Looking Back and Looking Ahead
A Sneak Peek for QIP 2017/2018: Primary Care

Danyal Martin, Health Quality Ontario
Margaret Millward, Health Quality Ontario
October 5, 12:00 pm to 1:30 pm
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

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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

<table>
<thead>
<tr>
<th>Sector</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
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<tr>
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<td>Home care</td>
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<tr>
<td>Long-term care</td>
<td>72</td>
<td>92</td>
</tr>
</tbody>
</table>
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>
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<tbody>
<tr>
<td>Hospital</td>
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<tr>
<td>Primary care</td>
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<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>
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
Reflections on the 2016/17 QIPs

Looking back:
• Cancer screening indicators had the highest rate of progress
• ~30% of organizations worked on emergency department visits, hospital readmissions and immunization (additional indicators)

Moving forward:
• 94 to 100% of organizations are working on priority indicators
• Applying learnings from cancer screening to HbA1c testing
• >93,000 patients surveyed on patient experience indicators
Looking back: Percentage of primary care organizations 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

- Colorectal Cancer Screening (n=191):
  - Progressed: 65%
  - Maintained: 5%
  - Worsened: 23%
  - N/A: 6%

- Cervical Cancer Screening (n=184):
  - Progressed: 55%
  - Maintained: 35%
  - Worsened: 5%
  - N/A: 5%

- Patients' Experience: Patient Involvement in Care Decisions (n=275):
  - Progressed: 52%
  - Maintained: 3%
  - Worsened: 38%
  - N/A: 7%

- Patients' Experience: Opportunity to Ask Questions (n=276):
  - Progressed: 45%
  - Maintained: 3%
  - Worsened: 42%
  - N/A: 10%

- Patients' Experience: Primary Care Providers Spending Enough Time on Care...:
  - Progressed: 44%
  - Maintained: 4%
  - Worsened: 44%
  - N/A: 8%

- Timely Access to a Primary Care Provider (n=277):
  - Progressed: 40%
  - Maintained: 46%
  - Worsened: 14%
  - N/A: 14%

- 7-Day Post-Hospital Discharge Follow-Up (n=273):
  - Progressed: 28%
  - Maintained: 6%
  - Worsened: 42%
  - N/A: 24%

Less than 50% organizations progressed on four out of the seven primary care priority indicators between 2015/16 and 2016/17. Comparatively, 65% and 55% primary care organizations progressed on Colorectal Cancer Screening and Cervical Cancer Screening indicators, respectively.

Please see Technical Specifications for indicator reporting period.
ISSUES
Population Health

Common change ideas
• Identify the population
• Notify the patients
• Educate patients
• Audit and provide feedback

Current Performance Median Values

<table>
<thead>
<tr>
<th>Test</th>
<th>Median Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical</td>
<td>69%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>61%</td>
</tr>
<tr>
<td>HbA1c</td>
<td>59%</td>
</tr>
</tbody>
</table>
TRANSITIONS: Percentage of patients or clients who see their primary care provider within 7 days after discharge from hospital for selected conditions in Ontario, QIP 2016/17

Range: 5% - 100%
Note: 5 PCs have set retrograde targets
TRANSITIONS: Most common change ideas in Ontario from 2015/16 and 2016/17 primary care QIPs for 7-day post-hospital discharge follow-up rate for selected conditions, as reported in the 2016-17 QIPs

- Create partnerships with other sectors to follow complex patients: 107 (64 implemented, 41 unimplemented)
- Electronic solutions such as Hospital Report Manager: 80 (51 implemented, 29 unimplemented)
- Using data for improvement: 64 (41 implemented, 23 unimplemented)
- Individualized coordinated care and discharge planning: 41 (33 implemented, 8 unimplemented)
- Create partnerships with other sectors: 94 (59 implemented, 35 unimplemented)
- Electronic solutions such as Hospital Report Manager: 83 (57 implemented, 26 unimplemented)
- Audit and feedback: 66 (51 implemented, 15 unimplemented)
- Identify hospitalized patients through shared electronic medical: 56 (37 implemented, 19 unimplemented)
- Using data for improvement (audit, tracking, visual display of data): 50 (33 implemented, 17 unimplemented)

Number of Primary Care Organizations

QIP 2016/17 Progress Report—Implemented Ideas
QIP 2016/17 Progress Report—Unimplemented Ideas
QIP 2016/17 Workplan—Proposed Ideas
Patient Experience (3 indicators)

Current Performance:
• Close range between 59% to 100% overall
• Median: 92-93%
• More retrograde targets

Patient Experience Survey Sample:
• Overall patients surveyed up 30% from ~70,000 to over 93,000!
• Huge range: 1 to 4102 patients surveyed
• Median surveyed per organization 163-166
TIMELY: Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day in Ontario, QIP 2016/17

Primary Care Organizations (n=256)

Current Performance (Associated with a Target)

Target Performance

50th Percentile

25th Percentile

75th Percentile

Median (53)

Range: 9% - 100%
Sample Size: 5 – 4348
Note: 7 PCs have set retrograde targets
Total number of patients surveyed: 92,323

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LOOKING FORWARD 2017/18
Considerations for change ideas moving forward

• If you are… just getting started
  – Set a goal to complete baseline to learn your starting point
  – Start training on Advanced Access Principles
  – Involve the front line providers and senior leadership in the plan and initiatives

• If you are…. testing change ideas
  – If the idea worked with one doctor, one team, try it on another team, adapt and improve
  – If it worked in one office, try it in another office… round back to share your learnings for mutual improvement

• If you have fully implemented the change
  – Regularly retrain new and existing staff
  – Use audit and feedback, so that the new processes become the “new normal”
  – Consider adjusting your targets to be “best in class”
The QIP Consultation Process

Association of Family Health Teams of Ontario
Association of Ontario Health Centres
PFPAC
HQO QIP advisory
Branches and departments at HQO

Issues & indicator matrix

Ongoing consultations

2017-2018
QIP Indicators

www.HQOntario.ca
Faire progresser un enjeu au moyen du PAQ

**Example: Right care, right time, right place**

**Indicator: Timely access to primary care**

- ✔️ Being able to see your primary provider impacts patients, and the health system.

