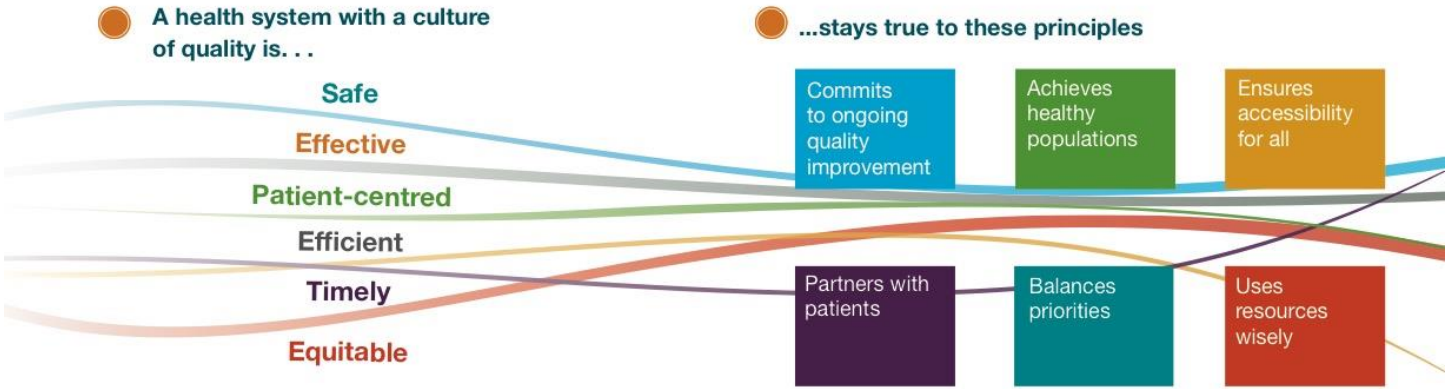
Looking Back and Looking Ahead
A Sneak Peek at Home Care Quality Improvement Plans (QIP) for 2017-2018

Lee Fairclough, Health Quality Ontario
Laurie Dunn, Health Quality Ontario
Danyal Martin, Health Quality Ontario

Ontario
Health Quality Ontario

Embrace Health Quality



. . . 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

www.hqontario.ca

Ontario
Health Quality Ontario

Learning objectives

- Provide some preliminary guidance regarding the 2017/18 QIP submissions for home care
- Share learnings from the 2016-17 QIPs
- Prepare organizations for 2017-18 QIP submission by offering advance notice of changes
- Provide an overview of HQO resources to support organizations in meeting their goals and supporting change across the system

HOME CARE QIP SUBMISSIONS FOR 2017/18

Home Care QIPs

- CCACs have been submitting QIPs since 2014/15
- Changes proposed for CCACs as part of *Patients First* will result in changes to governance to the CCAC and the LHINs
  - What does this mean for home care QIPs?
  - How do we continue to focus on quality through the QIPs?

Home Care QIPs

Recommendations

- CCACs to submit a QIP by April 1, 2017
- CCACs will be encouraged to develop their QIP in collaboration with their LHIN
  - Guidance to this effect was sent to CCACs and LHINs in early October
- As changes proposed through *Patients First* are confirmed formally, additional guidance will be provided regarding board sign-off and other issues
- Home care QIP priorities will remain essentially stable to ease this transition

