

**Quality
Standards**

Getting Started Guide: Putting Quality Standards Into Practice

A guide designed for people who are interested or involved in using quality standards to improve care



Ontario Health
Quality

Table of Contents

About this Guide	1
Brief Overview of Quality Standards	2
Before We Begin	6
Phase One: Planning for Change	8
Phase Two: Implementing Change	23
Phase Three: Sustaining Change	28
References	31
Appendix A: Quality Improvement Plans	33
Appendix B: Action Plan Template	34

About this Guide

This document outlines a process for using quality standards as a resource to deliver high-quality care. It includes links to templates, tools, and stories and advice from health care professionals, patients, and caregivers.

This guide is for: clinicians, quality improvement and program leads, administrators, executives, patients and family advisors, and anyone else in the health system.

Use this guide to learn about evidence-based approaches to implementing changes to practice.

We describe the implementation process in three phases:

- Planning for change (p. 8)
- Implementing changes (p. 23)
- Sustaining change (p. 28)

As you read this guide, look for the following icons:



Quick Links

Links to implementation and quality improvement resources



Think About It

Opportunities and activities for reflection



Templates

Documents to support your implementation planning activities

Brief Overview of Quality Standards

What are quality standards?

A quality standard is a set of 5 to 15 statements that describe what high-quality care looks like across the Ontario health system, based on the best available evidence. Each quality standard addresses an area where there is currently high variation in care in the province and where data demonstrate that there are opportunities for improvement.

Developed in collaboration with physicians, nurses, other clinical experts, patients/residents, families, caregivers, and organizations across the province, our quality standards are designed to help:

- Health care professionals offer the highest quality care based on the evidence
- Patients/residents know what to discuss about their care with their health care professionals
- Health care organizations and professionals measure, assess, and improve the quality of their care
- Health system planners create the environment for health care professionals and organizations to deliver quality care

The following materials are produced for each topic:



A **quality standard** for health care professionals, clearly outlining what quality care looks like for that condition or issue based on the evidence. The standard includes recommendations for adoption to help policy makers, administrators, health care organizations, and professionals bridge the gaps between current care and care outlined in the quality statements to enable adoption of the quality standard across Ontario

The image is a screenshot of a data table. The title is "Transitions Between Hospital and Home Quality Standard Measures of Success by LHM in Ontario". The table has multiple columns and rows, with a blue header section. The content is too small to read in detail.

Data tables that can be used to examine variations in indicator results across the province



Quick Links:
Quality
Standards

Visit our website and browse all of our quality standards in their various phases of development.



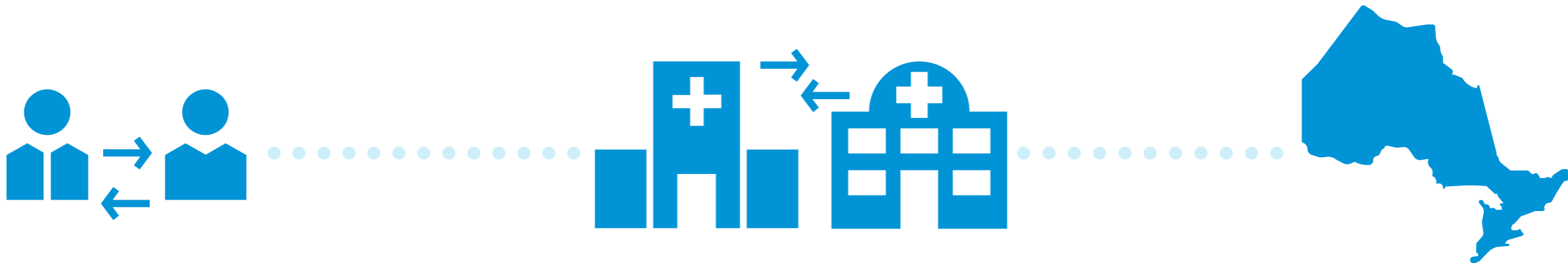
A **patient conversation guide** to help patients ask informed questions of their health care providers



A **measurement guide** for the indicators within the quality standard to enable health care professional and organizations to track their improvement efforts

How quality standards can be used to improve care across Ontario

Quality standards define what high-quality care looks like across the Ontario health system. Achieving the vision for high-quality care outlined in the quality standards may require improvement at the organizational, regional, and system levels.



