Looking Back and Looking Forward

A Sneak Peek for the 2018/19 Home Care quality improvement plans (QIPs)

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LAURIE DUNN| NOVEMBER 20, 2017

Health Quality Ontario

Let's make our health system healthier

Learning Objectives

- Share learnings from the 2017/18 QIPs

- Prepare organizations for 2018/19 QIP submission by offering advance notice of changes

- Provide an overview of Health Quality Ontario's resources to support organizations in meeting their goals and supporting change across the system

Quality Matters

…*Looking Back*

Provincial Results

Provincial Observations: Looking Back

Home care

Progress in five-day wait time: personal support for complex patients (79%)

Worsening in hospital readmissions (77%)

Hospital

Progress in medication reconciliation on admission (60%)

Worsening in alternate level of care rate (54%)

Long-term care

Progress in appropriate prescribing of antipsychotics (76%)

Worsening in falls (54%)

Primary care

Progress in glycated hemoglobin (HbA1C) testing (71%)

Worsening patient experience: 'enough time' (41%)

4

Provincial Observations: Looking Forward

94% of organizations selected at least one priority indicator

84% of organizations are working on at least one of the effective transition indicators
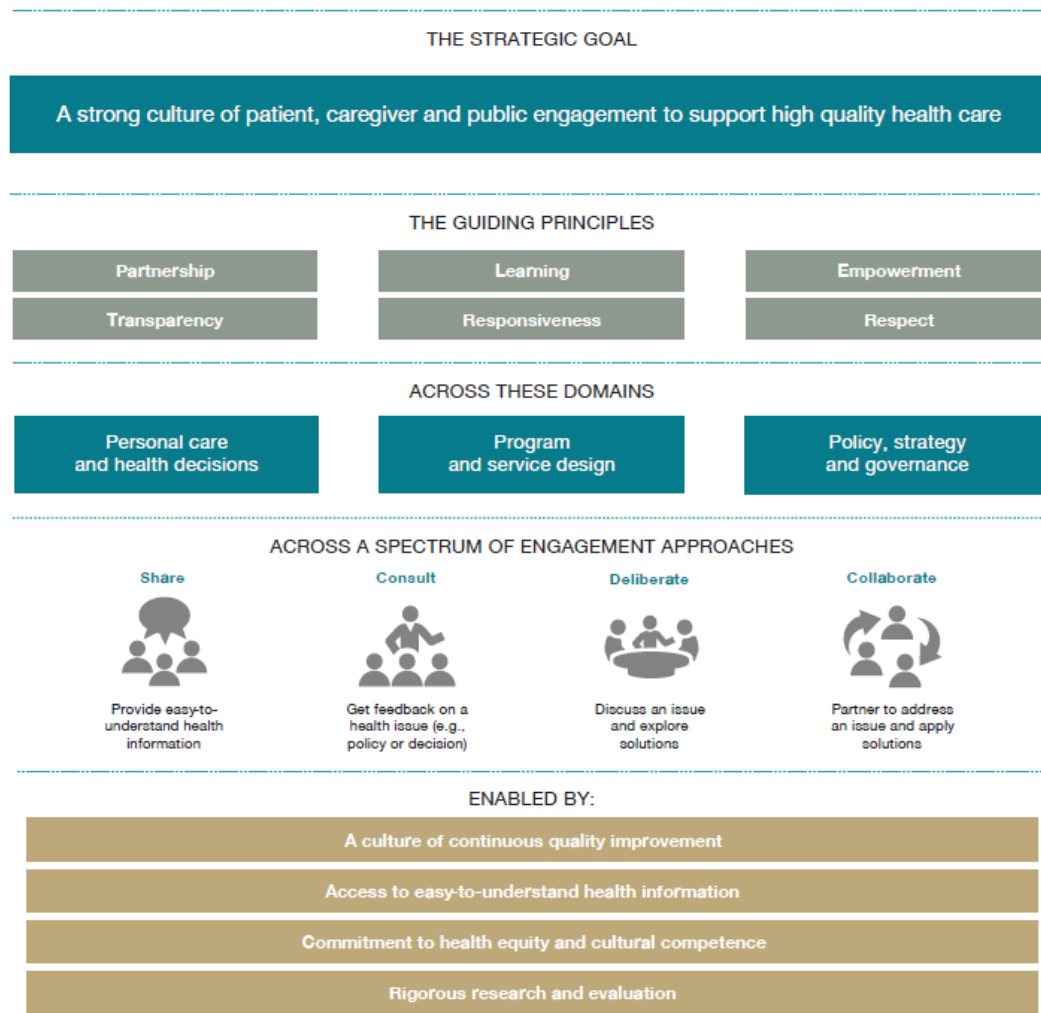
78% of organizations are working on at least one patient experience indicator
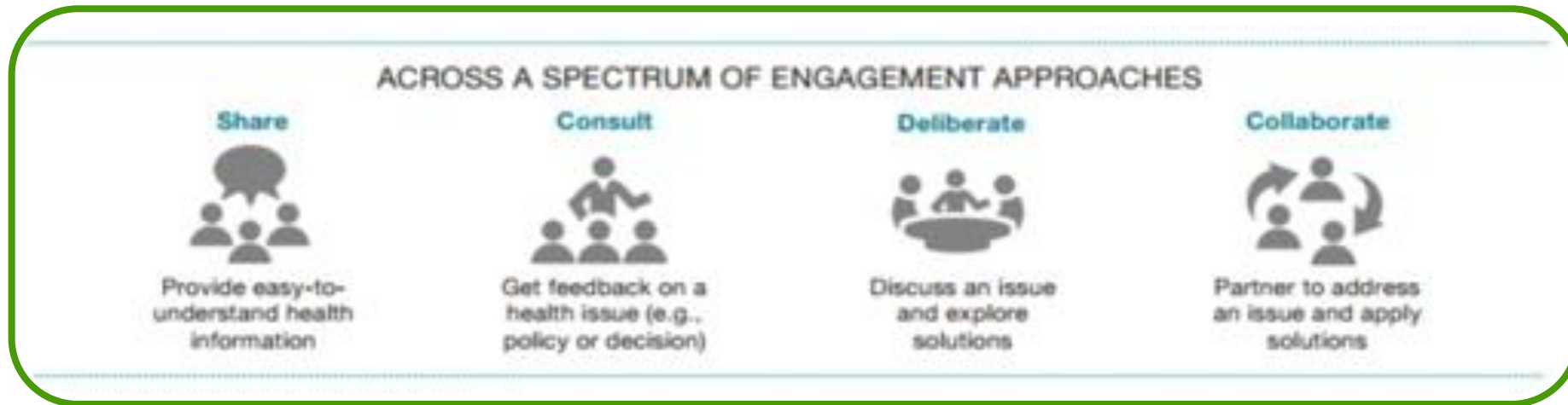
1-5% is the most common target range set for improvement

Patient Engagement: Spectrum of Approaches

THE STRATEGIC GOAL

A strong culture of patient, caregiver and public engagement to support high quality health care

THE GUIDING PRINCIPLES

| Partnership | Learning | Empowerment |
| Transparency | Responsiveness | Respect |

ACROSS THESE DOMAINS

| Personal care and health decisions | Program and service design | Policy, strategy and governance |

ACROSS A SPECTRUM OF ENGAGEMENT APPROACHES

Share — Provide easy-to-understand health information

Consult — Get feedback on a health issue (e.g., policy or decision)

Deliberate — Discuss an issue and explore solutions

Collaborate — Partner to address an issue and apply solutions

ENABLED BY:

A culture of continuous quality improvement

Access to easy-to-understand health information

Commitment to health equity and cultural competence

Rigorous research and evaluation

The analysis of patient engagement approaches is structured by Health Quality Ontario's Patient Engagement Framework, which recommends that organizations use a spectrum of engagement approaches.

For brevity, the next few slides use the word "patient"; this includes patients, residents, clients, caregivers and family

