

Looking Back and Looking Forward: Planning for the 2017/18 Hospital QIPs

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Learning Objectives

- 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

Embrace Health Quality

● A health system with a culture of quality is . . .



● . . . and can only happen when we



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

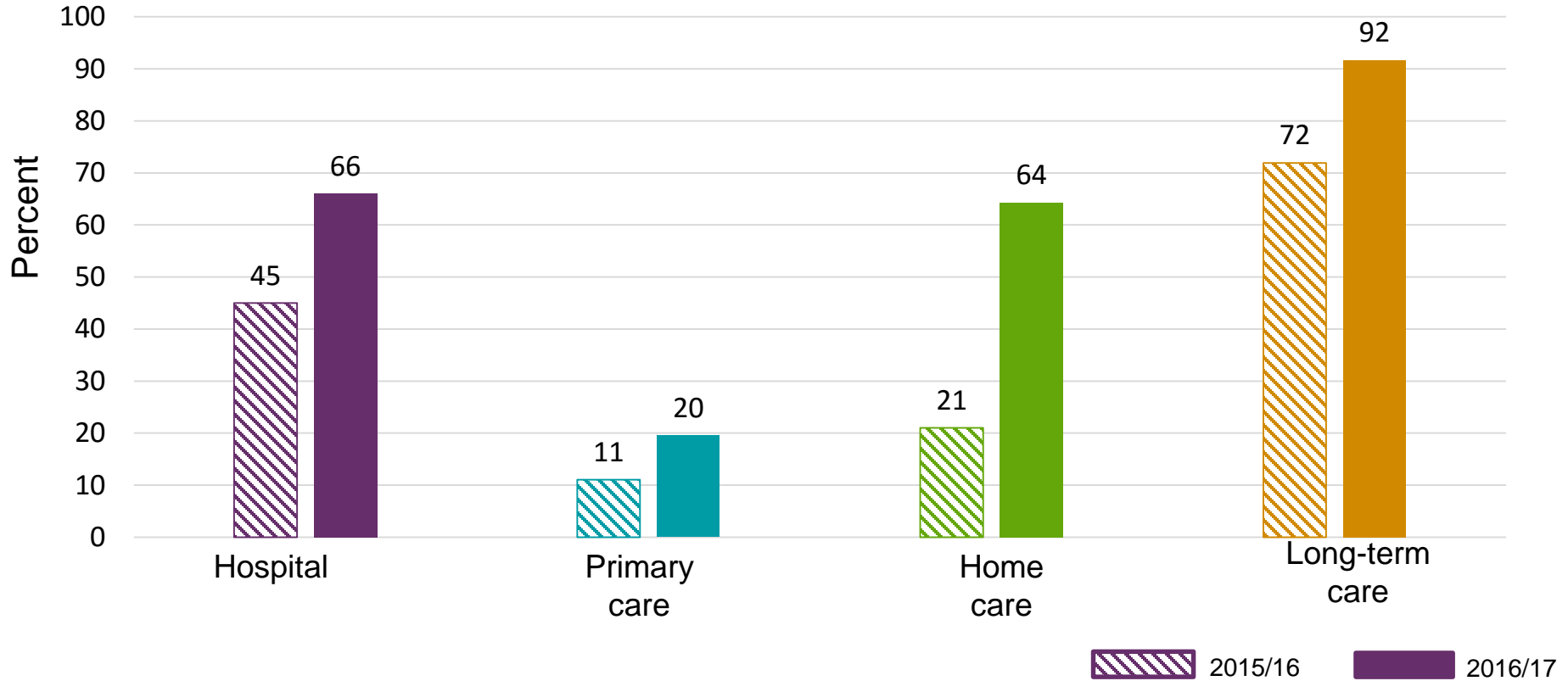
www.hqontario.ca



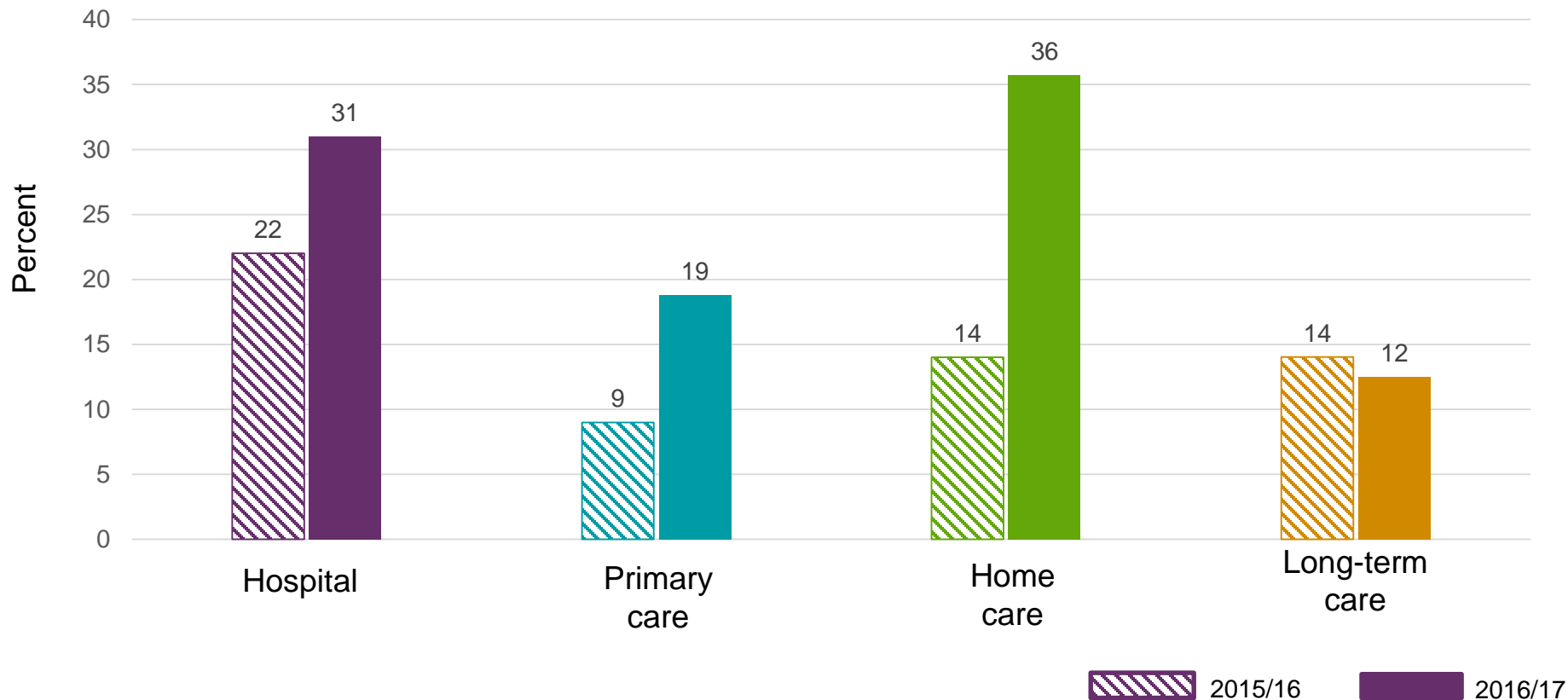
Key Observations – Overarching

- 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.

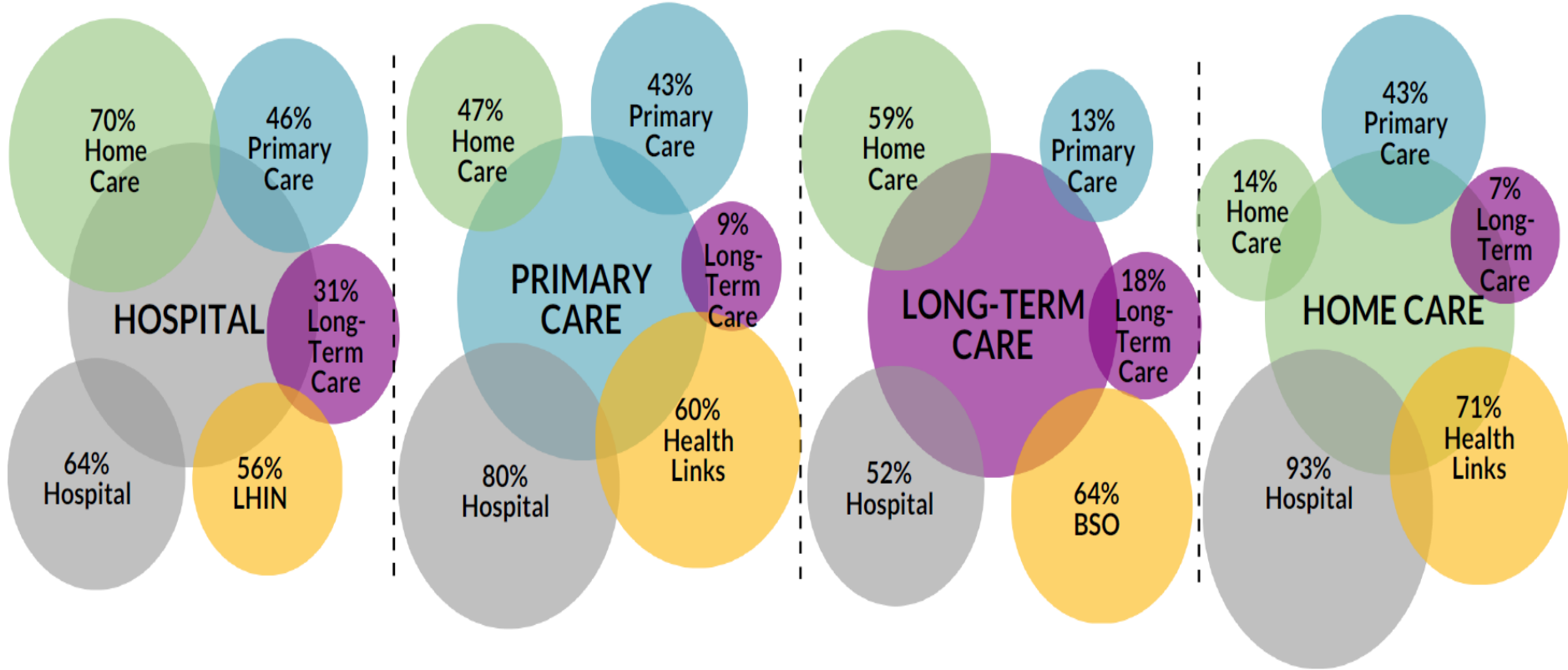
Percentage of organizations that reported engaging patient advisory councils and forums in development of 2015/16 QIPs and 2016/17 QIPs across all four sectors



