Home Care

Impressions and Observations

2016/17 Quality Improvement Plans

Health Quality Ontario

Let's make our health system healthier

Ontario
Health Quality Ontario

About Us

Health Quality Ontario is the provincial advisor on the quality of health care. We are motivated by a single-minded purpose: **Better health for all Ontarians**.

Who We Are.

We are a scientifically rigorous group with diverse areas of expertise. We strive for complete objectivity, and look at things from a vantage point that allows us to see the forest and the trees. We work in partnership with health care providers and organizations across the system, and engage with patients themselves, to help initiate substantial and sustainable change to the province's complex health system.

What We Do.

We define the meaning of quality as it pertains to health care, and provide strategic advice so all the parts of the system can improve. We also analyze virtually all aspects of Ontario's health care. This includes looking at the overall health of Ontarians, how well different areas of the system are working together, and most importantly, patient experience. We then produce comprehensive, objective reports based on data, facts and the voice of patients, caregivers and those who work each day in the health system. As well, we make recommendations on how to improve care using the best evidence. Finally, we support large scale quality improvements by working with our partners to facilitate ways for health care providers to learn from each other and share innovative approaches.

Why It Matters.

We recognize that, as a system, we have much to be proud of, but also that we often fall short of being the best we can be. Truth be told, there are instances where it's hard to evaluate the quality of the care and times when we don't know what the best care looks like. Last but not least, certain vulnerable segments of the population are not receiving acceptable levels of attention. Our intent is to continuously improve the quality of health care in this province regardless of who you are or where you live. We are driven by the desire to make the system better, and by the inarguable fact that better… has no limit.

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Introduction

Quality Improvement Plans

A just, patient-centred health system that is committed to relentless improvement. This is our vision for Ontario's health system as defined in *Quality Matters*.

One way that organizations and providers demonstrate this commitment is by sharing their efforts to improve quality in the Quality Improvement Plans (QIPs) that they submit each year. The development of these QIPs and the work that is described within them represent a remarkable effort by health care organizations. In April 2016, more than 1,000 hospitals, long-term care homes, community care access centres (CCACs), and interprofessional team-based primary care organizations across Ontario developed and submitted QIPs.

The QIPs include three components: the Progress Report, the Narrative, and the Workplan. In the Progress Report, organizations reflect on their quality improvement activities and achievements over the previous year. In the Narrative, organizations provide context about themselves and elaborate on key themes such as the collaborations they are forming and how they are working to engage patients and their families/caregivers in their quality improvement work. Finally, in the Workplan, organizations identify the issues that are important to them and describe their plans to address these issues over the coming year. All submitted QIPs are available on Health Quality Ontario's website, representing a public commitment to quality improvement.

Setting priorities for improvement

Each year, Health Quality Ontario works with multiple stakeholders to identify a handful of key quality issues to prioritize across the province, and defines specific priority indicators that organizations can use to track their performance on these key issues in their QIPs. These may reflect sector-specific priorities or system-wide, transformational priorities for which improvement depends on collaboration among sectors. In addition to these key issues, organizations are encouraged to identify issues that are important within their own organization or in a local context, and use the QIP as a tool to improve on these issues as well.

The priority issues/indicators correspond to the six dimensions of a quality health care system (*safe, effective, patient-centred, efficient, timely,* and *equitable*).[1,2] They also align with Health Quality Ontario's work in monitoring health system performance in the province, which is summarized in the *Common Quality Agenda* and our yearly report, *Measuring Up*.

About this report

The purpose of this report is to share what CCACs across the province are working on and how; to highlight a few inspiring initiatives; and to share where there is room for improvement in the province. The examples featured in this report are drawn from the careful review of each QIP to evaluate the data and change ideas described within.

Our analysis of the 2016/17 QIPs is presented in three chapters:

- **Chapter 1: Overarching Observations**, which describes our broad observations from the analysis and touches on key themes and issues for the home care sector;

- **Chapter 2: Priority Issues/Indicators: Highlights from the 2016/17 QIPs**, which briefly summarizes performance on the priority indicators, key change ideas that CCACs are using to improve on these indicators, and spotlight examples of innovative change ideas;

- **Chapter 3: Moving Forward**, which summarizes our key observations, provides guidance on how CCACs can improve the quality of care they provide as they move forward, and links to a few key sources for readers who are looking for more information on the 2016/17 QIPs.

The home care sector

The role of the home care sector is to provide home care services to help people live independently in the community. In 2015/16, the home care sector served nearly 730,000 Ontarians.[3] Staff at Ontario's 14 CCACs determine eligibility for home care services, develop care plans for clients, and coordinate their services with service providers. The CCACs are organized geographically to each serve a single Local Health Integrated Network (LHIN). The 2016/17 submissions marked the third year that the CCACs have submitted QIPs. With planned changes to the home care sector as part of the *Patients First Act, 2016*, home and community care services will transition from the CCACs to the LHINs.

Chapter 1: Overarching Observations from the 2016/17 QIPs

Our analysis of the 2016/17 QIPs has highlighted the considerable efforts that CCACs are taking to improve the care that they provide. There are many successes to celebrate, but as always, there remains room for further improvement in some areas. This section presents the overarching observations from our analysis of the 2016/17 QIPs.

