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November 27, 2017

**RE: 2018/19 Annual Priorities for Quality Improvement Plans**

Dear Colleagues,

Together in Ontario, we strive for a quality health system that is safe, effective, efficient, patient-centred, timely and equitable. Each year, the release of the priority issues and indicators for the Quality Improvement Plans (QIPs) represents an opportunity to pause and reflect on the progress we have made towards that vision. The 1031 QIPs we received this year reflect the remarkable level of dedication and commitment to quality in this province, and contain many truly inspiring examples of innovation, collaboration, and improvement. We congratulate and thank all organizations that have demonstrated their commitment to quality, and we are pleased to share the priority quality issues and indicators for the 2018/19 QIPs.

The development of a QIP offers a chance to bring together organizations across Ontario to address key issues through a quality lens. The issues and indicators addressed through the QIPs are carefully chosen in collaboration with many stakeholders and our cross-sector QIP Advisory Committee to reflect current provincial priorities based on evidence of where we can improve. Our latest yearly report on the performance of Ontario's health care system, [Measuring Up 2017](#), provides evidence of improvement on several of the quality issues addressed in the QIPs: rates of cancer screening have improved, and there have been marked decreases in potentially inappropriate prescribing of antipsychotics and use of restraints in the long-term care sector. However, it is also clear that there are several areas where improvement is still required.

This year you will see QIP priorities reflecting areas that urgently require improvement. The first area is workplace violence prevention. In Ontario, we are increasingly recognizing the extent and impact of workplace violence on workers in our health care system. Leading organizations are taking the view that our notion of safety as a dimension of quality can and should include both patient and workplace safety. Per a memo sent to hospitals in early November, the Ministry of Health and Long-Term Care has highlighted this by introducing a mandatory indicator in the QIPs for the hospital sector focused on workplace violence prevention. Hospitals can refer to our [guidance](#) on workplace violence prevention in the QIPs for more information about how to address this issue through a quality improvement lens. Similar to last year, organizations in all sectors will be asked to reflect on how workplace violence prevention is a strategic priority in their organization.

The second area is the impact of opioids in Ontario. The management of pain (including the role for opioids) and the treatment of opioid use disorder are important elements of a broader strategy in Ontario to address this issue. Given the complexity of these issues, the QIP priorities suggest that organizations review their current practices related to opioid prescribing and treatment of opioid use disorder. The [MyPractice reports](#) are accessible to all family physicians, and enable them to reflect on their opioid prescribing patterns relative to their peers. A series of [partnered supports](#) available to

clinicians are also accessible to provide direct support in managing the complexity of care for patients as well as to support further reflection and improvement if needed. In future, similar data and supports will be available to other health professionals.

It has been impressive to see the increased engagement and involvement of patients and those with lived experience in quality improvement in Ontario, and the active measurement of patient experience. In addition to the continued focus on patient engagement and experience, indicators related to patient/resident relations processes have been added for the hospital, home care, and long-term care sectors, reflecting the important role of good patient relations programs on quality of care and patient experience.

The need to deliver integrated care has required joint efforts by organizations across different sectors of the health system. Many organizations have included commitments to work with partners in other sectors to achieve improvements in care – for example, to improve effective transitions. These are the areas that data and engagement with patients highlight as a key priority, so the efforts to address these issues are critical.

This year, we have released several new resources that will help organizations develop and fulfill their QIPs. [Quality standards](#) help define what quality care looks like for given conditions. Some recent examples of quality standards released include hip fracture and heavy menstrual bleeding, in addition to those focused on mental health already available. Each quality standard includes a clinical and patient guide, data about what is known about current care and where variations may exist, and recommendations for adoption. The [Getting Started Guide](#) is written to help organizations use quality standards to support quality improvement where it may be needed. We encourage organizations to use quality standards as they become available and consider including the quality indicators in the QIPs, either as indicators or as measures to support change ideas. In particular, quality standards for wound care, opioid use disorder, chronic pain, and acute pain will be released in the coming months, and will be useful to organizations as they integrate these topics into their QIPs.