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



Sector Collaboration



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

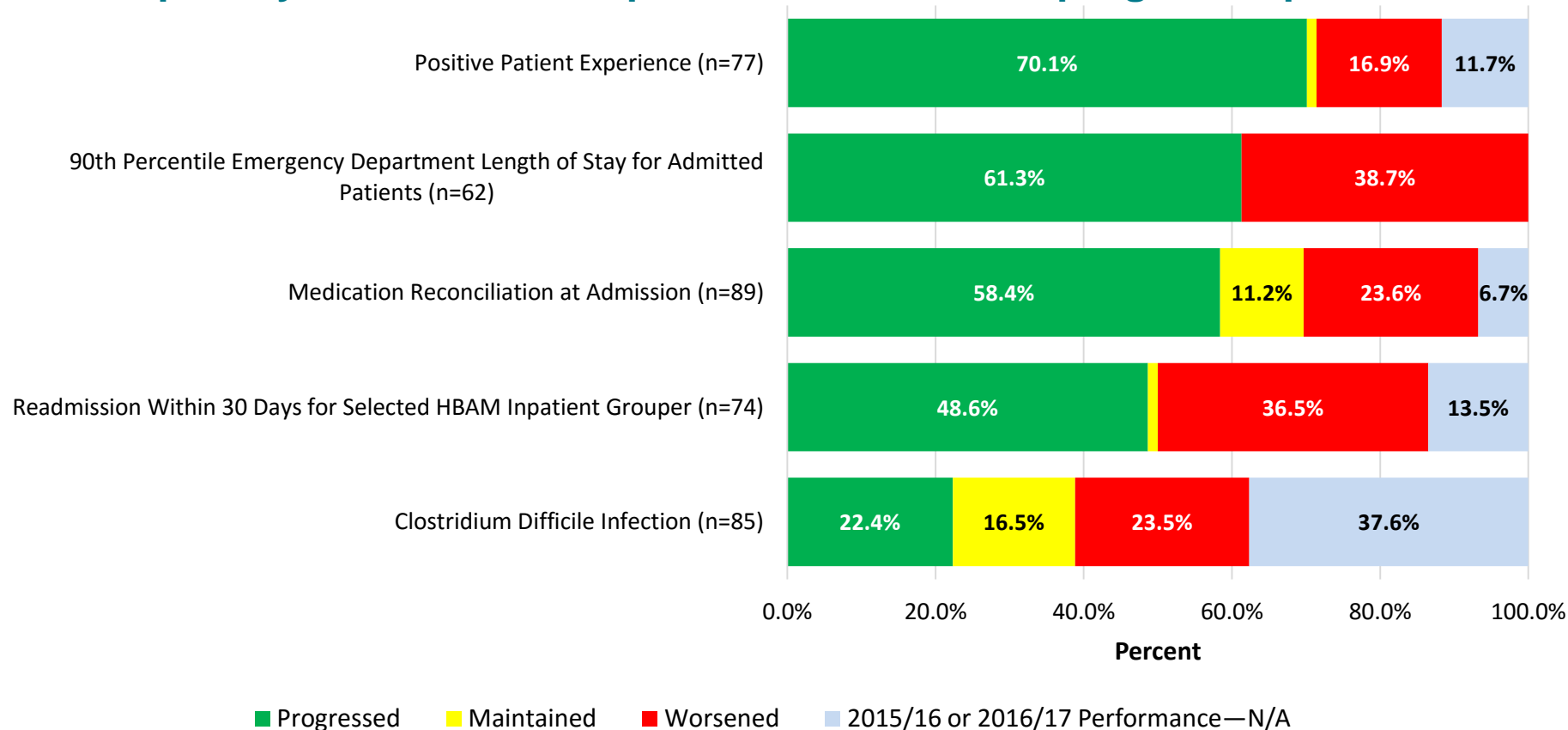
REFLECTIONS ON THE 2016/17 QIPs: LOOKING BACK

Key observations – hospitals

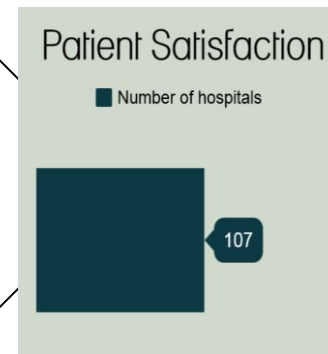
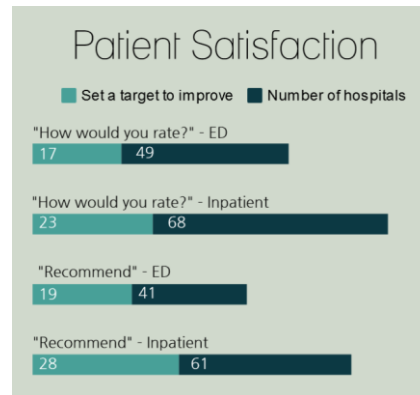
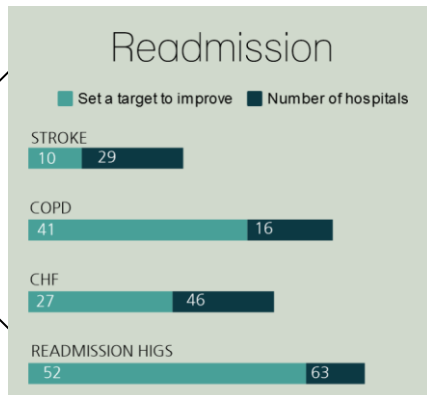
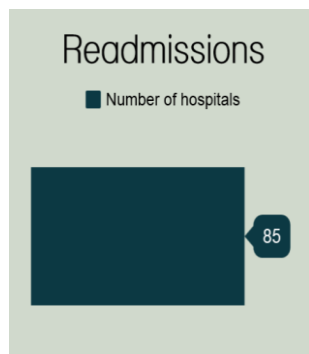
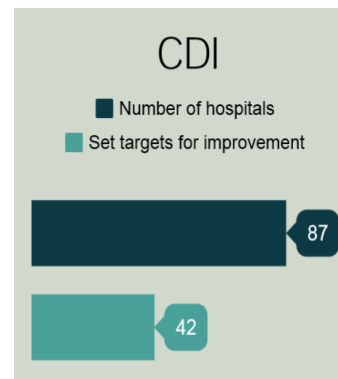
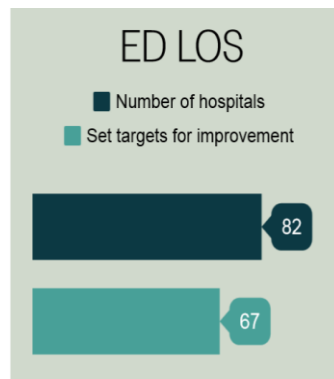
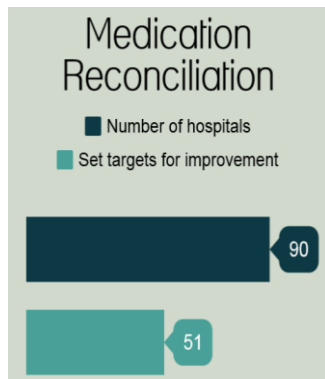
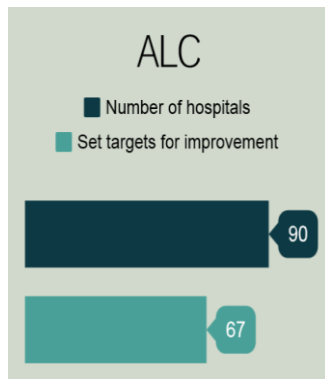
- The area where the most hospitals reported progress was positive patient experience (70%), followed by emergency department length of stay (61%)
- Hospitals have customized their QIPs to meet their local needs, with organizations reporting on indicators related to surgical care (23 hospitals), mental health (19), and palliative care (19).
- Approximately half of hospitals described working with their LHIN on QI initiatives.
- More hospitals described how they linked patient compliments, complaints, patient relations, and critical incidents to their QI work (54% in 2016/17 QIPs compared with 36% in 2015/16 QIPs).