CCACs are increasing their efforts to engage their clients

Engaging with home care clients and their caregivers/loved ones is essential to ensuring client-centred care and to improving client experience. Our analysis of the Narrative sections revealed an increase in the use of more participatory methods in engaging clients in the design of quality improvement initiatives. Notably, the percent of CCACs that indicated that their client and family advisory councils were involved in the development of their QIP rose from 21% of CCACs in the 2015/16 QIPs to 64% in the 2016/17 QIPs. There was no mention of clients being included on quality-focused committees in the 2015/16 QIPs, while 36% of CCACs described this in their 2016/17 QIPs. In addition, specific mention of involving clients in the design of quality improvement activities rose from 14% of CCACs in the 2015/16 QIPs to 36% of CCACs in the 2016/17 QIPs.

CCACs are working to develop partnerships to support integration of care

Partnerships among organizations in different sectors of the health care system are key to providing integrated care to patients in Ontario. CCACs report rich partnerships with other sectors, including many with hospitals (reported by 93% of CCACs) and Health Links (71%). Partnerships with primary care organizations (43%), other CCACs (14%), and long-term care homes (7%) were less frequently mentioned.

CCACs are working hard to advance the issue of palliative care

Palliative care is an important issue for the home care sector, and CCACs demonstrated their commitment to improving this aspect of care by pilot testing a new indicator measuring the percent of palliative/end of life clients who died in their preferred place of death. Seven CCACs (50%) included this indicator in their QIPs and are collecting baseline data. This indicator has been added as an additional indicator for the 2017/18 QIPs.

CCACs are adept at using data to drive change

CCACs frequently cited use of data to drive improvements as part of their change ideas in their 2016/17 QIPs. CCACs have access to timely data about individual clients and their status, and have the capacity to do in-depth stratification with client subgroups using the province-wide Client Health Related Information System (CHRIS) database, which includes assessment data and ongoing progress notes. This represents a strength of the home care sector.

CCACs are increasing their focus on health equity as described in their QIPs

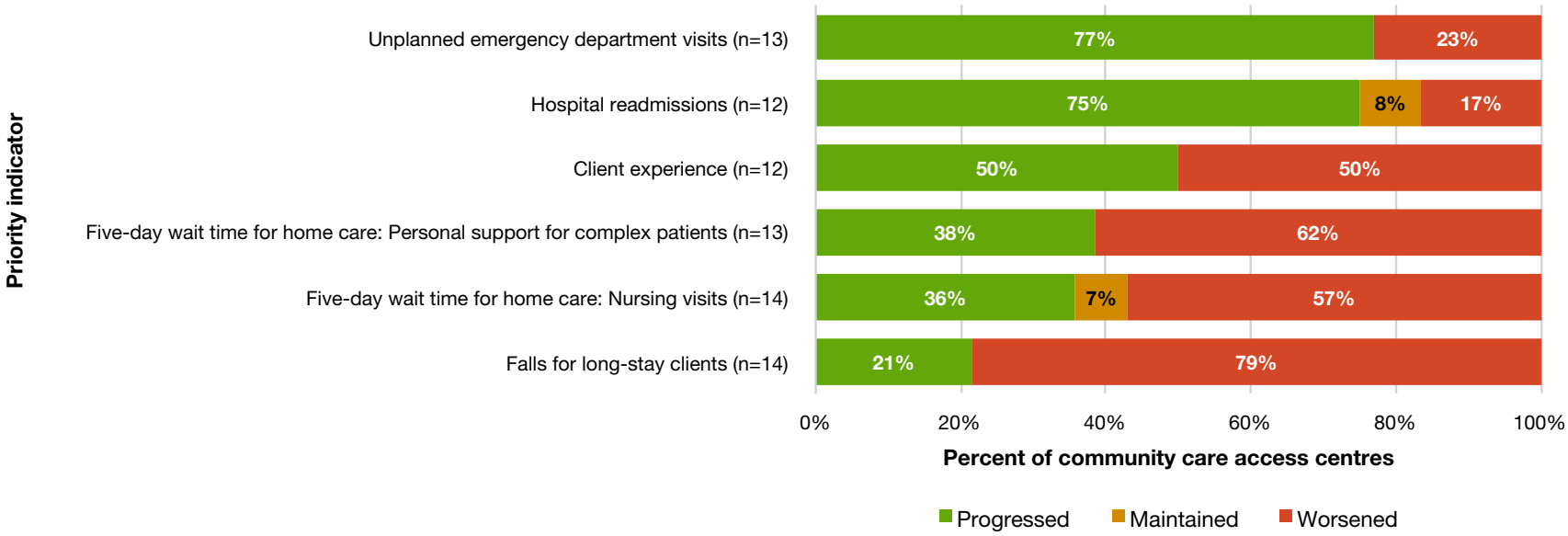
Eleven CCACs (79%) included comments describing their work on health equity. These comments most frequently described providing training related to cultural competency, and providing surveys or services in different languages. Some of these CCACs noted that equity is an emerging focus in their organization.

Looking back: Change in performance from the 2015/16 QIPs

Figure 1 shows the percent of CCACs that chose each priority indicator and progressed, maintained, or worsened their performance when compared to the previous year. Significant variation was observed with regard to the rate of progress on the six priority indicators. The highest rates of progress were observed for the unplanned emergency department (ED) visits, hospital readmissions, and client experience indicators. The lowest rates of progress were observed for falls for long-stay clients and five-day wait time for both nursing visits and personal support services for complex patients. All 14 CCACs selected all three of these indicators in their Workplans for the coming year, demonstrating their commitment to improving their performance.

Although the rates of progress varied, current performance on the priority indicators was quite homogenous across the 14 CCACs.

Figure 1. Percentage of CCACs that progressed, maintained, or worsened their performance on the priority QIP indicators between the 2015/16 QIPs and the 2016/17 QIPs, as reported in the 2016/17 Progress Reports



Looking forward: Selection of priority indicators and target setting for the coming year

Selection of priority indicators

The rate of selection of the six priority indicators for 2016/17 was high among CCACs, with either 13 or all 14 CCACs choosing to work on each priority indicator (Table 1).

