

Details for Organizations Developing and Submitting a Multi-sector Quality Improvement Plan

Background

A Quality Improvement Plan (QIP) is a tool for formalizing improvement targets and activities. By design, many of the recommended priority indicators necessitate cross organization and cross-sectorial collaboration, as well as shared improvement activities to accelerate improvement and move beyond average performance. In Ontario, there are a number of organizations whose governance is shared between multiple sectors. For these organizations, submitting a single common QIP enables formal cross-sector collaboration in establishing shared priorities, setting annual improvement targets and identifying interconnected ideas for change. To support this level of collaboration, Ontario Health is pleased to share that multi-sector organizations that **share one Board of Directors** can submit a common multi-sector QIP to Ontario Health for 2022/23 and beyond. With feedback received from these multi-sector organizations and the opportunities provided via the QIP Navigator, Ontario Health has developed processes to support the development and submission of a common QIP. This document outlines important technical details regarding the QIP Navigator log-in and passwords as well as the shared Progress Report, Narrative and Workplan.

Please contact QIP@ontariohealth.ca for more information.

Quick Notes

- A common QIP can be developed and submitted to Ontario Health for organizations whose governance (one Board of Directors) is shared between multiple sectors
- To support the development and submission of a common QIP, Ontario Health assumes that all multi-sector organizations have a hospital as the “lead” organization

Logging into QIP Navigator

For log-in and password information, the QIP Navigator identifies the hospital as the lead organization, and other sectors in the multi-sector organization as the “satellite” groups. As such, the log-in and password information for the hospital must be used to develop and submit the QIP. Non-hospital organizations within the multi-sector organization may use their current QIP Navigator log-in information to view their historical QIPs for reference. The quality lead, or most responsible person for QIP development for the hospital, should collaborate with colleagues in the non-hospital organizations to determine appropriate processes for (a) sharing and refreshing QIP password information and (b) co-developing their multi-sector QIP. If a new password is needed, Ontario Health will identify the hospital that was issued the original ID and password or reset the hospital credentials (upon request).

Progress Report

When you first log in to the QIP Navigator, you will see a multi-sector Progress Report.

Typically, the collective set of indicators included in the previous year’s (Workplan) submitted by each organization within the multi-sector organization will be “pulled” into the new multi-sector Progress Report. In other words, only one Progress Report will be developed on behalf of the multi-sector organization, with detailed input from all contributing organizations. Ultimately, multi-sector organizations are responsible for determining how they will work together to complete the shared Progress Report, but here are some points to consider:

- The Progress Report includes all indicators that pertain to the multiple sectors in your QIP. A “sort” function enables you to arrange QIP indicators according to organization identification and sector
- The Progress Report allows all sectors to provide details about which change ideas were tested and the outcomes (adopted, amended or abandoned), as well as lessons learned
- Where possible, multi-sector organizations should identify change ideas and quality improvement activities that were shared between some sectors
- The targets, current performance data and change ideas will be pulled from the previous year’s QIP (Workplan) and auto-populated into the current year’s Progress Report

Narrative

The QIP Narrative is an executive summary of the QIP. As such, it is expected to include clear information about the multi-sector organization as a whole and address integration and collaboration strategies both within and external to the organization. Ontario Health acknowledges that the Narrative for multi-sector organizations may be longer than for single organizations as there will be QIP commentary and context for the multi-sector organization as a whole and potentially for each sector.

Workplan

The QIP Workplan for each multi-sector organization is customized to include all the recommended QIP indicators for the representative sectors. QIP indicator profiles can be reviewed by sector-specific organization or “View All” options (see Figure 1a / 1b).

