Quality Improvement Planning for 2015/16
Sector Lead Specialist: Julie Nicholls
QIP Specialist: Marg Millward & Patricia Dwyer
Date: Thursday November 27th
How to Participate Today

1. Click on the "Audio" icon.
2. Select "Use Telephone".
5. Audio PIN: 72.
6. If you're already on the call, press #72# now.

Questions:
[Enter a question for staff]

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Webinar ID: 977-124-241

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Learning Objectives

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

• Recall the expectations for the 2015/16 Quality Improvement Plans
• Understand the role of Quality Improvement Plans as a tool for driving organizational and provincial quality improvement.
• Initiate the QIP components: Login, Resources, Sector QIPs, Progress Report, Narrative, & Workplan.
• Describe the submission process.
• Describe the Suite of Supports that are available to organizations.
Agenda

• Overview of Quality Improvement Planning
• Overview of changes for 2015/16
• Components of Quality Improvement Planning
  – Introduction to Navigator
  – Progress Report
  – Narrative
  – Workplan
• Navigator demonstration
Quality improvement can be defined as a **systematic approach** to making **changes** that improve clinical **practice** and health system **performance**, enhance professional and/or organizational **development**, and **improve patient and population health outcomes**.
Value of a Quality Improvement Plan?

- The QIP provides rich information to better understand how we collectively can spearhead improvement efforts.

- Quality improvement objectives are similar across organizations and sectors

- Provide an opportunity to learn from your peers

- Expresses the provincial vision through priority indicators

HQO Approach to Quality Improvement: Role of QIP

Reports and use of Quality Improvement Plans (QIP) will serve an integral role to:

• Signal areas of importance for quality improvement
• Bring a common focus to important quality issues across sectors
• Provide information about trends, best practices and experience with change ideas back to providers.
• Use data as a support for communities of practice or collaboratives focussed on quality improvement
2015/16 QIP is Year 2 for CCACs!

Year 1: implementation
Year 2: standardization
Year 3: benchmarks and targets
Year 4: accountability
Highlights: Submissions 2014/15

HOSPITALS
100%
n=146

PRIMARY CARE
99.9%
n=293

LTC
19%
n=95

CCAC
100%
n=14

QIP

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Agenda

- Overview of Quality Improvement Planning
  - Overview of changes for 2015/16
- Components of Quality Improvement Planning
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  - Progress Report
  - Narrative
  - Workplan
- Navigator demonstration
Getting Started: Poll

How familiar are you with QIPs?

- Very. I lead the planning and development of the CCAC QIP last year.

- Somewhat familiar.

- Not very. Never heard of it... QIP what?

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What is new for 2015/16 CCAC QIPs

1) Navigator
2) Patient Engagement section
3) Progress report
4) Updated reporting periods for:
   1) 5-day wait for Nursing
   2) 5-day wait for PSW
   3) Falls

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GETTING STARTED

QIP Navigator Home Page
https://qipnavigator.hqontario.ca/

ABOUT HQO NAVIGATOR

Quality Improvement Plans (QIPs) can now be submitted using Health Quality Ontario’s convenient online tool, the QIP Navigator. The QIP Navigator allows organizations to enter and save QIP data as it becomes available throughout the year and has the added benefit of acting as a collaborative space for quality improvement team members. The Navigator also includes online assistance in the form of guides, videos, tools, and other resources - which will help Ontario’s health care organizations create and maintain their annual QIPs.

The QIP Navigator:
- Serves as a collaborative quality improvement planning tool to enter/save data and share/revise plans with your colleagues throughout the year
- Allows for the submission of QIPs online
- Allows for review of QIPs submitted in the past
qipnavigator.hqontario.ca

- Sector specific Resources & Tools
- MOH Guidance Materials
- HQO Analysis Reports
- Other Resources
- FAQs
- Tutorial
HQO Supports

• HQO Quality Improvement Plan Website
• Resources Page on Navigator
  – Guidance Materials
  – Previous Analysis Reports
• Quality Compass on HQO website
• QIP inbox: QIP@hqontario.ca

www.HQOntario.ca
Each organization will be provided with a unique user name and password.

