

# Looking Back and Looking Forward

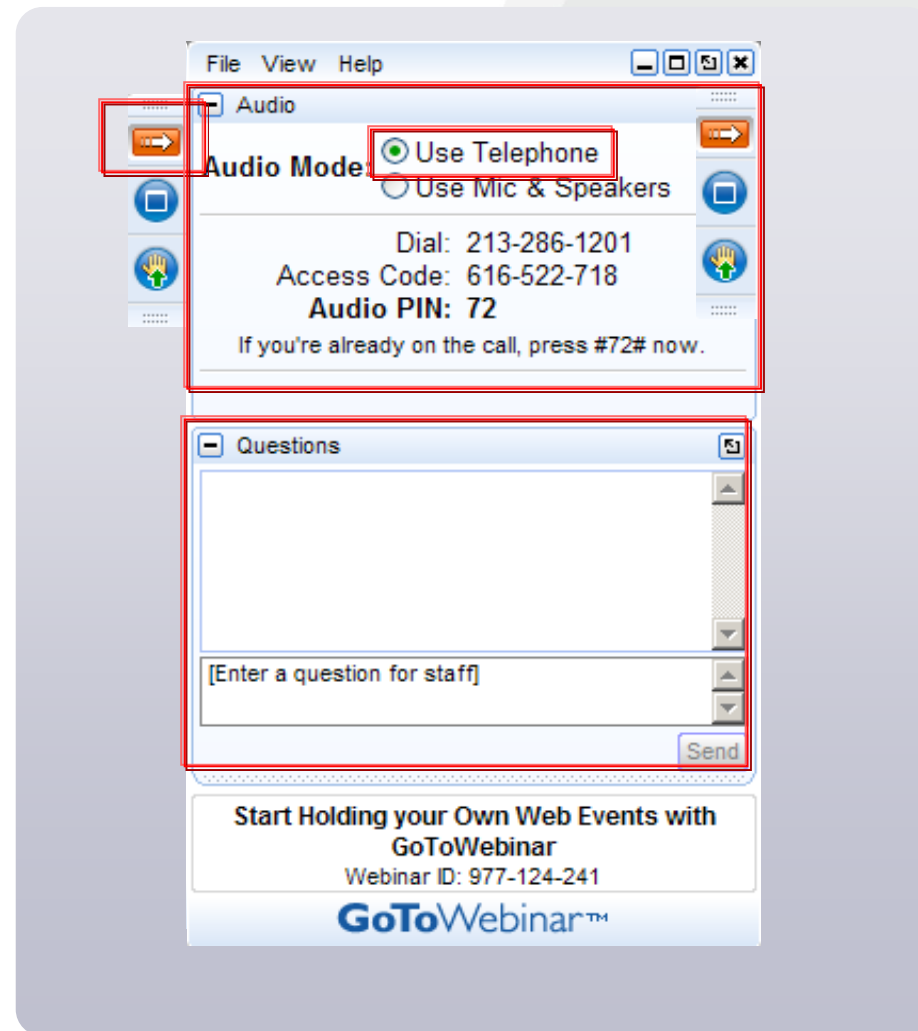
A sneak peek for the 2018/19 long-term care quality improvement plans (QIPs)

DANYAL MARTIN, LAURIE DUNN | OCTOBER 10 & 13, 2017

**Health Quality  
Ontario**

*Let's make our health system healthier*

# How to participate today



# Polling question

## WHO IS ON THE CALL?

- ☐ Administrator, DOC, Senior Leadership Team
- ☐ Decision Support
- ☐ LHIN
- ☐ Quality Leads
- ☐ Residents or members of Resident/family councils

# 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 HQO resources to support organizations in meeting their goals and supporting change across the system

# Quality Matters

## Embrace Health Quality

● A health system with a culture of quality is . . .

Safe

Effective

Patient-centred

Efficient

Timely

Equitable

● ...stays true to these principles

Commits to ongoing quality improvement

Achieves healthy populations

Ensures accessibility for all

Partners with patients

Balances priorities

Uses resources wisely

● . . . and can only happen when we

Engage patients and the public

Redesign the system to support quality care

Help professionals and caregivers thrive

Ensure technology works for all

Support innovation and spread knowledge

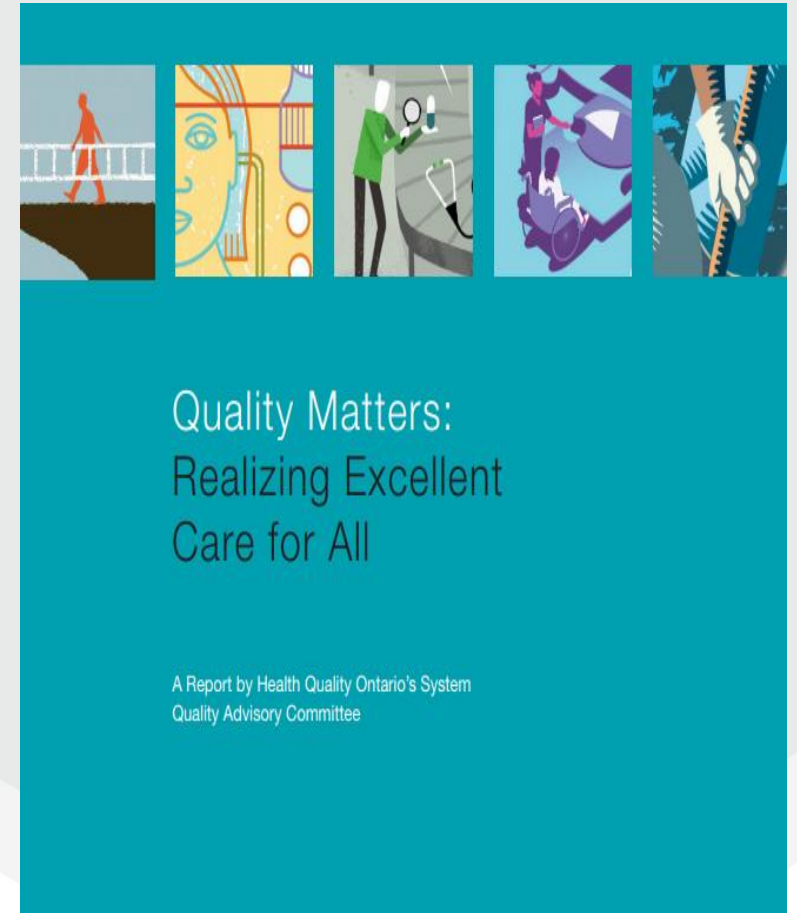
Monitor performance with quality in mind

Build a quality-driven culture

**A just, patient-centred health system committed to relentless improvement. Let's make it happen.**

Read our vision for achieving a quality health system  
*Quality Matters: Realizing Excellent Care For All*

[www.hqontario.ca](http://www.hqontario.ca)



*...Looking Back*

## Provincial Results

# Provincial Observations: Looking Back

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%

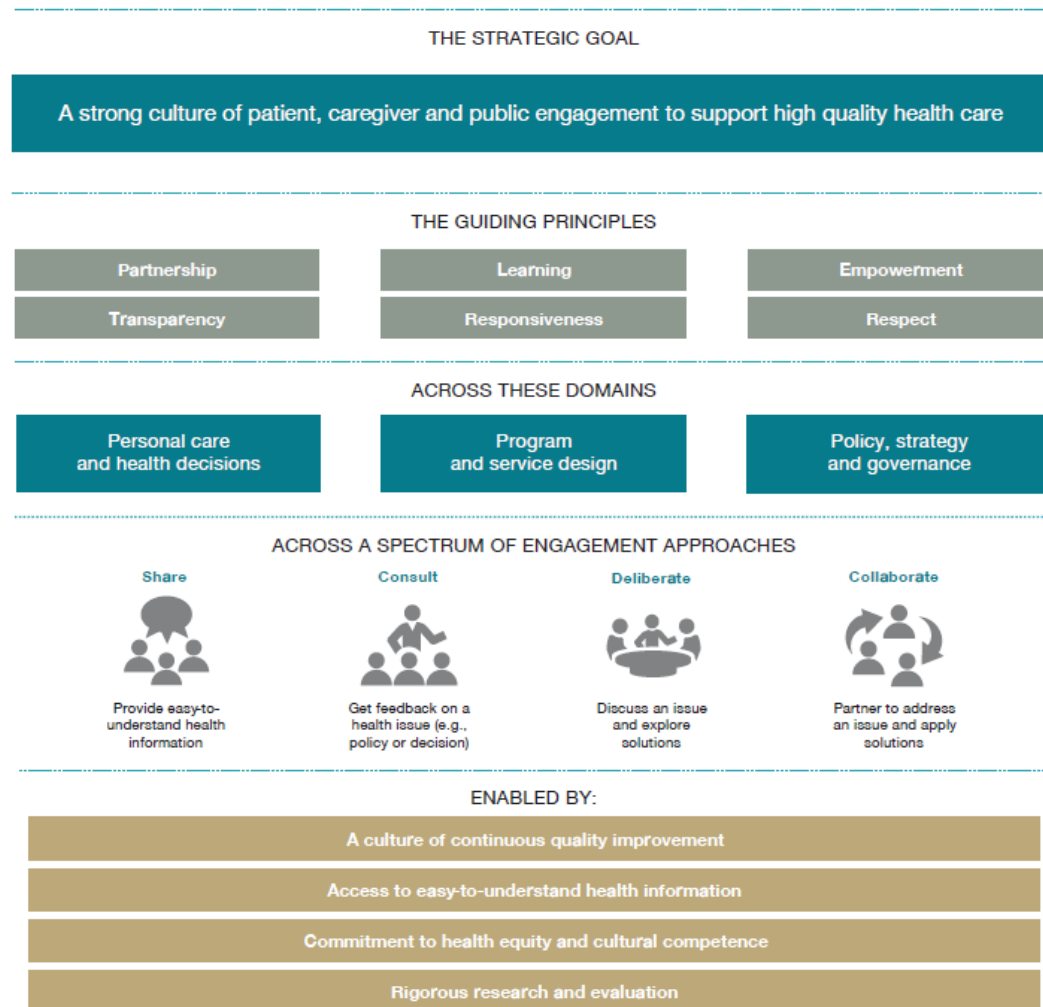
of organizations are working on at least one patient experience indicator