At the **organizational level**, the quality statements and related indicators can be used as resources to make improvements to care. This guide will walk through that process.

At the **regional level**, the quality standards can be used to set and guide collaborative improvement within the region. Regional quality tables and clinical quality leads can help drive this process.

At the **system level**, the quality standards can be used to determine the types of changes and improvements that may be needed to support the delivery of high-quality care across the province. We are developing recommendations for adoption based on consultation with key stakeholders and front-line providers on how to address these system-level issues.

How quality standards can complement and support quality improvement initiatives and other programs

Individual level

Continuing professional development

Health care professionals who use the quality standards to guide practice improvement and enhance learning about evidence-based care may be eligible for continuing professional development credits, as this work can be included as part of their learning plans or self-assessment curriculum.

Organization level

Quality Improvement Plans

Certain health care organizations in Ontario are required to prepare and submit a Quality Improvement Plan to us each year. In a Quality Improvement Plan, organizations identify the quality issues they wish to address, select the indicators they will use to track their progress toward improvement, set targets for improvement,

and describe planned interventions (i.e., “change ideas”) to achieve these targets. The Quality Improvement Plan can be used as a tool to track and share progress on the quality statements.

Strategic plan

Quality standards can serve as a tangible link between an organization’s strategic plan and its quality agenda. Quality standards identify specific and measurable priority areas that ground strategy into quality initiatives and actions.

Accreditation

Many organizations participate in accreditation programs to improve quality, safety, and accountability. Some quality statements in the quality standards align closely with these accreditation standards. The quality standards include indicators, definitions, background information, and resources for implementation that may assist organizations in meeting accreditation standards.



Templates: Quality Improvement Plans

See the sample Quality Improvement Plans in [Appendix A](#) for examples of how you might integrate the quality standards into your organization’s Quality Improvement Plan.

Before We Begin...



Making and sustaining changes to practice to align with evidence-based best practices can be challenging, particularly in the context of a complex health system. However, a thoughtful approach to change that is rooted in implementation science can help to improve uptake of best practices.

Taking a systematic approach that starts with understanding the problem can help to structure the implementation and improvement process.

One approach suggests that implementation be guided by the following questions:¹

1. Who needs to do what differently?
2. Which barriers and facilitators need to be addressed that might impede or facilitate the “who” from doing the “what” differently?
3. Which intervention strategies can be used to overcome the identified barriers and enhance the facilitators?
4. How can the changes be measured and understood?

Think About It: Using the Quality Standards

How can you make the most out of the quality standards?

- 1. Assess current practice against the evidence-based care described in the quality statements to identify where current practice does not align with the quality standard.**
- 2. Identify the changes you can make to your current practice based on the statements outlined in the quality standard. Create an action plan to help you make these changes.**
- 3. Track your progress using the indicators in the quality standard.**
- 4. Share the patient guide with patients and their families and caregivers to stimulate discussion with their care providers.**



Here is a tool to help you with your implementation planning:

Template: The Action Plan

The Action Plan Template will help you to prepare a plan for implementing changes to practice that align with the care described in the quality standard. It will help you to assess current practice, identify barriers and facilitators to change, record interventions, and track progress.^{1, 3, 4}

[Download the Action Plan Template](#) to complete it with your team, or refer to a sample completed Action Plan Template in [Appendix B](#).

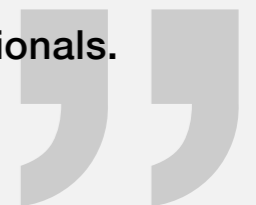


This does not feel like rocket science when it's presented this way. But our experience is that people normally jump to ... solutions without actually thinking about what the problem is that they're trying to solve, and to understand the determinants of that problem and how best to address them.

Dr. Jeremy Grimshaw²

If organizations begin to look carefully into what is going on at the point of care, [they will find that] many treatments may or may not be evidence based and may not be producing good outcomes. The biggest change will be a transformation from having to gradually (and maybe not so gradually) reduce non-evidence-based interventions and replace them with evidence-based interventions. You certainly can't add 20% to the workload of every psychologist, social worker, occupational therapist, and physician. This is a replacement process. This is a recalibration process. This is not an 'addition to' the workload of the various health professionals.

