Primary Care Quality Improvement Planning for 2015/16
Date: December 2, 2014
How to Participate Today

1. Use Telephone:
   - Dial: 213-285-1201
   - Access Code: 616-522-716
   - Audio PIN: 72

2. If you're already on the call, press #72# now.

Start Holding your Own Web Events with GoToWebinar
Webinar ID: 977-124-241

GoToWebinar™
Agenda

• Overview of Quality Improvement Planning

• Components of Quality Improvement Planning
  – Login
  – Resources
  – Sector QIP
  – Progress Report
  – Narrative
  – Workplan

• Demonstration
Learning Objectives

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

• Understand the role of Quality Improvement Plans as a tool for driving organizational & provincial quality improvement.

• Review and recall the expectations for 2015/16 QIPs.

• 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.
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 3 for Primary Care
Getting Started:

How familiar are you with QIPs?

- Very. I submitted our QIP last year
- Somewhat. I participated in the Field testing and was on the QIP team at our organization.
- Not very. Never heard of it… QIP what?

• www.HQOntario.ca
Getting Started: QIP Navigator Home Page

https://qipnavigator.hqontario.ca/

If your organization has not received login information
Contact: qip@hqontario.ca
Getting Started: Review Resource Page

www.HQOntario.ca
Getting Started: Review Sector QIPs Webpage
OUR QIPS
DASHBOARD OF QIPS – PROVIDES LONGITUDINAL MEASUREMENT OVER TIME
PREVIOUS QIPS ARE VIEW ONLY
THE CURRENT YEAR’S QIP YOU CAN EDIT, UNTIL SUBMISSION.

<table>
<thead>
<tr>
<th>FISCAL</th>
<th>TITLE</th>
<th>MODIFIED</th>
<th>STATUS</th>
<th>NARRATIVE SECTIONS COMPLETED</th>
<th>WORKPLAN INDICATORS COMPLETED</th>
<th>PROGRESS REPORT COMPLETED</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>2015/16 Quality Improvement Plan for Ontario Primary Care</td>
<td>In progress</td>
<td>3 / 8</td>
<td>3 / 12</td>
<td>0 / 0</td>
<td></td>
<td>[EDIT] [SUBMIT] [VIEW]</td>
</tr>
<tr>
<td>2014/15</td>
<td>2014/15 Quality Improvement Plan for Ontario Primary Care</td>
<td>In progress</td>
<td>4 / 8</td>
<td>8 / 12</td>
<td>0 / 0</td>
<td></td>
<td>[EDIT] [SUBMIT] [VIEW]</td>
</tr>
</tbody>
</table>
Getting Started: Our QIPS
# OUR QIPS: Progress Report

## 2015/16 Quality Improvement Plan for Ontario Primary Care

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>Percent of patients/clients able to see a doctor or nurse practitioner on the same day or next day, when needed (% PC organization population (surveyed samples); TBD: In-house survey)</td>
<td>92323</td>
<td>65.00</td>
<td></td>
<td></td>
<td></td>
<td>EDIT</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 CMGs); (% PC organization population discharged from hospital TBD: Ministry of Health Portal)</td>
<td>92323</td>
<td>65.00</td>
<td></td>
<td></td>
<td></td>
<td>EDIT</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 (% PC organization population (surveyed sample); 2014/2015: In-house survey)</td>
<td>92323</td>
<td>50.00</td>
<td></td>
<td></td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td>CHANGE IDEAS FROM LAST YEAR'S QIP</td>
<td>WAS THIS CHANGE IDEA IMPLEMENTED AS INTENDED</td>
<td>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?</td>
<td></td>
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<tr>
<td>---------------------------------</td>
<td>---------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>1) Establish and enhance relationships with CCAC and local hospitals to establish a process for communicating when clients have been discharged, including from the ED. 2) Providing home visiting services to Frail Elderly and some patient with Mental Health Diagnoses.</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2) Develop educational materials for clients to advise them to book a follow up appt with their NP within 7 days of discharge for selected conditions and when instructed by the hospital (Mention HV pamphlet in progress report in Navigator)</td>
<td>Yes</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>[Insert NEW Change Idea that were tested but not included in last year's QIP]</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
OUR QIPS: NARRATIVE

ALLOWS THE ORGANIZATION TO PROVIDE INFORMATION ABOUT THE CONTEXT FOR THE QUALITY IMPROVEMENT PLAN AND IMPLEMENTATION.
OUR QIPs: Narrative – What’s New

- Information Management
- Engagement of Clinicians and Leaders
- Patient/Resident/Client Engagement
  - Residents council
  - family council
- Accountability Management
## OUR QIPS: Workplan