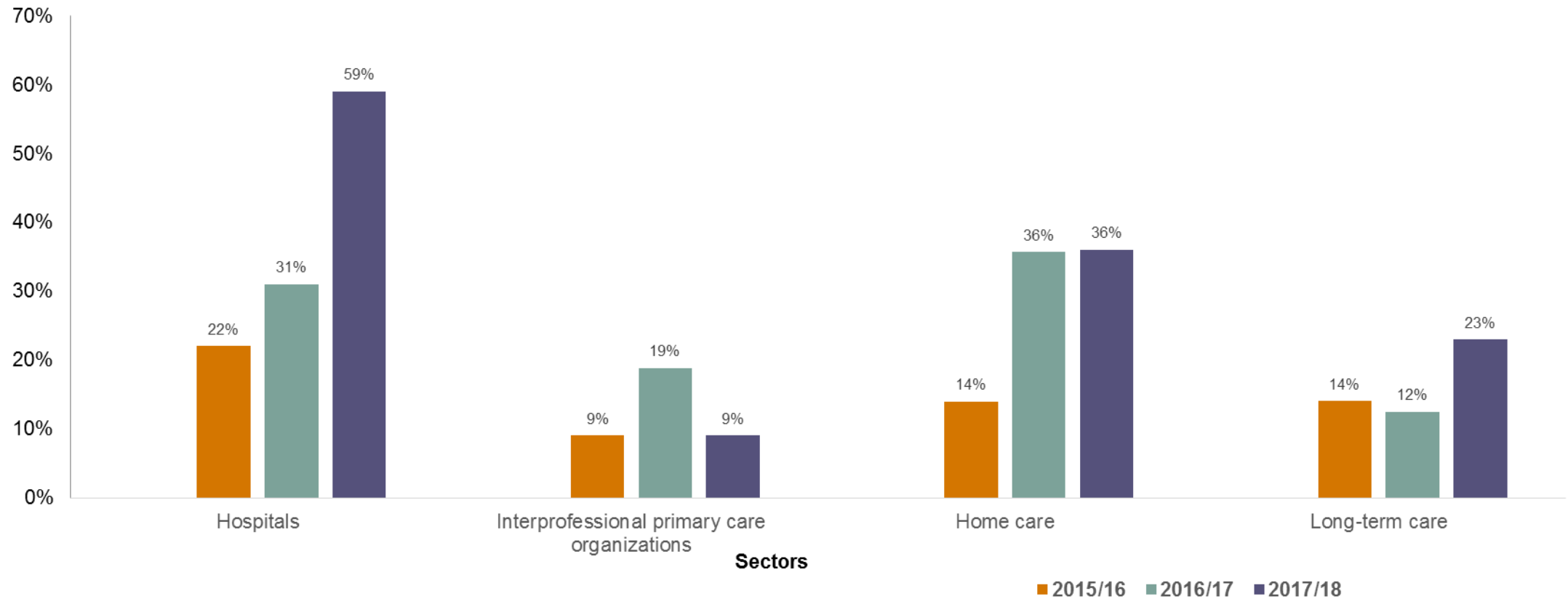# Patient Engagement: Spectrum of Approaches

ACROSS A SPECTRUM OF ENGAGEMENT APPROACHES

Share — Provide easy-to-understand health information

Consult — Get feedback on a health issue (e.g., policy or decision)

Deliberate — Discuss an issue and explore solutions

Collaborate — Partner to address an issue and apply solutions

Engagement is a continuum and organizations are encouraged to use a variety of methods to engage patients and their families. The approaches described to the right are more participatory. There will be overlap (e.g., councils may be deliberating or consulting).
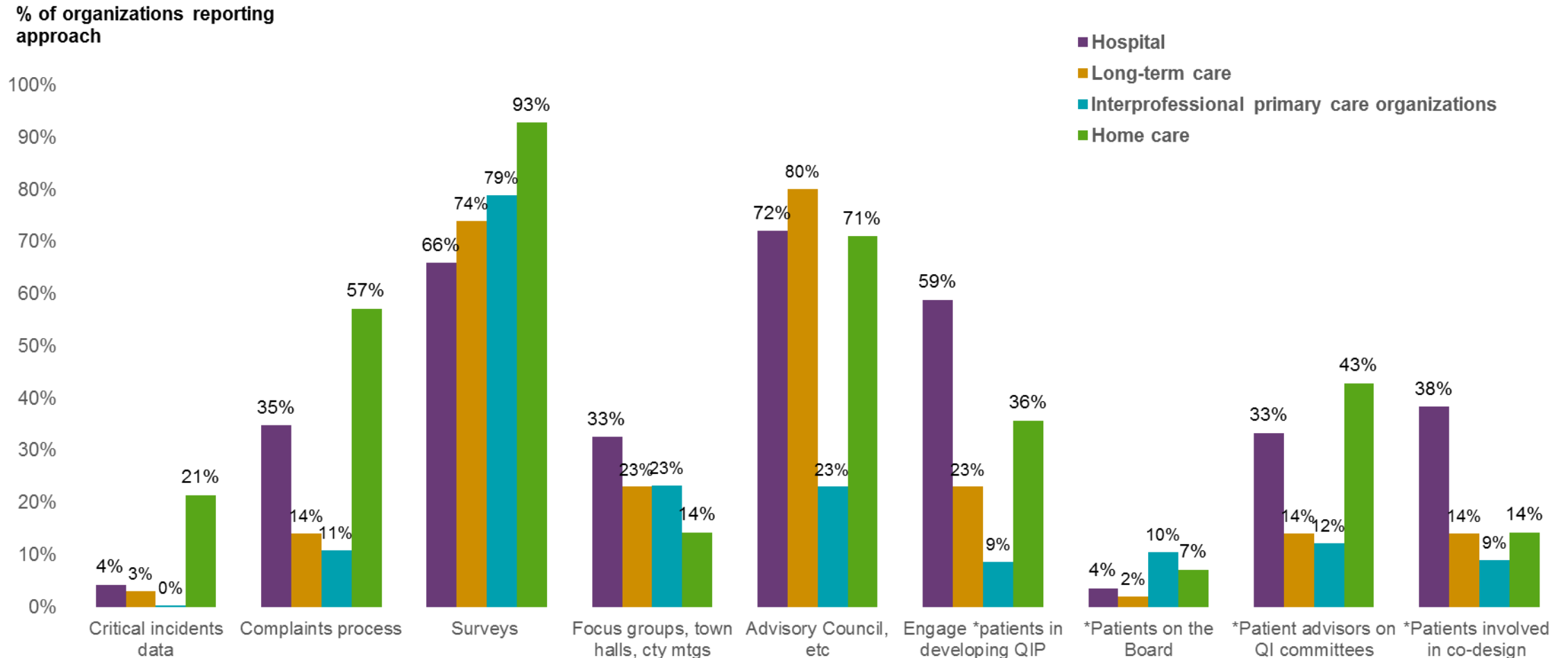
Focus on QIP Development

Comparing percentage of organizations reporting engaging patients and families in development of QIPs or quality initiatives over time
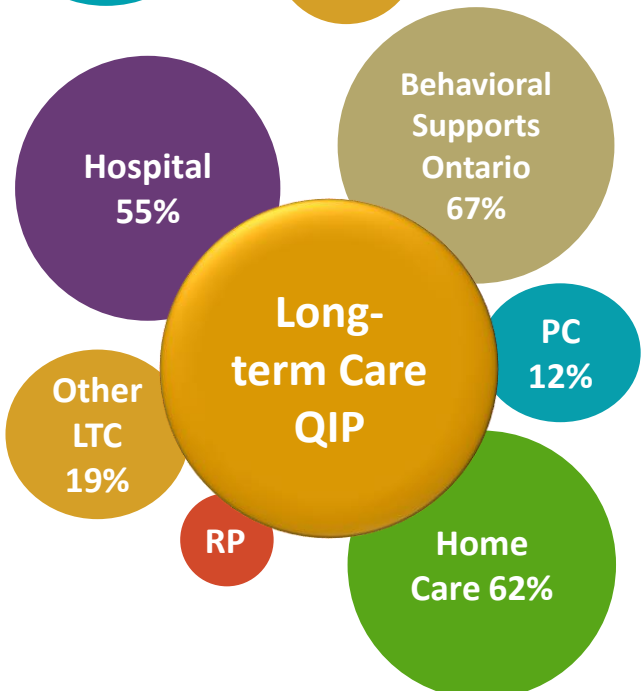