Once logged in with the password provided, organizations will be required to change their passwords.

Please see the “Forget Password” for resets.
## Sector QIPs

The following table includes current and past QIPs. Click “Reset” button to start new search.

<table>
<thead>
<tr>
<th>Fiscal</th>
<th>Sector</th>
<th>LHIN</th>
<th>Model/Type</th>
<th>Organization Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>Acute Care/Hospital</td>
<td>Central</td>
<td>Large Community</td>
<td>Humber River Regional Hospital</td>
</tr>
<tr>
<td>2013/14</td>
<td>Acute Care/Hospital</td>
<td>Central</td>
<td>Large Community</td>
<td>Markham-Stouffville Hospital</td>
</tr>
<tr>
<td>2013/14</td>
<td>Acute Care/Hospital</td>
<td>Central</td>
<td>Large Community</td>
<td>North York General Hospital</td>
</tr>
<tr>
<td>2013/14</td>
<td>Acute Care/hospital</td>
<td>Central</td>
<td>Large Community</td>
<td>Southlake Regional Health Centre</td>
</tr>
<tr>
<td>2013/14</td>
<td>Acute Care/hospital</td>
<td>Central</td>
<td>Small Community</td>
<td>Stevenson Memorial Hospital</td>
</tr>
</tbody>
</table>

**Review**

**Sector QIPs**
To Access your QIP

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GETTING STARTED
Getting Started: Our QIPS

2014/15 Quality Improvement Plan for Ontario Hospitals
Status: IN PROGRESS

Goto section Overview

Overview

Integration & Continuity of Care

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# OUR QIPS: Progress Report

## Erle St Clair CCAC 2015/16 Quality Improvement Plan for CCAC

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 (UNIT, POPULATION, PERIOD, DATASOURCE)</th>
<th>ORG ID</th>
<th>PERFORMANCE STATED IN PREVIOUS QIP</th>
<th>PERFORMANCE TARGET AS STATED IN PREVIOUS QIP</th>
<th>CURRENT PERFORMANCE</th>
<th>COMMENTS</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Percentage of adult long-stay home care clients that have a fall on their follow-up RA+HC Assessment (% Adult long stay home care clients: 2012/13: HCD, RA+HC via SAS)</td>
<td>12396</td>
<td>33.30</td>
<td>29.60</td>
<td></td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td>2</td>
<td>5 Day Wait Time - Nursing Visits % of patients who received their first nursing visit within 5 days of the service authorization date (% Home Care Clients: Oct 1, 2012 - Sept 30, 2013: Ministry of Health Porter)</td>
<td>12390</td>
<td>90.20</td>
<td>90.20</td>
<td></td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td>3</td>
<td>5 Day Wait Time - Personal Support for Complex Patients % of complex patients who received their first personal support service within 5 days of the service authorization date (% Home Care Clients: Oct 1, 2012 - Sept 30, 2013: Ministry of Health Porter)</td>
<td>12390</td>
<td>93.50</td>
<td>93.50</td>
<td></td>
<td></td>
<td>EDIT</td>
</tr>
</tbody>
</table>
OUR QIPS: Progress Report
### OUR QIPS: Progress Report

**Change Ideas from Last Year’s QIP**

<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>Support and improve transition from CCAC physiotherapy in rest and retirement homes to exercise classes</td>
<td>Yes (Marked)</td>
<td></td>
</tr>
<tr>
<td>Education for care coordinators: if “falls CAP” triggered initiate referral to mobile falls prevention program where available and patient consents</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Meds check program: limited availability and success to date. Education for care coordinators in areas where this program is available to promote referrals.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>[Insert NEW Change Idea that were tested but not included in last year’s QIP]</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

