

# Looking Back and Looking Ahead

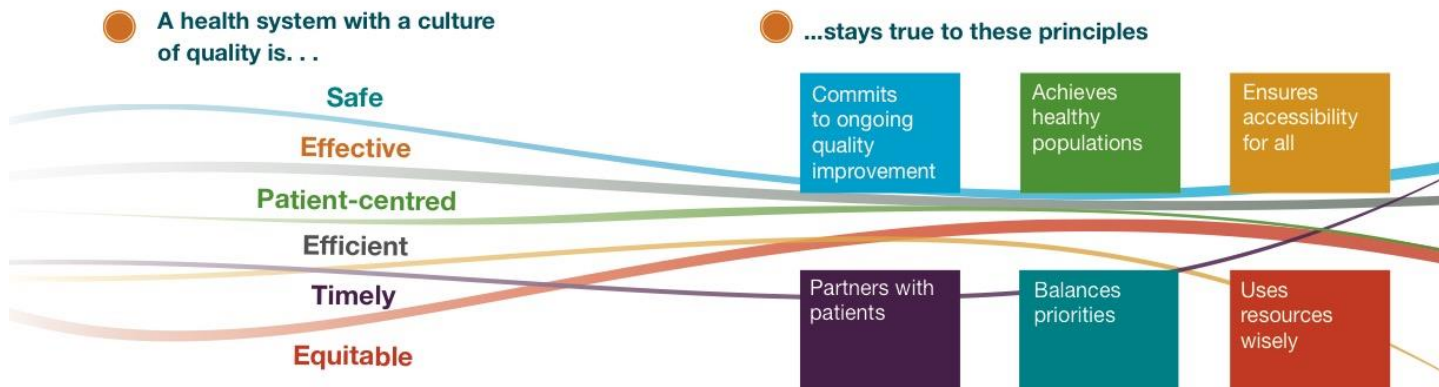
## A Sneak Peek for QIP 2017/18: Long-Term Care

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September 27 and 30, 2016

# Learning Objectives

- Share learnings from the 2016/17 QIPs
- Prepare organizations for 2017/18 QIP submission by offering advance notice of changes
- Provide an overview of HQO resources to support organizations in meeting their goals and supporting change across the system

# Embrace Health Quality



Read our vision for achieving a quality health system  
*Quality Matters: Realizing Excellent Care For All*

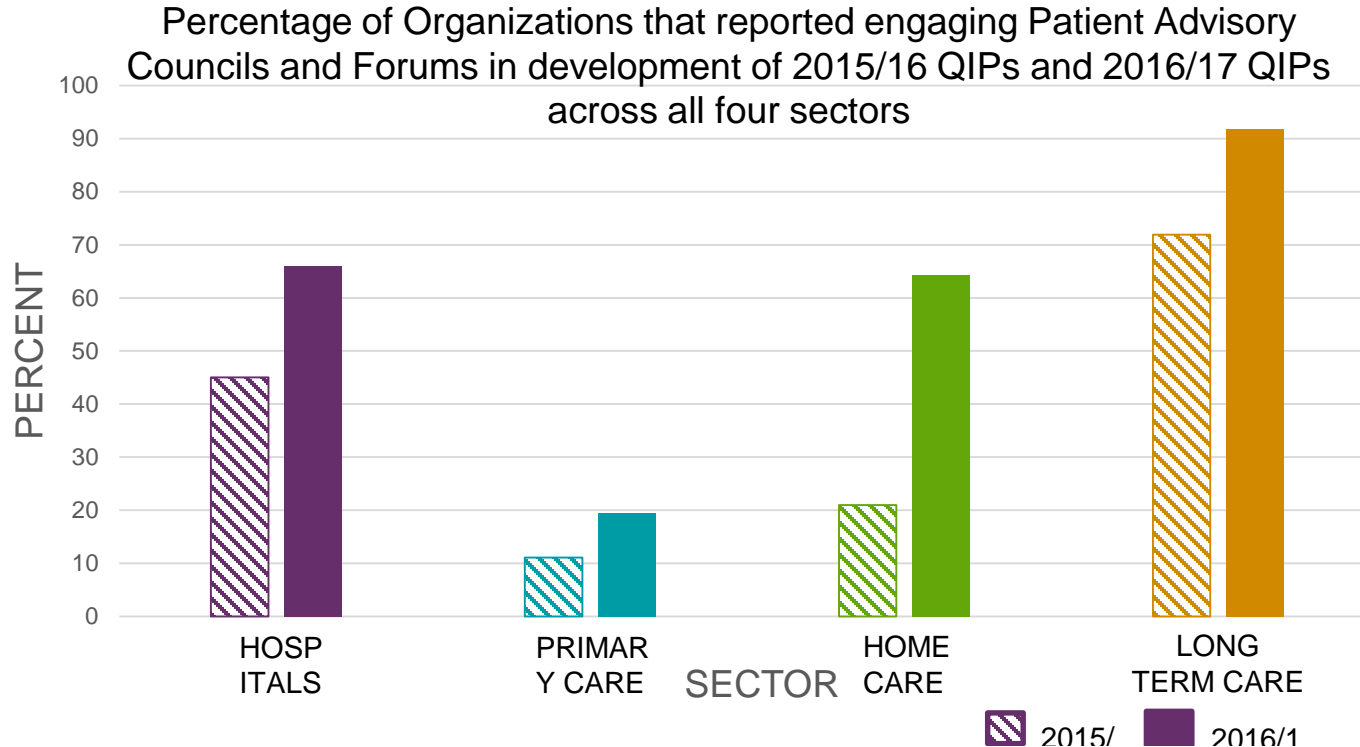
[www.hqontario.ca](http://www.hqontario.ca)