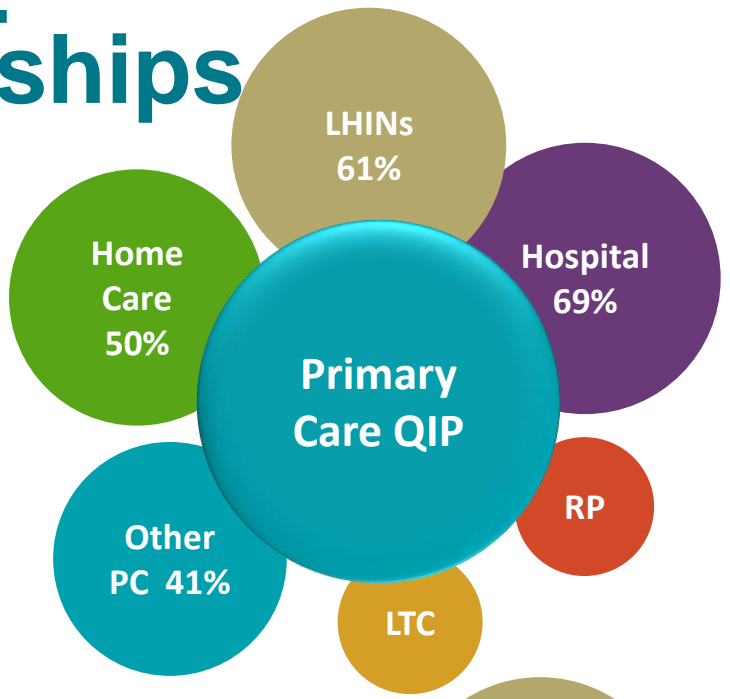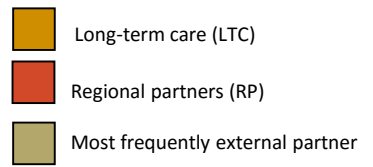Percentage of total organizations
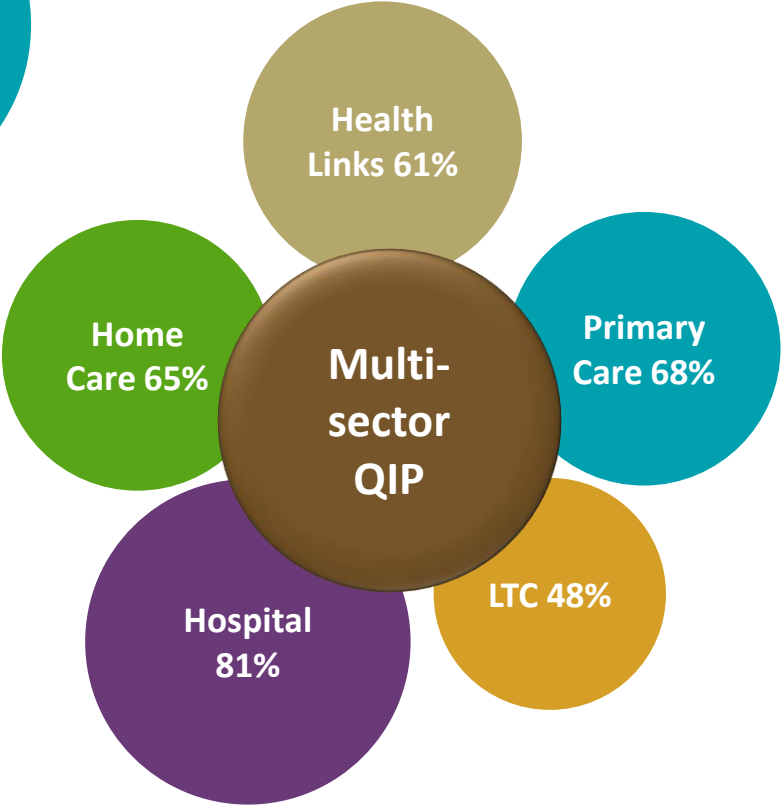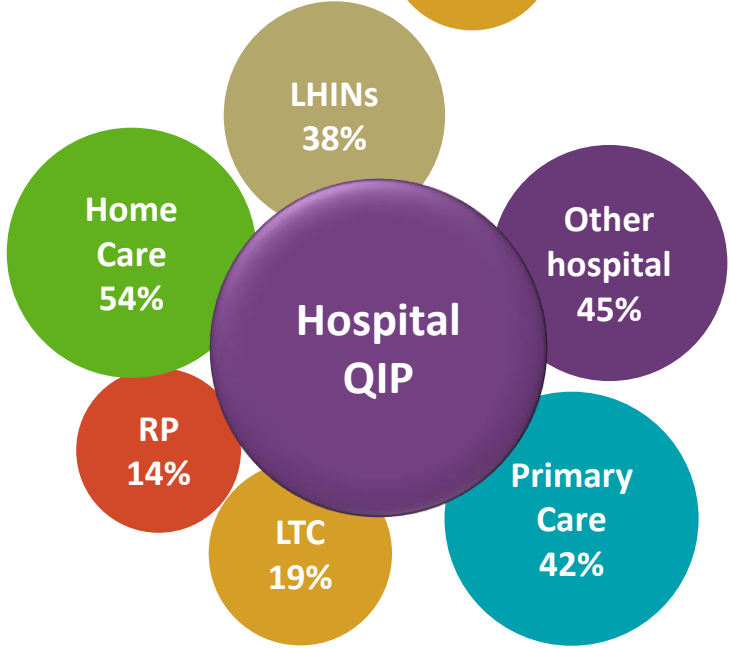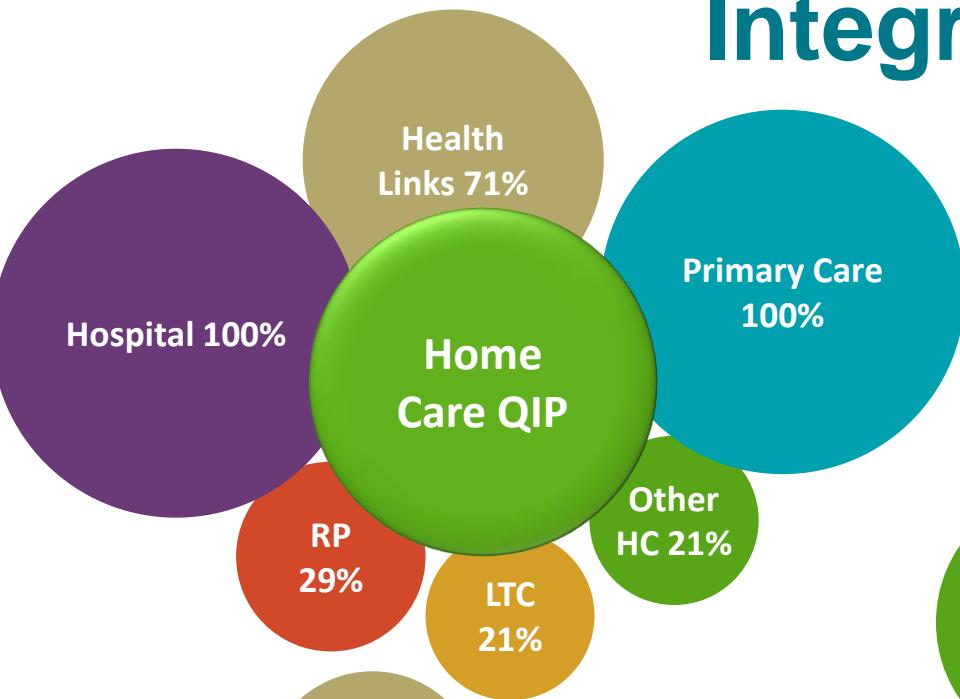
Sectors

■ 2015/16 ■ 2016/17 ■ 2017/18

Key Observations: Patient Engagement

Overall view of spectrum of patient engagement approach in the 2017/18 QIP Narratives

% of organizations reporting approach

Legend:
- Hospital
- Long-term care
- Interprofessional primary care organizations
- Home care

Critical incidents data: 4%, 3%, 0%, 21%
Complaints process: 35%, 14%, 11%, 57%
Surveys: 66%, 74%, 79%, 93%
Focus groups, town halls, cty mtgs: 33%, 23%, 23%, 14%
Advisory Council, etc: 72%, 80%, 23%, 71%
Engage *patients in developing QIP: 59%, 23%, 9%, 36%
*Patients on the Board: 4%, 2%, 10%, 7%
*Patient advisors on QI committees: 33%, 14%, 12%, 43%
*Patients involved in co-design: 38%, 14%, 9%, 14%

Key Observations: Integration and Partnerships

Home Care QIP
- Hospital 100%
- Health Links 71%
- Primary Care 100%
- Other HC 21%
- LTC 21%
- RP 29%

Primary Care QIP
- LHINs 61%
- Home Care 50%
- Hospital 69%
- Other PC 41%
- RP
- LTC

Hospital QIP
- LHINs 38%
- Home Care 54%
- Other hospital 45%
- RP 14%
- LTC 19%
- Primary Care 42%

Multi-sector QIP
- Health Links 61%
- Home Care 65%
- Primary Care 68%
- Hospital 81%
- LTC 48%

Long-term Care QIP
- Behavioral Supports Ontario 67%
- Hospital 55%
- PC 12%
- Other LTC 19%
- RP
- Home Care 62%

Legend:
- Long-term care (LTC)
- Regional partners (RP)
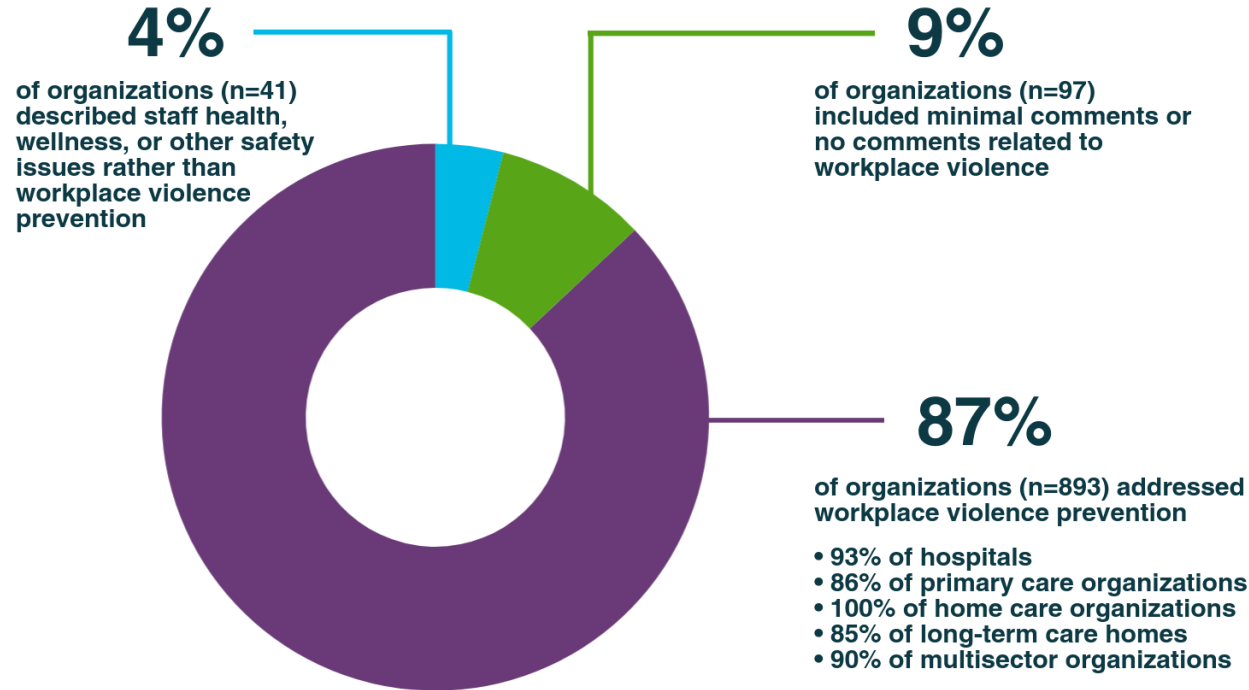- Most frequently external partner