[ProgressDetail.aspx?ProgressReportId=15103]
# Exporting the progress report

**PROGRESS REPORT**

Emery-Keelesdale  
2015/16 Quality Improvement Plan for Ontario Primary Care  
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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Percent of patients/clients able to see a doctor or nurse practitioner on the same day or next day, when needed. (1% PC organization population (surveyed sample); TRG In-house survey)</td>
</tr>
<tr>
<td>2</td>
<td>Percent of patients/clients who saw their primary care provider within 7 days after discharge from hospital for selected conditions (based on CMOS). (% PC org population discharged from hospital; TRG Ministry of Health Portal)</td>
</tr>
<tr>
<td>3</td>
<td>Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) give them an opportunity to ask questions about recommended treatment. (1% PC organization population (surveyed sample); 2014/2015; In-house survey)</td>
</tr>
</tbody>
</table>
# Progress Report with Change Ideas

Excellent Care for All

**Quality Improvement Plans (QIP): Progress Report for 2014/15 QIP**

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

<table>
<thead>
<tr>
<th>ID</th>
<th>Measure/Indicator from 2014/2015</th>
<th>Current Performance as stated on QIP14/15</th>
<th>Target as stated on QIP 14/15</th>
<th>Current Performance 2015</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Falls % Adult long stay home care clients 2012/13 HCD, RAI-HC via LSAS</td>
<td>33.30</td>
<td>29.60</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

### Change Ideas from Last Years QIP (QIP 2014/15)

<table>
<thead>
<tr>
<th>Support and improve transition from CCAC physiotherapy in rest and retirement homes</th>
<th>Was this change idea implemented as intended? (Y/N button)</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>Yes</td>
<td>adfasdfjkadsflik</td>
<td></td>
</tr>
</tbody>
</table>
The QIPs inform HQO reports

Quality Improvement Plan (QIP)
Guidance Document for
Ontario’s Health Care
Organizations
Agenda

- Overview of Quality Improvement Planning
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    - Narrative
  - Workplan
- Navigator demonstration
OUR QIPS: NARRATIVE

ALLOWS THE ORGANIZATION TO PROVIDE INFORMATION ABOUT THE CONTEXT FOR THE QUALITY IMPROVEMENT PLAN AND IMPLEMENTATION.
Hover Help in Narrative

Once you have locked the text box, use this icon to move the hover help around in the screen.

To close the text box, click the blue "x" at the top right corner.
OUR QIPs: Narrative

Information Management

Engagement of Clinicians and Leaders

Patient/Resident/Client Engagement
  - Residents council
  - family council

Accountability Management
Agenda

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OUR QIPS: Workplan
OUR QIPS: Workplan: MEASURES

- **Priority Indicators**: highlighted in red font. System level provincial priorities, pre-defined for standard measurement, pre-populated
- **Other**: all other newly created or relevant indicators need to be created via “Add New Measure”.

<table>
<thead>
<tr>
<th>AIM</th>
<th>MEASURE</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBJECTIVE</td>
<td>HIGH-LEVEL INDICATOR</td>
<td>UNIT/POPULATION</td>
</tr>
<tr>
<td>EFFECTIVENESS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve overall organizational performance</td>
<td>Total Margin (consolidated): % by which high/consolidated revenues exceed or fall short of total corporate consolidated revenue, excluding the impact of facility consolidation, in a given year</td>
<td>%</td>
</tr>
<tr>
<td>Measure of necessary staff in hospitals</td>
<td>Number of registered professionals/expected output = 1:100</td>
<td>PMB/EN and/or AII partners</td>
</tr>
</tbody>
</table>

[Add New Measure]
OUR QIPS: Additional Indicators Poll

Are you planning on adding an additional indicator to your QIP for 2015/16?

YES
NO
OUR QIPS: Additional Indicators quick chat

IF you responded YES to adding an additional indicator, please CHAT in the general theme of your additional indicator.

