North Simcoe Muskoka LHIN 2016/2017 QIP Snapshot Report

Health Quality Ontario
The provincial advisor on the quality of health care in Ontario

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INTRODUCTION

Purpose

- To give each Local Health Integration Network (LHIN) a snapshot of its quality improvement efforts as reflected in the 2016/17 Quality Improvement Plans (QIPs) submitted to Health Quality Ontario by hospitals, interdisciplinary primary care organizations, community care access centres and long-term care homes
- To identify general observations, highlight areas that have shown improvement, and identify potential areas for improvement (focusing on a few indicators)

How this Report Should be Used

We intend for this report to:

- Be used for discussion by the LHIN and its HSPs on successes and areas for improvement as reflected in the QIPs
- Stimulate collaboration within and among organizations across the LHINs who may be working on similar change ideas or areas for improvement.
- Be used as a discussion point with the Regional Quality tables.
- Be shared with the LHIN board and/or the Boards of the HSPs in your LHIN

This report has been produced in an editable PowerPoint format to support the above uses.

Report Structure

For a select number of 2016/17 QIP indicators, this report will summarize:

1. **Quantitative data** including:
   - Current performance and indicator selection
   - Progress made on 2015/16 QIP
2. **Qualitative data** including:
   - Change ideas and partnerships
   - Barriers and challenges
   - Success stories

For more information about these and other indicators, please visit the Health Quality Ontario website to access the publicly posted QIPs (Sector QIP) or to search the QIP database (QIP Query)

Rationale for Selected Indicators

This snapshot provides information on priority indicators that require collaboration and integration across sectors

Hospital

- 30-Day Readmissions for Select HBAM Inpatient Groupers
- 30-Day Readmissions for Select Quality-Based Procedure (QBP) Cohorts (Chronic Obstructive Pulmonary Disease, Stroke, Congestive Heart Failure)
- Alternative Level of Care Rate

Primary care

- 7-Day Post-Discharge Follow-up
- Timely Access to Primary Care
- Hospital Readmissions for Primary Care Patients

For more information about these QIP indicators, see the 2016/17 QIP indicator technical specification document

Community care

- Hospital Readmissions for Community Care Access Centre (CCAC) Clients

Long-term care (LTC)

- Emergency Department Visits for Ambulatory Care–Sensitive Conditions

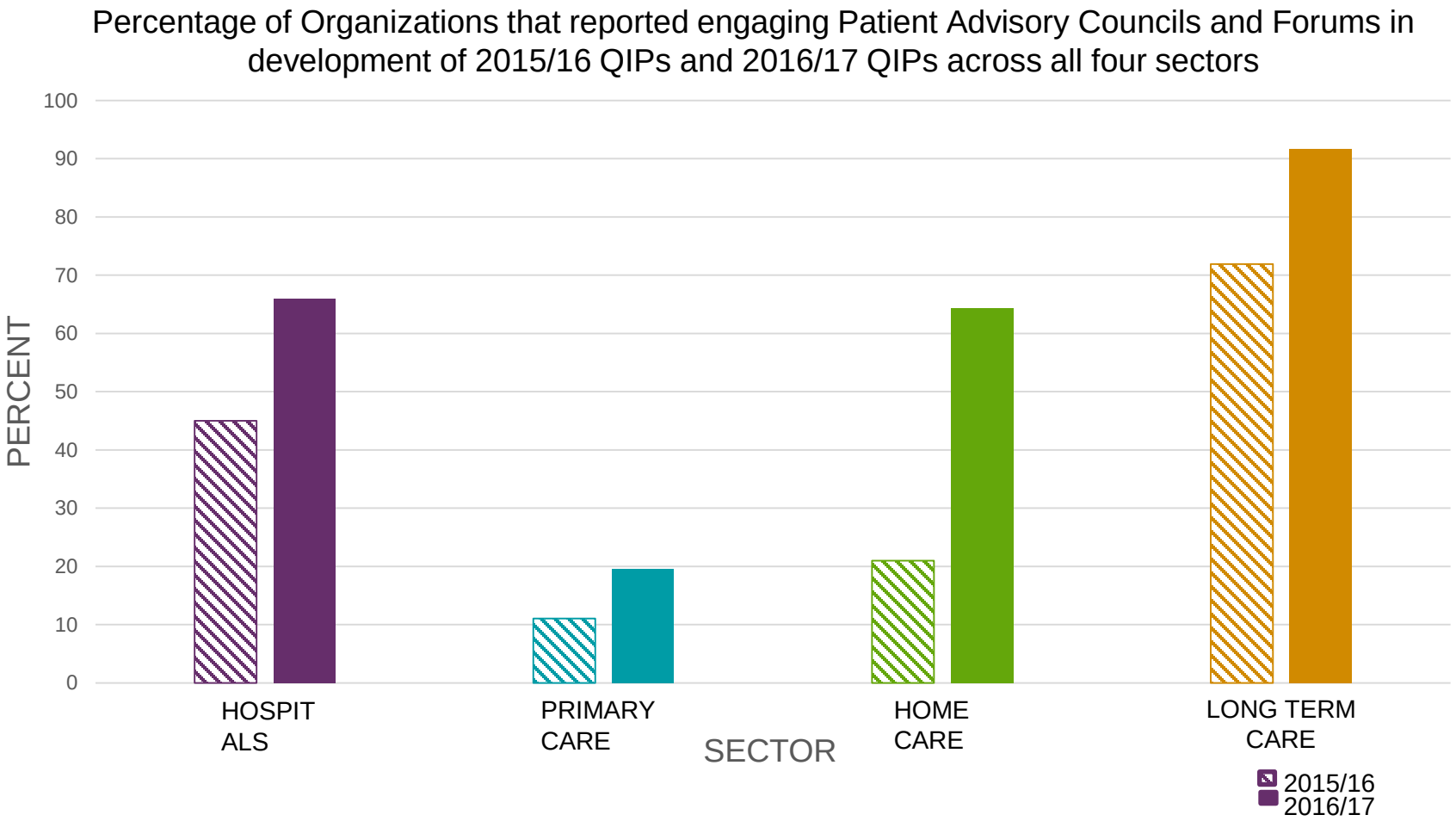
North Simcoe Muskoka LHIN Overview

Sector	QIP Count	Description
Hospitals	6	• 5 large community hospitals • 1 mental health facility
Primary care	12	• 6 Family Health Teams (FHTs) • 3 Community Health Centres • 3 Nurse Practitioner Led Clinics
Community care	1	• 1 CCAC
Long-Term care	26	• 7 not-for-profit homes • 15 for-profit homes • 4 municipal homes
Multi-sector	0	

Key Observations – Overarching

- Reflecting back on their 2015/16 QIPs, 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.

All sectors described an increased use of Patient and Family Advisory Councils and Forums in the development of their QIPs