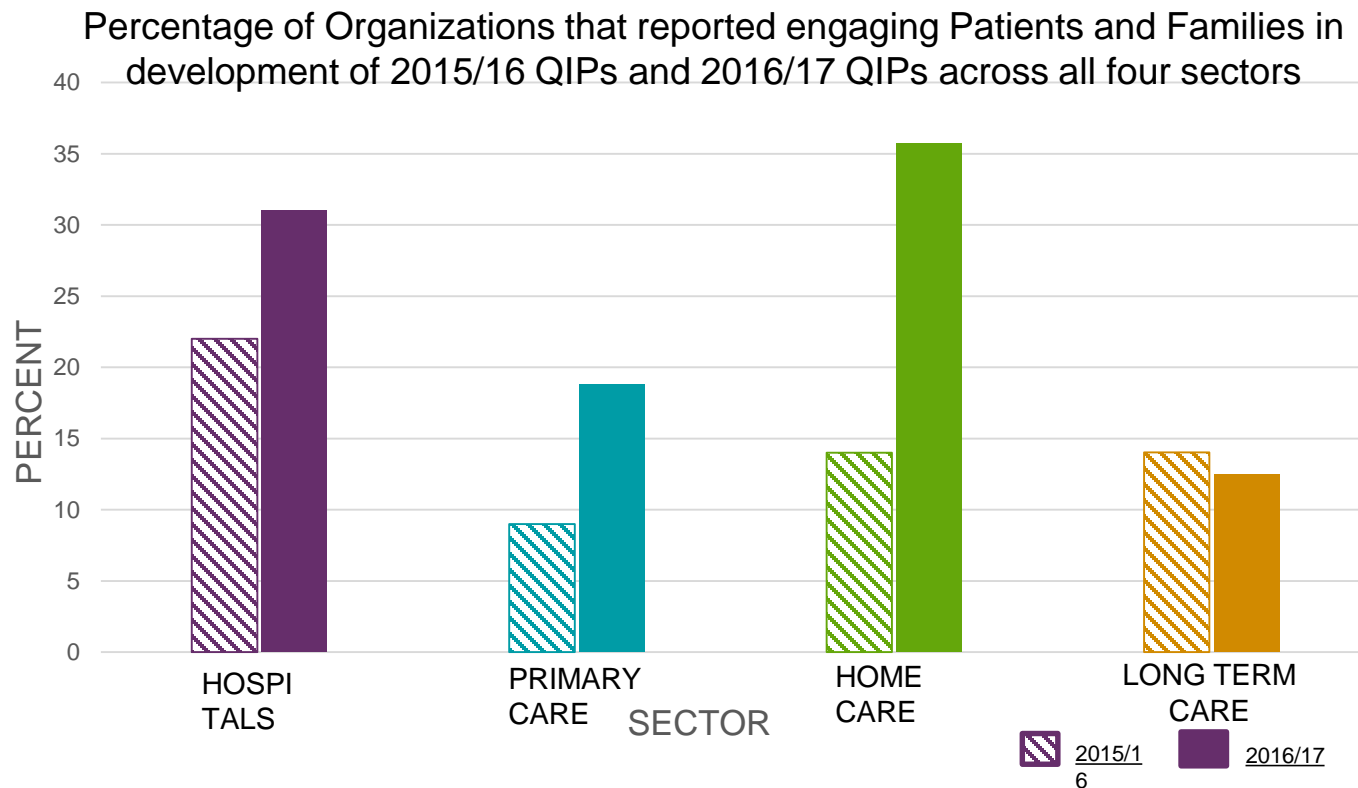
# Key Observations – Overarching

- Reflecting back on their 2015/16 QIPs, more than 85% of organizations reported progress on at least one priority or additional indicator, and more than half reported progress on three or more.
- There was a high uptake of priority issues in the 2016/17 QIPs, particularly patient experience and integration.
  - More than three-quarters (78%) of organizations described working on at least one of the indicators related to integration.
  - More than 80% of organizations described working on at least one of the indicators related to patient experience.
- Most organizations set targets to improve, but many of these targets are modest – typically within 1–5% of their current performance.
  - While this may be appropriate for some indicators, organizations are encouraged to reflect on their current performance and consider whether a stretch target might be appropriate.

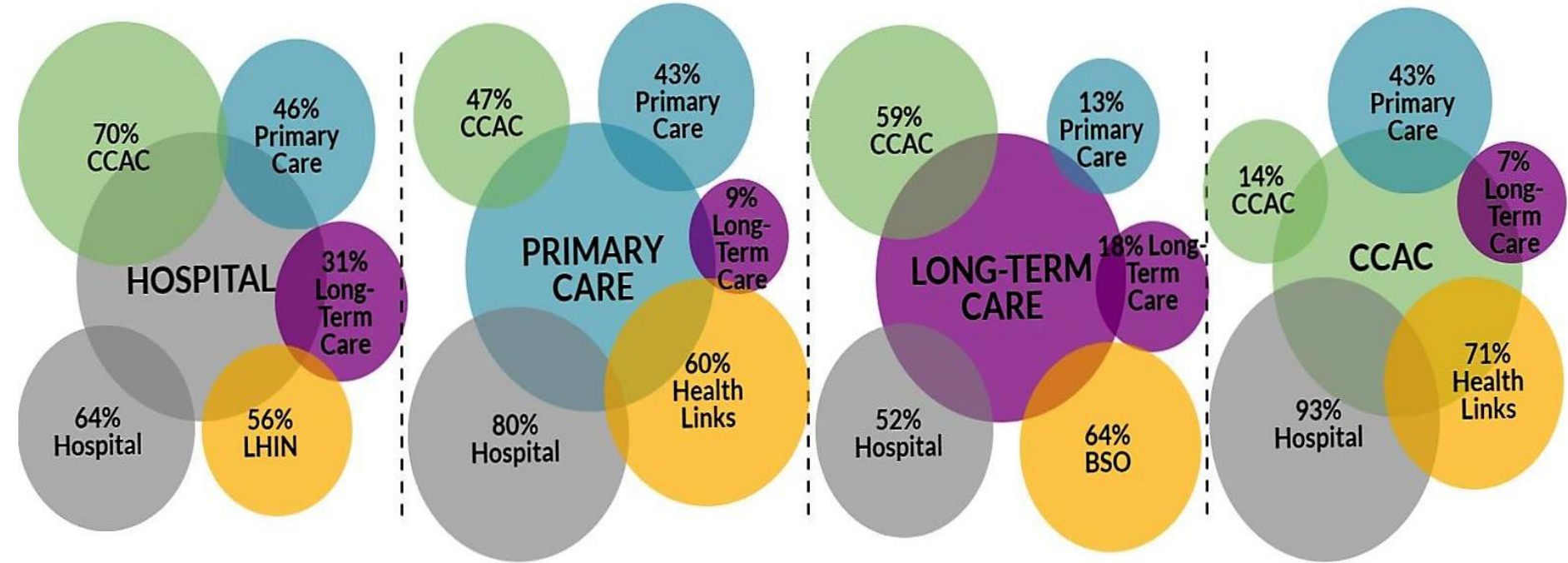
## All sectors described an increased use of Patient and Family Advisory Councils and Forums in the development of their QIPs