For example, employee satisfaction, a financial indicator…
OUR QIPS: Workplan, Measure/Indicator

Adding a new indicator
### OUR QIPS: Workplan: MEASURES

- Adding data to the priority indicators

#### AIM

<table>
<thead>
<tr>
<th>AIM</th>
<th>MEASURE</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBJECTIVE</td>
<td>MEASUR/INDICATOR</td>
<td>UNIT POPULATION</td>
</tr>
<tr>
<td>EFFECTIVENESS</td>
<td>TO IMPROVE ORGANIZATIONAL BRIEF</td>
<td>%</td>
</tr>
<tr>
<td>MEASURE OF ADEQUATE LEADERSHIP IN HOSPITALS</td>
<td>FDSR, NUMBER OF PRESENTED COUNCIL MEETINGS</td>
<td></td>
</tr>
</tbody>
</table>
OUR QIPS: Workplan - MEASURES
Workplan: Change Ideas

• 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.
Overview

Updated on April 16, 2013

Issue
In Ontario, a key area of focus is reducing avoidable hospitalizations in order to provide the best quality and safety of healthcare for all Ontarians, and to optimize the use of healthcare resources. This includes a reduction in admissions to hospital, reduced Emergency Department (ED) visits, and ultimately a reduction in 30-day readmissions to any facility following discharge from hospital. The current rate of 30-day readmission to any facility in Ontario is 15.1% (Table 1). This rate varies widely across the province, and is high in comparison with other leading healthcare systems.

Table 1: 30-day readmission rate to any facility target setting, 2012/13 QIPs

<table>
<thead>
<tr>
<th>Best Achieved to Date in Ontario</th>
<th>Theoretical Best</th>
<th>Provincial Average</th>
<th>Relative Improvement Targets by Hospitals That Selected as Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>15.1% (Q4 2010/11)</td>
<td>18%</td>
<td>Average Target: 0%</td>
</tr>
</tbody>
</table>

http://qualitycompass.hqontario.ca/
“The flux of needs in COPD calls for service continuity and flexibility to allow health care providers, like patients, to respond to the unpredictable yet increasing demands of the disease over time.”
OUR QIPS: Workplan
OUR QIPS: Workplan- CHANGE (green)
OUR QIPS: Workplan- CHANGE (green)
Workplan: Process Measures

There are two aspects of an effective process measure:

• Change ideas need to have goals that are S.M.A.R.T. (Specific, Measureable, Actionable, Realistic and Time sensitive).

• Informative comments that include factors for success and additional information describing issues that may impact improvement activities or targets.
Last Poll

Which of the following attribute is not included in the definition of SMART goals?

1. S- Specific
2. M- Monthly
3. A- Achievable
4. R- Realistic
5. T- Time Sensitive
## Promising practice ideas

<table>
<thead>
<tr>
<th>Low acuity ED utilization w/in 30 days</th>
<th>Readmissions w/in 30 days</th>
<th>5-day wait for Nursing</th>
<th>5-day wait for PSW</th>
<th>Patient Experience</th>
<th>Falls for long-stay patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED-CCAC notification processes</td>
<td>Telehome services</td>
<td>Data analysis and understanding of delay</td>
<td>PSW in retirement</td>
<td>Discharge from CCAC phone follow-up</td>
<td>Sustainability of physiotherapy changes-transition to exercise</td>
</tr>
<tr>
<td>DIVERT analysis and response</td>
<td>RRN sustainability and spread</td>
<td></td>
<td></td>
<td>Changing the Conversation, Always events, Crucial Conversations.</td>
<td>Medication reviews</td>
</tr>
</tbody>
</table>
Amendments to the Excellent Care for All Act, 2010

“Section 1 of the Excellent Care for All Act, 2010 is amended by adding the following definitions:

“health sector organization” means

(a) a hospital within the meaning of the Public Hospitals Act,

(b) a community care access corporation within the meaning of the Community Care Access Corporations Act, 2001,

(c) a licensee within the meaning of the Long-Term Care Homes Act, 2007, and

(d) any other organization that is provided for in the regulations and that receives public funding; (“organisme du secteur de la santé”)”

(Bill 8: Schedule 5 in second reading)