Looking Back and Looking Forward

A sneak peek for the 2018/19 primary care quality improvement plans (QIPs)

DANYAL MARTIN & MARGARET MILLWARD | DATE: SEPTEMBER 26, 2017

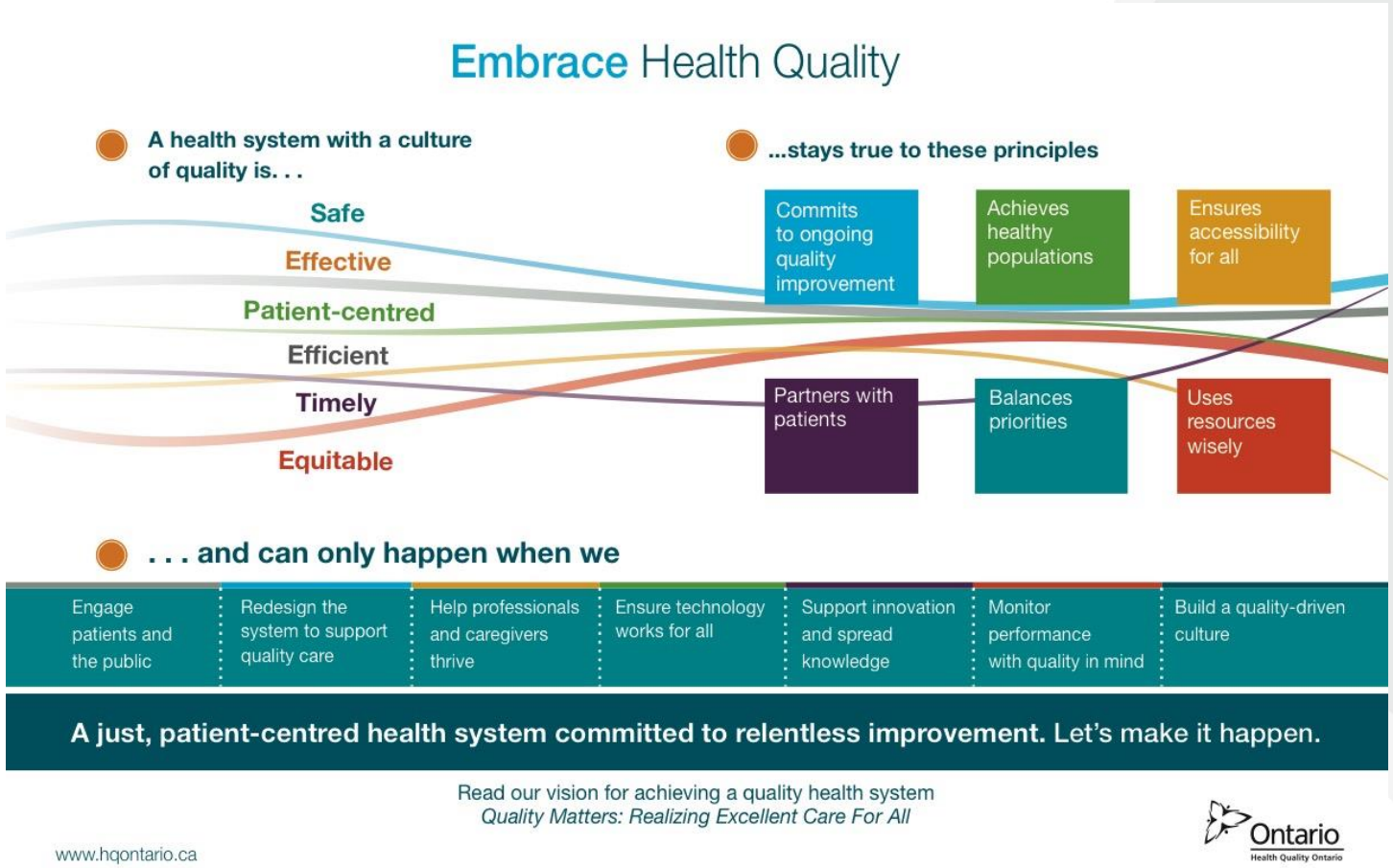
Health Quality Ontario

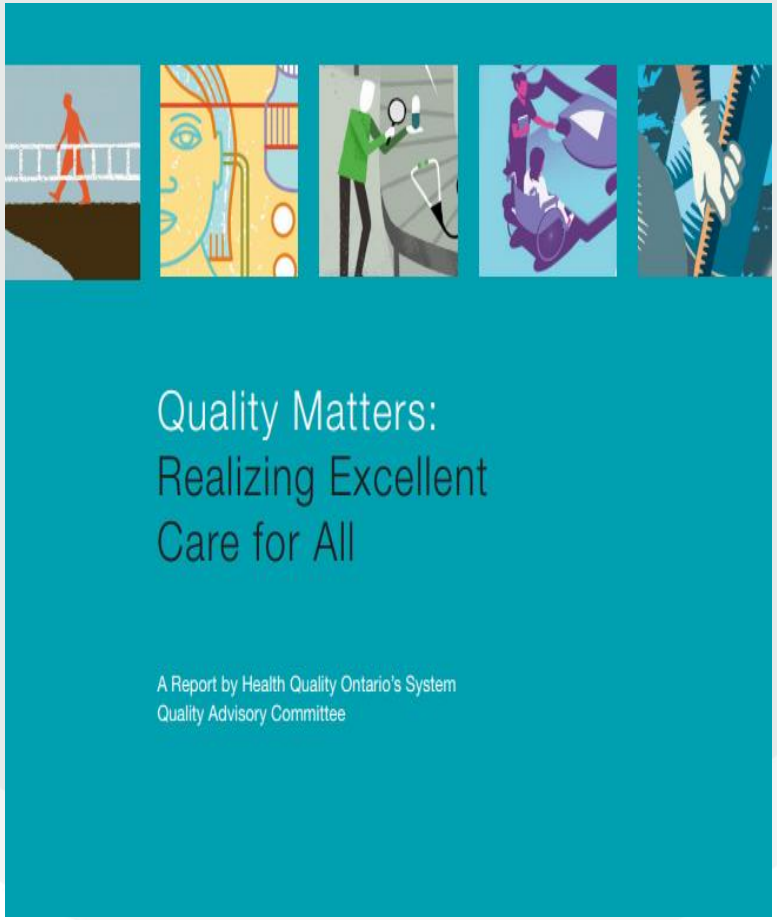
Let's make our health system healthier

Learning Objectives

- Share learnings from the 2017/18 QIPs
- Prepare organizations for 2018/19 QIP submission by offering advance notice of changes
- Provide an overview of Health Quality Ontario's resources to support organizations in meeting their goals and supporting change across the system

Quality Matters





…*Looking Back*

Provincial Results

Provincial Observations: Looking Forward

Home care		Progress in five-day wait time: personal support for complex patients (79%) Worsening in hospital readmissions (77%)
Hospital		Progress in medication reconciliation on admission (60%) Worsening in alternate level of care rate (54%)
Long-term care		Progress in appropriate prescribing of antipsychotics (76%) Worsening in falls (54%)
Primary care		Progress in glycated hemoglobin (HbA1C) testing (71%) Worsening patient experience: ‘enough time’ (41%)

Provincial Observations: Looking Forward

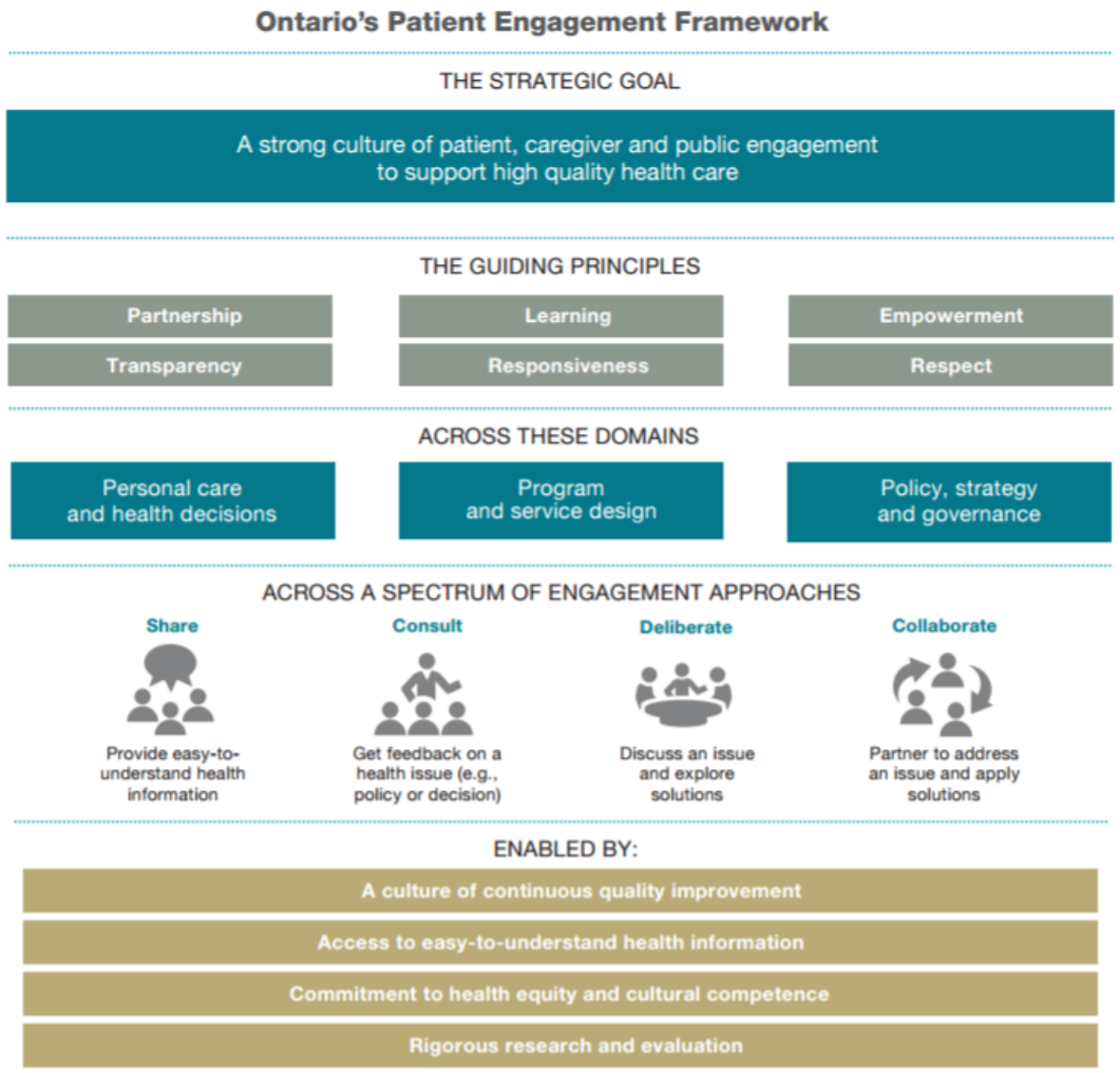
94% of organizations selected at least one priority indicator

84% of organizations are working on at least one of the effective transition indicators

