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November 25, 2016

RE: 2017/18 Annual Priorities for Quality Improvement Plans

Dear Colleagues,

Health Quality Ontario is pleased to share the 2017/18 Annual Priorities for Quality Improvement Plans. Each year when we release the priorities, it's an opportunity to reflect together on the progress that we're making to advance quality and achieve improvement across the Ontario health system. The quality improvement underway is impressive, and gradually, as we saw in our [Measuring Up 2016](#) report, we are seeing improvement in several important areas. We want to acknowledge the 1042 hospitals, interdisciplinary team-based primary care organizations, long-term care homes, and community care access centres in Ontario for submitting 2016/17 QIPs this past April and sharing what you've achieved in the previous year – it is a remarkable demonstration of your continued commitment to quality improvement.

It's clear from this enormous effort that health care organizations and their teams in Ontario have a strong focus on quality improvement, a focus reflected in many other exciting initiatives currently happening across the province – at the provincial, regional, organizational, and provider levels. Our aim is for the QIPs to serve as an important mechanism to support these significant change efforts and realize the planned benefits to quality of care.

One of the changes you will see in the priorities this year is the shift from focusing on priority indicators for the QIPs to thinking about the underlying quality issues being addressed. By focusing on the underlying issues at stake, organizations can find common ground with other organizations within their sector and in other sectors that are working on the same issues but may be measuring these in different ways. This is consistent with our emphasis on cross-sectoral collaboration and integration of care, where we will work together as a system to achieve a safe, effective, patient centred, timely, equitable, and efficient health care system for people in Ontario. Our hope is that the process of bringing teams together to develop the QIP is supporting and fostering a culture of quality improvement both within each organization and across the system.

We also want to use this opportunity to thank those of you that responded to our survey of QI leads, EDs, CEOs, administrators and Board Chairs across the province to provide your insights on the QIP program – it helps us to understand whether the program is meeting its goals and identify areas for us to improve. We were encouraged by the results of this survey. As an example, more than 70% of board chairs and CEOs said that the program encouraged their organization to talk about quality and quality improvement to a greater extent than before the QIP.

The survey results also provided insight on areas for increased emphasis, one being to encourage more focus on patient engagement and provide information to support organizations in engaging patients in both the development of their QIP and the activities within their QIPs. We hope that organizations view the process of developing a QIP and working on the initiatives described within it as an opportunity to engage with patients in frank discussions and fruitful collaborations on how the quality of their care could best be improved. In fact, we saw that descriptions of patient engagement have increased in all sectors in the 2016/17 QIPs compared with the 2015/16 submissions. To support further improvement, we are pleased to share our recently released guide, [*Engaging with Patients and Caregivers about Quality Improvement: A Guide for Health Care Providers*](#), which was developed in collaboration with patient advisors. We hope organizations will find this resource useful as they embark on their planning for the upcoming 2017/18 QIPs.

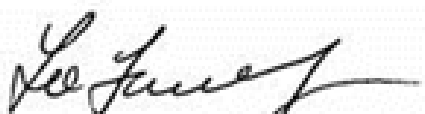
The new resources that are available and the changes we have made in response to your feedback are summarized in the attached What's New document. For specific information on the priority issues and indicators for this year, refer to the [QIP Guidance Document](#), the [Indicator Technical Specifications for the 2017/18 QIPs](#), and the [QIP Navigator](#). If you or your team have any questions about the QIPs or about HQO's quality improvement resources, please don't hesitate to contact our team at QIP@HQOntario.ca.

Over the next year, there are many changes underway in our health system. It will be more important than ever to maintain a focus on health care quality during this time, in order to ensure that these changes result in improvements in care for patients. There is much to be proud of in Ontario's health care system, but as always, there remains room for improvement. At Health Quality Ontario, we look forward to working with you, your teams and across organizations to improve the quality of care provided in this province, particularly during the current period of transition. By doing so, we will continue to progress toward our goal of better health for every Ontarian.

Sincerely,



Dr Joshua Tepper
President and Chief Executive Officer



Lee Fairclough
Vice President, Quality Improvement

What's New for the 2017/18 Quality Improvement Plans

The purpose of this document is to offer readers an “at a glance” view of changes to the QIP program, as well as new initiatives and resources that you should be aware of as you prepare your 2017/18 QIPs. This document is *not* meant to recap the various guidance and technical documents, but to briefly summarize what's new and to focus attention on key developments. In addition to this document, we encourage organizations to review the following core documents as you begin to develop your next QIP:

- The Annual QIP Memo for 2017/18
- The refreshed [QIP Guidance Document](#), which provides a high-level overview of the QIP, including frequently asked questions (please note that this document has been updated this year with additional content and new resources)
- The [Indicator Technical Specifications for the 2017/18 QIPs](#), which offers detailed technical information about each indicator

If you are new to the process of developing QIPs, training is available through webinars hosted by Health Quality Ontario. Click [here](#) for more information.