Figure 1a: Example of options in multi-sector QIP Workplan - “View All” organization view

Organization: View All LTC Testnew (TEST) (59999) Hospital xyz1 (TEST) (99994) PC Abc (TEST) (999999)

NEW EXPORT WORKPLAN EXPORT EXTERNAL COLLABORATION REPORT

PREVIOUS FORMAT : CURRENT WORKPLAN BLANK WORKPLAN TEMPLATE

ID	AIM	MEASURE	CHANGE										
QUALITY DIMENSION	MEASURE / INDICATOR	TYPE	UNIT / POPULATION	SOURCE / PERIOD	ORG ID	CURRENT PERFORMANCE	TARGET PERFORMANCE	TARGET JUSTIFICATION	EXTERNAL COLLABORATORS	PLANNED IMPROVEMENT INITIATIVES (CHANGE IDEAS)	METHODS	PROCESS MEASURES	
THEME I: TIMELY AND EFFICIENT TRANSITIONS M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select if you are not working on this indicator) C = custom (add any other indicators you are)													
1	Efficient	Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 2020 - September 2021	59999	13.10	12.00	we will improve this indicator by.....so that.....		#1) implement regular care rounds for residents at risk of xxxx abc def g h i j k l m n o p q r s t u v w x y z	we will conduct daily chart audits of care rounds and care plan and then we will review the EMR for improving things	the total number of residents are at risk of ED visits on a d basis over total number of residents census in the LTC
Add New Change Idea													
2	Efficient	Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment.	A	% / All patients	CIHI DAD / April 2020 - March 2021	99994	99.00	80.00	include any information about why you have chosen this target and associated justification	Espanola & Area FHT, Algoma Manor Nursing Home	#1) 1)Any patient with a L.A.C.E score of 12 or greater will have a complex discharge careplan initiated.	Conduct monthly chart audit and report to monthly flow committee and quarterly to quality committee	Total number of patients with completed face assessment associated care plan over the number of ALC patients
Add New Change Idea													
Add New Measure													
3	Timely	Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital.	P	% / Discharged patients	Hospital collected data / Most recent 3 month period	99994					#1)		

Figure 1b: Example of options in multi-sector QIP Workplan – “Sector-specific” organization view

Organization: LTC Testnew (TEST) (59999)

NEW EXPORT WORKPLAN EXPORT EXTERNAL COLLABORATION REPORT

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Add New Change Idea													
Add New Measure													

In the spirit of collaboration, it is important to ensure that your multi-sector QIP includes contributions, context and indicators from each sector and, where possible, shared targets and change ideas. Organizations should add comments about their decision regarding any QIP priority indicators not included.

Adding Custom Indicators to Your QIP

Multi-sector organizations can add new (custom) indicators to their QIP that apply to either the organization as a whole or a specific sector. When creating a new indicator, you will be asked to indicate which sector this

indicator applies to: options are all sectors or a specific sector. If you choose “All,” the indicator will be created for each sector (Figure 2); distinct targets and change ideas can then be added to reflect the different needs and context for each organization within your multi-sector organization.

Figure 2: Adding a custom indicator/measure to the QIP

The screenshot shows the 'Measure' configuration page in the QIP Navigator. The 'Sector' dropdown menu is open, and a yellow arrow points to the 'ALL' option. The form includes the following fields and options:

- Quality Dimension:** Equitable
- Sector:** ALL (selected)
- Measure / Indicator:** Acute Care/Hospital, Primary Care, Long Term Care
- Unit of Measure:** Other
- Population:** Other
- Data Source:** Other
- Period:** Other
- Organization:** LTC Testnew (TEST)
- Current Performance:** Collecting Baseline Suppressed
- Absolute Target:** Relative Target % Collecting Baseline
- Target Justification:**
- Collaboration Status:** Not in a collaboration

Buttons at the bottom: **DELETE THIS MEASURE**, **CLEAR ALL FIELDS**, **CANCEL**, **SAVE**, **SAVE & CLOSE**

Your experience and feedback regarding how multi-sector submissions into Navigator are working and your suggestions for making it better are greatly appreciated. Please forward your ideas, recommendations and any questions to QIP@ontariohealth.ca with the subject line “QIP Navigator Feedback”.