Dr. Phil Klassen, Vice-President Medical Services, Ontario Shores



Phase One: Planning for Change

The role of leadership

Strong and committed leadership is necessary to drive efforts toward changing practice within an organization. Leaders must play a visible and active role in supporting the implementation team and championing the use of quality standards across the organization and beyond.

Leaders within the organization will need to drive the allocation of resources to support implementation of changes where possible, communicate regularly about the value of the changes being made, and promote celebrations of success of the implementation.⁵

Some leaders will be actively involved with the implementation team or serve as executive sponsors. If a leader is not directly involved with the team, they should be aware, connected, and supportive of the effort.

Form an implementation team

With leadership committed to making changes to practice, developing a formal implementation team will be the next step.

The team's role

The team's role is to lead the implementation of changes to practice, monitor progress to ensure implementation is on track, and champion the work with their peers.

Who they are

The team should be multidisciplinary and should include physicians and other health care professionals who can represent all disciplines involved in the practice change. The team should include clinical leads and key opinion leaders who will be able to lead the change among their peers and generate buy-in. An example of members of an implementation team is pictured in the diagram.

In larger organizations, there may be different branches of the team in different departments or sites; in smaller organizations, the team may consist of only a few people. Establishing the team may involve pulling people in from other areas of the organization or rearranging tasks so that people have the capacity to be part of the team.



Select the quality statements that are relevant to your organization

The quality statements that make up a quality standard describe what best care looks like in different disciplines and sectors. The implementation team will need to review the quality statements and identify those that apply to your organization, sector, and patient population.

For some statements, the changes to practice can occur within the organization. For statements that require a broader effort beyond the organization, connect with leadership to identify regional partners.

Compare current practice with the quality standard

Once the statements that apply to your organization have been selected, the next step is a careful and detailed assessment of how current practice compares to these quality statements.

The implementation team should carry out this assessment. However, everyone who is involved in providing the care should be represented, as well as those receiving care.



Think About It: Assess Your Current Practice

As you assess your current performance, consider and document the following points using the Action Plan Template:

- ▶ **What are we doing now with regard to this aspect of care? Can we say we are meeting the statement to the full extent, partially, or not at all?**
- ▶ **What are the gaps between our current practice and the quality statement?**
- ▶ **What is the behaviour or process that needs to change?**
- ▶ **Whose behaviour needs to change— that is, who is involved in the aspect of care that does not align with the quality statement, or who should be involved?**

As you compare current practice with the quality standards:

Discuss with staff, patients, and their families and caregivers

- Create a list of key stakeholders for consultation
- Conduct interviews, focus groups, discussion forums, or surveys of both staff and patients and their families and caregivers
- Consult with the patient and family advisory committee to understand their experiences of care



Quick Links: Practice Reports and Performance Series Reports

Ontario Health (Quality) produces several types of reports that provide physicians and organizations with data related to their performance on key indicators. *MyPractice* reports provide physicians customized information about their practice and comparator data at regional and provincial levels. The Hospital Performance Series Report provides Ontario hospitals with comparative data and change ideas to support quality improvement for select topic areas. Visit the [our website](#) to learn more.

Measure, using quantitative data

- Use the indicators provided with the quality statements to assess your current performance against the quality statement
- Consider existing data you may have available
- Conduct audits or chart reviews to assess your current performance on these indicators
- Review other provincial, organizational, or provider-level data reports as available (e.g., Practice Reports and Performance Series Reports)
- Involve decision support, if available



Think About It

If you find that your current practice is already aligned with the quality statement:

- ▶ **Highlight it in your organization's Quality Improvement Plan**
- ▶ **Connect with other organizations to share your learnings**
- ▶ **Think about where there might be opportunities for additional improvement**

Prioritize quality statements for improvement

While you might identify multiple areas where you will need to modify practice to provide high-quality evidence-based care, you will need somewhere to start. Focus your efforts on a few key changes at a time. Successes with the first changes will help build trust and confidence for future changes.

