

Long-Term Care Quality Improvement Plans

Frequently Asked Questions

Q. What is a Quality Improvement Plan?

- A. A Quality Improvement Plan (QIP) is a formal, documented set of commitments that a health care organization makes to its patients/clients/residents, staff and community to improve quality through focused targets and actions. QIPs are used in many sectors to assist organizations in delivering quality programs and services.

Q. When does my organization need to submit their QIP?

- A. All QIPs must be submitted by April 1, 2014. Organizations will be able to submit their QIPs via the QIP Navigator between March 1 and April 1 each year.

Q. I have questions about completing my QIP. Where can I find answers?

- A. There are four areas where you can find support and guidance for the completion of your organization's QIP.
- I. There is a comprehensive Guidance Document available on the Ministry of Health & Long-Term Care's [website](#)
 - II. The [QIP Navigator](#) has built-in help functions (see Question mark icons) to guide you through the process and provide you with helpful examples
 - III. An extensive suite of resources is available on the [Resources page](#) of the QIP Navigator
 - IV. You can contact an HQO QIP specialist at QIP@hqontario.ca

Q. What is the submission process for 2014/ 15 Quality Improvement Plans (QIPs)?

- A. Hospitals and primary care organizations are to submit their 2014/15 quality improvement plans via QIP Navigator, Health Quality Ontario's convenient online tool, by April 1, 2014. To access the QIP Navigator, please [click here](#).

Long-term care (LTC) organizations and community care access centers (CCACs) are to submit their QIPs via email, using the templates provided on the Ministry of Health & Long-Term Care's [website](#). Long-term care and CCAC quality improvement plans consist of a Narrative and a Workplan. The Narrative is to be submitted as an MS Word document, while the Workplan is to be submitted as an MS Excel spreadsheet. Both documents should be emailed to QIP@hqontario.ca by April 1, 2014.

Q. Who is required to submit a QIP to HQO?

- A. The following organizations are required to develop QIPs and submit them to HQO by April 1 of every year:
- All public hospitals in Ontario
 - Inter-professional team-based primary care models - specifically, Family Health Teams (FHT), Nurse Practitioner-led clinics (NPLC), Community Health Centres (CHC), and Aboriginal Health Access Centres (AHAC)
 - Community Care Access Centres (beginning in 2014)
 - LTC homes are encouraged to submit QIPs by April 1, 2014. However, they will not be required to submit annual plans until 2015.

Q. Where can I find the QIP guidance materials?

- A. Guidance materials are posted on the Ministry of Health & Long-Term Care's website and include the guidance document, the indicator technical specifications document, and a FAQ. [Click here](#) to visit the ministry's QIP website.

Q. Are there indicators that I am expected to include in my QIP?

- A. The [Indicator Technical Specifications](#) document describes a set of priority indicators for each sector's QIP. Each organization should review the priority indicators for their sector and determine which are relevant to them.

To support this process, your organization should also review its current performance against provincial benchmarks/theoretical best for all priority indicators. Additional indicators, relevant to your organization's quality improvement goals, can also be included in your QIP.

Q. Can changes be made to a QIP after it has been submitted to HQO?

- A. Although the QIP becomes read-only once it has been submitted through the QIP Navigator, organizations can still make updates to their QIPs after they have been submitted. For example, an organization may alter their change strategy if an improvement initiative was not effective. If amendments are made to a plan after April 1, HQO recommends that the most current version of the QIP be posted on the organization's website and that any changes be made apparent to the public.

Please note that any changes that are made to a QIP after the April 1 deadline will not be considered in the QIP analysis report that HQO develops each year.

Q. What are the Quality Improvement Plan (QIP) requirements for organizations that contain a hospital and a long-term care (LTC) home?

- A. The hospital and the long-term care home need to develop their own QIPs. It is recommended that these QIPs be developed in collaboration to ensure alignment and shared goals. Although there may (and should) be overlap in indicators, it will be important for each "sector" to have change ideas specific to the population.

Q. What is the relationship between quality improvement plans and long-term care home inspections?

- A. The QIP does not replace requirements for continuous quality improvement (CQI) and the utilization review system under the LTCHA. The CQI, the utilization review system, and QIPs support quality improvement, and may share goals and priorities.

Q. Is every long-term care home expected to complete a quality improvement plan? Can one QIP be submitted on behalf of all homes within a corporation?

- A. All homes are required to develop, make publicly available, and submit to Health Quality Ontario a QIP by April 1 of every fiscal year. Although collaboration within corporations, across sectors, and within your LHIN is encouraged, each individual home will need to submit its own plan.

