

Long-Term Care Quality Improvement Plans

Frequently Asked Questions

Q. What is a Quality Improvement Plan?

A. A Quality Improvement Plan (QIP) is a formal, documented set of commitments that a health care organization makes to its patients/clients/residents, staff and community to improve quality through focused targets and actions. QIPs are used in many sectors to assist organizations in delivering quality programs and services.

Q. When does my organization need to submit their QIP?

A. All QIPs must be submitted by April 1, 2015 and every year thereafter. Organizations will be able to submit their QIPs via the QIP Navigator between March 1 and April 1 each year.

Q. I have questions about completing my QIP. Where can I find answers?

A. There are five places where you can find support and guidance for developing your organization's QIP.

- I. Health Quality Ontario's [website](#) includes general as well as sector-specific QIP information; the [QIP Navigator](#) is accessed via HQO's website
- II. The Ministry of Health & Long-Term Care's [website](#) includes the QIP documents as well as robust information about the Excellent Care for All Act.
- III. The [QIP Navigator](#) has built-in help functions (see Question mark icons) to guide you through the process and provide you with helpful examples
- IV. An extensive suite of resources is available on the [Resources page](#) of the QIP Navigator
- V. You can contact an HQO QIP specialist at QIP@hqontario.ca

Q. What is the submission process for 2015/ 16 Quality Improvement Plans (QIPs)?

A. Long Term Care (Hospitals, Primary Care, and CCAC's) are to develop and submit their QIP via QIP Navigator. Organizations will be able to submit their QIPs via the QIP Navigator between March 1 and April 1 each year. To access the QIP Navigator, please [click here](#).

Q. Who is required to submit a QIP to HQO?

A. The following organizations are required to develop QIPs and submit them to HQO by April 1 of every year:

- All public hospitals in Ontario
- Inter-professional team-based primary care models - specifically, Family Health Teams (FHT), Nurse Practitioner-led clinics (NPLC), Community Health Centres (CHC), and Aboriginal Health Access Centres (AHAC)
- Community Care Access Centres
- All licensed Long Term Care homes (beginning April 2015)

Q. Where can I find the QIP guidance materials?

A. Guidance materials are posted on the Ministry of Health & Long-Term Care's website and include the guidance document, the indicator technical specifications document, and a FAQ. [Click here](#) to visit the ministry's QIP website.

Q. Are there indicators that we are to include in our QIP?

A. The [Indicator Specifications](#) document describes a set of priority indicators for each sector's QIP. Each organization should review the priority indicators for their sector and determine which are relevant to them. To support this process, your organization should also review its current performance against provincial benchmarks/theoretical best for all priority indicators. Additional indicators, relevant to your organization's quality improvement goals, can also be included in your QIP.

Q. If an LTC organization is already doing well on the priority indicators, are they free to choose others?

A. Organizations are encouraged to focus on the priority indicators, but if performance is at or near provincial benchmarks they can focus on additional indicators that are relevant to them. If you are

choosing not to focus on one of the priority indicators, organizations are expected to provide a rationale in the comments section.

Q. Can changes be made to a QIP after it has been submitted to HQO?

A. Although the QIP becomes read-only once it has been submitted through the QIP Navigator, organizations can still make updates to their QIPs after they have been submitted. For example, an organization may alter their change strategy if an improvement initiative was not effective. If amendments are made to a plan after April 1, HQO recommends that the most current version of the QIP be posted on the organization's website and that any changes be made apparent to the public. Please note that any changes that are made to a QIP after the April 1 deadline will not be considered in the QIP analysis report that HQO develops each year.

Q. I would like to include materials that are already in other documents within the Narrative, (tables, graphics, etc.). What is the best way to input these into the Navigator?

A. Unfortunately, there is not the ability to paste tables or graphics into the QIP Narrative at this time.

Q. Will the provincial averages for the QIP indicators be provided?

A. The provincial averages for the four (4) publically reported indicators (Falls, Pressure Ulcers, Restraints, Incontinence) are available on HQO's [public reporting website](#). Homes may use the FY 2013/14 indicator adjusted results posted on HQO's website to compare provincial averages and benchmarks. For easy reference we have included these provincial averages and benchmarks in the Hover Help of the "Absolute Target". They can also look at their Q2 2014/15 adjusted results in the Canadian Institute for Health Information's [e-Reporting](#) publication. Homes can compare their most recent results to the benchmark, or use their Q2 2014/15 CCRS indicator unadjusted results to set targets for improvement.

Q. What are the Quality Improvement Plan (QIP) requirements for organizations that contain a hospital and a long-term care (LTC) home?

A. The hospital and the long-term care home need to develop their own, discrete QIPs. It is recommended that these QIPs be developed in collaboration to ensure alignment and shared goals. Although there may (and should) be overlap in indicators, it will be important for each "sector" to have change ideas specific to the population.

Q. What is the relationship between quality improvement plans and long-term care home inspections?

A. The QIP does not replace requirements for continuous quality improvement (CQI) and the utilization review system under the LTCHA. The CQI, the utilization review system, and QIPs support quality improvement, and may share goals and priorities.

