The webinar will begin shortly

Ontario Health

Quality Improvement Plans

2024/25 QIP Program Update
November 22, 2023

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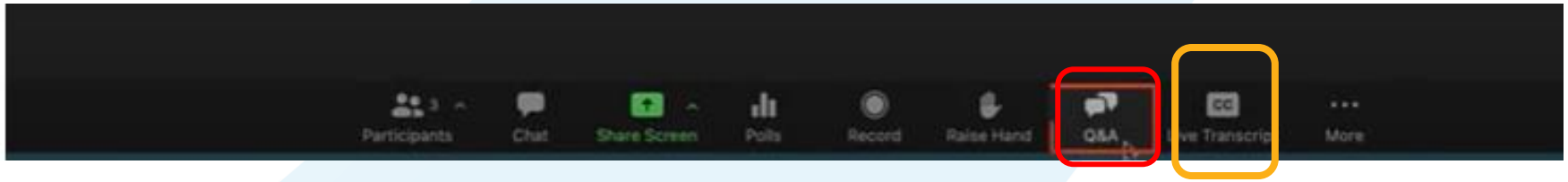
Ontario Health

How to participate

- Please post any questions you may have in the **Q&A**
- **Upvoting is enabled**
- Chat has been disabled
- Questions will be addressed by the speakers at the end of the presentation

- Presentation slides and recording will be posted after the webinar
- **Closed captioning**

- Email technical issues to: **QIP@OntarioHealth.ca**



Agenda

1. Opening remarks
2. Looking back: analysis of 2023/24 QIP submissions
3. Looking forward 2024/25 QIP program
4. Supports and resources
5. Questions

Poll

How many people are listening at your site?

- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4 or more

What health care sector are you representing?

- ❑ Hospital
- ❑ Interprofessional primary care
- ❑ Long-term care
- ❑ Mental health and addictions
- ❑ Other

Land Acknowledgement

Opening Remarks

DR. DAVID KAPLAN | VICE PRESIDENT, QUALITY

Analysis of 2023/24 QIPs

2023/24 Narrative analysis

Topic	Interprofessional Primary Care	Hospitals	Long-Term Care
Patient/client/resident partnering and relations	**Experience and satisfaction surveying** remains most common method of obtaining feedback and is often used to plan improvement work.	**Experience surveying** remains most common method of obtaining feedback. Prioritizing **diversifying** patient family advisory council representation.	Engagement and partnering with resident/families through **council meetings, newsletters, in-person and virtual interactions.**
Provider experience	Resounding concerns with **burnout and turnover** due to increased workloads, health human resource shortages, and administrative burden.	Large focus on **health human resource issues** and mitigation strategies include use of agencies, international hires, self-scheduling, recruitment, incentivizing overtime. Prioritizing **staff mental health and wellness.**	**Health human resource challenges:** initiatives focused on staff recruitment and retention, improving staff morale through appreciation events.
Workplace violence prevention	Most organizations provide **staff support** through regular training, crisis intervention, de-escalation strategies, and emergency codes. They have processes such as assistance programs in place to support staff.	Remains an **important topic** for hospitals. Main themes include education campaigns, prevention tools, and leadership accountability.	Workplace violence protection training, policies and procedures included in orientation and annually. Focused training **on gentle persuasion approaches**.

2023/24 Narrative analysis

Topic	Interprofessional Primary Care	Hospitals	Long-Term Care
Patient safety	A priority for sector. Quality improvement activities and innovations include **leveraging technology**, **involving patient/client participation** in safety incident reviews, participating in **education** or **communities of practice**.	Importance of **shared learning** and mitigating patient safety incidents. Keen interest in focusing on a **just culture** philosophy to improve safety culture and a culture of reporting. Majority have **robust processes** in place to review and learn from incidents. There is a gap in the **follow-up** and **knowledge sharing** component to prevent future recurrence.	**Focus on resident safety** (e.g., falls, pressure injury, infection prevention) Most organizations have **processes in place** to track, collect and investigate incidents and prevent reoccurrence. Important to create a **just culture.**
Health equity	Most organizations demonstrate **organizational commitment** to equitable, diverse, and inclusive care for all clients through strategy, mission, vision, and values. Increased **collecting of sociodemographic patient data** to inform future programs, services, and patient-facing materials. **Education and training** for staff and board members on equity, diversity, inclusion, anti-racism, and Indigenous cultural training.	Organizations **collaborate with OHTs** to collect sociodemographic data and health equity education and use **surveys** to understand the populations served.	Organizations have equity, diversity, and inclusion **committees.** **Sociodemographic data collection** through electronic health records.

