Looking Back and Looking Forward

A sneak peek for the 2018/19 long-term care quality improvement plans (QIPs)

DANYAL MARTIN, LAURIE DUNN | OCTOBER 10 & 13, 2017
How to participate today

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WHO IS ON THE CALL?

- Administrator, DOC, Senior Leadership Team
- Decision Support
- LHIN
- Quality Leads
- Residents or members of Resident/family councils
Learning Objectives

• Share learnings from the 2017/18 QIPs
• Prepare organizations for 2018/19 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
Quality Matters

Embrace Health Quality

- 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.hqontario.ca
Looking Back

Provincial Results
Provincial Observations: Looking Back

Home care
- Progress in five-day wait time: personal support for complex patients (79%)
- Worsening in hospital readmissions (77%)

Hospital
- Progress in medication reconciliation on admission (60%)
- Worsening in alternate level of care rate (54%)

Long-term care
- Progress in appropriate prescribing of antipsychotics (76%)
- Worsening in falls (54%)

Primary care
- Progress in glycated hemoglobin (HbA1C) testing (71%)
- Worsening patient experience: ‘enough time’ (41%)
Provincial Observations: Looking Forward

- 94% of organizations selected at least one priority indicator
- 84% of organizations are working on at least one of the effective transition indicators
- 78% of organizations are working on at least one patient experience indicator
- 1-5% is the most common target range set for improvement
The analysis of patient engagement approaches is structured by Health Quality Ontario’s Patient Engagement Framework, which recommends that organizations use a spectrum of engagement approaches.

For brevity, the next few slides use the word “patient”; this includes patients, residents, clients, caregivers and family.
Patient Engagement: Spectrum of Approaches

Engagement is a continuum and organizations are encouraged to use a variety of methods to engage patients and their families. The approaches described to the right are more participatory. There will be overlap (e.g., councils may be deliberating or consulting).
Focus on QIP Development

Comparing percentage of organizations reporting engaging patients, residents, and families in development of QIPs or quality initiatives over time

Percentage of total organizations

<table>
<thead>
<tr>
<th>Sectors</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>22%</td>
<td>31%</td>
<td>59%</td>
</tr>
<tr>
<td>Interprofessional primary care organizations</td>
<td>9%</td>
<td>19%</td>
<td>9%</td>
</tr>
<tr>
<td>Home care</td>
<td>14%</td>
<td>30%</td>
<td>36%</td>
</tr>
<tr>
<td>Long-term care</td>
<td>14%</td>
<td>12%</td>
<td>23%</td>
</tr>
</tbody>
</table>
Key Observations: Patient Engagement

Overall view of spectrum of patient engagement approach in the 2017/18 QIP Narratives

<table>
<thead>
<tr>
<th>% of organizations reporting approach</th>
<th>Hospital</th>
<th>Long-term care</th>
<th>Interprofessional primary care organizations</th>
<th>Home care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical incidents data</td>
<td>4%</td>
<td>3%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Complaints process</td>
<td>35%</td>
<td>14%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Surveys</td>
<td>66%</td>
<td>74%</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>Focus groups, town halls, cty mtgs</td>
<td>72%</td>
<td>80%</td>
<td>71%</td>
<td></td>
</tr>
<tr>
<td>Advisory Council, etc</td>
<td>23%</td>
<td>23%</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>Engage *patients in developing QIP</td>
<td>9%</td>
<td>36%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Patients on the Board</td>
<td>2%</td>
<td>7%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>*Patient advisors on QI committees</td>
<td>14%</td>
<td>12%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>*Patients involved in co-design</td>
<td>9%</td>
<td>14%</td>
<td>14%</td>
<td></td>
</tr>
</tbody>
</table>
Key Observations: Integration and Partnerships

- **Integration and Partnerships**

  - Most frequently external partner Long-term care (LTC)
  - Regional partners (RP)

- **Hospital QIP**
  - Home Care 54%
  - Other hospital 45%
  - Primary Care 42%
  - LHINs 38%
  - Hospital 100%
  - RP 14%
  - LTC 19%

- **Primary Care QIP**
  - Health Links 61%
  - Multi-sector QIP
  - Home Care 65%
  - Primary Care 68%
  - Health Links 61%
  - Hospital 81%
  - LTC 48%

