Navigator Enhancements
Quality Improvement Plans 2016/17

Kerri Bennett, Health Quality Ontario
December, 2015
How to participate today

- Use Telephone
  - Dial: 213-238-1201
  - Access Code: 616-522-718
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- Questions

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Webinar ID: 977-124-241

www.HQOntario.ca
Agenda

• Overview of 2016/17 quality improvement plan requirements

• Review what’s new in the Navigator system
  – Login
  – Sector QIP
  – Progress report
  – Narrative
  – Workplan
  – Query QIPs

• Live demonstration
Learning objectives

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

• Review and recall the expectations for 2016/17 QIPs
• Describe the enhancements that have been made to the Navigator
• Initiate the reporting functions in the query QIPs tab
PLANNING FOR 2016/17 QIPS – INDICATORS
### Functionally Integrated QIPs: Cross-Sector Collaboration

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Primary Care</th>
<th>CCAC</th>
<th>LTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 30-Day Readmission for Select HIGs&lt;br&gt;- 30-Day Readmission for one of CHF/COPD or Stroke&lt;br&gt;- ALC Rate</td>
<td>- Primary Care Visits Post-Discharge&lt;br&gt;- Hospital Readmission for Primary Care Patient Population (A)</td>
<td>- Hospital Readmissions&lt;br&gt;- Unplanned ED Visits</td>
<td>- Potentially Avoidable ED Visits</td>
</tr>
<tr>
<td>- Patient Satisfaction</td>
<td>- Patient Experience</td>
<td>- Client Experience</td>
<td>- Resident Experience&lt;br&gt;- Appropriate Prescribing</td>
</tr>
<tr>
<td>- ED Length of Stay (90th percentile, admitted)</td>
<td>- Timely Access&lt;br&gt;- ED Visits for Conditions BME (A)</td>
<td>- Five-Day Wait Time for Home Care</td>
<td></td>
</tr>
<tr>
<td>- Med Rec (at admission)&lt;br&gt;- CDI&lt;br&gt;- Hand Hygiene before patient contact (A)&lt;br&gt;- Pressure Ulcers (A)&lt;br&gt;- Falls (A)&lt;br&gt;- Med Rec (at discharge) (A)&lt;br&gt;- VAP (A)&lt;br&gt;- CLI (A)&lt;br&gt;- Physical restraints in mental health (A)&lt;br&gt;- Surgical Safety Checklist (A)</td>
<td>% of patients with diabetes with two or more HBA1C tests within the past 12 months&lt;br&gt;- Colorectal and Cervical Cancer Screening&lt;br&gt;- Influenza Immunization (A)</td>
<td>- Falls for Long-Stay Clients</td>
<td>- Pressure Ulcers&lt;br&gt;- Falls&lt;br&gt;- Restraints&lt;br&gt;- Incontinence (A)</td>
</tr>
<tr>
<td>% of palliative care patients discharged home with supports (A)</td>
<td></td>
<td>End of Life Preferred Place of Death (A)</td>
<td></td>
</tr>
</tbody>
</table>

(A): additional indicator
Indicator Changes for Hospitals

New

• Risk-Adjusted 30-Day All-Cause Readmission Rate for QBP cohort patients; pick one of:
  – CHF
  – COPD
  – Stroke

• Palliative Patients Discharged Home with Supports (Additional Indicator)
Indicator Changes for Hospitals

Modified
• Percent Alternate Level of Care (ALC) days moved to additional indicator
ALC Rate (Acute) new priority indicator
• Readmissions within 30 Days for Selected HBAM Inpatient Grouper (HIG) Groups
  – “HBAM Inpatient Grouper (HIG)” replace “Case Mix Groups (CMGs)”

Retired
• Total Margin
• Hospital Standardized Mortality Ratio
QIP indicator definitions

**Priority Indicators**: system level provincial priorities, pre-defined for standard measurement, pre-populated where possible
- In red; Present on the landing page of the workplan
- Must be responded to within the workplan (all fields complete, or justification in comments column)

**Additional Indicators**: pre-defined, pre-populated where possible
- Present in drop-down lists following the relevant quality dimension

**Other**: all other newly created indicators (specific to hospital or LHIN and self-defined)
- Created by clicking on “add new measure”.
NAVIGATOR ENHANCEMENTS
Navigator enhancements

- Navigator enhancements launched November 27, 2015
- Direct link: https://qipnavigator.hqontario.ca
Navigator enhancements

- Organizations are encouraged to log in before March to ensure there are no challenges with passwords.