Looking back: percentage of hospitals in Ontario that progressed, maintained or worsened in their performance between 2015/16 QIP and 2016/17 QIP on priority indicators, as reported in 2016/17 QIP progress report

Hospital Priority Indicators



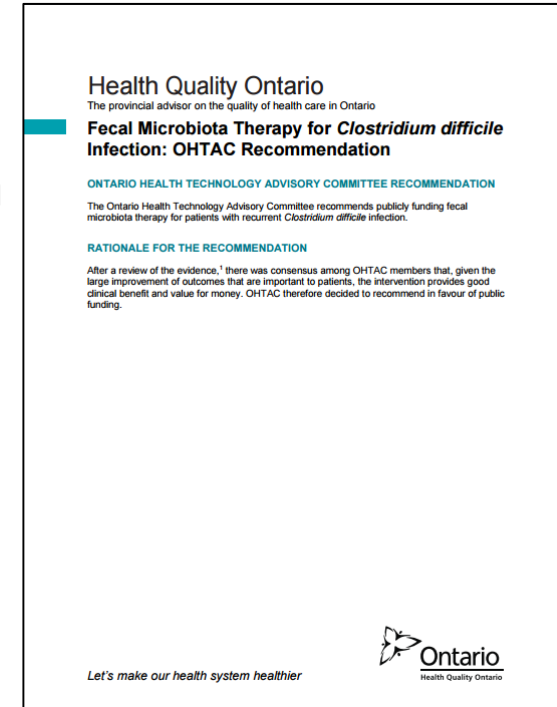
Number of hospitals in Ontario that selected a priority indicator, and the number that set a target to improve, as reported in 2016/17 QIP workplan



ISSUES

C. difficile infection and medication reconciliation

- Organizations are performing well
 - CDI 0.27; MedRec 90%
- Antibiotic stewardship the most common change idea to reduce *C. difficile*, and several using fecal microbiota therapy
- ~ 1/3 of hospitals set a target to maintain, and all organizations targeting improvement in MedRec set target within 1% of current performance



ED length of stay for admitted patients

- 61.3% of hospitals made progress
 - May signal payoff of partnerships and focus on ED avoidance
- Common implemented change ideas: standardized care, patient flow, audit and feedback, staff education, and innovative staffing models
 - Change ideas relating to bed management and patient flow
 - Audit and feedback
 - Staff education
 - Innovative staffing models

90th percentile ED LOS for admitted patients in Ontario, QIP 2016/17

↓ Better Performance

These organizations are performing poorly yet did not include the indicator in QIP

Set target is retrograde (worse than current performance)

Set target is retrograde (worse than current performance)

Provincial Average (28.7)

25th Percentile

50th Percentile

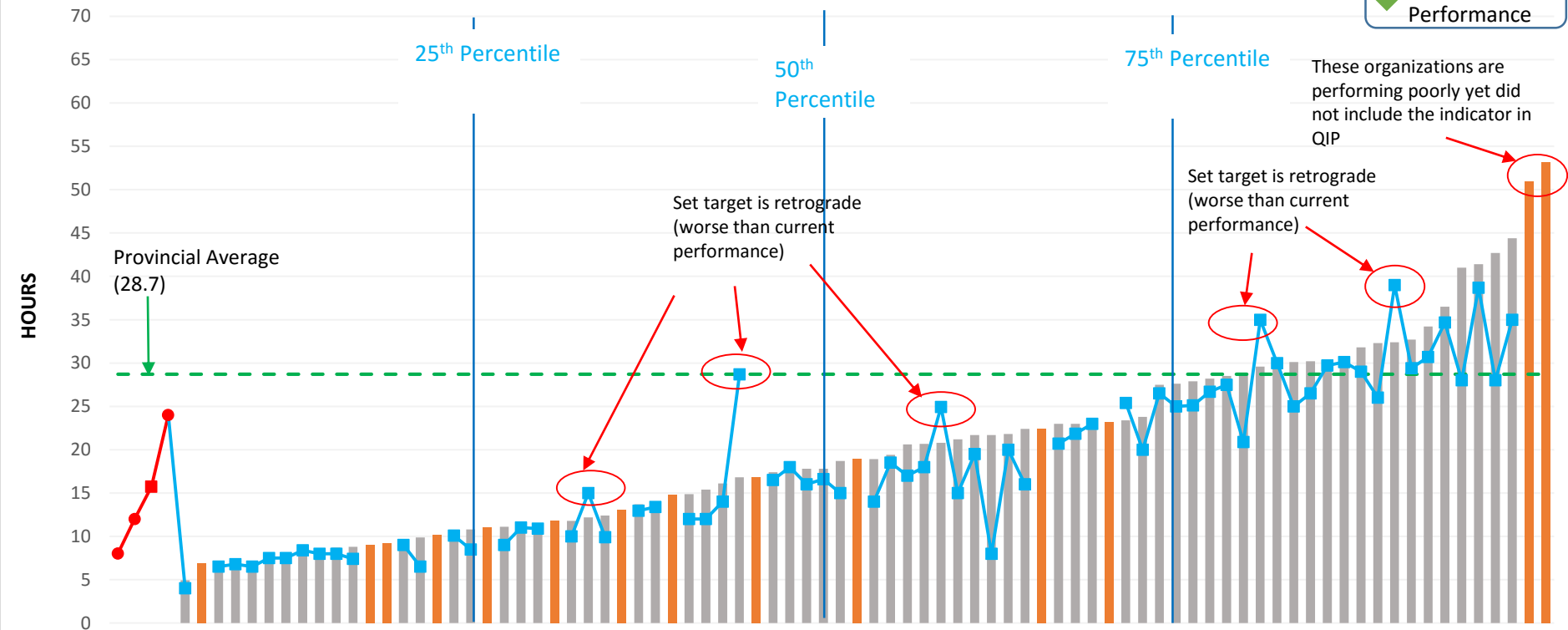
75th Percentile

HOURS

Range: 6.9 - 53.2 (Hours)
Median: 18.9 (Hours)