78% of organizations are working on at least one patient experience indicator

1-5% is the most common target range set for improvement

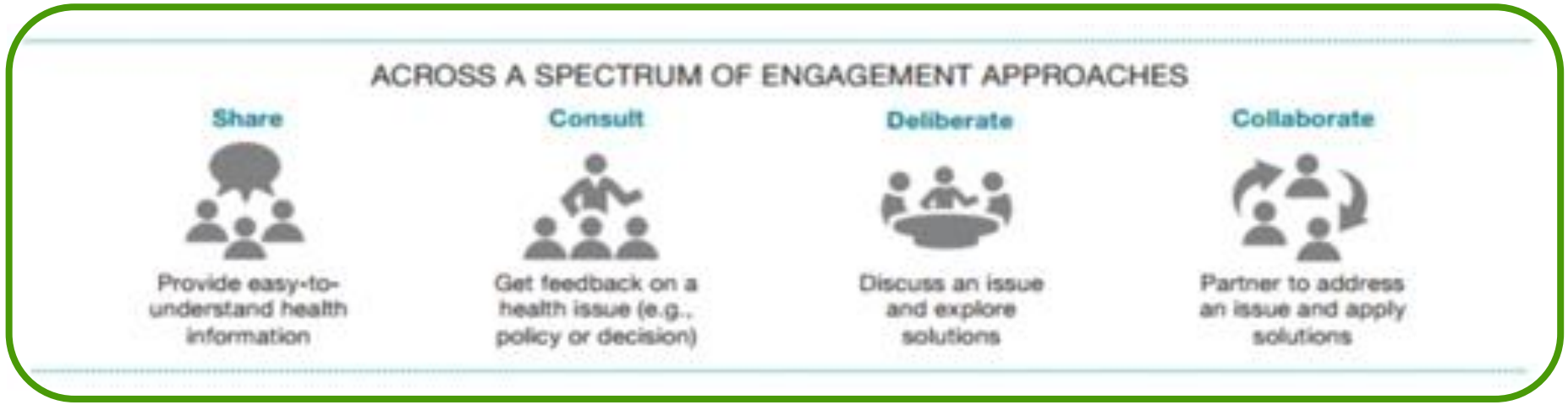
Patient Engagement: Spectrum of Approaches



The analysis of patient engagement approaches is structured by Health Quality Ontario's Patient Engagement Framework, which recommends that organizations use a spectrum of engagement approaches.

For brevity, the next few slides use the word "patient"; this includes patients, residents, clients, caregivers and family

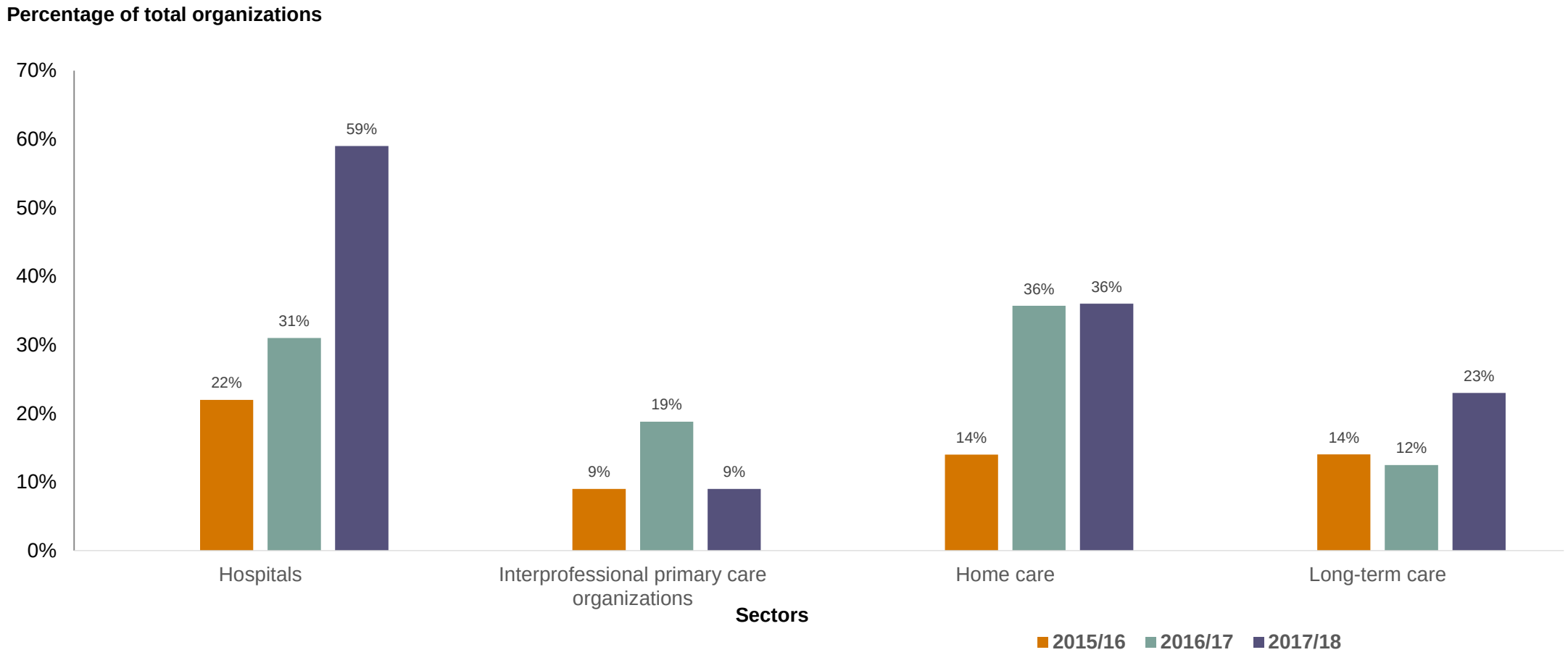
Patient Engagement: Spectrum of Approaches



Engagement is a continuum and organizations are encouraged to use a variety of methods to engage patients and their families. The approaches described to the right are more participatory. There will be overlap (e.g., councils may be deliberating or consulting).

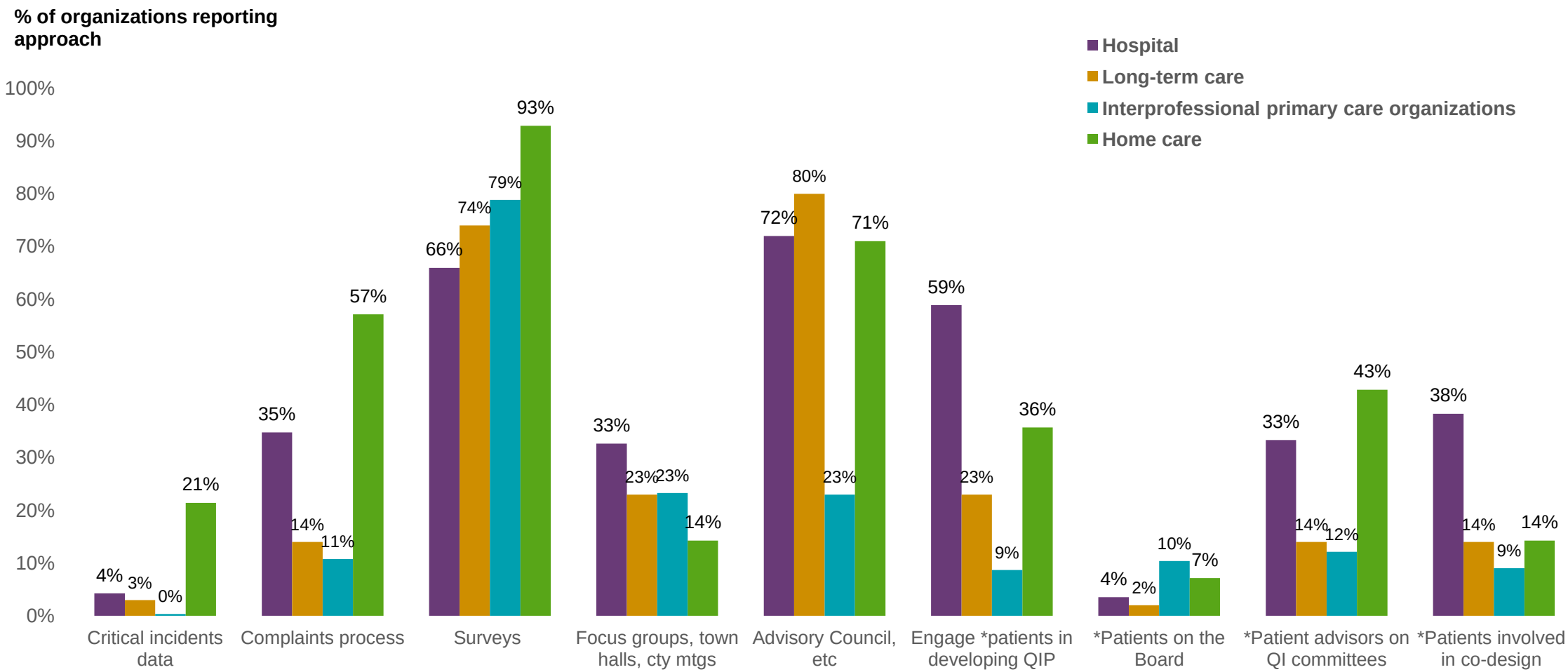
Focus on QIP Development

Comparing percentage of organizations reporting engaging patients and families in development of QIPs or quality initiatives over time