1. Looking back: Our analysis of the 2016/17 QIPs

Our analysis of the 1042 QIPs submitted for 2016/17 has revealed much to celebrate. To briefly highlight these results, we found that more than 85% of organizations that submitted a QIP reported progress on at least one priority or additional indicator, and more than half reported progress on three or more. We also observed high uptake of priority issues, with 78% of all submitting organizations selecting priority indicators related to integrated care and more than 80% selecting priority indicators related to patient/resident/client experience. In addition, the number of organizations that reported engaging patient and family advisory councils and forums in their work related to quality improvement increased in all four sectors that submit QIPs.

You can access a preliminary summary of the results of our analysis of these QIPs by reviewing our sneak peek webinars for each sector, which are now [posted on our website](#). We are currently compiling the full results into sector-specific reports, which will be released in the coming months.

2. A shift in focus for the 2017/18 QIPs

This year, Health Quality Ontario has increased our focus on *quality issues*, rather than just focusing on key *indicators within each sector*. Many of the most important quality issues require organizations and providers across settings to make adjustments to how we can support an overall improved experience as patients move across the system. The quality issues selected as provincial priorities represent the root problems that we are trying to address through the QIP program, and affect all sectors of the health care system. On the other hand, the corresponding indicators are simply tools to measure performance and track progress on these quality issues. By necessity, these indicators differ among sectors based on the nature of the sector and the data available; however, often efforts in one sector will have complementary impacts in other sectors. As an example, effective transitions is a priority issue for this year, and each sector has at least one priority indicator by which they can track progress on this

issue. Both the priority issues and their associated indicators are carefully selected in consultation with a number of stakeholders, including our Patient, Family, and Public Advisors Council.

Some quality issues that we consider significant priorities for the province are difficult to measure, often because indicators are still being developed. For example, health equity is a key focus for quality improvement efforts across Ontario. However, how organizations choose to track their progress on this important issue will depend on the specific inequities they observe among their patient population and the approaches they design to address these inequities – thus, there is no ‘one size fits all’ indicator to measure performance on this complex, multifaceted issue.

For this reason, we have added several sections to the QIP Narrative, where organizations will be asked to describe their work on issues that may not be associated with an indicator. New issues that will be addressed in the Narrative include population health, health equity, workplace safety, and alternate level of care. If organizations have developed custom indicators that relate to these key issues, we encourage them to include these in the Workplan as well.

3. What issues and indicators are new for the 2017/18 QIPs?

The full list of priority and additional indicators for each sector for the 2017/18 QIPs is presented in detail in the [Indicator Technical Specifications](#). A table summarizing the priorities by quality domain and issue is included at the end of this document. Here, we summarize the changes that have been made to the additional and priority indicators for each sector for the 2017/18 QIPs.

HOSPITALS:

The following priority indicators have been added:

- Patient received enough information on discharge

The following indicators have been transitioned from additional to priority:

- Home support for discharged palliative patients
- Medication reconciliation on discharge

The following indicator was transitioned from priority to additional:

- Readmission within 30 days for selected conditions (HIG)

The following additional indicators have been added:

- Identification of complex patients (Health Links)
- Readmission within 30 days for patients with mental health and addiction issues
- Discharge summaries sent to primary care providers within 48 hours of discharge

The following priority indicators have been amended:

- The indicator on positive patient experience was revised to include only the question, “Would you recommend this emergency department/hospital?”
- The indicator measuring length of stay in the emergency department for admitted patients was revised to emergency department length of stay for complex patients

The following priority indicator has been retired:

- *Clostridium difficile* infection rate

The following additional indicators have been retired:

- Ventilator-associated pneumonia
- Central line-associated bloodstream infections
- Falls
- Use of surgical safety checklists
- Hand hygiene compliance before patient contact

PRIMARY CARE:

Several changes have been made to the priority and additional indicators to be addressed in the 2017/18 QIPs.

The following indicators have been transitioned from priority to additional indicators:

- Up to date with colorectal cancer screening
- Up to date with cervical cancer screening
- Up to date with glycated hemoglobin testing for patients with diabetes

The following priority indicators have been retired:

- Patient experience – primary care providers spending enough time with patients
- Patient experience – opportunity to ask questions

The following new additional indicators have been added:

- Eligible patients overdue for colorectal cancer screening (Cancer Care Ontario)*
- Eligible women who have undergone cervical cancer screening in the past 42 months (Cancer Care Ontario)*
- Medication reconciliation
- Identification of complex patients (Health Links)
- Seven-day post-hospital discharge follow-up by any care provider[†]

*These new additional indicators related to colorectal cancer screening and cervical cancer screening use the same technical definition as the data collected and distributed by Cancer Care Ontario in their Screening Activity Reports. Primary care organizations that wish to work on improving their screening rates for colorectal or cervical cancer have the option of choosing these new indicators if they want to use data that is consistent with Cancer Care Ontario's definitions, or can select the indicator definitions used in previous years' QIPs if they want to use data that will be comparable with their previous QIPs.