1-5%

is the most common target range set for improvement



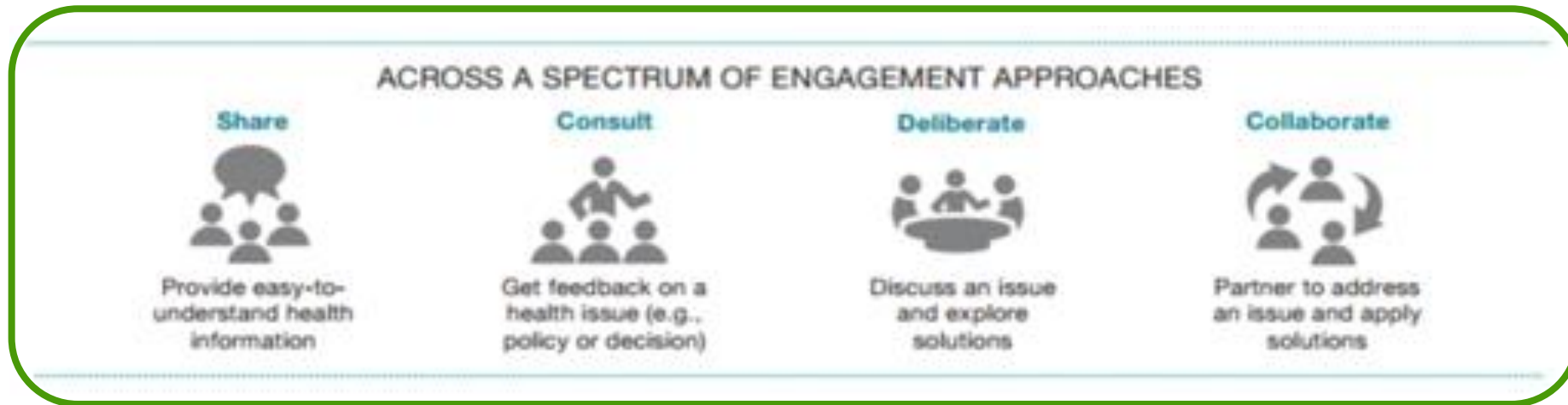
# Patient Engagement: Spectrum of Approaches



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

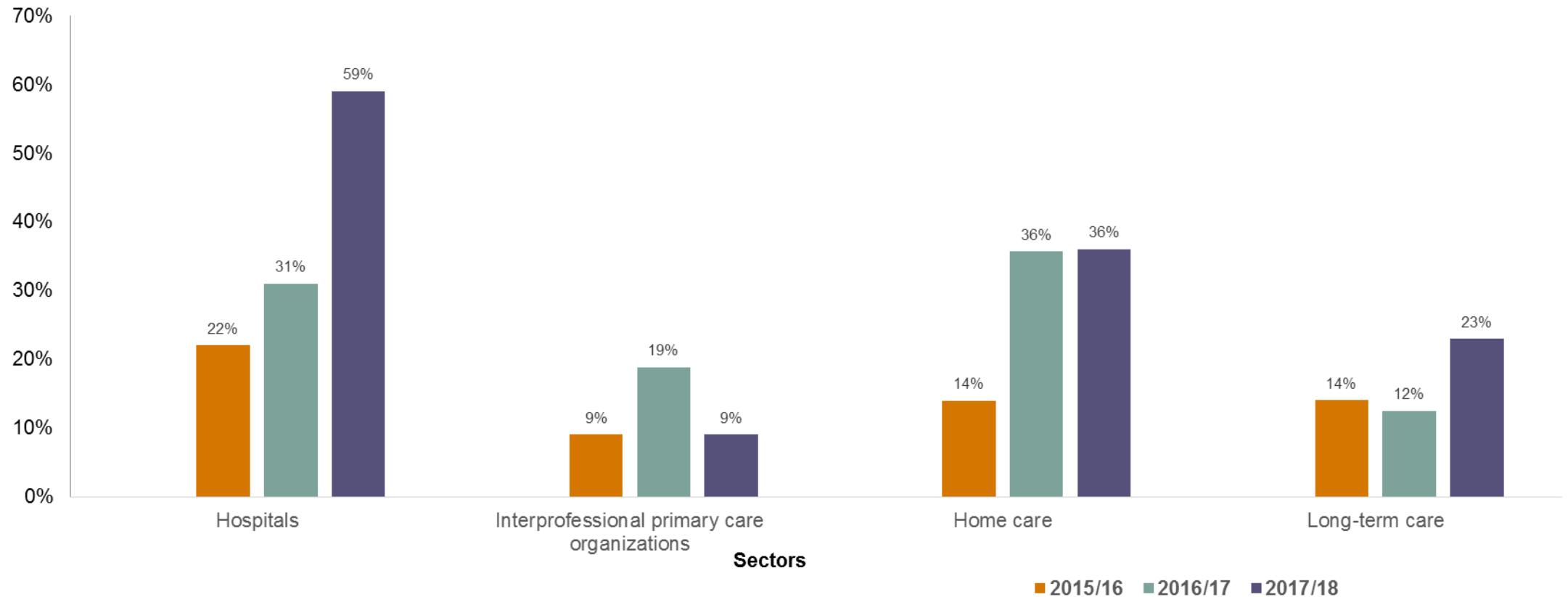


Engagement is a continuum and organizations are encouraged to use a variety of methods to engage patients and their families. The approaches described to the right are more participatory. There will be overlap (e.g., councils may be deliberating or consulting).

# Focus on QIP Development

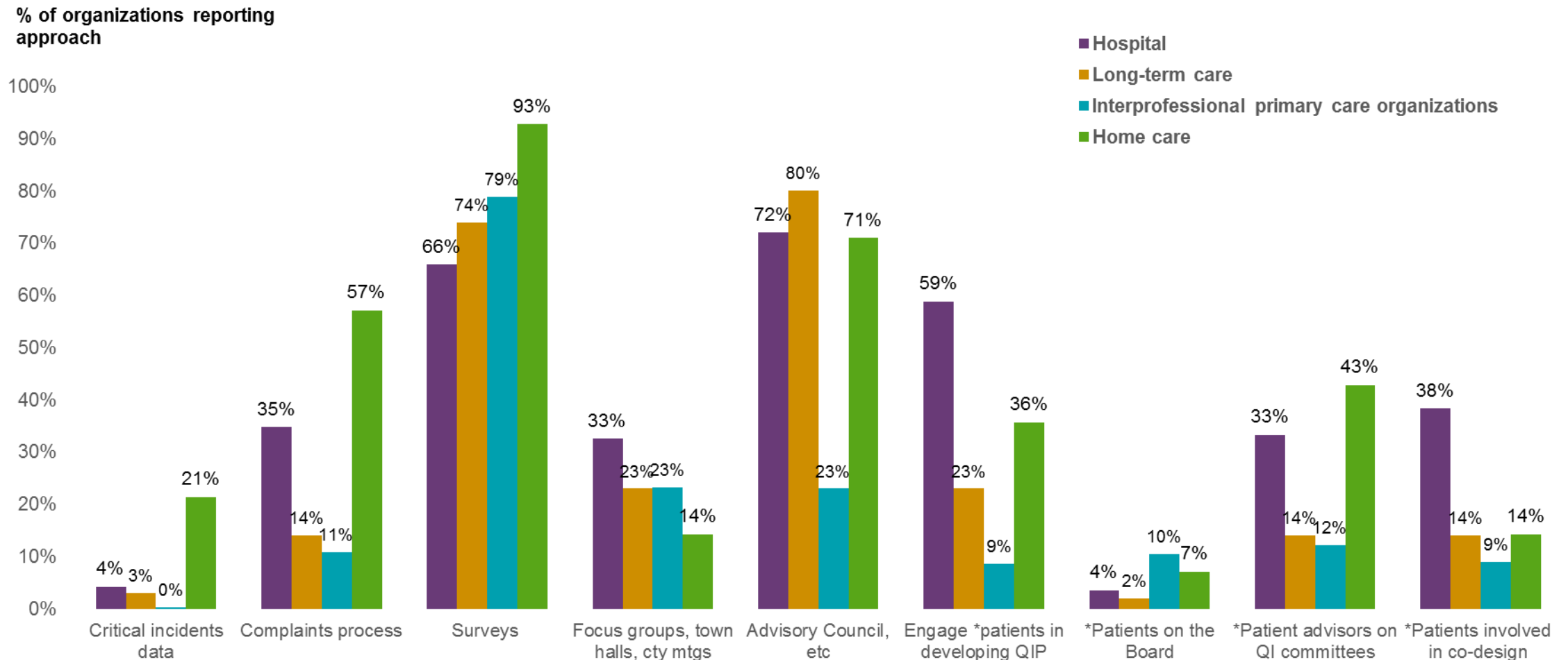
Comparing percentage of organizations reporting engaging patients, residents, and families in development of QIPs or quality initiatives over time

