Embrace Health Quality

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

Safe  
Effective  
Patient-centred  
Efficient  
Timely  
Equitable

...stays true to these principles 

Commits to ongoing quality improvement  
Achieves healthy populations  
Ensures accessibility for all  

Partners with patients  
Balances priorities  
Uses resources wisely

...and can only happen when we

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

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

Read our vision for achieving a quality health system

Quality Matters: Realizing Excellent Care For All

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Learning Objectives

• Share learnings from the 2015/16 QIPs
• Prepare participants for 2016/17 QIP submission, particularly with regards to patient experience, engagement and integration.
• Provide an overview of HQO resources to support organizations in meeting their goals and supporting change across the system
Demonstrated Commitment to Quality

For 2015/2016, a total of 1076 QIPs received!

<table>
<thead>
<tr>
<th>Sector</th>
<th>Expected</th>
<th>Submitted</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
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<td>289</td>
<td>98%</td>
</tr>
<tr>
<td>LTC</td>
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<td>100%</td>
</tr>
<tr>
<td>CCAC</td>
<td>14</td>
<td>14</td>
<td>100%</td>
</tr>
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</table>
REFLECTIONS ON THE 2015/16 QIPS – LOOKING BACK ON PROGRESS
Looking Back on Progress 2014/15

• Performance on the priority indicators remained stable, with most CCACs maintaining current performance from their 2014/15 data
• Some CCACs noted improvements in five-day wait times for home care and unplanned emergency department visits within 30 days of discharge
• All 14 CCACs improved on at least one of the priority indicators and seven improved on three or more indicators.
• It will be important for CCACs to leverage these successes to spread these improvements to other priority issues
• There are also opportunities for CCACs to reflect on target setting and possibly consider more ambitious targets for their next QIP submission
Looking Back on Progress 2014/15

• Change ideas that led to improvements in five-day wait times for home care include:
  – Increased sharing of patient information via information technology portals
  – Providing regular updates to CCAC staff and Service Provider Organizations regarding current performance on the indicators

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Looking Back on Progress 2014/15

- Change ideas that led to improvements in unplanned emergency department visits within 30 days of discharge include:
  - Regular ongoing client status assessments
  - e-Alert notifications to allow CCACs to track patient ED visits, along with reasons for visits
  - Providing assisted living programs to better meet needs of high-risk seniors
Looking Back on Progress 2014/15

It was more difficult to achieve progress on other indicators:

• Falls For Long-stay Home Care Clients
  – Many CCACs continued to report struggles with meeting their targets due to the increasing complexity of patient populations
  – To improve, many CCACs are focusing on targeted interventions for complex patients, such as referrals to mobile falls prevention clinics, exercise programs and developing individualized care plans to reduce falls
Looking Back on Progress 2014/15

It was more difficult to achieve progress on other indicators:

• Unplanned readmissions
  – Improving access to clinical information and working with health system partners to smooth transitions of care
  • Ten out of 14 CCACs cited involvement with Health Links in their QIPs, and two included Health Links in their change initiatives. Early evidence suggests these connections should continue to be explored and fostered.
  – CCACs increasingly focusing on a “case conference” process following a complex discharge, with all care providers involved, to share lessons learned
  – Expansion of telehomcare
It was more difficult to achieve progress on other indicators:

- **Patient Experience**
  - All 14 CCACs already scored very high (above 90%) on patient experience. It may be difficult to push this indicator further, however many CCACs are still making great efforts to go beyond maintaining current performance
  - Innovative ideas that CCACs implemented include the Changing the Conversation philosophy of care, Crucial Conversations, creating new workplace roles to link patients to additional helpful services, and identifying barriers to successful transitions as patients move from hospital to home
REFLECTIONS ON THE 2015/16 QIPS – LOOKING FORWARD
Reflections from the 2015/16 QIP

This year, the majority of CCACs selected all the priority indicators; in addition, four CCACs selected custom indicators based on local needs.