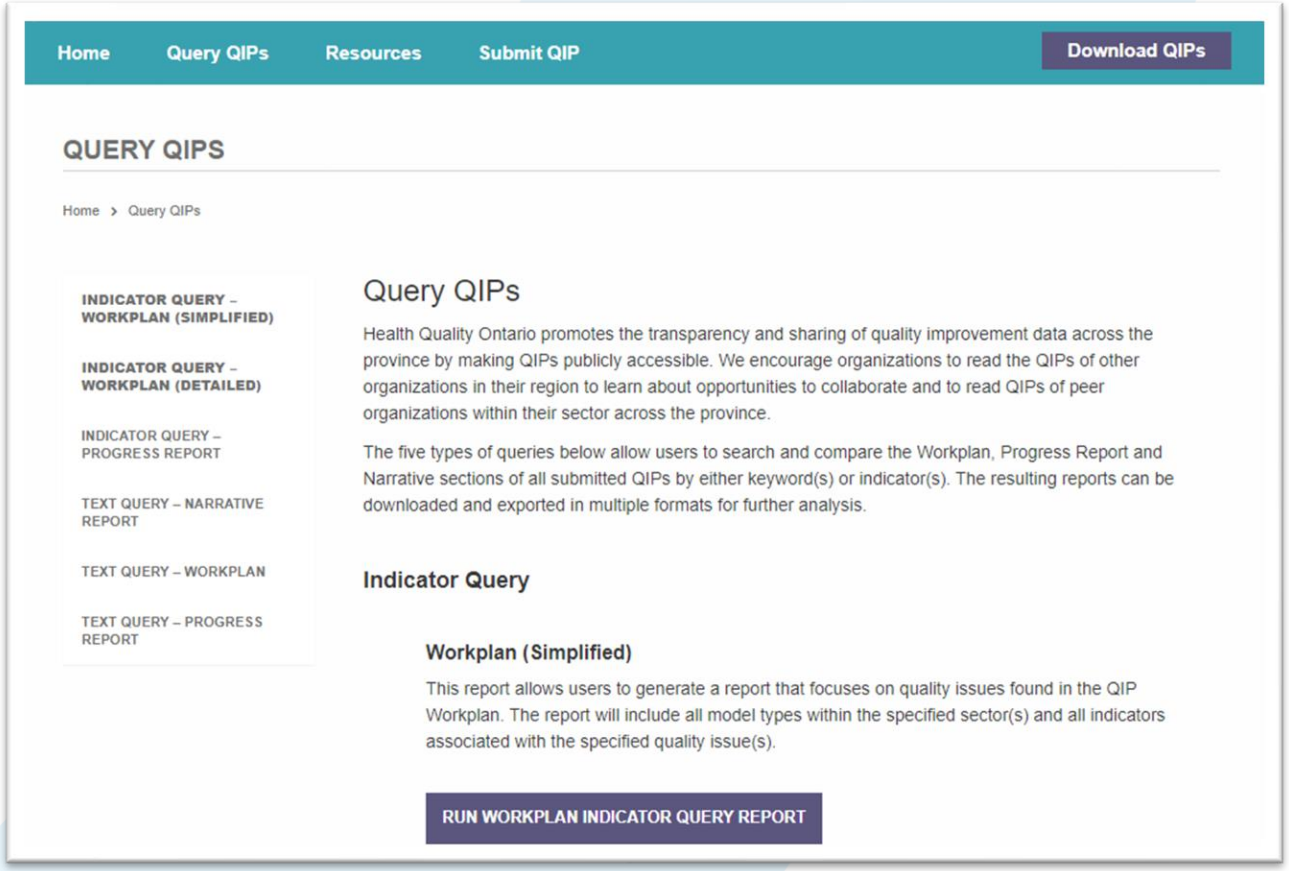
2023/24 Workplan analysis

Interprofessional Primary Care	Hospitals	Long-Term Care
• Most common custom indicators related to cancer screening • Advanced access • Post hospital discharge follow-up	• Most common custom indicator related to emergency department access/flow • Patient satisfaction surveys • Workplace violence and hospital-acquired harm indicators • Health equity climate surveys • Equity, diversity, inclusivity, anti-racism training	• Most common custom indicators related to resident experience, resident satisfaction • Falls • Pressure injuries

Learn and read QIPs of peer organizations

Want to know more about 2023/24 QIPs?

