

# ResidentsFirst

Advancing Quality in Ontario Long-Term Care Homes

Focus the system  
on a common  
quality agenda

Catalyze  
Spread

Build  
Evidence &  
Knowledge

Broker  
Improvement

Evaluate  
Progress

## Residents First Measurement Webinar

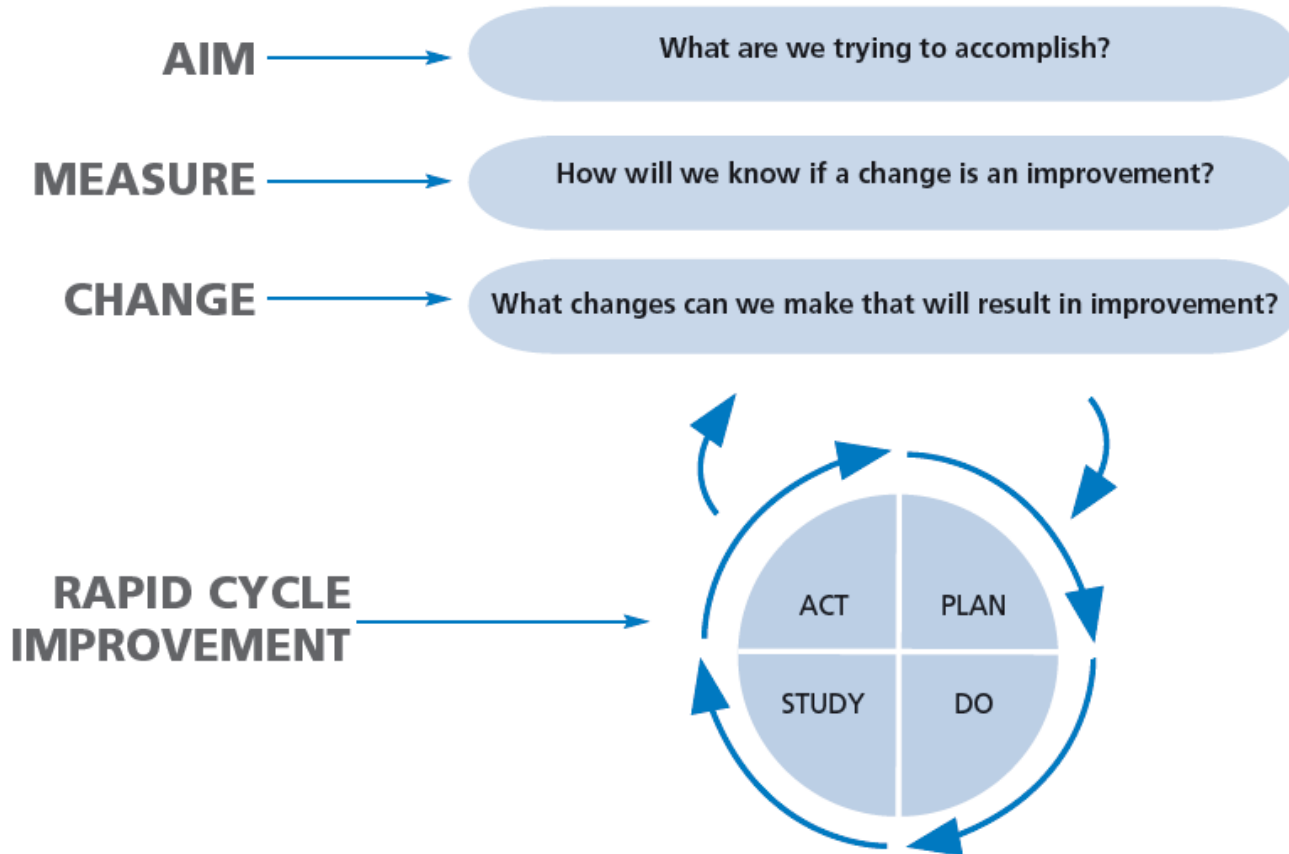
# Learning Objectives

- Describe outcome, process and balancing measures
- Describe how to link measurement to Quality Improvement Plans (QIPs)
- Describe the importance of measures/data to tell your story of quality improvement
- Provide a website tour of the Resident First Measures section

# Polling Question #1

- What topic(s) is your organization currently working on?
  - Responsive Behaviours
  - Pressure Ulcers
  - Falls
  - Other
  - Don't know

# Quality Improvement Framework



# Aim

## What are we trying to accomplish?

“Reduce Responsive Behaviours by 50% from 30 to 15 per month, for all residents in Sunny Grove LTC. Do this by April 2013.”

**“Some is not a number, soon is not a time.”**

*- Don Berwick, December 2004, at launch of the 100,000 Lives Campaign*

# Measures

“How will we know if a change is an improvement?”