Key Observations: Equity Strategies

Percentage of organizations citing various equity strategies in their 2017/18 QIP Narratives
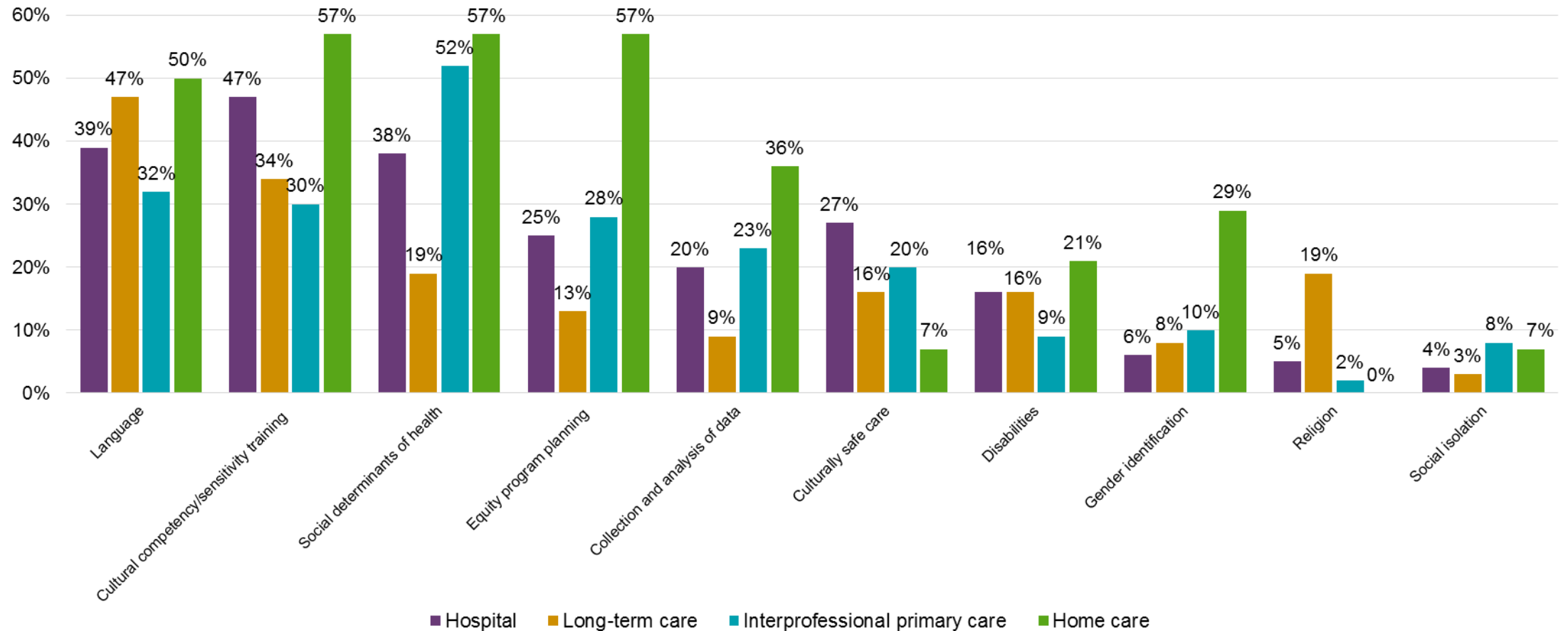
Of the 1031 QIPs submitted, how many addressed workplace violence prevention?

In the Staff Safety & Workplace Violence Prevention section of the QIP Narrative…

4%
of organizations (n=41) described staff health, wellness, or other safety issues rather than workplace violence prevention

9%
of organizations (n=97) included minimal comments or no comments related to workplace violence

87%
of organizations (n=893) addressed workplace violence prevention

- 93% of hospitals
- 86% of primary care organizations
- 100% of home care organizations
- 85% of long-term care homes
- 90% of multisector organizations

In the Workplan section of the QIP…

A total of **15** organizations submitted **17** indicators related to workplace violence

- 13 hospitals included a total of 15 indicators
- 2 long-term care homes included a total of two indicators

Exceptional achievement story
SW LHIN Home and Community Care: ED Visits and Readmissions

- **Who was the subpopulation?** The SW LHIN Home and Community care services focused on patients in their intensive Hospital to Home program who were experiencing readmissions

- **What did the SW LHIN do?** The LHIN used an outside of the walls approach; working with the CCAC, hospital and the service providers involved, and doing a debrief and a drill down of the episode, when a patient was readmitted.

- **How did the process change to support this work?** As well as the debriefs, if patients presented in the ED, post ED phone calls were done to troubleshoot issues with the patient to avoid future episodes if possible.

- **What was the outcome?** SW LHIN reported they have seen a large reduction in the number of ED visits and readmissions for this subpopulation.

Kreindler et al; Six ways not to improve patient flow: a qualitative study

…*Looking Back*

Home and Community Care Results

Progress on Priority Indicators

Percentage of home care organizations who progressed, maintained or worsened performance on priority indicators, compared over two years of reporting.
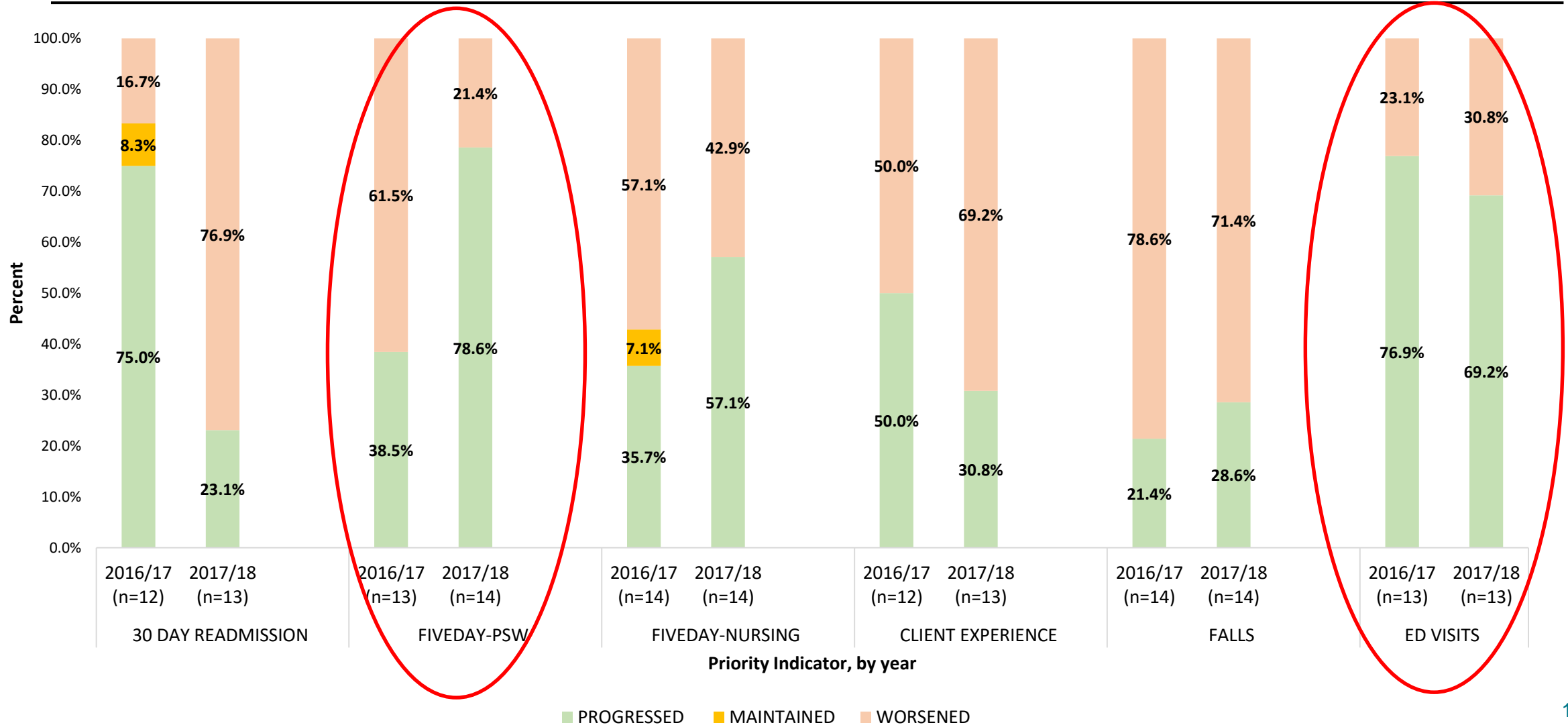
Key Home Care findings

- Noting that they were in a **transition**, some home care organizations mentioned focusing on ensuring safety during the transition and sustaining performance.