**Note:** The “Forgot Password?” function will only work if the organization has an active email address entered in their unique user PROFILE. The person primarily responsible for the QIP should be listed in the user profile. The profile is also where passwords can be changed or updated, however please remember to share new passwords with your team accordingly.
Changes to the progress report

• Focus on progress: Progress report has been positioned as the first document organizations see when they log in to Navigator.

• The system defaults to the progress report page to encourage reviewing your progress-to-date to inform your new plans for this coming year
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
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” section has been incorporated into the target justification section of the workplan, allowing organizations to link their challenges and risks to specific indicators.

• 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.
Changes to the narrative

• 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.
Changes to the workplan

Direction for improvement arrow

Collecting baseline option for target
Changes to the workplan - additional indicators

- **Additional Indicators**: pre-defined, previously on QIP, pre-populated where possible
Workplan: new indicators

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

![Add New Measure button](image)
• Rationale if you are not focusing on a priority indicator is entered here
Changes to the submission

• 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.
Submitting the QIP: testing for omissions

The following table includes current and past QIPs. Click the desired button under the ACTIONS column to continue.

<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>
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<tbody>
<tr>
<td>2016/17</td>
<td>2016/17 Quality Improvement Plan for Ontario Hospitals</td>
<td>In progress</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>EDIT</td>
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<tr>
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<td></td>
<td>VALIDATE</td>
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<td>0 / 10</td>
<td>0 / 60</td>
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<td>2 / 9</td>
<td>1 / 40</td>
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<td>VIEW</td>
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### Submitting the QIP: testing for omissions

<table>
<thead>
<tr>
<th>Fiscal Year</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>
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<td>/</td>
<td>/</td>
<td>/</td>
<td>![View]</td>
<td></td>
</tr>
</tbody>
</table>

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**Submission Incomplete**

**Print this page**

**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.

**Submission Incomplete**

**Print this page**

**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
Submitting the QIP

• A pop up window will confirm that your QIP was submitted successfully
Changes to sector QIPs tab

• 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.
  – Primary care QIPs now publicly available

• 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.
Changes to sector QIPs tab

<table>
<thead>
<tr>
<th>FISCALE</th>
<th>SECTEUR</th>
<th>RLIS</th>
<th>MODÈLE/TYPE</th>
<th>NOM DE L’ORGANISATION</th>
<th>RAPPORTS D’ÉTAPE</th>
<th>NARRATION</th>
<th>PLAN D’AMÉLIORATION</th>
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</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>Soins actifs/Hôpital</td>
<td>Central</td>
<td>Grand hôpital communautaire</td>
<td>Humber River Regional Hospital</td>
<td>RAPPORTS D’ÉTAPE</td>
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<td>2013/14</td>
<td>Soins actifs/Hôpital</td>
<td>Central</td>
<td>Grand hôpital communautaire</td>
<td>Southlake Regional Health Centre</td>
<td>RAPPORTS D’ÉTAPE</td>
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<td>PLAN D’AMÉLIORATION</td>
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<tr>
<td>2013/14</td>
<td>Soins actifs/Hôpital</td>
<td>Central</td>
<td>Soins complexes de longue durée et réadaptation</td>
<td>St. John’s Rehabilitation Hospital</td>
<td>RAPPORTS D’ÉTAPE</td>
<td>NARRATION</td>
<td>PLAN D’AMÉLIORATION</td>
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<td>2013/14</td>
<td>Soins actifs/Hôpital</td>
<td>Central</td>
<td>Petit hôpital communautaire</td>
<td>St. Joseph’s Memorial Hospital</td>
<td>RAPPORTS D’ÉTAPE</td>
<td>NARRATION</td>
<td>PLAN D’AMÉLIORATION</td>
</tr>
</tbody>
</table>
Addition of query QIPs tab
Addition of query QIPs tab

Exporter les résultats de la requête
Addition of query QIPs tab

• Search box expansion
Changes for multi-sector organizations

• Based on feedback from the field, starting in 2016/17, multi-sector organizations that share a common board of directors will be able to submit one QIP (for example- a hospital that has acute beds and a long-term care home)

• Please contact us at QIP@HQOntario.ca if you would like more information
QI educational opportunities

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.

To register: KTE@hqontario.ca