- Outcome
- Process
- Balancing



**A Family of Measures** usually consists of five to seven measures to monitor a quality improvement topic.

# The QI Family of Measures

**Type of Measure:**

**Outcome**

**Process**

**Balancing**

**Question to ask:**

Will this measure directly measure my Aim? Will it directly allow me to see how I am doing relative to my Aim?

Will this measure allow me to see if we are performing the tasks that will lead to improvement?

Will this measure allow me to track if something else is being affected negatively by my changes?

**Example:**

Number of responsive behaviours in the month by type

Percentage of newly admitted residents with behavioural information on their care plan

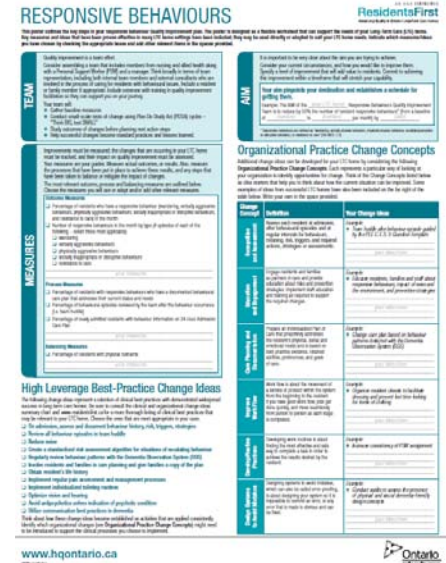
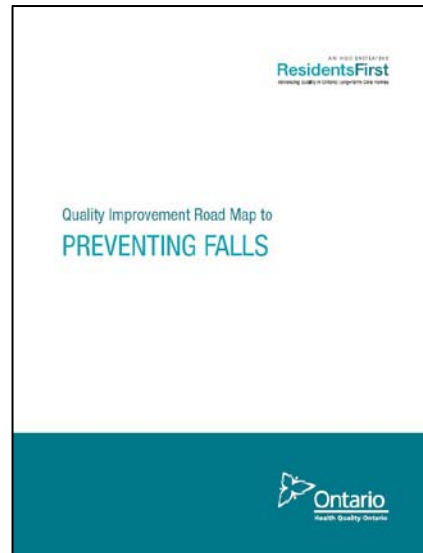
Percentage of residents with physical restraints

# Changes

“What changes can we make that will result in improvements?”

## Residents First Change Packages Preventing:

- Falls
- Pressure Ulcers
- Responsive Behaviours





# Polling Question #2

- Have you or members of your team accessed the Residents First Change Packages?
  - Yes
  - No

# LINKING MEASURES TO YOUR QUALITY IMPROVEMENT PLANS (QIPs)

# QIPs

## Three versions of QIPs are useful for leaders:

1. Topic specific QIP for public
2. Organizational QIP for annual planning
3. Implementation QIP – a one-page snapshot to help teams see how their work relates to the big picture and a simple reporting form for their progress

[illegible]

The image displays three overlapping 'Resident First' Quality Improvement Plan (QIP) templates. Each template is a worksheet with a header section and a data table. The templates are color-coded: the top one is light blue, the middle one is light green, and the bottom one is light orange. The top template is titled 'Resident First Quality Improvement Plan - continued' and features a table with columns for 'Problem Statement', 'Root Cause', 'Intervention', 'Responsible Person', 'Timeline to Address', 'Responsible to Report', and 'Comments'. The middle template is titled 'Resident First Quality Improvement Plan - continued' and features a table with columns for 'Problem Statement', 'Root Cause', 'Intervention', 'Responsible Person', 'Timeline to Address', 'Responsible to Report', and 'Comments'. The bottom template is titled 'Resident First Quality Improvement Plan - continued' and features a table with columns for 'Problem Statement', 'Root Cause', 'Intervention', 'Responsible Person', 'Timeline to Address', 'Responsible to Report', and 'Comments'.

[illegible]

# Linking QI: Topic Specific QIP

AN HQO INITIATIVE  
**ResidentsFirst**  
Advancing Quality in Ontario Long-Term Care Homes

## Creating a Topic Specific Quality Improvement (QI) Plan

This template is to assist you in creating a topic specific Quality Improvement (QI) plan. A topic specific QI plan should be developed for every QI topic your home is working on. A topic specific QI plan needs to address three key questions:

- What are we trying to accomplish?
- How will we know a change is an improvement?
- What can we do that could result in an improvement?