- Use of **patient experience navigators** as one means to improve patient experience

- Use of **linkages and partnerships with public health** to introduce preventative wellness programming with an aim to **reduce falls**

- **Strong partnerships** (100% reported partnering with hospitals and primary care) and strong representation with health links.

- CCACs took on partnership roles in advancing care and **reducing ALC rates.** Examples: spreading the Home First program, acting as Project leads for LHIN wide ALC change

A Closer Look at Wait Times
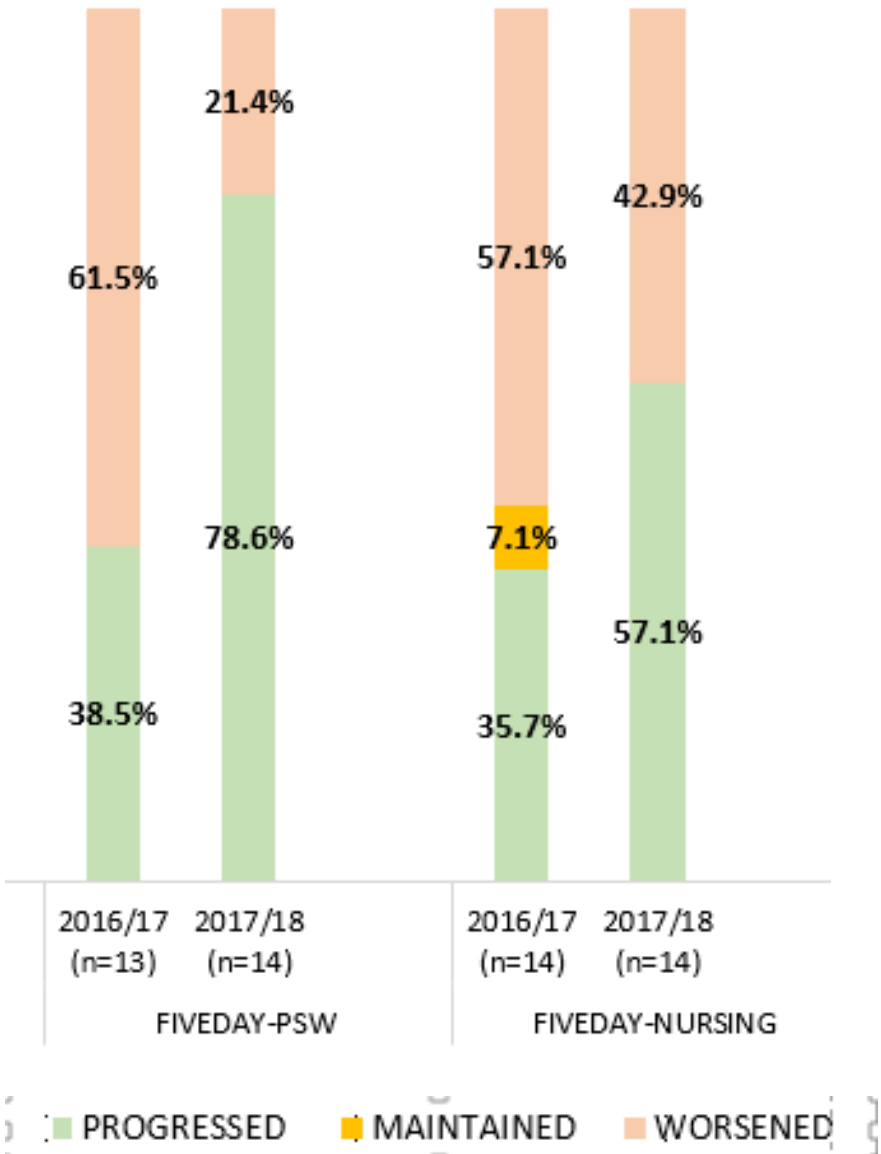
Workplan: Who plans to improve and how much?

Distribution of Targets Set for *Five-Day Wait Time for Home Care: Personal Support for Complex Patients Indicator* Selected by Home Care Organizations in Comparison to their Current Performance, QIP 2017/18

Calculated as TP-CP = 95-79.8 the absolute difference is 15.2% which falls into '>10%' interval
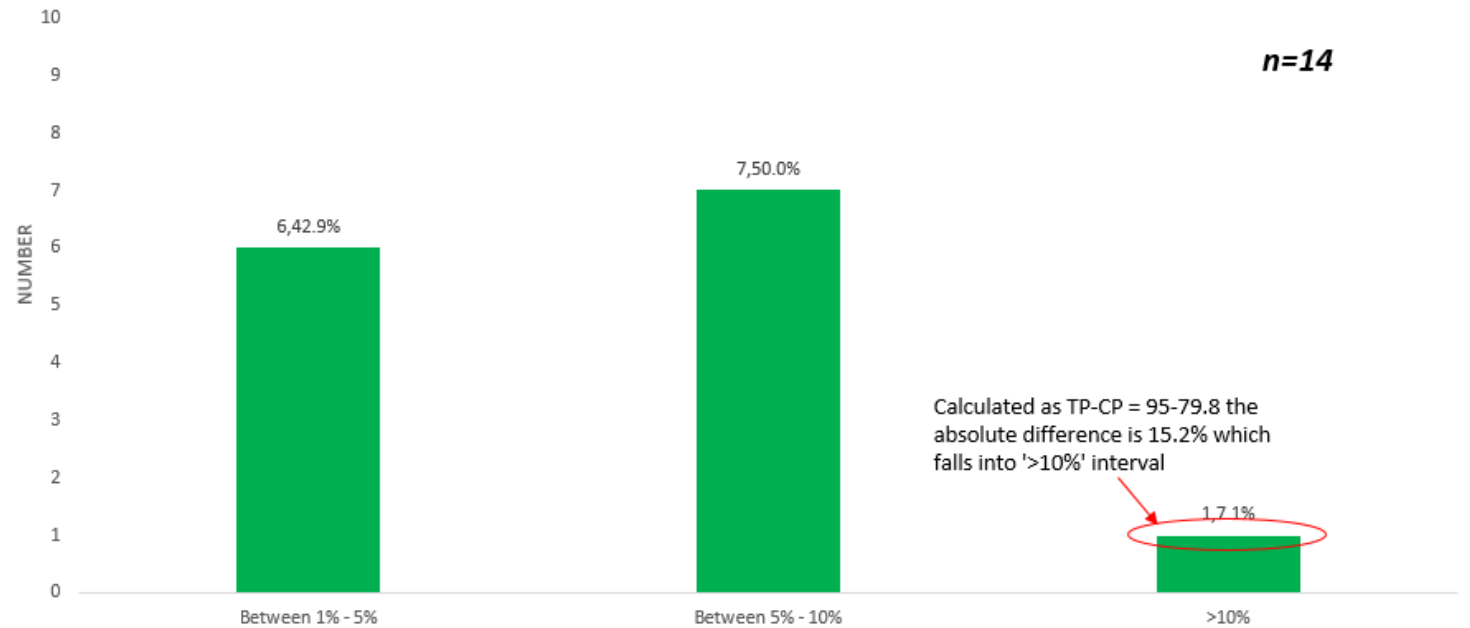
NOTE: ALL 14 HOME CARE ORGANIZATIONS HAVE SET IMPROVEMENT TARGETS

Target set in direction of improvement (better than CP)

