Looking Back and Looking Ahead
A Sneak Peek for QIP 2017/18: Long-Term Care

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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

A health system with a culture of quality is...

- Safe
- Effective
- Patient-centred
- Efficient
- Timely
- Equitable

...stays true to these principles

- Commits to ongoing quality improvement
- Achieves healthy populations
- Ensures accessibility for all
- Partners with patients
- Balances priorities
- Uses resources wisely

...and can only happen when we

- Engage patients and the public
- Redesign the system to support quality care
- Help professionals and caregivers thrive
- Ensure technology works for all
- Support innovation and spread knowledge
- Monitor performance with quality in mind
- Build a quality-driven culture

A just, patient-centred health system committed to relentless improvement. Let’s make it happen.

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

www.heqontario.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.

Percentage of Organizations that reported engaging Patient Advisory Councils and Forums in development of 2015/16 QIPs and 2016/17 QIPs across all four sectors.
Most sectors described an increased engagement of patients and families in the co-design of QI initiatives.

Percentage of Organizations that reported engaging Patients and Families in development of 2015/16 QIPs and 2016/17 QIPs across all four sectors.
Sector Collaboration

HOSPITAL
- 64% Hospital
- 56% LHIN

PRIMARY CARE
- 70% CCAC
- 46% Primary Care
- 31% Long-Term Care
- 47% CCAC
- 43% Primary Care
- 9% Long-Term Care
- 80% Health Links

LONG-TERM CARE
- 59% CCAC
- 13% Primary Care
- 18% Long-Term Care
- 52% Hospital
- 64% BSO

CCAC
- 43% Primary Care
- 14% CCAC
- 7% Long-Term Care
- 93% Hospital
- 71% Health Links
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

- Appropriate Prescribing of Antipsychotics
- Potentially Avoidable Emergency Department Visits for LTC Residents
- Incontinence
- LTC Falls
- LTC Restraints
- LTC Pressure Ulcers
Percentage of long-term care residents potentially given antipsychotics without a diagnosis of psychosis in Ontario, QIP 2016/17

Range: 4.3% - 81.4%
Median: 24.2%
Most frequent change ideas for potentially inappropriate antipsychotic prescribing

- Staff Education
- Regularly review behaviour and resident needs
- Quarterly Med Review
- Patient education
- BSO
- Utilize communication best practices in dementia
- Audit and Feedback
- Huddles
- Decision Support Tools
- Coding accuracy
- Montessori
- Focus on PRN meds
- Music
- HQO practice reports
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.
Percentage of long-term care residents who had potentially avoidable emergency department visits in Ontario above the 75th percentile, QIP 2016/17
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

Initial issues and indicator matrix

Ongoing consultations

PFPAC
HQO QIP advisory
Ontario Association of Non profit Homes and Services for Seniors
Ontario Long Term Care Association
Branches and departments at HQO

2017-2018 QIP Indicators
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.
<table>
<thead>
<tr>
<th>Effective transitions</th>
<th>Hospital</th>
<th>Primary Care</th>
<th>Home Care</th>
<th>Long-Term Care</th>
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<tbody>
<tr>
<td>Readmission for select conditions (A)</td>
<td>Hospital readmissions for select conditions (A)</td>
<td>Hospital readmissions (P)</td>
<td>Potentially avoidable ED visits (P)</td>
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<tr>
<td>Readmission for one of congestive heart failure, chronic obstructive pulmonary disease, or stroke (QBP) (P)</td>
<td>7-day post-discharge follow-up (physician) (P)</td>
<td>Unplanned ED visits (P)</td>
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<tr>
<td>Readmission within 30 days for mental health and addiction (A)</td>
<td>7-day post-discharge follow-up (any provider) (A)</td>
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<tr>
<td>Patient received enough information on discharge (P)</td>
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<td>Discharge summaries sent within 48 h of discharge (A)</td>
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<tr>
<th>Coordinating care</th>
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<tr>
<td>Narrative</td>
<td>Identify complex patients (Health Links) (A)</td>
<td>Identify complex patients (Health Links) (A)</td>
<td>Identify complex patients (Health Links) (A)</td>
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<tr>
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<td>Glycated hemoglobin testing (A)</td>
<td>Colorectal and cervical cancer screening (A)</td>
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<td>Home support for discharged palliative patients (P)</td>
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<td>End of life, died in preferred place of death (A)</td>
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<tr>
<td>Narrative</td>
<td>Patient experience (P)</td>
<td>Patient involvement (P)</td>
<td>Resident experience (P)</td>
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<th>Access to right level of care</th>
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<td>Narrative</td>
<td>Alternative level of care rate (P)</td>
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<tr>
<td>Pressure ulcers (A), use of physical restraints in mental health patients (A)</td>
<td>Medication reconciliation (admission) (P)</td>
<td>Falls for long-stay clients (P)</td>
<td>Pressure ulcers, (A) restraints (A), falls (A)</td>
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<tr>
<th>Medication safety</th>
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<tr>
<td>Medication reconciliation (discharge) (P)</td>
<td>Medication reconciliation (A)</td>
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<td>Potentially inappropriate prescribing of antipsychotic medications (P)</td>
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<th>Workplace safety</th>
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<td>Narrative</td>
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<th>Timely access to care/services</th>
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<tr>
<td>ED length of stay (complex) (P)</td>
<td>Timely access to primary care (patient perception) (P)</td>
<td>Wait time for home care (personal support worker, nurse) (P)</td>
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<th>Equity</th>
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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 overlooks 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.”
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

Text Report: Narrative

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
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 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
For more information on Quality Improvement Plans: QIP@HQOntario.ca
Online Resources

Please go to www.hqontario.ca to access these resources.
## Programming Supports

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