Home Name: [insert name of your ltc home here]: \_\_\_\_\_

**Aim Statement:** A clear and measureable aim is critical to the success of a QI initiative. Fill in the blanks below

**Our QI aim is to improve/ reduce** (insert topic here) \_\_\_\_\_ **by** (insert % improvement here) \_\_\_\_\_,

**From** (insert baseline measure here) \_\_\_\_\_ **to** (insert target measure here) \_\_\_\_\_ **by** (insert date here) \_\_\_\_\_

**Our change ideas include:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Context and/or information unique to your home that will help tell your home's quality improvement story:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Linking QI: Organizational QIP

An Organizational QIP is the full list of QI topics your home will work on for the upcoming year.

It is divided by groups and the topics are divided by strategic priority.

This should be aligned to your annual strategic and operational plans.

[illegible]

# Dashboards

- Where are we in comparison to earlier time periods?
- How far are we from our targets?
- Are we making progress towards our targets?

LEADING QUALITY - QUALITY IMPROVEMENT PLAN

LTCH: \_\_\_\_\_ DATE: \_\_\_\_\_


AIM		MEASURE							
STRATEGIC AREA	TOPICS FOR IMPROVEMENT	OUTCOME MEASURE	BENCHMARK	LONG-TERM GOAL	TARGET AIB THIS YEAR	TARGET JUSTIFICATION	EXECUTIVE SPONSOR (TITLE)	TIMEFRAME (approx)	PRIORITY
	1								
	2								
	3								
	4								

CHANGE										
PLANNED IMPROVEMENT	RESOURCES REQUIRED	MEASURE	BENCHMARK	TARGET	RELATIONSHIPS TO IMPACT	CHALLENGES TO ADDRESS	INDIVIDUAL ACCOUNTABLE	COMMENTS	TIMEFRAME (approx)	PRIORITY

LEADING QUALITY - IMPROVEMENT DASHBOARD

LTCH: \_\_\_\_\_ DATE: \_\_\_\_\_

STRATEGIC AREA		
OUTCOME MEASURE	TARGET AIB PROGRESS TO DATE (RUN CHART)	VARIANCES AND ACTION PLAN
		
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# Why is Measurement Important?

Only through measurement can we understand what we are doing well, what is not working, and what requires improvement.

**Measurement drives your improvement efforts.**

We will discuss:

- The difference between outcome, process, and balancing measures
- Review each with examples

# Outcome Measures

***Capture what is important to the resident and reflect how the overall system is working***

**Answers the question:**

- Are we fulfilling our aim?

**Examples:**

- Falls rates (# of residents by severity of harm level)
- Pressure ulcer rates (% of residents with stage 1 to 4)
- Responsive behaviour (RB) rates (% of residents who have a RB)



# Process Measures

***Process measures are leading indicators. They are the voice of the process; and reflect how steps in the system are performing.***

**Answer the question:**

- Are we doing the things we thought would result in an improvement?

**Examples:**

- RB risk level documented on the care plan
- RB episode reviewed by a team after an occurrence

# Balancing Measures

***Look at the system from different directions/dimensions. What happened to the system as we improved process and outcome measures?***

**Answer the questions:**

- Are we inadvertently having a negative impact on other parts of the system through our actions?
- What could go wrong if we do this?

**Examples:**

- For RB = % of residents with physical restraints

# Family of Measures

## Example: Responsive Behaviours

**Behavioural Supports Ontario (BSO) RB Outcome:  
Are we fulfilling our aim?**

- **RB Outcome #1:** Percentage of residents who have a responsive behaviour
- **RB Outcome #2:** Number of responsive behaviours in the month by type (# of episodes select type)

# Family of Measures

## Example: Responsive Behaviours

- **BSO RB Process Measures:** Reflect how the steps in the process are performing.
- **RB Outcome #3 Process:** Percentage of residents with responsive behaviours who have a documented behavioural care plan that addresses their current status and needs.

# Family of Measures

## Example: Responsive Behaviours

- **RB Process #4:** Percentage of behavioural episodes reviewed by the team after the behaviour occurrence (i.e., team huddle).
- **RB Process #5:** Percentage of newly admitted residents with behaviour information on 24-hour admission care plan.

# Family of Measures

## Example: Responsive Behaviours

- **RB Balancing Measure:** What happened to the system as we improved process and outcome measures?
- **BSO RB Balancing #6:** Percentage of residents with physical restraints.

