Embrace Health Quality

A health system with a culture of quality is... stays true to these principles

Safe  | Commits to ongoing quality improvement
Effective  | Achieves healthy populations
Patient-centred  | Ensures accessibility for all
Efficient  | Partners with patients
Timely  | Balances priorities
Equitable  | 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
Learning Objectives

By the end of this session, participants will be able to:

• Recall expectations for the 2016/17 Quality Improvement Plans (QIPs)

• Understand the role of QIPs as a tool for organization and system-level change

• Initiate the QIP components: Progress Report, Narrative, Workplan, Resources, Sector QIPs, and Query QIPs

• Understand the validation and submission process
Poll # 1

• How familiar are you with QIPs?
Provincial Priority Indicators for LTC

1. Potentially avoidable ED visits
2. Appropriate Prescribing – Potentially Inappropriate Antipsychotic Use
3. Resident Experience
4. Falls
5. Restraint use
6. Pressure ulcers

Source: Technical Indicator Specifications [PDF]

7. *Incontinence* (additional – located in drop-down)
POLL #2

What data sources will you reference to review your current performance in your QIP? Please select all that apply.

1. CIHI CCRS eReports
2. HQO Public Reporting / Measuring Up Report
3. Organic / local in-house
4. CIHI’s Your Health System
5. Your last RQI
Components of Quality Improvement Plans

* Progress Report
  Narrative
  Workplan
Getting Started: OUR QIPS

PROGRESS REPORT

Long-Term Care Home A (Test) 2016/17 Quality Improvement Plan for Ontario Long Term Care Homes

Status: IN PROGRESS

To enter progress for a Measure/Indicator, click on the "EDIT" button under the ACTIONS column.

<table>
<thead>
<tr>
<th>ID</th>
<th>INDICATOR</th>
<th>PERFORM. TARGET AS STATED IN PREVIOUS QIP</th>
<th>CURRENT PERFORMANCE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>% of residents answering positively to: &quot;What number would you use to rate how well the staff listen to you?&quot; (WinCQHQ)</td>
<td>75.00</td>
<td>85.00</td>
<td>98.00</td>
</tr>
<tr>
<td>2</td>
<td>Percentage of residents answering positively to: &quot;I would recommend this site or organization to others.&quot; (InterEl)</td>
<td>58</td>
<td>87.00</td>
<td>96.00</td>
</tr>
<tr>
<td>3</td>
<td>Percentage of residents answering positively to: &quot;I would recommend this site or organization to others.&quot; (InterEl)</td>
<td>77.00</td>
<td>85.00</td>
<td></td>
</tr>
</tbody>
</table>
### Progress Report – change ideas

#### Change Ideas from Last Year's CIP

<table>
<thead>
<tr>
<th>Change Idea</th>
<th>Was This Change Idea Implemented As Intended</th>
<th>Lessons Learned: (Some Questions to Consider) What Was Your Experience With This Indicator? What Were Your Key Learnings? Did the Change Ideas Make an Impact? What Advice Would You Give to Others?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff ask residents if they require anything further before leaving them.</td>
<td><img src="Yes" alt="Yes/No Options" /></td>
<td>this process was monitored and followed 89% of the time. This idea by far made the most impact because xyz.</td>
</tr>
<tr>
<td>Staff ask residents what they would like them to make sure they do before starting their morning and evening care</td>
<td><img src="No" alt="Yes/No Options" /></td>
<td>Due to xyz this was not implemented.</td>
</tr>
<tr>
<td>[Insert New Change Idea that were tested but not included in last year's CIP]</td>
<td><img src="Yes" alt="Yes/No Options" /></td>
<td>this was amazing because</td>
</tr>
</tbody>
</table>

*brand new idea*
Components of Quality Improvement Plans

Introduction to Navigator
Progress Report
* **Narrative**
Workplan
OUR QIPS: NARRATIVE

Long-Term Care Home A (Test) 2016/17 Quality Improvement Plan for Ontario Long Term Care Homes

Status: IN PROGRESS

Goto section Overview

Overview

QI Achievements From the Past Year

Integration and Continuity of Care

Allows organization to upload logo

Supports export into Word format for sharing locally
OUR QIPs: Narrative – What’s New - Images
Components of Quality Improvement Plans

Introduction to Navigator
Progress Report
Narrative
*Workplan
A) **Priority Indicators**: highlighted in **red font**. System level provincial priorities, pre-defined for standard measurement, pre-populated

B) **Additional Indicators**: pre-defined, pre-populated where possible, in drop-down

C) **Other**: all other newly created or relevant indicators need to be created via “Add New Measure”.