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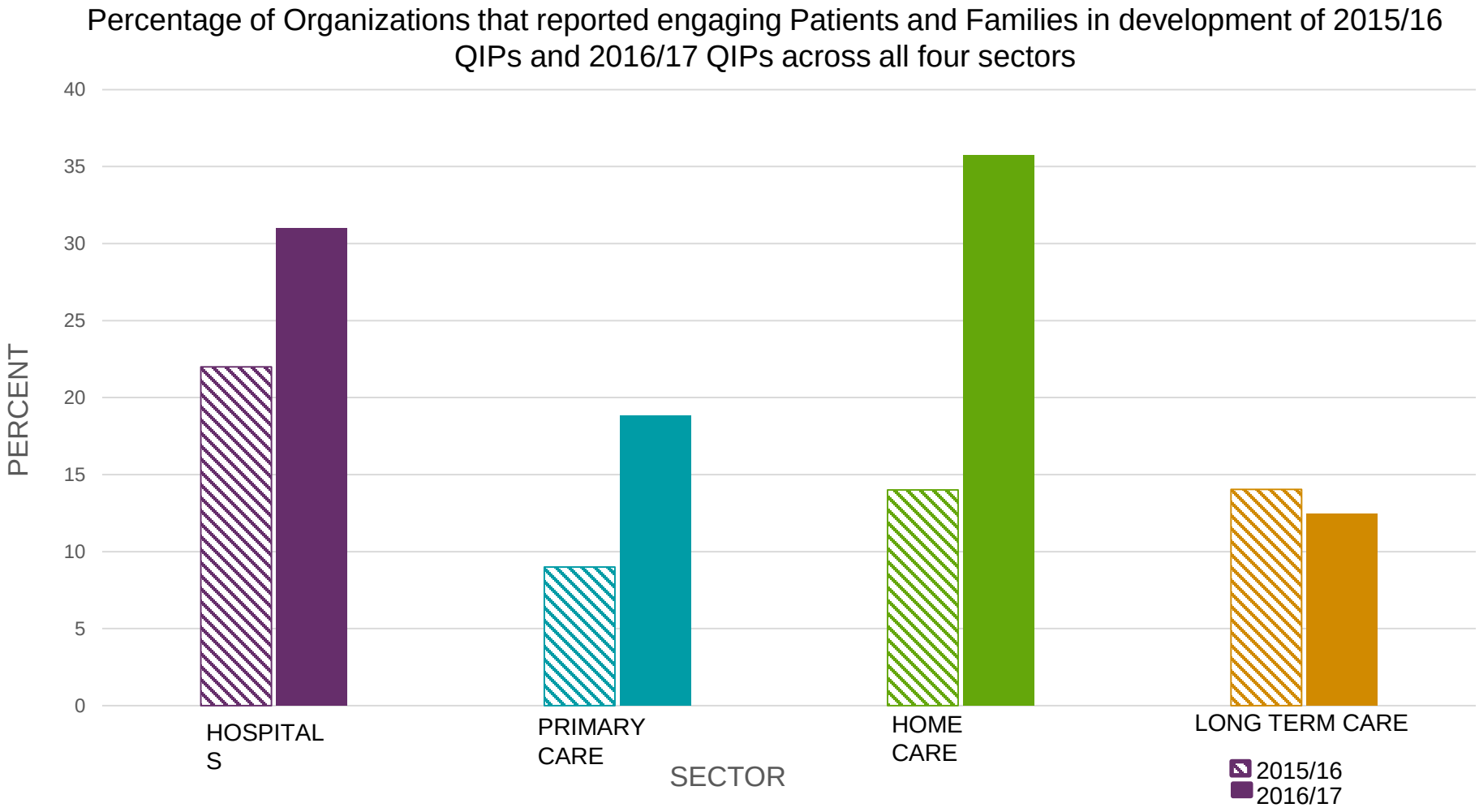
Most sectors described an increased engagement of patients and families in the co-design of QI initiatives



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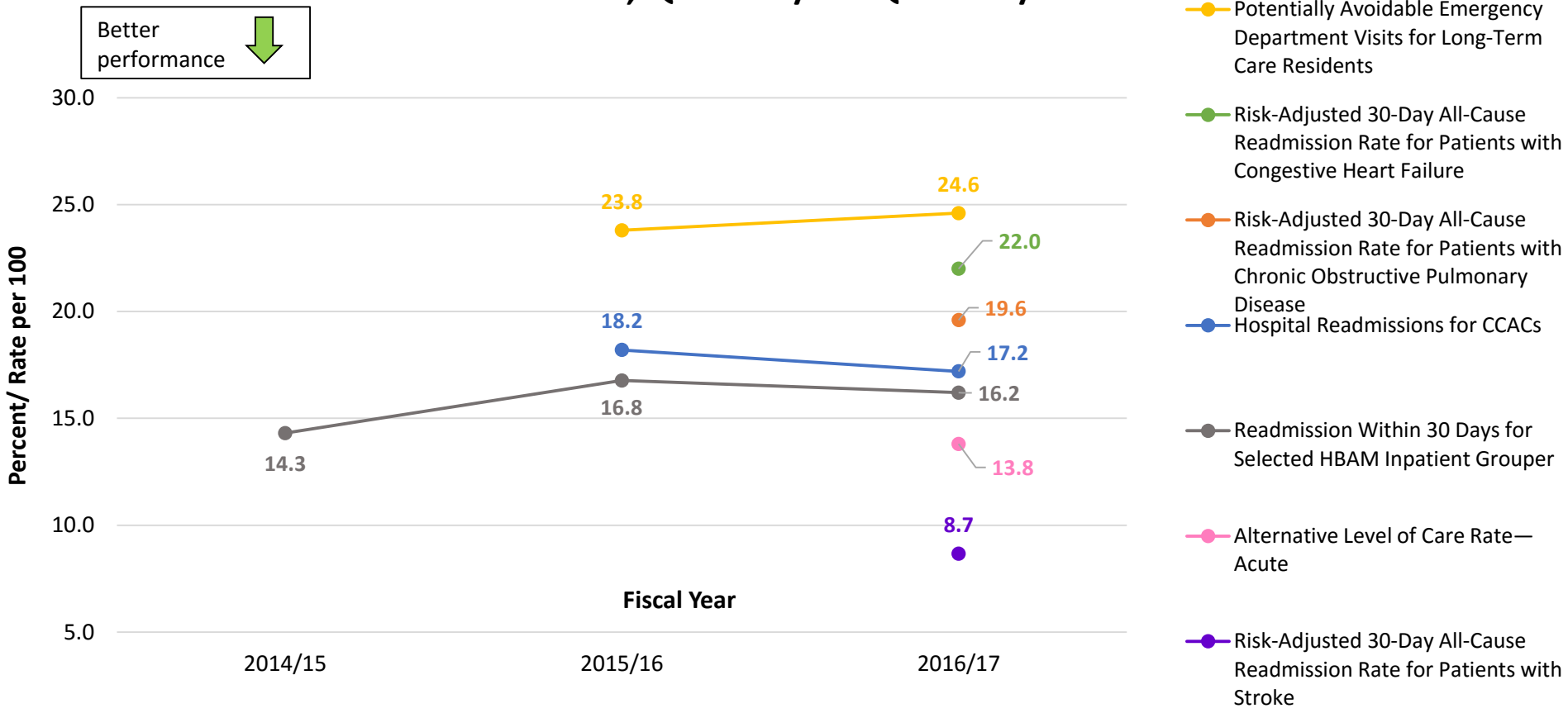
Key Observations – Per Sector

- **Hospitals:** The area where the most hospitals reported progress was emergency department length of stay (61% of hospitals reporting progress), followed by positive patient experience (recommend hospital; 60% of hospitals reporting progress).
- **Primary care:** The area where the most primary care organizations reported progress was cancer screening (65% reporting progress in colorectal cancer screening and 55% reporting progress in cervical cancer screening).
- **Home care:** The area where the most CCACs saw progress was related to integration issues (77% of CCACs reported progress on unplanned emergency visits and 75% of CCACs reported progress on hospital readmissions).
- **Long-term care:** The area where the most homes reported progress was appropriate prescribing of antipsychotics (78% of homes reporting progress).

QUALITY IMPROVEMENT PLAN DATA

Provincial Averages

Ontario provincial averages (%) for selected integration indicators across sectors*, QIP 2014/15–QIP 2016/17



*Data were obtained from external sources, and indicators presented in the graph are risk-unadjusted unless specified otherwise. Potentially avoidable ED visits for long-term care residents has a unit of rate per 100 long-term care residents; all other indicators have a unit of percent. Provincial average data were not available for primary care organization indicators from external data sources and are not presented in this graph.

Data sources

Potentially Avoidable Emergency Department Visits for Long-term Care Residents: Canadian Institute for Health Information.