Q. Is every long-term care home expected to complete a quality improvement plan? Can one QIP be submitted on behalf of all homes within a corporation?

A. All licensed homes are required to develop, make publicly available, and submit to Health Quality Ontario a QIP by April 1 of every fiscal year. Although collaboration within corporations, across sectors, and within your LHIN is encouraged, each individual home will need to submit its own plan.

Q. Will the provincial averages for the QIP indicators be provided?

A. The provincial averages for the four (4) publically reported indicators (Falls, Pressure Ulcers, Restraints, Incontinence) are available on HQO's [public reporting website](#). Homes may use the FY 2012/13 indicator adjusted results posted on HQO's website to compare provincial averages and benchmarks. They can also look at their Q2 2013/14 adjusted results in the Canadian Institute for Health Information's [e-Reporting](#) publication. Homes can compare their most recent results to the benchmark, or use their Q2 2013/14 CCRS indicator unadjusted results to set targets for improvement.

Q. If we want to maintain our current performance, do we put our current performance as our target? Or should we just enter it in the comments?

A. In this instance you would put your current performance as your target, and in the target justification column you would justify why you are aiming to maintain your current performance. Please note that if

you include a target (even if it is to maintain) you must also complete the Change Ideas section in full. If it is not an indicator that you are actively going to focus on, you can put a rationale as to why you are not including the indicator this year in the comments section only (e.g., "we are not focusing on this indicator this year, but will continue to monitor and maintain performance").

Q. The guidance documents refer to unadjusted data. Can we use the raw data from PCC (IM software) or does it have to be from the CIHI report?

A. As much as possible, homes are encouraged to use CIHI's eReports rather than the data from their IM software (i.e. PCC, goldcare, etc.). The data in CIHI has been cleaned and is available as both adjusted and unadjusted rates. The PCC data are lower in comparability and reliability. Additionally, if HQO were to pre-populate data, we would use data from CIHI's eReports.

Q. What is an unadjusted rate?

A. An unadjusted rate is the number of events (the numerator) divided by the number in the population (the denominator). For a rate, there is a specified time period, which for the QIP indicators is generally a quarter. One advantage of using unadjusted rates for QIPs is that they are based on the actual number of events in a population over a given time period. These rates are being used in provincial Quality Improvement Plans in many of the LTC Indicators.

Q. Why are the rates in the QIP Navigator unadjusted rates?

A. The unadjusted crude rates have advantages over adjusted rates for quality improvement efforts. Unadjusted rates are easier to calculate with information from your clinical records or EMR. So it is easier to track performance over time and see if your change ideas are working. Adjusted rates require additional information to calculate. This would complicate the calculation of the rate. As well, the adjusted rate does not reflect the actual volume or number of events in a home, but is a measure that adjusts the actual rate to one that considers what the expected rate would be based on population and facility characteristics.

Q. What is an adjusted rate?

A. Adjusted rates are used to account for differences in your population's characteristics that have an effect on the rate. It is calculated using statistical procedures that remove the effect of differences in the population (e.g., age of patients/clients). For example, for the falls indicator the rates are adjusted for factors that increase a patient's risk of a fall but that the home cannot control, such as gait. Adjusted rates are used on Health Quality Ontario's Public Reporting website.

Q. When reviewing the Potentially Avoidable ED Visits for LTC Residents Indicator report on www.ltchomes.net, we noticed that the number of residents listed is incorrect, compared to the number of beds our long-term care home has. Why is that?

A. The number of residents is based on a count of unique individuals who were in the home at any point during the time period of interest, and who were 65 or older at the time of admission. When one resident leaves the home and a new person fills that bed, it would count as two residents, which is why there are more residents than actual beds. For further questions regarding the QIP indicators, please email Health.Analytics@ontario.ca

Q. Can you provide more information on the priority indicator: Potentially Inappropriate Use of Antipsychotics Quality Indicator in Long-Term Care?

A. In November 2014, interRAI announced a change in the calculation for the quality indicator "Potentially Inappropriate Use of Antipsychotics in Long-Term Care", stating that residents with delusions should be part of the exclusion criteria for this indicator. This change to the methodology will be reflected in the QIP indicator for the 2015/16 submissions, and will be incorporated in CIHI eReports starting with the Q2 reports.

The new definition will be as follows: The percentage of residents on antipsychotics without a diagnosis of psychosis. Exclusion criteria are expanded to also include those experiencing delusions.

According to CIHI, most homes will see an improvement in their scores for the Antipsychotic QI following this change. Due to this change, please do not compare Antipsychotic QI results from the Q2 (and onward) reports to any static results you may have previously saved outside the eReports application.

Q. Is there a definition for theoretical best?

A. Theoretical best is the best possible outcome. For example, zero waste (e.g., defects, overproduction, unnecessary waiting, too much motion, etc.) or 100% adoption of a recommended clinical practice. For some indicators - particularly those that relate to a disease - it may not be realistic to aim for a theoretical best, because these indicators can be reduced but not eliminated (e.g., responsive behaviours).