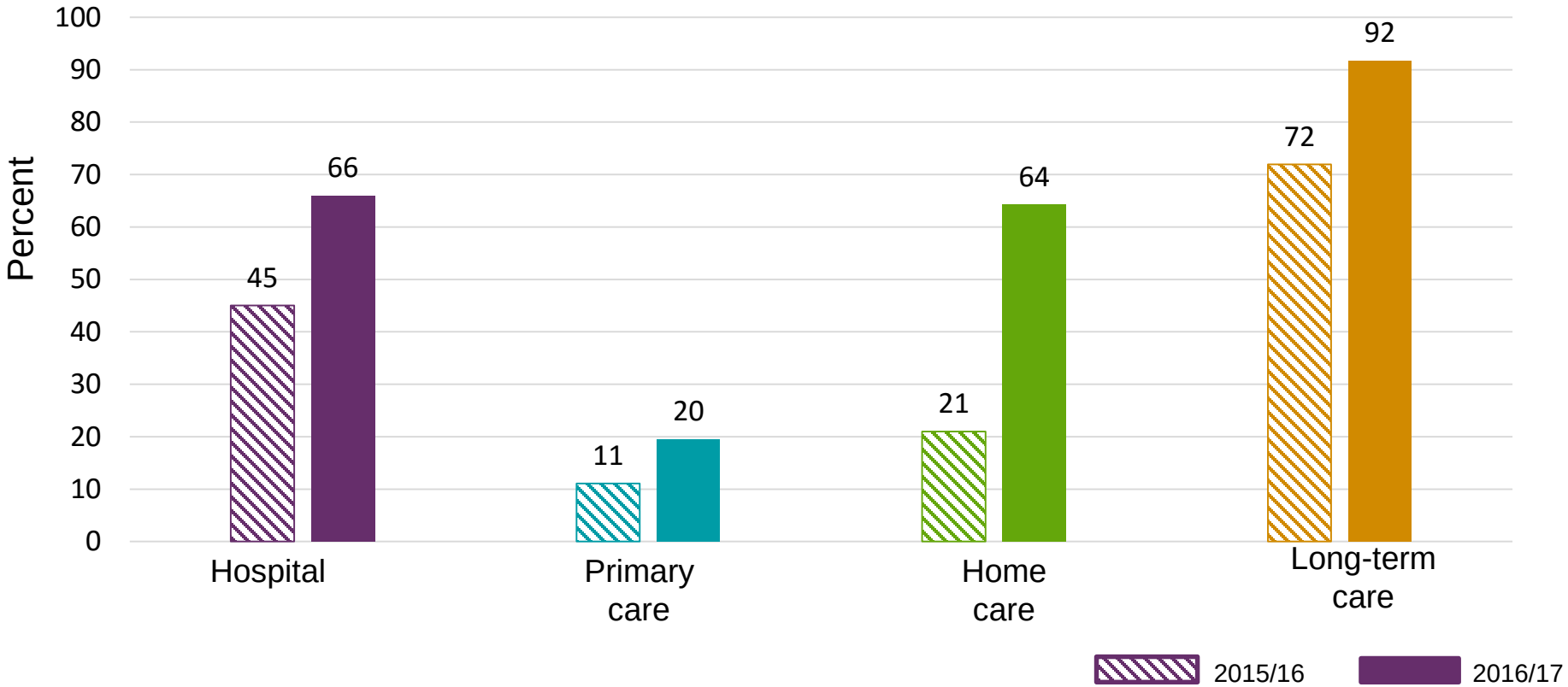
DISCUSSION

REFLECTIONS ON THE 2016-17 QIPs: LOOKING BACK ACROSS SECTORS

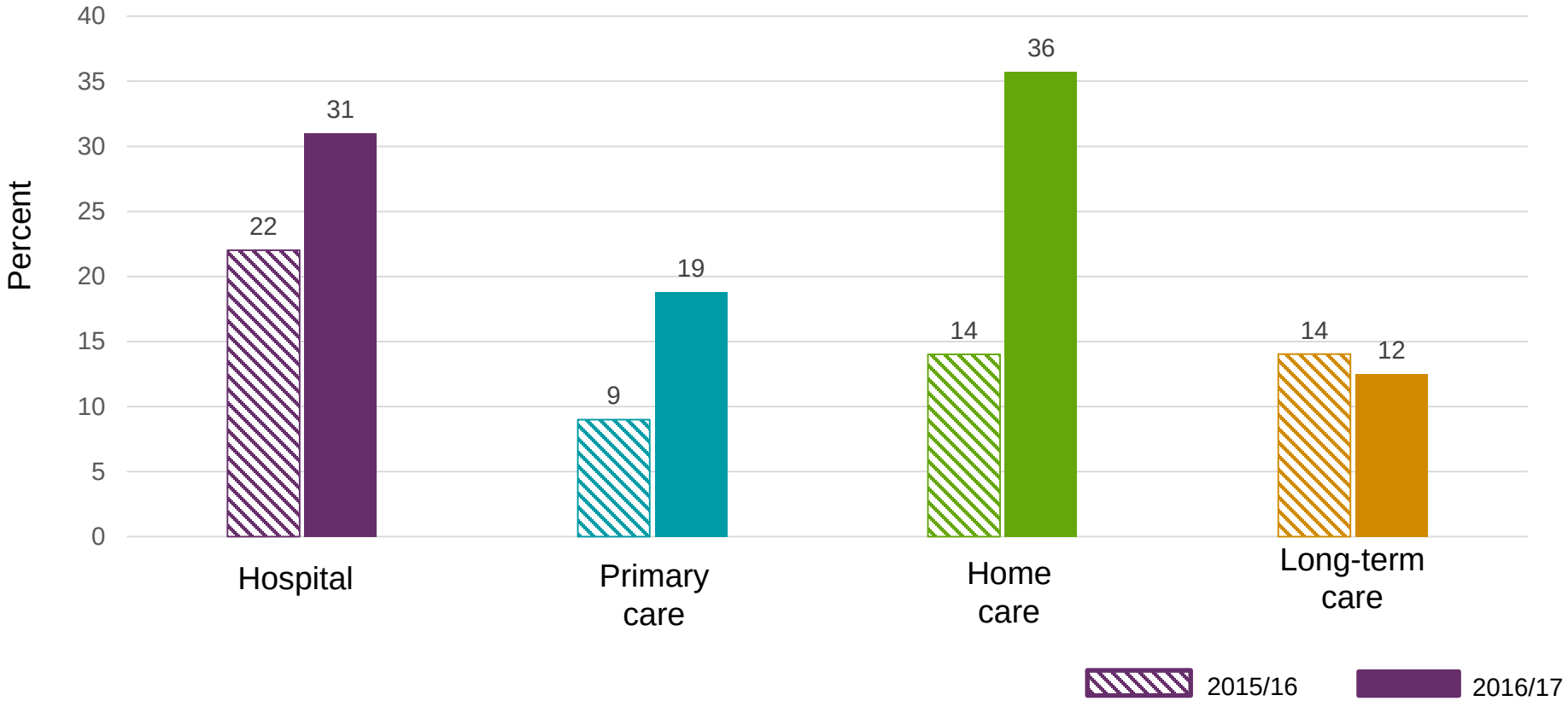
Key Observations – Overarching

- Reflecting back on their 2015/16 QIPs, of the 1042 submissions more than 85% of organizations reported progress on at least one priority or additional indicator, and more than half reported progress on three or more.
- There was a high uptake of priority issues in the 2016/17 QIPs, particularly patient experience and integration.
  - More than three-quarters (78%) of organizations described working on at least one of the indicators related to integration.
  - More than 80% of organizations described working on at least one of the indicators related to patient experience.
- Most organizations set targets to improve, but many of these targets are modest – typically within 1–5% of their current performance.
  - While this may be appropriate for some indicators, organizations are encouraged to reflect on their current performance and consider whether a stretch target might be appropriate.

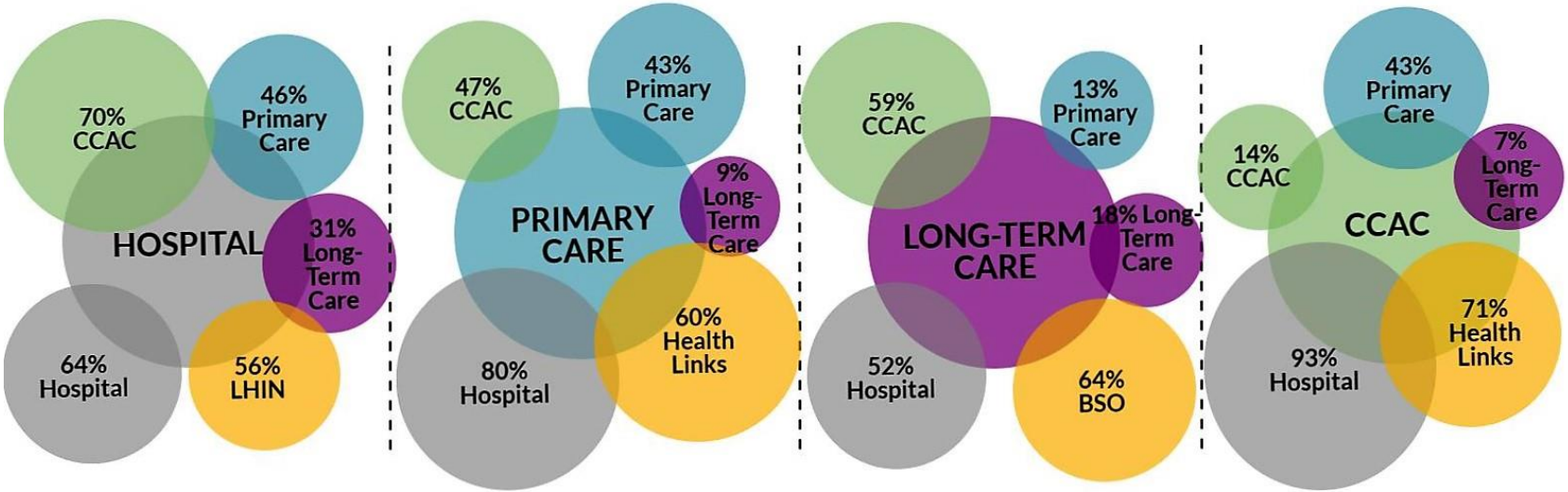
Percentage of organizations that reported engaging patient advisory councils and forums in development of 2015/16 QIPs and 2016/17 QIPs across all four sectors



Percentage of organizations that reported engaging patients and families in development of 2015/16 QIPs and 2016/17 QIPs across all four sectors



Collaboration with each sector



Key observations: Equity indicators

1. Collecting and analysis of data, particularly surveys
2. Cultural competency training
3. Program planning
4. Access to Care
   - Poverty
   - Homelessness
   - Rural/Northern communities