Q. When will data for emergency department visits (avoidable hospitalizations) be available?

- A. Reducing emergency department (ED) visits is one of the six priority themes for the long-term care QIP. This indicator was originally defined as "ED visits for ambulatory care sensitive conditions (ACSC)", to be consistent with the data that is currently reported on HQO's public reporting site. However, analysis conducted since the guidance materials were originally published indicates that this specific indicator is rarely reportable at the home level (due to small numbers). A more appropriate way of defining/measuring the indicator (to include a comprehensive list of conditions that are appropriate to LTC homes for quality improvement purposes) is being explored.

For the 2013/14 QIP, homes are encouraged to track ED visits in-house, using worksheets and tracking documents. Resources for tracking ED visits can be found on the [HQO website](#) and through the [INTERACT](#) (Interventions to Reduce Acute Care Transfers) program.

Please note that ED visits can be necessary and appropriate. Tracking ED visits (and listing reasons for the visit) will support quality improvement efforts and is a step toward identifying the types of visits that may have been avoidable if the underlying cause was effectively managed. This is a developmental measure to support quality improvement efforts, and for many homes, the target this year will be to identify a baseline.

Q. Will the provincial averages for the QIP indicators be provided?

- A. The provincial averages for the four (4) publically reported indicators (Falls, Pressure Ulcers, Restraints, Incontinence) are available on HQO's [public reporting website](#). Homes may use the FY 2012/13 indicator adjusted results posted on HQO's website to compare provincial averages and benchmarks. They can also look at their Q2 2013/14 adjusted results in the Canadian Institute for Health Information's [e-Reporting](#) publication. Homes can compare their most recent results to the benchmark, or use their Q2 2013/14 CCRS indicator unadjusted results to set targets for improvement.

Q. If we want to maintain our current performance, do we put our current performance as our target? Or should we just enter it in the comments?

- A. In this instance you would put your current performance as your target, and in the target justification column you would justify why you are aiming to maintain your current performance.

Q. The guidance documents refer to unadjusted data. Can we use the raw data from PCC (IM software) or does it have to be from the CIHI report?

- A. As much as possible, homes are encouraged to use CIHI's eReports rather than the data from their IM software (i.e. PCC, goldcare, etc.). The data in CIHI has been cleaned and is available as both adjusted and unadjusted rates. The PCC data are lower in comparability and reliability. Additionally, if HQO were to pre-populate data, we would use data from CIHI's eReports.

Q. Is there a definition for theoretical best?

- A. Theoretical best is the best possible outcome. For example, zero waste (e.g., defects, overproduction, unnecessary waiting, too much motion, etc.) or 100% adoption of a recommended clinical practice. For some indicators - particularly those that relate to a disease - it may not be realistic to aim for a theoretical best, because these indicators can be reduced but not eliminated (e.g., responsive behaviours).

Q. If an LTC organization is already doing well on the priority indicators, are they free to choose others?

- A. Organizations are encouraged to focus on the priority indicators, but if performance is at or near provincial benchmarks they can focus on additional indicators that are relevant to them. If you are choosing not to focus on one of the priority indicators, organizations are expected to provide a rationale in the comments section.

Q. Under the QI dimensions, what would be another example of an "effective" indicator (other than incontinence)?

- A. HQO currently reports on five (5) quality indicators related to the effectiveness of long-term care. These indicators pertain to incontinence, the activities of daily living, cognitive function, pain and emergency department visits. More detail on these indicators can be found [here](#). The "effective" dimension is defined as follows: People should receive care that works and is based on the best available scientific information.

Homes should strive to achieve the best possible outcomes for their residents. The care provided to residents should reflect accepted best practices and should aim to maximize resident independence to the fullest extent possible. This includes, but is not limited to, appropriate incontinence care, pain management, treatment for depression and mood disorders, and restorative care that sustains or enhances residents' ability to carry out the activities of daily living.

Q. What should we do if we are performing below provincial goals for an indicator?

- A. If your performance is worse than the provincial average, we encourage you to focus on that indicator. If you are performing better than the provincial average, you still may want to strive to perform as well as the provincial benchmarks (where they exist).

Q. Will executive compensation need to be tied to performance in LTC?

A. No, not at this time.

Q. One Residents First project was huge and took over a year to fully execute. How is it possible to do six projects in one year in order to be in alignment with this QI Plan? What are the expectations regarding the amount of work required for each QI project? Each topic is a huge undertaking if it is to be done well and sustained.

A. HQO recognizes that it takes focus and resources to work on QI projects and that setting priorities can often be a challenge. Organizations are not necessarily required to actively work on improvements in all areas. Organizations are encouraged to carefully consider the target they wish to reach for each priority indicator; the gap between current and target performance; the complexity of the problem; and the human, financial and temporal resources required to achieve the targets they have set. When those issues have been considered, organizations will be able to prioritize QI projects and develop improvement plans for the year. In many cases, organizations will choose to focus their energy and resources on one or two indicators.

Please contact QIP@hqontario.ca should you have further questions