Go to Query QIP – no login required!
https://qipnavigator.hqontario.ca/QIPReports/Reports.aspx



Looking forward – 2024/25 QIP program

Looking forward – 2024/25

Starting with work in 2022/23, the QIP program has been working to **simplify and streamline** expectations while maintaining a level of consistency with previous QIP expectations to reduce burden on organizations.

- **Focus** on **key priority issues**
- **Flexibility** to use optional indicators as a starting point
- **Supporting improvement** by:
  - Working with regions to encourage organizations to include improvement activities as part of their workplan
  - Using data and analytics to drive decision-making
  - Pre-populating indicator data where available
  - Providing more guidance on target setting and appropriate use of benchmarks

2024/25 QIP matrix – priority issues

- **Access and flow** - A high-quality health system provides people with the care they need, when and where they need it.
- **Equity** - Advancing equity, inclusion, and diversity and addressing racism to reduce disparities in outcomes for patients, families, and providers is the foundation of a high-quality health system.
- **Experience** - Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.
- **Safety** - A high-quality health system ensures people receive care in a way that is safe and effective.

The 2024-25 QIP priorities are access and flow, equity, experience, and safety. For each priority issue, there is a set of optional indicators for organizations to consider including in their workplans.

Priority issue	*Optional indicators* (by sector)		
	Hospitals	Interprofessional primary care	Long-term care
Access and flow *A high-quality health system provides people with the care they need, when and where they need it.*	• 90th percentile ambulance offload time • 90th percentile ED length of stay • 90th percentile ED wait time to inpatient bed • Alternate level of care throughput ratio • Percentage of patients who visited the ED and left without being seen by a physician	• Patient/client perception of timely access to care • Number of new patients/clients/enrolment	• Rate of potentially avoidable ED visits for long-term care residents

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Priority issue	*Optional indicators* (by sector)		
	Hospitals	Interprofessional primary care	Long-term care
Equity *Advancing equity, inclusion, and diversity and addressing racism to reduce disparities in outcomes for patients, families, and providers is the foundation of a high-quality health system.*	• Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, and inclusion, and antiracism education • Average ED wait time to PIA for individuals with sickle cell disease (CTAS 1 or 2) • Rate of ED 30-day repeat visits for individuals with sickle cell disease • Percentage of ED visits for individuals with sickle cell disease triaged with high severity (CTAS 1 or 2)	• Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, and inclusion, and antiracism education • Completion of sociodemographic data collection	• Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, and inclusion, and antiracism education

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Priority issue	*Optional indicators* (by sector)		
	Hospitals	Interprofessional primary care	Long-term care
Experience *Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.*	• Do patients feel they received adequate information about their health and their care at discharge?	• Do patients/clients feel comfortable and welcome at their primary care office? • Do patients/clients feel involved in decisions about their care?	• Do residents feel they can speak up without fear of consequences? • Do residents feel they have a voice and are listened to by staff?

The 2024-25 QIP priorities are access and flow, equity, experience, and safety. For each priority issue, there is a set of optional indicators for organizations to consider including in their workplans.

Priority issue	*Optional indicators* (by sector)		
	Hospitals	Interprofessional primary care	Long-term care
Safety *A high-quality health system ensures people receive care in a way that is safe and effective.*	• Rate of delirium onset during hospitalization • Rate of medication reconciliation at discharge • Rate of workplace violence incidents resulting in lost time injury		• Percentage of long-term care residents not living with psychosis who were given antipsychotic medication • Percentage of long-term care residents who fell in the last 30 days

Relationship between accountability and quality improvement

Accountability establishes the performance threshold and minimum expectations that organizations are expected to achieve for specific indicators.

Quality improvement enables organizations to set stretch targets and test innovative changes while building a culture of continuous improvement that may lead to improved performance and reduced variation over time.

