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

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September 29, 2016
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... 

Safe
Effective
Patient-centred
Efficient
Timely
Equitable

...stays true to these principles

Commits to ongoing quality improvement
Achieves healthy populations
Ensures accessibility for all

Partners with patients
Balances priorities
Uses resources wisely

...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
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

<table>
<thead>
<tr>
<th>Sector</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>22</td>
<td>31</td>
</tr>
<tr>
<td>Primary care</td>
<td>9</td>
<td>19</td>
</tr>
<tr>
<td>Home care</td>
<td>14</td>
<td>36</td>
</tr>
<tr>
<td>Long-term care</td>
<td>14</td>
<td>12</td>
</tr>
</tbody>
</table>

Source: www.HQOntario.ca
Sector Collaboration

- **HOSPITAL**
  - 70% Home Care
  - 46% Primary Care
  - 31% Long-Term Care
  - 64% Hospital
  - 56% LHIN

- **PRIMARY CARE**
  - 47% Home Care
  - 43% Primary Care
  - 9% Long-Term Care
  - 80% Health Links

- **LONG-TERM CARE**
  - 59% Home Care
  - 13% Primary Care
  - 18% Long-Term Care
  - 52% Hospital
  - 64% BSO

- **HOME CARE**
  - 43% Primary Care
  - 14% Home Care
  - 7% Long-Term Care
  - 93% Hospital
  - 71% Health Links
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.

- **Positive Patient Experience (n=77)**
  - Progressed: 70.1%
  - Maintained: 16.9%
  - Worsened: 11.7%

- **90th Percentile Emergency Department Length of Stay for Admitted Patients (n=62)**
  - Progressed: 61.3%
  - Maintained: 38.7%

- **Medication Reconciliation at Admission (n=89)**
  - Progressed: 58.4%
  - Maintained: 11.2%
  - Worsened: 23.6%

- **Readmission Within 30 Days for Selected HBAM Inpatient Grouper (n=74)**
  - Progressed: 48.6%
  - Maintained: 36.5%
  - Worsened: 13.5%

- **Clostridium Difficile Infection (n=85)**
  - Progressed: 22.4%
  - Maintained: 16.5%
  - Worsened: 23.5%
  - 2015/16 or 2016/17 Performance—N/A: 37.6%
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.

- **ALC**
  - Number of hospitals: 90
  - Set targets for improvement: 67

- **Medication Reconciliation**
  - Number of hospitals: 90
  - Set targets for improvement: 51

- **ED LOS**
  - Number of hospitals: 82
  - Set targets for improvement: 67

- **CDI**
  - Number of hospitals: 87
  - Set targets for improvement: 42

- **Readmissions**
  - Number of hospitals: 85

- **Readmission**
  - STROKE
    - Set a target to improve: 10
    - Number of hospitals: 29
  - COPD
    - Set a target to improve: 41
    - Number of hospitals: 16
  - CHF
    - Set a target to improve: 27
    - Number of hospitals: 46
  - READMISSION HIGHS
    - Set a target to improve: 52
    - Number of hospitals: 63

- **Patient Satisfaction**
  - *How would you rate?* - ED
    - 17
    - 49
  - *How would you rate?* - Inpatient
    - 23
    - 68
  - *Recommend* - ED
    - 10
    - 41
  - *Recommend* - Inpatient
    - 28
    - 61

- **Patient Satisfaction**
  - Number of hospitals: 107
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

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

Provincial Average (28.7)

Set target is retrograde (worse than current performance)
These organizations are performing poorly yet did not include the indicator in QIP

Better 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

### Current Performance Average Values

<table>
<thead>
<tr>
<th></th>
<th>Average Values</th>
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</thead>
<tbody>
<tr>
<td>Select HIGs</td>
<td>16.2%</td>
</tr>
<tr>
<td>COPD</td>
<td>19.6%</td>
</tr>
<tr>
<td>CHF</td>
<td>22.0%</td>
</tr>
<tr>
<td>Stroke</td>
<td>8.1%</td>
</tr>
</tbody>
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www.HQOntario.ca
The QIP consultation process

PFPAC
HQO QIP advisory
Ontario Hospital Association
Branches and departments at HQO