Target setting

Target setting is an important feature of the QIP. The targets chosen for any given indicator vary among organizations and may be influenced by many factors, including current performance, provincial benchmarks (if available), provincial averages, accountability agreements, and input from stakeholders.

For any given priority indicator, the majority of CCACs that selected it set targets for improvement. Some CCACs are planning to maintain their performance, and some set retrograde targets for the unplanned ED visits and hospital readmissions indicators in the coming year. Targets were typically set to a 1% to 5% improvement from their current performance (with the exception of five-day wait times for personal support for complex patients, for which targets were typically set to 10–15% improvement). These targets appear to be reasonable, considering that CCACs must drive improvement across an entire LHIN; thus, improving performance even by 1–2% is a significant task.

Table 1. Selection of priority indicators and direction of target setting for the coming year, as reported in the Workplans of the 2016/17 QIPs

Indicator	CCACs that selected the indicator according to the original definition, n (%)	CCACs that selected the indicator and set a target to improve (rather than maintain or worsen) their performance on the indicator, n (%)
Hospital readmissions	13 (93%)	8 (62%)
Client experience	13 (93%)	10 (77%)
Unplanned emergency department visits	13 (93%)	9 (69%)
Five-day wait time: Nursing visits	14 (100%)	12 (86%)
Five-day wait time: Personal support for complex patients	14 (100%)	12 (86%)
Falls for long-stay clients	14 (100%)	10 (71%)

Chapter 2: Priority Issues/Indicators: Highlights from the 2016/17 QIPs

This section of the report contains highlights of CCACs' performance on the priority issues/indicators for the 2016/17 QIPs.

We present a summary of CCACs' approaches to improving on each issue/indicator, including key change ideas. We also present several spotlights on CCACs with exceptional or well-executed change ideas. We encourage CCACs to review these key change ideas and consider whether any might be suitable for adoption in the future.

Improving transitions: Reducing unplanned ED visits and hospital readmissions after discharge

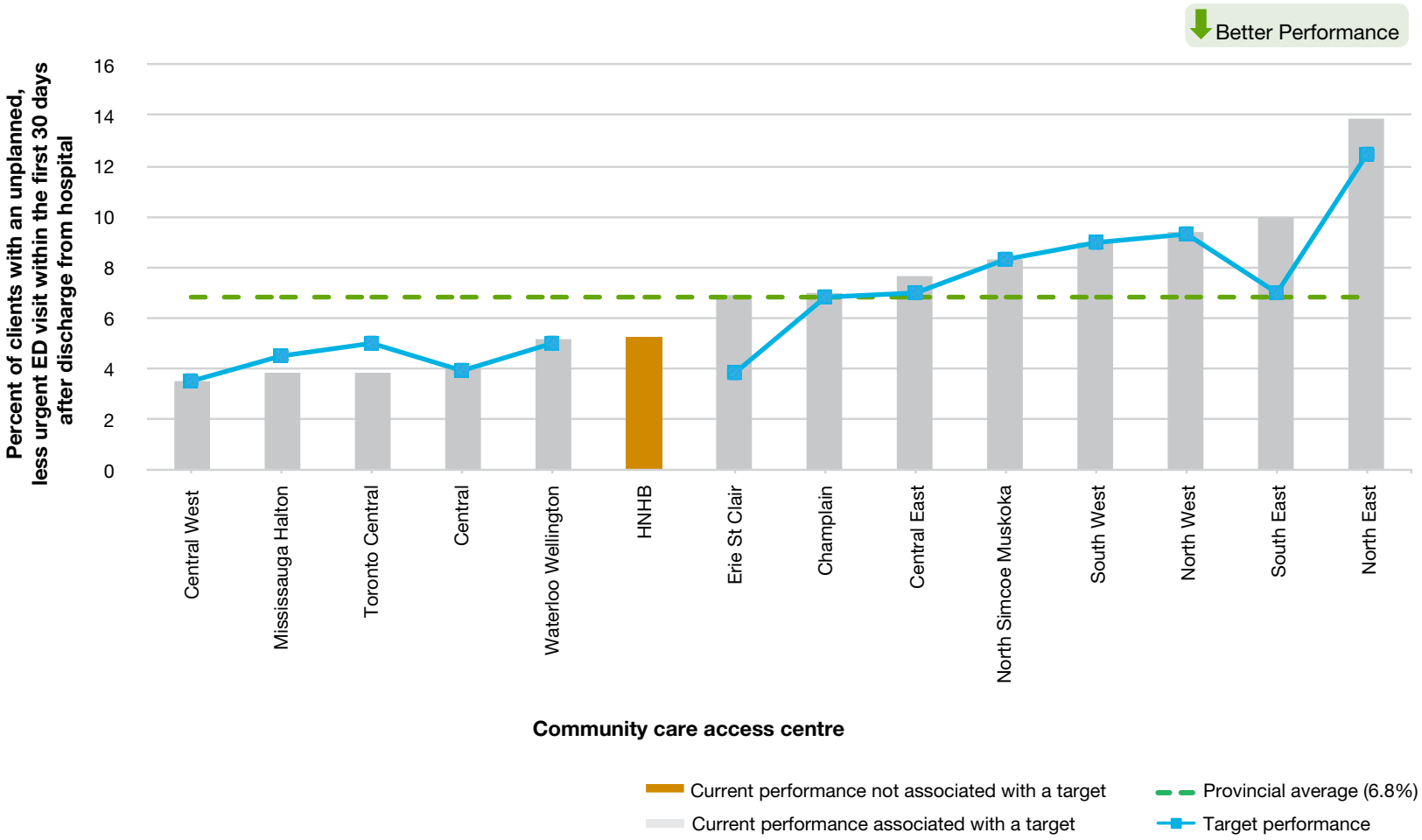
The CCACs have been integral to the province-wide effort to improve continuity of care as people transition from a hospital episode back home. As part of this effort, CCACs have demonstrated leadership and participation in Health Links, integrated funding models, hospital-to-home initiatives, and many more regional improvement projects. Reducing unplanned ED visits and hospital readmissions are both indicative of seamless transitions and effective care coordination following discharge from hospital.