Percentage of total organizations

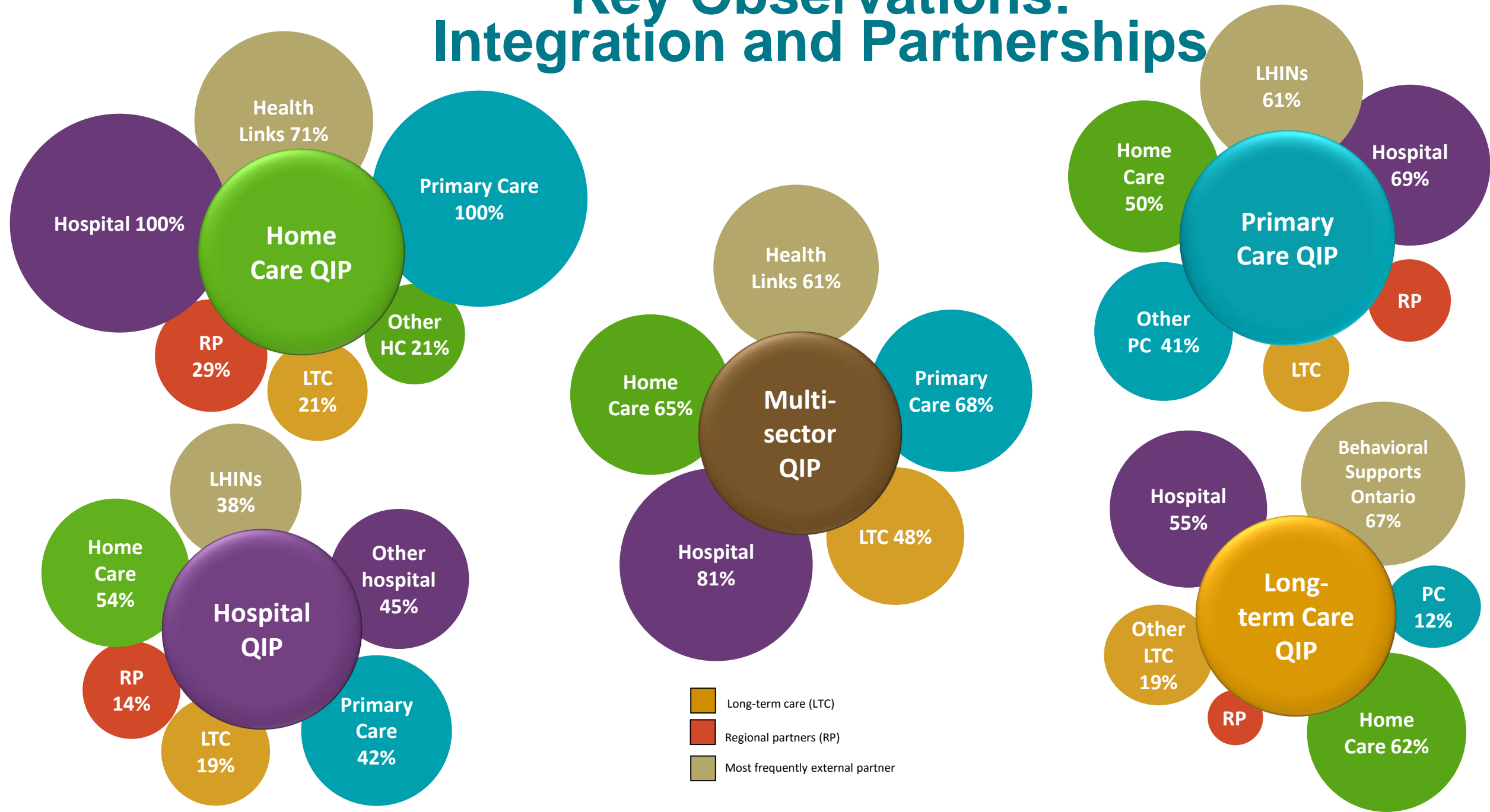


# Key Observations: Patient Engagement

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

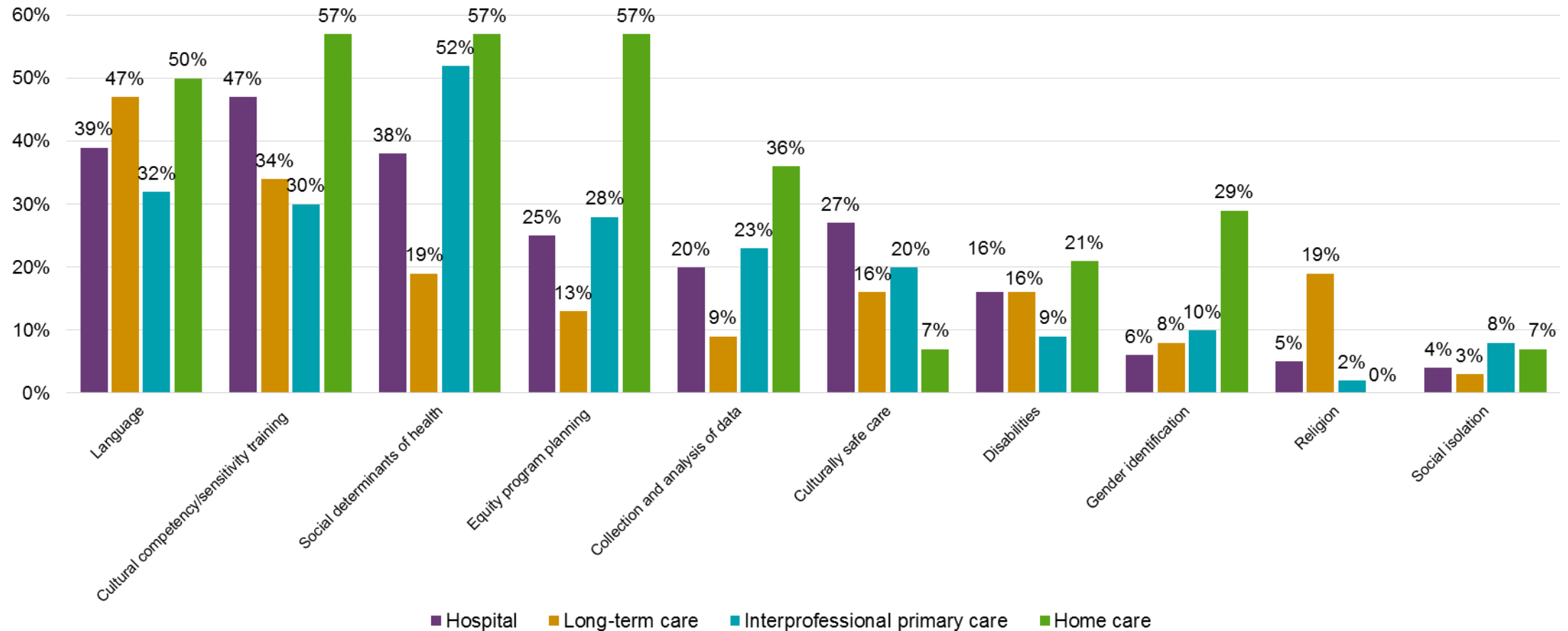


# Key Observations: Integration and Partnerships



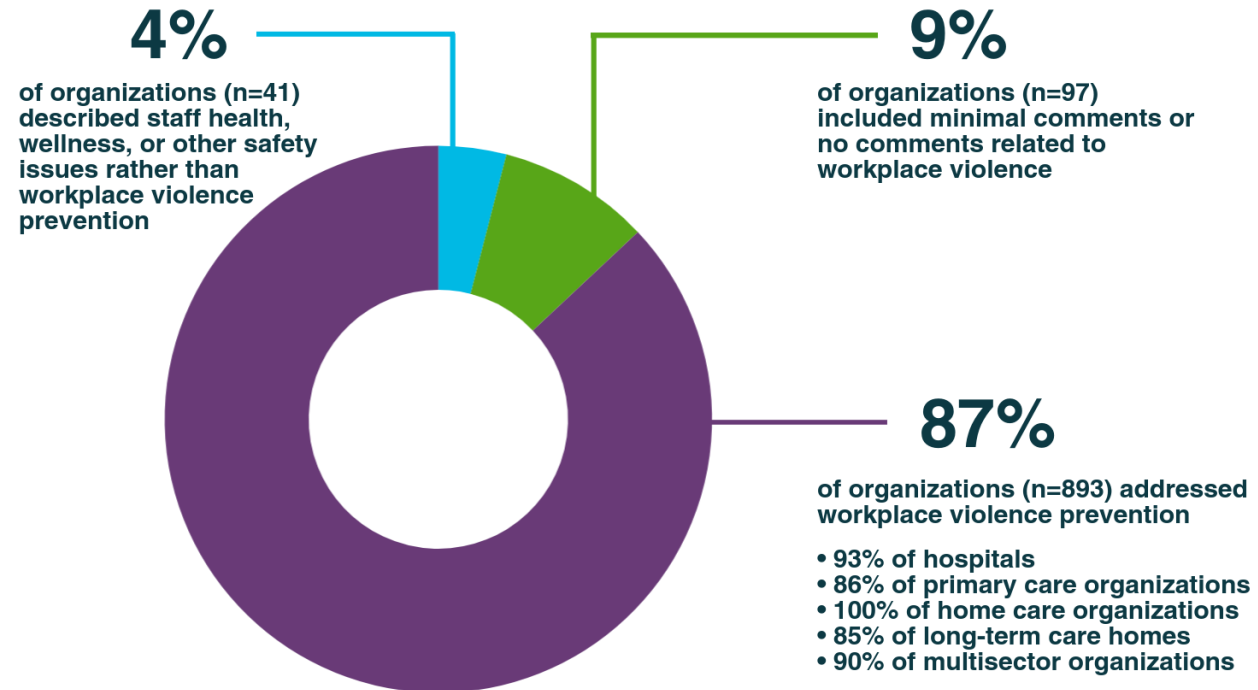
# Key Observations: Equity Strategies

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...



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

# Exceptional achievement story

## Central East LHN: St. Josephs at Fleming

- **Who was the intended population(s)?** Residents at the long term care home and staff who worked at the home
- **What did St. Josephs at Fleming do?** In 2016, the home completed the Resident Accessibility and Sensory Path.
- **How did they do it?** A joint effort with Fleming College and the Federal Government, the Home expanded its existing garden path to encircle the entire property. Situated on Fleming College campus.
- **What changed?** Residents are now able to safely enjoy 5 hectares of open space surrounded by gardens, ponds, trees and pedestrian paths. The Path was built to take advantage of the surrounding environment and highlight each feature through separate sensory stations around the property. A farm station, aquatic station, musical station, birdhouse station and floral station was created where residents and their families can interact or just get out and enjoy nature and the company of others.
- **What was the outcome?** In addition to providing 360 degrees of emergency access to the building, the Path is another piece of the Strategic Plan which promotes a meaningful lifestyle for residents and staff. The home is interested in the improvements in episodes of responsive behaviours with the addition of this resource.



