

# Hospitals

## Impressions and Observations

### 2016/17 Quality Improvement Plans



# About Us

Health Quality Ontario is the provincial advisor on the quality of health care. We are motivated by a single-minded purpose: **Better health for all Ontarians.**

## Who We Are.

We are a scientifically rigorous group with diverse areas of expertise. We strive for complete objectivity, and look at things from a vantage point that allows us to see the forest and the trees. We work in partnership with health care providers and organizations across the system, and engage with patients themselves, to help initiate substantial and sustainable change to the province's complex health system.

## What We Do.

We define the meaning of quality as it pertains to health care, and provide strategic advice so all the parts of the system can improve. We also analyze virtually all aspects of Ontario's health care. This includes looking at the overall health of Ontarians, how well different areas of the system are working together, and most importantly, patient experience. We then produce comprehensive, objective reports based on data, facts and the voice of patients, caregivers and those who work each day in the health system. As well, we make recommendations on how to improve care using the best evidence. Finally, we support large scale quality improvements by working with our partners to facilitate ways for health care providers to learn from each other and share innovative approaches.

## Why It Matters.

We recognize that, as a system, we have much to be proud of, but also that we often fall short of being the best we can be. Truth be told, there are instances where it's hard to evaluate the quality of the care and times when we don't know what the best care looks like. Last but not least, certain vulnerable segments of the population are not receiving acceptable levels of attention. Our intent is to continuously improve the quality of health care in this province regardless of who you are or where you live. We are driven by the desire to make the system better, and by the inarguable fact that better... has no limit.

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# Introduction

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## Quality Improvement Plans

**A just, patient-centred health system that is committed to relentless improvement.** This is our vision for Ontario's health system as defined in [Quality Matters](#).

One way that organizations and providers demonstrate this commitment is by sharing their efforts to improve quality in the Quality Improvement Plans (QIPs) that they submit each year. The development of these QIPs and the work that is described within them represent a remarkable effort by health care organizations. In April 2016, more than 1,000 hospitals, long-term care homes, community care access centres, and interprofessional team-based primary care organizations across Ontario developed and submitted QIPs.

The QIPs include three components: the Progress Report, the Narrative, and the Workplan. In the Progress Report, organizations reflect on their quality improvement activities and achievements over the previous year. In the Narrative, organizations provide context about themselves and elaborate on key themes such as the collaborations they are forming and how they are working to engage patients and their families/caregivers in their quality improvement work. Finally, in the Workplan, organizations identify the issues that are important to them and describe their plans to address these issues over the coming year. All submitted QIPs are [available](#) on Health Quality Ontario's website, representing a public commitment to quality improvement.

## Setting priorities for improvement

Each year, Health Quality Ontario works with multiple stakeholders to identify a handful of key quality issues to prioritize across the province, and defines specific priority indicators that organizations can use to track their performance on these key issues in their QIPs. These may reflect sector-specific priorities or system-wide, transformational priorities for which improvement depends on collaboration among sectors. In addition to these key issues, organizations are encouraged to identify issues that are important within their own organization or in a local context, and use the QIP as a tool to improve on these issues as well.

The priority issues/indicators correspond to the six dimensions of a quality health care system (*safe, effective, patient-centred, efficient, timely, and equitable*).<sup>1,2</sup> They also align with Health Quality Ontario's work in monitoring health system performance in the province, which is summarized in the [Common Quality Agenda](#) and our yearly report, [Measuring Up](#).

## About this report

The purpose of this report is to share what hospitals across the province are working on and how; to highlight a few inspiring initiatives; and to share where there is room for improvement in the province. These examples are drawn from the careful review of each QIP to evaluate the data and change ideas described within.

Our analysis of the 2016/17 QIPs is presented in three chapters:

- **Chapter 1: Overarching Observations**, which describes our broad observations from the analysis and touches on key themes and issues for the hospital sector
- **Chapter 2: Priority Issues/Indicators: Highlights from the 2016/17 QIPs**, which briefly summarizes performance on the priority indicators, key change ideas that hospitals are using to improve on these indicators, and spotlight examples of innovative change ideas
- **Chapter 3: Moving Forward**, which summarizes our key observations, provides guidance on how hospitals can improve the quality of care they provide as they move forward, and links to a few key sources for readers who are looking for more information on the 2016/17 QIPs

## The hospital sector

The hospital sector was the first in the province to submit QIPs, and the 2016/17 QIPs represent the sixth year of submission by hospitals. This year, QIPs were received from all 142 hospitals for which submission was required.

The hospital sector is also the only sector to be affected by a new regulation (Regulation 187/15 under the *Excellent Care for All Act, 2010*), which requires that hospitals engage their patients, former patients, and caregivers in the development of their QIP, and also requires that the QIP contain a description of patient engagement activities and how these have informed the development of the QIP. This regulation supports the growing focus on patient engagement across the health system that has occurred in recent years. Hospitals across Ontario are increasingly seeking input from patients and caregivers and utilizing deeper levels of engagement to drive the improvement of the care that they provide, and these efforts are now clearly evident in the 2016/17 QIPs.

# Chapter 1: Overarching Observations

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Our analysis of the 2016/17 QIPs has highlighted the considerable efforts hospitals in Ontario are taking to improve the care that they provide. There are many successes to celebrate, but as always, there remains room for further improvement in some areas. This section presents the overarching observations from our analysis of the 2016/17 QIPs.

Overall, the 2016/17 QIPs submitted by hospitals show a strong commitment to quality improvement, and included many inspiring success stories. As our team of quality improvement specialists reviewed the submitted QIPs, they were asked to flag stories that they considered “exceptional” (i.e., suitable for sharing through Health Quality Ontario’s webinars or reports to support spread to other hospitals). Close to half of hospitals described a quality improvement achievement in the Narrative section that was classified as exceptional. Since not all of these examples could be featured in this report, we encourage those working in quality improvement in the hospital sector to review the quality improvement achievements submitted by other hospitals using [Query QIPs](#).

## Hospitals are increasing their efforts to engage patients

For hospitals, the increasing importance of patient engagement is reflected in Regulation 187/15 under the *Excellent Care for All Act, 2010*. This regulation requires hospitals to engage patients, former patients, and caregivers in the development of their QIPs as well as to describe their patient engagement activities and how they inform the development of the QIP.

Hospitals have made significant progress in engaging patients in their quality improvement initiatives, including the development of their QIPs: the percent of hospitals that indicated that their Patient and Family Advisory Council were involved in the development of their QIP rose from 45% in 2015/16 to 66% in 2016/17. In addition, the percent of hospitals that reported that patients and their families had been actively involved in their quality improvement initiatives rose from 22% in 2015/16 to 31% in 2016/17.