Accountability

Quality improvement

Narrative section

New: Access and Flow

New: Population Health Approach

Equity and Indigenous Health

Patient/Client/Resident Experience

Provider Experience

Safety

Sector-specific sections:

New - Primary Care: Administrative Burden

Hospitals: Executive Compensation

Supports and Resources

Poll

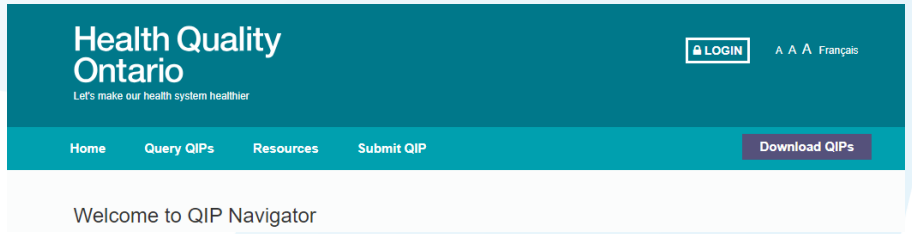
What supports would be valuable to you for implementing your QIP?

- ❑ Quality Standards
- ❑ Sharing tools and resources on Quorum
- ❑ MyPractice Reports (Primary care, Long-term care)
- ❑ QIP sector-specific drop-in sessions
- ❑ Consultation and support (QIP@ontariohealth.ca email)
- ❑ Topic-specific webinars
- ❑ Region-specific support

Rank the topics below in order of usefulness in supporting your organization with quality improvement (1 being most useful and 5 least useful)

a. Understanding how to engage your teams/leadership/board in quality
b. Understanding how to select change ideas and conduct small tests of change
c. Creating a measurement plan/measuring and using data
d. Understanding how to assess barriers and facilitators
e. Understanding how to plan for implementation

Essential to QIP planning



- Indicator matrix
- Narrative questions
- Guidance document
- Indicator technical specifications
- **New:** Target setting placemat

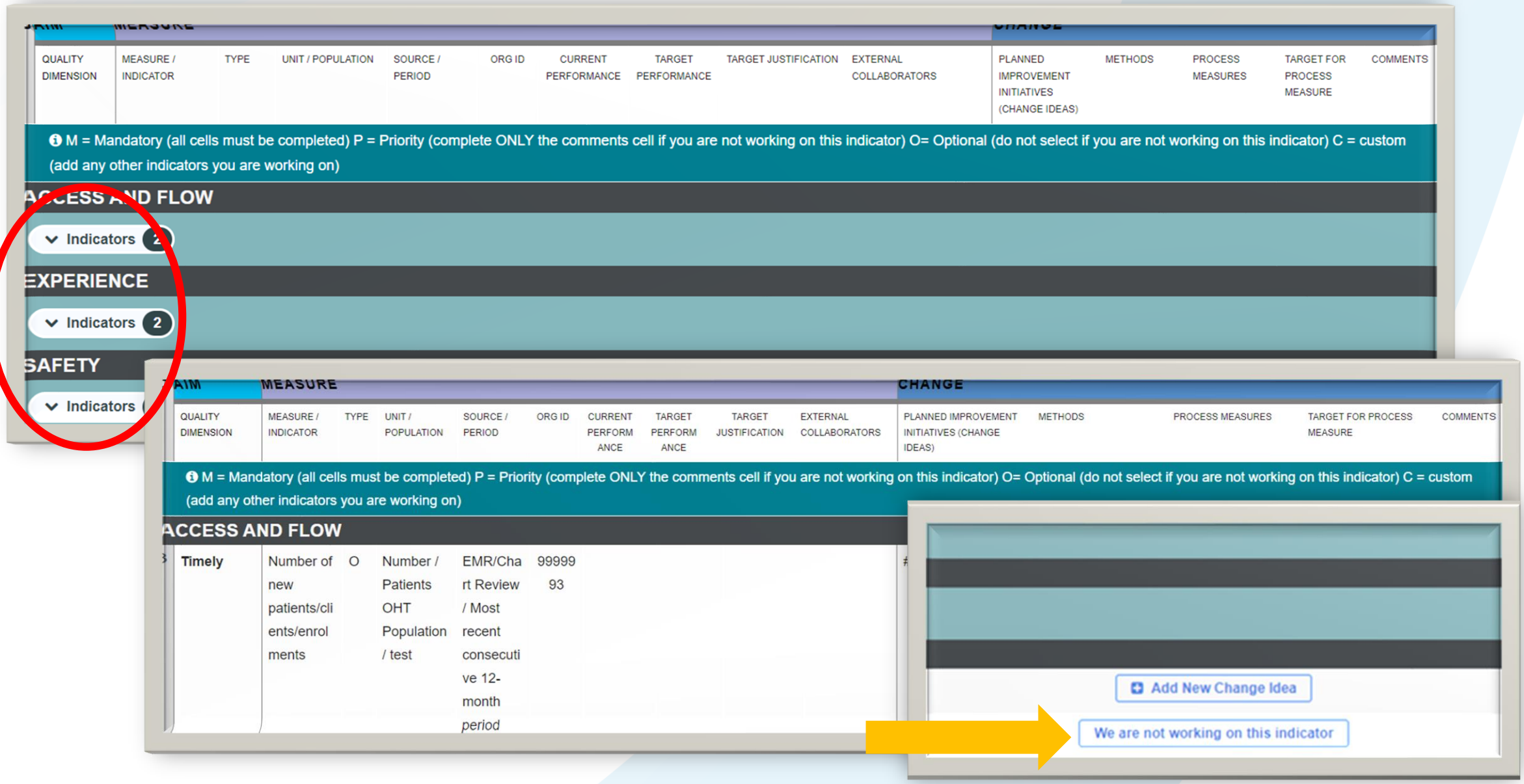
Visit **QIP Navigator** to access the most up-to-date information and documents