REFLECTIONS ON THE 2016/17 HOME CARE QIPs: LOOKING BACK

Reflections on the 2016/17 QIPs

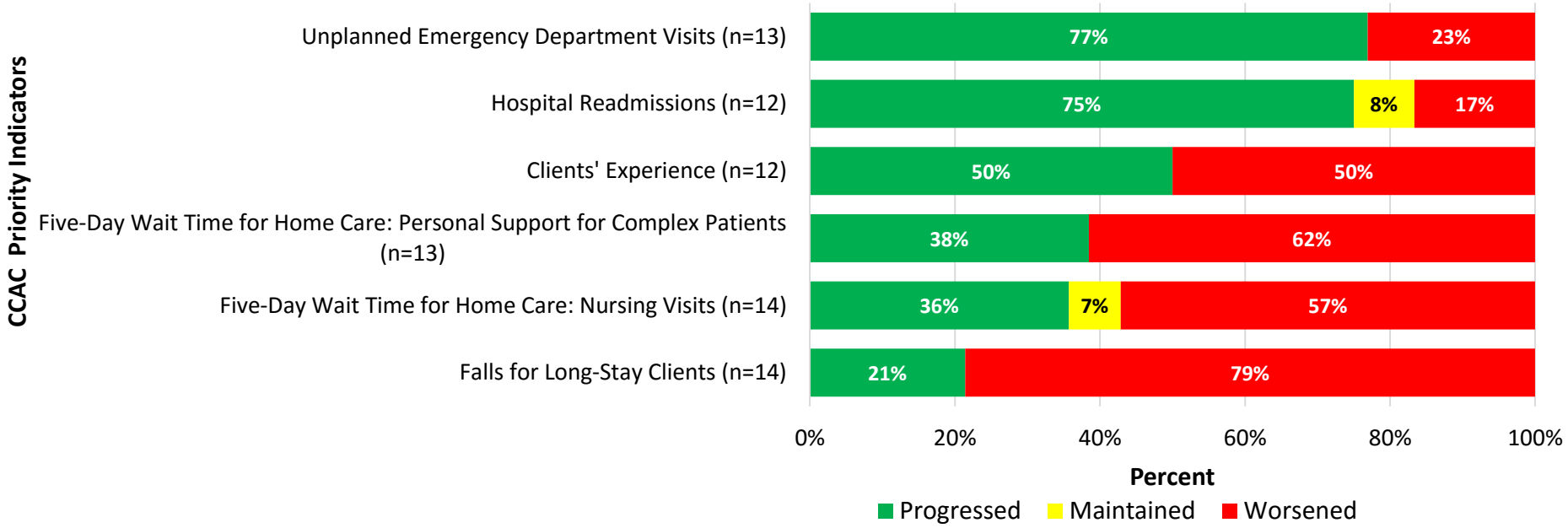
Looking Back

- 77% of CCACs reported progress in reducing ED visits
- 75% reported progress in reducing hospital readmissions

Moving Forward

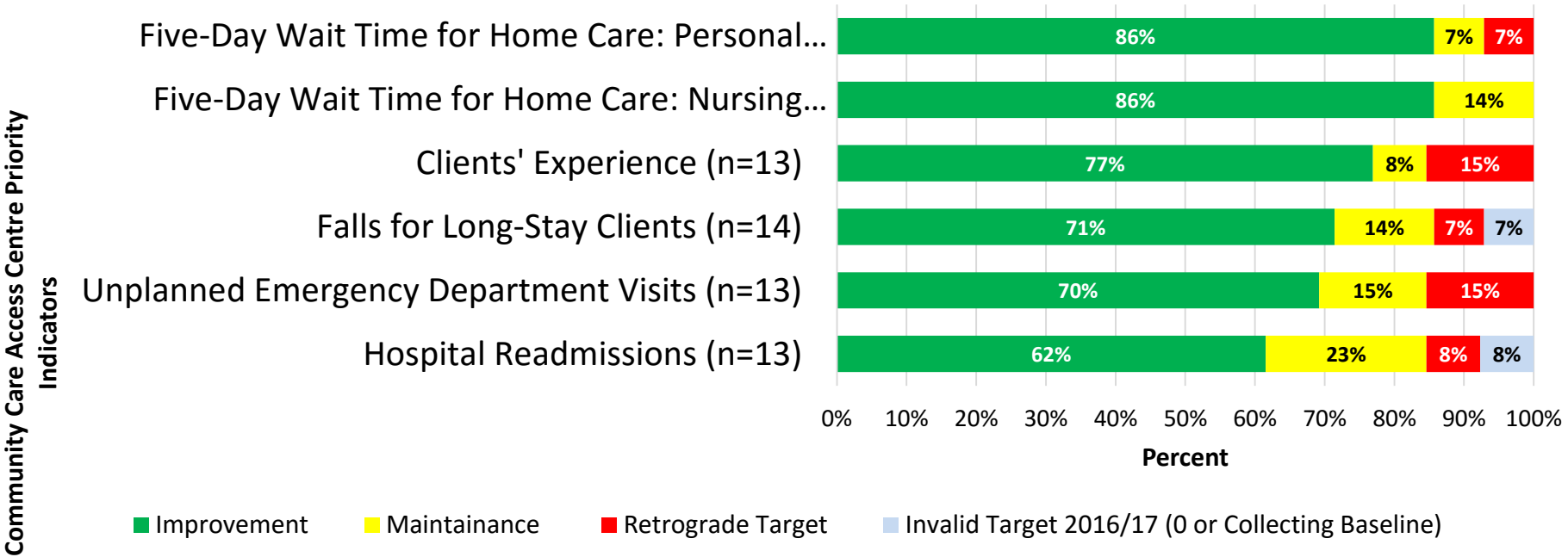
- 100% working on at least 2 priority indicators
- 7/14 CCACs chose to try out the palliative indicator last year and are collecting baseline data
- References to involving patients in design of QI initiatives woven throughout QIPs

Looking Back: Percentage of Community Care Access Centres (CCACS) in Ontario that progressed, maintained or worsened in their performance between 2015/16 and 2016/17 QIP Progress report



Progress was seen in performance for 50% or more Community Care Access Centres (CCACS) on indicators such as Unplanned Emergency Department Visits, Clients' Experience and Hospital Readmissions. Comparatively, a larger number of CCACs worsened in their performance between 2015/16 and 2016/17 for Five-Day Wait Time for Home Care: Nursing Visits, Five-Day Wait Time for Home Care: Personal Support for Complex Patients and Falls for Long-Stay Clients indicators.

Looking Forward: Percentage of Community Care Access Centres in Ontario that set a Target to improve, maintain or worsen performance in QIP 2016/17 QIP on priority indicators, as reported in 2016/17 Workplan