We know that there are pockets of excellence across the province where organizations have done incredible work. We must continue to spread these pockets of excellence as we aim for large-scale progress in these areas, with a focus on the overall health of the populations we serve. One way to start this is by sharing ideas. Quorum is an online community where people interested in quality improvement from across the province can come together to learn from one another, share, and collaborate. It is aimed at fostering a culture of quality improvement. It features posts from some provincial leaders in quality improvement, questions and answers from quality improvement specialists across the province, and a bank of quality improvement projects to learn from. Learn more at <https://quorum.hqontario.ca/>.

The changes to the priority issues and indicators are highlighted in the attached What's New document, along with a few key resources and initiatives. For specific information regarding the priority issues and indicators for this year, refer to the QIP Guidance Document, the Indicator Technical Specifications for the 2018/19 QIPs, and the QIP Navigator. If you or your team have any questions about the QIPs or about Health Quality Ontario's quality improvement resources, please don't hesitate to contact our team at [QIP@hqontario.ca](mailto:QIP@hqontario.ca).

Finally, one goal of the QIP program is to cultivate and support the development of a culture of quality within organizations and across the health system. The QIP as a document is designed to reflect a commitment to better each year. However, we know that the most critical work is the work you do with your teams throughout each year to advance those commitments. The ways that you engage with teams to develop opportunities to improve and celebrate success when they are achieved are at the foundation of developing a culture of quality. It is this effort that we will continue to rely on as we strive to improve care for the people in Ontario. Thank you for being part of this effort to build a stronger health system.

Sincerely,



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## **Attachment 1**

### **What's New for the 2018/19 Quality Improvement Plans**

The purpose of this document is to offer readers an “at a glance” view of changes to the QIP program, as well as new initiatives and resources that you should be aware of as you prepare your 2018/19 QIPs. This document is *not* meant to recap the various guidance and technical documents, but to briefly summarize what’s new and to focus attention on key developments. In addition to this document, we encourage organizations to review the following core documents as you begin to develop your next QIP:

- The Annual QIP Memo for 2018/19
- The refreshed [QIP Guidance Document](#), which provides a high-level overview of the QIP, including frequently asked questions (please note that this document has been updated this year with additional content and new resources)
- The [Indicator Technical Specifications for the 2018/19 QIPs](#), which offers detailed technical information about each indicator

If you are new to the process of developing QIPs, training is available through webinars hosted by Health Quality Ontario. Visit our [website](#) for more information.

#### **1. Looking back: Our analysis of the 2017/18 QIPs**

Our analysis of the 1031 QIPs submitted for 2017/18 highlights many successes. You can access a preliminary summary of the results of our analysis of these QIPs by reviewing our sneak peek webinars for each sector, which are now [posted on our website](#).

#### **2. Updated issues and indicators for the 2018/19 QIPs**

The full list and definitions of the priority and additional indicators for each sector for the 2018/19 QIPs is presented in detail in the [Indicator Technical Specifications](#). An overview of the priority issues and indicators for the 2018/19 QIPs, organized by quality domain and issue, is included in Appendix A.

##### *Mandatory indicator for the hospital sector*

One significant change with regard to the requirements for the 2018/19 QIPs is the addition of a mandatory indicator related to workplace violence prevention for the hospital sector. All hospitals must include this indicator in their 2018/19 QIPs. Refer to our [guidance](#) for more information.

##### *New questions in the QIP Narrative*

There are several new questions that will be included in the QIP Narratives for all organizations. Some additional questions in the QIP Narratives have been modified. The full list of questions for the QIP Narratives is presented in the Indicator Technical Specifications.

The two new questions are:

### **Workplace Violence 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?

### **Opioid prescribing for the treatment of pain and opioid use disorder**

Describe what steps your organization is taking to support the effective treatment of pain, including reviewing opioid prescribing practices and promoting alternatives to opioids. Think about access to addiction services, social services, (sub) populations, etc.

#### *Changes to priority and additional indicators*

Table 1 below summarizes the changes to the additional and priority indicators for each sector for the 2018/19 QIPs.