Here are a few tips for how to prioritize these changes:

- Consult with your staff and clinicians, as well as with patients, families and caregivers—they can help you identify which changes are most important to them⁶
- Prioritize the changes that are relatively simple to make
- Begin by addressing statements that align with organizational or department priorities and/or quality improvement work you are already doing in your organization

Identify the barriers and facilitators that need to be addressed

Taking the time to understand the environment in which you wish to introduce change is crucial at all stages of implementation. To develop a strategy for change, you need to understand the types of barriers and facilitators at play in your organization.^{4,7} Being comprehensive in assessing barriers and facilitators can help to surface issues that might otherwise not have been considered.

Implementation scientists have developed comprehensive approaches to guide inquiry across a range of issues that might help or hinder change. One approach synthesizes factors from dozens of models of behaviour change into a Theoretical Domains Framework,^{8,9} which highlights 14 domains relevant to understanding behaviour change.

The list on the following page includes questions that may help you identify common barriers and facilitators within these 14 domains as you consider who needs to do what differently and what might help or prevent them from making these changes.⁷⁻⁹



Tool: Identifying barriers and facilitators in your environment

Knowledge

- Does the health care professional know about the evidence-based best practices described in the quality statement?

Skills

- Do they have the skills and competencies to carry out these practices yet?

Beliefs about capabilities

- Does the health care professional feel confident that they can carry out the practice described in the quality statement? Which barriers reduce their confidence?

Social/professional role and identity

- Does the practice align with how the health care professional sees their professional identity?
- Does the practice fit within their current role?

Beliefs about consequences

- What does the health care professional think will happen, either positive or negative, if current practice was changed to align with the quality statement (e.g., in terms of patient outcomes, processes of care, relationship with colleagues, impact on self as a health care professional)?
- Does the health care professional believe the benefits of the change in practice outweigh the costs?

Environmental context and resources

- Does the health care professional have sufficient time to perform the new practice?
- Are there competing tasks that might prevent the health care professional from performing the new practice? If so, what are they?
- Are the necessary resources available to enable the change? If not, what is needed (physical space change, adding tools and equipment, software, financial support)?

Optimism

- Overall, does the health care professional feel that doing this will lead to positive outcomes?

Intentions

- Do the health care professionals want to perform the new practice? If not, why not?
- With how many of their patients do they want to? If not all, why not?

Goals

- Have challenging but achievable goals been set with health care professionals in relation to the statements selected?



Tool: Identifying barriers and facilitators in your environment (continued)

Reinforcement

- What sorts of incentives and rewards are in place for doing this (e.g., meeting organizational standards, obtaining accreditation, job satisfaction, financial incentives, or satisfaction with providing high-quality care)?
- Are there any disincentives in place for doing this?

Memory, attention, and decision processes

- How likely is the new practice to slip their mind?

Social influences

- Who thinks they should do this? Does anyone think that they should not? (e.g., peers, colleagues, managers, professional organizations, or patients and their families)? To what extent do these people influence whether they will?
- Do health care professionals already do this?

Emotions

- How do they feel about doing the behaviour? Will doing the new practice create stress, anxiety, or worry?
- Is the changed practice seen in a positive or a threatening way?

Behavioural regulation

- What procedures and steps are already in place to help enact this practice?
- Are there tools in place to help health care professionals remember to perform the new practice (e.g., reminders, prompts, triggers, or cues)?
- What additional strategies might help?

Identify interventions to address your barriers and enhance your enablers

Once you have identified the barriers and enablers to making a change, you need to start identifying interventions that will help overcome the barriers while making use of the facilitators.¹

You may need to test multiple interventions that target the same barrier. Look for change ideas that have demonstrated impact to support change from other organizations or from the literature where available. Engage staff in identifying interventions to address each of the barriers and suggestions for how to deploy them.

Some examples of interventions are listed in the table that starts on the following page (note that this list is not exhaustive).¹⁰ Once you begin implementing your interventions, you will need to measure how effective they are and make adjustments if necessary.



Quick Links: Health Links Innovative Practices

Learn about the innovative practices being used by Health Links to support coordinated care management and transitions between hospital and home to identify interventions related to these aspects of care.