## Most sectors described an increased engagement of patients and families in the co-design of QI initiatives



# Sector Collaboration



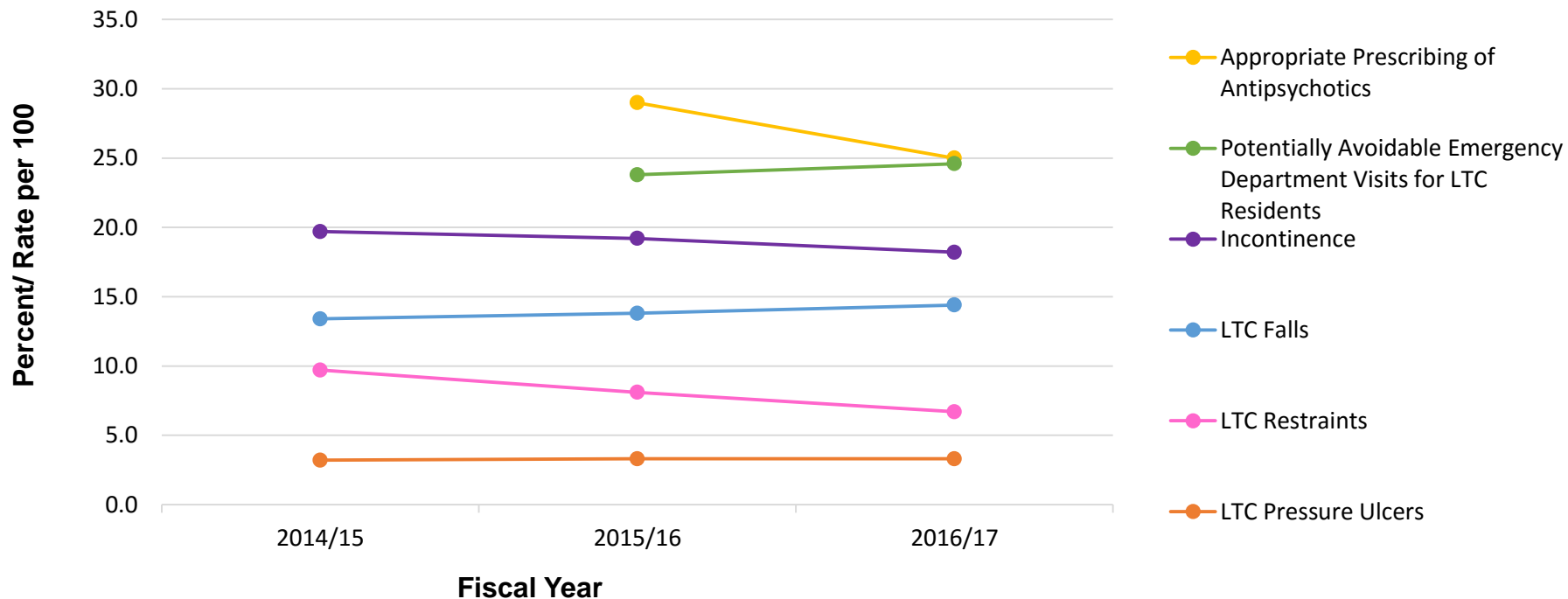
# Key Observations: Equity Indicators

1. Collecting and analysis of data, particularly surveys
2. Cultural competency training
3. Program planning
4. Access to Care
  - Poverty
  - Homelessness
  - Rural/Northern communities

