2022/23 Quality Improvement Plan Program Update

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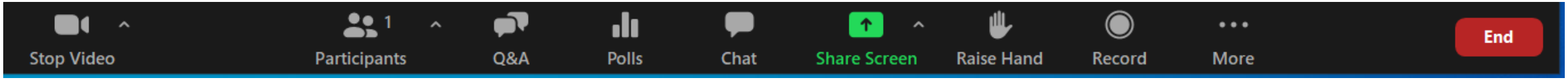
How to participate

- Please post any questions you may have in the Q&A box
- We will address questions at the end of the presentation
- For technical difficulties, use the Chat or email us @ QIP@ontariohealth.ca
- Webinar recording and slides will be posted after the webinar on QIP home page (click for link)



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Poll Question

What health care sector do you work in?

- ❑ Hospital
- ❑ Long-term Care
- ❑ Interprofessional Primary Care
- ❑ Home and Community Care Support Services
- ❑ Mental Health and Addictions
- ❑ Other

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Agenda

- Opening remarks
- Review goals of QIP program
- Overview of key changes to the 2022/23 QIP
  - Sector specific indicator changes
  - Narrative revisions
- Organizations participating in OHTs
  - How QIP and cQIP align
- Review supports/resources

Land Acknowledgement

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Opening Remarks

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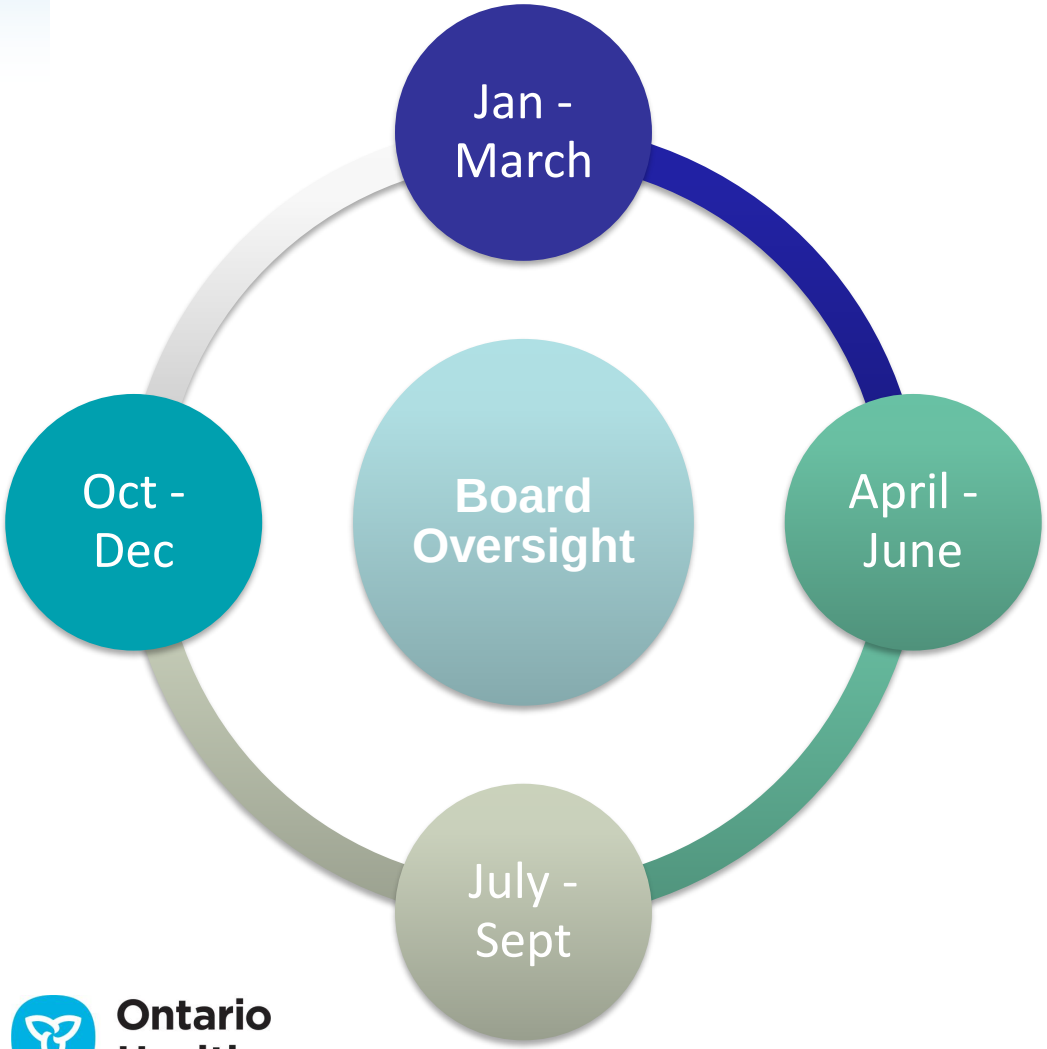
Goals of the QIP Program