---

### OUR QIPS: Workplan- MEASURES (blue)

<table>
<thead>
<tr>
<th>ID</th>
<th>AIM</th>
<th>MEASURE</th>
<th>OBJECTIVE</th>
<th>MEASURE INDICATOR</th>
<th>UNIT / POPULATION</th>
<th>SOURCE / PERIOD</th>
<th>ORIG</th>
<th>CURRENT PERFORMANCE</th>
<th>TARGET PERFORMANCE</th>
<th>TARGET JUSTIFICATION</th>
<th>CHANGE</th>
<th>MEASURES</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td>A</td>
<td>To Reduce Priority Available Emergency Department Visits</td>
<td>Number of emergency department (ED) visits for routine or ancillary care sensitive situations, per 100,000 population</td>
<td>%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>To Reduce the Barriers to Anticoagulant Therapy</td>
<td>Percentage of patients on anticoagulants without a diagnosis of pulmonary embolism</td>
<td>%</td>
<td>Patients</td>
<td></td>
<td></td>
<td>CoRE, Clin</td>
<td>2015-01; Q2 FY 2015-16; Q2 FY 2016-17</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>C</td>
<td>To Reduce Anticoagulant Therapy</td>
<td>Percentage of patients with anticoagulant therapy during a stay period</td>
<td>%</td>
<td>Patients</td>
<td></td>
<td></td>
<td>CoRE, Clin</td>
<td>2015-01; Q2 FY 2015-16; Q2 FY 2016-17</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

14
OUR QIPS: Creating a new indicator (blue)

If attribute is not in drop down and you choose 'other', then you must specify.

It is mandatory to always specify Period.
Poll #3

• Have you considered what change ideas your organization can implement that may result in improved performance?
OUR QIPS: Workplan- CHANGE (green)

<table>
<thead>
<tr>
<th>PLANNED IMPROVEMENT INITIATIVES (CHANGE IDEAS)</th>
<th>METHODS</th>
<th>PROCESS MEASURES</th>
<th>GOAL FOR CHANGE IDEAS</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>

Add New Change Idea
OUR QIPS: Workplan- Adding Change Ideas

Correct

Incorrect
Poll#4

• Which of the following attributes is not included in the definition of SMART goals?
Measuring Up
A yearly report on how Ontario’s health system is performing

http://www.hqontario.ca/public-reporting/yearly-reports
Functionally Integrated QIPs: Cross-Sector Collaboration

<table>
<thead>
<tr>
<th>Quality Issue</th>
<th>Hospital</th>
<th>Primary Care</th>
<th>CCAC</th>
<th>LTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective transitions</td>
<td>• 30-Day Readmission for Select HIGs</td>
<td>• Post-Discharge Follow Up</td>
<td>• Hospital Readmissions</td>
<td>• Potentially Avoidable ED Visits for Ambulatory Care Sensitive Conditions</td>
</tr>
<tr>
<td></td>
<td>• 30-Day Readmission for one of CHF/COPD/Stroke (QBP Cohort)</td>
<td>• Hospital Readmission for Primary Care Patients (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person Experience</td>
<td>Patient Experience</td>
<td>Patient Experience</td>
<td>Client Experience</td>
<td>Resident Experience</td>
</tr>
<tr>
<td>Access to the right level of care</td>
<td>• ALC Rate</td>
<td>• ED Visits for Conditions BME (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• ALC Days (A)</td>
<td>• Timely Access to Primary Care Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timely access to care or services</td>
<td>• ED Length of Stay (admitted patients)</td>
<td>• HbA1C</td>
<td>• Five-Day Wait Time for Home Care (PSW, Nursing)</td>
<td></td>
</tr>
<tr>
<td>Safe care; effective management</td>
<td>• Medication Reconciliation (admission)</td>
<td>• Colorectal and Cervical Cancer Screening</td>
<td>• Falls for Long-Stay Clients</td>
<td>• Potentially Inappropriate Prescribing of Antipsychotic Medication</td>
</tr>
<tr>
<td></td>
<td>• <em>Clostridium Difficile</em> Infection</td>
<td>• Immunization (A)</td>
<td></td>
<td>• Pressure Ulcers</td>
</tr>
<tr>
<td></td>
<td>• Hand Hygiene before contact (A)</td>
<td>• Falls (A)</td>
<td></td>
<td>• Falls</td>
</tr>
<tr>
<td></td>
<td>• Pressure Ulcers (A)</td>
<td>• Medication Reconciliation (discharge) (A)</td>
<td></td>
<td>• Restraints</td>
</tr>
<tr>
<td></td>
<td>• Falls (A)</td>
<td>• Ventilator-Associated Pneumonia (A)</td>
<td></td>
<td>• Incontinence (A)</td>
</tr>
<tr>
<td></td>
<td>• Medication Reconciliation (discharge) (A)</td>
<td>• Central Line-Associated Infection (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ventilator-Associated Pneumonia (A)</td>
<td>• Physical restraints in mental health (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Central Line-Associated Infection (A)</td>
<td>• Surgical Safety Checklist (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Physical restraints in mental health (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Surgical Safety Checklist (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palliative care</td>
<td>• Home Supports for Discharged Palliative Patients (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Patient Preferred Place of Choice (A)</td>
<td></td>
</tr>
</tbody>
</table>