Q. If an LTC organization is already doing well on the priority indicators, are they free to choose others?

A. Organizations are encouraged to focus on the priority indicators, but if performance is at or near provincial benchmarks they can focus on additional indicators that are relevant to them. If you are choosing not to focus on one of the priority indicators, organizations are expected to provide a rationale in the comments section.

Q. Under the QI dimensions, what would be another example of an “effective” indicator (other than incontinence)?

A. HQO currently reports on five (5) quality indicators related to the effectiveness of long-term care. These indicators pertain to incontinence, the activities of daily living, cognitive function, pain and emergency department visits. More detail on these indicators can be found [here](#). The “effective” dimension is defined as follows: People should receive care that works and is based on the best available scientific information. Homes should strive to achieve the best possible outcomes for their residents. The care provided to residents should reflect accepted best practices and should aim to maximize resident independence to the fullest extent possible. This includes, but is not limited to, appropriate incontinence care, pain management, treatment for depression and mood disorders, and restorative care that sustains or enhances residents’ ability to carry out the activities of daily living.

Q. What should we do if we are performing below provincial goals for an indicator?

A. If your performance is worse than the provincial average, we encourage you to focus on that indicator. If you are performing better than the provincial average, you still may want to strive to perform as well as the provincial benchmarks (where they exist).

Q. Will executive compensation need to be tied to performance in LTC?

A. No, not at this time.

Q. One Residents First project was huge and took over a year to fully execute. How is it possible to do six projects in one year in order to be in alignment with this QI Plan? What are the expectations regarding the amount of work required for each QI project? Each topic is a huge undertaking if it is to be done well and sustained.

A. HQO recognizes that it takes focus and resources to work on QI projects and that setting priorities can often be a challenge. Organizations are not necessarily required to actively work on improvements in all areas. Organizations are encouraged to carefully consider the target they wish to reach for each priority indicator; the gap between current and target performance; the complexity of the problem; and the human, financial and temporal resources required to achieve the targets they have set. When those issues have been considered, organizations will be able to prioritize QI projects and develop improvement plans for the year. In many cases, organizations will choose to focus their energy and resources on one or two indicators.

Q: How should homes be involving residents in the development of QIPs as per new regulations?

A: How homes involve residents in the development of QIPs is as unique as each home. LTC homes are encouraged to connect with Residents’ Council and Family Council to discuss ways to include residents in developing and implementing their QIPs.

Q: Not everyone measures indicators the same way. Therefore benchmarking against provincial stats is difficult to compare to our indicators. For example there are 200 homes in Ontario reporting falls. How do you know that resident falls are measured in the same way? They are all separate entities. No one reports the same way.

A: There are a few ways in which HQO can tell if LTC homes are selecting the same falls indicator. CIHI makes available the data on this indicator to LTC homes as well as to HQO. It is possible to determine if LTC homes are reporting the same falls indicator by comparing the current performance provided in the QIP workplan to the CIHI data. Also, LTC homes may choose to focus QI efforts on a specific aspect of falls, such as those at higher risk of falling such as those individuals who fall repeatedly, and these homes will include a relevant indicator for this in their workplan. CIHI does offer coding workshops to try and standardize how homes are reporting falls on the RAI.

Navigator Questions

HQO's QIP Navigator is an online submission tool, designed to streamline QIP development and submission and acts as a collaborative space for quality improvement team members. The QIP Navigator also allows organizations to search their peer organization submissions to compare themselves, and come up with new ideas for improvement. The tool includes online assistance in the form of guides, videos, and access to numerous tools and other resources to help organizations create and maintain their annual QIPs.

Q: Are LTC homes expected to complete the Progress Report?

A: The Progress Report summarizes the activities related to implementing the previous year's QIP. Therefore, as this is the first year that long term care homes are submitting QIPs, the progress report is not applicable for 2015/16. Next year, in 2016/17, the Progress Report will be accessible to long term care homes and will be pre-populated with data from the 2015/16 QIP.

Q: Will we be able to print a copy of the QIP from the Navigator? Will the font be large enough for posting and the format easy for the residents and public to read/understand?

A: Yes users are able to save and export their QIP from Navigator. Once exported, users will be able to format their QIP as desired and adjust the font size in the exported copy to meet the audience needs.

Q: Most organization have their own QIP tool which is different than the supplied template. Will the template remain the same this year or is it different on the Navigator?

A: Long term care homes are required to use the QIP navigator to develop and submit their QIPs. Once exported, the QIP resembles the word and excel templates used for voluntary submission in 2014/15. Home-specific or 'other' QIP tools are not to be submitted to HQO.

Q: Will we be able to see other homes' QIPs on HQO website?

A: Yes all the QIPs will be available on the Navigator website under the "sector QIPs" tab. Here organizations will be able to view submitted QIPs by sector, by LHIN, and by model type.

Q: When will the QIPs be on the Navigator?

A: QIPs are posted to the sector *QIPs tab* after the QIP submissions have been closed (April 1st) and once all the submitted QIPs have been verified as received. This usually takes a few weeks.

Please contact QIP@hqontario.ca should you have further questions