- **LHINs QIP**
  - Home Care 50%
  - Other PC 41%
  - Other 15%
  - Hospital 69%
  - RP 29%
  - LTC 21%

- **Other PC QIP**
  - Home Care 62%
  - Other LTC 19%
  - Other 12%
  - Home Care 62%
  - Hospital 55%
  - Behavioral Supports Ontario 67%
  - PC 12%
  - RP 11%

- **Long-term Care QIP**
  - Home Care QIP
  - Multi-sector QIP
  - Hospital QIP
  - Primary Care QIP
  - LHINs QIP
  - Other PC QIP
  - Other LTC QIP
Key Observations: Equity Strategies

Percentage of organizations citing various equity strategies in their 2017/18 QIP Narratives
Of the 1031 QIPs submitted, how many addressed workplace violence prevention?

In the Staff Safety & Workplace Violence Prevention section of the QIP Narrative...

4% of organizations (n=41) described staff health, wellness, or other safety issues rather than workplace violence prevention.

9% of organizations (n=97) included minimal comments or no comments related to workplace violence.

87% of organizations (n=893) addressed workplace violence prevention.
- 93% of hospitals
- 86% of primary care organizations
- 100% of home care organizations
- 85% of long-term care homes
- 90% of multisector organizations

In the Workplan section of the QIP...

A total of 15 organizations submitted 17 indicators related to workplace violence.
- 13 hospitals included a total of 15 indicators
- 2 long-term care homes included a total of two indicators
Exceptional achievement story
Central East LHIN: St. Josephs at Fleming

- **Who was the intended population(s)?** Residents at the long term care home and staff who worked at the home
- **What did St. Josephs at Fleming do?** In 2016, the home completed the Resident Accessibility and Sensory Path.
- **How did they do it?** A joint effort with Fleming College and the Federal Government, the Home expanded its existing garden path to encircle the entire property. Situated on Fleming College campus.
- **What changed?** Residents are now able to safely enjoy 5 hectares of open space surrounded by gardens, ponds, trees and pedestrian paths. The Path was built to take advantage of the surrounding environment and highlight each feature through separate sensory stations around the property. A farm station, aquatic station, musical station, birdhouse station and floral station was created where residents and their families can interact or just get out and enjoy nature and the company of others.
- **What was the outcome?** In addition to providing 360 degrees of emergency access to the building, the Path is another piece of the Strategic Plan which promotes a meaningful lifestyle for residents and staff. The home is interested in the improvements in episodes of responsive behaviours with the addition of this resource.
…Looking Back

Long-Term Care Results
Key Observations: Long Term Care

• Overall homes reported the most progress in 2017/18 for reduced antipsychotic prescribing and use of restraints

• Homes are making improvements in the area of transitions
  – While progress is slightly better in the number of ED visits over time
    • In 2017/18 20% more homes chose this indicator
    • There was an increase in partnerships with hospitals from 52% in 2016/17 to 55% in 2017/18.

• 65% of homes described initiatives addressing equity issues related to language, and 45% commented on using cultural competency training.

• Increasing numbers of retrograde targets are being set for the antipsychotic indicator compared to the previous year
  – 43 homes have set retrograde targets (all currently performing better than the provincial average)
All indicators are unadjusted unless specified otherwise. The direction of improvement is reduced performance. The QIP reporting period for Long Term Care Homes is from 2015/16, therefore three year data is available. There is a significant improvement observed in Antipsychotics and Physical Restraints indicators over three years. The number of residents experiencing Falls seem to be increased over three years across the province.
LTC QIP Indicator Selection (16/17 and 17/18)

Number of long term care homes that chose priority, additional and custom indicators in 2016/17 and 2017/18 QIPs