- ✓ Set and advance priorities for quality improvement, both provincially and locally
- ✓ Make a difference. Achieve improvements in the quality of care across sectors through an approach that is systematic, collaborative, integrated and demonstrates impact
- ✓ Promote quality as a strategic focus, and embed a culture of quality within organizations and among providers of care
- ✓ Accelerate organizations' ability to improve quality of care by analyzing improvement plans, sharing evidence and results that inspire further activity and results
- ✓ Foster community and patient engagement in quality

2022/23 Quality Improvement Plans

QIP annual cycle for an organization



January – March 2022

- Plan: What are we trying to accomplish?
- Identify opportunities for improvement
- Review data and engage key stakeholders
- Complete workplan and narrative
- Board sign-off
- Submit approved QIP to Ontario Health

April – June

- Test and assess impact of change ideas

July - September

- Implement and monitor change ideas

October - December

- Implement and review progress on change ideas
- Plan for continued or new priorities

January – March 2023

- Review progress
- Complete QIP for the coming fiscal year
- Board sign-off
- Regular QIP cycle, submit approved QIP to Ontario Health by April 1st

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Key Changes for the 2022/23 QIPs

- Priorities selected to focus on health system recovery
- Limit the number of new indicators
- Alignment to cQIP (additional indicators)
- No mandatory indicators
- Shortened narrative, focusing on current issues
- No progress report, due to the submission pause in 2021/22

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Quality Improvement Plans 2022/23: Priority Indicators

Need this information in an accessible format?
1-877-280-8538,
TTY 1-800-855-0511
info@ontariohealth.ca

	Hospitals	Interprofessional Primary Care	Long-Term Care	Home and Community Care
COVID-19 HEALTH SYSTEM RECOVERY				
Theme 1: Timely and Efficient Transitions A high-quality health system manages transitions well, providing people with the care they need, when and where they need it.				
Efficient	♠ Number of people whose first point of contact for a mental health and addictions condition is the emergency department ♠ Percentage of inpatient days with an alternate level of care designation	♠ Percentage of screening eligible patients up to date with Papanicolaou (Pap) tests ♠ Percentage of screen-eligible patients up to date with a mammogram ♠ Percentage of screen-eligible patients up-to-date with colorectal screening	**Percentage of potentially avoidable emergency department visits for long-term care residents.**	
Timely	**Percentage of discharge summaries sent from hospital to community care providers within 48 hours of discharge.**			
Theme 2: Patient/Client/Resident Experience Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.				
Patient-Centred	**Did patients feel they received adequate information about their health and their care at discharge?**	**Do patients feel involved in decisions about their care?**	**Do residents feel they have a voice and are listened to by staff?** **Do residents feel they can speak up without fear of consequences?**	**Are clients satisfied with the care and services they are receiving?**
Theme 3: Safe and Effective Care A high-quality health system works together to ensure that people have access to the best care for their condition and that their care is delivered in a way that is safe and effective.				
Safe	**Number of workplace violence incidents overall**	**Percentage of non-palliative care patients newly dispensed an opioid (excluding opioid agonist therapy) within a 6-month reporting period**	**Percentage of long-term care home residents not living with psychosis who were given antipsychotic medications**	**Percentage of patients with diabetic foot ulcers that closed within a 12-week period**
Effective	**Proportion of patients discharged from hospital for whom medication reconciliation is provided**			**Percentage of patients with a new diabetic foot ulcer in a 6-month period (incidence)**
EQUITABLE				

♠ Additional indicators are also included on the collaborative QIP. Organizations partnering in an OHT may opt to choose these indicators at an organizational level.