## Hospitals are striving to provide more integrated care by working through partnerships

Partnerships among organizations in different sectors of the health care system are key to providing integrated care to patients in Ontario. There are several QIP indicators used to measure effective transitions and integration of care; performance on these indicators is best improved by the development of partnerships across sectors. These indicators include the four indicators related to readmission as well as the alternate level of care (ALC) rate indicator.

Many hospitals described initiatives focused on integration/partnerships in their QIPs, and approximately one third of hospitals shared examples of integration that were considered by reviewers to be “exceptional”. The most common partners for hospitals were CCACs (70%), other hospitals (64%), LHINs (56%), primary care organizations (46%), and Health Links (43%).

Collaborative efforts across a LHIN to coordinate care transitions are a key factor for performance improvement. A key example is the Central West LHIN, which has a strong focus on partnerships and has the lowest ALC rate in Ontario. Its two community hospitals and the CCAC are fully integrating their 'back-office' functions and working together to develop their quality improvement initiatives.

### **Hospitals have begun activities to address health equity**

Some hospitals described their efforts to improve health equity in their QIPs. Most of these hospitals are beginning with collecting data on the demographic characteristics of their patients, which they can then link to data on health outcomes. Many hospitals also reported that they are providing cultural competency training to their staff.

### **Hospitals are increasingly using the QIPs to reflect their commitment to other quality improvement work**

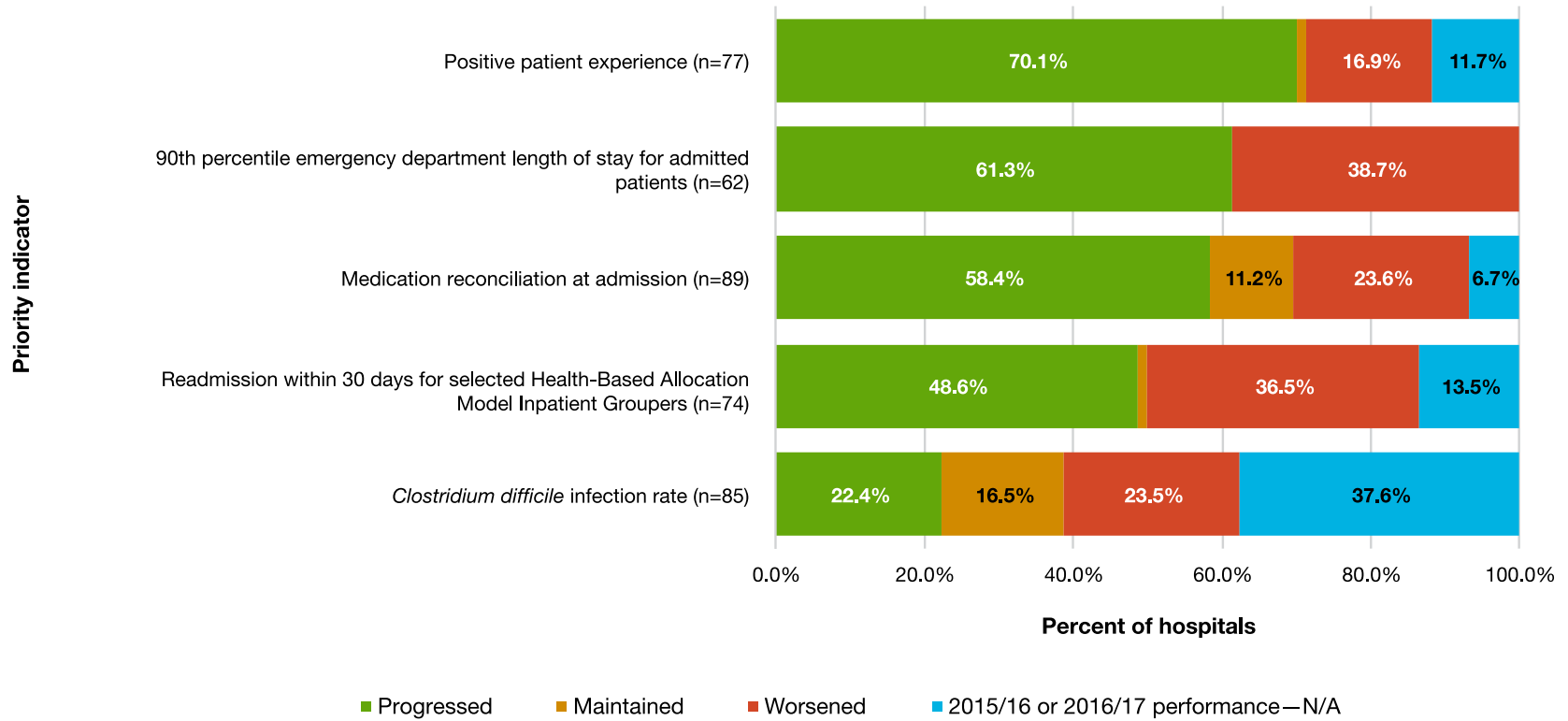
Hospitals typically participate in multiple quality improvement programs or initiatives apart from the QIP program as part of their efforts to improve the quality of care that they provide. Ideally, the QIPs should be used as a tool to track and share progress on the quality improvement initiatives that originated in other programs or initiatives as well as those that hospitals are working on as part of their QIP.

Hospitals have done well with connecting their 2016/17 QIPs with their quality work outside of the QIP program. For example, an increasing number of hospitals are reporting on indicators related to surgical care (23 hospitals), mental health (19 hospitals), and palliative care (19 hospitals, including 11 hospitals working on palliative care within their Health Link). Fifteen hospitals reported on the work that they are doing to increase workplace safety and reduce violence. Although these areas are not specifically addressed by QIP priority indicators, they are increasingly being recognized as areas where improvement is required across much of the province.

## **Looking back: Change in performance from the 2015/16 QIPs**

Figure 1 shows the percent of hospitals that chose each priority indicator and progressed, maintained, or worsened their performance when compared to the previous year. The highest rates of progress were observed for the positive patient experience indicator, followed by the 90<sup>th</sup> percentile ED length of stay for admitted patients indicator and the medication reconciliation at admission indicator. The lowest rate of progress was observed for the *C. difficile* infection rate indicator, as the majority of hospitals have stabilized their performance and are maintaining their current rates.

**Figure 1. Percentage of hospitals in Ontario that progressed, maintained, or worsened their performance on the priority QIP indicators between the 2015/16 QIPs and the 2016/17 QIPs, as reported in the 2016/17 Progress Reports**





## Looking forward: Selection of priority indicators and target setting for the coming year

### Selection of priority indicators

Patient satisfaction remains the most commonly selected priority indicator, and most hospitals are collecting baseline data for these indicators as they transition to the new provincial surveys. Approximately one third of hospitals have set targets to maintain performance on the *C. difficile* infection rate and medication reconciliation at admission indicators, signalling that they may be ready to move on to other priorities and transition these metrics to monitoring indicators.