Quality Compass

- Change ideas are actionable steps for change, targeted at improving specific processes.
- They often originate from evidenced-based best practices, brainstorming, and creative thinking by front-line staff, providers and patients.
NEW – QUERY REPORTS

QUERY QIPS

- Run Indicator Query: Workplan
- Run Indicator Query: Progress Report
- Run Text Query: Narrative Report
- Run Text Query: Workplan
- Run Text Query: Progress Report
Query Example: Workplan Indicator Report
## Submission

<table>
<thead>
<tr>
<th>FISCAL</th>
<th>TITLE</th>
<th>MODIFIED</th>
<th>STATUS</th>
<th>PROGRESS REPORT COMPLETED</th>
<th>NARRATIVE SECTIONS COMPLETED</th>
<th>WORKPLAN INDICATORS COMPLETED</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17</td>
<td>2016/17 Quality Improvement Plan for Ontario Long Term Care Homes</td>
<td>In progress</td>
<td>2 / 7</td>
<td>0 / 6</td>
<td>0 / 10</td>
<td>![EDIT] ![VALIDATE]</td>
<td></td>
</tr>
<tr>
<td>2015/16</td>
<td>2015/16 Quality Improvement Plan for Ontario Long Term Care Homes</td>
<td>Submitted</td>
<td>0 / 0</td>
<td>7 / 7</td>
<td>7 / 10</td>
<td>![VIEW]</td>
<td></td>
</tr>
</tbody>
</table>

### Submission Incomplete

**Workplan Omissions**

- Indicator 5: Must include at least one change idea with a Planned Improvement Initiative, Method, Process Measure and Goal for Change Ideas.
- Indicator 6: Change Idea 1: Goals for Change Idea must be entered.

### Progress Report Omissions

- Indicator 1: Current Performance must be entered or the Collecting Baseline or Suppressed or N/A radio button must be selected.
- Indicator 2: Current Performance must be entered or the Collecting Baseline or Suppressed or N/A radio button must be selected.
- Indicator 3: Current Performance must be entered or the Collecting Baseline or Suppressed or N/A radio button must be selected.
- Indicator 4: Current Performance must be entered or the Collecting Baseline or Suppressed or N/A radio button must be selected.
- Indicator 5: Current Performance must be entered or the Collecting Baseline or Suppressed or N/A radio button must be selected.
- Indicator 6: Current Performance must be entered or the Collecting Baseline or Suppressed or N/A radio button must be selected.
- Indicator 7: Current Performance must be entered or the Collecting Baseline or Suppressed or N/A radio button must be selected.
Submitting the QIP

Please ensure the Accountability Sign-off page is complete.

I have reviewed and approved our organization’s Quality Improvement Plan.

Board Chair | Quality Committee Chair | Chief Executive Officer

Submit | Cancel
Orientation Documents

Guidance documents will be launched by November 27, 2015

• The kit will include:
  – the memo on provincial priorities
  – “What’s New”
  – Guidance documents
  – Technical specifications

Please visit the HQO Web site to get additional resources or send an email to qip@hqontario.ca for assistance