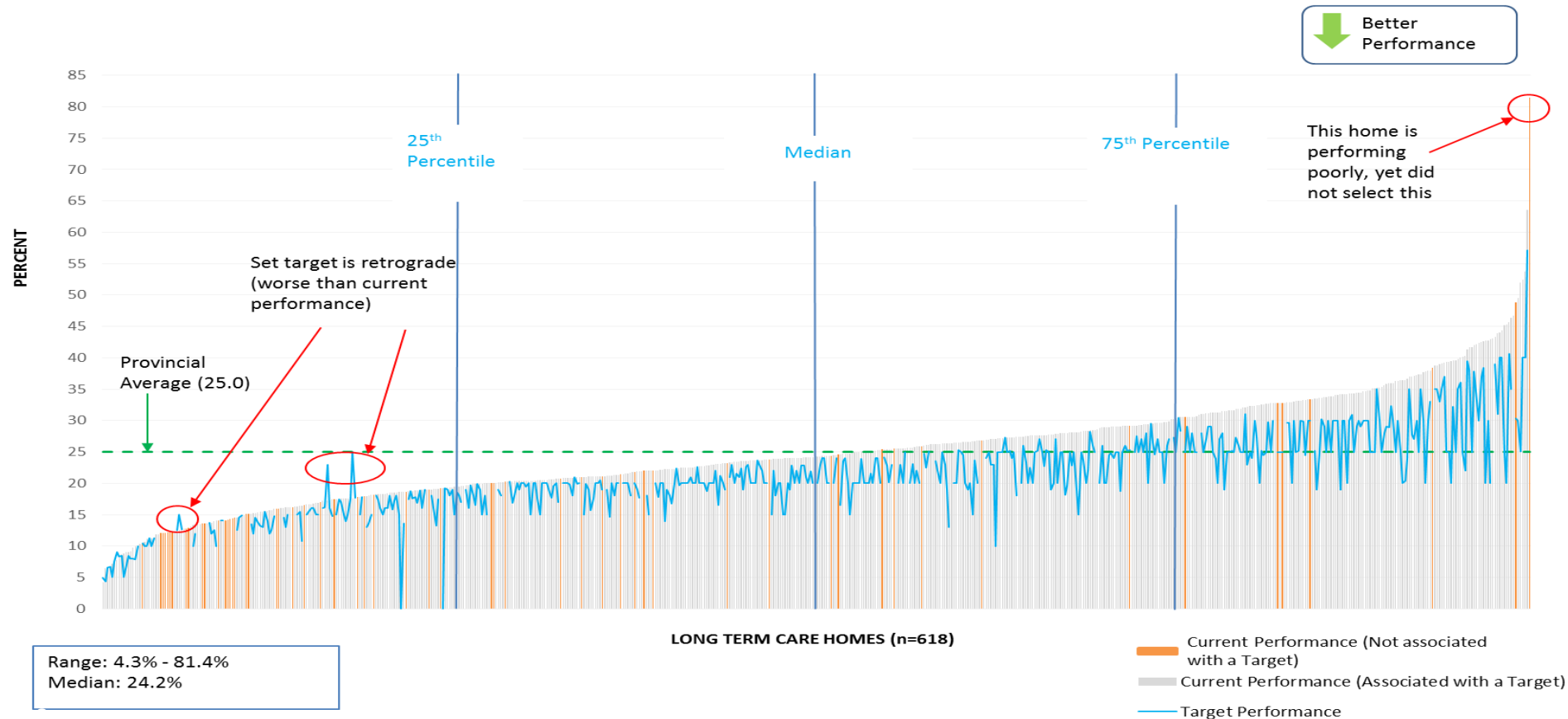


# **REFLECTIONS ON THE 2016/17 QIPs: LOOKING BACK**

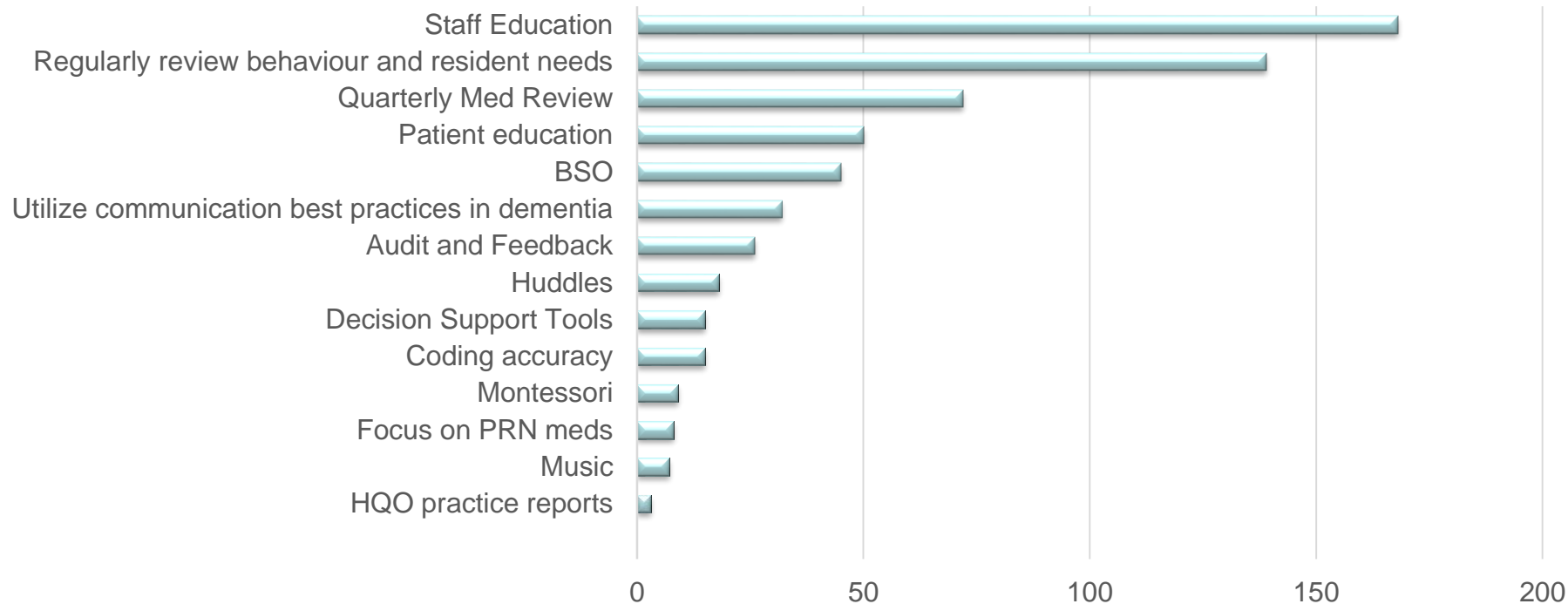
# Ontario provincial averages for long-term care priority and additional indicators



# Percentage of long-term care residents potentially given antipsychotics without a diagnosis of psychosis in Ontario, QIP 2016/17