Progress and current performance

Reducing unplanned ED visits

Current performance and target setting for the unplanned ED visits indicator is presented in Figure 2.

Figure 2. Percentage of home care clients with an unplanned, less urgent ED visit within the first 30 days of discharge from hospital, 2016/17 QIPs



Data sources: Home Care database, Canadian Institute for Health Information Discharge Abstract Database, National Ambulatory Care Reporting System, QIP Navigator (2016/17). Reporting period: July 2014 – June 2015. Abbreviations: HNHB: Hamilton Niagara Haldimand Brant.

Hospital readmissions

The median current performance for the hospital readmissions indicator in 2015/16 was 17.3% (range 14.7% to 20.7%).

Approaches to improving performance on these indicators

Common change ideas used for both reducing unplanned ED visits and reducing hospital readmissions included:

- Assessing post-discharge risk while in hospital
- Referring complex patients to Health Links or integrated funding models
- Use of specialized outreach teams, such as palliative care teams
- Use of technology enablers, such as the Ontario Telemedicine Network or the use of e-notifications about discharge

Ensuring timely and accurate medication reconciliation at discharge was a common focus for reducing hospital readmissions. Similar change ideas were frequently noted in both the Progress Reports and the Workplans of the QIPs, which may indicate that these CCACs are focusing on sustaining changes.

- **Waterloo Wellington CCAC** has a partnership with the Emergency Medical Services to directly refer clients they see in need to the CCAC. This project involves a referral to the CCAC directly in the client's home to implement services and avoid unnecessary visits to the ED. Though referral volumes are low, they are often for clients who are otherwise repeat visitors to the ED.

- **South West CCAC:** Organizations worked together to improve performance on indicators related to alternate level of care across the South West LHIN. In 2016/17, 14/15 hospitals chose to work on indicators related to alternate level of care. Nine of the hospitals included key change ideas mentioned in the CCAC's QIP Narrative describing the South West LHIN collaborative to improve alternate level of care, including ideas such as the Hospital to Home program and the CCAC's Access to Care program. The Access to Care program supports assessment and coordinated access for rehabilitation, transitional care, restorative care, and complex continuing care beds in hospitals as well as adult day programs, supportive housing, and assisted living.

- **Mississauga Halton CCAC**, in partnership with the Share Care Council and Trillium Health Partners, has engaged with clients to define the problems and challenges clients perceive must be addressed for a successful discharge home. Here are two examples of clients' perceptions:
  - *I need a person that is not rushed, that will spend time with me, e.g., explain what is going to happen, train me in equipment being used, make sure I am comfortable, and provide contact information*
  - *I need someone who is sensitive to my cultural needs/situation – this does not have to be a clinical person.*

To read a full description of this initiative, including more statements from clients, download Mississauga Halton CCAC's QIP from QIP Navigator.

- In **North Simcoe Muskoka CCAC**, technology is helping to reduce hospital readmissions by allowing electronic medical records access for care coordinators linked to the South Georgian Bay Family Health Team. They have also enabled Health Link navigators outside of the CCAC to access their clients' care plans by giving them access to the shared community health portal. The CCAC continues to work with primary care organizations who express readiness to access patient information in CHRIS through the portal, adding the North Simcoe Community Health Link in 2017/18.

- To ensure closer connections between care coordinators, primary care providers, and the clients themselves, the **Central West CCAC** has completed a Transformation Project that mapped each care coordinator to a primary care provider. They have also developed a data report that identifies clients who have received care according to the best-practice service guidelines for avoiding a hospital readmission, yet were still readmitted to hospital within 30 days of discharge. Access to these data enables the CCAC to conduct collaborative case debriefs with the service providers assigned to each client.

Client experience

This indicator provides information on the overall experience of home care clients. It reports the percentage of home care clients who are satisfied with:

- the services provided by the CCACs;
- the management or handling of their care by their care coordinator; and
- the services provided by the service providers.

CCACs can choose any one of these three options for reporting on this indicator.

The measure reported is the percent of home care clients who responded "Good", "Very Good", or "Excellent" on a five-point scale to any of the client experience survey questions.

Progress and current performance

Current performance on this indicator ranges from 90% to 94%, and the median performance is 92.1%.

Approaches to improving performance on this indicator

Overall, the most commonly cited category of change ideas was including clients in quality improvement initiatives. Examples included implementing client councils, client learning circles, developing flexible care plans directed by the client, and reducing the number of days to resolve complaints. Other common change ideas were staff education, audit and feedback, and following up on complaints and concerns (which are a key input to improvement strategies for several CCACs).

Here are some unique examples:

- Last year, **Toronto Central CCAC** initiated a research study to understand how to better identify caregivers who are at risk of stress, and ultimately identify ways to better support them. Phase 1 of this research study was completed in 2015/16 with the support of researchers at the University of Waterloo to use evidence to identify caregivers most at risk. Phase 2 of the study, which will include engaging caregivers to help develop and test supports for them, will be initiated in 2016/17.