*New Indicator: Hospital sector

- **Number of people whose first point of contact for a mental health and addictions condition is the emergency department**
  - Study conducted between 2010 and 2018, showed almost half (45.4%) of adults with a first MHA-related visit to ED had no mental health outpatient care in the 2 years prior
  - COVID tracking data in 2020/21 found an increasing trend toward patients visiting the emergency department for acute mental health and substance use disorders
  - Added to better understand this issue and how the system can best support these patients
  - Indicator closely aligned with broader pan-Canadian work happening on frequent emergency department visits, specifically the indicator that appears as part of the work of the federal, provincial, and territorial health ministries on shared health priorities.
  - Included in cQIP (see Appendix for cQIP areas of focus)

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*Note: Please note that this indicator is also included in the cQIP at an OHT level. Partners who also participate in the cQIP may find the organization level data helpful for their OHT cQIP work.

New Indicator: Home and Community Care Support Services

Percentage of patients with a new diabetic foot ulcer in a 6-month period (incidence)

- Previously reported to CIHI
- Part of Ontario Health Quality Standards on Wounds: recommended local indicator
- With the complementary indicator (Percentage of patients with diabetic foot ulcers that closed within a 12-week period), provides more comprehensive view of outcomes over time.
- Aligns with transitions in care

Narrative revision

- Overview
- Reflections since your last QIP submission
- Patient/client/resident partnering & relations
- Provider experience
- Resident social connectedness (Long-term care only)
- Executive compensation (Hospitals only)

Indicates new to the 2022/23 QIP narrative

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How do QIP and cQIP align?

Quality Improvement Plan (QIP)		Collaborative Quality Improvement Plan (cQIP)
Program description	A public, documented set of quality commitments that a health organization makes to its patients/residents/staff on an annual basis to improve specific quality issues through focused targets and actions	A formal commitment to quality that an OHT makes to its community captured annually in a standardized format to improve system issues and share progress using focused targets and actions
Program structure	A focused set of issues that organizations across the province and in different sectors of the health care system work to improve	An improvement plan that aligns provincial and local health system priorities based on the quadruple aim focusing on those populations most at risk
Common AIM	A process that both single health care organizations and OHTs work on throughout the year to systematically identify and bridge gaps in care using quality improvement and change management principles and employing an equity lens	

Resources / Supports

Available information/resources

QIP Guidance Document (click for link)

QIP Indicator Technical Specifications (click for link)

QIP Matrix (click for link)

QI Science videos (click for link)

Questions?

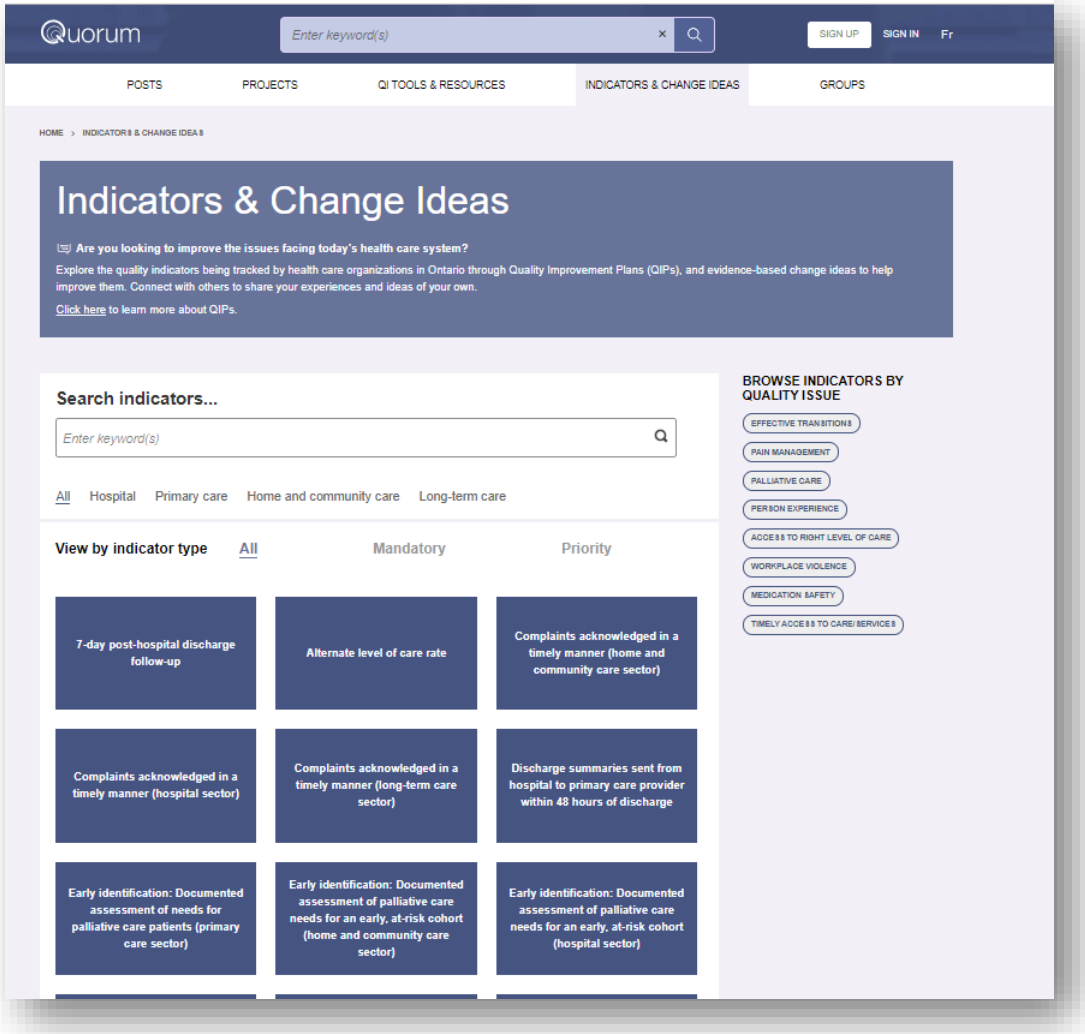
Connect with a quality improvement specialist at: QIP@ontariohealth.ca

