

# Long-Term Care: Advanced Training for Quality Improvement Planning, 2016/17 QIPs

December 16, 2015

Sara Clemens, QI Specialist

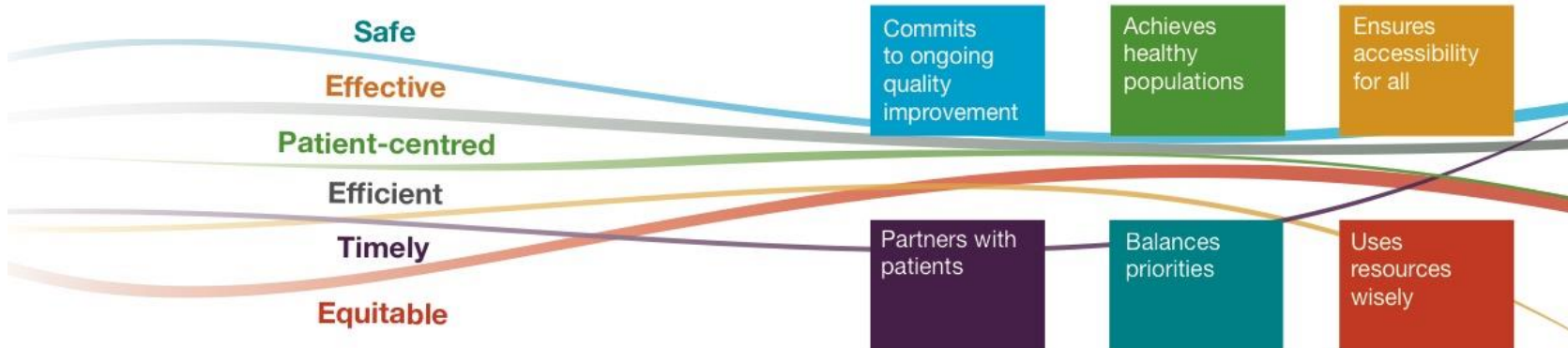
Health Quality Ontario

The provincial advisor on the quality of health care in Ontario

# Embrace Health Quality

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

● ...stays true to these principles



● . . . and can only happen when we



**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)



# Learning Objectives

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

- Recall expectations for the 2016/17 Quality Improvement Plans (QIPs)
- Understand the role of QIPs as a tool for organization **and** system-level change
- Initiate the QIP components: Progress Report, Narrative, Workplan, Resources, Sector QIPs, and Query QIPs
- Understand the validation and submission process

# Poll # 1

- How familiar are you with QIPs?

# Overview Priority Indicators 2016/17

# Provincial Priority Indicators for LTC

1. Potentially avoidable ED visits
2. Appropriate Prescribing – Potentially Inappropriate Antipsychotic Use
3. Resident Experience
4. Falls
5. Restraint use
6. Pressure ulcers

Source: [Technical Indicator Specifications \[PDF\]](#)

7. *Incontinence* (additional – located in drop-down)

# POLL #2

What data sources will you reference to review your current performance in your QIP? Please select all that apply.

1. CIHI CCRS eReports
2. HQO Public Reporting / Measuring Up Report
3. Organic / local in-house
4. CIHI's Your Health System
5. Your last RQI

# Components of Quality Improvement Plans

## \* **Progress Report**

Narrative

Workplan



# Getting Started: OUR QIPS



PROGRESS REPORT

NARRATIVE

WORKPLAN

## PROGRESS REPORT

Long-Term Care Home A (Test)