Curiously, we observed that 12 hospitals that were working on a priority indicator in 2015/16 and were in the bottom quartile of performance for that indicator chose to drop that indicator from their Workplan for the coming year. We would expect to see that organizations with indicators in the bottom quartile of performance would continue to focus their efforts on these indicators, as these are areas for which further improvement is likely required.

### Target setting

Target setting is an important feature of the QIP. The targets chosen for any given indicator vary among organizations and may be influenced by many factors, including current performance and input from stakeholders. Provincial benchmarks can inform targets when they are available.

Most hospitals set targets to improve over the coming year (Table 1), typically setting targets that were 1% to 5% better than their current performance. A few set retrograde targets in their 2016/17 QIPs (i.e., their targets were worse than their current performance). Some of these organizations justified their retrograde targets by indicating that they are aiming for an established benchmark, the provincial average, or a Hospital Service Accountability Agreement target, when they have actually already surpassed this. We encourage hospitals to set targets to improve (or, when appropriate, maintain) their performance, and avoid setting retrograde targets.

**Table 1. Number of hospitals in Ontario that selected a priority indicator according to the original definition or modified definition, and the number that set a target to improve, as reported in the 2016/17 QIP Workplans**

Indicator	Hospitals that selected the indicator according to the original definition, n (%)	Hospitals that selected the indicator with a modified definition, n (%)	Hospitals that selected the original indicator and set a target to improve on the indicator, n (%)*
<i>C. difficile</i> infection rate	80 (56%)	2 (1%)	39 (61%)
Medication reconciliation at admission	78 (55%)	14 (10%)	49 (65%)
90 <sup>th</sup> percentile ED length of stay for admitted patients	72 (51%)	11 (8%)	59 (87%)
Alternate level of care rate	66 (46%)	12 (8%)	45 (77%)
Positive patient experience <ul style="list-style-type: none"> <li>• How would you rate...? or</li> <li>• Would you recommend...?</li> </ul>	52 (37%)	69 (49%)	31 (72%)
Readmissions <ul style="list-style-type: none"> <li>• 30-day readmissions – HIG</li> <li>• 30-day readmissions – CHF</li> <li>• 30-day readmissions – COPD</li> <li>• 30-day readmissions – Stroke</li> </ul>	52 (37%) 30 (21%) 40 (28%) 19 (13%)	19 (13%)	47 (90%) 19 (86%) 30 (83%) 9 (64%)

\*Hospitals for which the target setting direction could not be calculated (e.g., those reporting their current performance as “collecting baseline”) were excluded from this analysis.

Abbreviations: CHF: Congestive heart failure; COPD: Chronic obstructive pulmonary disease; HIG: Health Based Allocation Model Inpatient Groupier

## Chapter 2: Priority Issues/Indicators: Highlights from the 2016/17 QIPs

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This section of the report contains highlights on hospitals' performance on the priority issues/indicators for the 2016/17 QIPs.

We present a summary of hospitals' approaches to improving on each issue/indicator, including key change ideas. We also present spotlights on hospitals with exceptional or well-executed change ideas. We encourage other hospitals to review these key change ideas and consider whether any might be suitable for adoption by them in the future.

### Safe care: *C. difficile* infection rate and medication reconciliation at admission

#### ***C. difficile* infection rate**

The *C. difficile* infection rate in Ontario has declined over the past several years. The current provincial average rate is 0.27 infections per 1,000 patient days (January – December 2015). Antibiotic stewardship was the most commonly cited change idea for this indicator in the 2016/17 QIPs. Several hospitals also mentioned using fecal microbiota therapy (also known as a stool transplant or a fecal transplant) as a treatment for *C. difficile*, a technique that HQO recently [recommended be publicly funded](#) after completing a formal health technology assessment.

Based on the good performance across the province on the *C. difficile* infection rate indicator, this indicator will be transitioned to a monitoring indicator and removed from the list of QIP indicators for the 2017/18 submissions. Indeed, many hospitals had already transitioned to monitoring for this indicator; 17 (27%) of the 64 hospitals that included the *C. difficile* infection rate indicator in their 2016/17 Workplan set targets to maintain their current performance. *C. difficile* infection rates will continue to be monitored through public reporting, and performance will be conveyed annually in Health Quality Ontario's yearly report on health system performance, [Measuring Up](#).

#### **Medication reconciliation at admission**

Similar to the *C. difficile* infection rate indicator, many hospitals may also be ready to transition the medication reconciliation at admission indicator to a monitoring indicator. The provincial median rate for medication reconciliation at admission was 90%. One third of hospitals set targets to maintain their performance or set retrograde targets. While four of these retrograde targets were due to expansion of medication reconciliation to other areas of the hospital, the majority stated this was due to variation or reaching a saturation point in their rates. Even the hospitals that set targets for improvement most commonly set targets within 1–5% of their current performance. Hospitals with a current performance nearing 100% for medication reconciliation at admission should consider focusing on the quality of the reconciliation, or transitioning to the new priority indicator measuring medication reconciliation at discharge for their 2017/18 QIPs.

## Timely access to care: 90<sup>th</sup> percentile ED length of stay for admitted patients

This indicator measures the maximum length of time in which 9 of 10 patients have completed their ED visit.