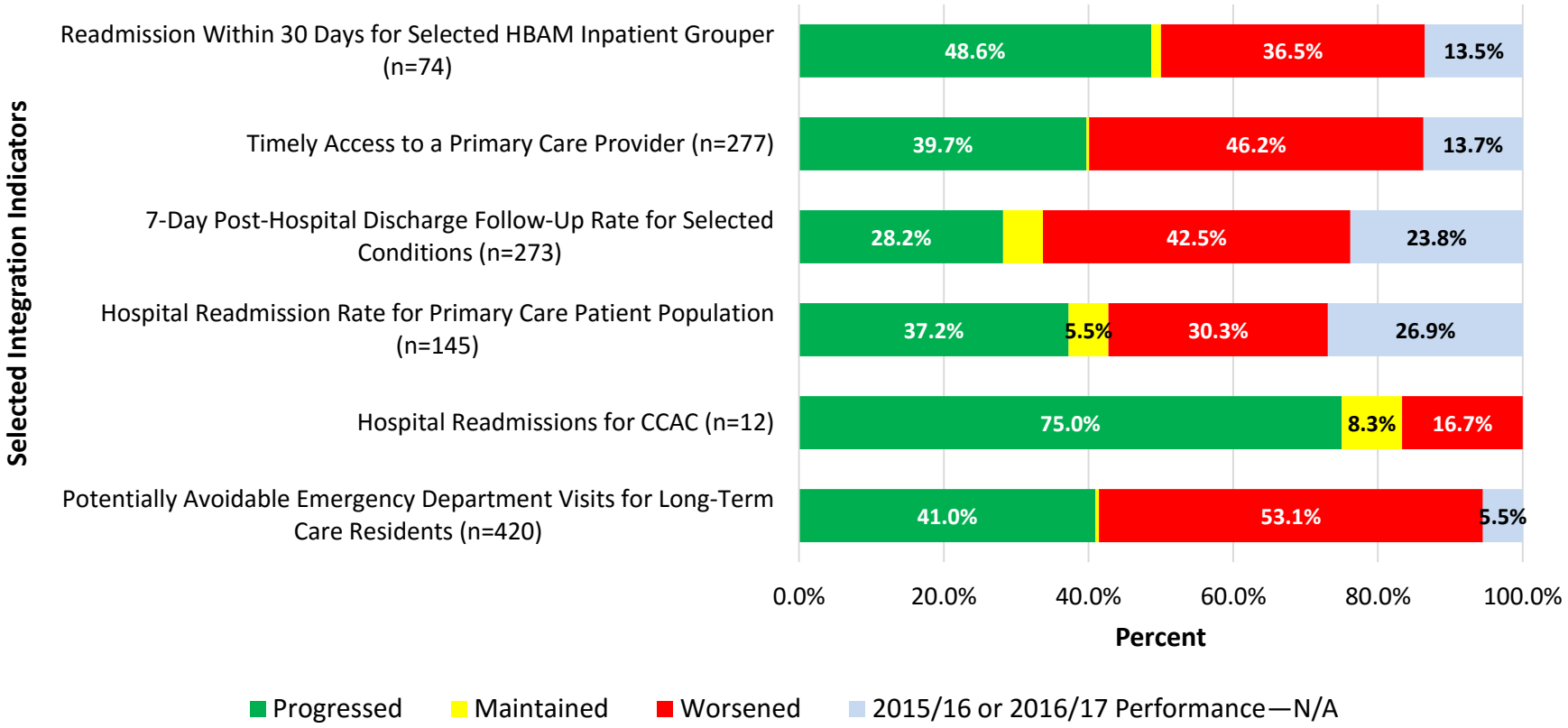
Risk-Adjusted 30-Day All-Cause Readmission Rate for Patients with Congestive Heart Failure; Risk-Adjusted 30-Day All-Cause Readmission Rate for Patients with Chronic Obstructive Pulmonary Disease, Readmission Within 30 Days for Selected HBAM Inpatient Groupers, Risk-Adjusted 30-Day All-Cause Readmission Rate for Patients with Stroke: Canadian Institute for Health Information, Discharge Abstract Database.

Hospital Readmissions for CCAC: Home Care Database, Canadian Institute for Health Information, Discharge Abstract Database, National Ambulatory Care Reporting System.

Alternative Level of Care Rate–Acute: Cancer Care Ontario, Wait Time Information System.

Ontario QIP Data: Progress Made in 2016/17

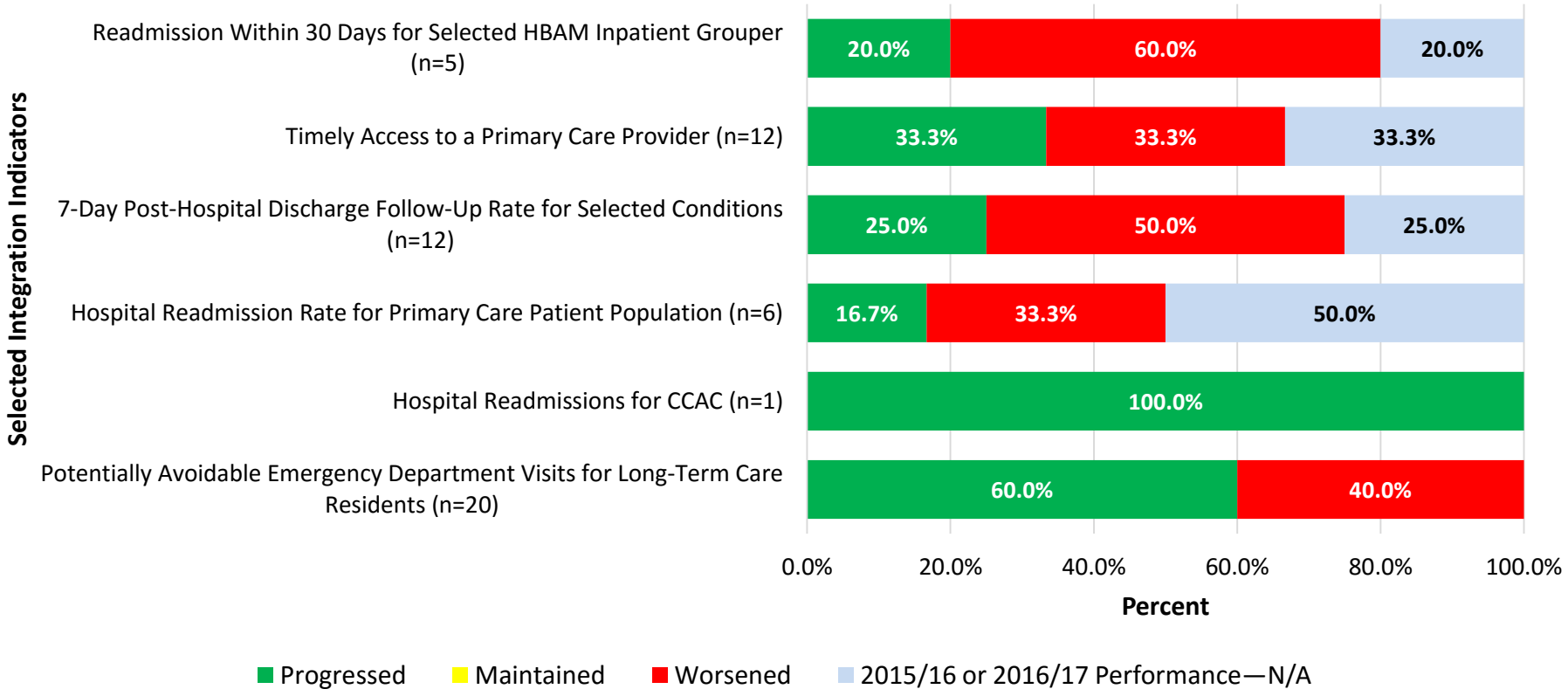
Looking back: Percentage of organizations in Ontario that progressed, maintained or worsened their performance between the 2015/16 QIP and the 2016/17 QIP on selected integration indicators, as reported in the QIP 2016/17 Progress Report



This graph represents organizations that selected the indicator in their 2015/16 and 2016/17 QIPs, comparing their current performance from both years, as reported in the 2016/17 QIP Progress Report. The numbers represent the original definitions of the indicators only.