# Most frequent change ideas for potentially inappropriate antipsychotic prescribing



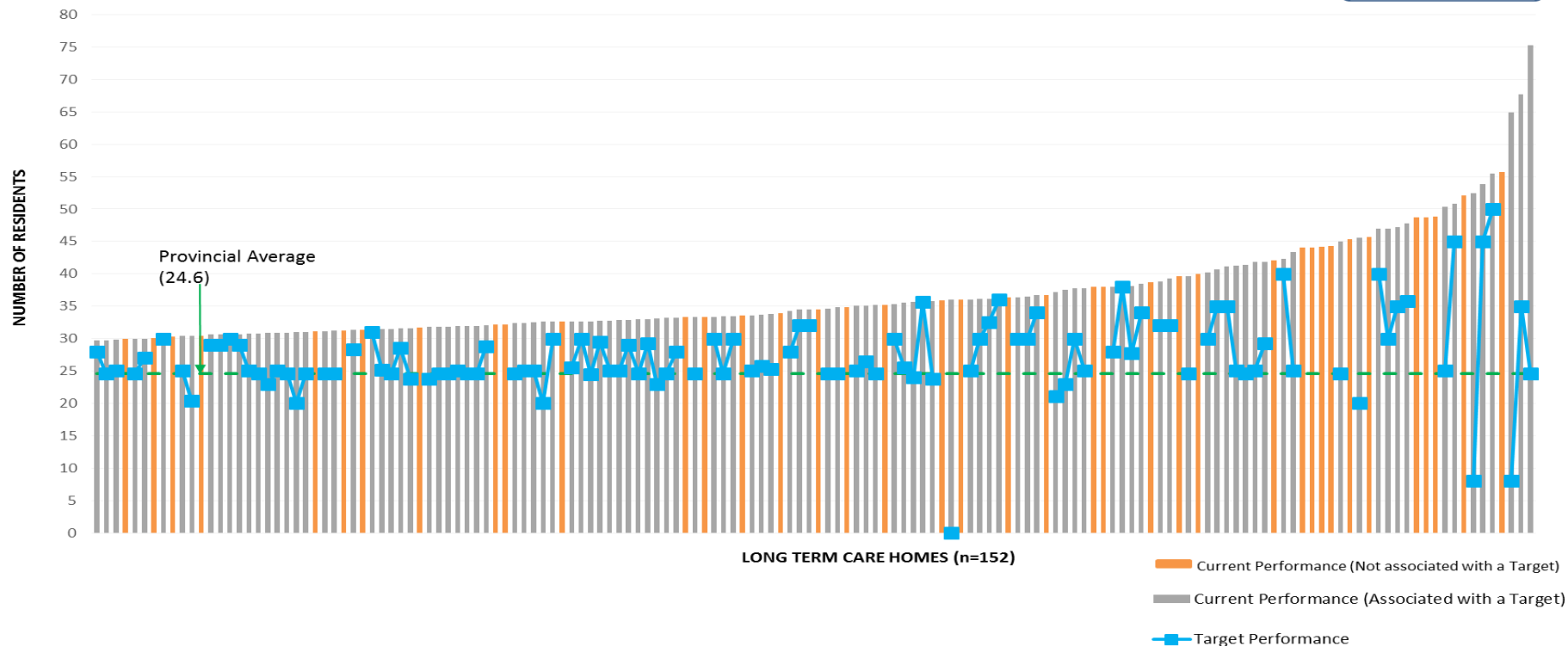
# Spotlight: home using Behavioral Supports Ontario (BSO)

- At **Trillium Court**, frontline staff are all trained in responsive behaviours, and the Montessori program is being utilized. The RN Champion is a BSO lead and used as a resource in the home. Frontline staff are trained in what behaviours will/will not benefit from use of antipsychotic meds (other programs are initiated for residents who will not benefit from those meds). Attending physicians receive education from the pharmacist, and they have been involved in the National Collaborative to Reduce Use of Antipsychotics, with the end result being an overall reduction of prescribed antipsychotics.

# ISSUES

# Percentage of long-term care residents who had potentially avoidable emergency department visits in Ontario above the 75<sup>th</sup> percentile, QIP 2016/17

↓ Better Performance



# Spotlight: Home reducing hospitalizations and cost

- BAY HAVEN NURSING HOME: *The Intravenous Therapy Project saved 43 hospital days in 2015. The Collingwood General & Marine Hospital Daily Billing rate is \$949/day. This project saved \$32,696 in hospital expense by allowing Bay Haven residents to receive their intravenous antibiotics at their home instead of in the hospital.*