Quorum (click for link)

Ontario Health's online platform where users learn, share, and collaborate to improve health care quality in Ontario

Contains:

- QI tools and resources
- Indicators and Change ideas
- Specific links to change ideas for QIP indicators



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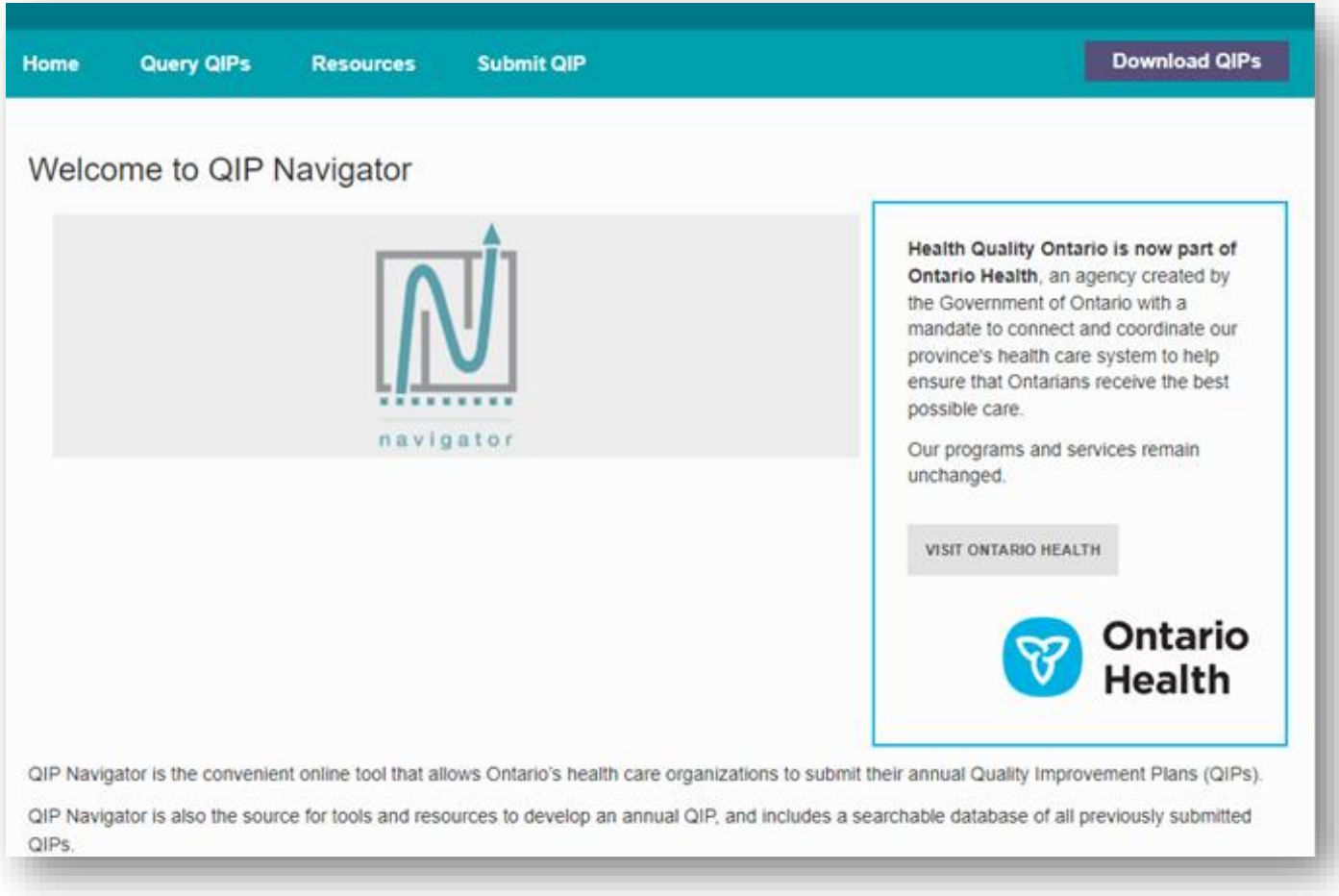
QIP Navigator