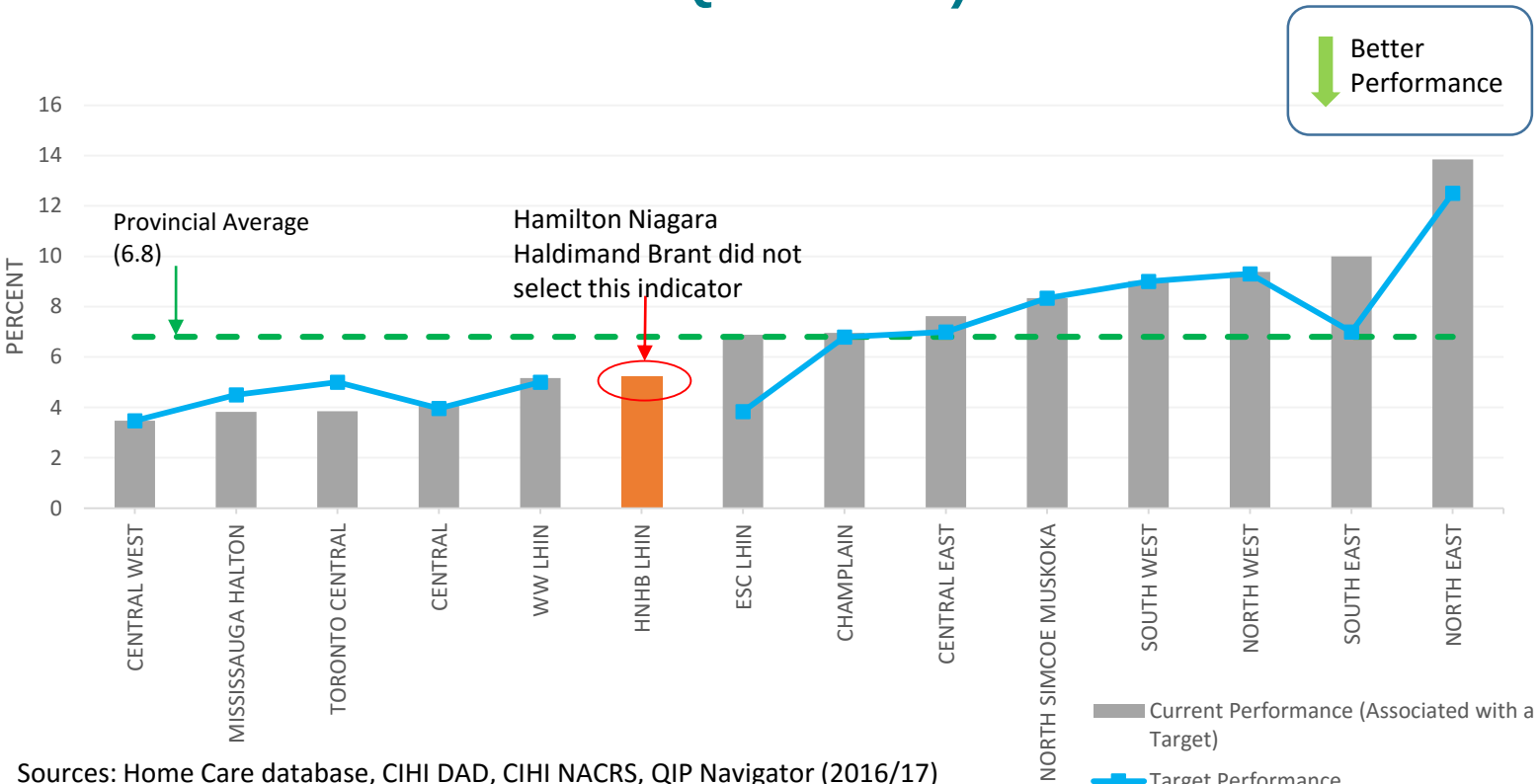


More than 70% of community care access centres set an improvement target on all priority indicators for 2016/17. The highest number of CCACs with a target to maintain performance was seen for the Hospital Readmissions indicator at 23%, while Unplanned Emergency Department Visits and Clients' Experience indicators both saw 15% of CCACs selecting the indicators set a retrograde target in 2016/17.

ISSUES

EMERGENCY DEPARTMENT VISITS: PROGRESS AND CURRENT PERFORMANCE

Percentage of home care clients with an unplanned, less-urgent ED visit within the first 30 days of discharge from hospital (reporting period Q2 2013/14-Q2 2014/15)



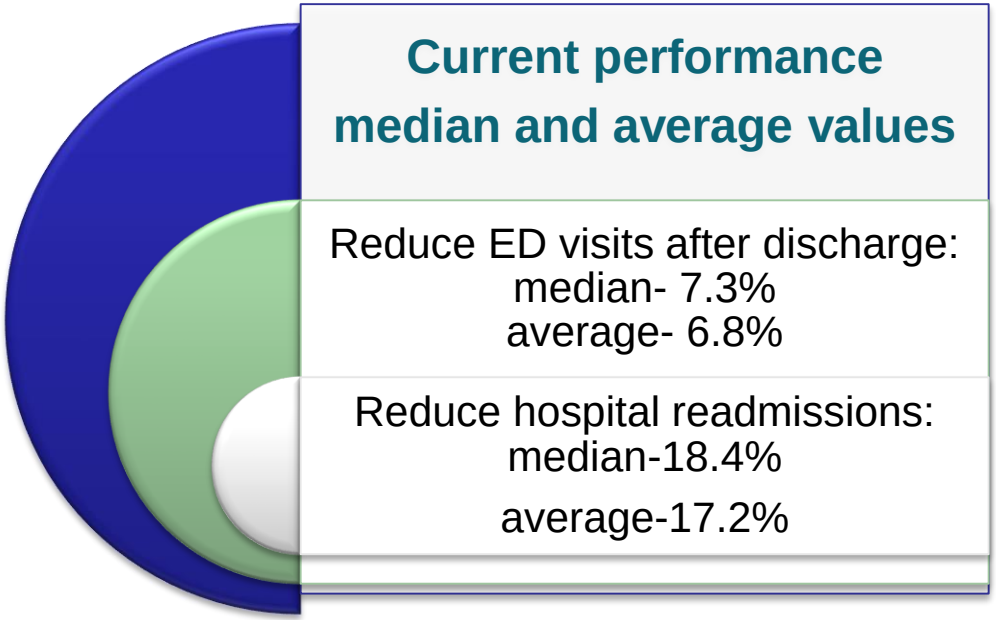
Sources: Home Care database, CIHI DAD, CIHI NACRS, QIP Navigator (2016/17)
Reporting period: July 2014 – June 2015
Notes: Hamilton Niagara Haldimand Brant did not select the indicator.

Issue: Effective transitions

Better Performance

Common change ideas

- Assess post discharge risk
- Refer complex patients to Health Links or Integrated funding models
- Use of specialized outreach teams like palliative care
- Technology enablers like OTN/e-notifications



A story of QI achievement: CE CCAC

The topic

Reducing the number of unplanned Emergency Department visits and hospital readmissions

Important…. to ensure continuity of care and prevent readmissions and unplanned visits

Change ideas

- Electronic alerts
- Alerts trigger early engagement between CCAC and hospital staff
- Actions aimed towards successful discharge back to community
- Subsequent chart audits