<table>
<thead>
<tr>
<th>ID</th>
<th>AIM</th>
<th>MEASURE</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MEASURE / INDICATOR</td>
<td>PLANNED IMPROVEMENT INITIATIVES (CHANGE OBJECTIVES)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UNIT / POPULATION</td>
<td>METHODS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOURCE / PERIOD</td>
<td>PROCESS MEASURES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ORG ID</td>
<td>GOAL FOR CHANGE OBJECTIVES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CURRENT PERFORMANCE</td>
<td>COMMENTS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TARGET PERFORMANCE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TARGET JUSTIFICATION</td>
<td></td>
</tr>
</tbody>
</table>
OUR QIP: Workplan - MEASURES (blue)

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

www.HQOntario.ca
MEASURING UP
HQO’s YEARLY REPORT ON HEALTH SYSTEM PERFORMANCE

Measuring Up offers a comprehensive picture of health care quality in Ontario.

http://www.hqontario.ca/public-reporting/yearly-reports
38% Canada  40% Ontario  72% Germany  44% United States

MEASURING UP

Primary Care Chapter
Pages 32-37 - patient level data

QIP are ORGANIZATIONAL

http://www.hqontario.ca/public-reporting/yearly-reports
OUR QIPs: Priority Indicator - Access

Organizations are expected to measure progress on this indicator using the following patient/client survey question*:

“The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office?

• same day
• next day
• 2-19 days (enter number of days: ______ )
• 20 or more days
• not applicable (Don’t know/ refused)”
OUR QIPS: Workplan- MEASURES (blue)
OUR QIPS: Workplan Auto Calculation
FIGURE 4.0A
Percentage of survey respondents who report that their provider always or often gives them the opportunity to ask questions, in Ontario, by LHIN region, 2013

http://www.hqontario.ca/public-reporting/yearly-reports
Percentage of survey respondents who report that their provider always or often involves them in decisions regarding their care, in Ontario, by LHIN region, 2013

Data source: Health Care Experience Survey, provided by Ministry of Health and Long-Term Care.

http://www.hqontario.ca/public-reporting/yearly-reports
Percentage of survey respondents who report that their provider always or often spends enough time with them, in Ontario, by LHIN region, 2013

Data source: Health Care Experience Survey, provided by Ministry of Health and Long-Term Care.

http://www.hqontario.ca/public-reporting/yearly-reports
OUR QIPs: Priority Indicator - Integrated

Primary Care Visits Post Discharge

Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions

Inclusion Criteria:

• Selected case mix groups (CMGs1) are: stroke, chronic obstructive pulmonary disease (COPD), pneumonia, congestive heart failure, diabetes, cardiac conditions and gastrointestinal disorders
## OUR QIPS: Workplan - Additional Indicators

| Indicator | Description | EMR/Chart Review | Target
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce Cancer mortality through regular screening.</td>
<td>Percent of eligible patients who are up-to-date in screening for breast cancer.</td>
<td>EMR/Chart Review / na</td>
<td>62323</td>
</tr>
</tbody>
</table>

### POPULATION HEALTH

**Add New Measure**

### OTHER

**Add New Measure**
OUR QIPS: Creating a New Indicator
OUR QIPS: Indicator Poll

Which of the following indicators does your organization plan to focus on this year?

1. Access
2. Integrated
3. Patient Experience – Opportunity to Ask Questions
4. Patient Experience – Enough Time
5. Patient Experience – Involvement in Care Decisions
OUR QIPS: Workplan- CHANGE (green)
OUR QIPS: PLANNED IMPROVEMENT INITIATIVES (CHANGE IDEAS)

Also see the HQO Quality Improvement Primary Care webpage for resources on Advanced Access, as well as the BestPATH pages for information on improving integration.
<table>
<thead>
<tr>
<th>Quality Dimension</th>
<th>Objective</th>
<th>Measure / Indicator</th>
<th>Organization</th>
<th>Change Number</th>
<th>Planned Improvement Initiatives (Change Ideas)</th>
<th>Methods</th>
<th>Goal For Change Ideas</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>Access</td>
<td>Percent of patients/clients able to see a doctor or nurse practitioner on the same day or next day, when needed.</td>
<td>PC xyz</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
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
HQO QIP Supports

• Navigator Resources Page
  – Guidance Materials & QIP Reports

• Measuring Up

• Primary Care Performance Measurement Framework

• Quality Compass

• Primary Care Practice Reports: pcreport@hqontario.ca

• Quality Improvement Primary Care webpage: http://www.hqontario.ca/quality-improvement/primary-care

• QIP specific assistance email: QIP@hqontario.ca