North Simcoe Muskoka LHIN QIP Data: Progress Made in 2016/17

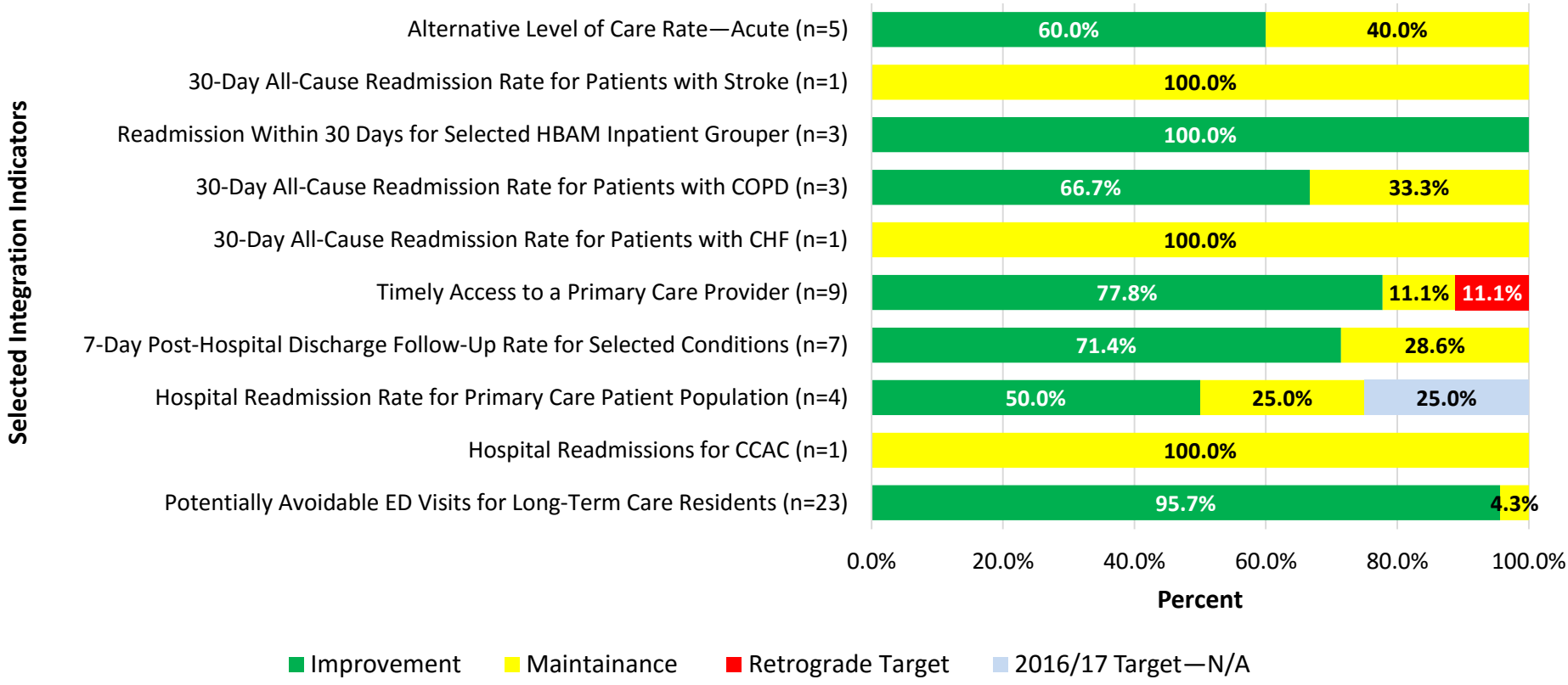
Looking back: Percentage of organizations in North Simcoe Muskoka LHIN that progressed, maintained or worsened in their performance between the 2015/16 QIP and the 2016/17 QIP on selected integration indicators, as reported in the 2016/17 QIP Progress Rep



The graph represents organizations that selected the indicator in their 2015/16 and 2016/17 QIPs, comparing the current performance (CP) from both years, as reported in 2016/17 QIP Progress Report. The numbers represent the original definitions of the indicators only. The number of organizations in each LHIN may be small; please consider the sample size (n) of each indicator when interpreting the data presented – for example, there is only one CCAC per LHIN, so interpret data with caution.

North Simcoe Muskoka LHIN QIP Data: Target Setting in 2016/17

Looking forward: Percentage of organizations in North Simcoe Muskoka LHIN that set a target to improve, maintain or worsen performance in the 2016/17 QIP on selected integration indicators, as reported in the 2016/17 QIP Workplan



The graph represents organizations that selected the indicator in their 2016/17 QIPs, comparing the Current Performance (CP) from 2016/17 to Target Performance (TP) in 2016/17, as reported in 2016/17 QIP Workplans. The numbers represent the original definitions of the indicators only. The number of organizations in each LHIN may be small; please consider the sample size (n) of each indicator when interpreting the data presented – for example, there is only one CCAC per LHIN, so interpret data with caution.

North Simcoe Muskoka LHIN QIP Data: 2016/17 Indicator Selection

Sector	General Areas of Focus: Integration Indicators	Current Performance NSM LHIN Average	Current Performance Provincial Average	Indicator Selection: QIP 2016/17 *
Hospital/ Acute Care	i. 30-Day All-Cause Readmission Rate for Patients with Congestive Heart Failure (QBP)	21.62%	22.00%	1/6
	ii. 30-Day All-Cause Readmission Rate for Patients with Chronic Obstructive Pulmonary Disease (QBP)	19.30%	19.60%	3/6
	iii. 30-Day All-Cause Readmission Rate for Patients with Stroke (QBP)	9.08%	8.67%	1/6
	iv. Readmission Within 30 days for Selected HBAM Inpatient Grouper (HIGs)	16.30%	16.19%	3/6
	v. Alternate Level of Care Rate – Acute (ALC Rate)	15.84%	13.84%	5/6
Primary Care	i. 7-day Post-hospital Discharge Follow-Up Rate for Selected Conditions	N/A**	N/A**	11/12
	ii. Access to primary care (survey-based)	N/A**	N/A**	12/12
	iii. Hospital Readmission Rate for Primary Care Patient Population	N/A**	N/A**	6/12
Community Care Access Centres	i. Hospital Readmissions	16.93%	17.23%	1/1
Long Term Care	i.ED visits for Ambulatory Care Sensitive conditions	21.70%	24.55%	23/26

* Indicator selection analysis presented in table includes original definition of the indicators only. The denominator represents the total number of QIPs submitted within LHIN in each sector. Custom Indicator Selection were as follows for NSM LHIN:

- 1 Hospital selected a custom indicator related to *30- Day Readmission Rate* (A combined designation for all four 30-Day Readmissions indicators)
- 1 Hospital selected a custom indicator related to *Alternate Level of Care Rate*