2016/17 Quality Improvement Plan for Ontario Long Term Care Homes

Status: **IN PROGRESS**

EXPORT PROGRESS REPORT WITH CHANGE IDEA

EXPORT PROGRESS REPORT WITHOUT CHANGE IDEA


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

ID	INDICATOR (UNIT; POPULATION; PERIOD; DATASOURCE)	ORG ID	PERFORMANCE STATED IN PREVIOUS QIP	PERFORMANCE TARGET AS STATED IN PREVIOUS QIP	CURRENT PERFORMANCE	COMMENTS	ACTIONS
1	"Would you recommend this nursing home to others? with the responses 1) definitely no, 2) probably no, 3) probably yes, 4) definitely yes using the percent of responses in the top two boxes: 3) Probably yes, and 4) definitely yes. (%; Residents; 2015/2016; In-house survey)	92027	75.00	85.00	88.00	We improved our survey delivery this year with the help of our volunteers, which helped us surpass our original target.	<b>EDIT</b>
2	A: Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (NHCAHPS) (%; Residents; Apr 2014 - Mar 2015 (or most recent 12mos); In-house survey)	92027	CB	87.00	86.00	We didn't quite meet our target this year due to xyz, however we learned a great deal about abc.	<b>EDIT</b>
3	Percentage of residents responding positively to: "I would recommend this site or organization to others." (InterRAI QoL) (%; Residents; Apr 2014 - Mar 2015 (or most recent 12 mos); In-house survey)	92027	77.00	85.00			<b>EDIT</b>

# Progress Report – change ideas

Progress

CHANGE IDEAS FROM LAST YEAR'S QIP	WAS THIS CHANGE IDEA IMPLEMENTED AS INTENDED	LESSONS LEARNED: (SOME QUESTIONS TO CONSIDER) WHAT WAS YOUR EXPERIENCE WITH THIS INDICATOR? WHAT WERE YOUR KEY LEARNINGS? DID THE CHANGE IDEAS MAKE AN IMPACT? WHAT ADVICE WOULD YOU GIVE TO OTHERS?
Staff ask residents if they require anything further before leaving them.	<input checked="" type="radio"/> Yes <input type="radio"/> No	this process was monitored and followed 89% of the time. This idea by far made the most impact because xyz.
Staff ask residents what they would like them to make sure they do before starting their morning and evening care	<input type="radio"/> Yes <input checked="" type="radio"/> No	Due to xyz this was not implemented.
[Insert NEW Change Idea that were tested but not included in last year's QIP] brand new idea	<input checked="" type="radio"/> Yes <input type="radio"/> No	this was amazing because



CLEAR ALL FIELDS CANCEL SAVE SAVE & CLOSE

# Components of Quality Improvement Plans

Introduction to Navigator

Progress Report

\* **Narrative**

Workplan

## NARRATIVE

Long-Term Care Home A (Test)

2016/17 Quality Improvement Plan for Ontario Long Term Care Homes

Status: **IN PROGRESS**

Goto section

Overview ?

QI Achievements From the Past Year ?

Integration and Continuity of Care ?