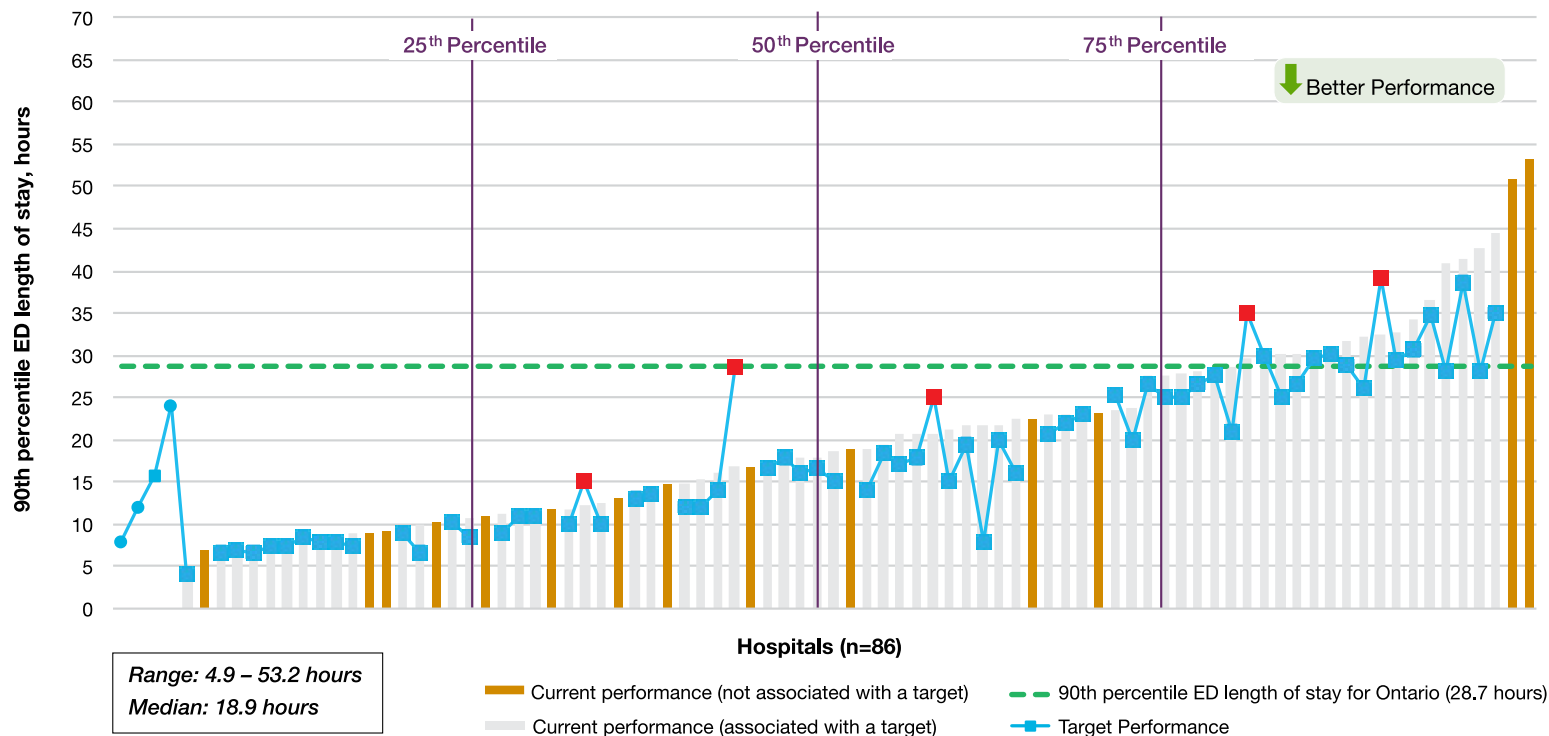
### Progress and current performance

More than 60% of hospitals made progress on this indicator. Forty-three percent of the hospitals that chose to work on ED length of stay using the original definition of this indicator set targets for improvement within 1–5% of their current performance.

Figure 2 shows the data used in the 2016/17 QIP submissions for this indicator. The hospital with the worst current performance did not select the indicator. This graph also reveals the trouble with using the 90<sup>th</sup> percentile ED length of stay of the province as a benchmark. One hospital has targeted the provincial performance of 28.7 hours, yet its current performance is much better at nearly half the wait time. Hospitals are encouraged to examine their own performance and context, and set targets for improvement in their quality improvement plans.

Health Quality Ontario’s report, [Under Pressure: Emergency department performance in Ontario](#), examines ED performance in Ontario and outlines many actions that have been undertaken by organizations to improve the quality of care provided in EDs. As Ontario’s population grows and ages, the pressure on EDs will likely continue and even intensify.

**Figure 2. 90<sup>th</sup> percentile emergency department length of stay for admitted patients in hospitals across Ontario, 2016/17 QIPs**



*The data are unadjusted. 72 of these hospitals have selected this indicator in their QIPs. Hospitals for which data are suppressed or for which current performance was indicated as “collecting baseline” are not included in this graph.*

### Approaches to improving performance on this indicator

Although this indicator is measured in the ED, successful approaches to improve on it will include initiatives that extend beyond the ED to improve patient throughput in the hospital (e.g., reducing ALC rate, discharging patients faster), thus reducing bed turnaround time and speeding admission of patients who require it.

The most commonly implemented change ideas from 2015/16 to 2016/17 were: use of clinical pathways and standardization of ED protocols; change ideas relating to bed management and patient flow; audit and feedback; staff education; and innovative staffing models.

#### *Use of clinical pathways and standardization of ED protocols*

- **Health Sciences North** has established protocols with seven local long-term care homes to reduce the amount of time residents spend waiting in the ED. Processes are in place to facilitate discharge from acute care and continue treatment in long-term care homes. Emergency Department Outreach Services are used for assessment and intervention rather than transfers to hospital. A facilitated return protocol is used when treatment is required in hospital for diagnostics or medical management such as blood transfusions. The hospital has reported tremendous patient, physician, and home staff satisfaction as a result.

#### *Ongoing focus on bed management and patient flow*

- **The Ottawa Hospital** implemented several change initiatives to improve discharge in their medicine and surgery units to shorten bed turnaround time for admitted patients in the ED. Their focus was on refining the discharge rounds process, improving communication to patients about discharge, improving rates of discharge by 11:00 am, and addressing barriers to discharge, such as access to accurate, up-to-date information and tools and resources about discharge. As a result, a web page dedicated to discharge was developed and made accessible to all staff and physicians. The discharge rounds model has shown a 44% improvement in percent discharges by 11:00 am in medicine and a 15.5% improvement in surgery. This effective change idea is being spread to other units.

#### *Audit and feedback*

- **Kingston General Hospital** implemented a 'Get out of Gridlock' initiative, which engaged all clinical directors, managers, and charge nurses in twice-daily huddles to review live patient flow data. The team's analysis of the daily bed census, ED length of stay, and volumes, in addition to broader monthly tracking of the data, identified opportunities that engaged physicians to drive earlier discharge times, provided earlier indication that a bed is ready, and set up an ED surge protocol trial. Over the last four quarters, Kingston General Hospital has decreased the 90<sup>th</sup> percentile ED length of stay by approximately 35%, from 42.7 hours to 27.6 hours.

### **Innovative staffing models**

- **Markham Stouffville Hospital** implemented a nurse practitioner model at the Markham site in the Medicine Admission Assessment Unit. This role had a significant impact on discharge planning for patients with complex conditions, and the change ideas have been expanded to other units. A Patient Flow Coordinator screened patients in the ED for appropriate admission to the short-stay medicine unit. More than 30% of patients on this unit are discharged by 11:00 AM, supporting the improved ED length of stay for admitted patients.

This hospital also described an example of advance community notification and expedited hand-offs for patients with complex conditions, a strategy hospitals are commonly referencing in their QIPs as they move forward:

- **Markham Stouffville Hospital** has an automatic notification system that alerts internal stakeholders when a long-term care home resident is in their system. The system sends notifications at key transitions: arrival in the ED, admission to an inpatient bed, transfer to another unit, and discharge. The Geriatric Emergency Medicine and Nurse-Led Outreach Team are able to use this information as they liaise with the staff at the long-term care home to ensure a safe and timely discharge. A team involving staff and physicians at both the hospital and the long-term care home are currently participating in the [Improving and Driving Excellence Across Sectors \(IDEAS\) program](#), working on a project aimed at reducing unnecessary transfers from the home to the hospital's ED.