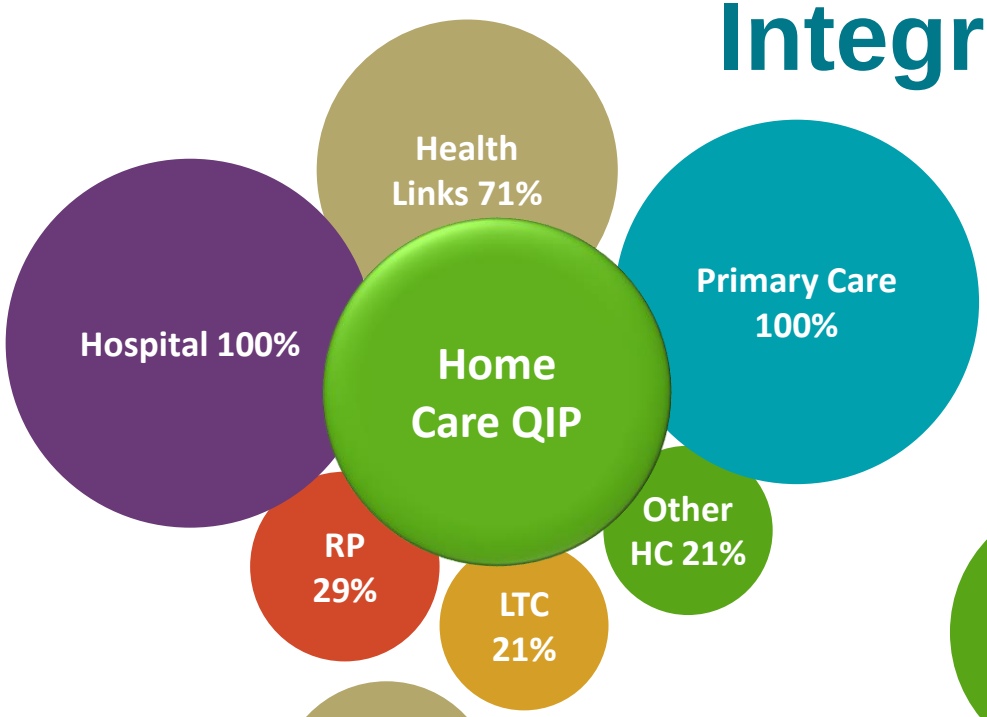


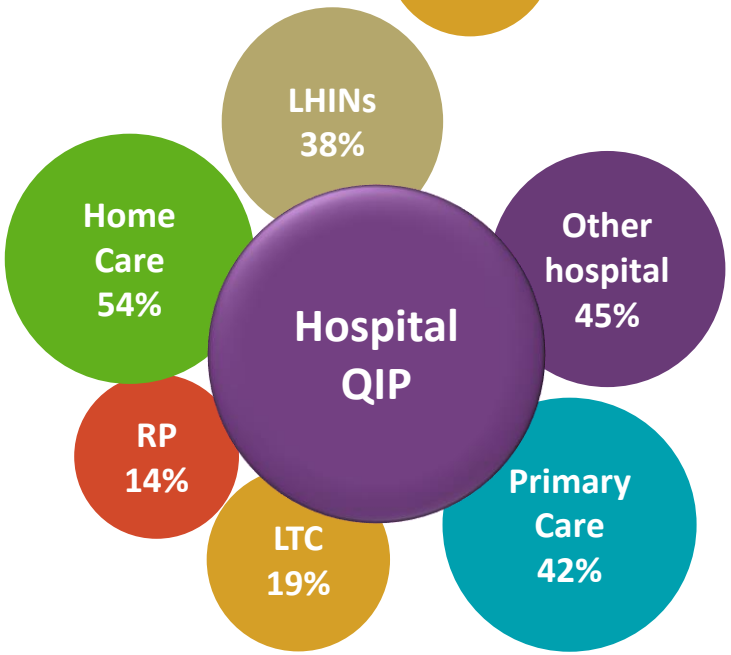
Key Observations: Patient Engagement

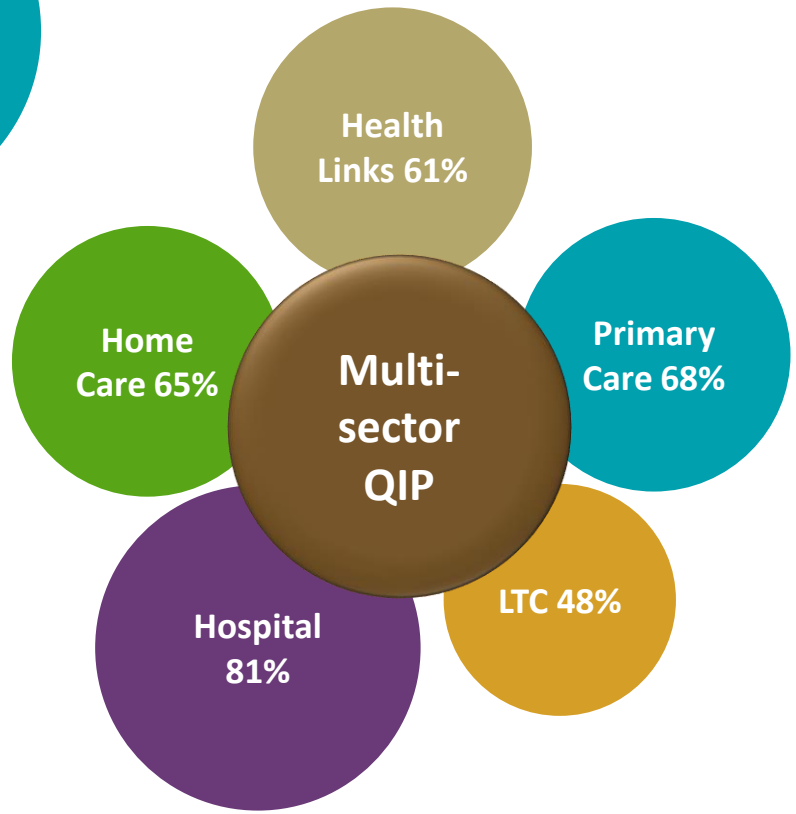
Overall view of spectrum of patient engagement approach in the 2017/18 QIP Narratives

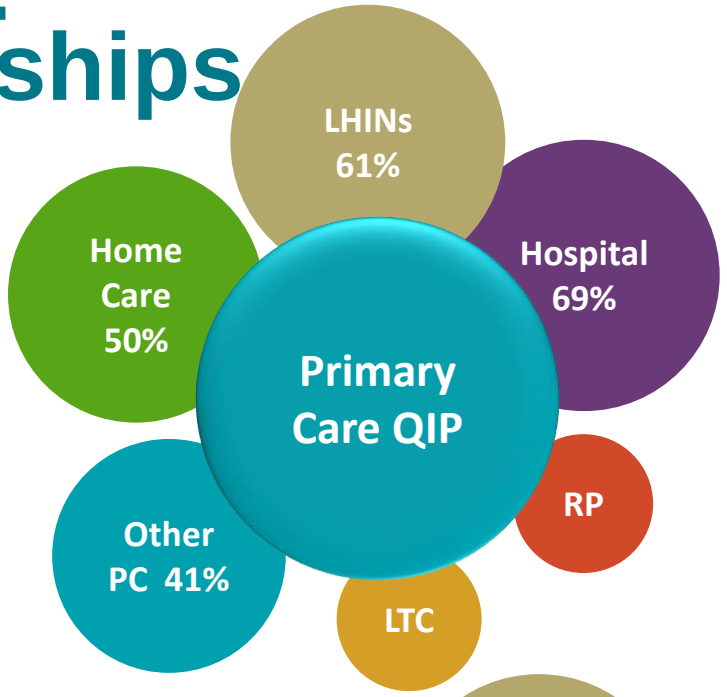


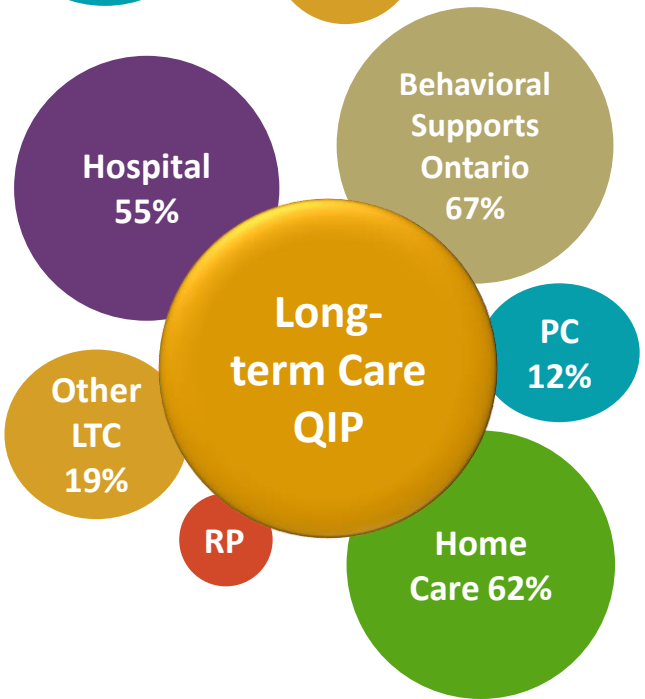
Key Observations: Integration and Partnerships











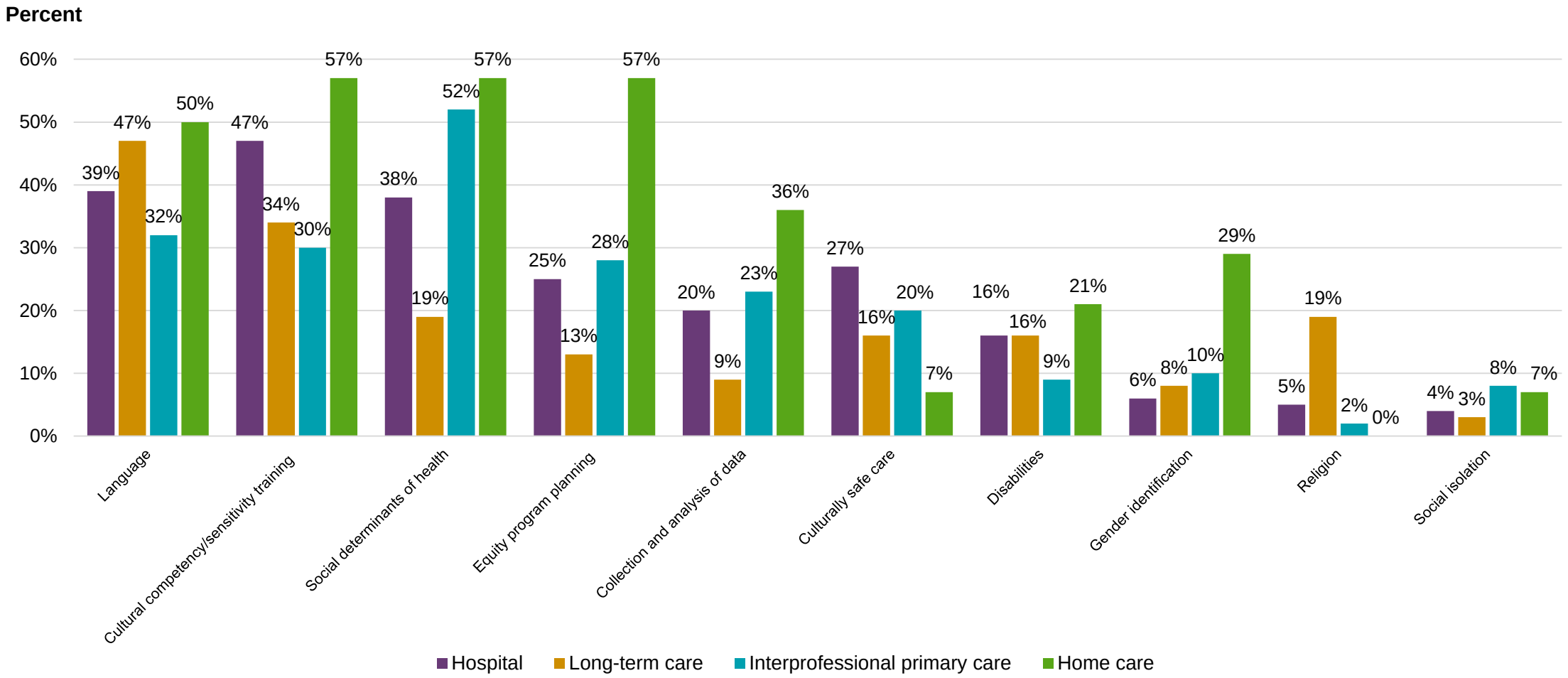
Long-term care (LTC)

Regional partners (RP)

Most frequently external partner

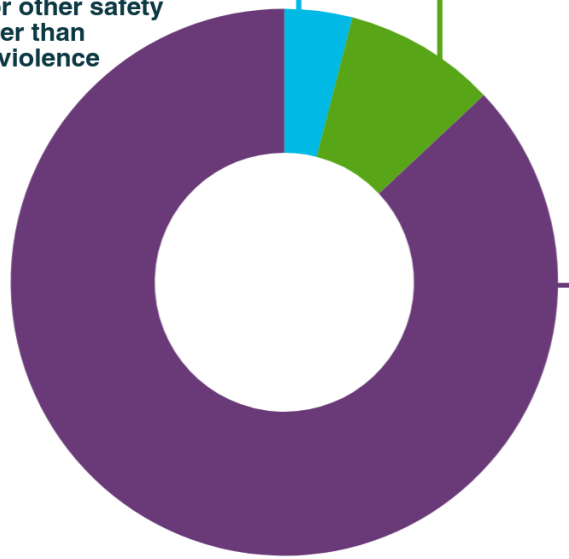
Key Observations: Equity Strategies

Percentage of organizations citing various equity strategies in their 2017/18 QIP Narratives



Of the 1031 QIPs submitted, how many addressed workplace violence prevention?