UPLOAD ORGANIZATION LOGO

EXPORT NARRATIVE

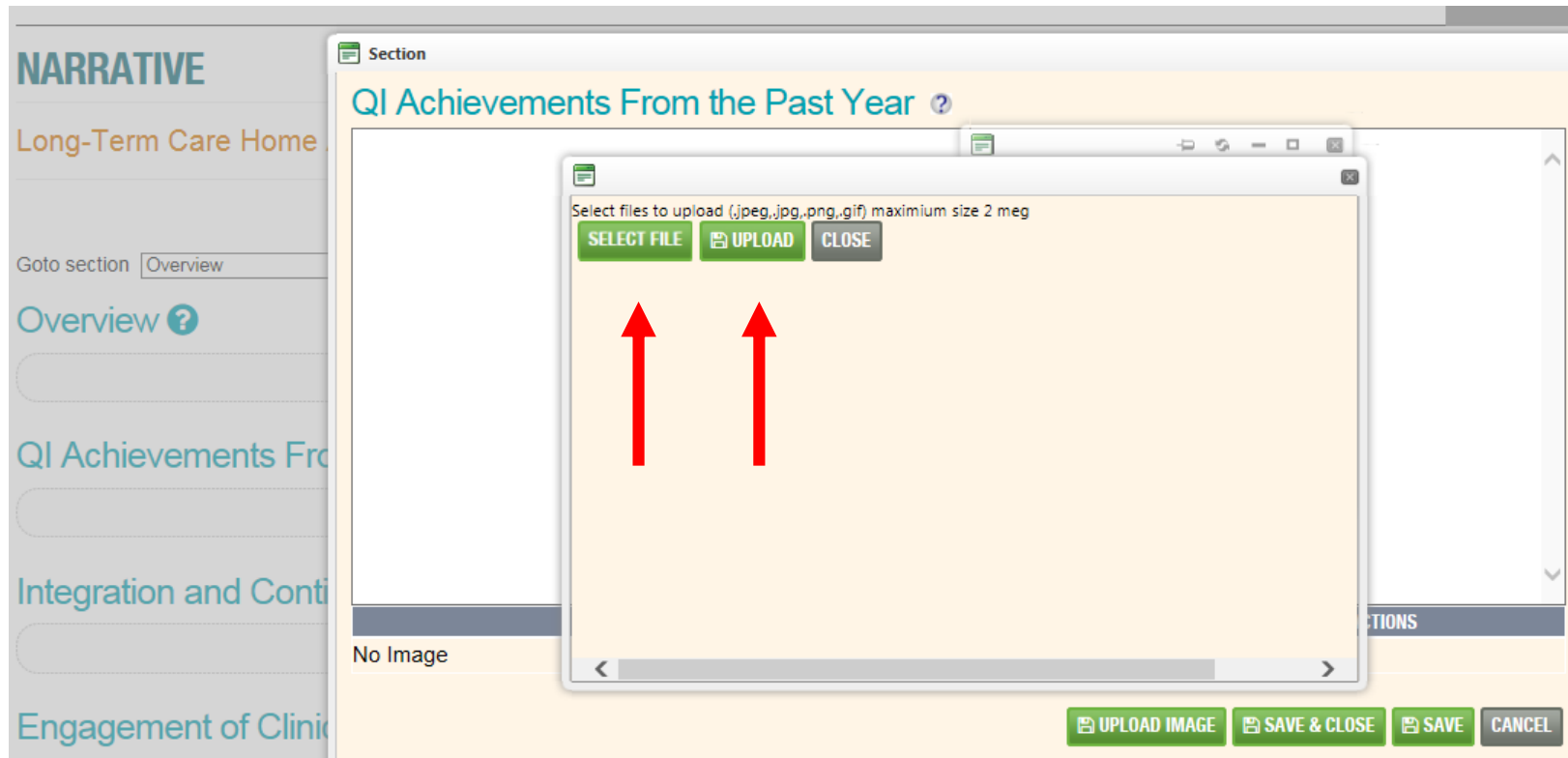


Allows organization to upload logo

Supports export into Word format for sharing locally

# OUR QIPS: NARRATIVE

# OUR QIPs: Narrative – What's New - Images



# Components of Quality Improvement Plans

Introduction to Navigator

Progress Report

Narrative

**\*Workplan**

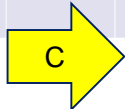
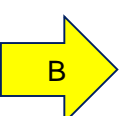
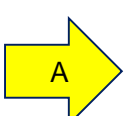
# OUR QIPS: Workplan- MEASURES (blue)

A) **Priority Indicators:** highlighted in red font. System level provincial priorities, pre-defined for standard measurement, pre-populated

B) **Additional Indicators:** pre-defined, pre-populated where possible, in drop-down

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

ID	AIM	MEASURE						CHANGE					
	OBJECTIVE	MEASURE / INDICATOR	UNIT / POPULATION	SOURCE / PERIOD	ORG ID	CURRENT PERFORMANCE	TARGET PERFORMANCE	TARGET JUSTIFICATION	PLANNED IMPROVEMENT INITIATIVES (CHANGE IDEAS)	METHODS	PROCESS MEASURES	GOAL FOR CHANGE IDEAS	COMMENTS
<b>EFFECTIVE</b>													
1	To Reduce Potentially Avoidable Emergency Department Visits	Number of emergency department (ED) visits for modified list of ambulatory care sensitive conditions* (ACSC) per 100 long-term care residents	% / Residents	Ministry of Health Portal / October (Q3 FY) 2014/15 – July (Q2 FY) 2015/16	92027								<a href="#">Add New Change Idea</a>
2	To Reduce the Inappropriate Use of Anti psychotics in LTC	Percentage of residents on antipsychotics without a diagnosis of psychosis	% / Residents	CCRS, CIHI (eReports) / July 2015/16 (Q2 FY)	92027								<a href="#">Add New Change Idea</a>
<b>Indicators 1</b>													
3	To Reduce Worsening Bladder Control	Percentage of residents with worsening bladder control during a 90-day period	% / Residents	CCRS, CIHI (eReports) / July 2015/16 (Q2 FY)	92027								<a href="#">Add New Change Idea</a>
<a href="#">Add New Measure</a>													