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Priority</th>
<th>Additional</th>
<th>Custom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antipsychotics</td>
<td>90.47%</td>
<td>94.74%</td>
<td>0.33%</td>
</tr>
<tr>
<td>Emergency Visits</td>
<td>75.42%</td>
<td>90.66%</td>
<td>1.53%</td>
</tr>
<tr>
<td>Resident Experience</td>
<td>38.46%</td>
<td>56.20%</td>
<td>87.29%</td>
</tr>
<tr>
<td>Staff Listen</td>
<td>50.67%</td>
<td>66.89%</td>
<td>87.29%</td>
</tr>
<tr>
<td>Resident Express Opinion</td>
<td>63.21%</td>
<td>78.61%</td>
<td>87.29%</td>
</tr>
<tr>
<td>Resident Experience Overall Satisfaction</td>
<td>77.42%</td>
<td>92.31%</td>
<td>87.29%</td>
</tr>
<tr>
<td>Falls</td>
<td>69.40%</td>
<td>58.91%</td>
<td>72.50%</td>
</tr>
<tr>
<td>Physical Restraints</td>
<td>69.40%</td>
<td>58.91%</td>
<td>72.50%</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>87.29%</td>
<td>72.50%</td>
<td>87.29%</td>
</tr>
</tbody>
</table>

2016/17 (n=598) 2017/18 (n=589)
The direction of improvement is reduced performance. The QIP reporting period for Long Term Care Homes is from 2015/16, therefore three year data is available.
Workplan: ED Visits
Current Performance and Target Setting

Percent of LTC residents who had potentially avoidable Emergency Department Visits in Ontario; QIP 2017/18

Range: 0.0% - 70.8%
Median: 21.9%

Provincial Average (23.6)

Set target is retrograde (worse than current performance)

Better Performance
Workplan: ED Visits Common Change Ideas

- Staff education: 47.5%
- Audit and feedback: 36.3%
- NPs: 36.3%
- Resident/family education: 24.8%
- QC-II Early recognition of "at risk": 17.6%
- Advanced Directives: 17.6%
- Collaboration with local hospitals: 12.2%
Spotlight on reducing avoidable ED visits; Elm Grove Living Centre

- **Who was the intended population(s)?** Residents with URI/LRI that may be sent to the ED
- **What did the home do?** Improved accuracy of clinical diagnosis and proper use of antibiotic.
- **How did they do it?**
  - Implementation of Pneumonia Algorithm that assisted registered staff and physician in early detection and appropriate treatment
  - Improved accuracy of clinical diagnosis and proper use of antibiotic.
- **What changed?** With a COPD rate at the home of 20%, almost 6% above the provincial average, Elm Grove will be participating in the pilot project spearheaded by COPDConnect, with the goal of better treating and managing residents with COPD. Residents with COPD are predisposed to lung infections.
  - One challenge faced was that expected NLOT utilization and involvement was not available.
- **What were the outcomes?**
  - Elm Grove was successful in reducing the number of ED transfers related to pneumonia and URI/LRI by 35% and 29% respectively.
  - This resulted in a 29% reduction in hospital transfers related to URI/LRI.

Kreindler et al; Six ways not to improve patient flow: a qualitative study
Progress report: Antipsychotic Prescribing

Ontario Provincial Average (Percentage) for Appropriate Prescribing of Antipsychotics QIP 2015/16 - QIP 2017/18; unadjusted data

The direction of improvement is reduced performance. The QIP reporting period for Long Term Care Homes is from 2015/16, therefore three years of data is available.
Current performance and targets, antipsychotic prescribing, 2017/18 QIP Workplan

Percent of LTC residents who were potentially given antipsychotics without a diagnosis of psychosis

Range: 0.0% - 74.7%
Median: 20.8%

Set target is retrograde (worse than current performance)

Provincial Average (21.2)
Workplan: Antipsychotic Prescribing, Distribution of Targets

Distribution of Targets Set for Potentially Inappropriate Antipsychotic Use Indicator Selected by LTC Homes in Comparison to their Current Performance, QIP 2017/18

43 Homes have set retrograde targets

Calculated as TP-CP = 0 - 33.33 the absolute difference is 33.33% which falls into '>20% interval'