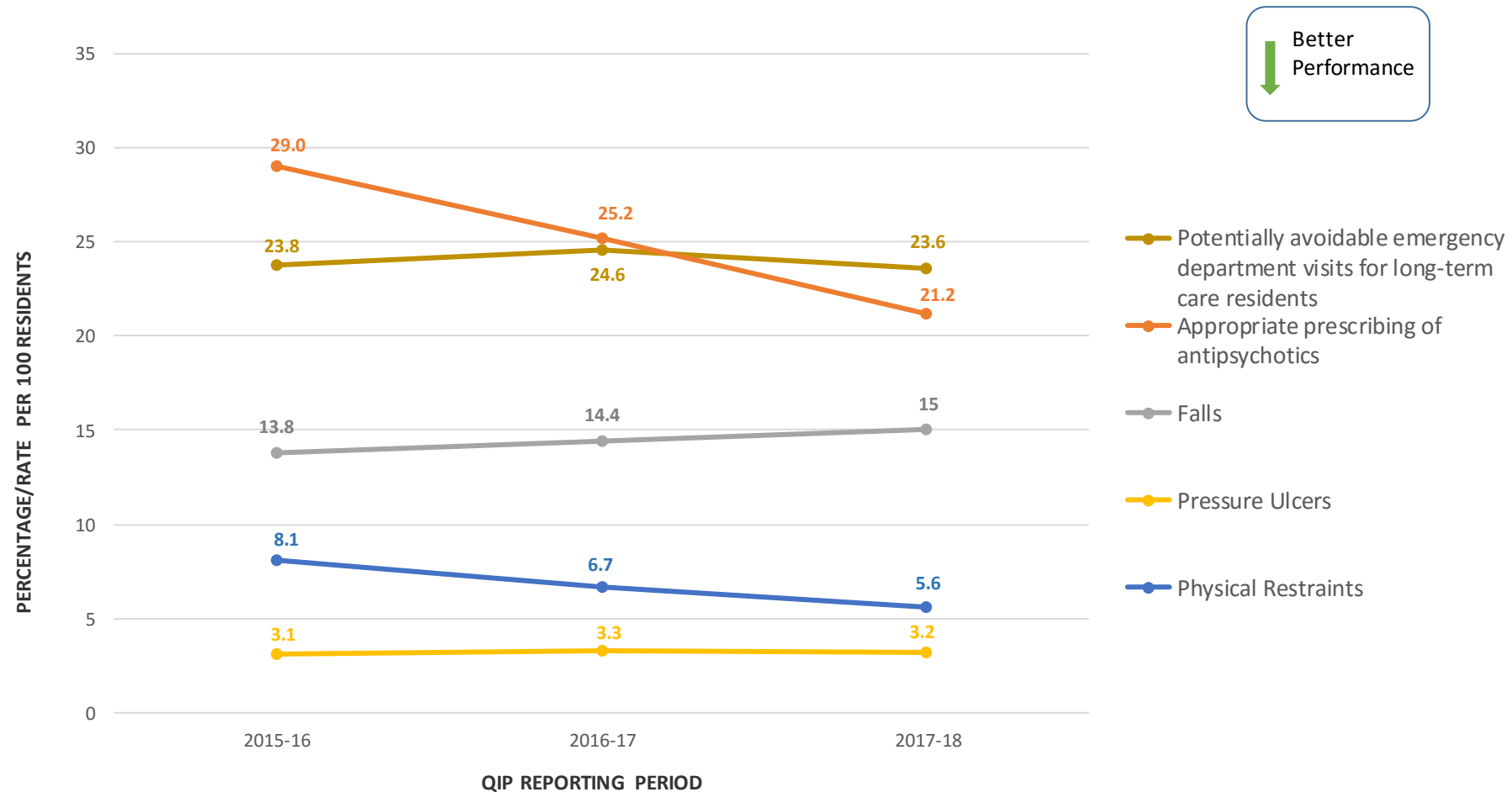
*...Looking Back*

**Long-Term Care Results**

# Key Observations: Long Term Care

- Overall homes reported the most progress in 2017/18 for reduced antipsychotic prescribing and use of restraints
- Homes are making improvements in the area of transitions
  - While progress is slightly better in the number of ED visits over time
    - In 2017/18 20% more homes chose this indicator
    - There was an increase in partnerships with hospitals from 52% in 2016/17 to 55% in 2017/18.
- 65% of homes described initiatives addressing equity issues related to language, and 45% commented on using cultural competency training.
- Increasing numbers of retrograde targets are being set for the antipsychotic indicator compared to the previous year
  - 43 homes have set retrograde targets (all currently performing better than the provincial average)

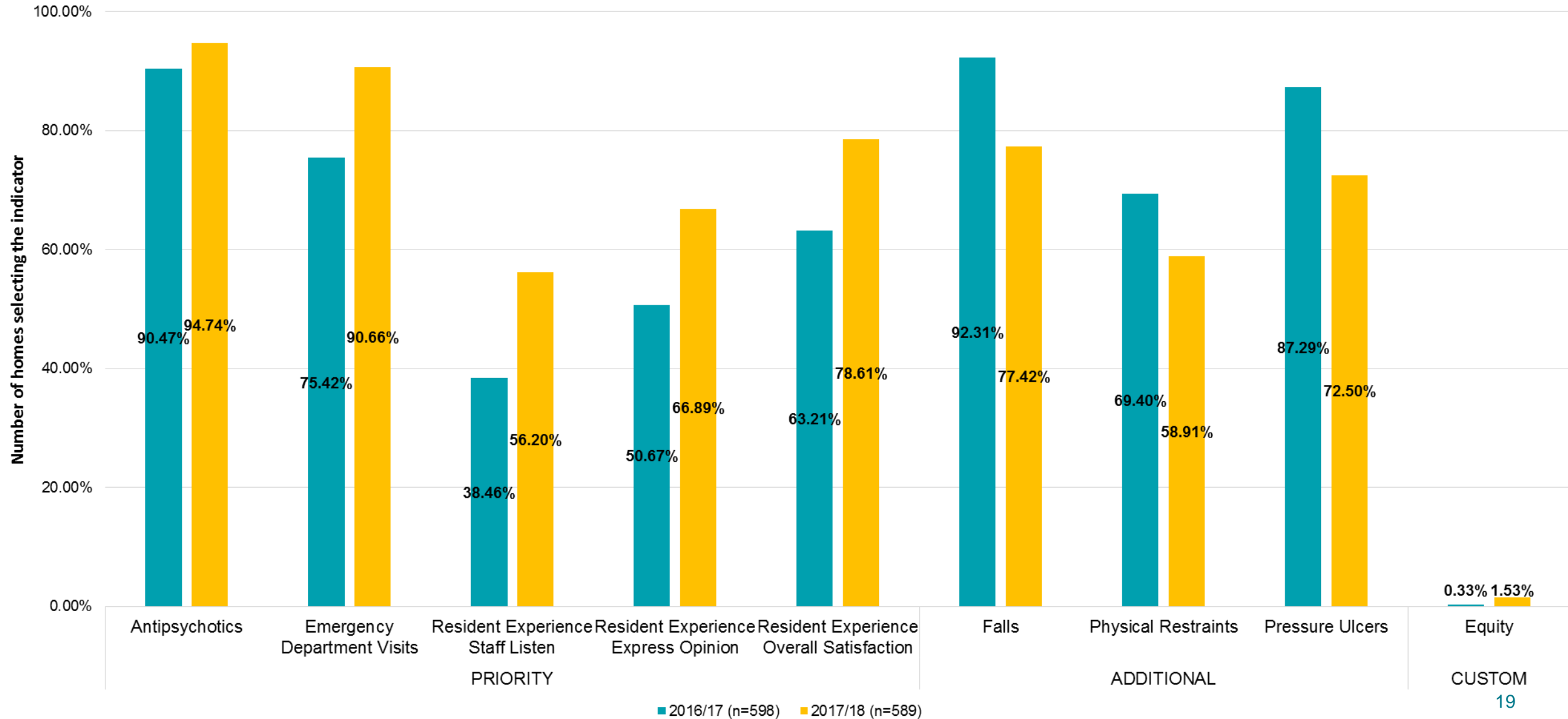
## Ontario Provincial Average (Percentage) for Long-Term Care Priority and Additional Indicators, QIP 2015/16 - QIP 2017/18



All indicators are unadjusted unless specified otherwise. The direction of improvement is reduced performance. The QIP reporting period for Long Term Care Homes is from 2015/16, therefore three year data is available. There is a significant improvement observed in Antipsychotics and Physical Restraints indicators over three years. The number of residents experiencing Falls seem to be increased over three years across the province.

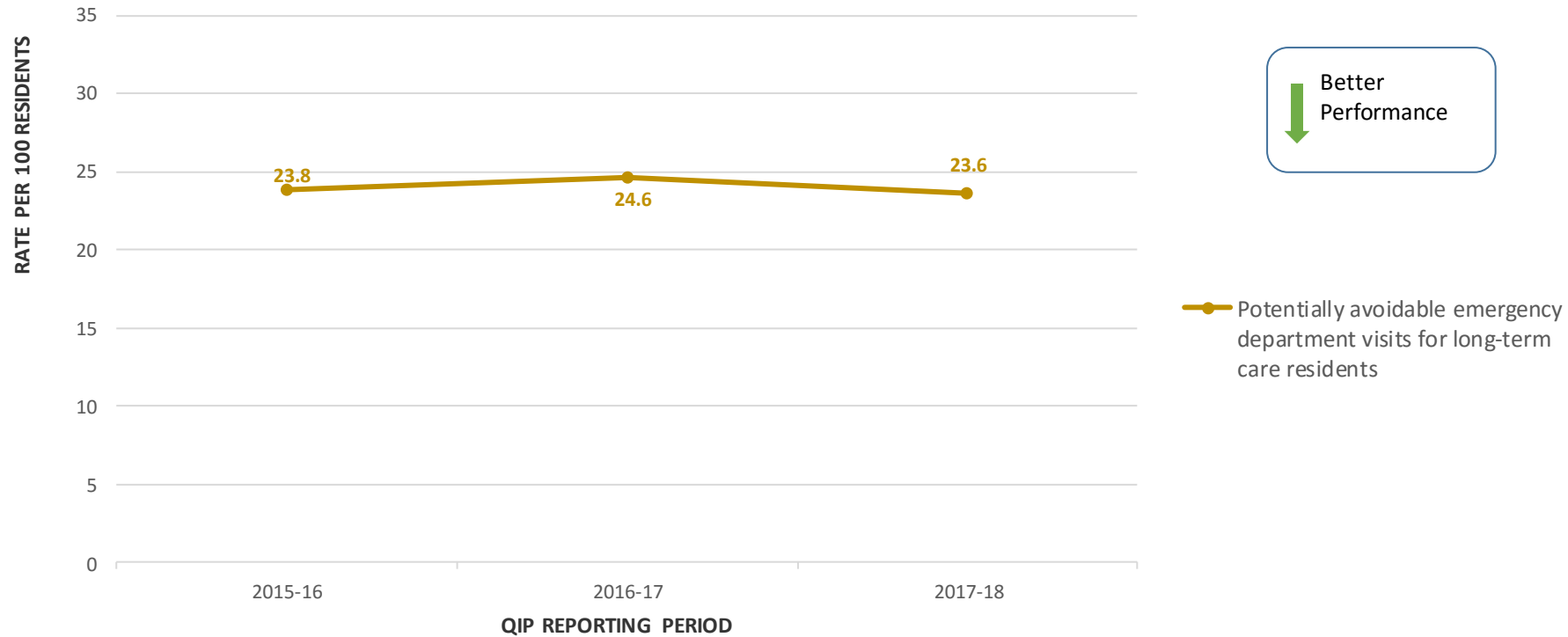
# LTC QIP Indicator Selection (16/17 and 17/18)

Number of long term care homes that chose priority, additional and custom indicators in 2016/17 and 2017/18 QIPs



# Progress Report: ED Visits

Ontario Provincial Average (Percentage) for  
Potentially Avoidable ED Visits for LTC Residents, QIP 2015/16 - QIP 2017/18

