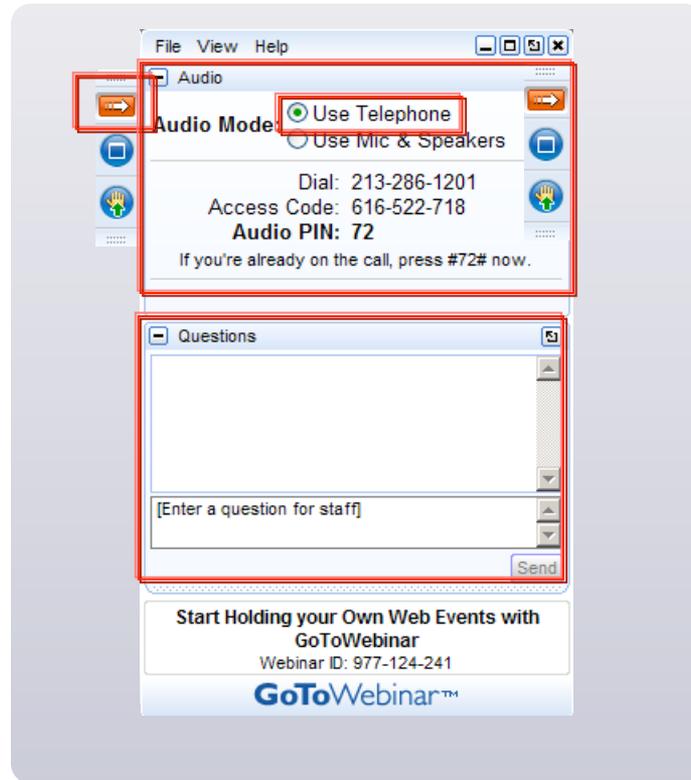


Navigator Enhancements Quality Improvement Plans 2016/17

Kerri Bennett, Health Quality Ontario
December, 2015

How to participate today



Agenda

- Overview of 2016/17 quality improvement plan requirements
- Review what's new in the Navigator system
 - Login
 - Sector QIP
 - Progress report
 - Narrative
 - Workplan
 - Query QIPs
- Live demonstration

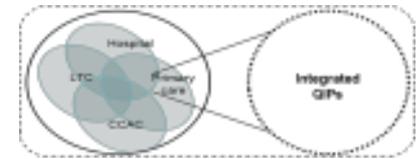
Learning objectives

By the end of this session, participants will be able to:

- Review and recall the expectations for 2016/17 QIPs
- Describe the enhancements that have been made to the Navigator
- Initiate the reporting functions in the query QIPs tab

PLANNING FOR 2016/17 QIPS – INDICATORS

Functionally Integrated QIPs: Cross-Sector Collaboration



Hospital	
NEW	<ul style="list-style-type: none"> 30-Day Readmission for Select HIGs 30-Day Readmission for one of CHF/COPD or Stroke ALC Rate
	<ul style="list-style-type: none"> Patient Satisfaction
	<ul style="list-style-type: none"> ED Length of Stay (90th percentile, admitted)
	<ul style="list-style-type: none"> Med Rec (at admission) CDI Hand Hygiene before patient contact (A) Pressure Ulcers (A) Falls (A) Med Rec (at discharge) (A) VAP (A) CLI (A) Physical restraints in mental health (A) Surgical Safety Checklist (A)
NEW	<ul style="list-style-type: none"> % of palliative care patients discharged home with supports (A)

Primary Care	
	<ul style="list-style-type: none"> Primary Care Visits Post-Discharge Hospital Readmission for Primary Care Patient Population (A)
	<ul style="list-style-type: none"> Patient Experience
	<ul style="list-style-type: none"> Timely Access ED Visits for Conditions BME (A)
NEW	<ul style="list-style-type: none"> % of patients with diabetes with two or more HBA1C tests within the past 12 months Colorectal and Cervical Cancer Screening Influenza Immunization (A)

CCAC	
	<ul style="list-style-type: none"> Hospital Readmissions Unplanned ED Visits
	<ul style="list-style-type: none"> Client Experience
	<ul style="list-style-type: none"> Five-Day Wait Time for Home Care
	<ul style="list-style-type: none"> Falls for Long-Stay Clients
NEW	<ul style="list-style-type: none"> End of Life Preferred Place of Death (A)

LTC	
	<ul style="list-style-type: none"> Potentially Avoidable ED Visits
	<ul style="list-style-type: none"> Resident Experience Appropriate Prescribing
	<ul style="list-style-type: none"> Pressure Ulcers Falls Restraints Incontinence (A)