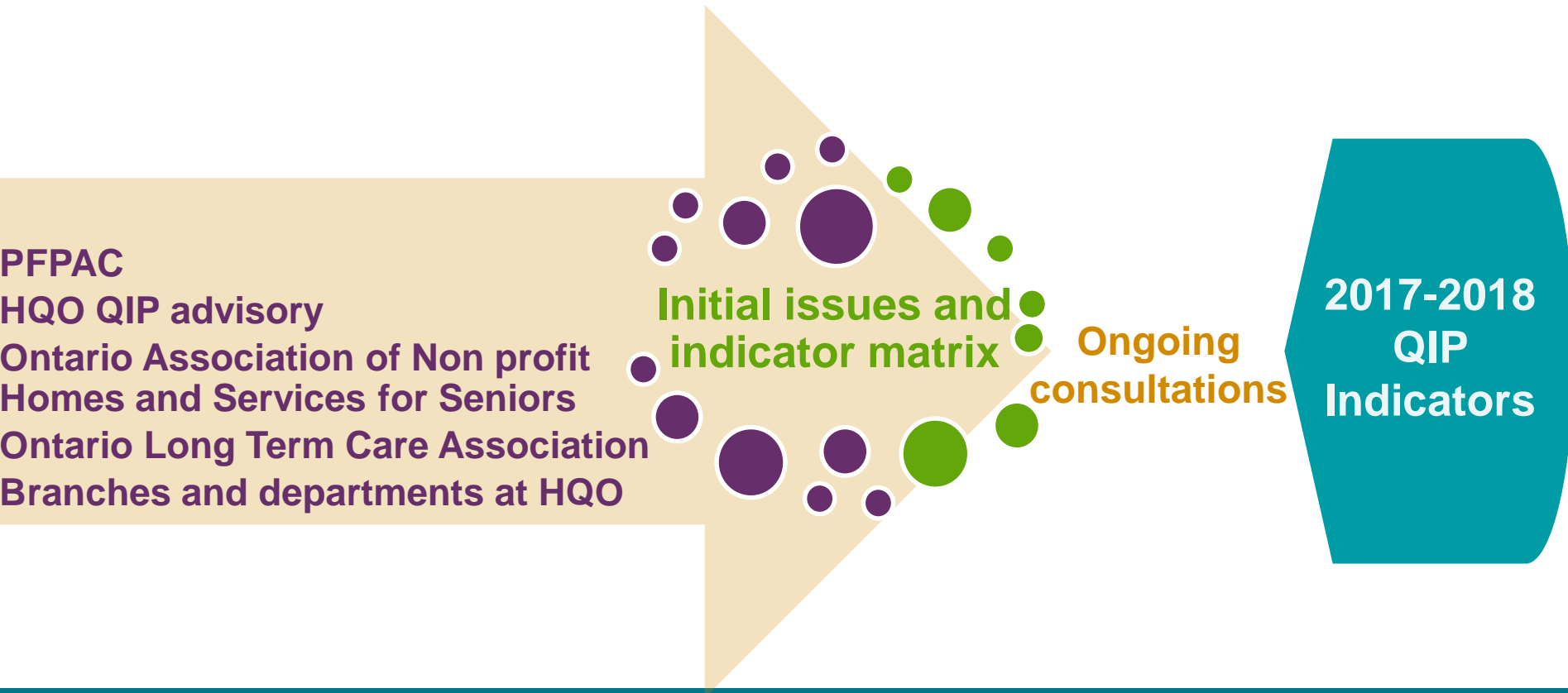


# Considerations for moving forward

- **Consider what your residents and families want** and go through the 5Ws
- **Connect with your LHIN or local partners** to see how you can work together
- If you are **just getting started with QIPs or struggled with yours last year**:
  - Work on priority indicators where you are struggling to meet provincial average
  - Review best practices in Quality Compass and pick a few evidence-based change ideas
  - Allow staff to run a PDSA (plan, do, study, act) with an idea they think will work and include this as a change idea for one of your indicators.
- If you **performing about average, but want to see more change**:
  - Select a few peers who are doing better than you in your selected indicators and visit their QIP in Sector QIPs, then consider customizing their change ideas for your QIP
- If you are **a leading home and like to push the limits**:
  - Consider “Better has no limit”. How far can your home go with introducing disruptive and innovative change ideas? At the same time, work to sustain the good work you’ve done.

# LOOKING FORWARD 2017/18

# The QIP consultation process



# Advancing an issue through the QIP

## Example: medication safety

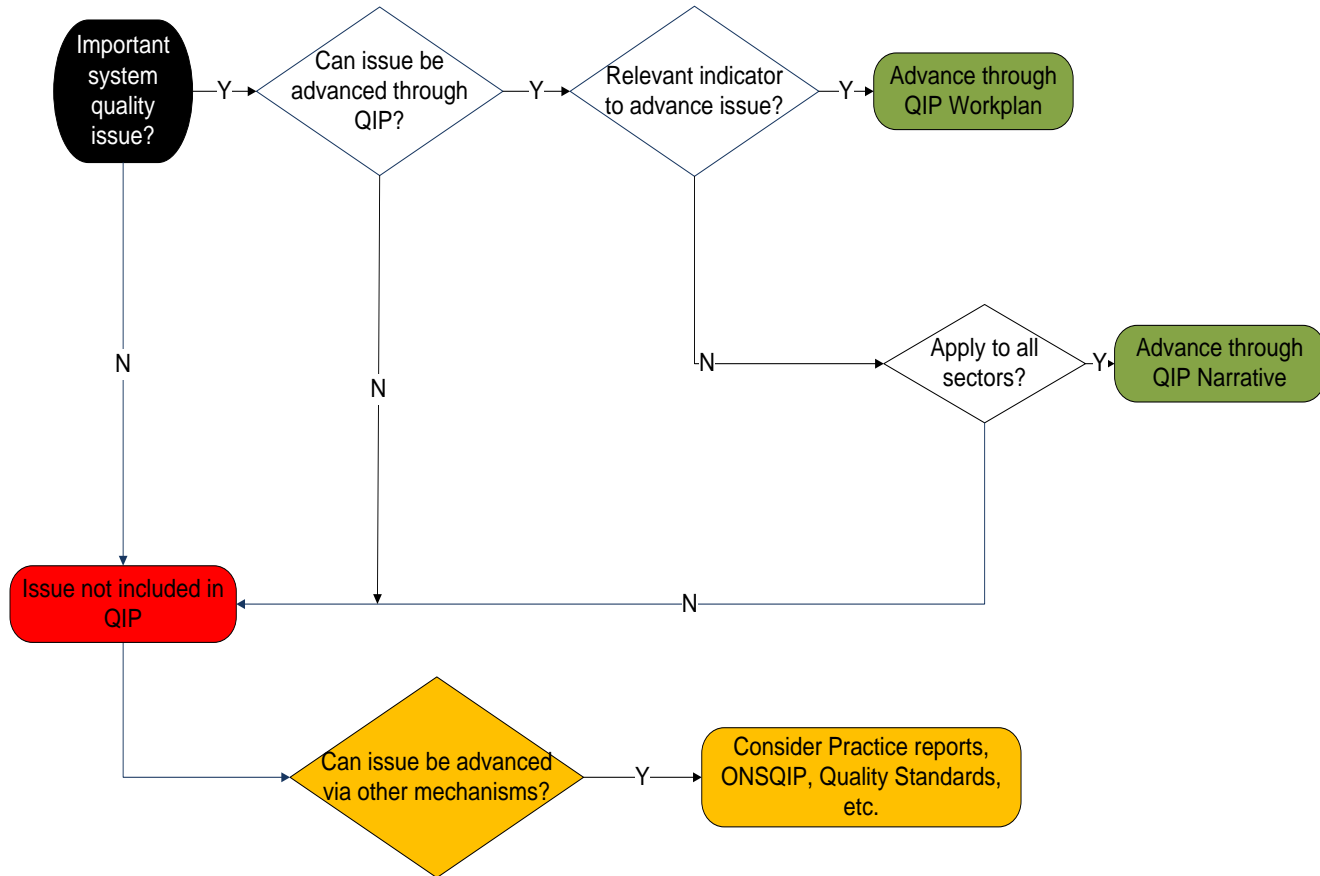
Indicator: Appropriate prescribing

✓ Inappropriate prescribing of antipsychotic medications can cause harm, decrease function

✓ This indicator is a priority in LTC Practice reports and through online Health System Performance reporting.

✓ Can be advanced through QIP.

✓ Important to encourage non pharmacological approaches for people with responsive behaviours.