- 100% Reducing Falls for Long-Stay Clients
- 93% Reducing Unplanned Emergency Department Visits
- 86% Reducing Unplanned Hospital Readmissions
- 93% Improving Five-Day Wait Time for PSW Visits
- 100% Improving Five-Day Wait Time for Home Care Nursing
- 86% Improving Patient Experience
- 29% Other
Reflections from the 2015/16 QIP

Some of the most common initiatives CCACs are working on include:

• Developing more strategies to support complex patients
• Investing in staff training
• Linking Health Links to QIP activities
• Sharing data to drive improvement
• Integrating mental health and addictions into the QIP
• Joining forces with other health sector organizations to collaborate on quality improvement, patient experience, and patient safety
Reflections from the 2015/16 QIP

Five-day wait for home care (nursing and PSW visits) is of particular interest looking forward:

• Many CCACs are taking the next steps toward progress on both indicators by looking beyond determining root causes to outlier cases and instead completely redesigning their service-offering processes

• Some change ideas include: integrating care plans with hospitals to obtain 24-hour discharge notifications and tracking wait times from Service Provider Organizations
Improving the patient experience is a priority:

• South West CCAC is using “Always Events” interviews to engage patients and caregivers in identifying aspects of their care that they feel should “always” be done. The patients are being asked what they might see as solutions to long standing patient needs.

• Experiences will be shared with staff to provide opportunities for quality improvement. CCAC will look to apply these learnings to quality improvement opportunities (year 2).
2016/17 QIPS – MOVING FORWARD
The Framing of QIPs

- A lever to improve the quality of the health care system by advancing core system issues and use of QIPs as a runway for change
- Quality matters: http://www.hqontario.ca/About-Us/Quality-Matters
- A tool to engage with patients around the quality improvement activities of the organization
- A tool to foster and support cross sector collaboration
- A way to target improvements that require change across multiple sectors
PLANNING FOR 2016/17 QIPS – INDICATORS AND THE NARRATIVE
2016/17 Indicator Selection

- HQO’s indicator review has focused on ensuring alignment with other reporting requirements, provincial priorities, the Common Quality Agenda, and complementarity across sectors.
- Many stakeholders were consulted, including sector associations, HQO’s Cross Sector QIP Advisory Group, palliative care partners, LHINs and CCO.
- Changes reflect a strengthening focus on integration while paying attention to emerging issues and evidence.
- Also made a concerted effort to focus on alignment rather than adding too many new indicators.

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## Functionally Integrated QIPs: Cross-Sector Collaboration

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Primary Care</th>
<th>CCAC</th>
<th>LTC</th>
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</thead>
<tbody>
<tr>
<td>- 30-Day Readmission for Select HIGs 30-Day Readmission for one of CHF/COPD or Stroke  - ALC Rate  - % ALC days (A)  - Patient Satisfaction  - ED Length of Stay (90th percentile, admitted)  - Med Rec (at admission)  - CDI  - Hand Hygiene before patient contact (A)  - Pressure Ulcers (A)  - Falls (A)  - Med Rec (at discharge) (A)  - VAP (A)  - CLI (A)  - Physical restraints in mental health (A)  - Surgical Safety Checklist (A)  - % of palliative care patients discharged home with supports (A)</td>
<td>- Primary Care Visits Post-Discharge  - Hospital Readmission for Primary Care Patient Population (A)  - Patient Experience  - Timely Access  - ED Visits for Conditions BME (A)  - % of patients with diabetes with two or more HbA1c tests within the past 12 months  - Colorectal and Cervical Cancer Screening  - Influenza Immunization (A)  - Falls for Long-Stay Clients</td>
<td>- Hospital Readmissions  - Unplanned ED Visits  - Client Experience  - Five-Day Wait Time for Home Care  - Falls for Long-Stay Clients  - Preferred place of death (A)  - Pressure Ulcers  - Falls  - Restraints  - Incontinence (A)</td>
<td>- Potentially Avoidable ED Visits  - Resident Experience  - Appropriate Prescribing</td>
</tr>
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(A): additional indicator
Indicator Changes for CCACs

• HQO is working with the CCACs and the OACCAC to develop an indicator focused on palliative care (specifically, preferred place of death) to be included in the 2016/17 QIP submissions
• More information will be released to the CCACs as it becomes available
• There are no further changes planned for the CCAC indicators for 2016/17
Changes to the Narrative