HOSPITALS (n=86)

- Current Performance (Not associated with a Target)
- Hospitals Set Target where Current Performance is blank
- Current Performance (Associated with a Target)
- Target Performance



Positive patient experience

The most commonly implemented change ideas

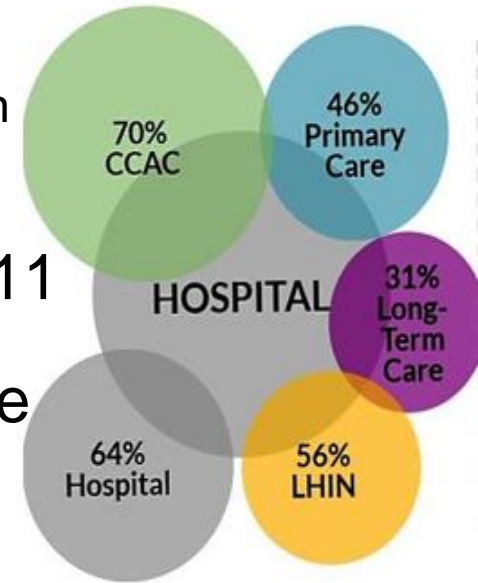
- Audit and feedback
- Education of health care professionals and leadership
- Consult patients and families in quality improvement
- Improved communication
- Engage patients and families to be involved in their care

“Tell me and I forget, teach me and I may remember, involve me and I learn.”

— Benjamin Franklin

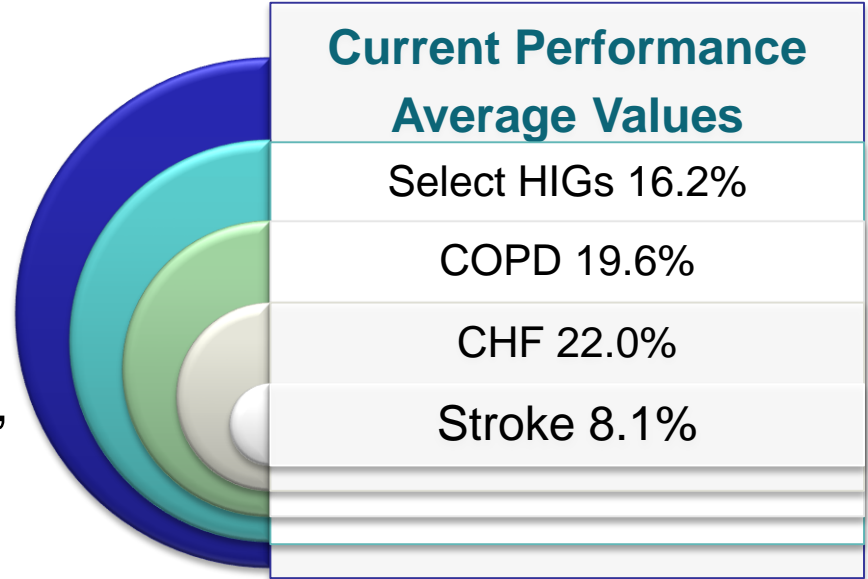
Alternate level of care

- Most commonly implemented change ideas
 - Predictive models, bed utilization, “Home First”, admission assessment and referral, staff education
- ALC rate remains largely unchanged since 2011
- Nearly half of ALC-designated patients in acute and post-acute care beds waiting for LTC
- Collaborative QIP efforts



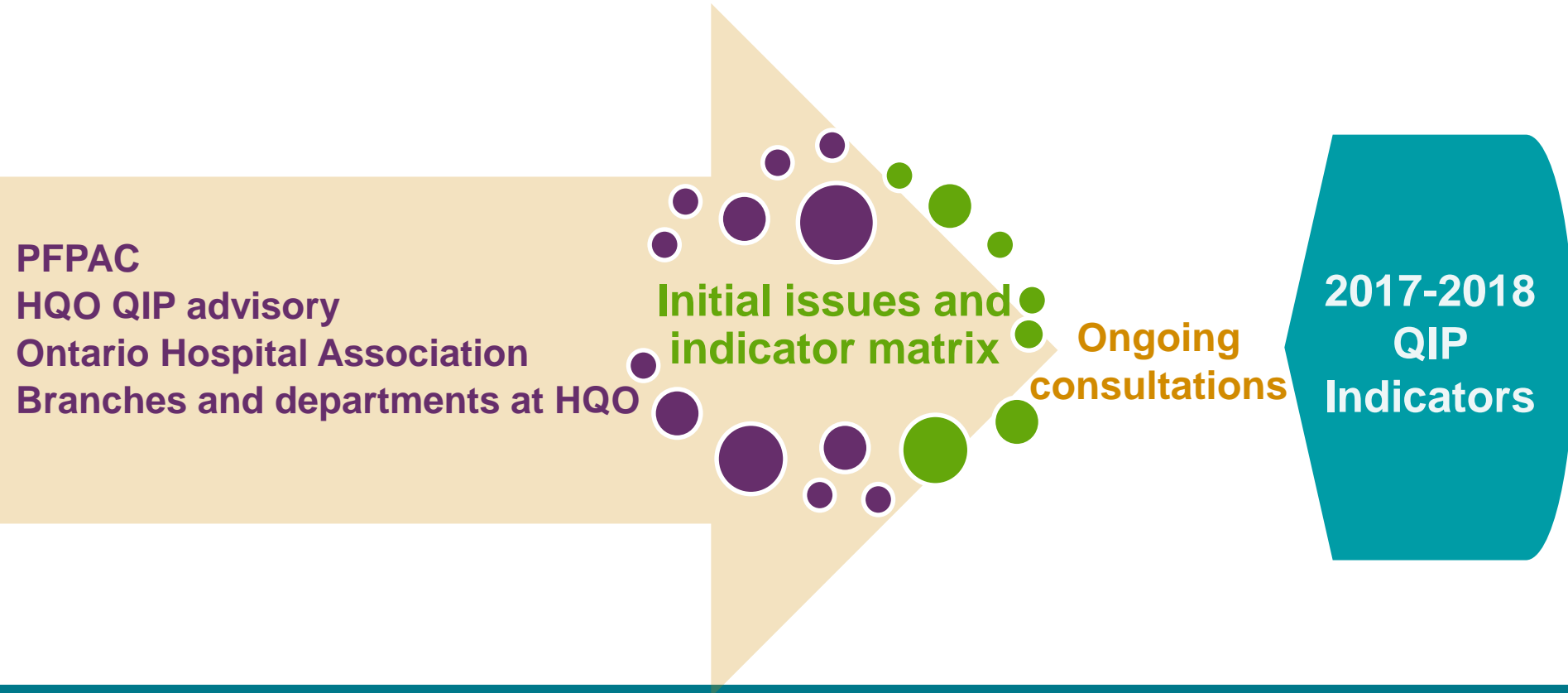
Readmissions

- Rate for select HIGs remained consistent over the last 3 years
- Common change ideas
 - Partnerships, individualized care plans, risk assessments, timely follow-up with primary care, patient education