In the Staff Safety & Workplace Violence Prevention section of the QIP Narrative…



4%

of organizations (n=41) described staff health, wellness, or other safety issues rather than workplace violence prevention

9%

of organizations (n=97) included minimal comments or no comments related to workplace violence

87%

of organizations (n=893) addressed workplace violence prevention

- 93% of hospitals
- 86% of primary care organizations
- 100% of home care organizations
- 85% of long-term care homes
- 90% of multisector organizations

In the Workplan section of the QIP…

A total of **15** organizations submitted **17** indicators related to workplace violence

- 13 hospitals included a total of 15 indicators
- 2 long-term care homes included a total of two indicators

…*Looking Back*

Primary Care Results

Key Observations

- Increasingly speaking of working together in small collaboratives, such as the LHIN level, or ARTIC with Choosing Wisely, or Health Links groups.
- Primary care learnings from strategic measurement and reporting enhancing transparency and promoting quality
  - Developing targets
  - Indicator selection
- Uptake of additional indicators including Health Links and medication reconciliation

Working Together:
Haileybury FHT: “Towards Reducing ED Visits for CTAS 4 & 5 - Role of Primary Care“

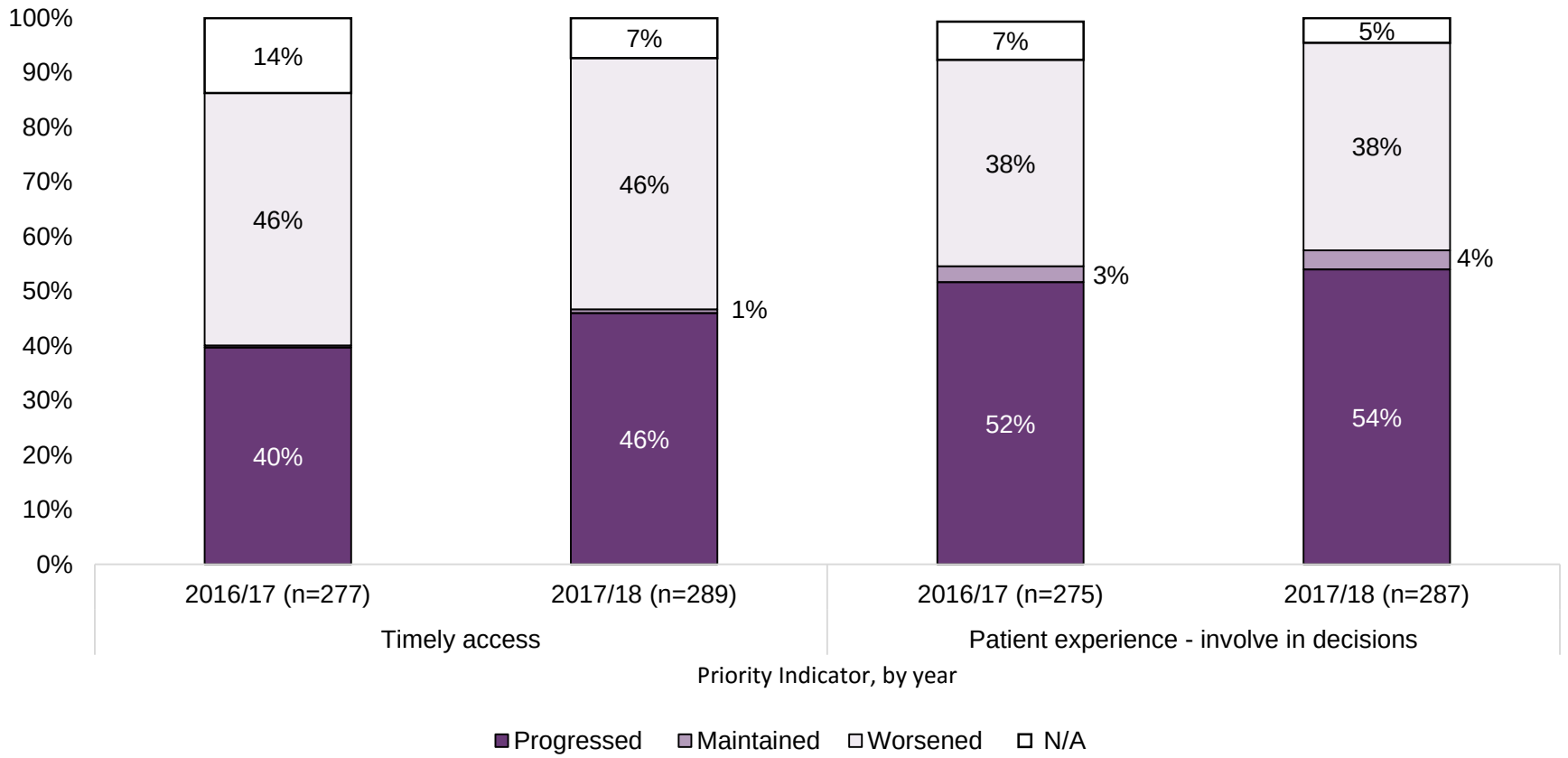
- **Who was the subpopulation?** Haileybury, Great Northern & Temagami FHTs, the CHC, our QIDSS and the Temiskaming Hospital focused on primary care patients who were attending the ER for non-urgent issues
- **What did the Haileybury FHT do?** Identified Urinary Tract Infections (UTIs) were one of the top diagnosis for CTAS 4 & 5 visits.
- **How did the process change to support this work?** Provided targeted patient education to ensure patients knew they do not require to book an appointment with their provider for urine testing/treatment
- **What was the outcome?** CTAS 4 & % were 10% lower. UTIs are down 19% compared with the same time period last year. Percentage of rostered patients is 18% (2016/17) compared with 26% last fiscal year. Visits in Q3 of this FY are 21% lower than in Q1.

Strategic measurement and reporting enhance transparency and promote quality

Quality Matters: Realizing Excellent Care for All
A Report by Health Quality Ontario's System Quality Advisory Committee

Progress on Priority Indicators

Percentage of primary care organizations in Ontario that progressed, maintained or worsened in their performance on priority indicators, compared over two years of reporting