EXAMPLES OF INTERVENTION STRATEGIES TO SUPPORT IMPLEMENTATION OF CHANGES TO PRACTICE.^{1,10-14}

Barrier	Health care professionals do not have the knowledge or skills to complete the practice as intended
INTERVENTION STRATEGIES	Educational outreach/training ¹¹
DESCRIPTION	Education and outreach are provided to health care professionals. This may include interactive educational meetings/workshops that include role play and discussion or one-on-one visits with health care professionals to discuss practice change. ^{10,11,15}
EXAMPLE	Look to partner with organizations that may be able to offer education to staff. Ensure training is reflected in practice by embedding the education in policy documents and orientation materials.
Barrier	Health care professionals are not aware of their current performance
INTERVENTION STRATEGIES	Audit and feedback ¹¹
DESCRIPTION	Performance is measured and then compared to professional standards or targets. ¹⁶ This could be at the level of the individual health care professional or up to the organizational level. Performance is summarized over a period of time, and the health care professional or team receives feedback on their performance.
EXAMPLE	Conduct routine audits on practices that were not previously measured, such as comprehensive interprofessional assessments, and share the results with staff, the team, and individual health care professionals.

continued...

EXAMPLES OF INTERVENTION STRATEGIES TO SUPPORT IMPLEMENTATION OF CHANGES TO PRACTICE.^{1,10-14}

Barrier	Health care professionals are busy and may forget to perform the practice
INTERVENTION STRATEGIES	Reminders ¹¹
DESCRIPTION	Prompts to encourage change in clinical practice may include automated reminders, data collection systems, order sets, etc.
EXAMPLE	Integrate structured templates/order sets/medical directives/automated decision support tools into electronic systems.
Barrier	Some health care professionals do not believe the benefits of the change in practice will outweigh the cost
INTERVENTION STRATEGIES	Local consensus building ¹⁰
DESCRIPTION	Health care professionals are engaged in discussions about the relevance of the issue, the need for practice change, and their role in implementation.
EXAMPLE	Engage all staff who will be affected by the change in practice early and often. Incorporate their input as the implementation team conducts the barrier assessment and designs interventions (e.g., interventions that require resource re-allocation or partnerships to accomplish).

continued...

EXAMPLES OF INTERVENTION STRATEGIES TO SUPPORT IMPLEMENTATION OF CHANGES TO PRACTICE.^{1,10-14}

Barrier	Health care professionals do not recognize the positive impact the change in practice will have on patients' experience
INTERVENTION STRATEGIES	Patient-mediated interventions ¹⁰
DESCRIPTION	<p>Patients, caregivers, and family members are given materials needed to help with decision-making.</p> <p>Patients/caregivers/family members are engaged in improvements to care.</p>
EXAMPLE	<p>Share the patient guide for the quality standard you are working towards, by posting it in a public area of your organization.</p> <p>Include patients, caregivers, and family members on the implementation team.</p> <p>Consider posting run charts and other displays of progress in public areas.</p>

Connect with other organizations

It is likely that other organizations in your region or sector are also working to improve care for people using the quality standards. They may be able to share what worked or did not work for them, which could inform your team's plan. Information and/or tools (e.g., order sets or educational materials for health care professionals) could also be shared among organizations or developed through collaboration. Leadership at the organization can also help to build connections with other organizations throughout the region and through participation in regional quality tables or other initiatives.



Quick Links: Quorum

Join Quorum, an online community dedicated to improving the quality of health care across Ontario—together. Quorum can support your quality improvement work by allowing you to find and connect with others working to improve health care quality and identify opportunities to collaborate.

Create a measurement plan to track progress

Measuring changes to practice will enable the team to identify whether the intervention has led to an improvement.

To help organizations measure and track implementation and improvement, every quality standard includes three types of measures:

- **Outcome indicators**, which measure the impact of the quality standard in Ontario and, if possible, within an institution
- **Process indicators**, which track progress on the implementation of a quality statement
- **Structural indicators**, which measure whether the system and its institutions have the characteristics needed to implement the standard

Below are sample indicators for the Major Depression Quality Standard – Statement #4, Treatment after Initial Diagnosis:

People with major depression have timely access to either antidepressant medication or evidence-based psychotherapy, based on their preference. People with severe or persistent depression are offered a combination of both treatments.