**Table 1. Changes to the priority and additional indicators for the 2018/19 QIPs**

<b>HOSPITALS</b>	
<b>Indicator</b>	<b>Status</b>
Number of incidents of workplace violence (Overall)	Mandatory <b>NEW</b>
Medication reconciliation on admission	Transitioned from priority to additional
Percent of complaints acknowledged within three to five business days	Additional <b>NEW</b>
Antimicrobial-free days in the intensive care unit	Additional <b>NEW</b>
Readmission within 30 days for selected conditions (HIG)	Retired

<b>PRIMARY CARE</b>	
<b>Indicator</b>	<b>Status</b>
Colorectal and cervical cancer screening indicators in <i>MyPractice</i> reports*	Retired
7-day post-discharge follow-up (Ministry of Health and Long-Term Care indicator)†	Retired
7-day post-discharge follow-up (physicians and nurse practitioners) (community health centres)†	Priority <b>NEW</b>
Diabetic foot ulcer risk assessment	Additional <b>NEW</b>

\*The colorectal and cervical cancer screening indicators that use specifications consistent with Cancer Care Ontario remain in the QIP as additional indicators.

†There are two different indicators measuring 7-day post-discharge follow-up available for the 2018/19 QIPs. We encourage organizations to select the one that is most appropriate for them, if they will be working on this indicator.

<b>LONG-TERM CARE</b>	
<b>Indicator</b>	<b>Status</b>
Percent of complaints acknowledged within six to 10 business days	Additional <b>NEW</b>

<b>HOME AND COMMUNITY CARE</b>	
<b>Indicator</b>	<b>Status</b>
Percent of complaints acknowledged within two business days	Additional <b>NEW</b>
Education and self-assessment (diabetic foot ulcers)	Additional <b>NEW</b>
Closed diabetic foot ulcer at 12 weeks	Additional <b>NEW</b>

### 3. Quality improvement resources and supports

We would like to take this opportunity to highlight some of the resources and supports for quality improvement available from Health Quality Ontario and our partners. These resources and supports are aimed at different levels, from provider, group, region, and sub-LHIN region, to provincial data sources and supports.

#### *Quality standards*

Quality standards are a concise sets of statements that outline for clinicians and patients about what quality care looks like for certain conditions. These standards include quality statements, process measures, recommended tools, patient guides, and helpful change ideas. Increasingly, quality issues being advanced through QIPs will be aligned with a quality standard.

Over the next several months, Health Quality Ontario will be releasing several new quality standards, including the following which relate to the 2018/19 QIPs:

- [Diabetic foot ulcers](#)
- [Opioid prescribing for acute pain](#)
- [Opioid prescribing for chronic pain](#)
- [Opioid use disorder](#)

Browse these quality standards as they become available at [www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards](http://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards).

#### *Additional resources and supports*

- Browse the tools and resources on our [Quality Improvement Plans home page](#)
- Read about our [large-scale quality improvement programs](#), which include communities of practice, resources and supports to improve care
- Read change ideas for priority QIP indicators on the refreshed quality improvement resource, [Quality Compass](#)
- Try out the [Query QIPs](#) function to search within all submitted QIPs, or read any organization's QIP using the [Download QIPs](#) function
- Browse our hub for [patient engagement tools and resources](#), including guides prepared by Health Quality Ontario as well as other organizations
- Sign up for [MyPractice Reports](#) or [Long-Term Care Practice Reports](#) for physicians to receive customized data regarding individual performance on key measures
- Learn about and participate in the [regional quality tables and regional quality sessions](#) in your area
- Join [Quorum](#), Ontario's new health care quality improvement community
- Read [Quality Matters](#), our plan for health system quality improvement

### 4. Technical enhancements to the QIP Navigator

Thank you to those that have provided feedback to our survey on potential enhancements to the [QIP Navigator](#). We have made some changes!

When users log into QIP Navigator, they will notice additional enhancements that focus on improving the user experience by offering more visual cues and options.

Enhancements to the Progress Report include:

- Automatic linking of the current performance in the Progress Report and the Workplan eliminating the need to add or ensure the data is consistent in both places
- The ability to upload results (run charts or other images)
- The ability to add more than one new change idea
- The ability to export the Progress Report in full

Enhancements to the Workplan include:

- Adding automated survey functionality to several survey-based indicators
- The ability to export the Workplan template in full (including all priority and additional indicators)
- Adding hyperlinks to the change idea area to provide easy access to best practices and change ideas
- The ability to change the order of change ideas entered
- The ability to search Health Quality Ontario's Indicator Library when creating custom indicators to reference existing indicators

More details on these enhancements will be provided during our QIP training in November and December 2017.

## Appendix A. Quality Issues and Indicators for the 2018/19 Quality Improvement Plans

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