## **Positive patient experience**

This indicator measures the percentage of positive responses to one of the following summary questions:

- Would you recommend this hospital to your friends and family?
- Would you recommend this ED to your friends and family?
- Overall, how would you rate the care and services you received at this hospital?
- Overall, how would you rate the care and services you received at this ED?

### **Progress and current performance**

Positive patient experience is the area where the most hospitals have made progress over their 2015/16 performance. The hospital-reported median averages are high; however, there is large variation in satisfaction scores across hospitals.

“Would you recommend...?”

- ED: median, 71%; range, 47% to 99%
- Hospital: median, 89%; range, 64% to 100%

“Overall, how would you rate...?”

- ED: median, 94%; range: 60% to 100%
- Hospital: median, 96%; range, 67% to 100%

The majority of hospitals have set their targets at “collecting baseline” for this indicator as the hospital sector transitions to a new provincial survey.

### **Approaches to improving performance on this indicator**

The most common approaches to improving on this indicator are presented in Figure 3.

**Figure 3. The most common change ideas reported in the 2016/17 QIP Progress Reports for positive patient experience**



Patient experience is impacted throughout the entire continuum of care. An important approach to improving patient experience is making care more accessible and providing a smooth journey throughout the system by ensuring clear communication and strong engagement. Here are a few examples of how hospitals are working to improve the patient experience of care as outlined in their 2016/17 QIPs.

- **Waypoint Centre for Mental Health Care** sought to increase patient participation in their treatment and discharge planning. Patients were engaged in identifying their own needs and strengths through more regular and structured goal-setting conversations. Staff assisted patients in identifying and prioritizing steps to reach their SMART (Specific, Measureable, Achievable, Relevant, and Time specific) goals. Seventy-five percent of patients reported that they felt listened to and understood their treatment plans. Patients also described feeling inspired.

- **Sinai Health System** was an early adopter of the Toronto Central LHIN and OpenLab’s Patient Oriented Discharge Summary (PODS) initiative, a discharge tool for comprehensive discussion with patients/families around five essential elements: information on medications, follow-up appointments, normal expected symptoms and what to do with arising symptoms, lifestyle changes, and resources post discharge. The Bridgepoint site focused on improving patient satisfaction at discharge on the Acquired Brain Injury (ABI) unit. The tool was customized to the ABI population and an interprofessional team delivered PODS two days before discharge. Patient satisfaction scores on the ABI unit have reached 89% as of February 2016, significantly higher than the site’s score of 75.7% at the end of the 2014/15 fiscal year.
- Over the past year, **MacKenzie Health** focused on developing better communication with their patients and families. Staff turnover was reduced to create a stronger and more cohesive team who are then better able to efficiently manage complaints. In addition, an automated discharge phone

call system was implemented that connects with over 45% of the patients who have visited the ED, providing real-time data that allows the department to review fluctuations and trends. Scores on the “Would you recommend...” survey question increased from 41% in the 2015/16 QIP to 81% in the 2016/17 QIP.

### **Engaging patients in quality improvement**

Truly partnering with patients and families to understand their needs and respond to them can make Ontario’s health system healthier and increase patient satisfaction. Here are some highlights from organizations that described engaging patients and their families.

- **Bluewater Health** has increased the number of partnership initiatives over the past year through the participation of Patient Experience Partners (PEPs). PEPs are patients and families who have had a health care experience and volunteer their time as advocates for future patients and their families. Last year, the patient experience survey results led to the first “PEP Talk”, where PEPs met with front-line staff to review patient experience statistics and patient feedback data and work together to identify opportunities for improvement. The PEP council now meets monthly, and two PEPs have participated in the development of the QIP and are monitoring progress throughout the year.
- In addition to staff engagement with patients, patients and families engaging with other patients and families who are facing a similar situation can improve satisfaction. **The Ottawa Heart Institute** has developed an online patient engagement forum where patients and families can connect with each other to seek support and share stories. This new forum is an effective tool to connect patients with other patients and offer informal peer counseling.

## **Access to right level of care: ALC rate**

This indicator measures all patients waiting in a hospital bed in Ontario who do not require the intensity of resources/services provided in this care setting.

### **Progress and current performance**

Performance on this indicator has remained largely unchanged since July 2011. From July to September 2015, ALC-designated patients were occupying 13.8% of inpatient beds in Ontario, with more than half of Ontario’s hospitals having an ALC occupancy greater than 13.8% (range 0.20% – 64.7%).

ALC rate is an indicator on which performance can improve when organizations collaborate across sectors. In an ALC report prepared by Access to Care for the Ontario Hospital Association in January 2017, 43% of ALC-designated patients in acute and post-acute care beds were waiting for long-term care.<sup>3</sup> In the 2016/17 QIPs, CCACs were the most commonly cited partners hospitals are working with to improve this metric, while long-term care homes were the seventh most commonly cited partners. Hospitals are encouraged to continue strengthening the coordination of care with other care providers, particularly focusing on the discharge destination that the majority of ALC-designated patients are waiting for.

### **Approaches to improving performance on this indicator**

The most commonly implemented change ideas from 2015/16 to 2016/17 were: use of predictive models to assess optimal discharge; bed utilization management to reduce length of stay and improve capacity; participation in CCACs’ [Home First](#) philosophy and programs; admission assessment and referral to inpatient or outpatient services to reduce risk of deterioration; and staff education and communication.



### ***Optimal discharge – use of predictive models***

- **Ontario Shores Centre for Mental Health Sciences** used the Level of Care Utilization System (LOCUS) tool to better understand patient care needs and implement services wisely. LOCUS is an assessment tool developed by the American Association of Community Psychiatrists and used to assess level of care needs for mental health consumers. By using this tool, inpatients are safely reintegrating into the community earlier, allowing for improved patient flow within the organization.

### ***Admission assessment and referral to inpatient or outpatient services to reduce risk of deterioration***

- **Health Sciences North** focused on prevention of functional decline in patients 65 years of age and older by ensuring five key areas are addressed within 48 hours of a hospital admission: appropriate medications, delirium/cognition, nutrition/hydration, bowel/bladder, and functional mobility. A comprehensive communication campaign was implemented, and tools such as the geriatric screening tool and clinical activity sheet were implemented to support the new practice. Adherence to the new practices reached 100% between January and June 2015, and was then spread to all patients on the Medicine unit. These changes resulted in a 10% increase in the number of patients who sustained or improved their functional mobility. Health Sciences North is now working towards spreading this initiative to their ED.
- **The Scarborough Hospital** will support the transition of patients from hospital to the community by pursuing leading models of interprofessional care and strengthening community partnerships. One of their key initiatives is to expand upon their Virtual Ward program and provide intensive restorative care that enables safe transitions home from the hospital. The Virtual Ward program, a partnership between the hospital and Carefirst Seniors

and Community Services Association, will be engaged in the [Strategies to Support Self-Management in Chronic Conditions](#) and [Caregiving Strategies for Older Adults with Delirium, Dementia and Depression](#) best practice guidelines, produced by the Registered Nurses' Association of Ontario.