# OUR QIPS: Creating a new indicator (blue)

Measure

Objective, Measure / Indicator ?

Quality Dimension ?

Sector \* ? LTC

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 Long-Term Care Home A (Test)

Current Performance ?

Absolute Target ?

Relative Target ? %

Target Justification ?

If attribute is not in drop down and you choose 'other', then you must specify.

It is mandatory to always specify Period.



## Poll #3

- Have you considered what change ideas your organization can implement that may result in improved performance?

# OUR QIPS: Workplan- CHANGE (green)

CHANGE				
PLANNED IMPROVEMENT INITIATIVES (CHANGE IDEAS)	METHODS	PROCESS MEASURES	GOAL FOR CHANGE IDEAS	COMMENTS
<a href="#">+ Add New Change Idea</a>				

# OUR QIPS: Workplan- Adding Change Ideas

Correct

Incorrect

The 'Correct' screenshot shows a form with the following fields:

- Change Number: # [input field]
- Planned Improvement Initiatives (Change Ideas): change idea 1
- Methods: method 1
- Process Measures: process measure 1
- Goal For Change Ideas: goal for change idea 1
- Comments: [empty text area]

At the bottom, there are buttons: GO TO CHANGE #, DELETE THIS CHANGE IDEA, CANCEL, SAVE, and a refresh icon.

The 'Incorrect' screenshot shows a form with the following fields:

- Change Number: # [input field]
- Planned Improvement Initiatives (Change Ideas): 1) change idea #1, 2) change idea #2, 3) change idea #3
- Methods: method #1, 2) method #2, 3) method #3
- Process Measures: 1) process measure #1, 2) process measure #2, 3) process measure #3
- Goal For Change Ideas: 1) goal for change idea #1, 2) goal for change idea #2, 3) goal for change idea #3
- Comments: [empty text area]

A large red 'X' is drawn over the entire form. At the bottom, there are buttons: GO TO CHANGE #, DELETE THIS CHANGE IDEA, and CANCEL.

# Poll#4

- Which of the following attributes is not included in the definition of SMART goals?