Results/lessons learned

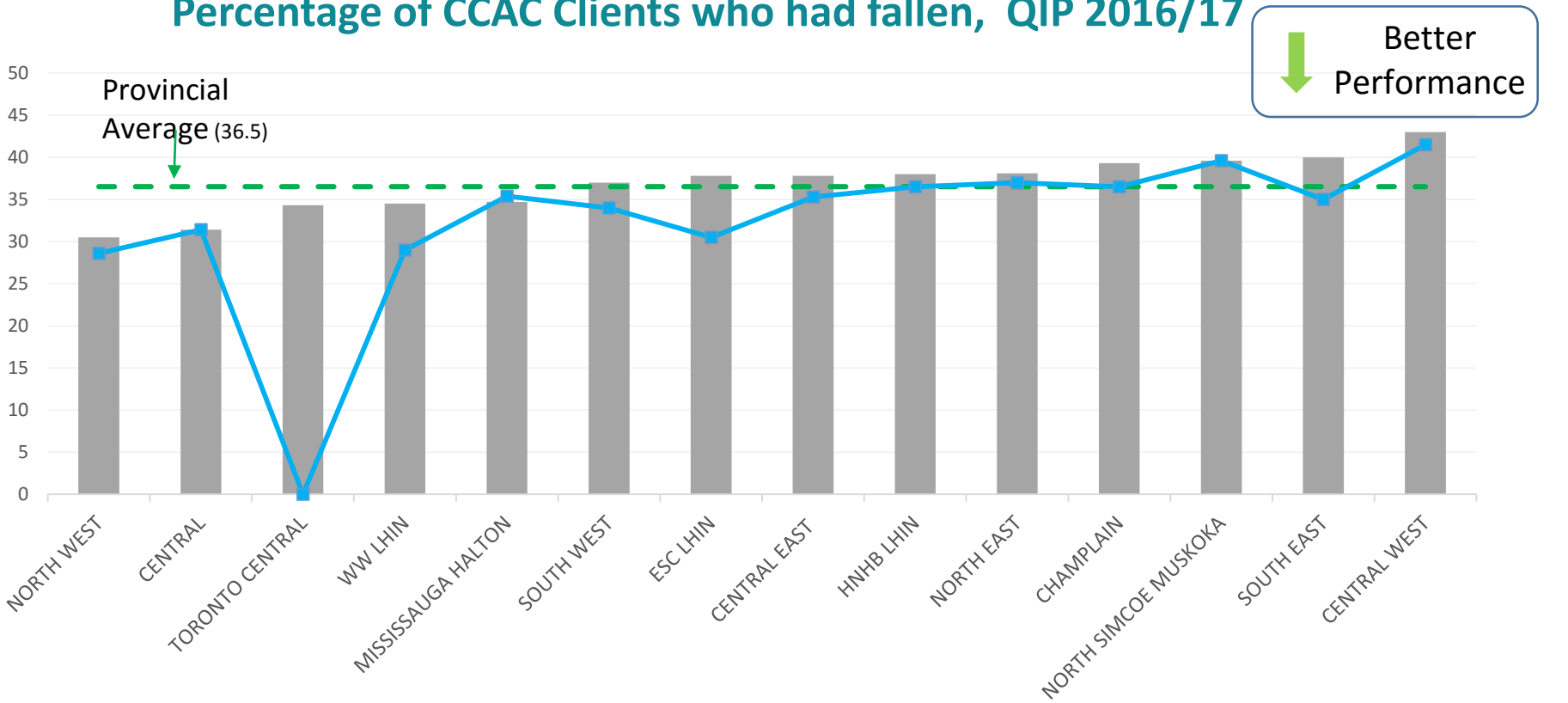
- Currently reactive; want to move to a proactive approach

Next steps

Focus on patient journey prior to hospital visit to better understand factors that increase likelihood of a hospital and/or emergency department visit, and may be responsive to proactive strategies; a critical shift in both strategy and approach

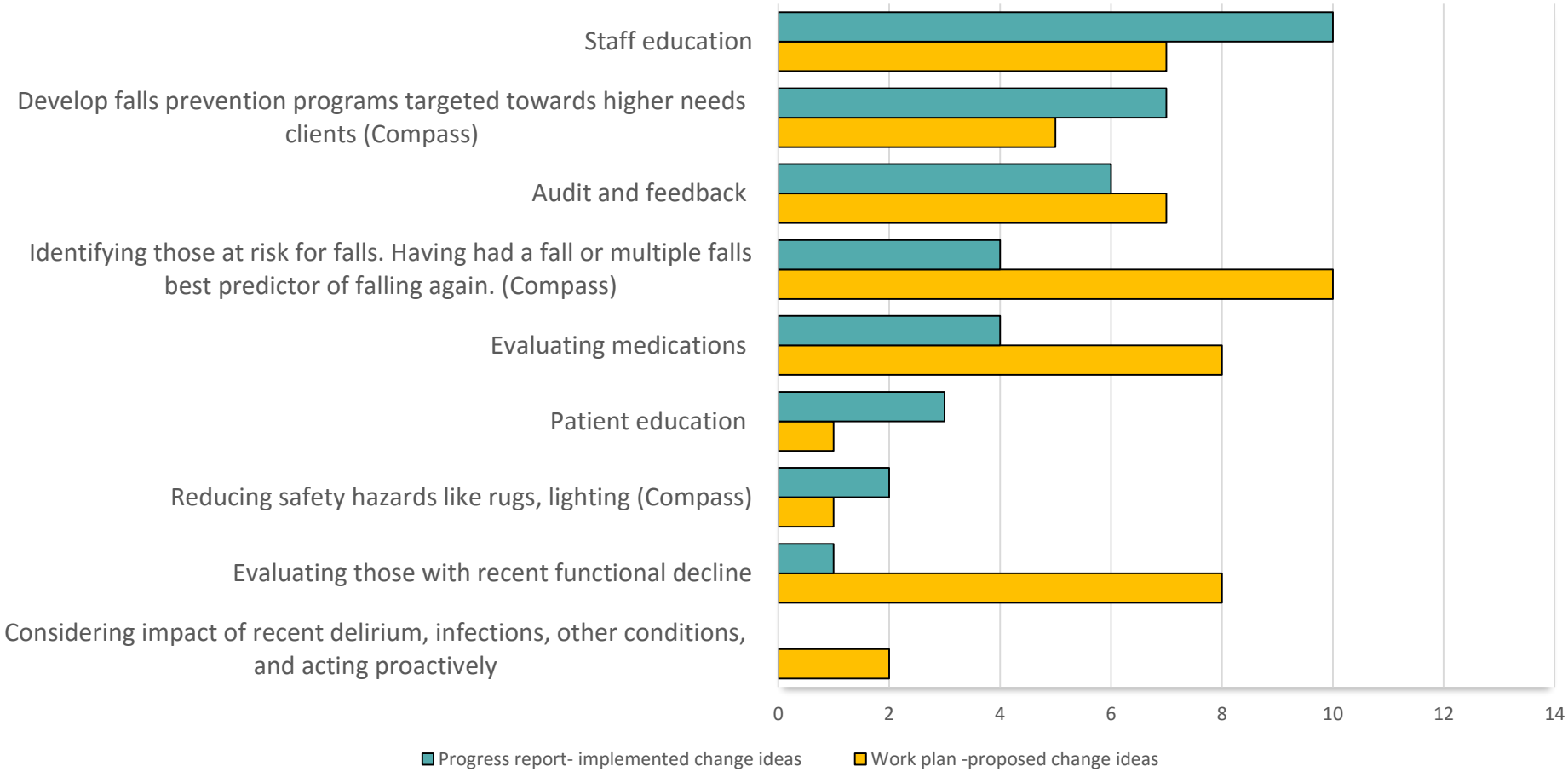
FALLS FOR LONG STAY PATIENTS: PROGRESS AND CURRENT PERFORMANCE

Percentage of CCAC Clients who had fallen, QIP 2016/17



Sources: Home Care database, inter-RAI for home care via Long-Stay Assessment Software, QIP Navigator (2016/17)
Reporting period: October 2014 – September 2015