- **Quinte Healthcare Corporation** and the South East CCAC and LHIN are working together to improve services for frail seniors. In 2015/16, these three organizations collaborated to implement an Integrated Community Assessment and Referral Team (iCart). This initiative is a proactive approach to streamline access to community-based services for the high-risk senior population. The anticipated outcomes include a decrease in unnecessary ED visits, a decrease in demand for long-term care home beds, and an increase in utilization of community-based services.

### ***Staff education and communication***

- **Temiskaming Hospital** improved the coordination and transitions of care for patients designated as ALC by working closely with the North East CCAC and Temiskaming Home Support partners. By implementing initiatives focused on patient flow, communication, and transitions of care, the hospital reduced the number of ALC patients from 24% in 2014/15 to 8% in December 2015/16. The engagement of senior administration, physician leaders, clinical managers, and front-line staff was essential to their success.

Moving forward, an additional commonly reported strategy hospitals are referencing in their QIPs is their involvement in Health Links and/or partnerships with primary care.



## Spotlight

**William Osler Health System** and **Headwaters Health Care Centre** are in the **Central West LHIN**, which has achieved the lowest ALC rate in the province. Collaborative efforts between the Central West CCAC, Headwaters, and William Osler to coordinate care and transitions are believed to be a key factor for performance.

While implementing Home First, the three organizations worked together to streamline their discharge processes to avoid role duplication. They focused on educating health care providers on care options available in the community to support patients, as well as communication strategies to help patients understand why waiting in hospital is not always appropriate or the best type of care. The organizations have implemented a utilization management system to evaluate the level of care requirements for each patient to ensure they are receiving the right care, at the right time, and in the right place. Telehomecare programs are available to link patients living with congestive heart failure and chronic obstructive pulmonary disease with remote monitoring and regular health coaching sessions. Etobicoke General Hospital is also launching a regional pilot with the CCAC (the Integrated Care Coordinators pilot project), which focuses on improving discharge processes for patients with behavioural issues. The organizations are also continuing to support medically complex patients across the continuum through Health Links.

## Effective transitions: Readmission within 30 days

There are four priority indicators related to readmission: readmission within 30 days for selected Health-Based Allocation Model (HBAM) inpatient groupers (HIGs), and risk-adjusted 30-day all-cause readmission rate for patients with stroke, chronic obstructive pulmonary disease, and congestive heart failure, respectively. The indicators for stroke, chronic obstructive pulmonary disease, and congestive heart failure are each associated with a QBP.

[Quality-based procedures](#) (QBPs) are specific groups of patient services that offer opportunities for health care providers to share best practices that will allow the system to achieve even better quality and system efficiencies.

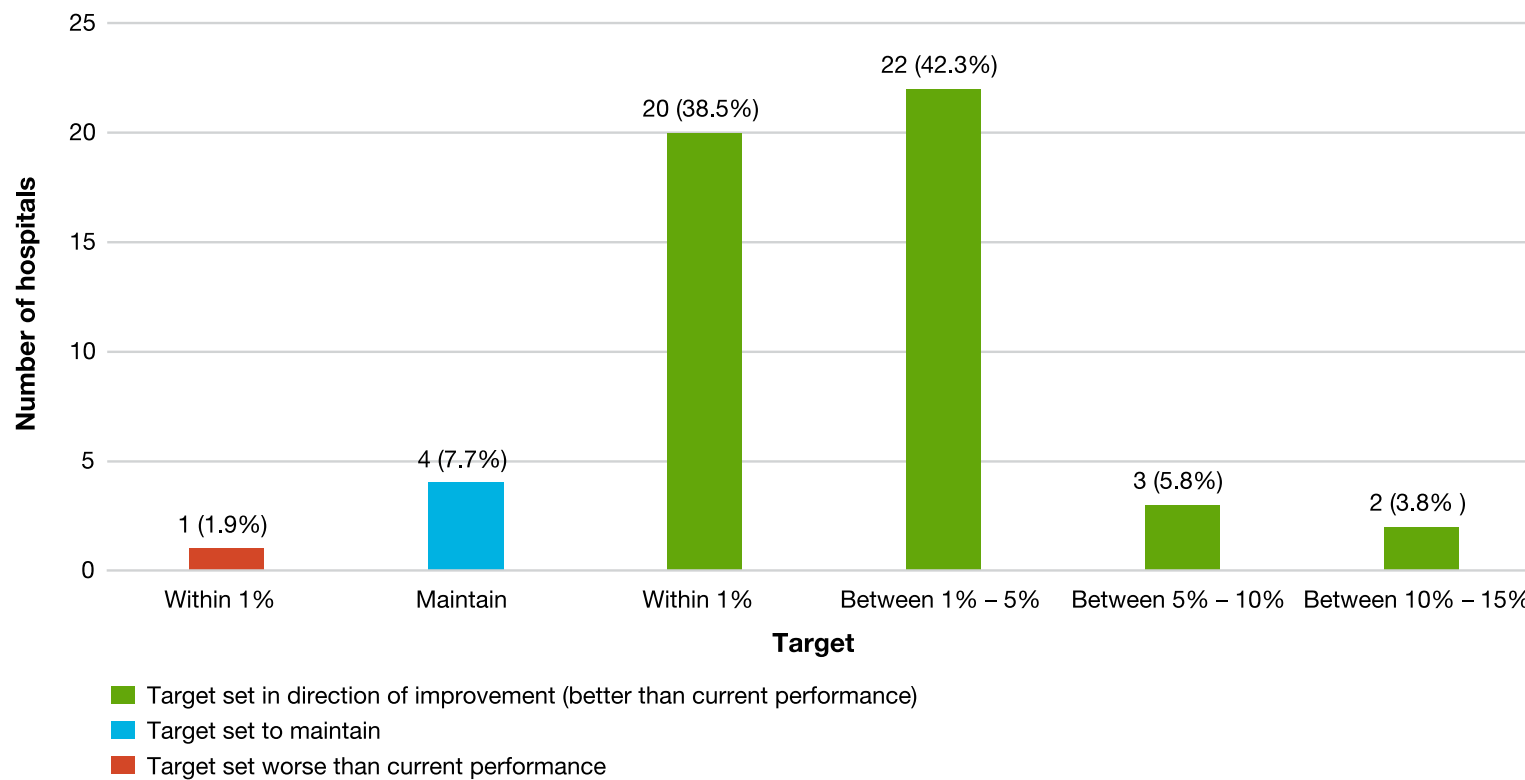
QBPs reimburse providers at an established rate for the provision of a service to a defined patient group, allowing funding to follow the patient and incenting the delivery of high quality and efficient care.