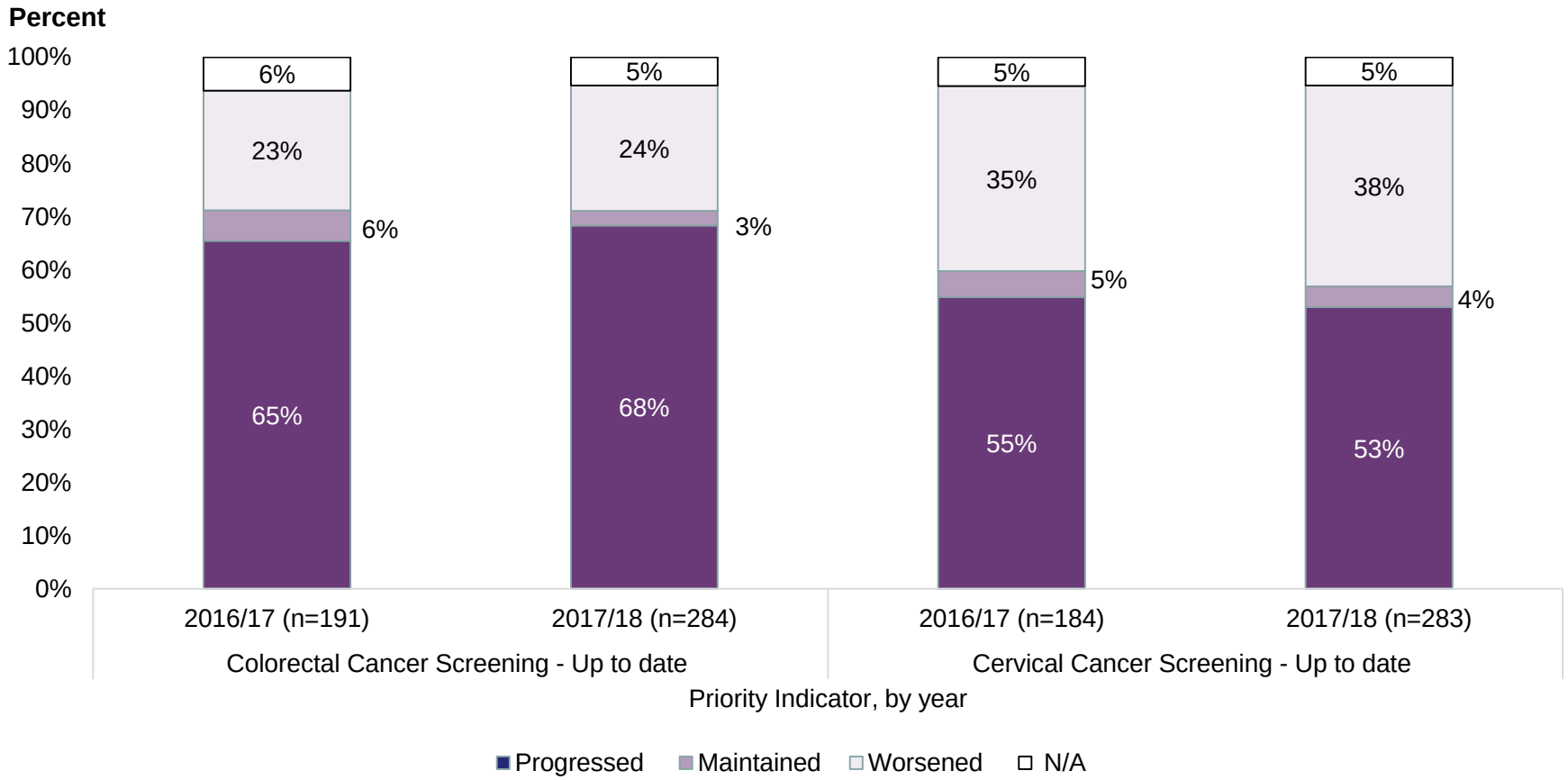


Same Day, Next Day Access: Rexdale CHC

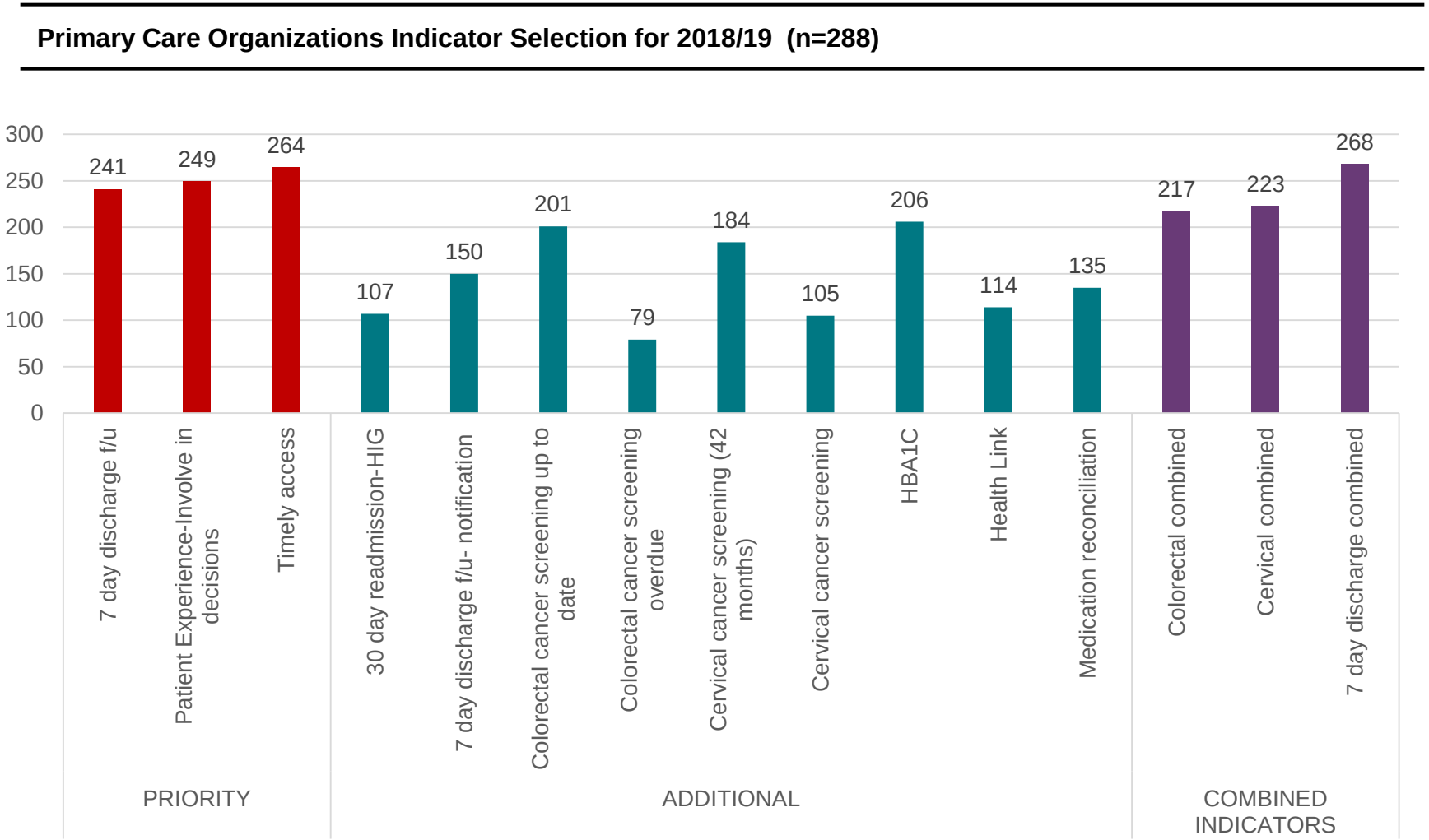
- **Who was the subpopulation?** 70% of our target panel (76%). Highly transient population leading to larger than expected attrition rate
- **What did the organization do?**
  - Orientation of all new and locum providers regarding advanced access principles,
  - Clients are booked with their assigned provider as often as possible.
  - Nurses and NP's work up to their scope of practice.
- **How did the process change to support this work?**
  - two new satellite clinics
  - successful client recall system in 2017/18
- **What was the outcome?**
  - Third Next Available rate stands at 1.5 days
  - No Show Rates: dropped to 9.54 % from >15%.

Progress on Cancer Screening

Percentage of primary care organizations in Ontario that progressed, maintained or worsened in their performance on additional indicators, compared over two years

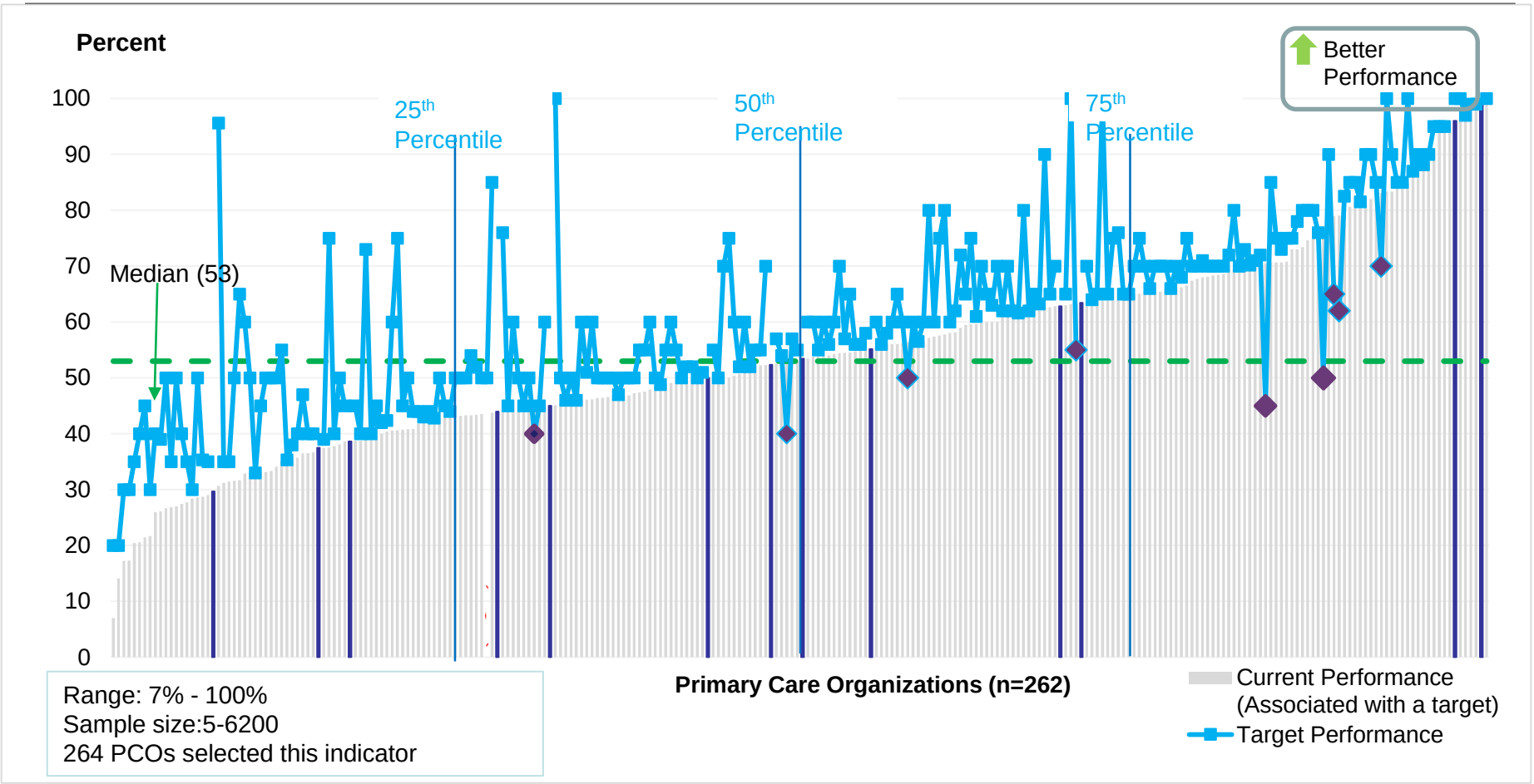


Uptake of Primary Care Indicators



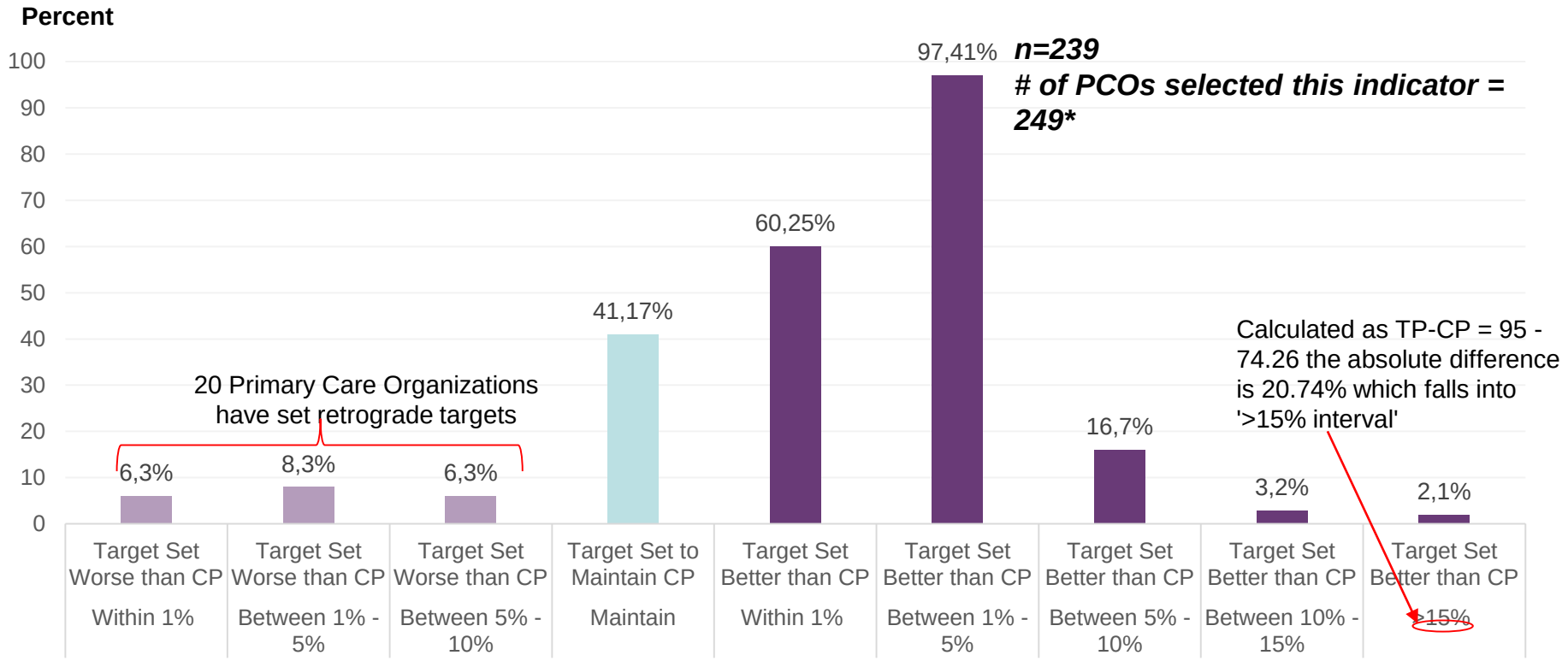
Target Setting: Same Day, Next Day Survey Data

Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day in Ontario, QIP 2017/18



Target Setting: Patient Experience

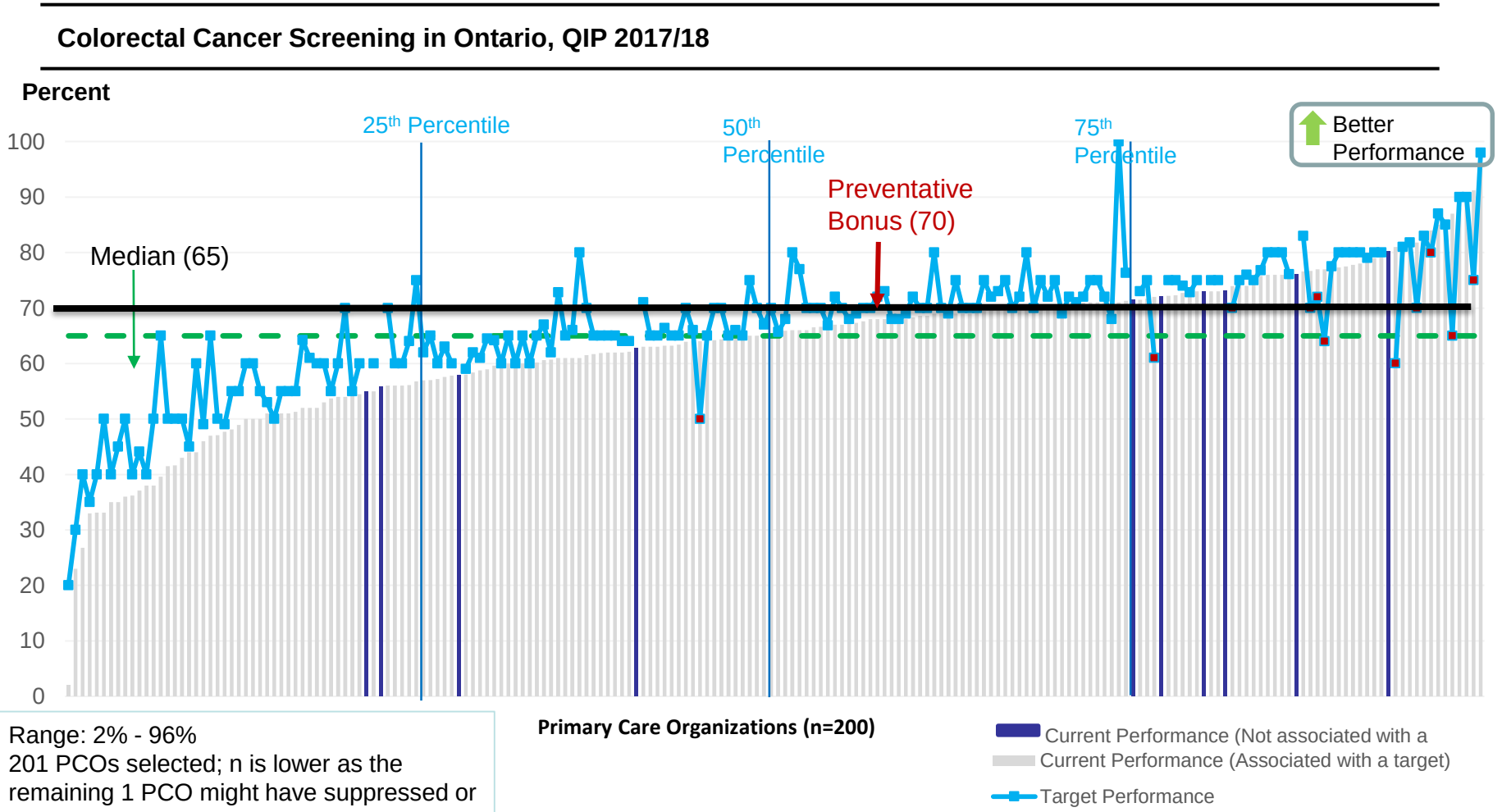
Distribution of Targets Set for *Patient's Experience: Patient Involvement in Decisions About Care Indicator* Selected by Primary Care Organizations in Comparison to their Current Performance, QIP 2017/18



*NOTE: The selection count and n is varied because few organizations have either the current performance or target performance collecting baseline or suppressed

Target set in direction of improvement (better than CP)
Target set to maintain
Target set worse than CP

Target Setting: Colorectal Cancer Screening



Range: 2% - 96%
201 PCOs selected; n is lower as the remaining 1 PCO might have suppressed or

Population health (cancer screening and HbA1c)

- Majority of the change ideas are related to identifying the patients in EMR- sharing queries, and “preventative toolbar”.
- Complex communication situations between different primary care providers and diabetes education centres.

Even better if:

  - stratify by subpopulations
  - regional geographical areas
  - partner with provincial partners

135 Organizations Working on Medication Reconciliation

- Often described as a part of Health Links, or working regionally with subpopulations such as COPD, CHF….
- Enables hospital medication reconciliation (two indicators)
- Supports de-prescribing medications (Choosing Wisely and ARTIC) – examples, Health for All FHT, St. Josephs Urban FHT, NYGH FHT, Markham FHT
- Development of Best Possible Medication Histories (an outcome of MedRec) will be helpful in identifying patients on Opioids.
- Many Quality Based Procedures and Quality Standards are dependent on primary care providers having current medication lists

Looking Forward

2018/19 QIPs

The QIP Consultation Process

Patient, Family, and Public Advisors Council

QIP Advisory Committee

Branches and departments at Health Quality Ontario

Sector associations

External data organizations

QI leads from various organizations

Ongoing consultations

2018/19 QIP issues & indicators

Determining 2018/19 QIP Priorities

The Narrative

- Is an executive summary of your QIP and is intended to introduce specific context for your QIP
- Is a means for engaging your patients and staff in QI planning

The Narrative is also a way to capture and understand emerging quality issues

- For example, equity and workplace violence

QIP Workplan: Indicators

There are four types of indicators:

- Mandatory (NEW)
  - REQUIRED in QIP; tied to issues where province-wide improvement is urgently required
  - set by Minister upon consideration of advice from Health Quality Ontario (regulation 187/15 under the *Excellent Care for All Act, 2010*; only applies to Hospital sector)
- Priority
  - reflect organizational and sector-specific priorities, as well as system-wide, transformational priorities where improved performance is co-dependent on collaboration with other sectors.
  - Recommended, not required. Must justify decision not to include in QIP
- Additional
  - measure important areas for QI and can be included in your QIP to reflect your organization's specific QI goals and opportunities
- Custom
  - any other indicators your organization includes in your QIP

Quality Issues and Indicators for the 2018/19 QIPs

		Hospital	Primary Care	Home Care	Long-Term Care
Effective	Effective transitions	• Readmission for one of CHF, COPD or stroke (QBP) **(P)** • Readmission for mental health and addiction **(P)** • Patient received enough information on discharge **(P)** • Discharge summaries sent within 48 h of discharge **(A)**	• 7-day post-discharge follow-up (any provider) **(P)** • 7-day post-discharge follow-up for select conditions (CHC) **(P)** • Hospital readmissions for select conditions **(A)**	• Hospital readmissions **(P)** • Unplanned ED visits **(P)**	• Potentially avoidable ED visits for ambulatory care-sensitive conditions **(P)**
	Coordinating care	• Identify patients with complex health needs (Health Links) **(A)**	• Identify patients with complex health needs (Health Links) **(A)**	• Identify patients with complex health needs (Health Links) **(A)**	
	Treatment of pain and use of opioids	• Narrative	• Narrative	• Narrative	• Narrative
	Wound care	• Pressure ulcers **(A)**	• Diabetic foot ulcer risk assessment **(A)**	• Education & self-management **(A)** • Closed diabetic foot ulcer **(A)**	• Pressure ulcers **(A)**
Patient-centred	Palliative care	• Home support for discharged palliative patients **(P)**		• End of life, died in preferred place of death **(P)**	
	Person experience	• Would you recommend? (IP/ED) **(P)** • Time to acknowledge complaints **(A)**	• Patient involvement in decisions about care **(P)**	• Client experience **(P)** • Time to acknowledge complaints **(A)**	• Resident experience **(P)** • Time to acknowledge complaints **(A)**
Efficient	Access to right level of care	• Alternative level of care rate **(P)**	• Narrative	• Narrative	• Narrative
Safe	Safe care/ medication safety	• Medication reconciliation (discharge) **(P)** • Medication reconciliation (admission) **(A)** • Use of physical restraints in mental health patients **(A)** • Antibiotic-free days (ICU) **(A)**	• Medication reconciliation **(A)**	• Falls for long-stay clients **(P)**	• Prescribing of antipsychotic medications **(P)** • Restraints **(A)** • Falls **(A)**
	Workplace violence	• Overall incidents of workplace violence **(M)**	• Narrative	• Narrative	• Narrative
Timely	Timely access to care/services	• ED length of stay (complex) **(A)**	• Timely access to primary care (patient perception) **(P)**	• Wait time for home care (personal support worker, nurse) **(P)**	
Equitable	Population health/equity considerations	• Narrative	• Glycated hemoglobin testing **(A)** • Colorectal & cervical cancer screening **(A)** • Narrative	• Narrative	• Narrative

Legend: **(P)**: Priority indicator **(M)**: Mandatory indicator **(A)**: Additional indicator (QBP): Indicator related to quality-based procedures

2018/19 QIP Indicators: Primary Care

- Timely access to primary care provider
- Hospital readmission rate select HIGs
- Glycated hemoglobin (HbA1C) testing
- Colorectal cancer screening (overdue) (Cancer Care Ontario)
- Cervical cancer screening (overdue) (Cancer Care Ontario)
- Patient experience: involved in decisions about care
- 7-day post-discharge follow-up (any provider)
- Identify complex patients (Health Links)
- 7-day post-discharge follow-up
- Colorectal cancer screening (up-to-date)
- Cervical cancer screening (up-to-date)
- 7-day post-discharge follow-up (CHC)
- Diabetic foot ulcer risk assessment (A)

RETIRED

- Up-to-date with cervical and colorectal cancer screening (PCPR indicators)
- 7 day post discharge follow up (MOH)

MODIFIED

- Post-discharge follow-up (any provider) now a priority indicator

NEW

- 7 day post-discharge follow-up (CHC)
- Diabetic foot ulcer risk assessment (A)

QIP Narrative

2018/19

- Overview
- QI achievements from the past year
- Collaboration and integration
- Engagement of leadership, clinicians and staff
- Patient/resident engagement and relations
- Workplace violence and prevention
- Population health and equity
- Alternate level of care
- Opioid prescribing and opioid use disorder in the treatment of pain

Patient/Resident Engagement and Relations

There is a spectrum of approaches for engaging patients / clients / residents, including sharing, consulting, deliberating, and collaborating with advisors.

Describe how your organization has engaged your patients / clients / residents in the development and implementation of your quality improvement plan and quality improvement activities over the past year. What do you have planned for the year ahead?

Workplace Violence and Prevention

Please describe how workplace violence prevention is a strategic priority for your organization. For example, is it included in your strategic plan or do you report on it to your board?

