Health Quality Transformation

Presents: Quality Matters 2016

ABSTRACT SUBMISSION GUIDELINES

OVERVIEW

On October 20, Health Quality Ontario will host *Health Quality Transformation Presents: Quality Matters 2016*, our fifth annual interactive conference for patients, caregivers, health care providers and system leaders.

The focus of our conference is *Quality Matters*, the health system quality framework on how to realize excellent care for all.

Health Quality Ontario invites the submission of abstracts focused on all six dimensions of quality care as outlined in *Quality Matters*: safe, effective, patient-centred, efficient, timely and equitable.

In addition, we are interested in abstracts that advance quality in three areas of focus; primary care, mental health, and palliative care/end-of-life-care, at the local, regional and/or provincial level.

Across the six dimensions of quality, and three areas of focus, Health Quality Transformation Presents: Quality Matters 2016 invite abstracts that showcase results and lessons learned in the following categories:

CATEGORY 1 - ENGAGING PATIENTS AND THE PUBLIC IN IMPROVING CARE

Abstracts in this category should demonstrate approaches to effectively engage patients and the public because patient perspectives can be powerful enablers of change. Here when the term patient is used, in includes; patients, residents, clients, their caregivers and families.

Examples may include:

- Meaningful engagement with patients and the public to support quality improvement
- Patient empowerment through self-management and shared decision-making
- Effective sharing of information with patients in easy-to-understand formats
- Aligned with *Patients First*, the Minister of Health and Long-Term Care's action plan for improving health care experiences by putting patients first (*Patients First Action Plan*)
- Partnering with patients in the co-design of legislation, policy and health services
- Improved patient, family and caregiver experience
- Patient relations (receiving and responding to complaints)
- Tools, resources and supports for patients, families, caregivers and health care providers to build their capacity to engage with each other
- Innovations related to patient engagement with at risk, vulnerable and marginalized populations to improve care
- Examples of patient and public engagement and dialogue around palliative and end-of-life care

CATEGORY 2 – REDESIGNING THE SYSTEM AND SUPPORTING PROFESSIONALS TO ENHANCE THE CULTURE AND QUALITY OF CARE

Abstracts in this category should reflect examples of changing the way our system is organized, realigning resources and system design, and how leaders are supporting a culture of quality and contributing to improvement (as well as helping professionals and caregivers thrive).

Examples may include:

- Innovative initiatives or practices in health care that promote scale and spread
- Using resources wisely
- Aligned with *Patients First*, the Minister of Health and Long-Term Care's action plan for improving the health care experience by putting patients first (*Patients First Action Plan*)
- Tools to enable people to deliver the best care (e.g., knowledge, skills, support)
- Partnering with patients in the co-design of legislation, policy and health services
- Building accountability for quality into health care organizations
- Improvements made or lessons learned from Quality Improvement Plans
- Defining best practices for optimal patient care (e.g., Implementation of Quality Based Procedures, Quality Standards, other quality levers)
- How the role of community based interventions such as palliative home care and physician visits can affect place of care near end of life and contribute to the increasing reach of palliative care in Ontario.
- Initiatives that advance care in mental health and additions including faster access to services, early identification and support.
- Enhancing or promoting safe culture in health care delivery organizations
- Improving work life of professionals and staff (e.g. Quadruple Aim)
- Addressing issues of staff capacity or capability to engage in quality improvement.

CATEGORY 3 – ENSURING TECHNOLOGY WORKS FOR ALL

Abstracts in this category should demonstrate advances in technology. Examples may include systems that support integrated care, transitions among care settings, and improved access for all.

Examples may include:

- Initiatives that improve transitions of care from hospital to community, to reduce 30-day readmissions, emergency department utilization, and avoidable hospitalizations (e.g., risk assessment, discharge planning, etc.)
- Use of electronic health records
- Tools to support better service provision and decision-making for health service providers
- Initiatives that improve access to services
- Strategies to improve palliative and end-of–life care in rural and remote regions
- Aligned with *Patients First,* the Minister of Health and Long-Term Care's action plan for improving the health care experience by putting patients first (*Patients First Action Plan*)

CATEGORY 4 – SUPPORT INNOVATION AND SPREAD OF KNOWLEDGE

Abstracts in this category should demonstrate innovations and practices that can have a significant impact on the health system and provide more safe, effective, patient-centred, efficient, timely and equitable care (the six domains of health quality). Examples include:

- Choosing Wisely
- Aligned with *Patients First,* the Minister of Health and Long-Term Care's action plan for improving the health care experience by putting patients first (*Patients First Action Plan*)
- Innovations by Health Links communities in the provision of improved and more efficient care for patients with complex care conditions or multiple co-morbidities
- Optimizing outcomes for patients with multiple co-morbidities
- Improved clinical outcomes (e.g., cardiac care, COPD care, diabetes management, improved care for seniors)
- Innovative practices in priority areas including:
    - Coordinated care management (e.g., individualized care plans, discharge planning, innovative technologies, medication management)
    - Governance
    - Equitable access to health care
    - Mental health and addictions
    - The promotion of safety, independence and high quality care for those living in the community and long-term care homes (e.g., falls and pressure ulcer prevention, responsive behaviors, consistency of assignment, etc.)
    - Palliative and end-of-life care
    - Innovations from northern, rural and remote communities
    - Innovations related to at risk, vulnerable and marginalized communities
    - Multi-sectoral integration across health, social services, education, justice and other services impacting health and health care

CATEGORY 5 – MONITOR PERFORMANCE WITH QUALITY IN MIND

Abstracts in this category should reflect that "Data is the cornerstone of quality improvement". Abstracts should demonstrate innovative strategies to enable better decisions and promote the availability and use of data and information to improve performance and enable better decisions.

Examples of data sources could include:

- Primary care practice reports
- Long-term care practice reports
- Audit and feedback programs
- National Surgical Quality Improvement Program (NSQIP)
- Long-term care prescribing practices
- Choosing Wisely
- Initiatives around "Asking the Right Questions" to determine new directions services should go in that reflect patient needs and the capacity to serve
- Identifying clear and meaningful indicators and attaching clear performance expectations

Abstracts in this category should reflect improvements in quality that have been achieved by using this data.

If your submission does not fit exactly into a category, please choose the one that you feel is closest to the topic:

Priority will be given to abstracts that:

- Are backed by evidence of impact (e.g., outcome or process measures, evaluation results, research findings)
- Illustrate implementation of innovations and best practices that accelerate change
- Offer opportunities that promote system level spread, and transfer the knowledge and lessons learned needed for spread
- Emphasize building a culture of quality
- Examples of initiatives in priority areas such as primary care, mental health, palliative care/ end-of-life care
- Promote equity
- Learn from failures

This year, Health Quality Ontario will again have patients, caregivers and members of the public as abstract reviewers.

Abstracts will be reviewed and those selected will be awarded to one of the following categories:

- Posters (in the exhibit hall)
- Oral presentations in breakout sessions including panels and/or workshops

In addition, all those accepted will be invited to post their abstract and poster, or presentation, on the *Health Quality Transformation Presents: Quality Matters 2016* website and at other Health Quality Ontario events / conferences / workshops in the year ahead, and as appropriate.

GUIDELINES FOR SUBMISSION

Submitted abstracts must be a maximum of 750 words and include the following information:

Background/Context - Provide a brief description of the background/issue statement, and include your patient/client/resident population.

Objectives - What are your aims? Please describe questions addressed or improvement goals.

Description - Briefly describe the program design, methods, or change ideas and how they have been implemented. Were there process/balancing/outcome measures, where applicable?

Impact/ Results - Summarize key outcomes and/or results and describe the extent to which the initiative has demonstrated an impact on health outcomes or health care system performance. Preliminary results and qualitative data will be considered.

Conclusions/Spread - What were the lessons learned? Have results been replicated outside its original setting? Has the evaluation of the initiative produced any evidence and publication?

MANDATORY DOCUMENTS

- Demonstration of data/results/lessons learned (e.g., quantitative data as illustrated by run charts showing data over time, or qualitative data)
- Evidence of a sample publication may also be appended

A single mandatory data document **up to a maximum of 3 pages*** is to be uploaded with the submitted abstract. Please ensure the primary author's name and the abstract title are included in the mandatory documents.

Note: Failure to submit the mandatory documents will result in your abstract being rejected.

***Documents over three pages will not be included in the review process.**

OPTIONAL SUPPORTING DOCUMENTS (MAXIMUM OF FIVE PAGES)

Optional supporting documents may include: surveys, PowerPoint presentations, images and/or websites that illustrate improvement and impact. Please ensure the primary author's name and the abstract title are included in supporting documents.

ABSTRACT SELECTION PROCESS

Deadline – June 22, 2016

Only abstracts submitted via the online process will be accepted. You will receive an email confirming the receipt of your submission. If you do not receive an email confirmation within 24 hours of your submission, please email *HQOconference@mci-group.com*.

Review & Notification

The *Abstract Review Committee* will review all submitted abstracts. Health Quality Ontario will notify all authors of the results, via email, by **August 9, 2016**. If your abstract is accepted, you must confirm acceptance and register for the conference by **August 23, 2016**. You are responsible for your own travel and accommodation costs.

Accepted abstracts will be printed in the *Health Quality Transformation Presents: Quality Matters 2016* program for distribution during the conference and posted on the Health Quality Ontario website after the conference.

TIMELINES
Deadline for submission: June 22, 2016 at 17:00 (EST)
Notification of acceptance: August 9, 2016
Health Quality Transformation Presents: Quality Matters 2016: October 20, 2016

For additional information, please contact: *HQOconference@mci-group.com*