## Progress and current performance

Provincially, the 30-day readmission rate for select HIGs has remained consistent over the last three years at 16.2%. Similar to the provincial average, most hospitals' performance has remained consistent. Less than 50% of hospitals made progress on this indicator.

Figure 4 presents the distribution of targets set for readmission rate within 30 days of discharge for selected HIGs for achievement in 2016/17. Forty-two percent of the 52 hospitals that included the original definition of this indicator set targets for improvement between 1% and 5%. The one hospital that set a retrograde target referred to the provincial average in their target rationale.

**Figure 4. Distribution of targets set in comparison to current performance in the Workplans of the 2016/17 QIPs for the indicator measuring readmission within 30 days for selected Health-Based Allocation Model Inpatient Groupers**



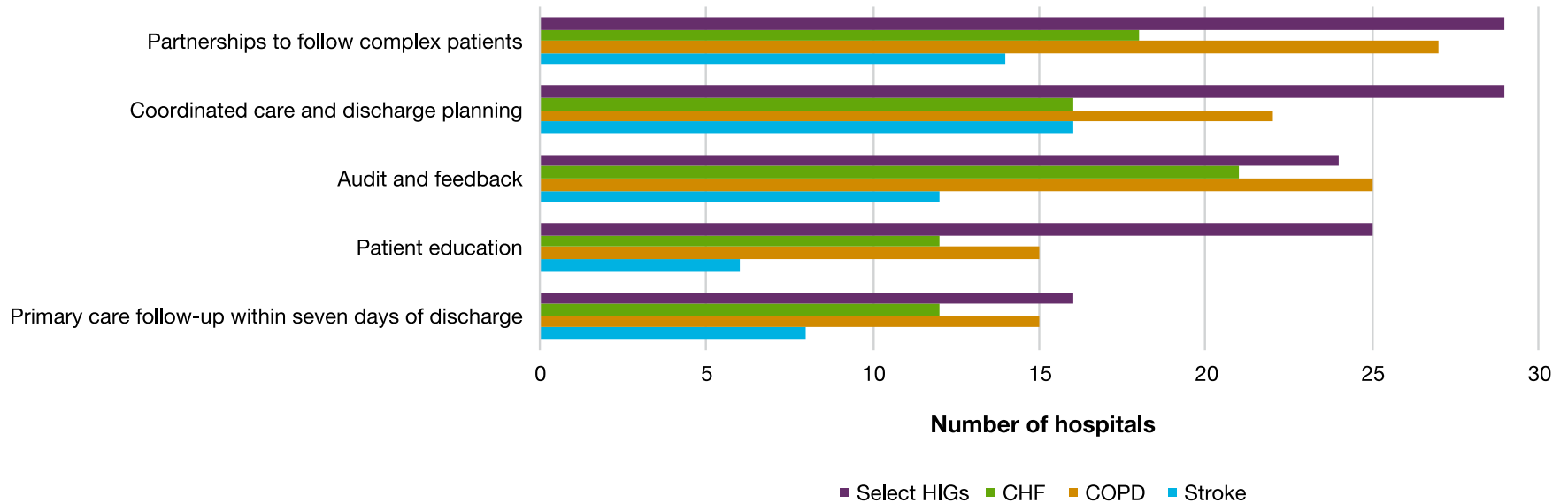
52 hospitals are included in this analysis.

**Approaches to improving performance on this indicator**

The strategies that hospitals have used to improve the overall 30-day readmission rate (and the associated lessons learned) can be applied to each of the three QBP readmission rate indicators. As Figure 5 shows, the most frequent readmission change ideas planned for implementation in 2016/17

are similar for each of the four readmission rate indicators. Evidence-based tools and resources to support the adoption of quality based procedures are available on [QBP Connect](#).

**Figure 5. The most frequent change ideas planned for implementation in 2016/17 for the readmission indicators**



Abbreviations: CHF: Congestive heart failure; COPD: Chronic obstructive pulmonary disease; HIG: Health Based Allocation Model Inpatient Groupers

### ***Partnerships to follow patients with complex conditions***

Improvement in readmission rates requires focused discharge efforts supported by all sectors. **Halton Healthcare Services Corporation** established a Congestive Heart Failure Expert Panel, developed a detailed quality improvement approach, and collaborated with Trillium Health Partners. Collaborative efforts resulted in a new standardized order set and clinical pathway. Standardizing care and removing ‘waste’ in the care process has resulted in improvements in the readmission indicator from 16.28% to 9.36%.

### ***Primary care follow-up within seven days of discharge***

Prior to a patient’s discharge, **Espanola General Hospital** books a follow-up appointment with the patient’s primary care provider. Additionally, the hospital’s integrated family health team started a clinic for patients who do not have a regular family physician; unattached patients are given an appointment with the registered nurse at the family health team, so they have contact with a health care provider who can help them navigate care should they need assistance.

Moving forward, hospitals have commonly referenced change ideas related to audit and feedback and patient education in their QIPs.

### ***Other innovative ideas***

- **Sioux Lookout Meno-Ya-Win Health Centre** is leading collaborative activities across 11 small and rural hospitals in the North West LHIN. These small rural hospitals believe that by working together, they will be able to reduce overall readmissions within the region. The collaborative is continuing the Better Admissions and Transitions in Ontario’s Northwest (BATON) project, aligning discharge plan approaches and tools to reduce readmissions. In 2016/17, the collaborative will focus on the development of a Small Hospital Quality Scorecard and implementation playbook.
- **St. Michael’s Hospital** developed a risk of readmission tool based on previous tools (e.g., LACE), but including additional factors specifically modelled from their patient population. The tool includes identification

of supports the patient requires as a result, such as referral to a family doctor or CCAC, and smoking cessation or puffer support. The hospital is continuing to expand the model to include the interdisciplinary, multi-sectoral team integrating the St. Michael’s Hospital family health team, and community supports for a more comprehensive approach to readmission work. This risk assessment model proved accurate at predicting readmission in the General Internal Medicine ward.

## **A focus on emerging issues in the QIPs**

Palliative care and mental health and addictions are increasingly being recognized as areas where there is room for improvement across the province.

Many hospitals, such as **Cornwall Community Hospital**, are identifying palliative or mental health and addiction patients with two or more complex conditions, and focusing their Health Links initiatives on transitions in care and safe discharge.

**Bluewater Health** is one of seven sites in Ontario that have implemented an [Adopting Research to Improve Care \(ARTIC\)](#) project called META: PHI (Mentoring, Education, Clinical Tools for Addiction: Primary Care-Hospital Integration). In the META model, the addiction specialist, emergency department (ED) and hospital staff, and primary care providers work together to provide seamless care to patients with substance use disorders. It is intended to improve quality of care for patients with an opioid use or alcohol use disorder in the ED by responding to cravings and withdrawal and provide rapid access to addictions medicine and a range of addiction services including harm reduction, navigation, coordination, counseling, and access to residential treatment.