# Quality Issues and Indicators for the 2017/18 QIPs

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

Legend: (P): Priority indicator

(A): Additional indicator

(QBP): Indicator related to quality-based procedures

# Long-term care indicators for the 2017/18 QIPs

- Appropriate prescribing of antipsychotic medication (P)
- Residents' Experience:
  - Would you recommend? (Inter RAI and NHCAHPS) (P)
  - Having a voice (NHCAHPS) (P)
  - Being able to speak up about the home without fear of consequences (Inter RAI) (P)
- Potentially avoidable ED visits for ACSC (P)
- Restraint use (A)
- Pressure Ulcers (A)
- Falls (A)
- Incontinence

## RETIRED

- Incontinence

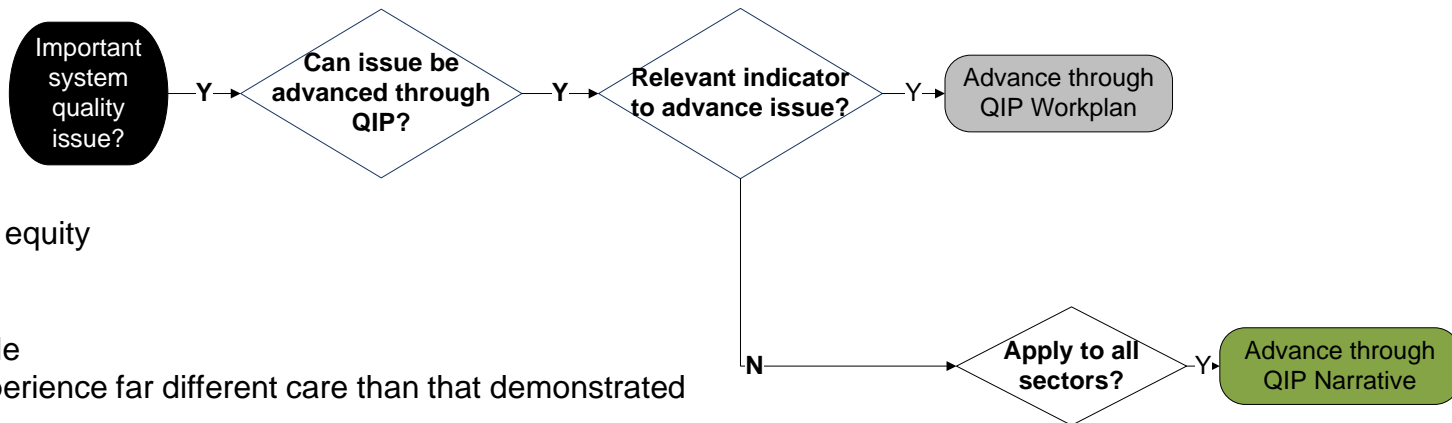
## MODIFIED

## NEW

# Determining the priorities for the 2017/18 QIPs

- The Narrative
  - Is an executive summary of your QIP and is intended to introduce specific context for your QIP
  - Is a means for engaging your patients and staff in QI planning
- The Narrative is also a way to capture and understand emerging quality issues
  - For example, equity and workplace violence

# Determining QIP priorities in Narrative



## Example: Equity

**Priority:** Embedding an equity lens into QI initiatives

✓ Important as vulnerable subpopulations may experience far different care than that demonstrated overall

✗ However there is no single indicator to advance this issue.

✓ This issue is also important to all sectors.

✓ Can be advanced through QIP, through QIP narrative.



# Proposed Narrative Questions for 2017/18

## Building on existing questions

- Overview
- QI Achievements From the Past Year
- Integration and Continuity of Care
- Engagement of Leadership, Clinicians and Staff
- Engagement of Patients, Clients, and Residents

## New questions

- Staff Safety and Workplace Violence
  - **Possible prompts:** Steps taken to monitor, reduce, and prevent workplace violence
- Population Health
  - **Possible prompts:** Who are the unique populations your organization serves and how have you worked to address the profile of these patients in your program planning and quality improvement activities. Include work you do with the public health unit.
- Equity
  - **Possible prompts:** How organizations incorporated an equity lens into QI initiatives
- Alternate Level of Care (ALC)
  - **Possible prompts:** Describe the work your organization is doing to support ALC initiatives in your region and ensure patients have access to the right level of care.

# Greatest QI Achievement!

## Tech Pioneer Residence Redevelopment of Roof Top Terrace

- “The Activity aide had the band play out on the terrace for a pub night. The terrace over looks the secure garden of our Dementia unit therefore the staff brought the residents from this unit out to the garden and they were able to see the band playing, danced with the staff and had a wonderful evening.”*



# PLANNING FOR 2017/2018 QIPs: NAVIGATOR

## Navigator key dates and timelines

- Navigator will launch by November 30, 2016
- Log in before March to ensure there are no surprises
- There will be Navigator training sessions this fall and winter to highlight the new functionalities
- Navigator closes briefly in February so that the indicator current performance values can be prepopulated
- Book your Board meetings now to ensure your submission is ready for April 1, 2017.

# New this year: Query QIP

*Key Word or Phrase:	<input type="text" value="discharge, transfer"/>	*Narrative Section	Overview, QI Achievements From t	<input type="button" value="View Report"/>
*Sector	Acute Care/Hospital, Primary Care	*Model	N/A, Aboriginal Health Access Cen	
*Fiscal Year	2016/17	*LHIN	N/A, 1. Erie St. Clair, 2. South We	
*Organization	2109577 ONTARIO LIMITED OA AF	*Show Keyword or Phrase Count	Yes	

1 of 15 Find | Next

## Text Report: Narrative

### Parameter Selected

Key Word or Phrase: **discharge**(Count:1328 ), **transfer**(Count:581 )