(A): additional indicator

Indicator Changes for Hospitals

New

- Risk-Adjusted 30-Day All-Cause Readmission Rate for QBP cohort patients; pick one of:
 - CHF
 - COPD
 - Stroke
- Palliative Patients Discharged Home with Supports (Additional Indicator)

Indicator Changes for Hospitals

Modified

- Percent Alternate Level of Care (ALC) days moved to additional indicator
ALC Rate (Acute) new priority indicator
- Readmissions within 30 Days for Selected HBAM Inpatient Grouper (HIG) Groups
 - “HBAM Inpatient Grouper (HIG)” replace “Case Mix Groups (CMGs)”

Retired

- Total Margin
- Hospital Standardized Mortality Ratio

QIP indicator definitions

Priority Indicators: system level provincial priorities, pre-defined for standard measurement, pre-populated where possible

- In red; Present on the landing page of the workplan
- Must be responded to within the workplan (all fields complete, or justification in comments column)

Additional Indicators: pre-defined, pre-populated where possible

- Present in drop-down lists following the relevant quality dimension

Other: all other newly created indicators (specific to hospital or LHIN and self-defined)

- Created by clicking on “add new measure”.

NAVIGATOR ENHANCEMENTS

Navigator enhancements

- Navigator enhancements launched November 27, 2015
- Direct link:
<https://qipnavigator.hqontario.ca>

Navigator enhancements

- Organizations are encouraged to log in before March to ensure there are no challenges with passwords

ABOUT HQO NAVIGATOR
QUALITY IMPROVEMENT PLANS
ABOUT HEALTH QUALITY ONTARIO
(HQO)

Username:

Password:

 LOGIN

[FORGOT PASSWORD?](#)

Note: The “Forgot Password?” function will only work if the organization has an active email address entered in their unique user PROFILE. The person primarily responsible for the QIP should be listed in the user profile. The profile is also where passwords can be changed or updated, however please remember to share new passwords with your team accordingly.

Changes to the progress report

- Focus on progress: Progress report has been positioned as the first document organizations see when they log in to Navigator.
- The system defaults to the progress report page to encourage reviewing your progress-to-date to inform your new plans for this coming year

Changes to the narrative

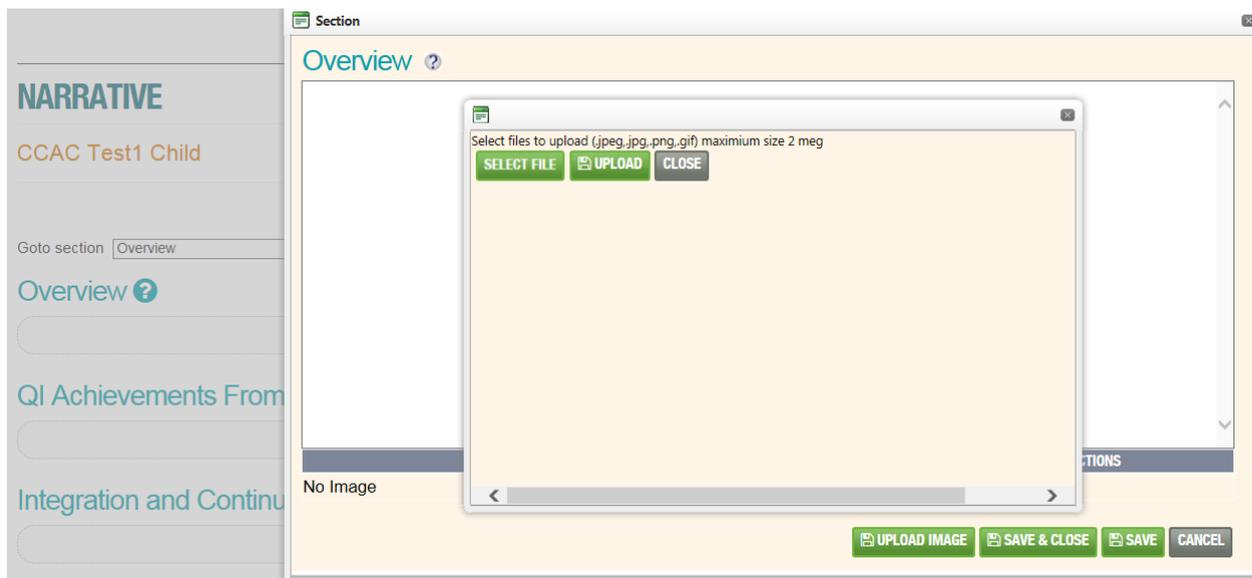
- The Narrative
 - Is an executive summary of your QIP and is intended to “narrate” the QIP in an easily understandable manner
- To support this, the Narrative has been streamlined:
 - Overview
 - Integration & continuity of care
 - Engagement of patients
 - QI Achievements From the Past Year
 - Engagement of leadership, clinicians & staff
 - Executive Compensation