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# Chapter 3: Moving Forward

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One of the primary objectives of our system-wide approach to quality improvement is to not only improve care in measureable ways, but in doing so develop and build a culture of quality that is pervasive across our care settings. One way we seek to determine whether this is occurring is by hearing your perspectives – for example, through the QIP Program Evaluation Survey we conducted in May 2016. Some of the feedback on the shifts that are happening related to discussions of quality, focus on quality, and improvements achieved are presented in the box to the on the following page.

The results of this survey tell us that there is a gradual increase in focus and discussion on quality. We have more to do to ensure that the activities of the QIP happen and that we understand their impacts on care – but importantly, we are bringing a focus to them.

## Continue to engage patients

Hospitals have increased their efforts to engage their patients over the past year, in keeping with the requirements of Regulation 187/15 under the *Excellent Care for All Act, 2010*, and should continue to work on this in the future. More information about how organizations have engaged patients and caregivers can be found in our report, [Engaging with Patients: Stories and Successes from the 2015/16 Quality Improvement Plans](#). In addition, we have produced a guide, [Engaging with Patients and Caregivers about Quality Improvement: A Guide for Health Care Providers](#), which focuses specifically on patient engagement in quality improvement and QIP development.

## Continue to foster and develop partnerships to support effective transitions in care

Hospitals need to be able to identify transitions in care and significant changes in patients' care plans in order to take action to smooth these transitions. To do this, hospitals will need to continue to grow partnerships and create technological bridges across sectors and to other community supports.

Relatively few hospitals described partnerships with long-term care homes. Moving forward, hospitals may consider partnering with local long-term care homes to facilitate effective and timely transitions in care. An excellent example is Health Sciences North's initiative to establish protocols with all seven local long-term care homes to facilitate discharge from acute care to long-term care.

## Increase focus on health equity

Ensuring health equity is an increasing focus in this province, and the 2016/17 QIPs marked the first year that hospitals were asked to include a description of the work they are doing to improve health equity. As they move forward, hospitals are encouraged to plan their quality improvement efforts with health equity in mind. To do this, hospitals may consider collecting demographic data, which can be associated with outcomes to determine which populations require special focus when planning quality improvement efforts. As an example, the Toronto Central LHIN has made health equity a strategic priority, and the hospitals in this LHIN have been collecting social and economic survey data as a means to identify and reduce health disparities in Toronto.

More information on this and other approaches to health equity that health care organizations across Ontario have described in their QIPs are presented in Health Quality Ontario's [snapshot on health equity in the 2016/17 QIPs](#). Hospitals should also refer to Health Quality Ontario's [Health Equity Plan](#), which provides more information about health equity in Ontario and what we plan to do to address it.

### Continue to aim for improvement in the QIPs

Hospitals should continue to aim for improvement when setting QIP targets. For indicators on which performance is already high, this may mean adjusting the indicator – e.g., for medication reconciliation, one could transition to measuring the quality of the reconciliation rather than the percent of patients for whom medication reconciliation was performed. We also expect that hospitals will continue to address indicators on which their performance is poor (e.g., hospitals in the bottom quartile for performance) and efforts to improve are still needed in their QIPs.

### Increase focus on emerging issues and aligning the QIP with other improvement efforts

Several issues are becoming increasingly prominent in Ontario, including palliative care, mental health, opioid addictions, and workplace safety. Although these issues are currently not explicitly included in the QIP priority indicators, they may be incorporated into the QIP or other initiatives in coming years. Many hospitals are already describing their work to address one or more of these issues in their QIPs, and we encourage other hospitals to look at their performance on these issues and consider where there might be room for improvement.

As a specific example, hospitals could review [quality standards](#) as they are released and consider how they might use these standards to guide quality improvement work. In the future, we envision that the quality standards and QIP priority issues will be closely aligned. Hospitals might also consider how their participation in other quality improvement initiatives that may be related to these issues might best be integrated into their QIPs.

Overall, the 2016/17 QIPs demonstrate that hospitals are not simply recognizing that opportunities for improvement exist, but are taking meaningful action towards improvement, engaging their patients and partners and learning from successes and failures along the way. It is this commitment to relentless improvement that will result in a just, patient-centred health system for all Ontarians.

### The 2016/17 QIP Program Evaluation Survey

In May 2016 – shortly after the 2016/17 QIPs were submitted – we conducted a survey of quality improvement leads, Executive Directors, CEOs, administrators and Board Chairs to ask about their opinions and experiences with preparing and supporting QIPs in their organizations.

Respondents from the hospital sector generally reported positive opinions on the QIPs. For example, the majority of Board Chairs and members (88%) agreed or strongly agreed that the QIPs encouraged the Board to talk about quality and quality improvement.

However, the survey responses also revealed opportunities for improvement and areas where organizations need more support. For example, we will be increasing our efforts to get organizations thinking about how they can use the QIP to support their efforts toward patient engagement and integration/partnerships.

As part of this effort, we have released a report that shares stories of patient engagement from the 2015/16 QIPs ([Engaging with Patients: Stories and Successes from the 2015/16 Quality Improvement Plans](#)) and a guide for health care providers looking to engage patients and caregivers in quality improvement. We are also working on a similar analysis related to stories of integration and partnerships in the 2016/17 QIPs, and have released 14 [LHIN Snapshots](#) meant to facilitate local collaboration/integration. Finally, we have included sections on both patient engagement and partnerships in this report. We hope that these actions will bring patient engagement and integration/partnerships to the forefront of the QIP program in future years.

### Where to go for more information

This report is intended to be a summary of our observations, not a detailed description of all of the information in the 2016/17 QIPs. There is a vast amount of data presented in these QIPs that is not discussed in this report.

Here are a few key sources for more information on the 2016/17 QIPs and tools for improvement while developing next year's QIPs:

- [Query QIPs](#) and [Download QIPs](#): The Query QIPs tool allows the user to search within all submitted QIPs using filters such as keyword, LHIN or indicator. For example, users might search the Workplans of all QIPs for a particular indicator to read how organizations plan to improve on that indicator, or might search for “equity” in any section of the QIPs to identify how organizations are supporting health equity across the province. The Download QIPs tool is a searchable database of all QIPs submitted to Health Quality Ontario, and allows the user to read the full text of any QIP that they are interested in.
- [The indicator library](#): This resource is a fully searchable library that includes all indicators on which Health Quality Ontario reports. Each indicator page includes a description of the indicator, its technical specifications, information on its alignment with similar indicators, information about and/or links to data sources, and other details about the indicator.
- [Quality Compass](#): This evidence-informed, searchable tool presents best practices, change ideas, targets and measures, and tools and resources for the priority indicators selected for the coming year's QIPs, as well as for other common indicators.
- [Measuring Up](#): Health Quality Ontario's yearly report on health system performance presents data on indicators described in the [Common Quality Agenda](#), which largely align with the priority and additional indicators described in the QIPs.

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