SAMPLE OUTCOME INDICATOR

Number of inpatient deaths by suicide among people with a primary diagnosis of major depression

Data source: Discharge Abstract Database, Ontario Mental Health Reporting System

SAMPLE PROCESS INDICATOR

Percentage of people with severe major depression who receive a combination of medications and psychotherapy within 7 days of their assessment

Data source: Local data collection

SAMPLE STRUCTURAL INDICATOR

Availability of evidence-based psychotherapy

Data source: Local data collection



Think About It

There are many indicators included in each quality standard. There is no expectation that organizations will measure and report on all of these indicators. Select only the indicators that will help you to track progress on the interventions that you have designed.



Quick Links: Establishing Measures for Improvement

See the Institute for Healthcare Improvement's useful summary of establishing measures for improvement.

Collecting data

- Local data can be collected from:
 - Chart audits
 - Internally administered surveys
 - Electronic medical records
- Be sure to also collect baseline data on the indicators and use existing data collection systems whenever possible.¹⁷ Some indicators may be captured in administrative databases, such as the Discharge Abstract Database (DAD), National Ambulatory Care Reporting System (NACRS), and the Ontario Health Insurance Plan (OHIP)
- Consider collecting qualitative data. These include stories from health care professionals or patients, and lessons learned or reflections on the implementation/practice change^{18,19}

The measurement plan

The measurement plan should include documentation for how frequently performance on these indicators will be assessed and how that data will be shared with those making the change. Where possible, integrate measurement into daily routines. Plan to share both quantitative and qualitative data widely, and review the data with the team regularly so that they can see whether progress is being made. Consider using academic detailing and audit-and-feedback processes to share measurement data.



Template: Measurement Plan

A Measurement Plan Template is included on page 54 of our [Quality Improvement Guide](#).



Think About It

At this point, you will have created an Action Plan to guide you through implementation.

If not, download the [Action Plan Template](#) to complete it with your team. If you need guidance, refer to a sample completed Action Plan Template in [Appendix B](#).

Phase Two: Implementing Change

Using quality improvement science to guide implementation

Quality improvement refers to a team working towards a defined aim, gathering and reviewing frequent measures, and implementing change strategies using rapid cycle improvements.^{19,20} Quality improvement science provides tools and processes to assess and accelerate efforts for testing, implementation, and spread of quality improvement practices.

This section includes quality improvement tools that will help you achieve the change in practice you want to make.



Quick Links: The Quality Improvement Framework

Refer to our **Quality Improvement Framework** or the **Institute for Healthcare Improvement's website** for more information.^{19,20}

Set goals and aims

Set goals and aims for performance on indicators. Your aims should be specific (i.e., include a numeric goal and a timeline) and measurable.



Template: Sample Aim Statement

Here is a template for an aim statement from Health Quality Ontario's Quality Compass¹⁹:

“The aim of the _____ team
(ISSUE)
is to increase/reduce _____
(ISSUE)
by _____%, from _____ to _____
(BASELINE NUMBER) (TARGET NUMBER)
persons/% by _____”
(DATE)

Track and monitor

Track and monitor performance. This will be how you determine whether the change you have made (i.e., your intervention) is an improvement. You have already planned how you will do this when you prepared the measurement plan.



Quick Links: Run Charts

Run charts are a way to graphically track performance on the indicator of interest over time. Analyzing the patterns on your run charts will help to determine whether the interventions you are testing are leading to improvement, or whether you need to make adjustments. Refer to our quick-reference document on [how to interpret run charts](#).

Test change

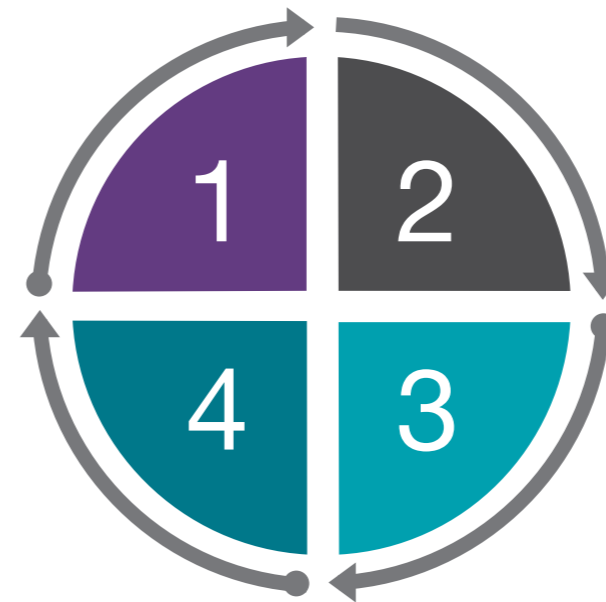
Conduct small tests of change to ensure improvement.