- Review current performance data in Navigator when it becomes available
- Opening date - to be determined
  - Interprofessional primary care and long-term care opening in **mid-Dec**
  - Hospitals **opening in January**

  (*QIP templates will be provided in advance)

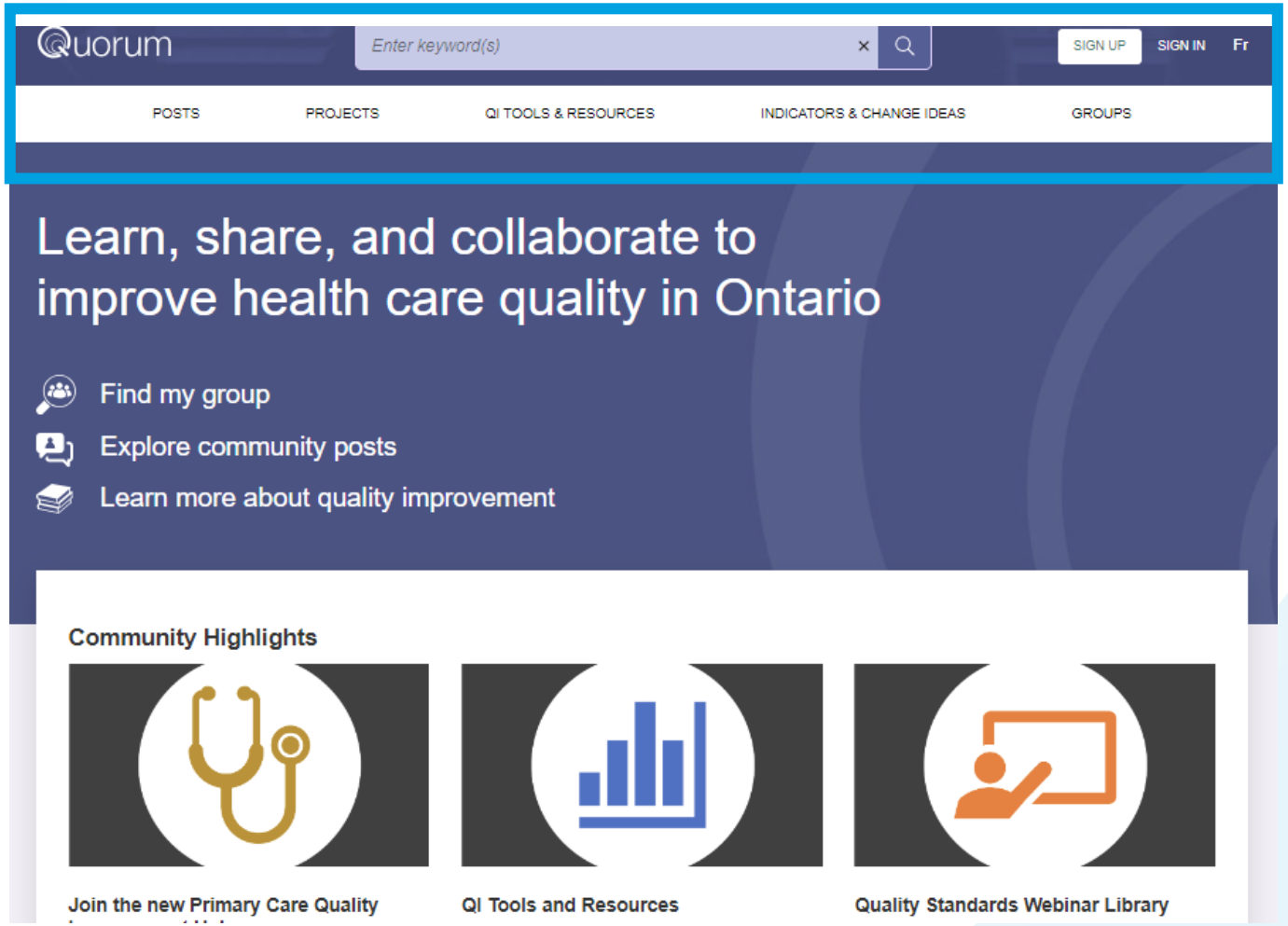
New: QIP Resources being moved from HQO web domain to QIP Navigator
Bookmark URL https://qipnavigator.hqontario.ca/Default.aspx