Target set in direction of improvement (better than CP)
Target set to maintain
Target set worse than CP

\[ n = 556 \]
## Workplan: Antipsychotic Prescribing Change Ideas

<table>
<thead>
<tr>
<th>Change Idea</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit and feedback</td>
<td>42.1</td>
</tr>
<tr>
<td>Staff education</td>
<td>38</td>
</tr>
<tr>
<td>QC-I Regularly review resident behaviour</td>
<td>32.1</td>
</tr>
<tr>
<td>QC-I Avoid antipsychotics unless</td>
<td>31.5</td>
</tr>
<tr>
<td>Use of Behavioral Supports ON</td>
<td>29.7</td>
</tr>
<tr>
<td>Resident/family education</td>
<td>17.9</td>
</tr>
<tr>
<td>QC-I Interdisciplinary assessment</td>
<td>14.8</td>
</tr>
<tr>
<td>Huddles</td>
<td>7.9</td>
</tr>
<tr>
<td>Champions/Expert</td>
<td>7.3</td>
</tr>
</tbody>
</table>

### Common change ideas
Spotlight on improving appropriate antipsychotic prescribing; Woodingford Lodge

- **Who was the intended population(s)?** Residents with responsive behaviours

- **What did the home do?** A methodical process involving a collaborative review, was developed to uncover and trial suitable non-pharmacological and pharmacological interventions. They listened to resident's histories and family stories about their lives together. The multidisciplinary team collaborated with the embedded BSO team and brainstormed interventions based on those findings.

- **How did they do it?** They looked for appropriate non-pharmacological and pharmacological interventions to reduce boredom, loneliness, depression and anxiety.

- **What changed?** During this process, the embedded BSO Team developed the Antipsychotic Medication Review Tool, which has gained standing in the community for its ease of use, when reviewing medications, dosage, and frequency as is necessary. They also instituted a music and memory program

- **What were the outcomes?**
  - The Tool was presented to the Oxford County Geriatric Cooperative during OLTCA “This is LTC”, resulting in the sharing of the Tool with other homes in Oxford County, other homes in the Province of Ontario and other service partners such as CCAC.
  - After implementing the Antipsychotic Medication Review Tool and the introduction of the Music and Memory program, they have seen at the Woodstock location a gradual dose reduction and/or discontinuation of antipsychotic medications for participants by 65%.
  - Previously where staff may have administered a PRN antipsychotic, personalized music has had desired effect in these applications, reducing PRN use by 8.5%. 
Progress Report: Resident Experience

Percentage of LTC homes that progressed, worsened or maintained their performance on priority indicators, compared over two years of reporting.
Looking Forward

2018/19 QIPs
The QIP Consultation Process

Initial issues and indicator matrix

Ongoing consultations

2018/19 QIP issues & indicators

Patient, Family, and Public Advisors Council
QIP Advisory Committee
Branches and departments at Health Quality Ontario
Sector associations
External data organizations
QI leads from various organizations

Branches and departments at Health Quality Ontario
Determining 2018/19 QIP Priorities

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
There are four types of indicators:

- **Mandatory (NEW)**
  - REQUIRED in QIP; tied to issues where province-wide improvement is urgently required
  - set by Minister upon consideration of advice from Health Quality Ontario (regulation 187/15 under the *Excellent Care for All Act, 2010*; only applies to Hospital sector)

- **Priority**
  - reflect organizational and sector-specific priorities, as well as system-wide, transformational priorities where improved performance is co-dependent on collaboration with other sectors.
  - Recommended, not required. Must justify decision not to include in QIP

- **Additional**
  - measure important areas for QI and can be included in your QIP to reflect your organization’s specific QI goals and opportunities

- **Custom**
  - any other indicators your organization includes in your QIP
# Quality Issues and Indicators for the 2018/19 QIPs