Upcoming resources

- Quality Improvement Plan Guidance: Workplace Violence Prevention
- Insights into Quality Improvement: Workplace Violence Prevention from the 2017/18 Quality Improvement Plans
- Health Quality Compass section on workplace violence prevention
- Webinar

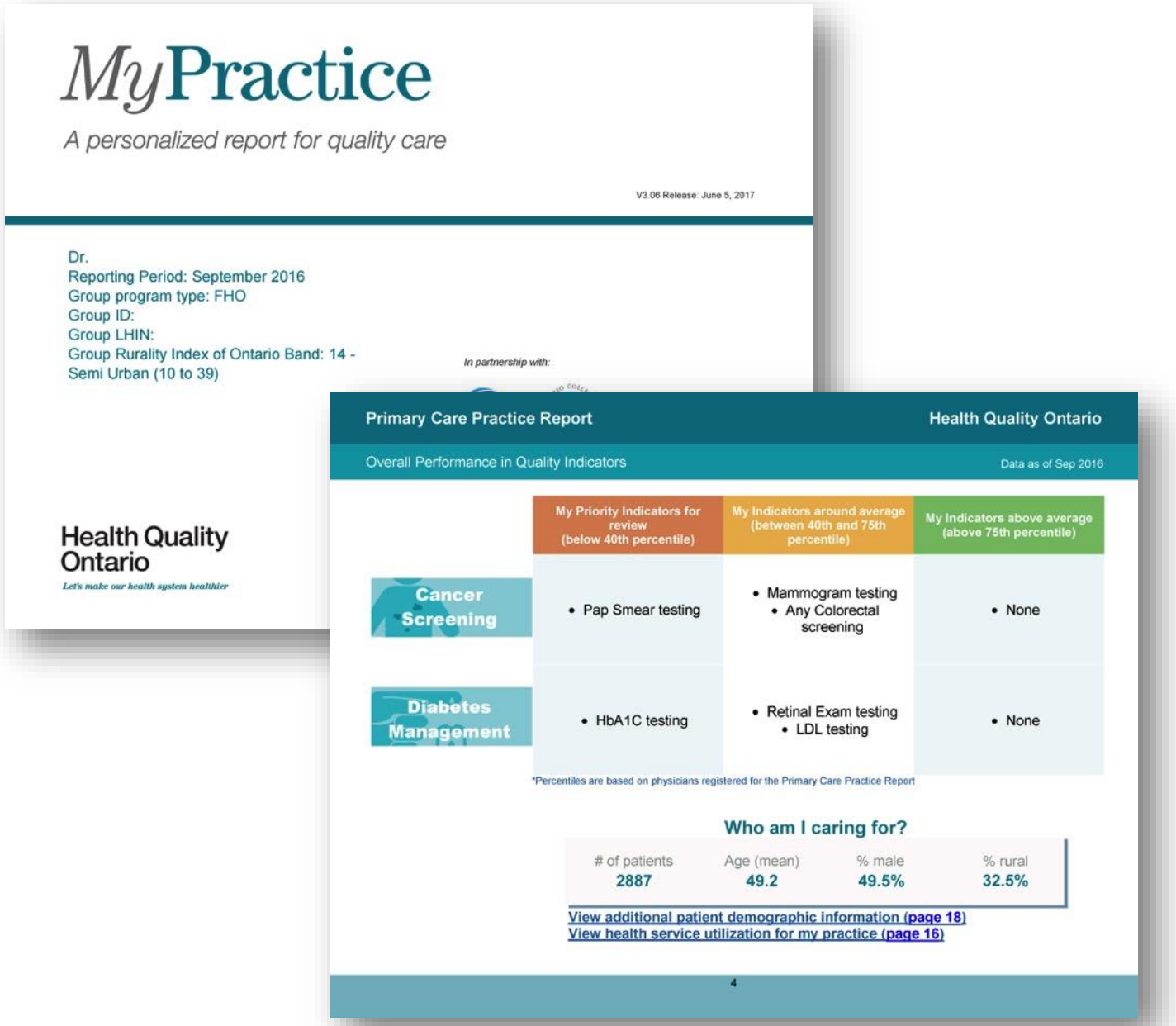
Population Health and Equity (collapsed)

How has your organization addressed/recognized the needs of unique populations in its quality improvement efforts including, for example, indigenous and francophone communities? How has your organization worked to promote health equity through your quality improvement initiatives?

Opioids Prescribing and Opioid Use Disorder in the Treatment of Pain

Describe what steps your organization is taking to support the effective treatment of pain including opioids treatment practices and promoting alternatives to treatment.

Prompts: Think about access to addiction services, social services, (sub) populations, etc.


MyPractice
A personalized report for quality care
V3.06 Release: June 5, 2017
Dr.
Reporting Period: September 2016
Group program type: FHO
Group ID:
Group LHIN:
Group Rurality Index of Ontario Band: 14 - Semi Urban (10 to 39)
In partnership with:
Health Quality Ontario
Let's make our health system healthier
Primary Care Practice Report
Health Quality Ontario
Overall Performance in Quality Indicators
Data as of Sep 2016
My Priority Indicators for review (below 40th percentile)
My Indicators around average (between 40th and 75th percentile)
My Indicators above average (above 75th percentile)
Cancer Screening
• Pap Smear testing
• Mammogram testing
• Any Colorectal screening
• None
Diabetes Management
• HbA1C testing
• Retinal Exam testing
• LDL testing
• None
*Percentiles are based on physicians registered for the Primary Care Practice Report
Who am I caring for?
# of patients
2887
Age (mean)
49.2
% male
49.5%
% rural
32.5%
View additional patient demographic information (page 18)
View health service utilization for my practice (page 16)
4

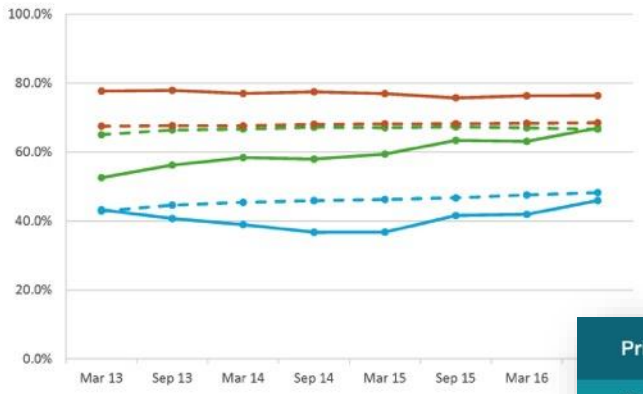
Primary Care Practice Report

Health Quality Ontario

Diabetes Management Indicator Comparison

Data as of Sep 2016

Summary of my performance for all diabetes management indicators



My Practice

HbA1C

LDL

Retinal

Ontario

HbA1C

LDL

Retinal

What are the data showing me?

- My practice is **below** the Ontario average in **HbA1C** testing.
- My practice is **above** the Ontario average in **LDL** testing.
- My practice is **above** the Ontario average in **Retinal** testing.

10

Primary Care Practice Report

Health Quality Ontario

Change Ideas for Cancer Screening

How can I improve my cancer screening indicators?

Identify and verify which patients are due/overdue for cancer screening

- Register for and view your Cancer Care Ontario (CCO) Screening Activity Report (SAR) to find the screening status of your patients.
- Ask your billing administrator or nurse to run an EMR report listing patients due/overdue for screening.
- Update your EMR by comparing your EMR output with your CCO SAR.

Set your goals for improvement

- Use your up-to-date list of patients due/overdue for screening to set goals, including numerical and time-sensitive targets (how many patients are screened by which dates).

Map your practice's current cancer screening process

- Outline the steps involved and the people responsible. This will help you identify inefficiencies and opportunities for improvement.

Update process to track patients eligible for screening

- Create screening reminder letters for patients using these templates from Cancer Care Ontario or sign up for physician linked correspondence for automatic screening reminders for patients.
- Update EMR when reminder notices are issued. Regularly review list of patients due/overdue.

Follow up with patients who haven't been screened

- Consider how issues of equity might be affecting your patients who haven't been screened. Review Poverty: A Clinical Tool for Primary Care from the Ontario College of Family Physicians. For an example of how a health centre analyzed inequities in screening rates, read the story from TAIBU CHC in Toronto.

Learn from your peers

- Reach out to local leaders working with the Provincial Primary Care and Cancer Network.
- See additional screening process improvement ideas and measures from Cancer Care Ontario.

9

THE COMMON QUALITY AGENDA 2016
Measuring Up
A yearly report on how Ontario's health system is performing
Let's make our health system healthier
Ontario
Health Quality Ontario