Ontario Health's online tool for the development and submission of QIPs

Expected to launch in March 2022



QUESTIONS

Overall, how would you rate the quality of this webinar?

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

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Thank you

Appendix

CQIP References

Kurdyak P, Gandhi S, Holder L, et al. Incidence of Access to Ambulatory Mental Health Care Prior to a Psychiatric Emergency Department Visit Among Adults in Ontario, 2010-2018. *JAMA Netw Open.* 2021;4(4):e215902. doi:10.1001/jamanetworkopen.2021.5902 https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2778557

Saunders NR, Toulany A, Deb B, et al. Acute mental health service use following onset of the COVID-19 pandemic in Ontario, Canada: a trend analysis. *CMAJ Open*. 2021;9(4):E988-E997. Published 2021 Nov 16. doi:10.9778/cmajo.20210100

1. Improve overall access to care in the most appropriate setting

(Including via transitions from home or hospital to post-acute care, long-term care, or other congregate setting). This includes a focus on reducing inequities for individuals within priority populations.

Rationale

- Moving people as quickly as possible from hospital to the appropriate level of care has long been a problem before COVID. With COVID, there has been both disruption and innovation in addressing this issue. As recovery continues, it has never been more important to move people as quickly as possible to the appropriate location and also help clear beds to handle surgical backlog.

Associated Indicator:
Alternate Level of Care Days

The ALC Days indicator includes acute care patients and reports on patients designated ALC discharged/discontinued from an Acute Care hospital during the reporting period. It includes discharges from acute care hospitals and excludes newborns and still births.
Calculations are aligned with the methodology in the OHT data packages.

2. Increase overall access to community mental health and addictions (MHA) services

This includes a focus on reducing inequities for individuals within priority populations.

Rationale

- Every year, more than one million people in Ontario experience a mental health or addictions challenge requiring care. Often, supports are difficult to find where and when they are needed. Care in the community is in high demand, services are inconsistent across regions, there are uneven client and patient experiences and outcomes, and Ontario has lacked the data to show where to improve.

Associated Indicator:
ED first point of contact for mental health and addictions care

A high rate of people using the emergency department as first point of contact, using a 2-year look-back period, suggests barriers to accessing outpatient MHA care. This area of focus was selected in consultation with the MHA Centre of Excellence at Ontario Health.

3. Increase overall access to preventative care

Including from primary care and public health providers, with a focus on reducing inequities for individuals within priority populations, including marginalized and racialized communities.

Rationale

- This is the first set of indicators that reflect the work done by OHTs on population health.
- Reported March 12, 2021: According to statistics gathered by Ontario Health, almost a million fewer colorectal, breast and cervical cancer screenings were conducted between March and December than were carried out through the same stretch in 2019.

Associated Indicator:
Preventative Screening in Primary Care

Number of patients up to date with a mammogram
Number of patients up to date with colorectal screening
Number of patients up to date with Papanicolaou (Pap) tests

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