** LHIN and provincial averages not available from external data providers

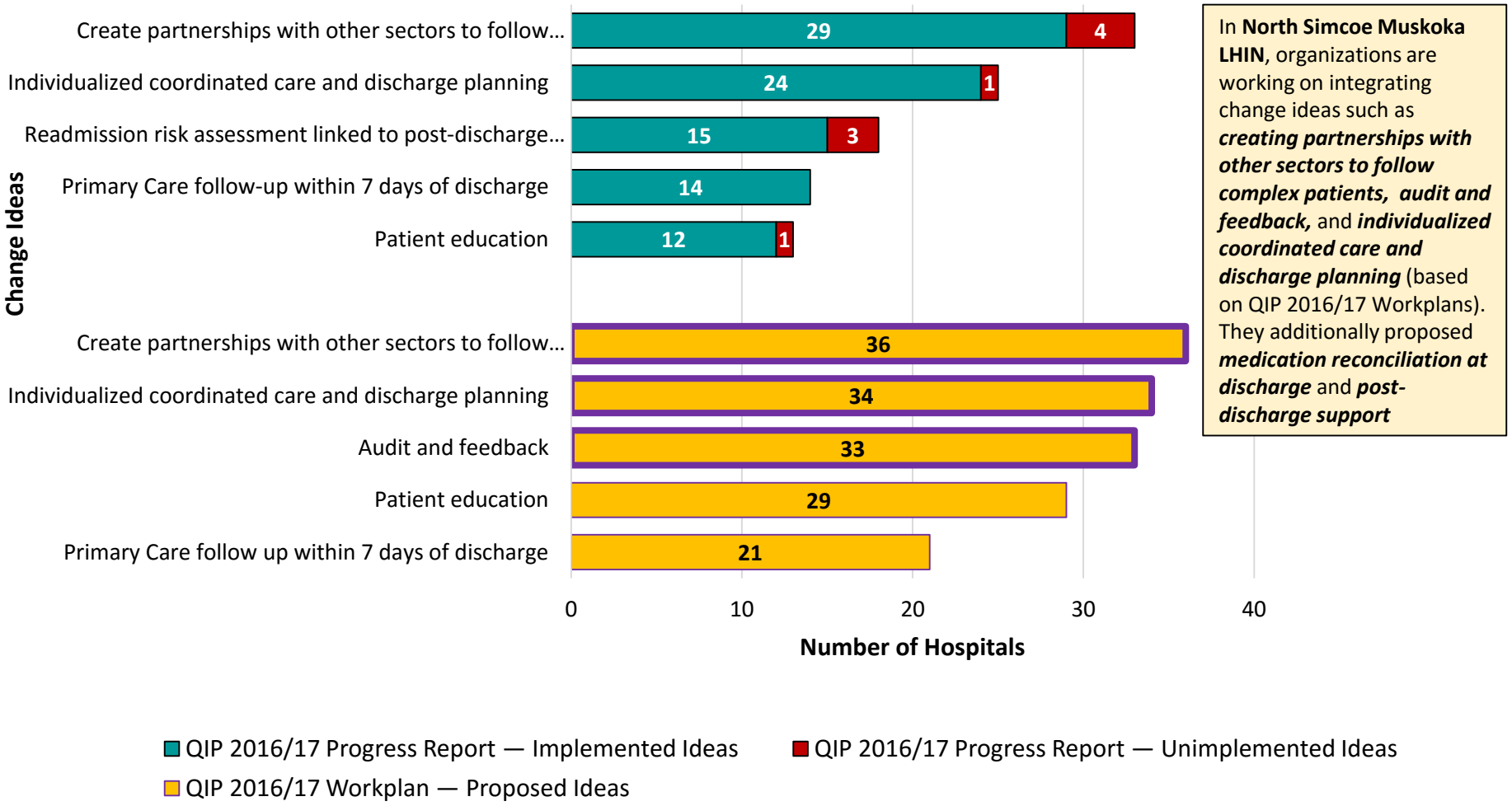
Note: Interpret data with caution; please refer to Technical Specifications; for instance, the three QBP indicators and the Readmissions HIG indicator are risk-adjusted, while the rest are not risk-adjusted.

MOST COMMON CHANGE IDEAS FROM 2015/16 AND 2016/17

Common Change Ideas

- The following slides show common change ideas at the provincial level; ideas have been categorized by theme
- Graphs display change ideas by indicator and show:
  - The most common change ideas included in the 2016/17 QIPs (Progress Report), and a look back at progress made in implementing change ideas
  - The extent to which these change ideas were also included in QIP Workplans
  - LHIN-specific notes to capture regional change ideas or unique ideas in Workplans

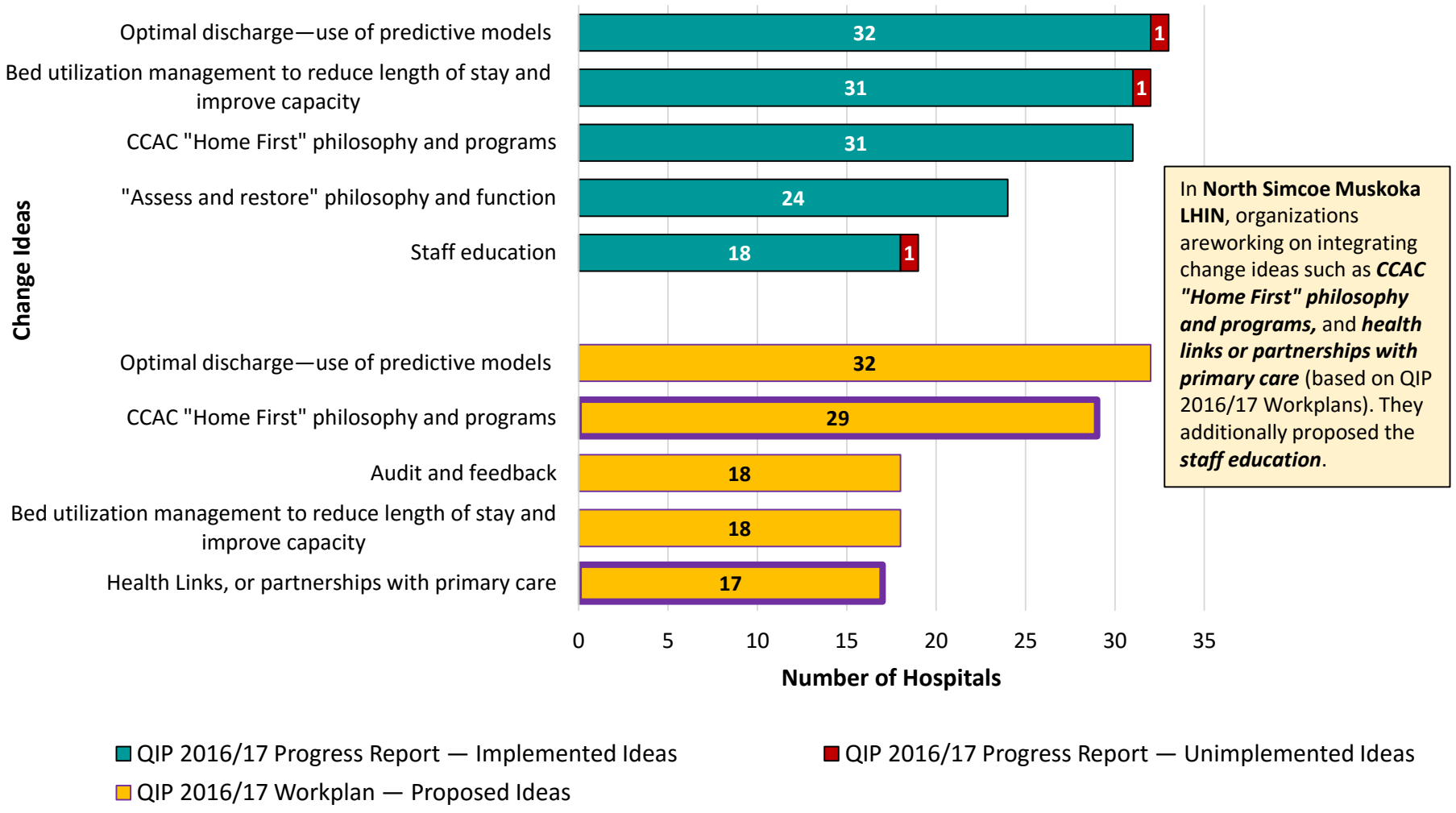
Most common change ideas in Ontario from 2015/16 and 2016/17 hospital QIPs for 30-Day Readmission Rate,* as reported in the 2016/17 QIPs



In **North Simcoe Muskoka LHIN**, organizations are working on integrating change ideas such as ***creating partnerships with other sectors to follow complex patients, audit and feedback,*** and ***individualized coordinated care and discharge planning*** (based on QIP 2016/17 Workplans). They additionally proposed ***medication reconciliation at discharge*** and ***post-discharge support***

* The information presented combines data submitted by organizations on the following four 30-Day Readmission indicators: 30-Day All-Cause Readmission Rate for Patients with Congestive Heart Failure, 30-Day All-Cause Readmission Rate for Patients with Chronic Obstructive Pulmonary Disease, 30-Day All-Cause Readmission Rate for Patients with Stroke and Readmission Within 30 Days for Selected HBAM Inpatient Grouper.