Changes to the narrative

- QI Achievements from the past year (new)
 - Purpose of this section is to provide organizations with an opportunity to highlight a significant achievement or initiative, specifically why it was significant and how it was accomplished.
- The “challenges and risks” section has been incorporated into the target justification section of the workplan, allowing organizations to link their challenges and risks to specific indicators.
- Effective September 2015, changes to the ECFAA regulations include specific requirements for hospitals to directly engage patients in their patient relations processes and QIP development.

Changes to the narrative

- Enabled image upload capabilities: For organizations that create graphics they would like to share as part of their QIP Narrative, this new feature allows users to upload up to five images per section to accompany narrative text.



Changes to the workplan

Direction for improvement arrow

Collecting baseline option for target

The screenshot shows the 'Measure' configuration page with the following details:

- Objective, Measure / Indicator:** Safety
- Quality Dimension:** Safety
- Objective:** To reduce falls among long-stay home care clients
- Measure / Indicator:** Percentage of adult long-stay home care clients that have a fall on their follow-up Assessment
- Unit of Measure:** %
- Population:** Adult long stay home care clients
- Data Source:** HCD, RAI-HC via LSAS
- Period:** Other
- Organization:** [New name] Waterloo Wellington CCAC
- Direction of Improvement:** Lower is better
- Current Performance:** 35.40
- Absolute Target:** 30.00 (between 0.00 and 100.00)
- Relative Target:** 15.25 %
- Target Justification:** to be better than provincial score of 35%.

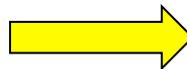
Red circles highlight the 'Direction of Improvement' dropdown and the 'Collecting Baseline' radio button.

Changes to the workplan- additional indicators

- **Additional Indicators:** pre-defined, previously on QIP, pre-populated where possible

SAFE					
10	Increase proportion of patients receiving medication reconciliation upon admission	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital	% / All patients	Hospital collected data / most recent quarter available	99994
11	Reduce hospital acquired infection rates	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI during the reporting period, divided by the number of patient days in the reporting period, multiplied by 1,000.	Rate per 1,000 patient days / All patients	Publicly Reported, MOH / January 2015 – December 2015	99994
					 
▼ Indicators 8					
12	Avoid Patient falls	Percent of complex continuing care (CCC) residents who fell in the last 30 days.	% / Complex continuing care residents	CCRS, CIHI (eReports) / July (Q2 FY) 2015/16	99994

Additional Indicators



Workplan: new indicators

- **Other:** all other newly created or relevant indicators need to be created via “Add New Measure”.



Measure

Objective, Measure / Indicator ?

Quality Dimension ?

Sector * ? CCAC

Objective * ?

Measure / Indicator * ?

Unit of Measure * ? Other

Population * ? Other

Data Source * ? Other

Period * ? Other

If other, specify

If other, specify

If other, specify

Please specify *

Organization CCAC Test1 Child

Current Performance ?

Collecting Baseline ?

Suppressed ?

Absolute Target ? Relative Target ? %

Collecting Baseline ?

Target Justification ?

Workplan: rationale

- Rationale if you are not focusing on a priority indicator is entered here

Change Idea

Change Idea [?](#) **> GOTO MEASURE**

Quality Dimension [?](#) Effective

Objective [?](#) To reduce avoidable hospital admissions among home care clients

Measure / Indicator [?](#) Percentage of home care clients who experienced an unplanned readmission to hospital within 30 days of discharge from hospital

Organization CCAC Test1 Child

Change Number #

Planned Improvement Initiatives (Change Ideas) [?](#)

Methods [?](#)

Process Measures [?](#)

Goal For Change Ideas [?](#)

Comments [?](#)

> GO TO CHANGE # **✕ DELETE THIS CHANGE IDEA** **CANCEL** **SAVE** **SAVE & CLOSE** **+ ADD NEW CHANGE IDEA**



Changes to the submission

- Improved submission process: To minimize confusion this year, the “Submit” button has been replaced with a “Validate” button. When organizations select the “Validate” button, they will be notified of any missing information; if all fields are complete, they will be directed to the signatory window. Sector-specific signatories are now available.