Plan-Do-Study-Act (PDSA) cycles are used to test interventions through small tests of change, which are interventions tested in a small part of the organization for a short period of time. Through each PDSA cycle, the implementation team may learn something new and/or tweak their intervention to better suit the needs of the organization. One intervention may undergo several PDSA cycles to refine the idea before applying it to the entire organization.

Document your progress

As changes are being implemented, progress on the indicators should be documented along with details of the new practices. The data you collect can be used to identify interventions that led to improvement and that could be spread to other units, departments, and organizations.

Plan-Do-Study-Act (PDSA) Cycle



Adapted from Health Quality Ontario's Quality Compass¹⁹ and the Institute for Healthcare Improvement's How to Improve.²⁰

- 1 Plan**
 - Objective
 - Questions and predictions (why)
 - Plan to carry out cycle (who, what, where, when)
 - Plan for data collection
- 2 Do**
 - Carry out the plan
 - Document problems and unexpected observations
 - Begin analysis of the data
- 3 Study**
 - Complete analysis of the data
 - Compare data to predictions
 - Summarize what was learned
- 4 Act**
 - What changes to be made?
 - Next cycle?



Think About It

Consider posting your progress in a public space so that staff, clinicians, and patients are aware of the team's goals and progress.



Quick Links: PDSA Cycle

Use our [tool](#) to help you conduct PDSA cycles.

Communicate about the implementation

Communicating to all staff and clinicians as well as patients, family members, and caregivers about the implementation will increase awareness and improve support for change. Consider who will be impacted by the implementation and what those individuals or groups might be most interested in or concerned about. Be sure to address any potential concerns in your messaging.

Influential groups within your organization

Influential groups within the organization can spread awareness of and support for the quality standard and the related improvements, and help to drive implementation across the organization. These groups can share information through presentations, newsletters, and webinars, and can also be actively engaged in development of the change strategies.

The following are examples of influential groups that could be involved in communicating about implementation:

- The medical advisory committee
- Other clinical committees
- The board or the quality committee of the board
- The patient and family advisory council
- Other volunteers

Health care professionals

In communications to health care professionals, concisely provide as much information as possible, including how and when reporting and measurement will take place. Clearly articulate staff and provider roles in implementation, as well as the expected impact of the implementation process on staff throughout the organization. Consider creating a notice to staff with the following information:

- A description of the implementation initiative
- Why you are doing it
- The evidence supporting the initiative
- The go-live date
- Their responsibilities regarding the initiative
- The training and implementation resources that will be available to staff to support them along the way, if any
- Data about current performance of the organization, region, and/or province
- A contact person who will receive any questions or comments

Patients, families, and caregivers

When you communicate with patients, families, and caregivers about the changes you are making, you should:

- Highlight that these changes are associated with the quality standard. The quality standard can help patients, families, and caregivers be informed about their condition and engage in informed discussions with their providers about their care
- Use plain language when communicating. Explore the use of talkback to allow patients, families, and caregivers to reiterate what they heard
- Identify who they should speak with if they would like more information or have questions about the quality standard or the intervention



Think About It: Communications Strategies

Here are some strategies for spreading the word:

- ▶ **Disseminate the quality standard to clinical care staff at professional practice councils**
- ▶ **Share information on how the quality standard will be used to improve care in organization/ regional blogs/newsletters (both internal and patient-facing) and staff meetings**
- ▶ **Incorporate the quality standard into messaging on organizational action plans/ strategic plans**
- ▶ **Solicit feedback and recommendations about the changes from staff and clinicians, quality committee, and patient and family advisory councils**
- ▶ **Provide updates on your action plan at senior management meetings**
- ▶ **Ask your leaders and champions to speak at implementation team meetings/ steering committees**
- ▶ **Encourage health care professionals to share the quality standard with their patients**

Phase Three: Sustaining Change

Monitor your performance for slippage

Evaluation and measurement are key to sustainability, and will allow you to assess whether the changes are “sticking” and are leading to the improvements in care you had intended. Continue to monitor the indicators you measured during the Implementing Change phase. The implementation team should identify and proactively plan for situations that may lead to slippage (e.g., staff turnover, vacation periods).