<table>
<thead>
<tr>
<th>Category</th>
<th>Hospital</th>
<th>Primary Care</th>
<th>Home Care</th>
<th>Long-Term Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective transitions</td>
<td>• Readmission for one of CHF, COPD or stroke (QIP) (P)</td>
<td>• 7-day post-discharge follow-up (any provider) (P)</td>
<td>• Hospital readmissions (P)</td>
<td>• Potentially avoidable ED visits for ambulatory care-sensitive conditions (P)</td>
</tr>
<tr>
<td></td>
<td>• Readmission for mental health and addiction (P)</td>
<td>• 7-day post-discharge follow-up for select conditions (CHC) (P)</td>
<td>• Unplanned ED visits (P)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Patient received enough information on discharge (P)</td>
<td>• Hospital readmissions for select conditions (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Discharge summaries sent within 48 h of discharge (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinating care</td>
<td>• Identify patients with complex health needs (Health Links) (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment of pain and use of opioids</td>
<td>• Narrative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wound care</td>
<td>• Pressure ulcers (A)</td>
<td>• Diabetic foot ulcer risk assessment (A)</td>
<td>• Education &amp; self-management (A)</td>
<td>• Pressure ulcers (A)</td>
</tr>
<tr>
<td></td>
<td>• Diabetic foot ulcer (A)</td>
<td></td>
<td>• Closed diabetic foot ulcer (A)</td>
<td></td>
</tr>
<tr>
<td>Patient-centred</td>
<td>• Home support for discharged palliative patients (P)</td>
<td>• End of life, died in preferred place of death (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palliative care</td>
<td>• Would you recommend? (IP/ED) (P)</td>
<td>• Patient involvement in decisions about care (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Time to acknowledge complaints (A)</td>
<td>• Client experience (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person experience</td>
<td>• Alternative level of care rate (P)</td>
<td>• Time to acknowledge complaints (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Efficient access to right level of care</td>
<td>• Narrative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe</td>
<td>• Medication reconciliation (discharge) (P)</td>
<td>• Medication reconciliation (A)</td>
<td>• Falls for long-stay clients (P)</td>
<td>• Prescribing of antipsychotic medications (P)</td>
</tr>
<tr>
<td>Safe care/medication safety</td>
<td>• Medication reconciliation (admission) (A)</td>
<td>• Use of physical restraints in mental health patients (A)</td>
<td>• Restraints (A)</td>
<td>• Falls (A)</td>
</tr>
<tr>
<td></td>
<td>• Use of physical restraints in mental health patients (A)</td>
<td>• Antibiotic-free days (ICU) (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workplace violence</td>
<td>• Overall incidents of workplace violence (M)</td>
<td>• Narrative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timely</td>
<td>• ED length of stay (complex) (A)</td>
<td>• Timely access to primary care (patient perception) (P)</td>
<td>• Wait time for home care (personal support worker, nurse) (P)</td>
<td></td>
</tr>
<tr>
<td>Timely access to care/services</td>
<td>• Narrative</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Equitable health/equity</td>
<td>• Glycated hemoglobin testing (A)</td>
<td>• Colorectal &amp; cervical cancer screening (A)</td>
<td>• Narrative</td>
<td></td>
</tr>
<tr>
<td>considerations</td>
<td>• Narrative</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

2018/19 QIP Indicators: Long-Term Care

- Avoidable ED visits for ambulatory care-sensitive conditions
- Pressure ulcers
- Resident experience
- Restraints
- Falls
- Prescribing antipsychotic medication
- Percent complaints acknowledged

**RETIRED**

**MODIFIED**

**NEW**
- Percent complaints acknowledged
QIP Narrative

2018/19

• Overview
• QI achievements from the past year
• Collaboration and integration
• Engagement of leadership, clinicians and staff
• Patient/resident engagement and relations
• Workplace violence and prevention
• Population health and equity
• Alternate level of care
• Opioid prescribing and opioid use disorder in the treatment of pain
Patient/Resident Engagement and Relations

There is a spectrum of approaches for engaging patients / clients / residents, including sharing, consulting, deliberating, and collaborating with advisors.

Describe how your organization has engaged your patients / clients / residents in the development and implementation of your quality improvement plan and quality improvement activities over the past year. What do you have planned for the year ahead?
Workplace Violence and Prevention

Please describe how workplace violence prevention is a strategic priority for your organization. For example, is it included in your strategic plan or do you report on it to your board?

Upcoming resources

• Quality Improvement Plan Guidance: Workplace Violence Prevention
• Insights into Quality Improvement: Workplace Violence Prevention from the 2017/18 Quality Improvement Plans
• Health Quality Compass section on workplace violence prevention
• Webinar
Population Health and Equity (collapsed)

How has your organization addressed/recognized the needs of unique populations in its quality improvement efforts including, for example, indigenous and francophone communities? How has your organization worked to promote health equity through your quality improvement initiatives?
Opioids Prescribing and Opioid Use Disorder in the Treatment of Pain

Describe what steps your organization is taking to support the effective treatment of pain including opioids treatment practices and promoting alternatives to treatment.