- ✔️ This indicator a priority on the Primary Care Performance Measurement Framework and is already advancing through online Health System Performance reporting.

- ✔️ 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

<table>
<thead>
<tr>
<th>Effective Transitions</th>
<th>Hospital</th>
<th>Primary Care</th>
<th>Home Care</th>
<th>Long-Term Care</th>
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<tbody>
<tr>
<td><strong>Readmission for select conditions</strong> (A)</td>
<td>• Hospital readmissions for select conditions (A)</td>
<td>• Hospital readmissions (P)</td>
<td>• Potentially avoidable ED visits (P)</td>
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<tr>
<td><strong>Readmission for one of congestive heart failure, chronic obstructive pulmonary disease, or stroke (QBP)</strong> (P)</td>
<td>• 7-day post-discharge follow-up (physician) (P)</td>
<td>• Unplanned ED visits (P)</td>
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<tr>
<td><strong>Readmission within 30 days for mental health and addiction (A)</strong></td>
<td>• 7-day post-discharge follow-up (any provider) (A)</td>
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<tr>
<td><strong>Patient received enough information on discharge (P)</strong></td>
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<td><strong>Discharge summaries sent within 48 h of discharge (A)</strong></td>
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<tr>
<td><strong>Narrative</strong></td>
<td>• Identify complex patients (Health Links) (A)</td>
<td>• Identify complex patients (Health Links) (A)</td>
<td>• Identify complex patients (Health Links) (A)</td>
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<td><strong>Identify complex patients</strong></td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Narrative</strong></td>
<td>• Glycated hemoglobin testing (A)</td>
<td>• Colorectal and cervical cancer screening (A)</td>
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<thead>
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<tbody>
<tr>
<td><strong>Home support for discharged palliative patients (P)</strong></td>
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<tbody>
<tr>
<td><strong>Narrative</strong></td>
<td>• Patient involvement (P)</td>
<td>• Client experience (P)</td>
<td>• Resident experience (P)</td>
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<tbody>
<tr>
<td><strong>Narrative</strong></td>
<td>• Alternative level of care rate (P)</td>
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<table>
<thead>
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<tbody>
<tr>
<td><strong>Pressure ulcers (A), use of physical restraints in mental health patients (A)</strong></td>
<td>• Falls for long-stay clients (P)</td>
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<tr>
<td><strong>Medication reconciliation (admission) (P)</strong></td>
<td>• Potentially inappropriate prescribing of antipsychotic medications (P)</td>
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<tr>
<td><strong>Medication reconciliation (discharge) (P)</strong></td>
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<table>
<thead>
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<td><strong>Narrative</strong></td>
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<td><strong>Narrative</strong></td>
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<table>
<thead>
<tr>
<th>Timely Access to Care/Services</th>
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<th>Home Care</th>
<th>Long-Term Care</th>
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</thead>
<tbody>
<tr>
<td><strong>ED length of stay (complex) (P)</strong></td>
<td>• Timely access to primary care (patient perception) (P)</td>
<td>• Wait time for home care (personal support worker, nurse) (P)</td>
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<table>
<thead>
<tr>
<th>Equity</th>
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<tbody>
<tr>
<td><strong>Narrative</strong></td>
<td>• Narrative</td>
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</table>

Legend: (P): Prior indicator   (A): Additional indicator   (QBP): Indicator related to quality-based procedures
2017/18 QIP Indicators: Primary Care

- 7-day post-hospital discharge follow-up
- Timely access to primary care provider
- Patient experience: decisions about care
- Hospital readmission rate
- Glycated hemoglobin (HbA1C) testing
- Up-to-date colorectal cancer screening
- Up-to-date cervical cancer screening
- Discharge notification follow-up within 7-days with any clinician
- Medication reconciliation in primary care
- Identified as meeting Health Link criteria offered access
- Overdue colorectal cancer screening (CCO)
- Cervical cancer screening (CCO)
Determining the priorities for the 2017/18 QIPs

• 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 for 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)
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 for the other sectors
- Book your Board meetings now to ensure your submission is ready for April 1, 2017.
New this year: Highlight keyword + word count

<table>
<thead>
<tr>
<th>Key Word or Phrase</th>
<th>discharge, transfer</th>
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<tbody>
<tr>
<td>Sector</td>
<td>Acute Care/Hospital, Primary Care</td>
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<td>Fiscal Year</td>
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<tr>
<td>Organization</td>
<td>2109577 ONTARIO LIMITED OA AF</td>
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**Text Report: Narrative**

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: Indicator type identified

- The QIP Query Reports can be filtered by type of indicator
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
Health Quality Ontario
Primary Care Sector Performance
Click on hyperlinked pages or visit www.hqontario.ca
# Programming Supports

## Links to Resources

<table>
<thead>
<tr>
<th>Audience</th>
<th>Patient Engagement</th>
<th>Practice Reports</th>
<th>Quality Standards</th>
<th>Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers, Organizations, and Patients</td>
<td>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>
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</tbody>
</table>

| 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 performance and practice performance | There are three indicators in QIPS corresponding to Quality Standards. | Equity one of six quality dimensions measured in QIP (Narrative) |