[†]This indicator was developed in response to feedback on the limitations of the priority indicator measuring seven-day post-hospital discharge follow-up by physicians only. Primary care organizations are encouraged to include the new additional indicator measuring follow-up by any care provider if they feel that this more accurately describes the way post-discharge follow-up occurs in their organization.

LONG-TERM CARE:

The following indicators have been transitioned from priority to additional indicators:

- Pressure ulcers
- Use of restraints
- Falls

The following indicator has been retired:

- Incontinence

HOME CARE:

Given the current climate of change in the home care sector, the core priority indicators for the home care sector have not been revised for the 2017/18 submission.

The following additional indicators have been added for the home care sector:

- Identification of complex patients for Health Links
- Percentage of palliative patients who died in their preferred place of death

The latter indicator was developed as a result of a proactive effort by CCACs, seven of which have already pioneered the indicator in their 2016/17 QIPs.

4. New initiatives that align with or affect QIPs

Multi-sector and collaborative QIPs

The 2016/17 QIPs marked the first year that multi-sector organizations (i.e., those that span multiple sectors and share a common Board of Directors) were able to submit a single QIP to Health Quality Ontario. This proved to be a successful endeavor, and 22 multi-sector QIPs were submitted in 2016/17. The organizations that submitted multi-sector QIPs were associated with the long-term care (n=26), hospital (n=22) and primary care sectors (n=5). This year, we are also working with the Waterloo-Wellington LHIN to pilot-test a new collaborative QIP intended to promote improved integration of care at a LHIN sub-region level.

Quality Standards

[Quality Standards](#) are a new provincial initiative that Health Quality Ontario is developing in collaboration with many other organizations, groups, associations, patients, and health care providers. Each Quality Standard is a set of 5 – 15 concise statements that together describe what high-quality care looks like across the Ontario health system for a particular disease or condition. They are written to be accessible for both health care providers and patients, reflect the patient experience across multiple sectors and disciplines of the health care system, and are concise and measurable. Each Quality Standard includes a set of process and outcome measures for organizations to monitor as they improve the quality of care that they provide, with the end goal of providing the highest quality of care as described in the Quality Standard. In addition, each Quality Standard will be associated with a patient reference guide and an implementation guide.

The first three Quality Standards were launched in October 2016 and are focused on major depression, the behavioural symptoms of dementia, and schizophrenia. Upcoming Quality Standards to be released in 2017/18 include care for hip fracture, wound care, heavy menstrual bleeding, and vaginal birth after Caesarean section. We strongly encourage those working in quality improvement to review these documents, and identify opportunities to reflect issues and indicators presented within these documents in your organization's QIP (some align very directly with existing QIP priorities).

Supporting quality improvement at the regional level

Health Quality Ontario and the LHINs are working together to support quality improvement work at the regional level and ensure alignment with provincial initiatives. Here is some of what we are working on in collaboration with the LHINs:

- We are collaborating to ensure that the QIPs and the Service Accountability Agreements (SAAs) align and complement one another to support system transformation and quality. Read more [here](#).
- Over the past year, we have established [Regional Quality Tables](#) to foster quality improvement at the regional level, bringing together clinical leaders and organizations to identify areas of quality improvement for focus across the region. Each Regional Quality Table is chaired by a Clinical Quality Lead, who also hold seats at Health Quality Ontario's new Provincial Quality Implementation Committee. Several LHINs, together with health service providers in the region, have identified some common areas of focus for QIPs on a cross-sector basis.
- We continue to support Health Links and have developed an [Innovative Practices Evaluation Framework](#), which will be used to identify which innovative practices should be endorsed to be spread across the province. There is a strong community of practice to support Health Link teams in their activities to improve coordination of care and effective transitions.

5. New quality improvement resources and supports

We would like to take this opportunity to highlight some of the resources and supports for quality improvement available from Health Quality Ontario and our partners. These resources and supports are aimed at different levels, from provider, group, region, and sub-LHIN region, to provincial data sources and supports.