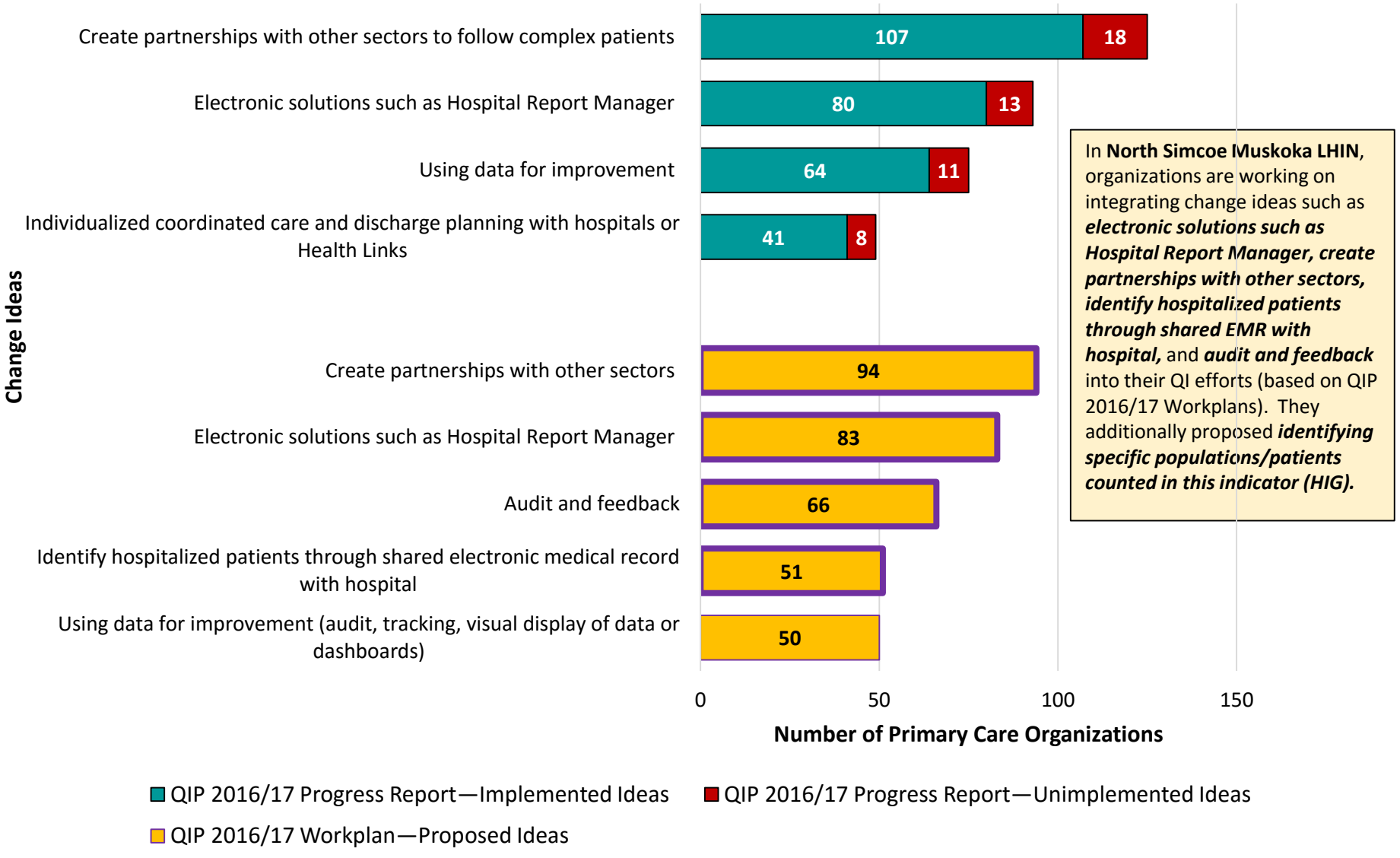
Most common change ideas in Ontario from 2015/16 and 2016/17 hospital QIPs for Alternative Level of Care,* as reported in the 2016/17 QIPs



In **North Simcoe Muskoka LHIN**, organizations areworking on integrating change ideas such as ***CCAC "Home First" philosophy and programs,*** and ***health links or partnerships with primary care*** (based on QIP 2016/17 Workplans). They additionally proposed the ***staff education***.

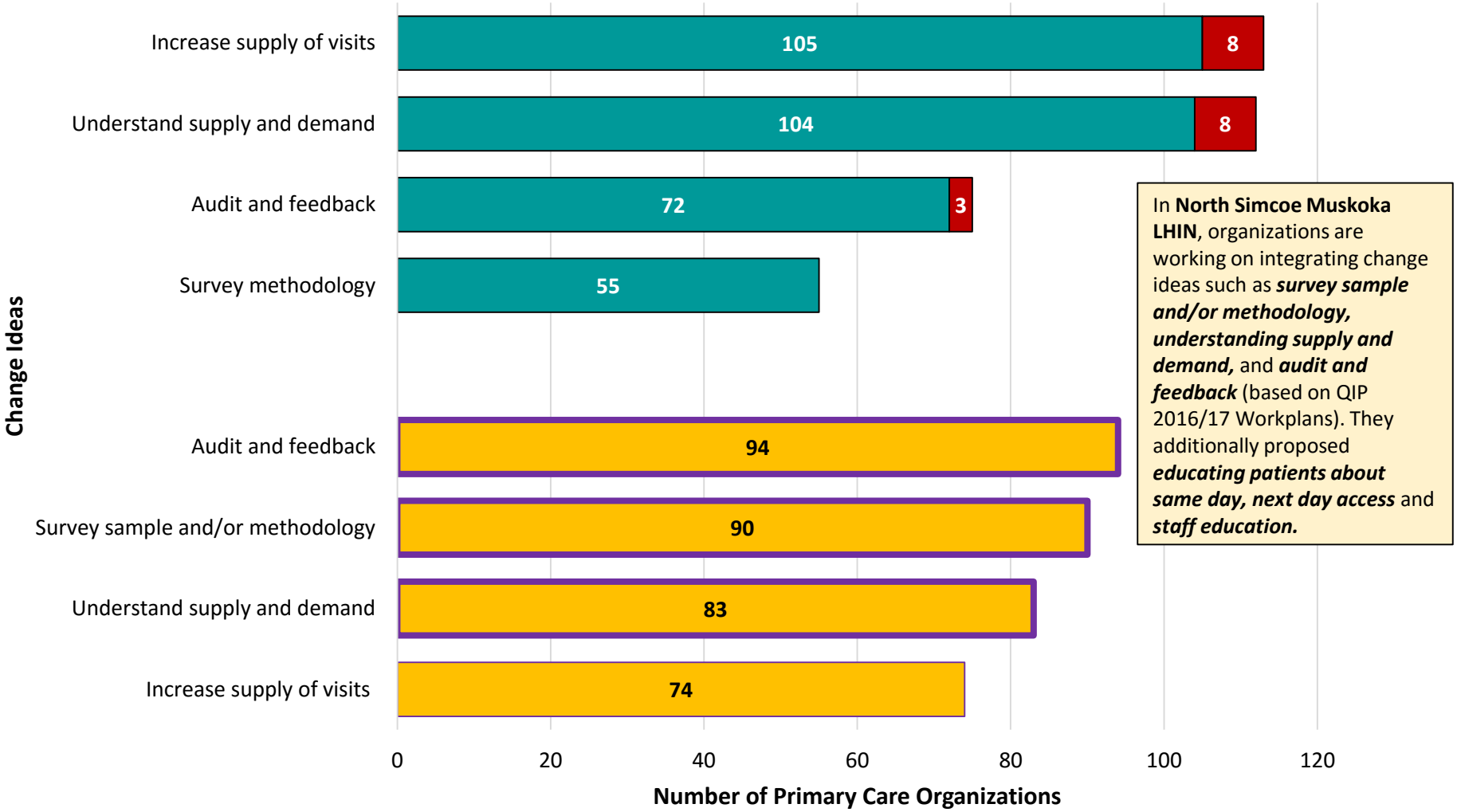
* The information presented combines data submitted by organizations on the following alternative level of care indicators: Alternative Level of Care Rate—Acute, and Percent Alternative Level of Care Days.