Wait Time, PSW visits; Current Performance and Target Setting

Percent of complex patients who received their first personal support visit, within five days of service authorization. QIP 2017/18
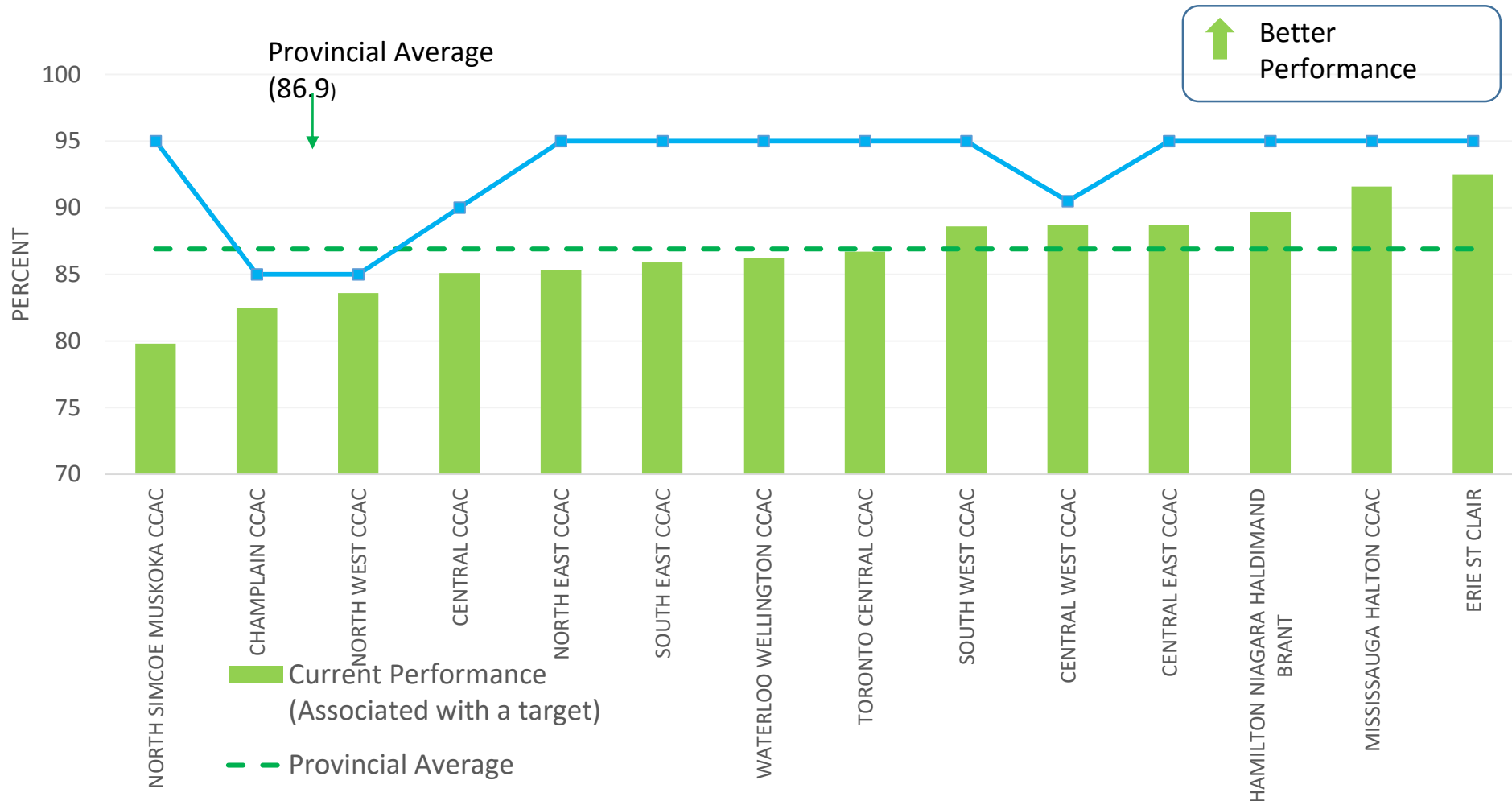
Wait Times, Common Change Ideas
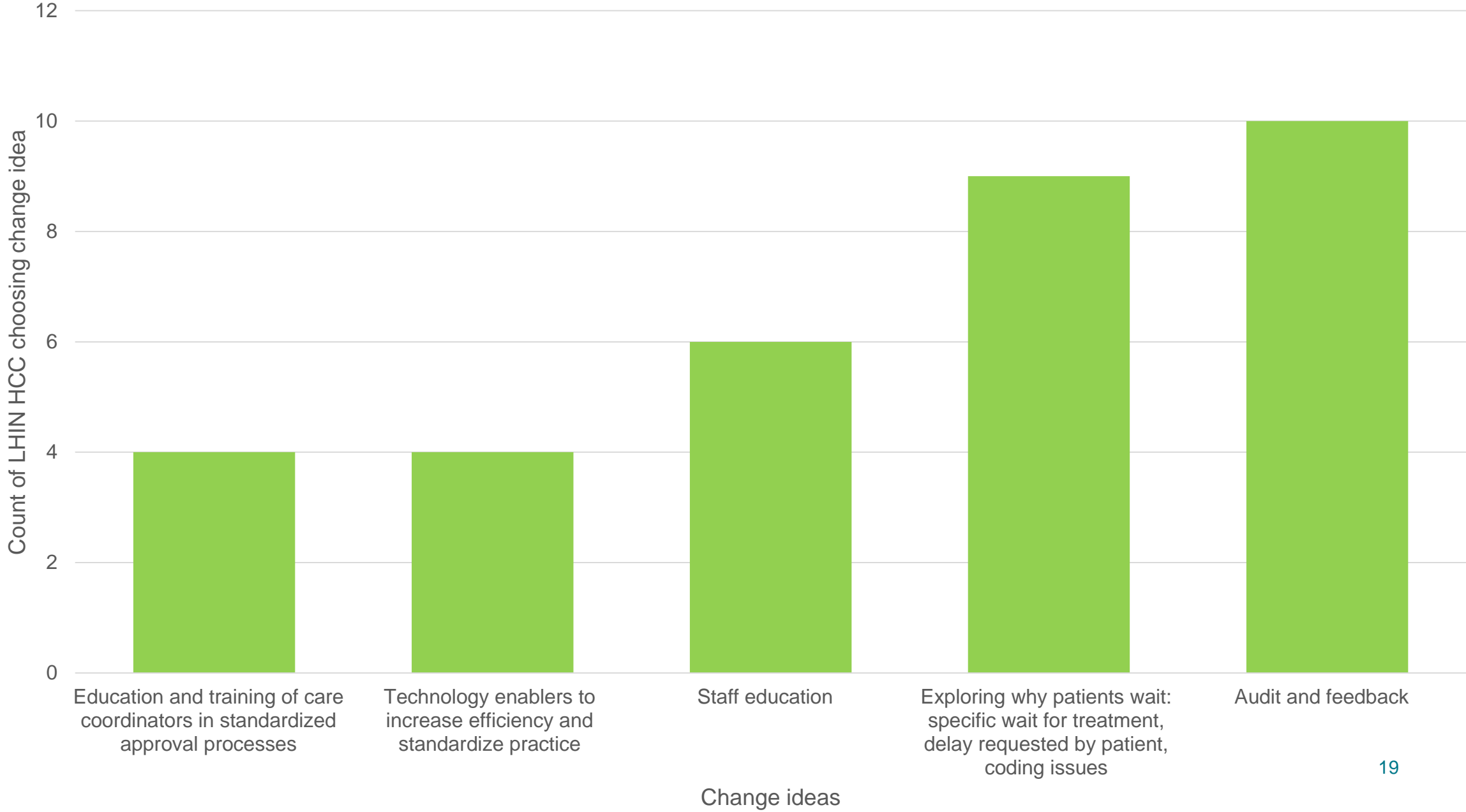
HNHB LHIN Home and Community Care:
Wait Times, Personal Support Workers 1st Visit (complex patients)

Subpopulation PSWs caring for complex patients

- **Establishing root cause:** Monthly reports provided to each service provider to investigate and report back to the CCAC to help identify root cause and strategies for improvement

What did the HNHB LHIN do?

- The results are reviewed with each Service Provider at their quarterly performance meeting.

- The overall number of complex personal support patients continue to remain low (avg. 142 per month total spread across 17 providers) therefore is a challenge to complete trending at an individual service provider level as each provider may have had only 1-2 patients who did not meet the target within the month.

How did the process change to support this work?

- In 2014/15 a Nursing 5 day dashboard was developed for nursing providers which was instrumental to monitor improvement strategies.

- In 2016/17 the dashboard was applied to complex personal support population for monitoring

Kreindler et al; Six ways not to improve patient flow: a qualitative study

A Closer Look at Emergency Department Visits

Workplan: Who plans to improve?

n=13

Distribution of Targets Set for *Reducing Emergency Department Visits indicator* Selected by Home Care Organizations in Comparison to their Current Performance, QIP 2017/18.

Left chart:
- 2016/17 (n=13): WORSENED 23.1%, PROGRESSED 76.9%
- 2017/18 (n=13): WORSENED 30.8%, PROGRESSED 69.2%
- ED VISITS

Legend: PROGRESSED | MAINTAINED | WORSENED

Right chart (NUMBER):
- Within 1%: 3,23.1% — 3 CCACs have set retrograde targets
- Maintain: 2,15.4%
- Within 1%: 6,46.2%
- Between 1% - 5%: 2,15.4% — Calculated as TP-CP = 7 - 9.59 the absolute difference is 2.59% which falls into 'Between 1% - 5%' interval

Legend:
- Target set in direction of improvement (better than CP)
- Target set to maintain
- Target set worse than CP