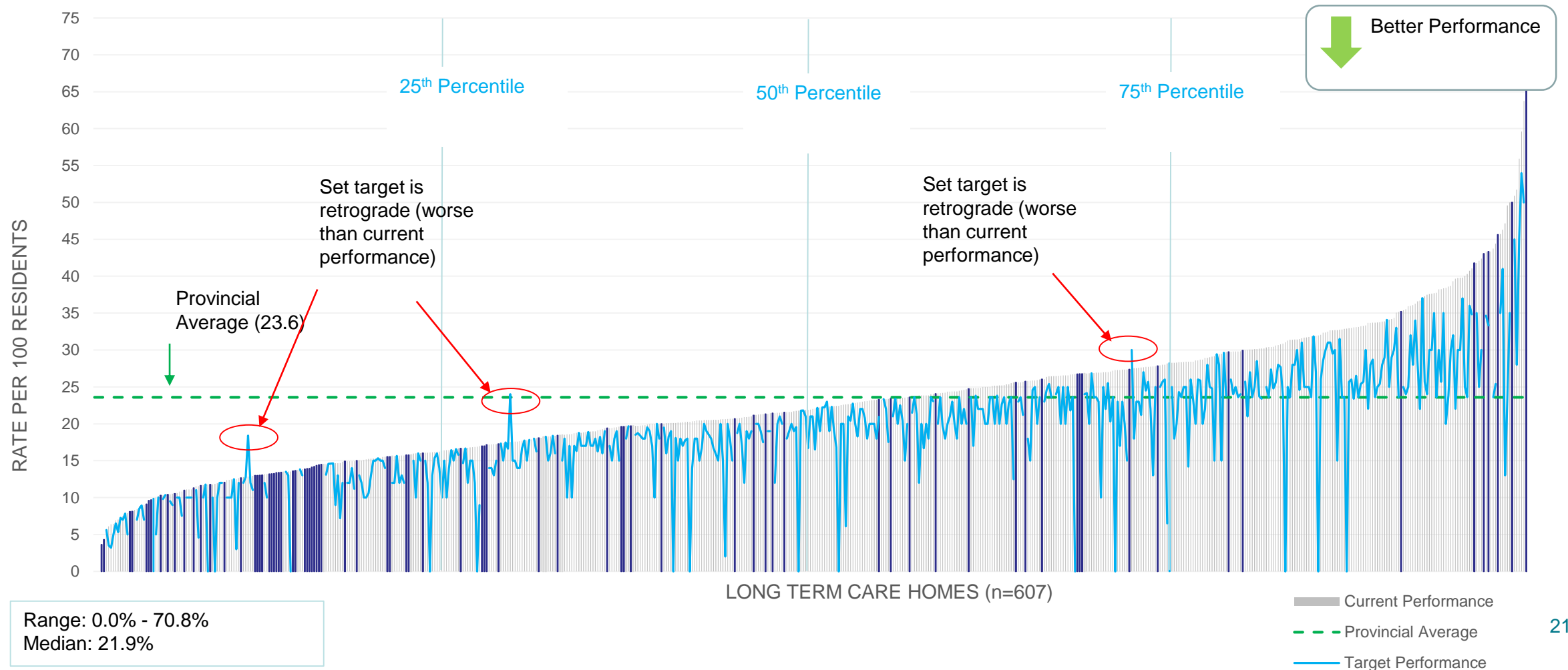


The direction of improvement is reduced performance. The QIP reporting period for Long Term Care Homes is from 2015/16, therefore three year data is available.

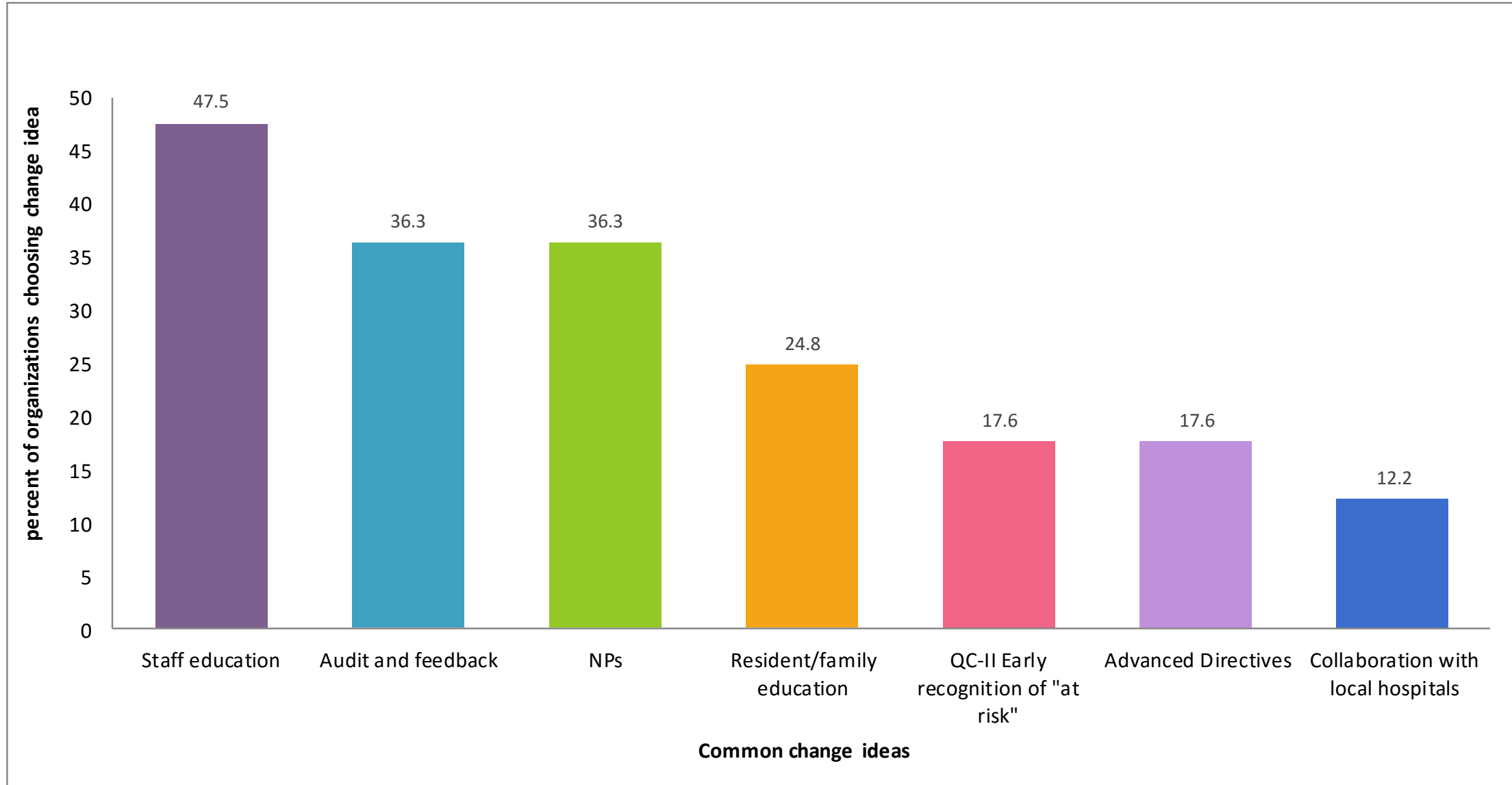
# Workplan: ED Visits

## Current Performance and Target Setting

Percent of LTC residents who had potentially avoidable Emergency Department Visits in Ontario; QIP 2017/18



# Workplan: ED Visits Common Change Ideas

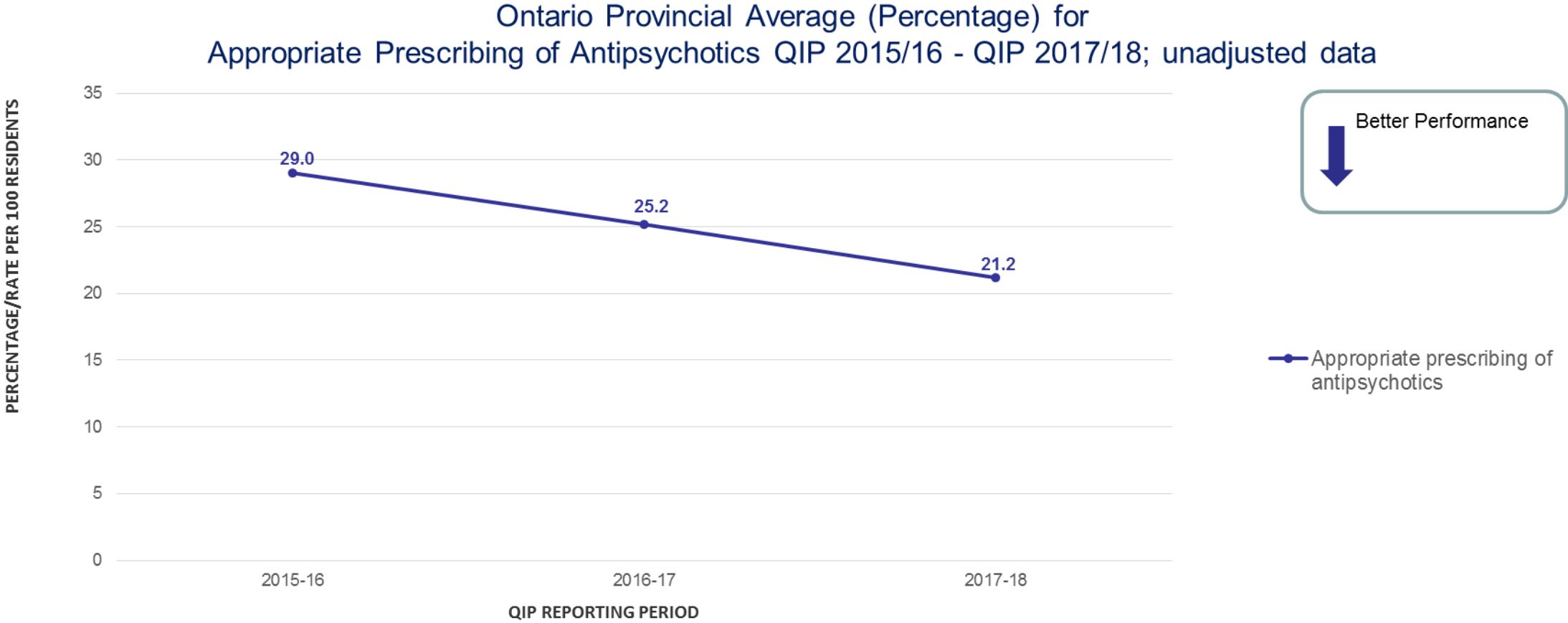


# Spotlight on reducing avoidable ED visits; Elm Grove Living Centre

- **Who was the intended population(s)?** Residents with URI/LRI that may be sent to the ED
- **What did the home do?** Improved accuracy of clinical diagnosis and proper use of antibiotic.
- **How did they do it?**
  - Implementation of Pneumonia Algorithm that assisted registered staff and physician in early detection and appropriate treatment
  - Improved accuracy of clinical diagnosis and proper use of antibiotic.
- **What changed?** With a COPD rate at the home of 20%, almost 6% above the provincial average, Elm Grove will be participating in the pilot project spearheaded by COPDConnect, with the goal of better treating and managing residents with COPD. Residents with COPD are predisposed to lung infections.
  - One challenge faced was that expected NLOT utilization and involvement was not available.
- **What were the outcomes?**
  - Elm Grove was successful in reducing the number of ED transfers related to pneumonia and URI/LRI by 35% and 29% respectively.
  - This resulted in a 29% reduction in hospital transfers related to URI/ LRI.