Common change ideas, Falls

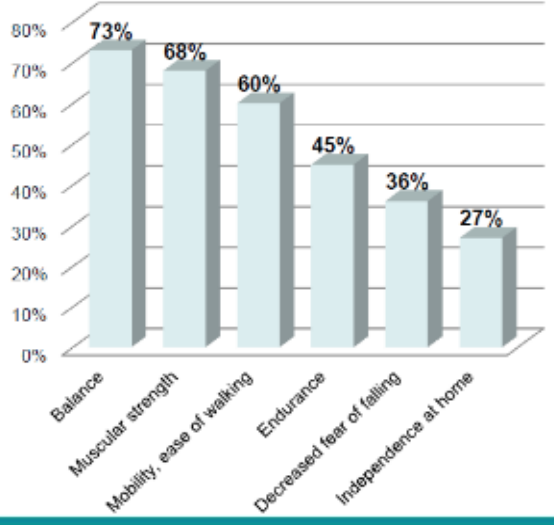


Spotlight: CW CCAC: Promoting Falls Prevention and Exercise Programs for Seniors

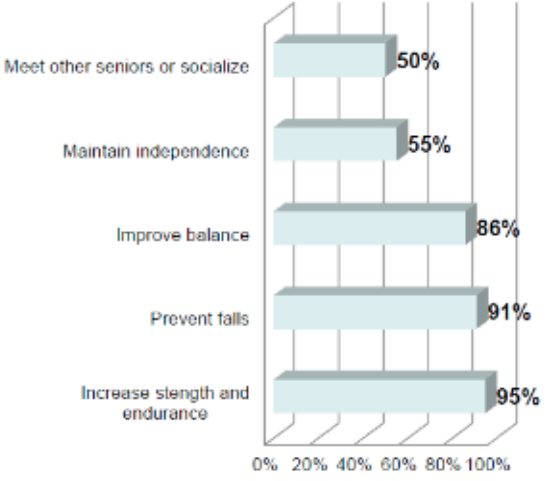
ccac Community Care Access Centre
casc Centre d'accès aux soins communautaires

Patient Experience Survey

Most Significant Improvements Reported



Client-Reported Goals of Exercise/Falls Prevention Program



The extracted graphs from a recent presentation at the 2016 OACCAC conference tell the story.

LOOKING FORWARD 2017/18

The QIP consultation process

PFPAC
HQO QIP advisory
Ontario Association of CCACs and other sector associations
Ministry of Health and Long Term Care
LHINs

Initial issues and indicator matrix

Ongoing consultations

2017-2018 QIP Indicators

Advancing an Issue through the QIP

Example: Right care, right time, right place

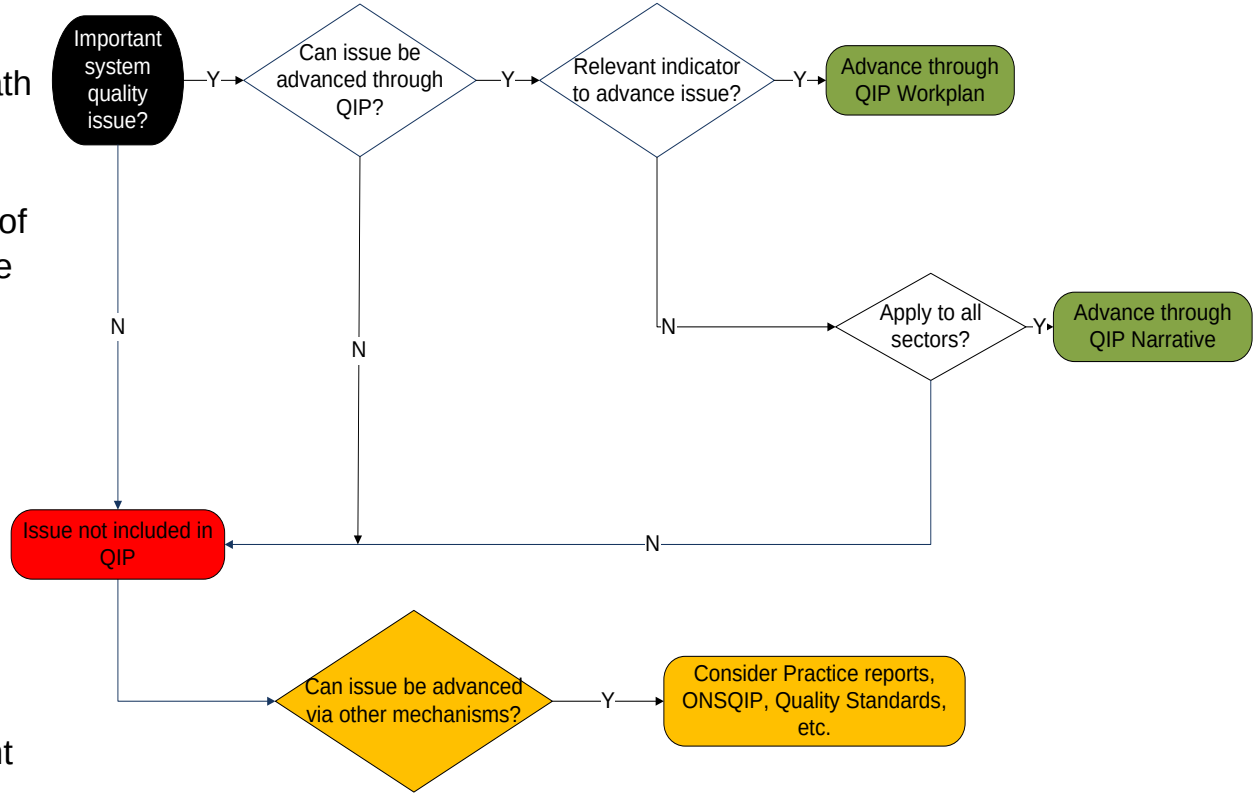
Indicator: Dying in Preferred place of death (A)

√ Important as evidence shows majority of people prefer to die at home or in hospice
(Health Quality Ontario. Palliative Care at the End of Life. Toronto: Queen's Printer for Ontario; 2016)

√ Data is available from the CHRIS database

√ Can be advanced through QIP.

√ From an issues perspective, important that people cared for in right place at right time. Adding this to the QIP promotes sharing of ideas that work.



Quality Issues and Indicators for the 2017/18 QIPs

	Issue	Hospital	Primary Care	Home Care	Long-Term Care
Effective	Effective transitions	• Readmission for select conditions **(A)** • Readmission for one of congestive heart failure, chronic obstructive pulmonary disease, or stroke (QBP) **(P)** • Readmission within 30 days for mental health and addiction **(A)** • Patient received enough information on discharge **(P)** • Discharge summaries sent within 48 h of discharge **(A)**	• Hospital readmissions for select conditions **(A)** • 7-day post-discharge follow-up (physician) **(P)** • 7-day post-discharge follow-up (any provider) **(A)**	• Hospital readmissions **(P)** • Unplanned ED visits **(P)**	• Potentially avoidable ED visits **(P)**
	Coordinating care	• Narrative • Identify complex patients (Health Links) **(A)**	• Narrative • Identify complex patients (Health Links) **(A)**	• Narrative • Identify complex patients (Health Links) **(A)**	• Narrative
	Population health	• Narrative	• Narrative • Glycated hemoglobin testing **(A)** • Colorectal and cervical cancer screening **(A)**	• Narrative	• Narrative
Patient-centred	Palliative care	• Home support for discharged palliative patients **(P)**		• End of life, died in preferred place of death **(A)**	
	Person experience	• Narrative • Patient experience **(P)**	• Narrative • Patient involvement **(P)**	• Narrative • Client experience **(P)**	• Narrative • Resident experience **(P)**
Efficient	Access to right level of care	• Narrative • Alternative level of care rate **(P)**	• Narrative	• Narrative	• Narrative
Safe	Safe care	• Pressure ulcers **(A)**, use of physical restraints in mental health patients **(A)**		• Falls for long-stay clients **(P)**	• Pressure ulcers, **(A)** restraints **(A)**, falls **(A)**
	Medication safety	• Medication reconciliation (admission) **(P)** • Medication reconciliation (discharge) **(P)**	• Medication reconciliation **(A)**		• Potentially inappropriate prescribing of antipsychotic medications **(P)**
	Workplace safety	• Narrative	• Narrative	• Narrative	• Narrative
Timely	Timely access to care/services	• ED length of stay (complex) **(P)**	• Timely access to primary care (patient perception) **(P)**	• Wait time for home care (personal support worker, nurse) **(P)**	
Equitable	Equity	• Narrative	• Narrative	• Narrative	• Narrative