Emergency Department visits: Current Performance and Target Setting

Percentage of Home Care patients with ED visits: QIP 2017/18
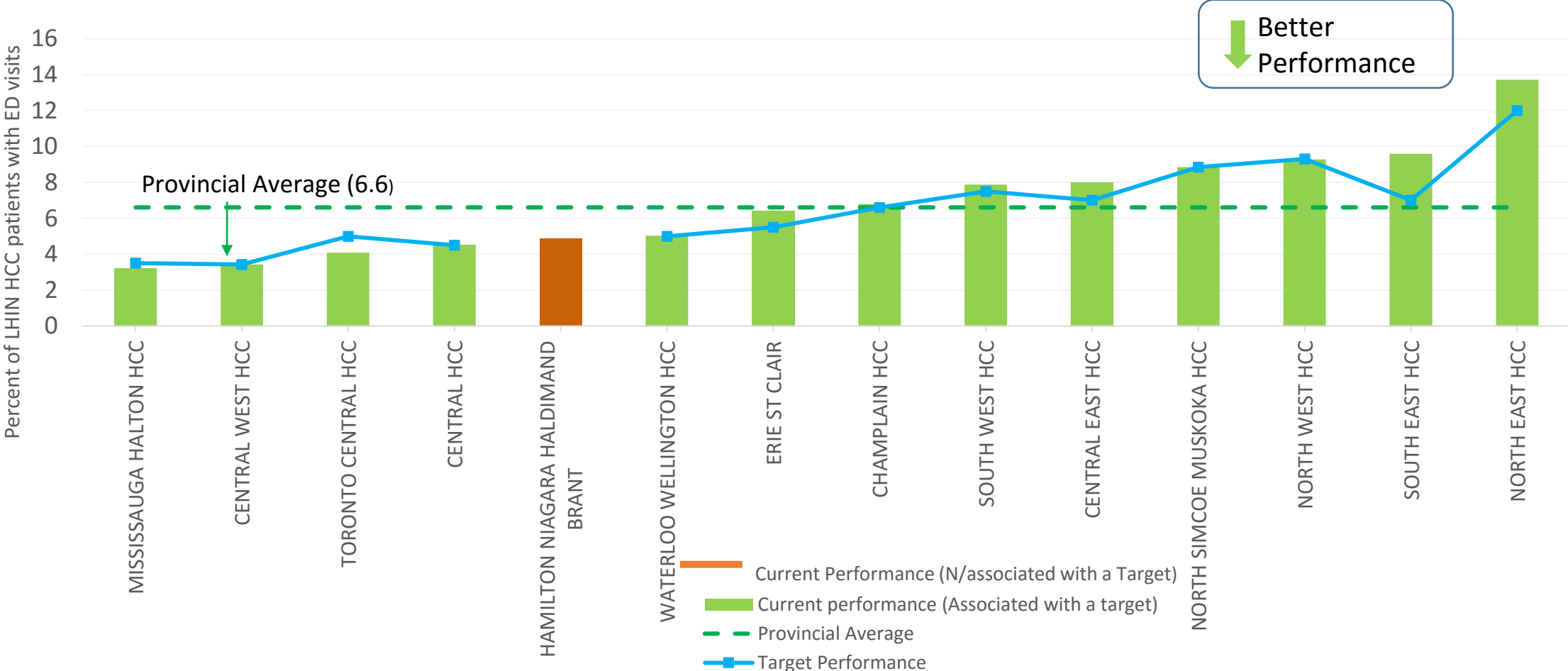
Emergency Department Visits, Common Change Ideas
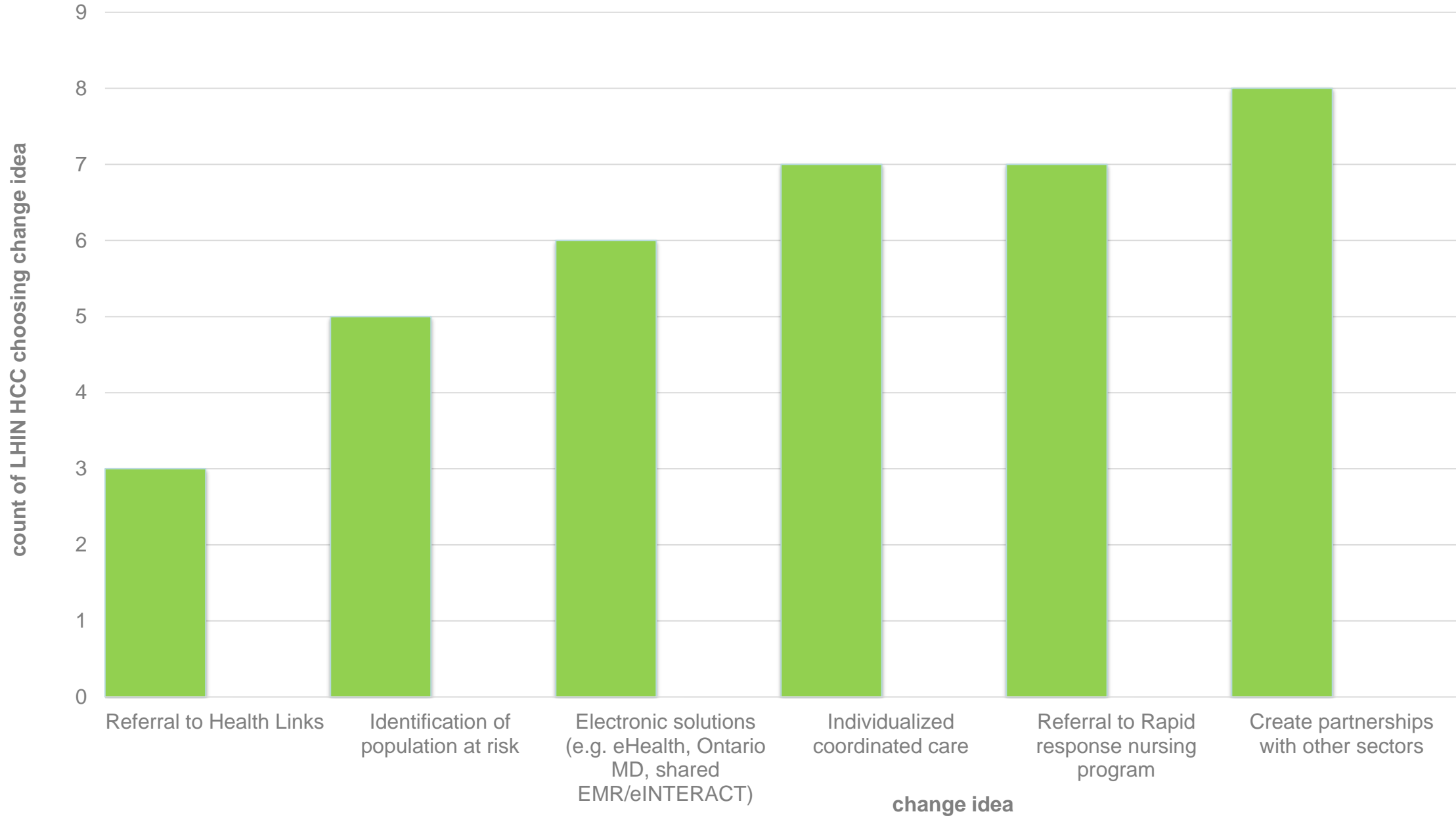
NW LHIN Home and Community Care: Reducing Emergency Department Visits

Subpopulation Patients scoring 3, 4, or 5 on the DIVERT scale

What did the NW LHIN do?

- Implemented the DIVERT scale algorithm in Fort Frances and Kenora. Rapid Response Nursing was added for all appropriate patients who scored levels 3, 4 & 5 on the DIVERT scale.

- The RRN service allows an in-depth review of the patient's status and medications in their home, in addition to the RAI Re-Assessment which triggers the alert.

How did the process change to support this work?

Automated notification of patients with DIVERT scores of 3,4, or 5 referred to the RRN program.

Outcomes: In past 6 months (Aug 2016-Jan 2017), 29 patients have received RRN service following a DIVERT Scale alert. The RRNs were able to respond to the potential need for extra care and attempt to prevent a visit to the emergency department. Longer term impacts and results of implementing this service will be assessed over time.

Looking Forward

2018/19 QIPs

The QIP Consultation Process

Patient, Family, and Public Advisors Council

QIP Advisory Committee

Branches and departments at Health Quality Ontario

Sector associations

External data organizations

QI leads from various organizations

Data from the QIP

MOHLTC and LHINs

Initial issues and indicator matrix

Ongoing consultations

2018/19 QIP issues & indicators

QIP Workplan: Indicators

There are four types of indicators:

- **Mandatory (NEW)**
  - <u>REQUIRED</u> in QIP; tied to issues where province-wide improvement is urgently required
  - set by Minister upon consideration of advice from Health Quality Ontario (regulation 187/15 under the *Excellent Care for All Act, 2010*; only applies to Hospital sector)

- **Priority**
  - reflect organizational and sector-specific priorities, as well as system-wide, transformational priorities where improved performance is co-dependent on collaboration with other sectors.
  - <u>Recommended, not required</u>. Must justify decision not to include in QIP

- **Additional**
  - measure important areas for QI and can be included in your QIP to reflect your organization's specific QI goals and opportunities