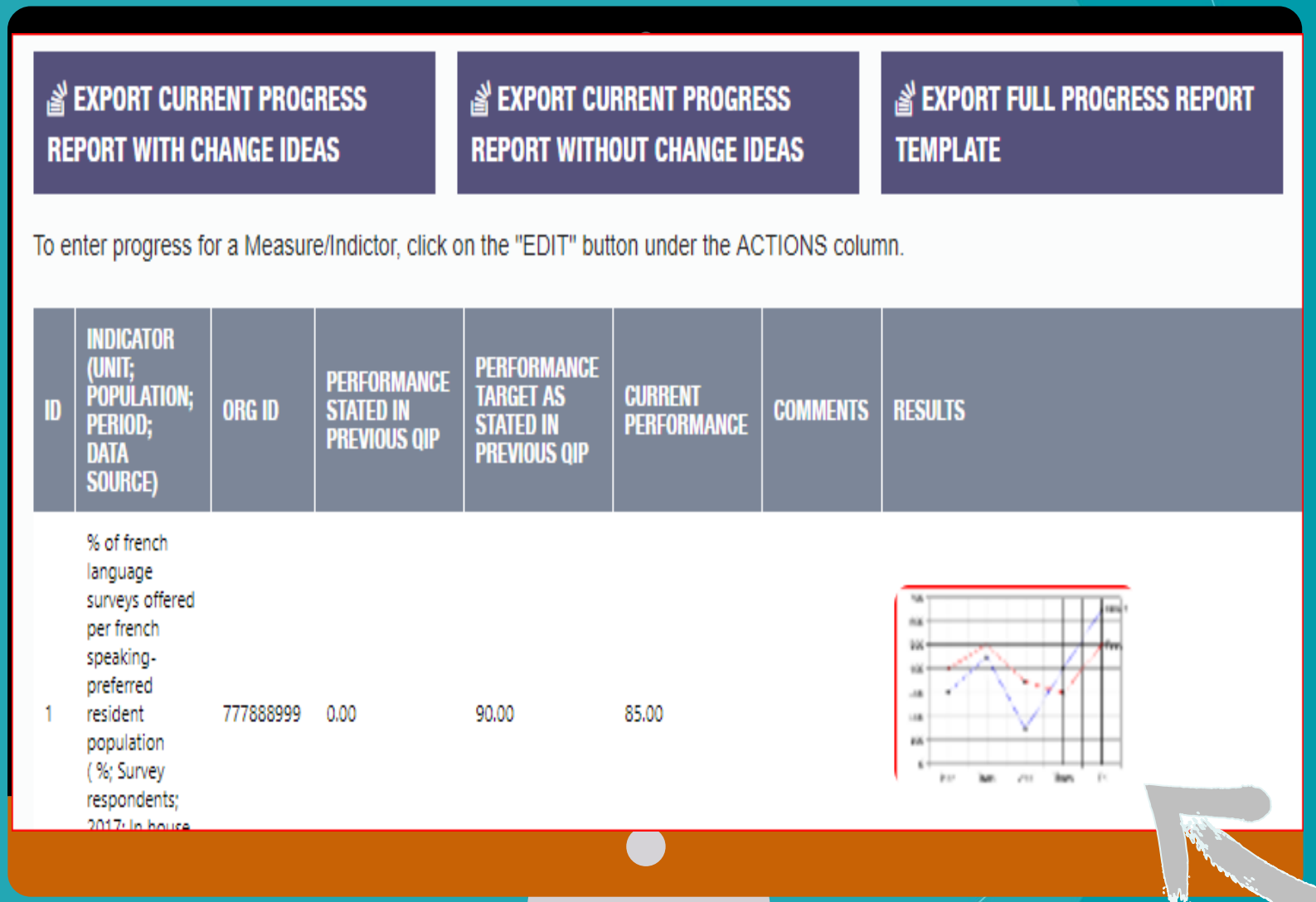
Looking Forward

Changes to Navigator

Navigator Key Dates and Timelines

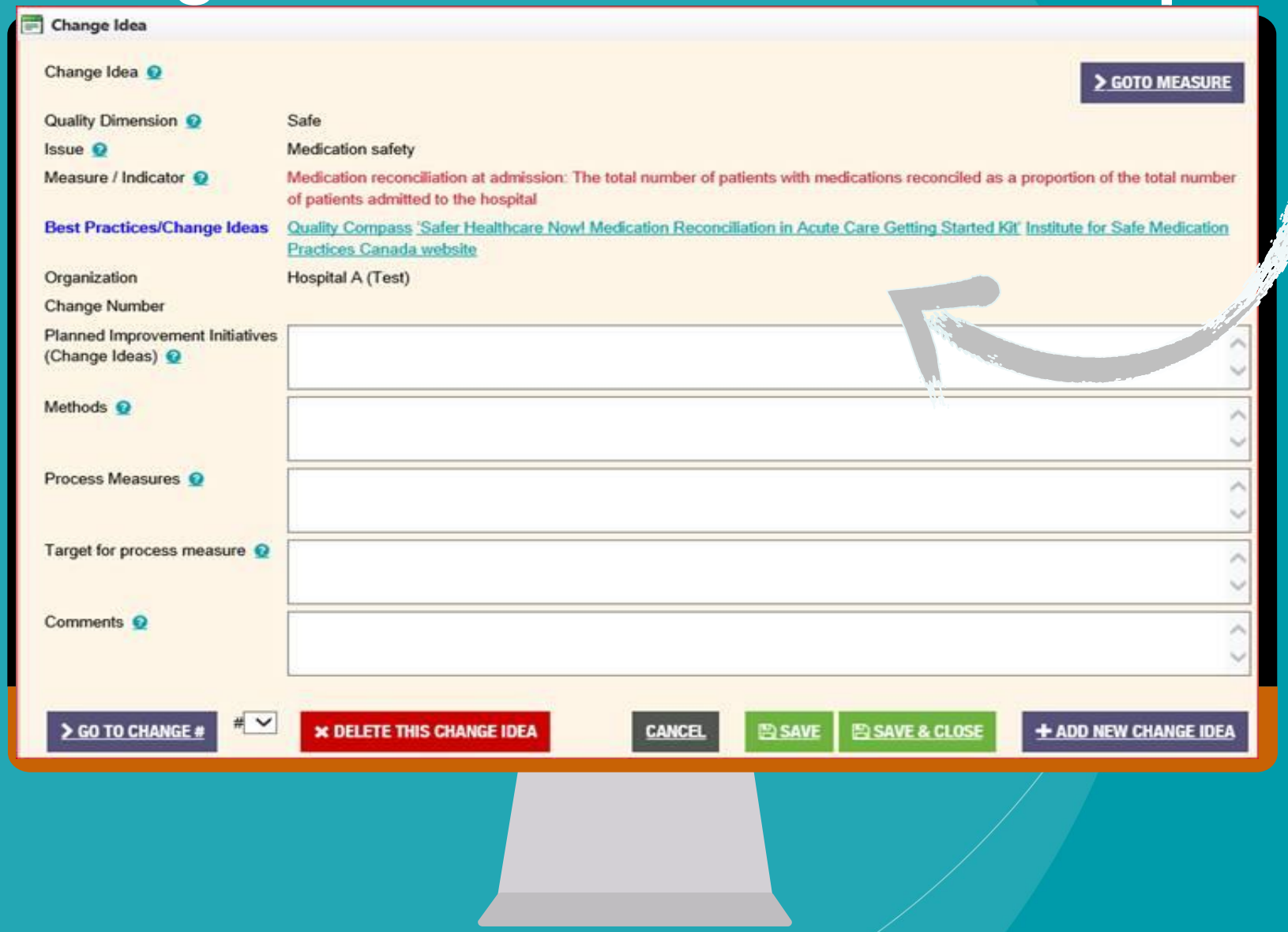
- Navigator will launch by November 30, 2017
- Log in before March to ensure there are no surprises
- There will be Navigator training sessions this fall and winter to highlight the new functionalities
- Navigator closes briefly in February so that the indicator current performance values can be prepopulated
- Ensure the QIP is on your Board’s calendar prior to April 1, 2018 submission.

Navigator Enhancements: Progress Report (PR)



- Current performance in Progress Report and Workplan automatically linked
- Ability to add new change ideas
- Ability to export full Progress Report template
- Format change of Progress Report – change ideas moved up, comments optional
- Ability to add graphic/results (graphs)

Navigator Enhancements: Workplan



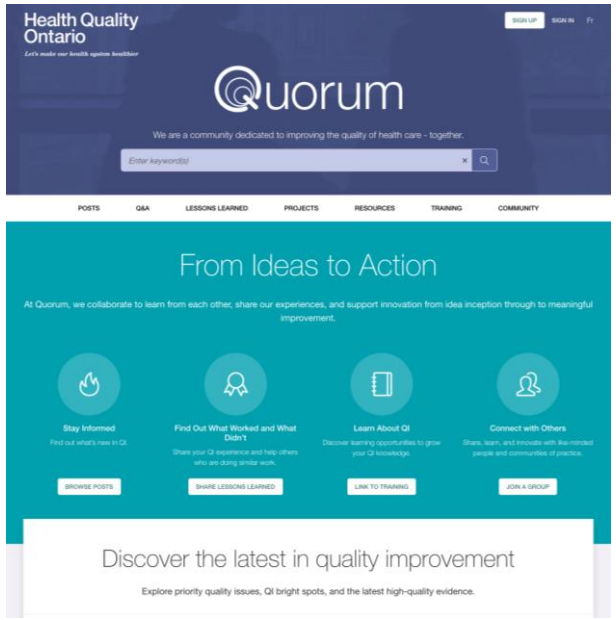
- Addition of resources (links) to change ideas window
- Ability to change order of change ideas
- Automated calculations for surveys
- Ability to export full workplan template

Other Enhancements	Improved automated password reset process	Ability to export full Narrative template	New ‘simplified’ Query QIP report (issue + sector)

QIP Supports

QUORUM

Ontario's new online health care quality improvement community



Great change ideas live here

And here, aligned to each indicator

Quality Compass

- Quality Compass is an online repository of evidence-informed information and change ideas focused on the priority indicators found in Ontario's QIPs.
- The tool supports health care leaders and providers in the primary care, home and community care, long-term care and hospital sectors to implement change.
- http://qualitycompass.hqontario.ca/

Quality Compass

Thank you.

LET'S CONTINUE THE CONVERSATION:

hqontario.ca

@HQOntario

HealthQualityOntario

@HQOntario

Health Quality Ontario

For more information about Quality Improvement Plans email: qip@hqontario.ca

Health Quality Ontario

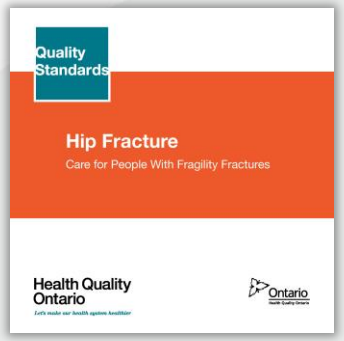
Let's make our health system healthier

Learn about shareable ideas in 5 Steps using Query QIP

1. Go to HQO's Navigator website. Search for "HQO Navigator" in your internet browser and click on this site. You don't need to login, as Query QIP is publically available.
2. Click on the "Query QIP" tab at the top of the webpage, and you will see a drop down menu of options.
3. Decide if you want to search by text or by indicator, and if you want to search the Narrative, Workplan or Progress Report. Each report is created separately.
4. If you select "text" (and not indicator), enter the term / text you want to search in the first field. If you select "indicator" (and not text), consider if this indicator is a priority, additional or custom QIP indicator. Select this as a parameter before selecting the indicator you want to search. If you don't know if the indicator is a priority, addition or custom indicator, simply select all three. Answer each of the other fields in turn to complete your report parameters.
5. To see each use of the term / text in the report you are creating, make sure you say "yes" to the last question, which highlights your text word with every instance of its use in the report.

If you have any trouble using Query QIP, or any of the Navigator functionality email: qip@hqontario.ca .

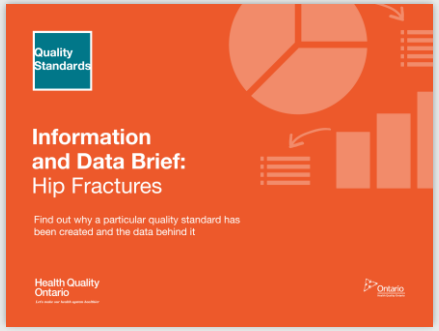
Get connected to Quality Standards. Each quality standard focuses on a certain health care issue and consists of:



Clinical Guide

Recommendations for Adoption

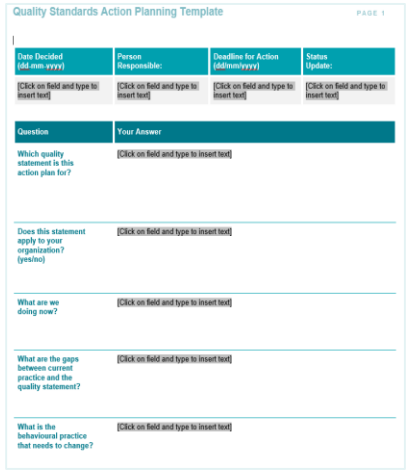
Patient Guide

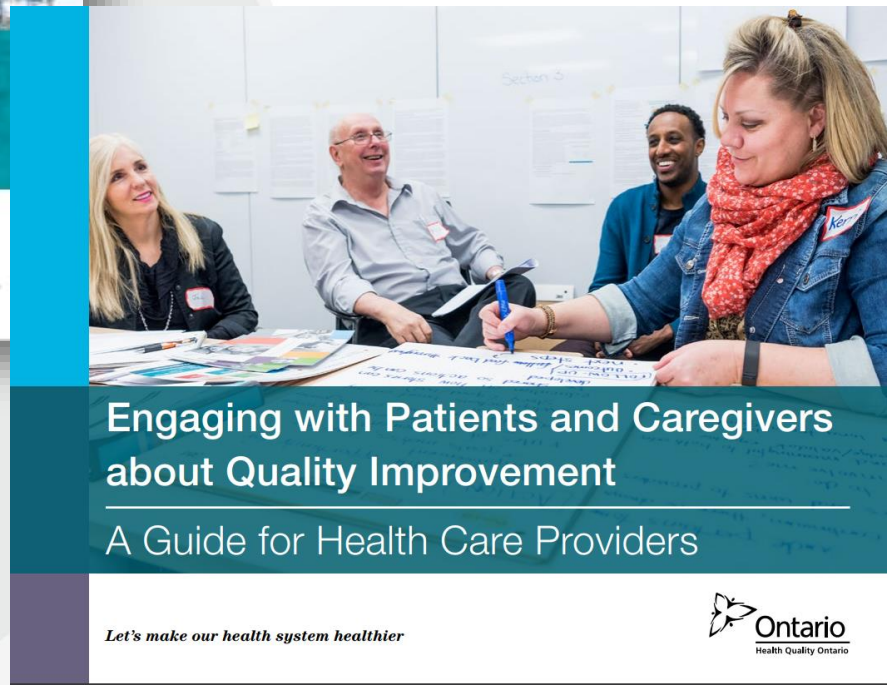


Information and Data Brief

Data Infographic

A **Getting Started Guide** and **Action Plan Template** to assist providers, teams and organizations to use the quality standard and prioritize quality statements to guide improvement.



Patient Engagement

Helping patients and the system engage through tools and resources