Navigator updates



Resources to support improvement

Quorum https://quorum.hqontario.ca/en/



Communities of Practice (CoPs):

- Delirium Aware Safer Healthcare CoP
- General Medicine Quality Improvement Network CoP
- Ontario Emergency Services CoP
- Primary Care Improvement Hub
- Quality and Patient Safety CoP

Resources to support improvement

Upcoming webinar:

Dec 7 @ 12:00 | Advancing Equitable Healthcare for People with Sickle Cell Disease

Past webinars:

Oct 6 recording | Missed Opportunities: Patients Leaving the Emergency Department Without Being Seen
(passcode: 4D3eDy&G)

Recording | Delirium Awareness: Provincial Geriatrics Leadership Ontario Webinar

Register for QIP drop-in sessions – starting in January 2024:

- **Hospital drop-in** registration link
- **Interprofessional primary care drop-in** registration link
- **Long-term care drop-in** registration link

Questions?

Poll

How would you rate the overall quality of this webinar?

- ❑ Very good
- ❑ Good
- ❑ Fair
- ❑ Poor
- ❑ Very poor

Appendix

2024/25 Quality Improvement Plan Indicator Matrix

Priority issues	*Optional indicators* (by sector)		
	Hospitals	**Interprofessional primary care**	**Long-term care**
Access and flow *A high-quality health system provides people with the care they need, when and where they need it.*	• 90th percentile ambulance offload time • 90th percentile ED length of stay • 90th percentile ED wait time to inpatient bed • Alternate level of care throughput ratio • % of patients who visited the ED and left without being seen by a physician	• Patient/client perception of timely access to care • Number of new patients/clients/enrolment	• Rate of potentially avoidable ED visits for long-term care residents
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Experience *Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.*	• Did patients feel they received adequate information about their health and their care at discharge?	• Do patients/clients feel comfortable and welcome at their primary care office? • Do patients/clients feel involved in decisions about their care?	• Do residents feel they can speak up without fear of consequences? • Do residents feel they have a voice and are listened to by staff?
Safety *A high-quality health system ensures people receive care in a way that is safe and effective.*	• Rate of delirium onset during hospitalization • Rate of medication reconciliation at discharge • Rate of workplace violence incidents resulting in lost time injury		• % of long-term care residents not living with psychosis who were given antipsychotic medication • % of long-term care residents who fell in the last 30 days

Note: Organizations may also consider adding custom indicators to address their own improvement opportunities and collaborative work with other health service providers.

Abbreviations: *ED*, emergency department; *CTAS*, Canadian Triage and Acuity Scale; *PIA*, physician initial assessment

Thank you

Merci

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