Submitting the QIP: testing for omissions

OUR QIPS

Hospital xyz

The following table includes current and past QIPs. Click the desired button under the ACTIONS column to continue.

Fiscal:

FISCAL	TITLE	MODIFIED	STATUS	PROGRESS REPORT COMPLETED	NARRATIVE SECTIONS COMPLETED	WORKPLAN INDICATORS COMPLETED	ACTIONS
2016/17	2016/17 Quality Improvement Plan for Ontario Hospitals		In progress	/	/	/	<input type="button" value="EDIT"/> <input type="button" value="VALIDATE"/>
2015/16	2015/16 Quality Improvement Plan for Ontario Hospitals		In progress	0 / 1	0 / 10	0 / 60	<input type="button" value="VIEW"/>
2014/15	2014/15 Quality Improvement Plan for Ontario Hospitals		Submitted	0 / 0	2 / 9	1 / 40	<input type="button" value="VIEW"/>



Submitting the QIP: testing for omissions

FISCAL	TITLE	MODIFIED	STATUS	PROGRESS REPORT COMPLETED	NARRATIVE SECTIONS COMPLETED	WORKPLAN INDICATORS COMPLETED	ACTIONS
2016/17	2016/17 Quality Improvement Plan for Ontario Hospitals		In progress	0 / 0	2 / 7	1 / 20	EDIT VALIDATE
2015/16	2015/16 Quality Improvement Plan for Ontario Hospitals		In progress	/	/	/	VIEW

Submission Incomplete

[Print this page](#)

Workplan Omissions

- Indicator 5: Must include at least one change idea with a Planned Improvement Initiative, Method, Process Measure and Goal For Change Ideas.
- Indicator 5 Change Idea 1: Goals For Change Idea must be entered.

Submission Incomplete

[Print this page](#)

Progress Report Omissions

- Indicator 1: Current Performance must be entered or the Collecting Baseline or Suppressed or N/A radio button must be selected.
- Indicator 2: Current Performance must be entered or the Collecting Baseline or Suppressed or N/A radio button must be selected.
- Indicator 3: Current Performance must be entered or the Collecting Baseline or Suppressed or N/A radio button must be selected.
- Indicator 4: Current Performance must be entered or the Collecting Baseline or Suppressed or N/A radio button must be selected.
- Indicator 5: Current Performance must be entered or the Collecting Baseline or Suppressed or N/A radio button must be selected.
- Indicator 6: Current Performance must be entered or the Collecting Baseline or Suppressed or N/A radio button must be selected.
- Indicator 7: Current Performance must be entered or the Collecting Baseline or Suppressed or N/A radio button must be selected.

[CLOSE](#)

Submitting the QIP

OUR QIPS

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201

Please ensure the Accountability Sign-off page is complete.

I have reviewed and approved our organization's Quality Improvement Plan.

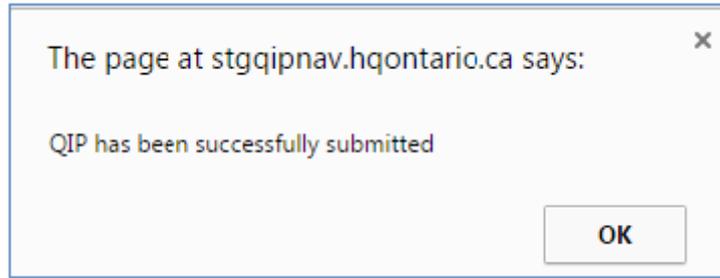
<input type="text"/>	<input type="text"/>	<input type="text"/>
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Board Chair Quality Committee Chair Chief Executive Officer

SUBMIT **CANCEL**

Submitting the QIP

- A pop up window will confirm that your QIP was submitted successfully



Changes to sector QIPs tab

- Improved search capabilities for the publicly posted QIPs: Enhancements have been added to Navigator to make it easier for organizations to search other publicly posted QIPs.
 - Primary care QIPs now publicly available
- Organizations will be able to search by key word and indicator, as well as by other key factors, including model type, LHIN, and size of organization.