• The Narrative
  – Is an executive summary of your QIP and is intended to “narrate” the QIP in an easily understandable manner

• To support this, the Narrative has been streamlined
  – Overview - QI Achievements From the Past Year
  – Integration & continuity of care - Engagement of leadership, clinicians & staff
  – Engagement of patients - Executive Compensation (Hospitals only)
Changes to the Narrative

• QI Achievements from the past year (new)
  – Purpose of this section is to provide organizations with an opportunity to highlight a significant achievement or initiative, specifically why it was significant and how it was accomplished.

• The “challenges and risks” sections have been incorporated into the target justification section of the workplan, allowing organizations to link their challenges and risks to specific indicators.
PLANNING FOR 2016/17 QIPS – NAVIGATOR AND OTHER ENHANCEMENTS
Navigator

- Navigator launched November 27, 2015
- Organizations are encouraged to log in before March to ensure there are no challenges with passwords
- There will be Navigator training sessions
  - December 7th for new users
  - December 9th for experienced staff
Looking Ahead to 2016/17
Review “Sector QIPs” and Reports

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<tr>
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<th>Sector</th>
<th>LHIN</th>
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<th>Workplan</th>
<th>Progress Report</th>
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Technical Enhancements

- Focus on progress: Progress report has been positioned as the first document organizations see when they log in to Navigator.
- Improved search capabilities for the publicly posted QIPs: Enhancements have been added to Navigator to make it easier for organizations to search other publicly posted QIPs.
- Organizations will be able to search by key word and indicator, as well as by other key factors, including model type, LHIN, and size of organization.
Technical Enhancements

• Improved submission process: To minimize confusion this year, the “Submit” button has been replaced with a “Validate” button. When organizations select the “Validate” button, they will be notified of any missing information; if all fields are complete, they will be directed to the signatory window. Sector-specific signatories are now available.

• Enabled image upload capabilities: For organizations that create graphics they would like to share as part of their QIP Narrative, this new feature allows users to upload up to five images per section to accompany Narrative text.
PLANNING FOR 2016/17 QIPS – RESOURCES AND TRAINING
Guidance Materials

• Guidance materials launching soon
• Package includes:
  – Provincial Priorities Memo and “What’s New” Supplementation
  – Refreshed Guidance Documents
  – Indicator Technical Specifications
  – Target Setting Guide
• Please visit HQO’s website for additional resources
Patient Engagement in QIPs

• Effective September 2015, changes to the ECFAA regulations include specific requirements for hospitals to directly engage patients in their patient relations processes and QIP development.
• Other sectors encouraged to engage patients in QIPs
• Please visit HQO’s website for tools on patient engagement
Insights into Quality Improvement reports

- Focus on the organizational level data from the QIP
- Quantitative data, as well as observations regarding trends in change ideas and targets
- 4 sector reports to be released in upcoming months
- Additional themed reports to be released in February-March, 2016
As part of Health Quality Ontario’s Knowledge Transfer and Exchange strategy, we introduce the Quality Compass, a comprehensive evidence-informed searchable tool designed to support leaders and providers as they work to improve health care performance in Ontario. Quality Compass is centered around priority health care topics with a focus on best practices, change ideas linked with indicators, targets and measures, and tools and resources to bridge gaps in care and improve the uptake of best practices.

Click on any of the topics below to get information on evidence-based best practices and change ideas, indicators and targets, measures, tools and resources, and success stories to get started.

- Primary Care
- Home and Community Care
- Leadership
- Long-Term Care
- Person & Family Centred Care
- Acute Care
- Quality Improvement: Getting Started
- Quality-Based Procedures
- Transitions
Health Quality Ontario (HQO) is pleased to invite you to the May session of Quality Rounds Ontario

As the provincial advisor on health care quality, HQO is presenting this monthly series to provide opportunities for the quality community to connect, support innovation and foster knowledge exchange. To enable province-wide participation, you can join via webinar, from an OTN site or in-person.