# Data Quality Tips

Quality Dimensions*	What to Consider
Accuracy	Develop a standard process for coding, collecting and entering data
Timeliness	Keep data entry current for useful reports
Comparability	Use standard definitions and common data sources
Usability	Post annotated run charts and start every QI meeting with the data
Relevance	Communicate your Aim and link it to the data to show the relevance of data collection

\*CIHI Data Quality Framework, 2009

# Website Tour

## www.hqontario.ca



The screenshot shows the Health Quality Ontario (HOO) website. At the top, there is a navigation bar with links for LOGIN, CONTACT US, SHARE, FRANÇAIS, and TEXT SIZE. Below this is a teal header with the HOO logo and a navigation menu: HOME, ABOUT US, PUBLIC REPORTING, QUALITY IMPROVEMENT, and EVIDENCE. A search bar is also present. The main content area features a large image of hands being stacked, with the heading "STRATEGIC PARTNERSHIPS" and the subheading "BE A PARTNER. BE A PART OF CHANGE". A paragraph explains the importance of partnerships, and a button links to "LEARN MORE ABOUT PARTNERING WITH HOO". Below this, there are three columns of content: "Public Reporting" with a photo of a healthcare worker and a patient, "Primary Care QIP Guidance Documents" with a photo of a doctor and a family, and "bestPATH" with a photo of two people. To the right, a "NEWS" section lists two articles from March 2013, each with a "READ MORE" button. The footer of the website is teal with the HOO logo and the text "Ontario Health Quality Ontario".

**Public Reporting**

Explore the quality indicator results

Our partners in [community care access centres](#), [long-term care homes](#) and [hospitals](#) are committed to transparency and accountability by participating in HOO's public reporting program.

**Primary Care QIP Guidance Documents**

Improving Quality in Ontario's Health System

The Ministry of Health & Long-Term Care has released guidance materials to assist primary care providers in the development of their QIPs. Visit their site for a template and documents that will help you

**bestPATH**

bestPATH: A support to Health Links

bestPATH is a key enabler to Health Link communities and provides a suite of tools, services, and expertise to improve quality of care for Ontarians.

bestPATH is a quality

**NEWS**

**EVENTS**

**MARCH 19, 2013**  
**New & Improved Learning Community**  
HOO launches their new and improved Learning Community, which was designed to provide primary care teams with expert QI guidance, networking opportunities, and helpful resources.  
[READ MORE](#)

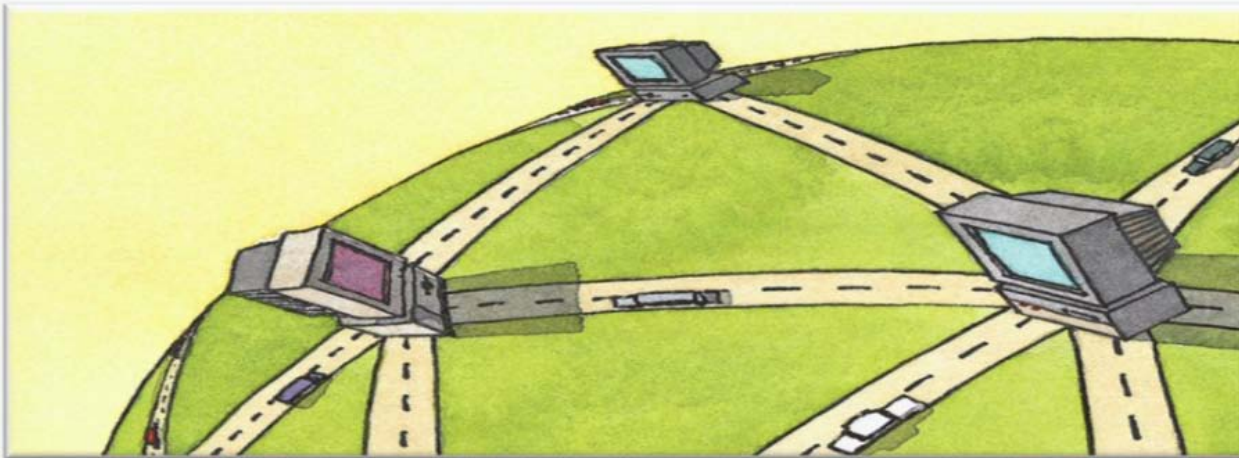
**MARCH 11, 2013**  
**QIP Deadlines & Supports**  
QIPs must be submitted by April 1, 2013. HOO has developed the QIP Navigator to simplify the submission process.  
[READ MORE](#)



# Polling Question #3

- Have you tried to login to the Residents First website to ...
  - Enter data
  - Gather resources/templates
  - Learn more about QI
  - Not at this time, but plan to

# Frequently Asked Questions



## Provincial Expansion of HQO's Long-Term Care Public Reporting Program

Wednesday, July 25, 2012



PARTNER



<http://oha.mediasite.com/mediasite/Play/071f0cfc0ee3422e80cf7973a1004a5a1d>

# Next Steps

Support – we're here!

- Residents First Website & QI Tools
- IHI Open School
- QI Coach Line

# QI Coach Line

## 1-866-623-6868, ext. 138



# Polling Question #4

- How will this webinar and information provided support you with your quality improvement initiative?
  - Entering data
  - Collecting data
  - Preparing our QIP
  - Other
  - Not at all



[www.hqontario.ca](http://www.hqontario.ca)