Changes to sector QIPs tab

NEW

PAQS PAR SECTEUR

Le tableau ci-dessous inclut les PAQ publiés. Cliquez sur le bouton pour télécharger le document désiré.

fiscale: Secteur: RLISS: modèle/ type:

FISCALE 	SECTEUR	RLISS	MODÈLE/ TYPE	NOM DE L'ORGANISATION	RAPPORTS D'ÉTAPE	NARRATION	PLAN D'AMÉLIORATION
2013/14	Soins actifs/Hôpital	Central	Grand hôpital communautaire	Humber River Regional Hospital	<input type="button" value="RAPPORTS D'ÉTAPE"/>	<input type="button" value="NARRATION"/>	<input type="button" value="PLAN D'AMÉLIORATION"/>
2013/14	Soins actifs/Hôpital	Central	Grand hôpital communautaire	Markham-Stouffville Hospital	<input type="button" value="RAPPORTS D'ÉTAPE"/>	<input type="button" value="NARRATION"/>	<input type="button" value="PLAN D'AMÉLIORATION"/>
2013/14	Soins actifs/Hôpital	Central	Grand hôpital communautaire	North York General Hospital	<input type="button" value="RAPPORTS D'ÉTAPE"/>	<input type="button" value="NARRATION"/>	<input type="button" value="PLAN D'AMÉLIORATION"/>
2013/14	Soins actifs/Hôpital	Central	Grand hôpital communautaire	Southlake Regional Health Centre	<input type="button" value="RAPPORTS D'ÉTAPE"/>	<input type="button" value="NARRATION"/>	<input type="button" value="PLAN D'AMÉLIORATION"/>
2013/14	Soins actifs/Hôpital	Central	Soins complexes de longue durée et réadaptation	St. John's Rehabilitation Hospital	<input type="button" value="RAPPORTS D'ÉTAPE"/>	<input type="button" value="NARRATION"/>	<input type="button" value="PLAN D'AMÉLIORATION"/>
2013/14	Soins actifs/Hôpital	Central	Petit hôpital communautaire	Stevenson Memorial Hospital	<input type="button" value="RAPPORTS D'ÉTAPE"/>	<input type="button" value="NARRATION"/>	<input type="button" value="PLAN D'AMÉLIORATION"/>

Addition of query QIPs tab

NEW



The screenshot shows the Ontario Health Quality website interface. At the top left is the Ontario logo with the text 'Ontario' and 'Qualité des services de santé Ontario'. The top navigation bar includes links for 'PAGE D'ACCUEIL', 'QSSO TABLEAU DE BORD', 'ADMIN', 'RESSOURCES', 'PAQS PAR SECTEUR', and 'REQUÊTE PAQS'. The user is logged in as 'BIENVENUE LAURIE HURLEY' and the page is in 'ENGLISH'. The main content area features a large heading 'REQUÊTE DANS LES PAQ' in orange text over a background image of healthcare workers. Below this, a white box contains the following list:

REQUÊTE DANS LES PAQ

- Exécuter la requête d'indicateur : Plan de travail
- Exécuter la requête de texte : Rapport d'étape
- Exécuter la requête de texte : Section narrative
- Exécuter la requête de texte : Plan de travail
- Exécuter la requête d'indicateur : Rapport d'étape

Addition of query QIPs tab

*Secteur: Soins actifs/Hôpital *Modèle: N/A, Ambulatory Care, Enseignement Consulter le rapport