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



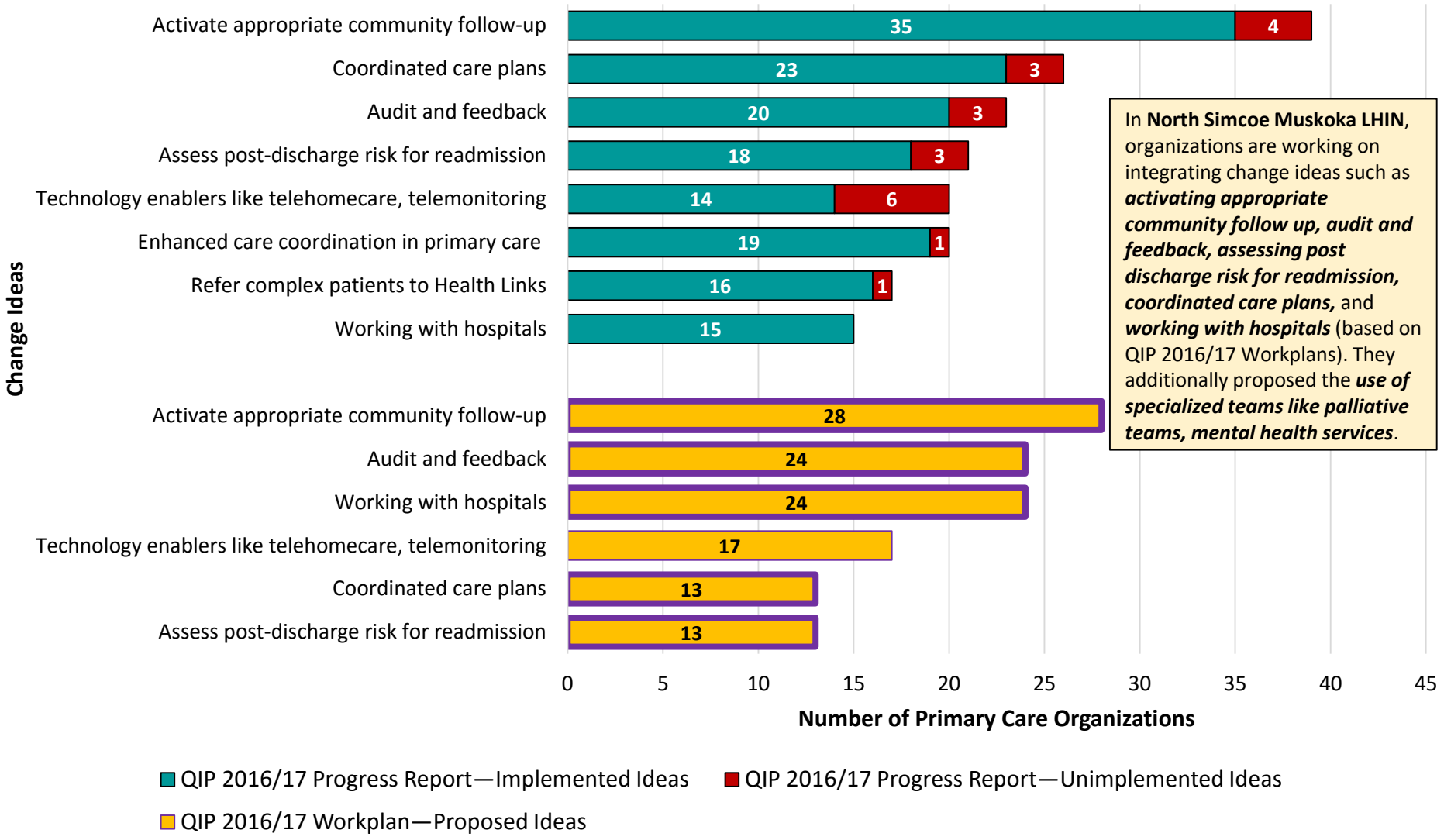
In **North Simcoe Muskoka LHIN**, organizations are working on integrating change ideas such as ***electronic solutions such as Hospital Report Manager, create partnerships with other sectors, identify hospitalized patients through shared EMR with hospital,*** and ***audit and feedback*** into their QI efforts (based on QIP 2016/17 Workplans). They additionally proposed ***identifying specific populations/patients counted in this indicator (HIG).***

Most common change ideas in Ontario from 2015/16 and 2016/17 primary care QIPs for Timely Access to a Primary Care Provider, as reported in the 2016/17 QIPs



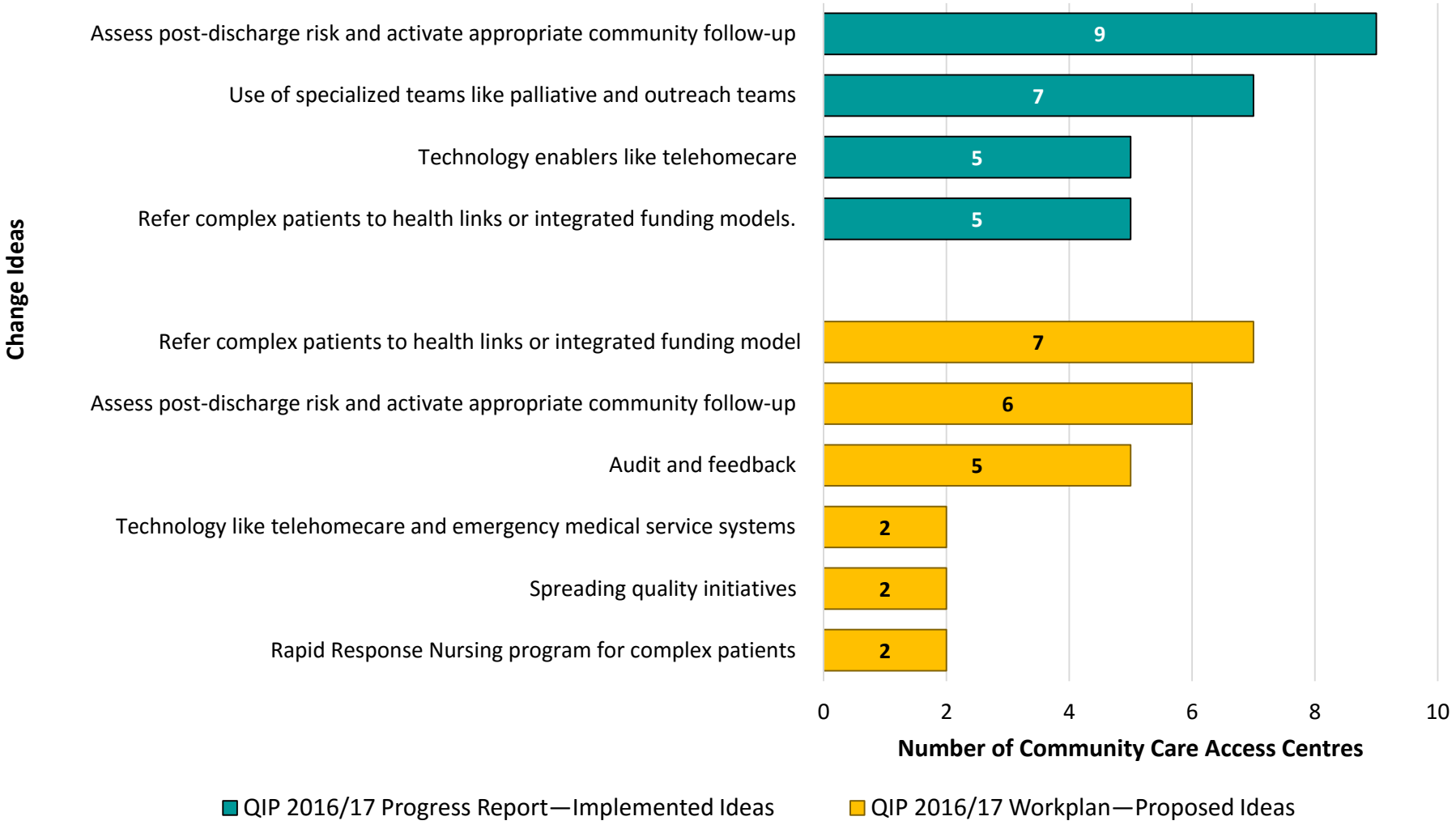
In **North Simcoe Muskoka LHIN**, organizations are working on integrating change ideas such as ***survey sample and/or methodology, understanding supply and demand,*** and ***audit and feedback*** (based on QIP 2016/17 Workplans). They additionally proposed ***educating patients about same day, next day access*** and ***staff education.***