LOOKING FORWARD 2017/18

The QIP consultation process

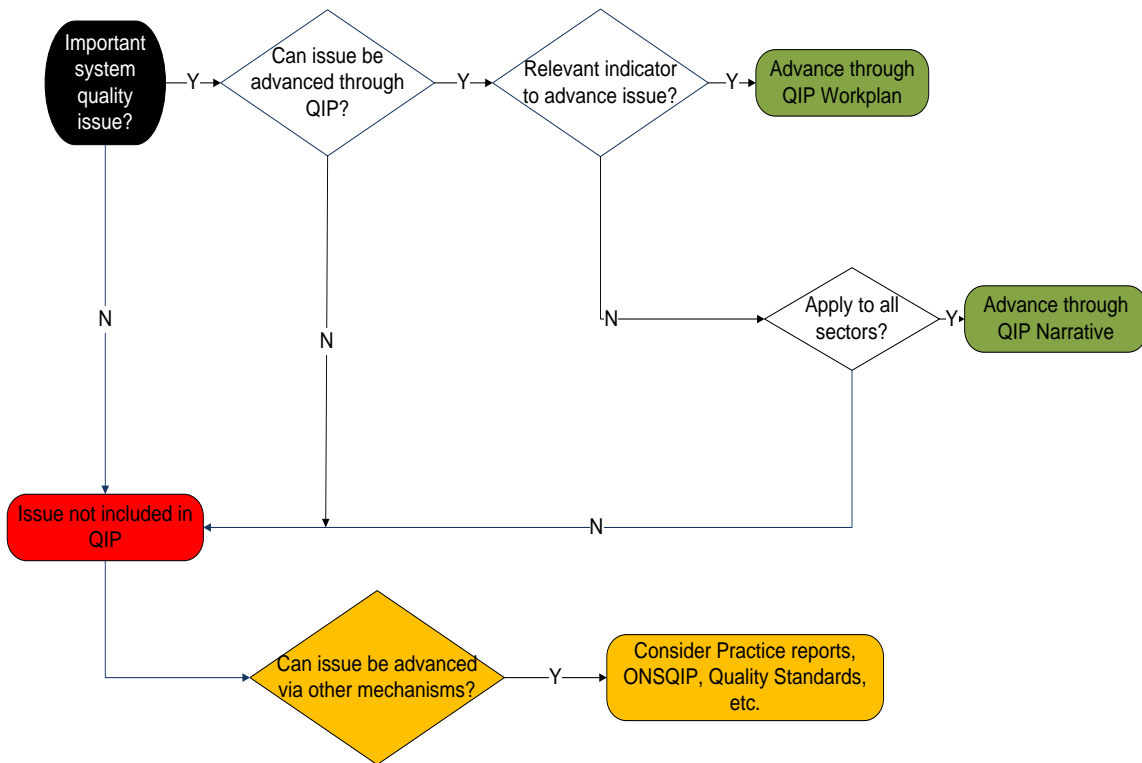


Advancing an issue through the QIP

Example: Right care, right time, right place

Indicator: ALC rate

- ✓ Important as ALC rate remains unchanged over the last 3 years, and is an indicator requiring cross sector work
- ✓ This indicator already advanced through Health System Performance, and MSAAs
- ✓ Can be advanced through QIP
- ✓ From an issues perspective, important that people cared for in right place at right time and that sectors work together. Adding this to the QIP promotes cross sectoral partnerships, sharing of ideas that work.



Quality Issues and Indicators for the 2017/18 QIPs

	Hospital	Primary Care	Home Care	Long-Term Care
Effective	Effective transitions <ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> Hospital readmissions for select conditions (A) 7-day post-discharge follow-up (physician) (P) 7-day post-discharge follow-up (any provider) (A) 	<ul style="list-style-type: none"> Hospital readmissions (P) Unplanned ED visits (P) 	<ul style="list-style-type: none"> Potentially avoidable ED visits (P)
	Coordinating care <ul style="list-style-type: none"> Narrative Identify complex patients (Health Links) (A) 	<ul style="list-style-type: none"> Narrative Identify complex patients (Health Links) (A) 	<ul style="list-style-type: none"> Narrative Identify complex patients (Health Links) (A) 	<ul style="list-style-type: none"> Narrative
	Population health <ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative Glycated hemoglobin testing (A) Colorectal and cervical cancer screening (A) 	<ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative
Patient-centred	Palliative care <ul style="list-style-type: none"> Home support for discharged palliative patients (P) 		<ul style="list-style-type: none"> End of life, died in preferred place of death (A) 	
	Person experience <ul style="list-style-type: none"> Narrative Patient experience (P) 	<ul style="list-style-type: none"> Narrative Patient involvement (P) 	<ul style="list-style-type: none"> Narrative Client experience (P) 	<ul style="list-style-type: none"> Narrative Resident experience (P)
Efficient	Access to right level of care <ul style="list-style-type: none"> Narrative Alternative level of care rate (P) 	<ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative
Safe	Safe care <ul style="list-style-type: none"> Pressure ulcers (A), use of physical restraints in mental health patients (A) 		<ul style="list-style-type: none"> Falls for long-stay clients (P) 	<ul style="list-style-type: none"> Pressure ulcers, (A) restraints (A), falls (A)
	Medication safety <ul style="list-style-type: none"> Medication reconciliation (admission) (P) Medication reconciliation (discharge) (P) 	<ul style="list-style-type: none"> Medication reconciliation (A) 		<ul style="list-style-type: none"> Potentially inappropriate prescribing of antipsychotic medications (P)
	Workplace safety <ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative
Timely	Timely access to care/services <ul style="list-style-type: none"> ED length of stay (complex) (P) 	<ul style="list-style-type: none"> Timely access to primary care (patient perception) (P) 	<ul style="list-style-type: none"> Wait time for home care (personal support worker, nurse) (P) 	
Equitable	Equity <ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative

Legend: (P): Priority indicator

(A): Additional indicator

(QBP): Indicator related to quality-based procedures

2017/18 QIP Indicators: Hospitals

- 30 day readmission for select HIGs
- 30 day readmission for CHF, COPD, stroke (QBP)
- 90th percentile ED wait times (admitted)
- Physical restraints in mental health
- Pressure ulcers for ccc
- Medication reconciliation (admission)
- Medication reconciliation (discharge)
- Home support for discharged palliative patients
- ALC rate
- Positive patient experience: Would you recommend (IP and ED)
- Clostridium Difficile Infection
- 30 day readmission for mental health or addiction
- Patient experience: Leaving hospital did you receive enough information....
- Discharge summaries sent within 48 hours of discharge
- Identifying complex patients (health links)

RETIRED

- Positive patient experience: Overall satisfaction
- ALC Days
- Hand hygiene, CLI, VAP, falls, SSC, CDI

MODIFIED

- 30 day readmissions select HIGS (A)
- 90th percentile ED waits (complex)
- Medication reconciliation admission and discharge (P)

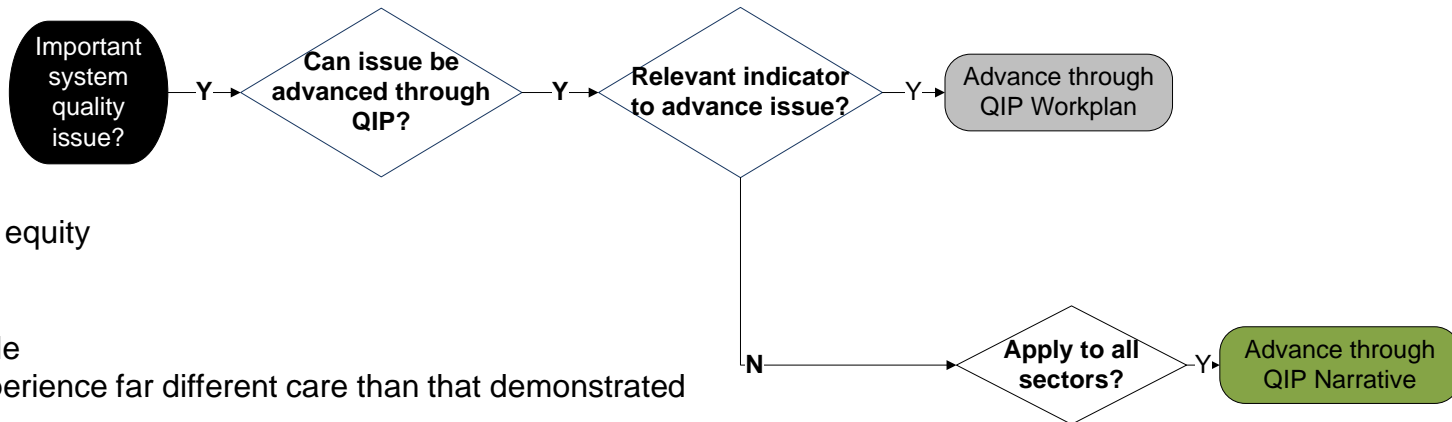
NEW

- 30 day readmission for mental health or addiction (A)
- Patient experience: Leaving hospital did you receive enough information.... (P)
- Discharge summaries sent within 48 hours of discharge (A)
- Identifying complex patients (health links) (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

✗ 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.

Proposed Narrative Questions, 2017/18 QIP

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 (ALC)



Did you know you can upload logos, pictures and graphs in the 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

*Key Word or Phrase: *Narrative Section:

*Sector: *Model:

*Fiscal Year: *LHIN:

*Organization: *Show Keyword or Phrase Count:

1 of 15 Find | Next

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

The screenshot shows a web-based filter interface for QIP Query Reports. The interface is organized into two main columns of dropdown menus. The left column includes fields for *Sector (Acute Care/Hospital, Community Ca), *Fiscal Year (2016/17), *Organization (Access Alliance Multicultural Health a), *Indicator Type (Custom), *Current Performance Operator, *Target Performance Operator, and Measure Keyword. The right column includes fields for *Model (N/A, Aboriginal Health Access Centre), *LHIN (6. Mississauga Halton, 7. Toronto Ce), *Domain (Effective, Efficient, Equitable, Patient), *Indicator, Current Performance, and Target Performance. A red arrow points to the *Indicator Type dropdown, which is open and highlighted with a red rounded rectangle. The dropdown menu lists four options: (Select ALL), Priority, Additional, and Custom (which is selected with a checkmark). A 'View Report' button is located on the far right.

*Sector	Acute Care/Hospital, Community Ca	*Model	N/A, Aboriginal Health Access Centre	View Report
*Fiscal Year	2016/17	*LHIN	6. Mississauga Halton, 7. Toronto Ce	
*Organization	Access Alliance Multicultural Health a	*Domain	Effective, Efficient, Equitable, Patient	
*Indicator Type	Custom	*Indicator		
*Current Performance Operator		Current Performance		
*Target Performance Operator		Target Performance		
Measure Keyword				

