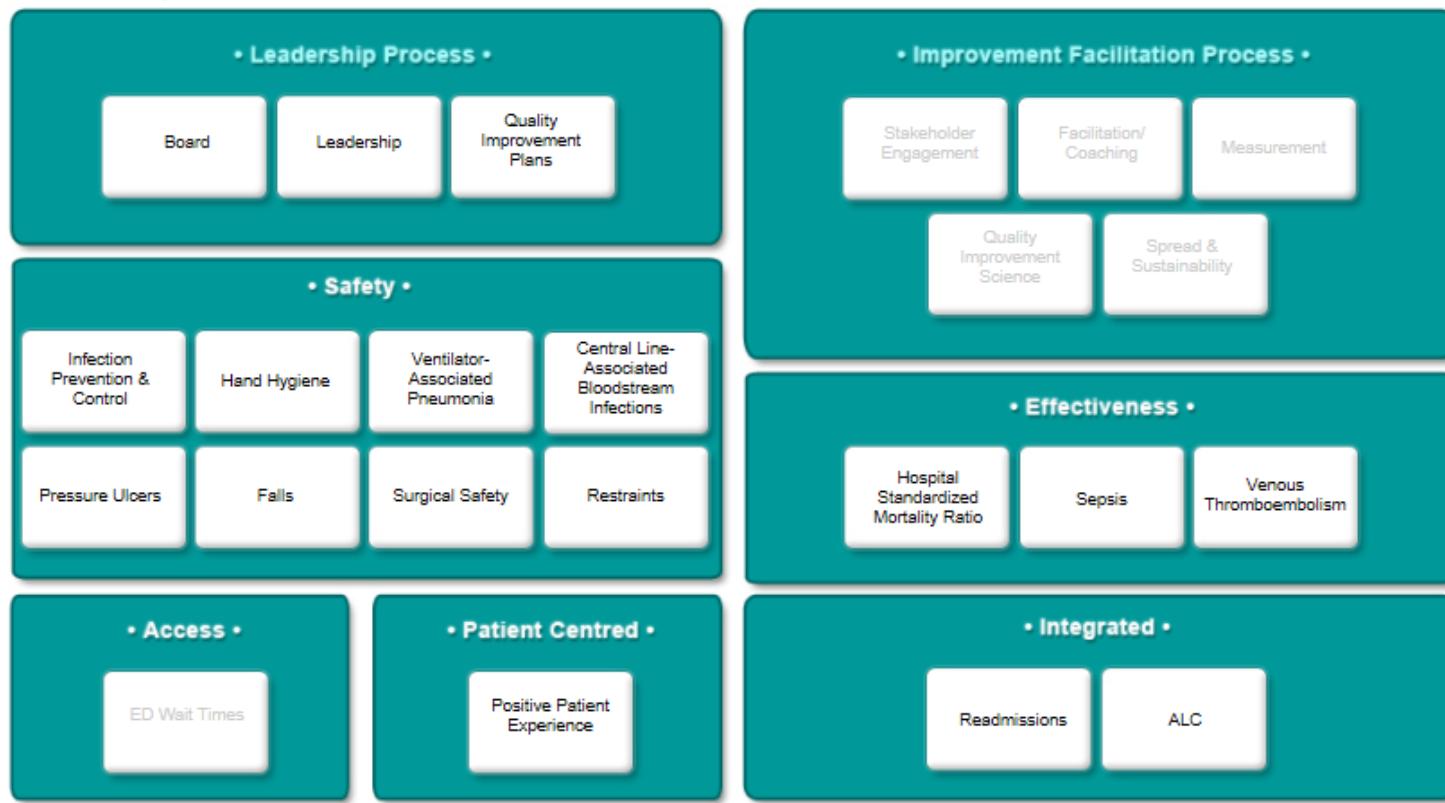
Resources for Capacity Building

- HQO Quality Improvement Framework
- 2012/13 Quality Improvement Plan analysis report
- HQO QIP Specialists (QIP@hqontario.ca)
- Live web-based learning opportunities from HQO
- Institute for Healthcare Improvement Open School
- HQO Quality Compass
- Signing up for bestPATH, Advanced Access & Efficiency & CDM, or other locally based initiatives

Quality Compass



Improvement Map



Advanced Access, Efficiency & Chronic Disease Management for Primary Care

Wave 6 Learning Community

- Application deadline is March 1, 2013 (rolling application process)
- Wave 6 begins March 20, 2013
 - Six months of AA&E & three months of Chronic Disease Management (as well as three months of data collection for sustainability)
- Supports available to primary care practices:
 - QI Coaches
 - Resources such as: road map, workbook, tools, new & improved user-friendly Gateway, webinars
- For more information or to apply, visit: www.hqolc.ca
- Questions? Contact: learningcommunityinfo@hqontario.ca

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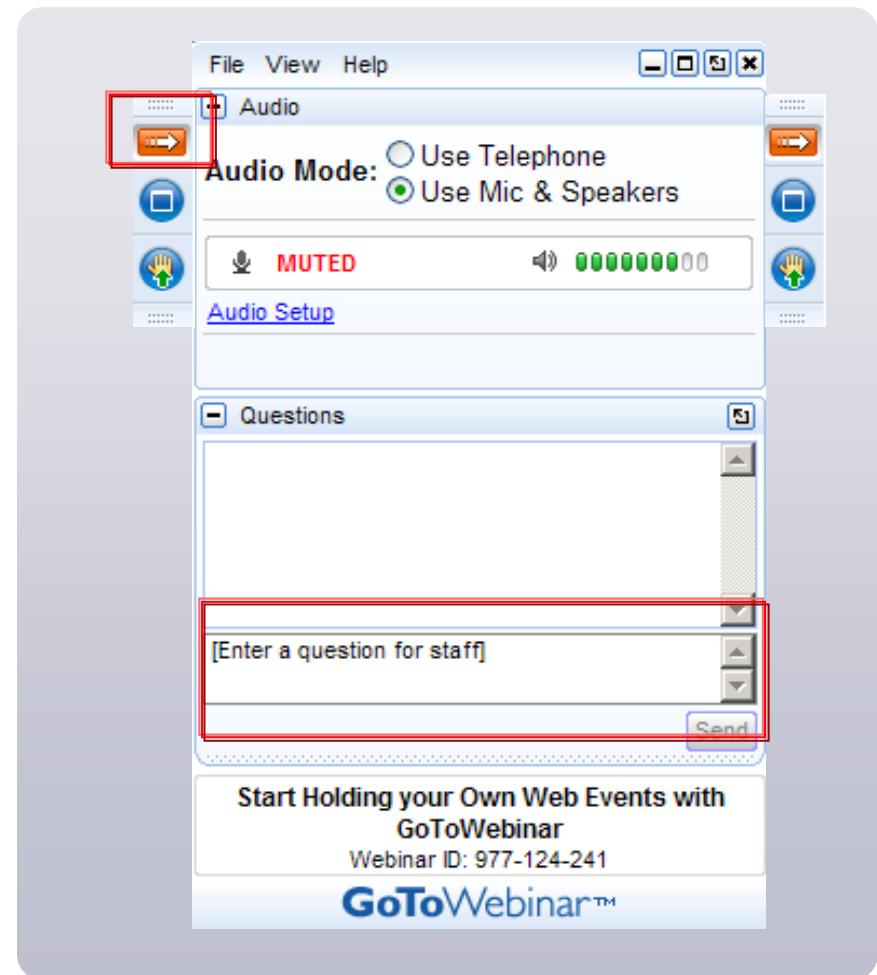
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Thanks for joining us!