Prompts: Think about access to addiction services, social services, (sub) populations, etc.
Looking Forward

Changes to Navigator
Navigator Key Dates and Timelines

- Navigator will launch by November 30, 2017
- 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
- Ensure the QIP is on your Board’s calendar prior to April 1, 2018 submission.
Navigator Enhancements: Progress Report (PR)

- Current performance in Progress Report and Workplan automatically linked
- Ability to add new change ideas
- Ability to export full Progress Report template
- Format change of Progress Report – change ideas moved up, comments optional
- Ability to add graphic/results (graphs)
Navigator Enhancements: Workplan

- Addition of resources (links) to change ideas window
- Ability to change order of change ideas
- Automated calculations for surveys
- Ability to export full workplan template

Other Enhancements

- Improved automated password reset process
- Ability to export full Narrative template
- New ‘simplified’ Query QIP report (issue + sector)
**QIP Supports QUORUM**

Ontario’s new online health care quality improvement community

**Quality Compass**

- Quality Compass is an online repository of evidence-informed information and change ideas focused on the priority indicators found in Ontario's QIPs.

- The tool supports health care leaders and providers in the primary care, home and community care, long-term care and hospital sectors to implement change.

- [http://qualitycompass.hqontario.ca/](http://qualitycompass.hqontario.ca/)
Polling question

How likely are you to apply at least one idea or concept from this webinar?
Are you a member of the Long-term Care Community of Practice on QUORUM?

Long-term Care Community of Practice

https://quorum.hqontario.ca/en/home/community/groups/groupId/35

The Long-term Care Community of Practice (CoP) invites people working in long-term care across Ontario to discuss best practice ideas, resident engagement, resident relations, and more. The Long-term Care Community of Practice (CoP) invites people working in long-term care across Ontario to discuss best practices, use quality improvement data for improvement, share local innovations and spread ideas to improve care. In our CoP, members can participate in conversations about improvement.
Upcoming webinars with links

When

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Event Details</th>
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<tbody>
<tr>
<td>Wed Oct 11, 2017</td>
<td>RNAO and Health Quality Ontario&lt;br&gt;Practical approaches to integrating and sustaining best practices in Ontario LTC homes required, care and services programs and quality improvement plans (QIP) &lt;a href=&quot;RNAO.ca/events/LTCLeague&quot;&gt;RNAO.ca/events/LTCLeague&lt;/a&gt;</td>
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Thank you.

LET’S CONTINUE THE CONVERSATION:

hqontario.ca
@HQOntario
HealthQualityOntario
@HQOntario
Health Quality Ontario
qip@hqontario.ca
Learn about shareable ideas in 5 Steps using Query QIP

1. Go to HQO’s Navigator website. Search for “HQO Navigator” in your internet browser and click on this site. You don’t need to login, as Query QIP is publically available.

2. Click on the “Query QIP” tab at the top of the webpage, and you will see a drop down menu of options.

3. Decide if you want to search by text or by indicator, and if you want to search the Narrative, Workplan or Progress Report. Each report is created separately.

4. If you select “text” (and not indicator), enter the term / text you want to search in the first field. If you select “indicator” ( and not text), consider if this indicator is a priority, additional or custom QIP indicator. Select this as a parameter before selecting the indicator you want to search. If you don’t know if the indicator is a priority, addition or custom indicator, simply select all three. Answer each of the other fields in turn to complete your report parameters.

5. To see each use of the term / text in the report you are creating, make sure you say “yes” to the last question, which highlights your text word with every instance of its use in the report.

If you have any trouble using Query QIP, or any of the Navigator functionality email: qip@hqontario.ca.
Get connected to **Quality Standards**. Each quality standard focuses on a certain health care issue and consists of:

- **Clinical Guide**
- **Recommendations for Adoption**
- **Patient Guide**
- **Information and Data Brief**
- **Data Infographic**

A **Getting Started Guide and Action Plan Template** to assist providers, teams and organizations to use the quality standard and prioritize quality statements to guide improvement.
Each report features a customized dashboard which monitors overall performance.
Patient Engagement

Helping patients and the system engage through tools and resources