- **Custom**
  - any other indicators your organization includes in your QIP

Quality Issues and Indicators for the 2018/19 QIPs

		Hospital	Primary Care	Home Care	Long-Term Care
Effective	**Effective transitions**	• Readmission for one of CHF, COPD or stroke (QBP) **(P)** • Readmission for mental health and addiction **(P)** • Patient received enough information on discharge **(P)** • Discharge summaries sent within 48 h of discharge **(A)**	• 7-day post-discharge follow-up (any provider) **(P)** • 7-day post-discharge follow-up for select conditions (CHC) **(P)** • Hospital readmissions for select conditions **(A)**	• Hospital readmissions **(P)** • Unplanned ED visits **(P)**	• Potentially avoidable ED visits for ambulatory care-sensitive conditions **(P)**
	Coordinating care	• Identify patients with complex health needs (Health Links) **(A)**	• Identify patients with complex health needs (Health Links) **(A)**	• Identify patients with complex health needs (Health Links) **(A)**	
	Treatment of pain and use of opioids	• Narrative	• Narrative	• Narrative	• Narrative
	Wound care	• Pressure ulcers **(A)**	• Diabetic foot ulcer risk assessment **(A)**	• Education & self-management **(A)** • Closed diabetic foot ulcer **(A)**	• Pressure ulcers **(A)**
Patient-centred	**Palliative care**	• Home support for discharged palliative patients **(P)**		• End of life, died in preferred place of death **(P)**	
	Person experience	• Would you recommend? (IP/ED) **(P)** • Time to acknowledge complaints **(A)**	• Patient involvement in decisions about care **(P)**	• Client experience **(P)** • Time to acknowledge complaints **(A)**	• Resident experience **(P)** • Time to acknowledge complaints **(A)**
Efficient	**Access to right level of care**	• Narrative • Alternative level of care rate **(P)**	• Narrative	• Narrative	• Narrative
Safe	**Safe care/ medication safety**	• Medication reconciliation (discharge) **(P)** • Medication reconciliation (admission) **(A)** • Use of physical restraints in mental health patients **(A)** • Antibiotic-free days (ICU) **(A)**	• Medication reconciliation **(A)**	• Falls for long-stay clients **(P)**	• Prescribing of antipsychotic medications **(P)** • Restraints **(A)** • Falls **(A)**
	Workplace violence	• Narrative • Overall incidents of workplace violence **(M)**	• Narrative	• Narrative	• Narrative
Timely	**Timely access to care/services**	• ED length of stay (complex) **(A)**	• Timely access to primary care (patient perception) **(P)**	• Wait time for home care (personal support worker, nurse) **(P)**	
Equitable	**Population health/equity considerations**	• Narrative	• Narrative • Glycated hemoglobin testing **(A)** • Colorectal & cervical cancer screening **(A)**	• Narrative	• Narrative

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

2018/19 QIP Indicators: Home Care

- Hospital readmissions
- Unplanned ED visits
- Identify complex patients (Health Links)
- End of life, preferred place of death
- Client experience
- Wait time: nursing visits
- Wait time: personal support
- Falls for long stay clients
- Percent complaints acknowledged
- Closed diabetic foot ulcer
- Education and self management (DFU)

RETIRED N/A

MODIFIED N/A

NEW
- Percent complaints acknowledged (A)
- Closed diabetic foot ulcer (A)
- Education and self management (DFU) (A)

QIP Narrative

2018/19

- Overview

- QI achievements from the past year

- Collaboration and integration

- Engagement of leadership, clinicians and staff

- Patient/resident engagement and relations

- Workplace violence and prevention

- Population health and equity

- Alternate level of care

- Opioid prescribing and opioid use disorder in the treatment of pain

Patient/Resident Engagement and Relations

There is a spectrum of approaches for engaging patients / clients / residents, including sharing, consulting, deliberating, and collaborating with advisors.

Describe how your organization has engaged your patients / clients / residents in the development and implementation of your quality improvement plan and quality improvement activities over the past year. What do you have planned for the year ahead?

Population Health and Equity (collapsed)

How has your organization addressed/recognized the needs of unique populations in its quality improvement efforts including, for example, indigenous and francophone communities? How has your organization worked to promote health equity through your quality improvement initiatives?

Workplace Violence and Prevention

Please describe how workplace violence prevention is a strategic priority for your organization. For example, is it included in your strategic plan or do you report on it to your board?

Upcoming resources

- Quality Improvement Plan Guidance: Workplace Violence Prevention

- Insights into Quality Improvement: Workplace Violence Prevention from the 2017/18 Quality Improvement Plans

- Health Quality Compass section on workplace violence prevention

- Webinar- December 12 2017

Opioids Prescribing and Opioid Use Disorder in the Treatment of Pain

Describe what steps your organization is taking to support the effective treatment of pain including opioids treatment practices and promoting alternatives to treatment.

Prompts: Think about access to addiction services, social services, (sub) populations, etc.

Navigator Key Dates and Timelines

- Navigator will launch by November 30, 2017

- 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

- Ensure the QIP is on your Board's calendar prior to April 1, 2018 submission.
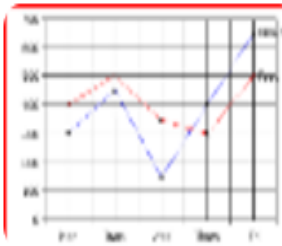
Navigator Enhancements: Progress Report (PR)

- Current performance in Progress Report and Workplan automatically linked

- Ability to add new change ideas

- Ability to export full Progress Report template

- Format change of Progress Report – change ideas moved up, comments optional

- Ability to add graphic/results (graphs)

Navigator Enhancements: Workplan

- Addition of resources (links) to change ideas window

- Ability to change order of change ideas

- Automated calculations for surveys

- Ability to export full workplan template

Other Enhancements	Improved automated password reset process	Ability to export full Narrative template	New 'simplified' Query QIP report (issue + sector)

Thank you.

LET'S CONTINUE THE CONVERSATION:

hqontario.ca

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HealthQualityOntario

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Health Quality Ontario

qip@hqontario.ca

**Health Quality Ontario**

Let's make our health system healthier

Learn about shareable ideas in 5 Steps using Query QIP

1. Go to HQO's Navigator website. Search for "HQO Navigator" in your internet browser and click on this site. You don't need to login, as Query QIP is publically available.

2. Click on the "Query QIP" tab at the top of the webpage, and you will see a drop down menu of options.

3. Decide if you want to search by text or by indicator, and if you want to search the Narrative, Workplan or Progress Report. Each report is created separately.

4. If you select "text" (and not indicator), enter the term / text you want to search in the first field. If you select "indicator" (and not text), consider if this indicator is a priority, additional or custom QIP indicator. Select this as a parameter before selecting the indicator you want to search. If you don't know if the indicator is a priority, addition or custom indicator, simply select all three. Answer each of the other fields in turn to complete your report parameters.

5. To see each use of the term / text in the report you are creating, make sure you say "yes" to the last question, which highlights your text word with every instance of its use in the report.

If you have any trouble using Query QIP, or any of the Navigator functionality email: qip@hqontario.ca .

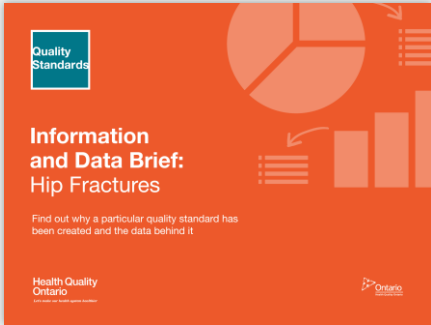# Get connected to Quality Standards. Each quality standard focuses on a certain health care issue and consists of:
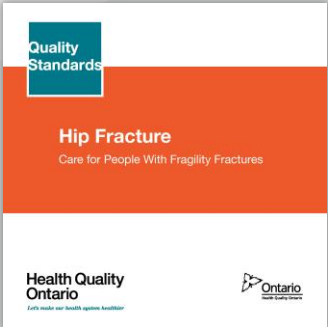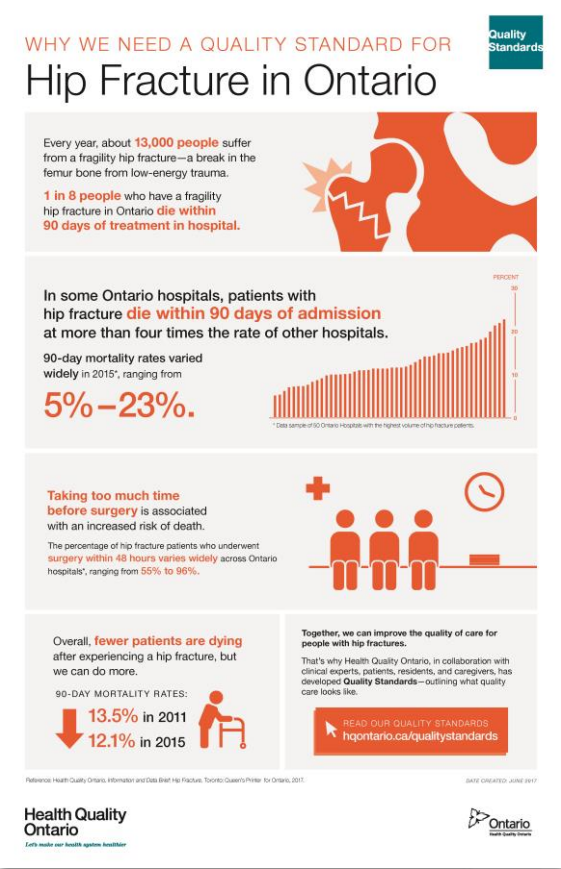

Clinical Guide

Recommendations for Adoption

Patient Guide

Information and Data Brief

Data Infographic

A **Getting Started Guide** and **Action Plan Template** to assist providers, teams and organizations to use the quality standard and prioritize quality statements to guide improvement.

Patient Engagement

Helping patients and the system engage through tools and resources

Ontario's Patient Engagement Framework
Creating a strong culture of patient engagement to support high quality health care

Health Quality Ontario

Ontario

Engaging with Patients and Caregivers about Quality Improvement

A Guide for Health Care Providers

Let's make our health system healthier

Ontario