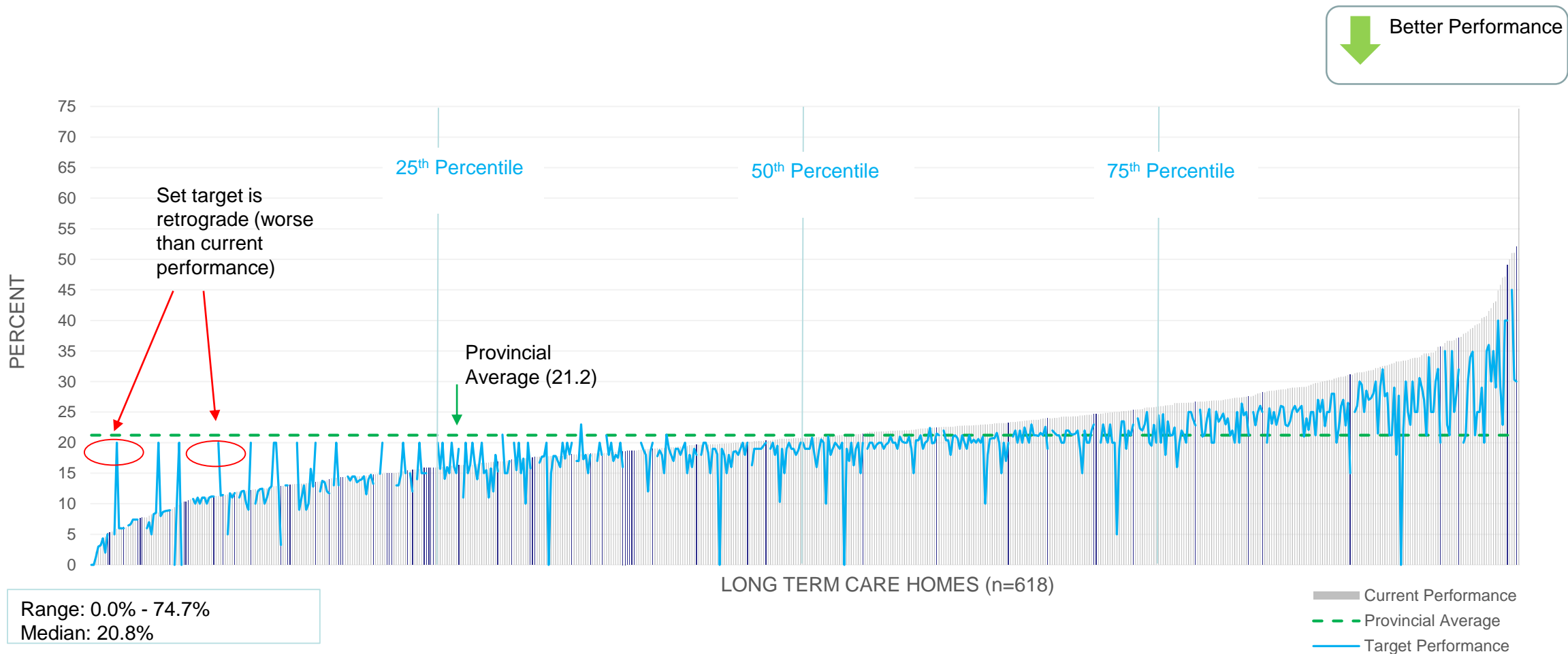
# Progress report: Antipsychotic Prescribing



The direction of improvement is reduced performance. The QIP reporting period for Long Term Care Homes is from 2015/16, therefore three years of data is available.

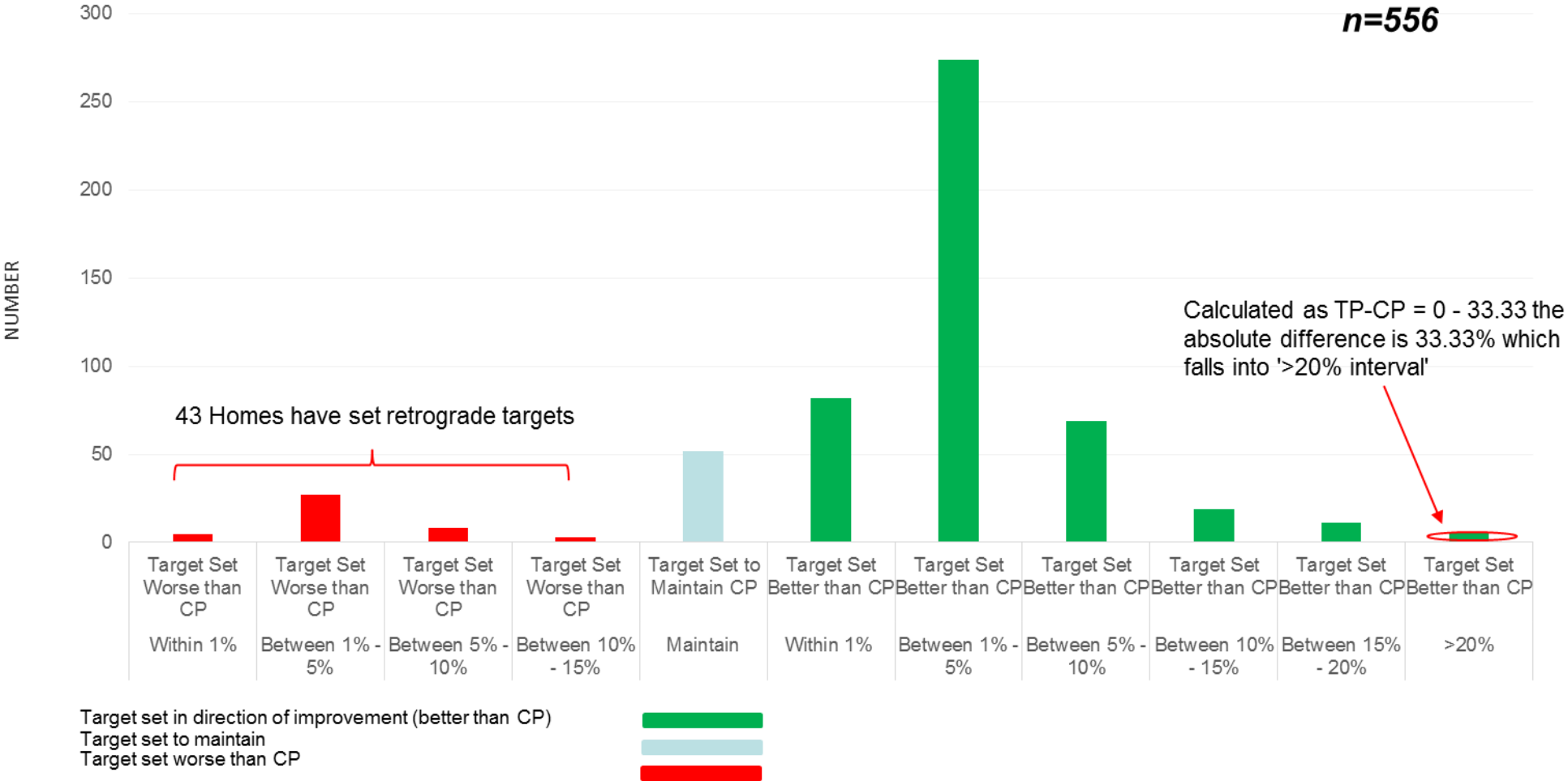
# Current performance and targets, antipsychotic prescribing, 2017/18 QIP Workplan

Percent of LTC residents who were potentially given antipsychotics with out a diagnosis of psychosis

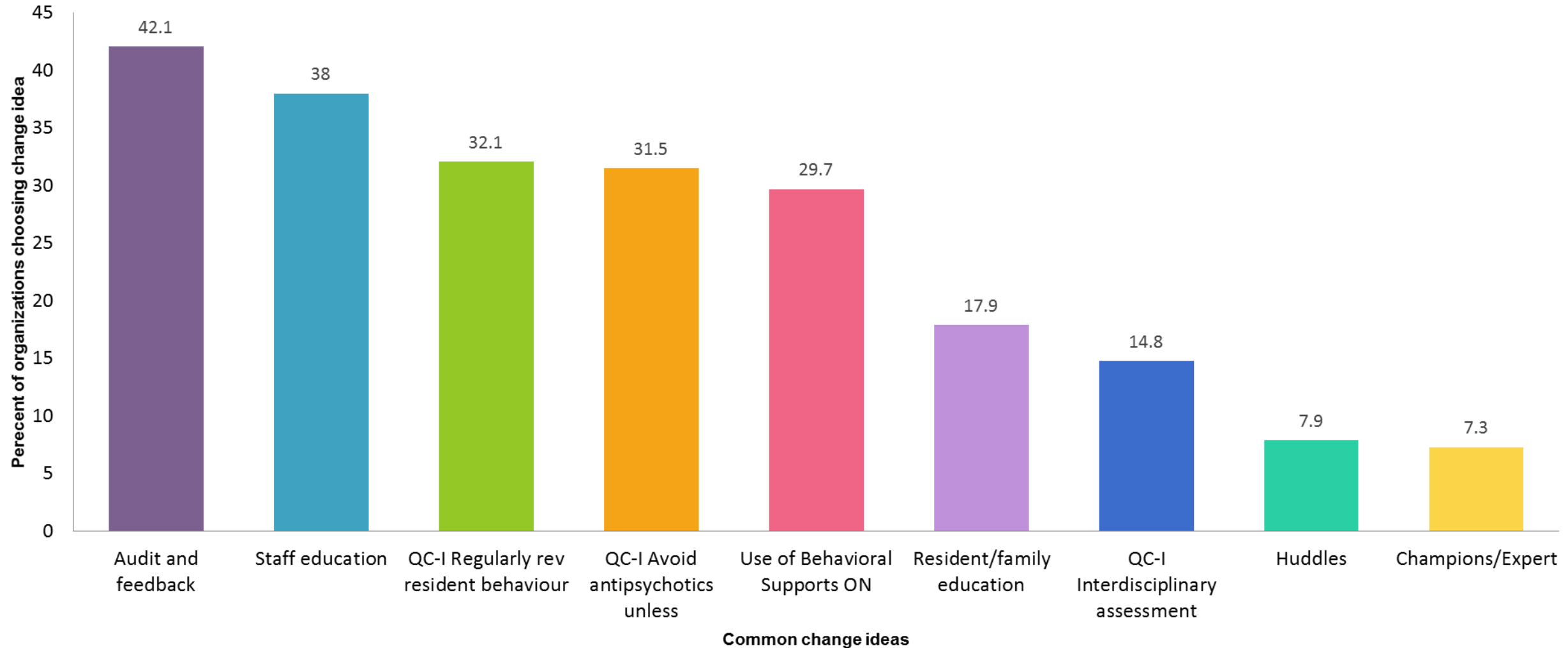


# Workplan: Antipsychotic Prescribing, Distribution of Targets

Distribution of Targets Set for *Potentially Inappropriate Antipsychotic Use Indicator* Selected by LTC Homes in Comparison to their Current Performance, QIP 2017/18