Legend: **(P)**: Priority indicator **(A)**: Additional indicator (QBP): Indicator related to quality-based procedures

2017-18 QIP Indicators: CCAC

- Falls for long-stay clients
- Unplanned ED visits
- Hospital readmissions
- 5 day wait times for home care: Nursing
- 5 day wait times for home care: Personal support for complex patients
- Clients' Experience
- Identify complex patients (health links) (A)
- End of life, preferred place of death (A)

RETIRED

MODIFIED

NEW
- Identify complex patients (health links) (A)
- End of life, preferred place of death (A)

Determining the 2017/18 QIP priorities

- The Narrative
  - Is an executive summary of your QIP and is intended to introduce specific context for your QIP
  - Is a means for engaging your patients and staff in QI planning

- The Narrative is also a way to capture and understand emerging quality issues
  - For example, equity and workplace violence

Determining QIP priorities in Narrative

Example: Equity

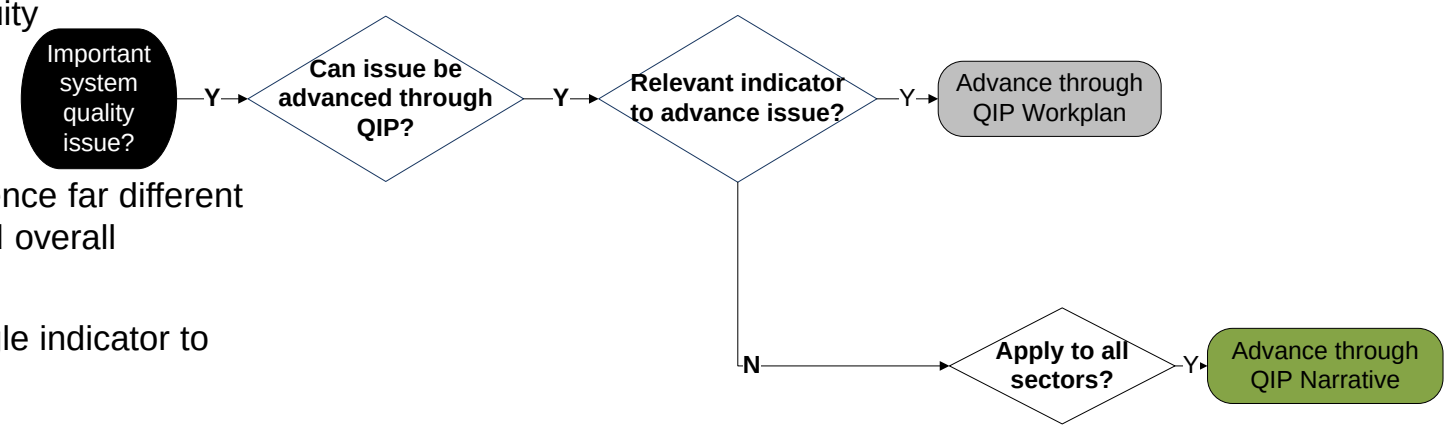
Priority: Embedding an equity lens into QI initiatives

√ Important as vulnerable subpopulations may experience far different care than that demonstrated overall

X However there is no single indicator to advance this issue.

√ This issue is also important to all sectors.

√ Can be advanced through QIP, through QIP narrative.



Narrative questions, 2017/18

Building on existing questions

- Overview
- QI Achievements From the Past Year
- Integration and Continuity of Care
- Engagement of Leadership, Clinicians and Staff
- Engagement of Patients, Clients, and Residents

New questions

- Staff Safety and Workplace Violence
- Population Health
- Equity
- Alternate Level of Care

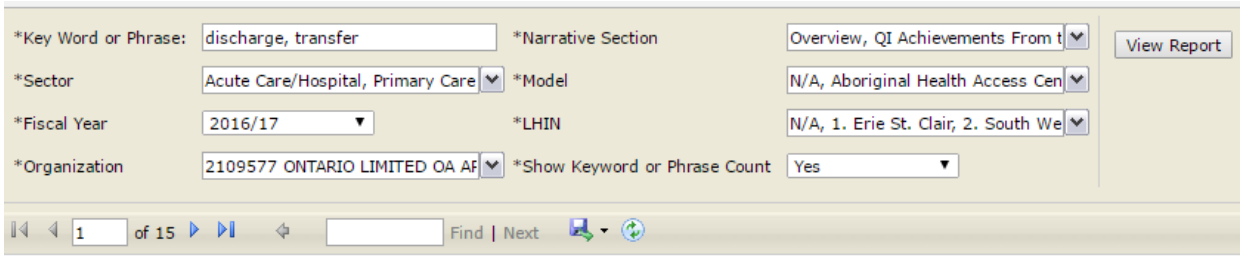
Did you know you can now upload shareable charts and pictures in your narrative?

PLANNING FOR 2017/18 QIPs: NAVIGATOR

Navigator key dates and timelines

- Navigator will launch by November 30, 2016
- Log in before March to ensure there are no surprises
- There will be Navigator training sessions this fall and winter to highlight the new functionalities
- Navigator closes briefly in February so that the indicator current performance values can be prepopulated
- Book your Board meetings now to ensure your submission is ready for April 1, 2017.