- **North Simcoe Muskoka CCAC** plans to correlate staff and client experience results; evidence shows that there are clear links between improved staff experience and better care for patients,[4] so more is to be learned by co-examining the data.

- **North East CCAC** plans to improve the live answer rate for reception so that patients can expect to get a receptionist instead of an answering machine when they call.

- **Champlain CCAC** has set a stretch target of complaints resolution within 20 days of receiving the complaint. The average number of days to resolution was 27.8 days in 2015/16. Although their stretch target is aggressive, it served to reinforce the importance of timely complaint resolution. Continued analysis will focus on reviewing factors influencing complaint resolution time, improving management oversight of complaint resolution time, and identifying strategies to facilitate the timely resolution of client complaints.

- Four years ago, **Toronto Central CCAC** and its 22 contracted service provider partners launched a more client-centred approach to care planning and delivery called 'Changing the Conversation'. This award-winning practice has now expanded to other parts of the province and the country, and was recognized as a Leading Practice by Accreditation Canada in 2015. Over the past five years, the CCAC's scores on the survey question 'Would

you recommend the CCAC to your family or friends if they needed help?' increased from 88% to 98%, and scores for overall satisfaction have climbed to above 90% and stayed at that level. The CCAC has continued to focus client experience efforts on sustaining what's most important to clients as the foundation of their approach to planning and delivery of care.

- **Mississauga Halton CCAC** has developed an initiative called the Flexible Personal Support Worker Care Pilot Initiative to pilot a "neighborhood cluster model" for clients to provide an increase in choice in scheduling personal support care. Two different models are being tested with two service provider organizations in two neighbourhoods. Both models are part of an eight-month pilot that began in September 2015, offering more frequent care and check-ins over a maximum four-month period for chronic and complex clients who need additional care and help with daily activities to stay at home safely and comfortably. Clients will be surveyed on their experience as they are discharged from the pilot program. Preliminary data shows a decrease in the number of visits and the duration of visits over time.

- In **South East CCAC**, the client care model is being expanded to have community care coordinators follow their clients throughout their hospital stay and facilitate discharge, then continue to maintain their coordination role in the community. The effort is targeting the eastern geographic area (Brockville and Perth-Smiths Falls). They are currently establishing baseline measures of client experience with hospital discharge, and will continue to monitor this and other measures throughout the implementation of the initiative. By November 2016, the aim is that 70% of community care coordinators will follow active clients in Bancroft.

Timely access to care: Five-day wait time for home care: Nursing visits and personal support for complex patients

These indicators measure:

- The percentage of patients who received their first nursing visit within five days of the service authorization date
- The percentage of complex patients who received their first personal support service within five days of the service authorization date

Progress and current performance

Five-day wait time for nursing visits

The median current performance on this indicator is 94% (range 88% to 96%). This is approaching the provincial benchmark of 95%.

Five-day wait time for personal support for complex patients

The median current performance on this indicator is 85% (range 74% to 92%). This indicator shows the most variation in performance of all the priority indicators for CCACs. The improved current performance of one CCAC (North Simcoe Muskoka) accounts for much of the provincial change over the past three years; this CCAC has progressed from an initial performance of 62% in 2014/15 to 76% in 2016/17, with a target to reach 85% in 2017/18.

While the performance on the nursing visits indicator is high, there remains room for improvement on the personal support services indicator. Five of the 13 CCACs who chose the personal support services indicator in their Workplans in 2015/16 demonstrated improvement. Of these five CCACs, three met or exceeded their target.

Approaches to improving performance on these indicators

Overall, similar change ideas were noted in both the Progress Reports and the Workplans of the QIPs for both of these indicators.

For the third year, one of the most common change ideas documented was to explore coding to ensure that people who are unavailable within the expected five day time frame are not included in the wait time analysis. This was the most common change idea for nursing, and the second most common change idea for personal support services. Accuracy is important in defining the population of interest. Another common change idea was audit and feedback (either internally within CCAC program staff or with service providers), particularly for addressing personal support services wait times. Care coordinator education on standardized service approval processes and staff education were also commonly cited.

The following challenges were reported by the CCACs in improving on the nursing visits indicator.

- Generally, performance on the nursing visits wait time indicator was already 90% or better. CCACs may be encountering a ceiling effect for this indicator.

- There are certain issues related to the measurement of these indicators, which were noted by many CCACs. Clients may report that they are not available for an appointment within the five-day period after they are authorized for personal support services or nursing visits. As CCACs consider how best to support clients at the start of their services, many CCACs are considering modifying the indicator to consider clients' preferences for starting various treatments. This is reflected in a preponderance of change ideas aimed at improving coding.

The change ideas chosen to address wait times for personal support services are more fulsome than for the wait times for nursing visits indicator, and include considerations of staff complement, staff availability, and issues related to distance.

For both these wait time indicators, 80% of CCACs continue to set targets to improve in their Workplans.

Spotlights on implementing best practice

South East CCAC plans to continue implementation/validation of changes in practice for care coordinator staff to request service within five days unless there is a reason why it would not be appropriate. Steps to achieve this change include finalizing procedure changes, educating staff and ensuring effective communication, and identifying exceptions and barriers to implementing the changes.

Hamilton Niagara Haldimand Brant CCAC uses Five Day Wait Time Dashboards to monitor performance on these indicators. They provide monthly reports to each service provider, and detailed reports for further investigation and root cause analysis where targets are not met. They also support their service providers in implementing corrective actions when required. Their goal is that a service offer occurs within one day of authorization 95% of the time.