Narrative Section: ALL

Sector: ALL

Model: ALL

Fiscal Year: 2016/17

LHIN: ALL

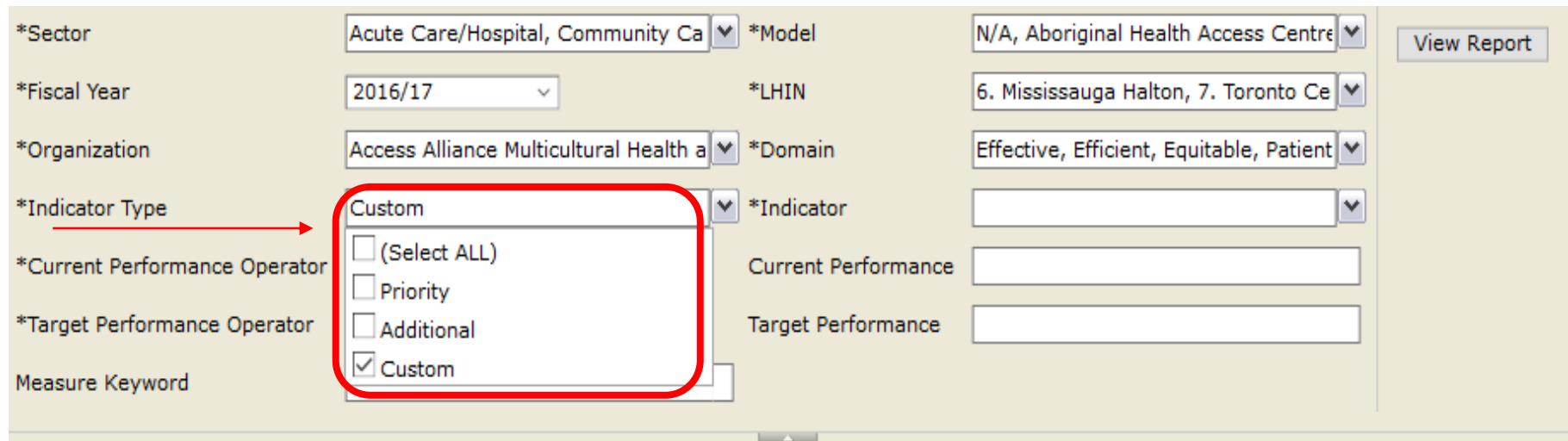
Organization: ALL

### QI Achievements From the Past Year

Our greatest accomplishment in the previous year has been the gains made in relation to patient flow as a result of the Bed Realignment project which culminated in December 2014. In preparation for Bed Realignment, guidelines were developed to promote the flow of patients across all HPHA sites to promote occupancy of 85% in all in-patient units. As of January 2015, Physician Leads, Team Leaders and Managers from each site meet with the VP Partnerships and Patient Experience and the Manager Patient Flow on a monthly basis. These meetings have enabled open discussion on patient admissions and **transfers** across all sites and have been instrumental in revising and enhancing decision making processes that result in appropriate decisions on patient destinations and the safe **transfer** of patients. Case reviews of admissions and **transfers**, review of data such as the number of off-service medical patients\*, expected daily **discharges** by unit and number of **transfers** site to site are utilized to influence process improvement decisions at this forum. (\*Off-service medical patients are those admitted to another unit such as surgery; an appropriate medical bed may be available at another HPHA site)

# New this year: Query QIP: Type of indicator identified

- The Query QIP Reports can be filtered by type of indicator



\*Sector: Acute Care/Hospital, Community Ca

\*Fiscal Year: 2016/17

\*Organization: Access Alliance Multicultural Health a

\*Indicator Type: Custom

\*Current Performance Operator:

\*Target Performance Operator:

Measure Keyword:

\*Model: N/A, Aboriginal Health Access Centre

\*LHIN: 6. Mississauga Halton, 7. Toronto Ce

\*Domain: Effective, Efficient, Equitable, Patient

\*Indicator:

Current Performance:

Target Performance:

View Report

# Guidance materials for planning the 2017/18

Guidance materials launch  
November 30, 2016

## *Package will include*

- Annual Memo and “What’s New” Supplementation
- Refreshed guidance documents
- Updated indicator technical specifications

Please visit HQO’s website  
for additional resources  
or contact [qip@hqontario.ca](mailto:qip@hqontario.ca)  
for assistance

# Long-Term Care Community of Practice

Health Quality Ontario and the Long-Term Care sector work together to spark improvement by connecting researchers, physicians, care teams and residents. They share data and best practices and foster knowledge exchange that helps improve the experience and outcomes for residents. Communities of practice (COPs) can be defined as groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.



Develop relationships

Learn and develop practices



Carry out tasks and projects

Create new knowledge



[Click here to  
access the COP](#)





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For more information on Quality Improvement Plans:  
[QIP@HQOntario.ca](mailto:QIP@HQOntario.ca)

# APPENDICES

# Online Resources

Please go to  
[www.hqontario.ca](http://www.hqontario.ca)  
to access these  
resources.

## Hospitals

Impressions and Observations  
2015/16 Quality Improvement Plans

Let's make our health system healthier



### QUALITY IMPROVEMENT PLANS REPORTS

We create sector-specific reports that analyze Quality Improvement Plans across the province and highlight exceptional change ideas, emerging trends and lessons learned about what is working and what is not.

[Learn more »](#)

## Health Quality Ontario

The provincial advisor on the quality of health care in Ontario

November 2015

### Indicator Technical Specifications Quality Improvement Plan 2016/17

Impressions and Observations  
2015/16 Quality Improvement Plans

Let's make our health system healthier



### QUALITY IMPROVEMENT PLANS

Submit your Quality Improvement Plan, review other plans for ideas, and learn how to create a Quality Improvement Plan

[Learn more »](#)



### QUALITY IMPROVEMENT WEBINARS

Participate in or listen to webinars on a variety of current quality improvement topics and issues

[Learn more »](#)



Insights into Quality Improvement

### Engaging with Patients:

Stories and Successes  
from the 2015/2016  
Quality Improvement Plans

Let's make our health system healthier



## Quality Rounds Ontario

### QUALITY ROUNDS ONTARIO

Join our educational sessions for province-wide knowledge exchange and idea sharing on topics related to improving the quality of health care

[Learn more »](#)

### INDICATOR LIBRARY

Search Health Quality Ontario's health system performance indicators to find indicators that you can use to customize your organization's Quality Improvement Plan.



### QUALITY COMPASS

To support you in developing your QIPs, visit [Quality Compass](#) to find evidence-based resources, change ideas, targets, measures, and tools for successful implementation.



# Programming Supports

Links to resources	<u>Patient Engagement</u>	<u>Practice Reports</u>	<u>Quality Standards</u>	<u>Equity</u>
Audience	Providers, Organizations, and Patients	Physicians and Interprofessional Teams	Community of Practice members collaborating to implement Quality Standards	All organizations interested in imbedding an equity lens in QI initiatives
Resources	Tools and resources to support patient engagement	For LTC and Primary Care, a resource to collect data from the practice for use in quality improvement	Toolkits and Guidance documents, Community of Practice for peer support	Frameworks and Guidelines
Integration with QIPS	Hospitals required to demonstrate how they engage Patients in developing QIPS	Clinicians access data and receive information about performance and practice performance	There are three indicators in QIPS corresponding to Quality Standards.	Equity one of six quality dimensions measured in QIP (Narrative)