- Browse the tools and resources on our [Quality Improvement Plans home page](#)
- Read the refreshed quality improvement resource, [Quality Compass](#)
- Try out the new [Query QIPs](#) function to search within all submitted QIPs, or read any organization's QIP using the [Download QIPs](#) function. There is a lot to be learned from other organizations and the change ideas they are pursuing.
- Read our guide, [Engaging with Patients and Caregivers about Quality Improvement: A Guide for Health Care Providers](#), to learn how to engage patients in quality improvement. The guide includes a chapter on how patients can be engaged in the development of the QIPs.
- Read our report, [Engaging with Patients: Stories and Successes from the 2015/16 Quality Improvement Plans](#), to find out more about the patient engagement activities organizations have reported in their QIPs
- Access many other resources on our hub for [patient engagement tools and resources](#), including guides prepared by Health Quality Ontario as well as other organizations

- Sign up for [Primary Care Practice Reports](#) or [Long-Term Care Practice Reports](#) for physicians to receive customized data regarding individual performance on key measures
- Join one of the communities of practice supported by Health Quality Ontario:
 - [QBP Connect](#), a community intended to support organizations as they integrate quality-based procedures into their organization
 - The [long-term care community of practice](#), intended to support those working in the long-term care sector as they aim to improve the quality of care that they provide
- Learn about and participate in the [regional quality tables and regional quality sessions](#) in your area
- In early 2017, Health Quality Ontario will also be launching a new online community called Quorum. Quorum will be a space for members to learn from each other, share, and innovate to improve health care quality in Ontario. To receive updates on this project, sign up for our monthly newsletter by emailing quorum@hqontario.ca.

6. Technical enhancements to the QIP Navigator

Thank you to those that have provided feedback to our survey on potential enhancements to the QIP Navigator. We have made some changes!

When users log into QIP Navigator, they will notice that the design of the site has been updated to give it a look and feel that is consistent with Health Quality Ontario's main website. The template for developing a QIP has been revised based on feedback from the field. In addition, navigation between pages that are open to the public (where anyone can download QIPs, use the QIP Query tool and access the Resources section) versus the password-protected area where organizations log in to develop and submit their QIP has been improved. Finally, the Query QIPs function has also been enhanced. Searching by keyword will now return results with the keyword highlighted, and a word count of the number of times this keyword is mentioned is also available.

More details will be provided during our QIP training in November and December 2016.

Quality Issues and Indicators for the 2017/18 QIPs

Issue	Hospital	Primary Care	Home Care	Long-Term Care
Effective	Effective transitions <ul style="list-style-type: none"> • Readmission for select conditions (A) • Readmission for one of congestive heart failure, chronic obstructive pulmonary disease, or stroke (QBP) (P) • Readmission within 30 days for mental health and addiction (A) • Patient received enough information on discharge (P) • Discharge summaries sent within 48 h of discharge (A) 	<ul style="list-style-type: none"> • Hospital readmissions for select conditions (A) • 7-day post-discharge follow-up (physician) (P) • 7-day post-discharge follow-up (any provider) (A) 	<ul style="list-style-type: none"> • Hospital readmissions (P) • Unplanned ED visits (P) 	<ul style="list-style-type: none"> • Potentially avoidable ED visits (P)
	Coordinating care <ul style="list-style-type: none"> • Narrative • Identify complex patients (Health Links) (A) 	<ul style="list-style-type: none"> • Narrative • Identify complex patients (Health Links) (A) 	<ul style="list-style-type: none"> • Narrative • Identify complex patients (Health Links) (A) 	<ul style="list-style-type: none"> • Narrative
	Population health <ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative • Glycated hemoglobin testing (A) • Colorectal and cervical cancer screening (A) 	<ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative
Patient-centred	Palliative care <ul style="list-style-type: none"> • Home support for discharged palliative patients (P) 		<ul style="list-style-type: none"> • End of life, died in preferred place of death (A) 	
	Person experience <ul style="list-style-type: none"> • Narrative • Patient experience (P) 	<ul style="list-style-type: none"> • Narrative • Patient involvement (P) 	<ul style="list-style-type: none"> • Narrative • Client experience (P) 	<ul style="list-style-type: none"> • Narrative • Resident experience (P)
Efficient	Access to right level of care <ul style="list-style-type: none"> • Narrative • Alternative level of care rate (P) 	<ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative
Safe	Safe care <ul style="list-style-type: none"> • Pressure ulcers (A), use of physical restraints in mental health patients (A) 		<ul style="list-style-type: none"> • Falls for long-stay clients (P) 	<ul style="list-style-type: none"> • Pressure ulcers, (A) restraints (A), falls (A) • Potentially inappropriate prescribing of antipsychotic medications (P)
	Medication safety <ul style="list-style-type: none"> • Medication reconciliation (admission) (P) • Medication reconciliation (discharge) (P) 	<ul style="list-style-type: none"> • Medication reconciliation (A) 		
	Workplace safety <ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative
Timely	Timely access to care/services <ul style="list-style-type: none"> • ED length of stay (complex) (P) 	<ul style="list-style-type: none"> • Timely access to primary care (patient perception) (P) 	<ul style="list-style-type: none"> • Wait time for home care (personal support worker, nurse) (P) 	
Equitable	Equity <ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative

Legend: (P): Priority indicator (A): Additional indicator (QBP): Indicator related to quality-based procedures