New this year: Highlight keyword + word count



Text Report: Narrative

Parameter Selected

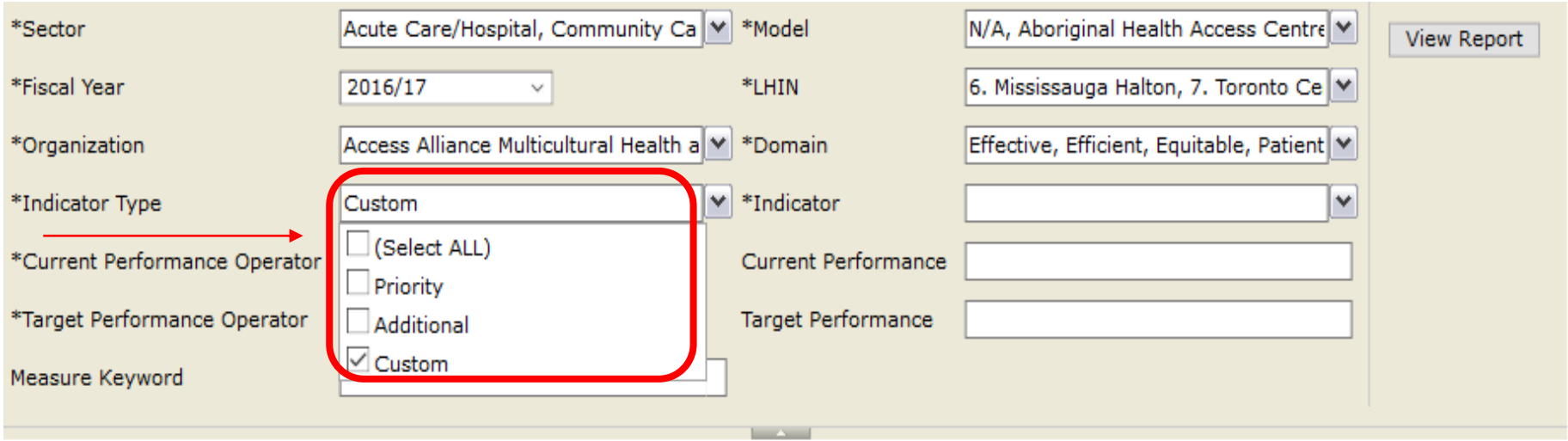
Key Word or Phrase: discharge(Count:1328), transfer(Count:581)
Narrative Section: ALL
Sector: ALL
Model: ALL
Fiscal Year: 2016/17
LHIN: ALL
Organization: ALL

QI Achievements From the Past Year

Our greatest accomplishment in the previous year has been the gains made in relation to patient flow as a result of the Bed Realignment project which culminated in December 2014. In preparation for Bed Realignment, guidelines were developed to promote the flow of patients across all HPHA sites to promote occupancy of 85% in all in-patient units. As of January 2015, Physician Leads, Team Leaders and Managers from each site meet with the VP Partnerships and Patient Experience and the Manager Patient Flow on a monthly basis. These meetings have enabled open discussion on patient admissions and transfers across all sites and have been instrumental in revising and enhancing decision making processes that result in appropriate decisions on patient destinations and the safe transfer of patients. Case reviews of admissions and transfers, review of data such as the number of off-service medical patients*, expected daily discharges by unit and number of transfers site to site are utilized to influence process improvement decisions at this forum. (*Off-service medical patients are those admitted to another unit such as surgery; an appropriate medical bed may be available at another HPHA site)

New this year: Type of indicator identified

The QIP Query Reports can be filtered by type of indicator



OTHER HQO SUPPORTS

What are **HQO Quality Standards?**

- **Concise:** five to 15 statements versus the hundreds that can appear in many practice guidelines
- **Accessible:** for clinicians to easily know what care they should be providing; and for patients to know what care to expect
- **Measurable:** each statement is accompanied by one or more quality measure
- **Implementable:** they come with quality improvement tools and resources targeted to each standard, to fuel adoption

Example: Wound care (diabetic foot ulcers, venous/mixed ulcers, pressure injuries)

(available spring 2017)

HQO public reporting indicator review I

HQO currently reviewing publically reported home care indicators using pre-determined selection criteria

Objectives of review

- Include patient/client voice in indicator selection (e.g. better measures of access, transitions, client/patient experience)
- Recommend indicators for public reporting at provincial, regional and/or service-provider level
- Identify potential areas for data advocacy and indicator development, recognizing numerous areas currently unreported (or underreported) due to limitations in indicator development or data availability

HQO public reporting indicator review II

- New set of indicators will be selected by an expert panel using modified Delphi process
- Indicators of informal or community home care delivery will not be in scope
- Patient and sector engagement ongoing. This far, we have heard that the following are top priorities for measurement:
  - Transitions
  - Effectiveness
  - Appropriateness
  - Patient satisfaction
  - Pain and pain management
- Aim: to report new/modified set of indicators in 2017/18

HealthLink

Innovative Practices

Visit www.hqontario.ca to learn how to implement innovative practices used by Health Links.

- Innovative Practices Evaluation Framework
- Coordinated Care Management
- Transitions between Hospital and Home (September 28th)

Upcoming Areas of Focus:

- Mental Health & Addictions

HealthLink

- Webinar: Transitions between Hospital to Home Part 1
  Friday, October 14, 2016 from 12:00-1:00 pm
- Webinar: Transitions between Hospital to Home Community of Practice Part 2
  Wednesday, November 16, 2016 from 12:00 - 1:00 pm.
- Upcoming Areas of Focus: Mental Health & Addictions

To register

- **For more information: HLhelp@hqontario.ca**

Ontario
Health Quality Ontario

www.HQOntario.ca

FOLLOW@HQOntario

For more information on Quality Improvement Plans:
QIP@HQOntario.ca

APPENDICES

Planning for 2017/18 QIPs: Guidance Materials

Guidance materials launch
November 30, 2016

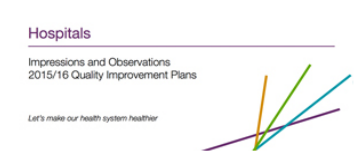
Package will include

- Annual Memo and “What’s New” Supplementation
- **Refreshed** guidance documents
- **Updated** indicator technical specifications

Please visit HQO’s website for additional resources or contact qip@hqontario.ca for assistance

Online Resources

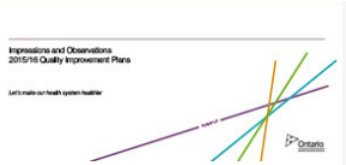
Click on the hyperlinked pages or visit www.hqontario.ca



QUALITY IMPROVEMENT PLANS REPORTS

We create sector-specific reports that analyze Quality Improvement Plans across the province and highlight exceptional change ideas, emerging trends and lessons learned about what is working and what is not.

Learn more »



QUALITY IMPROVEMENT PLANS

Submit your Quality Improvement Plan, review other plans for ideas, and learn how to create a Quality Improvement Plan

Learn more »

QUALITY IMPROVEMENT WEBINARS

Participate in or listen to webinars on a variety of current quality improvement topics and issues

Learn more »

Quality Rounds Ontario

QUALITY ROUNDS ONTARIO

Join our educational sessions for province-wide knowledge exchange and idea sharing on topics related to improving the quality of health care

Learn more »

INDICATOR LIBRARY

Search Health Quality Ontario's health system performance indicators to find indicators that you can use to customize your organization's Quality Improvement Plan.

QUALITY COMPASS

To support you in developing your QIPs, visit Quality Compass to find evidence-based resources, change ideas, targets, measures, and tools for successful implementation.

HEALTH QUALITY ONTARIO'S
Quality Compass
Navigate from knowledge to action

Programming supports

Links to resources	Patient Engagement	Practice Reports	Quality Standards	Equity
Audience	Providers, Organizations, and Patients	Physicians and Interprofessional Teams	Community of Practice members collaborating to implement Quality Standards	All organizations interested in imbedding an equity lens in QI initiatives
Resources	Tools and resources to support patient engagement	For LTC and Primary Care, a resource to collect data from the practice for use in quality improvement	Toolkits and Guidance documents, Community of Practice for peer support	Frameworks and Guidelines
Integration with QIPS	Hospitals required to demonstrate how they engage Patients in developing QIPS	Clinicians access data and receive information about practice performance	There are three indicators in QIPS corresponding to Quality Standards.	Equity one of six quality dimensions measured in QIP (Narrative)