PLANNING FOR 2017/18 QIPs: OTHER QI PROGRAMMING SUPPORT FROM HQO

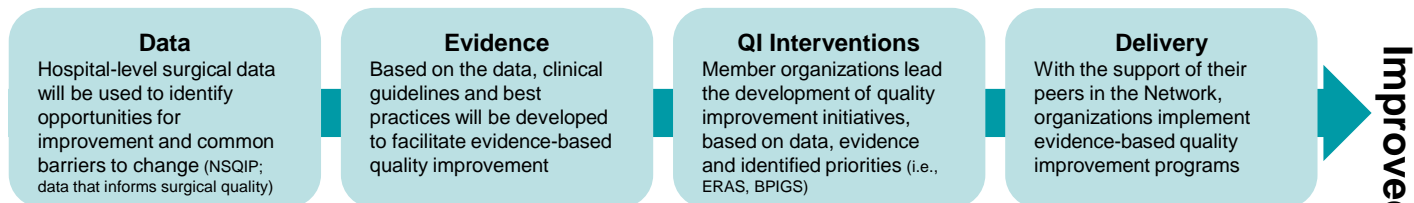
QBP Connect

- QBP Connect has been created to assist organizations with QBP adoption
- QBP Connect consists of:
 1. A [centralized online repository](#) of all tools and resources supporting the adoption of QBPs
 2. A QBP adoption community of practice (CoP) which meets on bimonthly basis via webinar
 - The CoP is supported by a [members-only online space](#), giving participants the chance to share resources and discuss topics of interest between meetings
- Request to join the CoP [here](#)
 - Once approved you may sign up to attend the next webinar being held in Nov, 2016

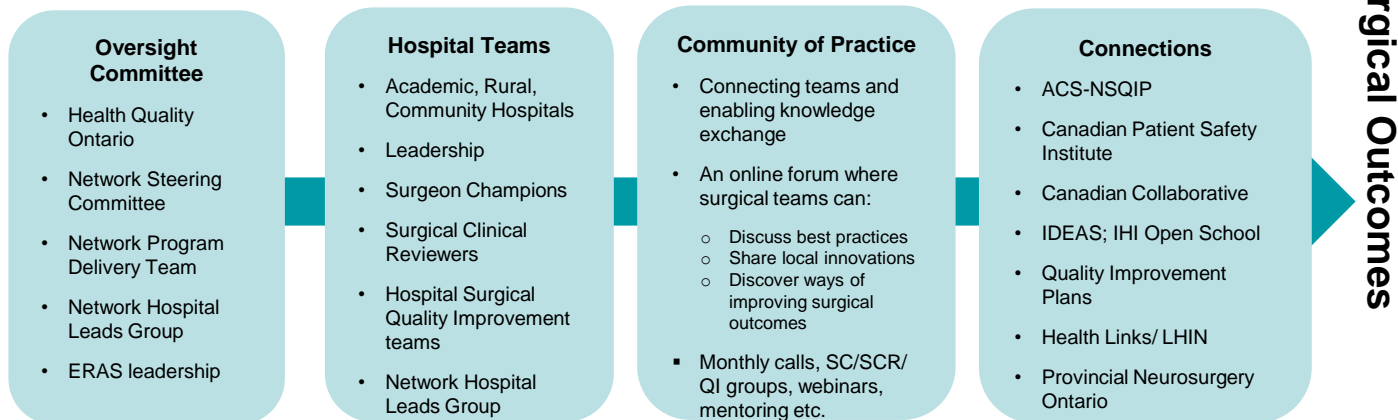
Ontario Surgical Quality Improvement Network

The [Ontario Surgical Quality Improvement Network](#) is a community of hospitals committed to improving surgical care and patient safety. Participation in the Network will help to support surgical quality improvement in organizations and accelerate the achievement of long-term surgical quality improvement goals.

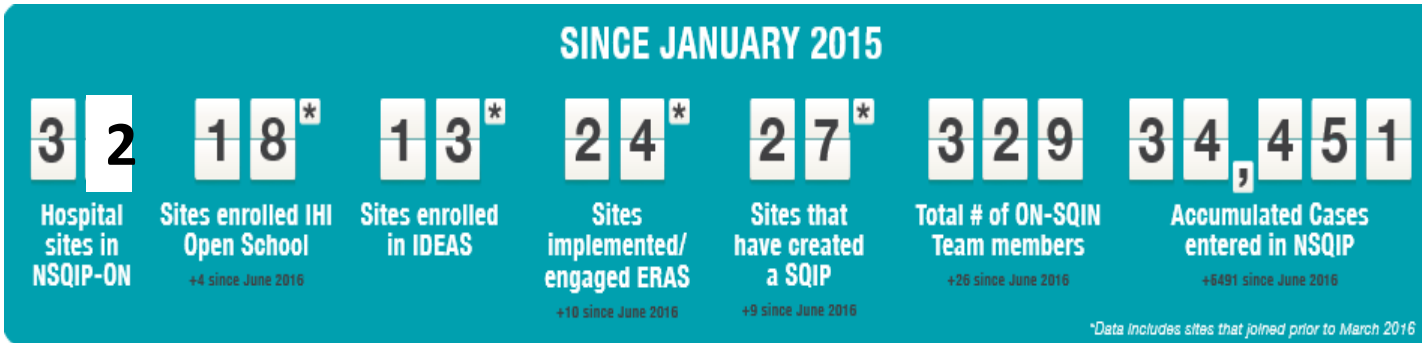
How does it work?



Who is involved?



Highlights



Ontario Surgical Quality Conference November 4, 2016 – registration now open!

Visit: HQO Surgical Quality Improvement in Ontario

Email: NSQIP@hqontario.ca

Guidance materials for planning the 2017/18

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



www.HQOntario.ca

FOLLOW @HQOntario 

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

APPENDICES

Online Resources

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

Hospitals

Impressions and Observations
2015/16 Quality Improvement Plans

Let's make our health system healthier



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 »](#)

Health Quality Ontario

The provincial advisor on the quality of health care in Ontario

November 2015

Indicator Technical Specifications Quality Improvement Plan 2016/17

Impressions and Observations
2015/16 Quality Improvement Plans

Let's make our health system healthier



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 »](#)



Insights into Quality Improvement

Engaging with Patients:

Stories and Successes
from the 2015/2016
Quality Improvement Plans

Let's make our health system healthier



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.



Programming supports

Links to resources	<u>Patient engagement</u>	<u>Hospital performance report</u>	<u>Quality standards</u>	<u>Equity</u>
Audience	Providers, organizations, and patients	Hospitals, 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	Data specific to hospital and provincial data. Change ideas also featured to support quality improvement efforts	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	Hospitals gauge how they are performing on indicators, and can include featured change ideas for improvement	There are three indicators in QIPs corresponding to quality standards.	Equity one of six quality dimensions measured in QIP (Narrative)