# Workplan: Antipsychotic Prescribing Change Ideas

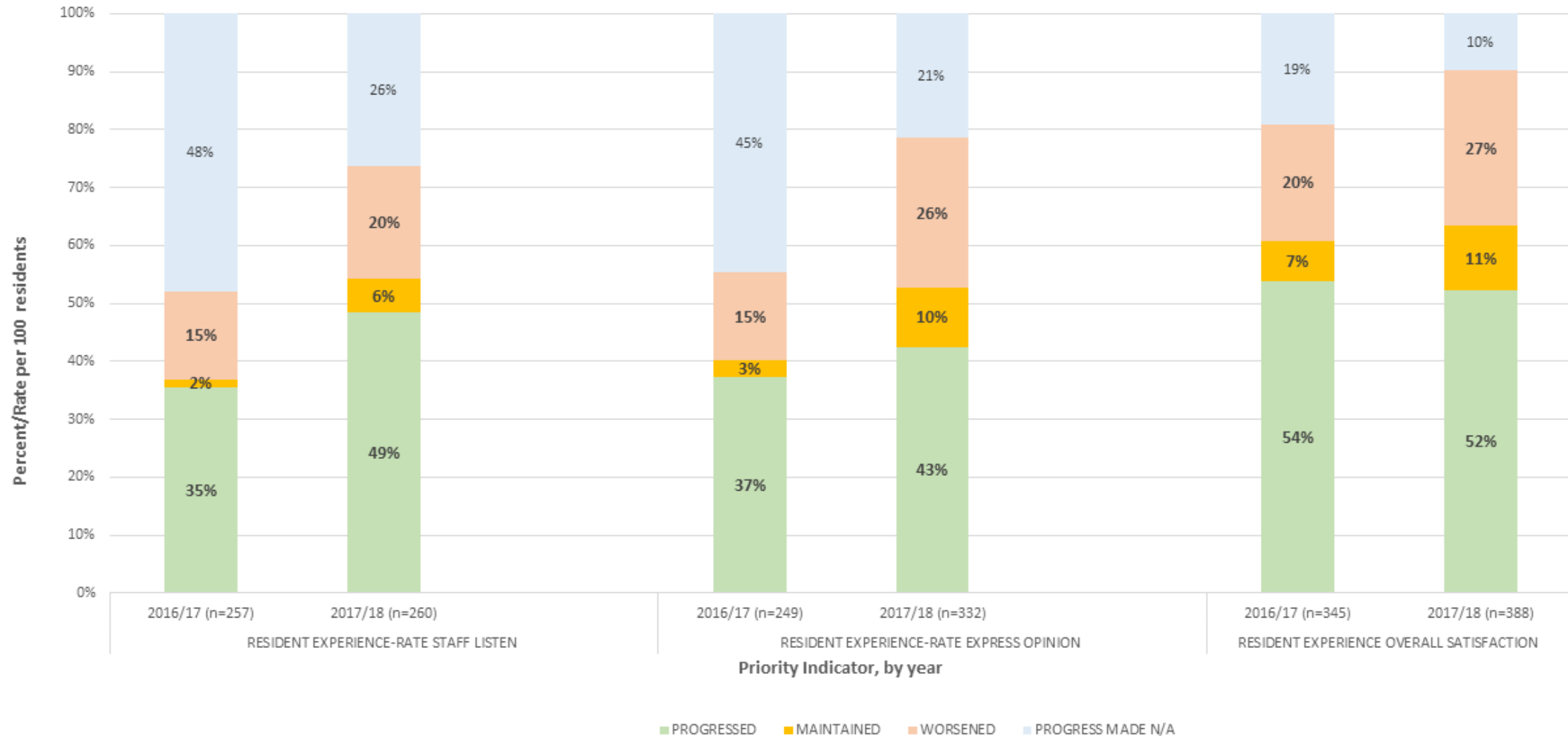


# Spotlight on improving appropriate antipsychotic prescribing; Woodingford Lodge

- **Who was the intended population(s)?** Residents with responsive behaviours
- **What did the home do?** A methodical process involving a collaborative review, was developed to uncover and trial suitable non-pharmacological and pharmacological interventions. They listened to resident's histories and family stories about their lives together. The multidisciplinary team collaborated with the embedded BSO team and brainstormed interventions based on those findings.
- **How did they do it?** They looked for appropriate non-pharmacological and pharmacological interventions to reduce boredom, loneliness, depression and anxiety.
- **What changed?** During this process, the embedded BSO Team developed the Antipsychotic Medication Review Tool, which has gained standing in the community for its ease of use, when reviewing medications, dosage, and frequency as is necessary. They also instituted a music and memory program
- **What were the outcomes?**
  - The Tool was presented to the Oxford County Geriatric Cooperative during OLTCA “This is LTC”, resulting in the sharing of the Tool with other homes in Oxford County, other homes in the Province of Ontario and other service partners such as CCAC.
  - After implementing the Antipsychotic Medication Review Tool and the introduction of the Music and Memory program, they have seen at the Woodstock location a gradual dose reduction and/or discontinuation of antipsychotic medications for participants by 65%.
  - Previously where staff may have administered a PRN antipsychotic, personalized music has had desired effect in these applications, reducing PRN use by 8.5%.

# Progress Report: Resident Experience

Percentage of LTC homes that progressed, worsened or maintained their performance on priority indicators, compared over two years of reporting.



*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



Initial issues and  
indicator matrix

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 <ul style="list-style-type: none"> <li>• Readmission for one of CHF, COPD or stroke (QBP) (P)</li> <li>• Readmission for mental health and addiction (P)</li> <li>• Patient received enough information on discharge (P)</li> <li>• Discharge summaries sent within 48 h of discharge (A)</li> </ul> | <ul style="list-style-type: none"> <li>• 7-day post-discharge follow-up (any provider) (P)</li> <li>• 7-day post-discharge follow-up for select conditions (CHC) (P)</li> <li>• Hospital readmissions for select conditions (A)</li> </ul> | <ul style="list-style-type: none"> <li>• Hospital readmissions (P)</li> <li>• Unplanned ED visits (P)</li> </ul>                  | <ul style="list-style-type: none"> <li>• Potentially avoidable ED visits for ambulatory care-sensitive conditions (P)</li> </ul>                |
|                 | Coordinating care <ul style="list-style-type: none"> <li>• Identify patients with complex health needs (Health Links) (A)</li> </ul>   | <ul style="list-style-type: none"> <li>• Identify patients with complex health needs (Health Links) (A)</li> </ul>   | <ul style="list-style-type: none"> <li>• Identify patients with complex health needs (Health Links) (A)</li> </ul>                |   |
|                 | Treatment of pain and use of opioids <ul style="list-style-type: none"> <li>• Narrative</li> </ul>   | <ul style="list-style-type: none"> <li>• Narrative</li> </ul>  | <ul style="list-style-type: none"> <li>• Narrative</li> </ul>   | <ul style="list-style-type: none"> <li>• Narrative</li> </ul>   |
|                 | Wound care <ul style="list-style-type: none"> <li>• Pressure ulcers (A)</li> </ul>   | <ul style="list-style-type: none"> <li>• Diabetic foot ulcer risk assessment (A)</li> </ul>  | <ul style="list-style-type: none"> <li>• Education &amp; self-management (A)</li> <li>• Closed diabetic foot ulcer (A)</li> </ul> | <ul style="list-style-type: none"> <li>• Pressure ulcers (A)</li> </ul>   |
| Patient-centred | Palliative care <ul style="list-style-type: none"> <li>• Home support for discharged palliative patients (P)</li> </ul>  |  | <ul style="list-style-type: none"> <li>• End of life, died in preferred place of death (P)</li> </ul>                             |   |
|                 | Person experience <ul style="list-style-type: none"> <li>• Would you recommend? (IP/ED) (P)</li> <li>• Time to acknowledge complaints (A)</li> </ul>   | <ul style="list-style-type: none"> <li>• Patient involvement in decisions about care (P)</li> </ul>  | <ul style="list-style-type: none"> <li>• Client experience (P)</li> <li>• Time to acknowledge complaints (A)</li> </ul>           | <ul style="list-style-type: none"> <li>• Resident experience (P)</li> <li>• Time to acknowledge complaints (A)</li> </ul>                       |
| Efficient       | Access to right level of care <ul style="list-style-type: none"> <li>• Alternative level of care rate (P)</li> </ul>   | <ul style="list-style-type: none"> <li>• Narrative</li> </ul>  | <ul style="list-style-type: none"> <li>• Narrative</li> </ul>   | <ul style="list-style-type: none"> <li>• Narrative</li> </ul>   |
| Safe            | Safe care/medication safety <ul style="list-style-type: none"> <li>• Medication reconciliation (discharge) (P)</li> <li>• Medication reconciliation (admission) (A)</li> <li>• Use of physical restraints in mental health patients (A)</li> <li>• Antibiotic-free days (ICU) (A)</li> </ul>                               | <ul style="list-style-type: none"> <li>• Medication reconciliation (A)</li> </ul>  | <ul style="list-style-type: none"> <li>• Falls for long-stay clients (P)</li> </ul>   | <ul style="list-style-type: none"> <li>• Prescribing of antipsychotic medications (P)</li> <li>• Restraints (A)</li> <li>• Falls (A)</li> </ul> |
|                 | Workplace violence <ul style="list-style-type: none"> <li>• Overall incidents of workplace violence (M)</li> </ul>   | <ul style="list-style-type: none"> <li>• Narrative</li> </ul>  | <ul style="list-style-type: none"> <li>• Narrative</li> </ul>   | <ul style="list-style-type: none"> <li>• Narrative</li> </ul>   |
| Timely          | Timely access to care/services <ul style="list-style-type: none"> <li>• ED length of stay (complex) (A)</li> </ul>   | <ul style="list-style-type: none"> <li>• Timely access to primary care (patient perception) (P)</li> </ul>   | <ul style="list-style-type: none"> <li>• Wait time for home care (personal support worker, nurse) (P)</li> </ul>                  |   |
| Equitable       | Population health/equity considerations <ul style="list-style-type: none"> <li>• Narrative</li> </ul>  | <ul style="list-style-type: none"> <li>• Glycated hemoglobin testing (A)</li> <li>• Colorectal &amp; cervical cancer screening (A)</li> <li>• Narrative</li> </ul>   | <ul style="list-style-type: none"> <li>• Narrative</li> </ul>   | <ul style="list-style-type: none"> <li>• Narrative</li> </ul>   |

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

# 2018/19 QIP Indicators: Long-Term Care

- Avoidable ED visits for ambulatory care-sensitive conditions
- Pressure ulcers
- Resident experience
- Restraints
- Falls
- Prescribing antipsychotic medication
- Percent complaints acknowledged

**RETIRED**

**MODIFIED**

**NEW**

- Percent complaints acknowledged

# 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.


*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.