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: 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

## Effective

### Transitions
- Readministration for select conditions (A)
- Readministration for one of congestive heart failure, chronic obstructive pulmonary disease, or stroke (QBP) (P)
- Readministration 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)

## Coordinating Care
- Narrative
- Identify complex patients (Health Links) (A)

## Population Health
- Narrative
- Glycated hemoglobin testing (A)
- Colorectal and cervical cancer screening (A)

## Palliative Care
- Home support for discharged palliative patients (P)

## Person Experience
- Narrative
- Patient experience (P)
- Patient involvement (P)

## Access to Right Level of Care
- Narrative
- Alternative level of care rate (P)

## Safe

### Medication Safety
- Medication reconciliation (admission) (P)
- Medication reconciliation (discharge) (P)

## Time Access to Care/Services
- ED length of stay (complex) (P)

## Timely

### Workplace Safety
- Narrative

## Efficient

### Patient Experience
- Narrative
- Client experience (P)
- Resident experience (P)

## Safe

### Timely Access to Care/Services
- Timely access to primary care (patient perception) (P)
- Wait time for home care (personal support worker, nurse) (P)

## Safe

### Workplace Safety
- Narrative

## Timely

### Workforce Reconciliation
- Narrative

## Timely

### Workforce Reconciliation
- Narrative

## Timely

### Workforce Reconciliation
- Narrative

## Equitable

### Equity
- 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
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

Text Report: Narrative

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
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?**

**Data**
Hospital-level surgical data will be used to identify opportunities for improvement and common barriers to change (NSQIP; data that informs surgical quality)

**Evidence**
Based on the data, clinical guidelines and best practices will be developed to facilitate evidence-based quality improvement

**QI Interventions**
Member organizations lead the development of quality improvement initiatives, based on data, evidence and identified priorities (i.e., ERAS, BPIGS)

**Delivery**
With the support of their peers in the Network, organizations implement evidence-based quality improvement programs

**Who is involved?**

**Oversight Committee**
- Health Quality Ontario
- Network Steering Committee
- Network Program Delivery Team
- Network Hospital Leads Group
- ERAS leadership

**Hospital Teams**
- Academic, Rural, Community Hospitals
- Leadership
- Surgeon Champions
- Surgical Clinical Reviewers
- Hospital Surgical Quality Improvement teams
- Network Hospital Leads Group

**Community of Practice**
- Connecting teams and enabling knowledge exchange
- An online forum where surgical teams can:
  - Discuss best practices
  - Share local innovations
  - Discover ways of improving surgical outcomes
- Monthly calls, SC/SCR/QI groups, webinars, mentoring etc.

**Connections**
- ACS-NSQIP
- Canadian Patient Safety Institute
- Canadian Collaborative
- IDEAS; IHI Open School
- Quality Improvement Plans
- Health Links/ LHIN
- Provincial Neurosurgery Ontario

www.HQOntario.ca
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
Online Resources

Click on the hyperlinked pages or visit www.hqontario.ca
### Programming supports

<table>
<thead>
<tr>
<th>Links to resources</th>
<th>Patient engagement</th>
<th>Hospital performance report</th>
<th>Quality standards</th>
<th>Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audience</strong></td>
<td>Providers, organizations, and patients</td>
<td>Hospitals, physicians and interprofessional Teams</td>
<td>Community of practice members collaborating to implement quality standards</td>
<td>All organizations interested in imbedding an equity lens in QI initiatives</td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>Tools and resources to support patient engagement</td>
<td>Data specific to hospital and provincial data. Change ideas also featured to support quality improvement efforts</td>
<td>Toolkits and guidance documents, community of practice for peer support</td>
<td>Frameworks and guidelines</td>
</tr>
<tr>
<td><strong>Integration with QIPS</strong></td>
<td>Hospitals required to demonstrate how they engage patients in developing QIPS</td>
<td>Hospitals gauge how they are performing on indicators, and can include featured change ideas for improvement</td>
<td>There are three indicators in QIPs corresponding to quality standards.</td>
<td>Equity one of six quality dimensions measured in QIP (Narrative)</td>
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