*Fiscale: 2015/16 *RLISS: 11, Champlain

*Organisation: Almonte General Hospital, Amprior ar *Domaine: Sécurité

*Indicateur: Mortalité hospitalière dans les cinq jours Mesure personnalisée

*Le rendement actuel comme indiqué sur précédente QIP: > 0

*Cibles mentionnés sur précédente QIP: > 0

*Performance Actuelle: > 0

1 of 2 Find | Next

Exporter les résultats de la requête

Report sur les indicateurs: Rapport d'étape

Paramètre Sélectionné

Secteur: Soins actifs/Hôpital

Modèle: Tous

Domaine: Sécurité

Indicateur: Mortalité hospitalière dans les cinq jours suivant une chirurgie importante : Taux de décès à l'hôpital, toutes causes confondues, survenant dans les cinq jours suivant une chirurgie importante..Nombre de fois où les trois phases de la liste de contrôle de la sécurité chirurgicale ont été respectées pendant la période de référence, divisé par le nombre total d'interventions chirurgicales pratiquées pendant cette même période, multiplié par 100..Nombre de fois que les mesures d'hygiène des mains ont été respectées avant le premier contact avec un patient pendant la période de référence, divisé par le nombre total de contacts avec un patient par période de référence, multiplié par 100..Nombre de patients soumis à des moyens de contention au cours des trois jours précédant l'évaluation initiale, divisé par le nombre total de cas avec évaluation d'admission complète durant la même période..Pourcentage de pression au cours des trois derniers mois (stade 2 ou supérieur) ..Pourcentage de pensionnaires aux soins continus complexes (SCC) qui ont fait une chute au cours des 30 derniers jours..Taux d'infection à Clostridium difficile par 1 000 jours-patients : Nombre de patients ayant récemment reçu un antibiotique pendant la période de référence, divisé par le nombre de jours-patients dans la période de référence, multiplié par 1 000..Taux de PVA par 1 000 jours-ventilateur : nombre total de cas nouvellement diagnostiqués de PVA dans l'unité de soins intensifs après au moins 48 heures de ventilation au cours de cette période de référence, multiplié par 1 000..Taux d'infection de la circulation sanguine liée à un cathéter central par 1 000 jours-cathéter central

Fiscale: 2015/18

RLISS: 11, Champlain

Organisation: Tous

Organisation Démographie					Mesure						
Secteur	Modèle	Fiscale	RLISS	Organisation	Mesure / Indicateur	Le rendement actuel comme indiqué sur précédente QIP	Cibles mentionnés sur précédente QIP	Performance actuelle	Remarques	Changer d'idées de PAQ de l'an dernier	Était-ce idée d
Soins actifs/Hôpital	Enseignement des soins actifs	2015/16	Champlain	Children's Hospital of Eastern Ontario	Nombre de fois que les mesures d'hygiène des mains ont été respectées avant le premier contact avec un patient pendant la période de référence, divisé par le nombre d'occurrences potentielles observées d'hygiène des mains avant le premier contact avec un patient par période de référence, multiplié par 100.	95.00	95.00	96.00	CHEO has a well-established hand hygiene program. 2014-15 improvement efforts involved minor enhancements to the program, but focused primarily on training, auditing and reporting of compliance.	Continue training, auditing and reporting of compliance, including posting results for patients/families on the unit.	Y
Soins actifs/Hôpital	Enseignement	2015/16	Champlain	Hopital Montfort	Nombre de fois que les mesures	86.80	85.00	0.00		n/a	N

Addition of query QIPs tab

- Search box expansion

*Secteur: Soins actifs/Hôpital *Modèle: N/A, Ambulatory Care, Enseignement [Consulter le rapport]

*Fiscale: 2015/16 *RLISS: 11. Champlain

*Organisation: Almonte General Hospital, Amprior ar *Domaine: Sécurité

*Indicateur: Mesure personnalisée

*Le rendement actuel comme indiqué sur précédente QIP

*Cibles mentionnés sur précédente QIP

*Performance Actuelle

- Sélectionner tout
- (Mesure personnalisée)
- # of enteric infections / 1000 patient days
- # of respiratory infections / # of 1000 patient days
- %/all admitted acute patients
- Accreditation Canada Patient Safety Culture Survey - % of employees rating overall patient safety (organizational level) as Excellent (A) or Very Good (B).
- Average Length of Stay (ALOS) rate
- Bilan comparatif des médicaments à l'admission: Nombre total de patients ayant bénéficié d'un bilan comparatif des médicaments par rapport au nombre total de patients admis à l'hôpital.

A screenshot of a web application interface for searching Quality Improvement Projects (QIPs). The interface includes several filter sections: 'Secteur' (Soins actifs/Hôpital), 'Modèle' (N/A, Ambulatory Care, Enseignement), 'Fiscale' (2015/16), 'RLISS' (11. Champlain), 'Organisation' (Almonte General Hospital, Amprior ar), and 'Domaine' (Sécurité). Below these filters is a list of QIPs with checkboxes. The last item is checked. A red arrow points to a search box expansion feature at the bottom right of the list, which is circled in red.

Changes for multi-sector organizations

- Based on feedback from the field, starting in 2016/17, multi-sector organizations that share a common board of directors will be able to submit one QIP (for example- a hospital that has acute beds and a long-term care home)
- Please contact us at QIP@HQOntario.ca if you would like more information

QI educational opportunities



Health Quality Ontario (HQO) is pleased to invite you to the May session of Quality Rounds Ontario

As the provincial advisor on health care quality, HQO is presenting this monthly series to provide opportunities for the quality community to connect, support innovation and foster knowledge exchange. To enable province-wide participation, you can join via [webinar](#), from an OTN site or in-person.



To register: KTE@hqontario.ca



www.HQOntario.ca

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QIP@HQOntario.ca