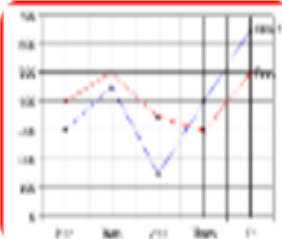
# Navigator Enhancements: Progress Report (PR)

 EXPORT CURRENT PROGRESS  
REPORT WITH CHANGE IDEAS

 EXPORT CURRENT PROGRESS  
REPORT WITHOUT CHANGE IDEAS

 EXPORT FULL PROGRESS REPORT  
TEMPLATE

To enter progress for a Measure/Indicator, click on the "EDIT" button under the ACTIONS column.

| ID | INDICATOR<br>(UNIT;<br>POPULATION;<br>PERIOD;<br>DATA<br>SOURCE)  | ORG ID    | PERFORMANCE<br>STATED IN<br>PREVIOUS QIP | PERFORMANCE<br>TARGET AS<br>STATED IN<br>PREVIOUS QIP | CURRENT<br>PERFORMANCE | COMMENTS | RESULTS  |
|----|---|-----------|--|---|------------------------|----------|--|
| 1  | % of french<br>language<br>surveys offered<br>per french<br>speaking-<br>preferred<br>resident<br>population<br>( %; Survey<br>respondents;<br>2017; In-house | 777688999 | 0.00                                     | 90.00   | 85.00                  |          |  |

- 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

**Change Idea**

**Change Idea**

**Quality Dimension** Safe

**Issue** Medication safety

**Measure / Indicator** 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

**Best Practices/Change Ideas** [Quality Compass 'Safer Healthcare Now! Medication Reconciliation in Acute Care Getting Started Kit' Institute for Safe Medication Practices Canada website](#)

**Organization** Hospital A (Test)

**Change Number**

**Planned Improvement Initiatives (Change Ideas)**

**Methods**

**Process Measures**

**Target for process measure**

**Comments**

**Buttons:** **GO TO MEASURE** **GO TO CHANGE #** **DELETE THIS CHANGE IDEA** **CANCEL** **SAVE** **SAVE & CLOSE** **+ ADD NEW CHANGE IDEA**

- 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

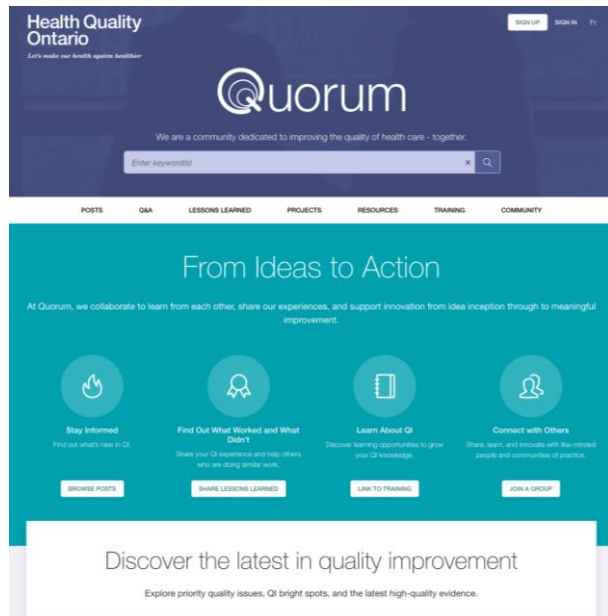
Improved automated password reset process

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/>



# Polling question

How likely are you to apply at least one idea or concept from this webinar?

# Are you a member of the Long-term Care Community of Practice on QUORUM?



Long Term care

×



SIGN UP

SIGN IN

Fr

POSTS

Q&A

LESSONS LEARNED

PROJECTS

RESOURCES

TRAINING

COMMUNITY

## SEARCH OUR MAIN SITE



Health Quality Ontario

The province's advisor on health care quality

## DON'T SEE WHAT YOU'RE LOOKING FOR?

ASK A QUESTION

SEARCH IN: ALL POSTS Q&A LESSONS LEARNED PROJECTS RESOURCES & TRAINING COMMUNITY

About 5 Results

## Long-term Care Community of Practice

<https://quorum.hqontario.ca/en/home/community/groups/groupid/35>

**Long-term Care** Community of Practice...>The **Long-term Care** Community of Practice (CoP) invites people working in **long-term care** across Ontario to discuss best...e ideal**long-term care**resident engagementresident relations...n.The **Long-term Care** Community of Practice (CoP) invites people working in **long-term care** across Ontario to discuss best practices, use quality improvement data for improvement, share local innovations and spread ideas to improve **care**. In our CoP, members can participate in conversations about impro...



# Upcoming webinars with links

| When   | What  |
|--|---|
| Wed Oct 11, 2017 <ul style="list-style-type: none"><li>1:00-2:30 pm</li></ul>          | <b>RNAO and Health Quality Ontario</b><br>Practical approaches to integrating and sustaining best practices in Ontario LTC homes required, care and services programs and quality improvement plans (QIP) <b><a href="https://rnao.ca/events/LTCLeague">RNAO.ca/events/LTCLeague</a></b>                      |
| Wed Oct 11, 2017 <ul style="list-style-type: none"><li>2:30-3:30 pm</li></ul>          | <b>OARC and Health Quality Ontario</b> 'An Introduction to Quality Improvement Plans and How Long-Term Care Residents Can Get Involved'<br><a href="https://attendee.gototraining.com/r/3274687960640327938">https://attendee.gototraining.com/r/3274687960640327938</a>                                      |
| Tues Oct 31, 2017 <ul style="list-style-type: none"><li>10:30 to 11:30 am</li></ul>    | <b>Measuring Up</b> for Long Term Care & Home level data<br><a href="https://attendee.gotowebinar.com/register/4735960904208940291">https://attendee.gotowebinar.com/register/4735960904208940291</a>   |
| Tues, Nov 7, 2017 <ul style="list-style-type: none"><li>12:10 p.m. – 1:00 pm</li></ul> | <b>Patient Engagement with IDEAS</b><br>Learn about patient engagement in quality improvement. <ul style="list-style-type: none"><li><a href="https://attendee.gotowebinar.com/register/2360014133119912451">IDEAS Webinar Series https://attendee.gotowebinar.com/register/2360014133119912451</a></li></ul> |
| Fri, Nov 14, 2017 <ul style="list-style-type: none"><li>10:30 to 11:30 am</li></ul>    | <b>Health Quality Ontario</b><br>Hip Fracture Standard<br><a href="https://attendee.gotowebinar.com/register/2360014133119912451">https://attendee.gotowebinar.com/register/2360014133119912451</a>   |

# *Thank you.*

LET'S CONTINUE THE CONVERSATION:



hqontario.ca



@HQOntario



HealthQualityOntario



@HQOntario



Health Quality Ontario



qip@hqontario.ca

## Health Quality Ontario

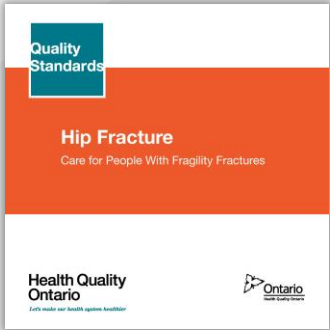
*Let's make our health system healthier*

# 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](mailto:qip@hqontario.ca) .

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



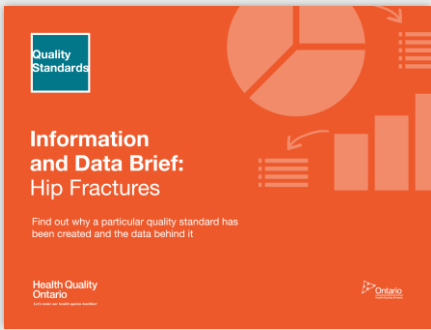
Clinical Guide



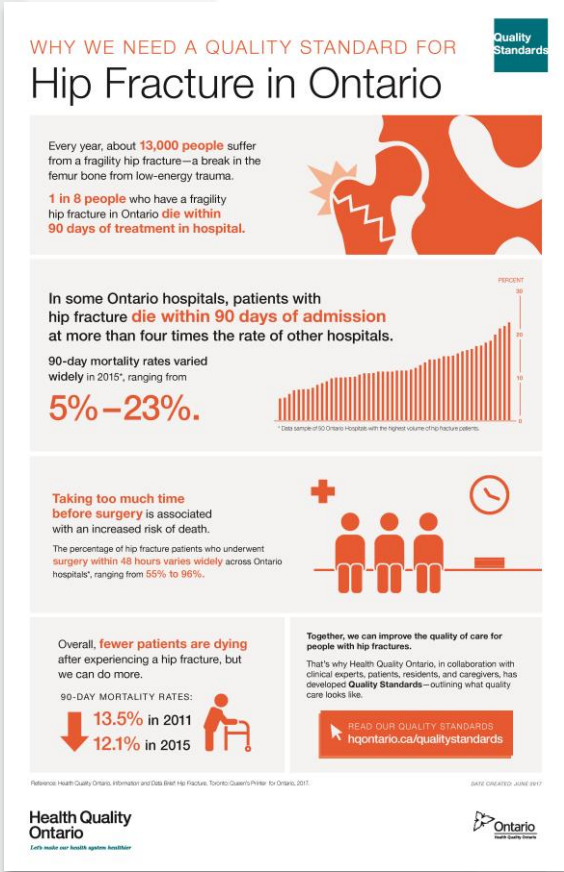
Recommendations for Adoption



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.

**Quality Standards**

**Putting Quality Standards into Practice**

A guide designed for people who are interested or involved in using the quality standards to improve care.

**Health Quality Ontario**

**Quality Standards Action Planning Template**

PAGE 1

| Data Decided (dd-mm-yyyy)                               | Person Responsible                                      | Deadline for Action (dd-mm-yyyy)                        | Status Update   |
|---|---|---|---|
| <small>(Click on field and type to insert text)</small> | <small>(Click on field and type to insert text)</small> | <small>(Click on field and type to insert text)</small> | <small>(Click on field and type to insert text)</small> |

**Question**

Which quality statement is this action plan for?

**Your Answer**

(Click on field and type to insert text)

Does this statement apply to your organization? (yes/no)

What are we doing now?

(Click on field and type to insert text)

What are the gaps between current practice and the quality statement?

(Click on field and type to insert text)

What is the behavioral practice that needs to change?

(Click on field and type to insert text)

# Practice Reports for Primary Care and Long-Term Care

## 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:



afhto association of family  
health teams of ontario

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<br>(below 40th percentile)      | My Indicators around average<br>(between 40th and 75th percentile)                                 | My Indicators above average<br>(above 75th percentile) |
|---------------------|---|--|--|
| Cancer Screening    | <ul style="list-style-type: none"><li>Pap Smear testing</li></ul> | <ul style="list-style-type: none"><li>Mammogram testing</li><li>Any Colorectal screening</li></ul> | <ul style="list-style-type: none"><li>None</li></ul>   |
| Diabetes Management | <ul style="list-style-type: none"><li>HbA1C testing</li></ul>     | <ul style="list-style-type: none"><li>Retinal Exam testing</li><li>LDL testing</li></ul>           | <ul style="list-style-type: none"><li>None</li></ul>   |

\*Percentiles are based on physicians registered for the Primary Care Practice Report

#### Who am I caring for?

| # of patients | Age (mean) | % male | % rural |
|---------------|------------|--------|---------|
| 2887          | 49.2       | 49.5%  | 32.5%   |

[View additional patient demographic information \(page 18\)](#)

[View health service utilization for my practice \(page 16\)](#)

Each report features a customized dashboard which monitors overall performance



# Patient Engagement

Helping patients  
and the system  
engage through  
tools and  
resources



## Ontario's Patient Engagement Framework

Creating a strong culture of patient engagement to support high quality health care

Health Quality  
Ontario  
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## Engaging with Patients and Caregivers about Quality Improvement

A Guide for Health Care Providers

*Let's make our health system healthier*