Having coaches or training available to provide staff with ongoing mentoring and support can be helpful when challenges or difficulties arise during implementation. Check in with the team (including patients, families, and caregivers) on a regular basis. Creating open channels of communication will ensure that the team stays committed to the change process.

Embed the changes into existing processes

There is a risk that improvements or practice changes could be lost through turnover of staff or shifting implementation or quality improvement priorities. Formalizing and standardizing the changes that have been made, and documenting the new processes, will help to support adherence. Include information about the new processes:

- During new staff orientation
- In training sessions for current staff
- In interprofessional engagement activities
- In performance appraisals

Celebrate success

The teams should share their successes and how these changes have positively impacted patients' experience and outcomes. Feature success stories in your organization's blog or newsletter, and share stories at quality improvement events or meetings. Continue to update the groups you have involved throughout the implementation process (e.g., your organization's patient and family advisory council).

Spread the changes you have made

Spreading the changes you have made may involve moving beyond your current unit or department to the entire organization, or beyond your organization to other organizations.

If you participate in a local or provincial community of practice, share your experience using the quality standards to improve care. Your experience and input will be valuable to other organizations that are looking to make similar changes.



Think About It: Share Your Story

If you have the capacity, consider submitting an abstract to a local or provincial conference, such as conferences held by associations in which you or your organization participate.

Participate in regional, provincial, or national quality improvement activities

We will continue to identify existing or new larger-scale quality improvement initiatives or activities to support the quality standards—for example, communities of practice, quality improvement interventions (identified through practice reports), and regional quality collaboratives.

These initiatives provide opportunity for knowledge exchange between teams working to address similar challenges, and often offer access to experts and shared resources. For more information, visit our [website](#).



Think About It: Get Involved!

Want to get involved in the development of quality standards? Participate in a quality standards advisory committee, provide comment on a draft quality standard, or provide feedback on our *Getting Started Guide* and tools to help us improve them.

Visit our [website](#) or email qualitystandards@hqontario.ca.

References

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Appendix A: Quality Improvement Plans

Did you know...

- Many of the quality statements in a quality standard align with priority or additional Quality Improvement Plan indicators
- Quality statements can be a source of change ideas for the Quality Improvement Plan
- If you plan to use a quality statement as a change idea, there are process measures that can be added to the Quality Improvement Plan to test the change idea

[Click here to see three ways to use a quality standard in your Quality Improvement Plan \(QIP\)](#)

Appendix B: Action Plan Template

The Action Plan Template will help you to prepare a plan for implementing changes to practice that align with the care described in the quality standard. It will help you to assess current practice, identify barriers and facilitators to change, record interventions, and track progress.^{1,3,4}

Shown here is an example of a completed action plan for the Schizophrenia Quality Standard.

[Download sample](#)

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Quality Standards Action Planning Template PAGE 1

Date Decided (dd mm yyyy)	Person Responsible:	Deadline for Action (dd/mm/yyyy)	Status Update:
03/05/2017	John Jones	01/12/2017	In progress

Question	Your Answer
Which quality statement is this action plan for?	#5 Promoting Smoking Cessation – Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered behavioural and pharmacological interventions to alleviate nicotine-withdrawal symptoms and to help them reduce or stop smoking tobacco.
Does this statement apply to your organization? (yes/no)	Yes
What are we doing now?	Providers regularly offer pharmacological interventions to alleviate nicotine withdrawal symptoms, but do not regularly offer behavioural interventions.
What are the gaps between current practice and the quality statement?	Providers do not regularly offer behavioural interventions for patients with mental health conditions, as this is not regularly offered in the mental health inpatient unit.
What is the behavioural practice that needs to change?	One or more providers need to be assigned responsibility for providing behavioural interventions for patients with schizophrenia and be trained on how to provide these behavioural interventions.

SAMPLE

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