South West CCAC worked collaboratively with their service providers to develop and implement a Service Initiation Tool to improve the prioritization of clients' first visits. They also conducted a Lean Kaizen event for service initiation processes and, in collaboration with service providers and patient care staff, identified opportunities for process improvement. Current performance for the nursing visits indicator improved from 92.5% last year to 93.1% this year. Current performance for the personal support services indicator improved from 88.9% last year to 90.0% this year.

Spotlight

Throughout 2015/16, **North Simcoe Muskoka CCAC** was able to meet a monthly target of achieving 90% of service offers occurring within one day or less of service authorization for both hospital and community referrals (with the exception of June 2015). The CCAC continues to audit referrals that do not meet the five-day wait time to understand factors that contribute to variance and make improvements to the current process. For 2016/17, the CCAC has set a target to further improve from their current performance of 76% to 85% of complex patients receiving the first visit within five days for personal support services.

Safety: Preventing falls for long-stay clients

This indicator measures the percentage of adult long-stay home care clients that have a fall on their follow-up Resident Assessment Instrument – Home Care Assessment.

Progress and current performance

All 14 CCACs chose this indicator. Although all CCACs set targets to improve, actual performance worsened for approximately 80% of CCACs. Since there is no benchmark available for this indicator, it is difficult to judge if current performance is currently near an expected population rate for home care clients.

Patient complexity can be shown to impact performance on this indicator. Risk-adjusted data considers factors such as patient complexity, while unadjusted data does not. Both risk-adjusted and unadjusted data showed worsening performance of falls prevalence over time; however, the change in performance was larger for the unadjusted data, which suggests that patient factors may be contributing to the decline in performance. The falls prevalence using risk-adjusted public performance data was 28.5% in 2011/12, worsening to 31.4% in 2015/16 (a difference of 2.9% over four years). In contrast, the falls prevalence using unadjusted data was 31.0% in 2011/12, worsening to 36.6% in 2015/16 (a difference of 5.6% over four years).

Falls are an important safety issue: in 2012/13, half of all fall-related hospitalizations in Canada occurred as a result of falls in the home.[5] Compared to hospitalizations for seniors that were not fall related, seniors experiencing a fall-related hospitalization were four times as likely to spend time in alternate levels of care.[5] Medication reconciliation and attention to the use of benzodiazepines, antidepressants, and antipsychotics were cited as important to monitor, particularly as people age; these elements have been associated with an increased risk of falls.

Approaches to improving performance on this indicator

Reducing falls is a multifaceted quality issue: success is based on the ability to identify those at risk and effectively connect them to accessible preventive care such as falls prevention programming. Frequent screening to identify those with increasing risk, considering needs of more moderately impaired and more severely impaired people in falls prevention programming, and ensuring the removal of environmental hazards are important as well. Large-scale change to reduce falls in long-stay home care clients will require a multidimensional approach linking a defined population to appropriate and available falls prevention programming through an efficient process.

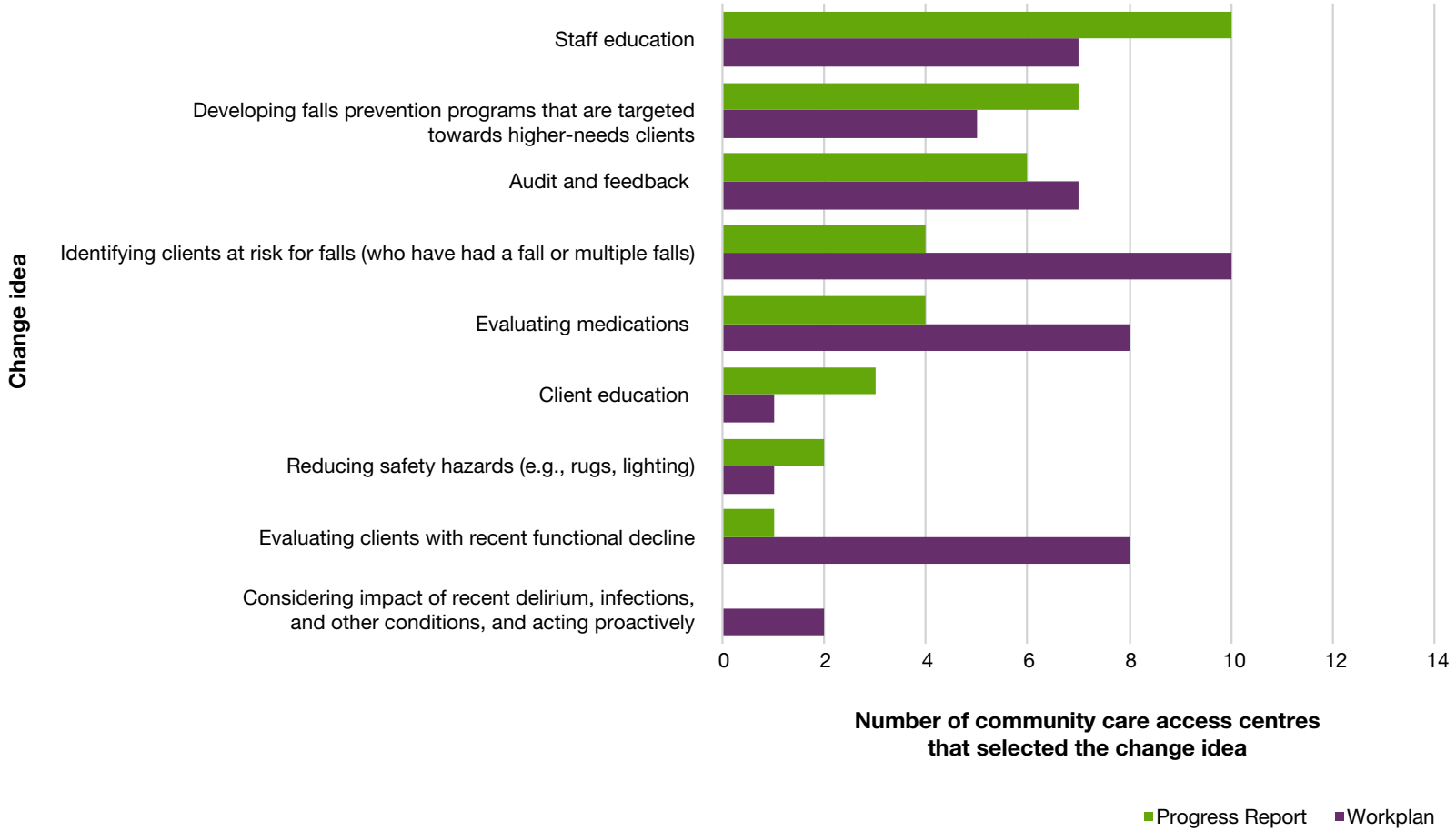
Falls prevention strategies in home care organizations are audited by the Accreditation Canada Qmentum program. A report by Accreditation Canada, The Canadian Institute for Health Information, and the Canadian Patient Safety Institute[5] suggests that worsening performance for the falls indicator may be related to a change in the patient population. In addition, as staff standardize ongoing assessment and reassessment of falls, there may be an increase in falls reporting due to a measurement effect.