Most common change ideas in Ontario from 2015/16 and 2016/17 primary care QIPs for Readmission Within 30 Days for Selected HBAM Inpatient Groupers, as reported in the 2016/17 QIPs

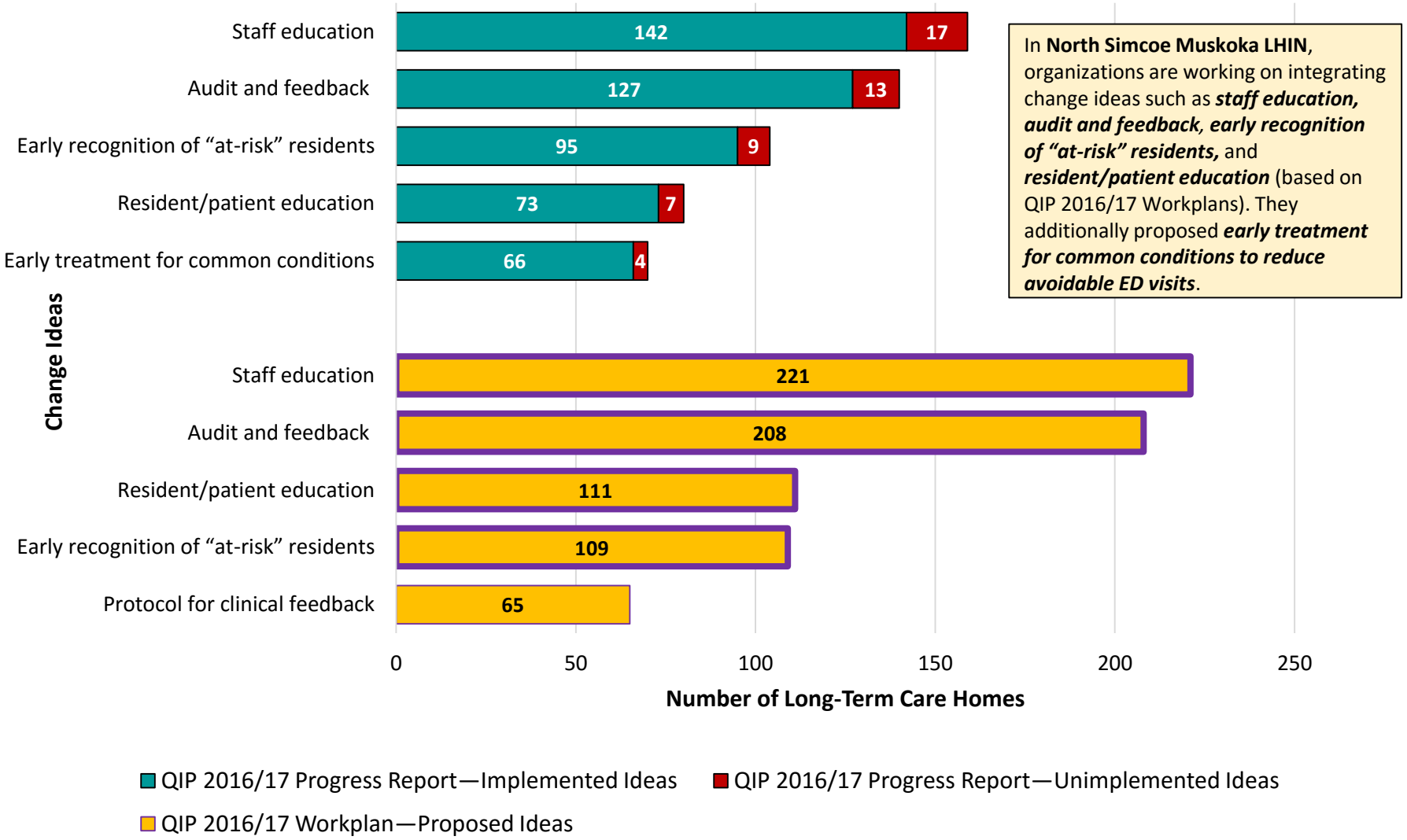


In **North Simcoe Muskoka LHIN**, organizations are working on integrating change ideas such as ***activating appropriate community follow up, audit and feedback, assessing post discharge risk for readmission, coordinated care plans,*** and ***working with hospitals*** (based on QIP 2016/17 Workplans). They additionally proposed the ***use of specialized teams like palliative teams, mental health services***.

Most common change ideas in Ontario from 2015/16 and 2016/17 QIPs for Hospital Readmissions for Community Care Access Centres, as reported in the 2016/17 QIPs



Most Common Change Ideas in Ontario from 2015/16 and 2016/17 Long-Term Care QIP for Potentially Avoidable Emergency Department Visits for Long-Term Care Residents, as reported in 2016/17 QIP



In **North Simcoe Muskoka LHIN**, organizations are working on integrating change ideas such as ***staff education, audit and feedback, early recognition of "at-risk" residents,*** and ***resident/patient education*** (based on QIP 2016/17 Workplans). They additionally proposed ***early treatment for common conditions to reduce avoidable ED visits***.

SPOTLIGHTS

Integration and Collaboration

Waypoint Centre for Mental Health Care (Hospitals)

- Continued partnership with four peer hospitals to lead the Mental Health & Addictions Quality Initiative. Initiative has grown to provide benchmarked quality indicators for a growing number of mental health care facilities and provides increased transparency, accountability and consistency in public reporting.
  - This work has spawned a collaborative approach to standardize emergency use of restraints, develop quality-based procedures, and the current Ministry of Health & Long-Term Care pilot project to implement a public reporting system for access to mental health and addictions care.

Improving Patient Flow

Collingwood General and Marine Hospital

Focused projects to facilitate patient transitions

- Home First with the Community Care Access Center (CCAC)
- Projects with Hospice Campbell House
- South Georgian Bay Health Link (partnership with Hospital, FHT)

- Aim: Work continues on increasing community capacity to support patient on discharge from the hospital.
- Results
  - The number of patients waiting in hospital for discharge to Long Term Care decreased by more than 60%.
  - Increased access to care in the ED; specifically the 90 percentile wait for inpatient bed wait was reduced by more than 10 hours.
  - Reduced wait time for repair of a hip or femur fracture from 43.4 hours to 21.7 hours.

Improving Post Discharge Follow-Up

North Simcoe FHT

- **Aim:** Implemented Hospital Report Manager, we are now able to receive electronic chart data directly into our EMR,… greatly improved our ability to generate reports, a major theme from last year's QIP.
- **Results**
  - Having a system for report tracking will allow us to expand data collection methods and also continue to plan programming and services for clients.
  - NSFHT is a partner of the North Simcoe Muskoka Community Health Information Portal, a project which aims to connect health data from different sections from across the region.

Partnerships

NSM CCAC

- A strong collaborator between sectors in support of improved integration and coordination, and is strategically represented at all 5 Health Links in the region in support of continued partnership opportunities which enable safe patient transitions and collaborative care plans.
- NSM CCAC champions continuity of care through strategies to enhance enrollment in the Telehomecare coaching and monitoring programs, and collaborates with partners to increase equitable access to nursing services provided through community ambulatory care clinics.

Partnerships

Bay Haven Nursing Home

- Intravenous Therapy Project saved 43 hospital days in 2015.
- Primary care as lead organization of Health Link implemented instant messaging between Bay Haven staff and Family physicians, portal enabled LTC staff to quickly identify symptoms to the physician who using E-prescribing orders antibiotics that are delivered to the LTC home.
- A CCAC referral initiates a visit by CCAC RN's to provide treatment support and administering antibiotic therapy within 24 hours

CONCLUSIONS/NEXT STEPS

Discussion Points

Based on the LHIN 2016/17 QIP snapshot report:

- What are your overall impressions about the quality initiatives underway in your LHIN as reflected in the QIPs?
- Were there any “Aha” moments (positive or negative)?
- Did you observe any gaps or areas for improvement across the LHIN?
- How might this information be useful for your LHIN?
- How does this information tie into the LHIN’s Integrated Health Services Plan and the Regional Quality Table?

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