The CCACs' challenge is to train not only coordinators but negotiate and partner with service provider organizations so that all staff involved with clients are monitoring/acting on environmental and client-specific risks for falls. Many change ideas in the CCACs' QIPs focused on how such a large-scale effort could be achieved. This will help in identifying those at risk for falls and connecting them to programming. In addition to staff education, CCACs

should continue to work on integrating with community programming (e.g., falls prevention programs, involving rehabilitation services) to improve local program access.

Figure 3 shows the most common change ideas chosen in the Progress Reports and the Workplans. Note that CCACs reported different change ideas in their Workplans compared with their Progress Reports, indicating that they are evolving their approaches to improving on this indicator as they move forward. Newer change ideas include planning to evaluate those with recent functional decline and considering the impact of conditions such as delirium and infections.

Figure 3. The most common change ideas to reduce falls, 2016/17 QIPs



Common evidence-based change ideas include removing environmental hazards and promoting exercise and falls preventions classes for seniors. More information on these and other approaches is available on Health Quality Ontario's Quality Compass.

Hamilton Niagara Haldimand Brant CCAC plans to complete a review of elements of the Registered Nurses' Association of Ontario's Best Practice Guideline for Prevention of Falls and Fall Injuries in the Older Adult by engaging Branch Leads and Falls Champions to act as subject matter experts to review teaching/education plans, promote the Best Practice Guideline, and respond to practice questions. They are also continuing their work on an overall medication reconciliation strategy with hospital and service provider partners across the Hamilton Niagara Haldimand Brant LHIN to reinforce the association between medications and falls.

Spotlight

In the **Central West CCAC**, the expansion of in-home physiotherapy is one part of a broader strategy that includes exercise and falls prevention classes. These include classes for clients with chronic obstructive pulmonary disease and stroke that use the Quality-Based Procedures Clinical Handbooks as resources. The program has proven successful to date, with a low attrition rate (<10%) and positive results from patient reported measures regarding the program, such as reported improvements in balance (73%), strength (68%), and mobility (60%). There is a central phone line to arrange a physiotherapy visit and over 149 health and wellness classes across the LHIN.

Chapter 3: Moving Forward

Over the past four years, CCACs have documented their commitment to improving home care in their QIPs. They have described large-scale quality improvement initiatives and have achieved positive results. The capacity that CCACs have built in this respect will support the ongoing focus on delivering high-quality home care throughout the changes to the health care system enabled by the passage of the *Patients First Act, 2016*.

Review of the indicators used to measure performance in the home care sector

In accordance with one of the recommendations in *Bringing Care Home*, the report of the Expert Group on Home & Community Care released in 2015, Health Quality Ontario is reviewing the indicators used to assess the performance of the home care sector. This review involves an extensive consultation with clients, providers, and researchers, and will likely lead to changes in the indicators used for public reporting as well as the QIP indicators in the future. New or updated indicators may expand or improve, providing more relevant information important to patients and other stakeholders than current indicator analysis can provide.

Developing partnerships to support effective transitions in care

The home care sector was one of the strongest sectors with regard to their partnerships with other organizations, which is fitting considering their role in the health care system. Partnerships between CCACs and Health Links, hospitals, primary care organizations, and long-term care homes can go a long way to smoothing transitions of care for home care clients. As the CCACs integrate with the LHINs, maintaining these partnerships between home care and other health care organizations as well as community organizations will be an ongoing enabler to improving care.

Promoting health equity

Improving health equity is an increasing focus in this province, and the 2016/17 QIPs marked the first year that organizations were asked to submit a description of the work they are doing to improve health equity. CCACs reported on using cultural sensitivity training and training staff on the social determinants of health. We look forward to learning more about how they are incorporating an equity lens into their work. More information on this and other approaches to health equity that health care organizations across Ontario have described in their QIPs are presented in Health Quality Ontario's snapshot on health equity in the 2016/17 QIPs.

The 2016/17 QIP Program Evaluation Survey

In May 2016 – shortly after the 2016/17 QIPs were submitted – we conducted a survey of QI leads, Executive Directors, CEOs, administrators and Board Chairs to ask about their opinions and experiences with preparing and supporting QIPs in their organizations.

Respondents generally reported positive opinions on the QIPs:

- 89% of Board Chairs indicated that the QIP supported their organization to improve their performance
- 68% of CEOs, Executive Directors and administrators agreed that the QIPs encouraged the organization to talk about quality and quality improvement to a greater degree than they were doing before the QIPs.

However, the survey responses also revealed opportunities for improvement and areas where organizations need more support. For example, we will be increasing our efforts to get organizations thinking about how they can use the QIP to support their efforts toward patient engagement and integration/partnerships.

As part of this effort, we have released a report that shares stories of patient engagement from the 2015/16 QIPs (*Engaging with Patients: Stories and Successes from the 2015/16 Quality Improvement Plans*) and a guide for health care providers looking to engage patients and caregivers in quality improvement. We are also working on a similar analysis related to stories of integration and partnerships in the 2016/17 QIPs, and have released 14 LHIN Snapshots meant to facilitate local collaboration/integration. Finally, we have included sections on both patient engagement and partnerships in this report. We hope that these actions will bring patient engagement and integration/partnerships to the forefront of the QIP program in future years.

Engaging clients and their caregivers

CCACs have increased their client engagement over the past year. In particular, the use of client and family advisory councils has increased more than two-fold compared with the 2015/16 QIPs. As CCACs continue to evolve their engagement, they should refer to Health Quality Ontario's *Engaging with Patients and Caregivers in Quality Improvement: A Guide for Health Care Providers*, which presents useful guidance on how organizations or teams of health care providers can engage patients in improving their care. Health Quality Ontario's report, *Engaging with Patients: Stories and Successes from the 2015/16 Quality Improvement Plans*, also contains many useful examples of how organizations in Ontario have engaged their patients, drawn from the 2015/16 QIPs.

Working on emerging issues

Several themes are becoming increasingly prominent in Ontario, and include palliative care, mental health, opioid use and prescribing practices, and workplace safety. Some CCACs are already focusing on one or more of these issues – a great example being the seven CCACs that piloted the newly developed palliative care indicator and described this in their 2016/17 QIPs. All CCACs should consider their current performance and how they can improve on these issues, as they may be incorporated into the QIP or other initiatives in coming years.

There were a few good examples of how CCACs are already working on these issues (particularly mental health) in the 2016/17 QIPs. In **Central CCAC**, the focus is on identifying clients with mental health needs through Health Links and focusing work to engage them in Health Links. **Champlain CCAC** sought to increase capacity and capability by instituting clinics to help the homeless, providing staff and providers with cultural sensitivity training, and training staff on the social determinants of health. In **Waterloo Wellington CCAC**, the focus is on reducing service wait times for those with a mental health diagnosis. Change ideas focused on partnerships, and process re-engineering of service protocols for the mental health nursing program.

CCACs could review quality standards relating to care in the community as they are released and consider how they might use these standards to guide quality improvement work. In the future, we envision that the quality standards and QIP priority issues will be closely aligned. CCACs might also consider how their participation in other quality improvement initiatives that may be related to these issues might best be integrated into their QIPs.

Maintaining a focus on quality through the planned transition

As we look to the 2017/18 QIP submission, it will be a year of transition for the CCACs and the LHINs as the *Patients First Act, 2016* is implemented and the LHINs assume oversight of the QIPs. CCACs and LHINs have begun to collaborate in the development of the QIPs, with a focus on maintaining a clear commitment to quality and ongoing improvement for the home care sector. CCACs and LHINs will develop and submit the 2017/18 QIPs together, and the LHINs will continue to support implementation of the plan and provide board oversight for the QIPs through this transition.

Overall, the 2016/17 QIPs demonstrate that CCACs are not simply recognizing that opportunities for improvement exist, but are taking meaningful action towards improvement, engaging their clients and partners, and learning from successes and failures along the way. It is this commitment to relentless improvement that will result in a just, patient-centred health system for all Ontarians.

Where to go for more information

This report is intended to be a summary of our observations, not a detailed description of all of the information in the 2016/17 QIPs. There is a vast amount of data presented in these QIPs that is not discussed in this report.

Here are a few key sources for more information on the 2016/17 QIPs and tools for improvement while developing next year's QIPs:

- **Query QIPs** and **Download QIPs**: The Query QIPs tool allows the user to search within all submitted QIPs using filters such as keyword, LHIN or indicator. For example, users might search the Workplans of all QIPs for a particular indicator to read how organizations plan to improve on that indicator, or might search for "equity" in any section of the QIPs to identify how organizations are supporting health equity across the province. The Download QIPs tool is a searchable database of all QIPs submitted to Health Quality Ontario, and allows the user to read the full text of any QIP that they are interested in.
- **The indicator library**: This resource is a fully searchable library that includes all indicators on which Health Quality Ontario reports. Each indicator page includes a description of the indicator, its technical specifications, information on its alignment with similar indicators, information about and/or links to data sources, and other details about the indicator.
- **Quality Compass**: This evidence-informed, searchable tool presents best practices, change ideas, targets and measures, and tools and resources for the priority indicators selected for the coming year's QIPs, as well as for other common indicators.
- **Measuring Up**: Health Quality Ontario's yearly report on health system performance presents data on indicators described in the ***Common Quality Agenda***, which largely align with the priority and additional indicators described in the QIPs.

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