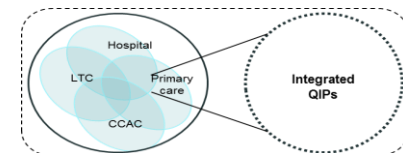


## Measuring Up

A yearly report on how Ontario's health system is performing

<http://www.hqontario.ca/public-reporting/yearly-reports>

# Functionally Integrated QIPs: Cross-Sector Collaboration



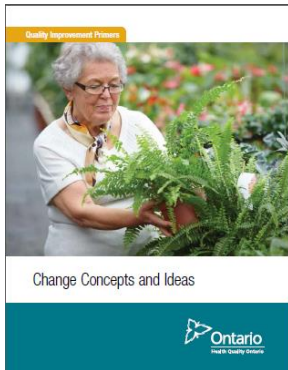
Quality Issue	Hospital	Primary Care	CCAC	LTC
Effective transitions	<ul style="list-style-type: none"> <li>30-Day Readmission for Select HIGs</li> <li>30-Day Readmission for one of CHF/COPD/Stroke (QBP Cohort)</li> </ul>	<ul style="list-style-type: none"> <li>Post-Discharge Follow Up</li> <li>Hospital Readmission for Primary Care Patients (A)</li> </ul>	<ul style="list-style-type: none"> <li>Hospital Readmissions</li> <li>Unplanned ED Visits</li> </ul>	<ul style="list-style-type: none"> <li>Potentially Avoidable ED Visits for Ambulatory Care Sensitive Conditions</li> </ul>
Person Experience	<p><b>NEW</b></p> <ul style="list-style-type: none"> <li>Patient Experience</li> </ul>	<ul style="list-style-type: none"> <li>Patient Experience</li> </ul>	<ul style="list-style-type: none"> <li>Client Experience</li> </ul>	<ul style="list-style-type: none"> <li>Resident Experience</li> </ul>
Access to the right level of care	<ul style="list-style-type: none"> <li>ALC Rate</li> <li>ALC Days (A)</li> </ul>	<ul style="list-style-type: none"> <li>ED Visits for Conditions BME (A)</li> </ul>		
Timely access to care or services	<ul style="list-style-type: none"> <li>ED Length of Stay (admitted patients)</li> </ul>	<ul style="list-style-type: none"> <li>Timely Access to Primary Care Provider</li> </ul>	<ul style="list-style-type: none"> <li>Five-Day Wait Time for Home Care (PSW, Nursing)</li> </ul>	
Safe care; effective management	<ul style="list-style-type: none"> <li>Medication Reconciliation (admission)</li> <li><i>Clostridium Difficile</i> Infection</li> <li>Hand Hygiene before contact (A)</li> <li>Pressure Ulcers (A)</li> <li>Falls (A)</li> <li>Medication Reconciliation (discharge) (A)</li> <li>Ventilator-Associated Pneumonia (A)</li> <li>Central Line-Associated Infection (A)</li> <li>Physical restraints in mental health (A)</li> <li>Surgical Safety Checklist (A)</li> </ul>	<p><b>NEW</b></p> <ul style="list-style-type: none"> <li>HbA1C</li> <li>Colorectal and Cervical Cancer Screening</li> <li>Immunization (A)</li> </ul>	<ul style="list-style-type: none"> <li>Falls for Long-Stay Clients</li> </ul>	<ul style="list-style-type: none"> <li>Potentially Inappropriate Prescribing of Antipsychotic Medication</li> <li>Pressure Ulcers</li> <li>Falls</li> <li>Restraints</li> <li>Incontinence (A)</li> </ul>
Palliative care	<ul style="list-style-type: none"> <li>Home Supports for Discharged Palliative Patients (A)</li> </ul> <p><b>NEW</b></p>		<p><b>COMING</b></p> <ul style="list-style-type: none"> <li>Patient Preferred Place of Choice (A)</li> </ul>	

Please see *Indicator Technical Specifications 2016/17* for detail : <http://www.hqontario.ca/portals/0/Documents/qi/qip-indicator-specifications-1511-en.pdf>

(A): additional indicator

# Quality Compass

- Change ideas are actionable steps for change, targeted at improving specific processes.
- They often originate from evidenced-based best practices, brainstorming, and creative thinking by front-line staff, providers and patients.



HEALTH QUALITY ONTARIO'S  
**Quality Compass**  
Navigate from knowledge to action

FRANÇAIS SHARE Enter your search term...

As part of Health Quality Ontario's Knowledge Transfer and Exchange strategy, we introduce the Quality Compass, a comprehensive evidence-informed searchable tool designed to support leaders and providers as they work to improve health care performance in Ontario. Quality Compass is centered around priority health care topics with a focus on best practices, change ideas linked with indicators, targets and measures, and tools and resources to bridge gaps in care and improve the uptake of best practices.

Click on any of the topics below to get information on evidence-based best practices and change ideas, indicators and targets, measures, tools and resources, and success stories to get started.

Primary Care Home and Community Care

Long-Term Care Acute Care

# NEW – QUERY REPORTS



**Ontario**  
Health Quality Ontario

HOME OUR QIPS RESOURCES SECTOR QIPS **QUERY QIPS**

Resources

## QUERY QIPS

- Run Indicator Query: Workplan
- Run Indicator Query: Progress Report
- Run Text Query: Narrative Report
- Run Text Query: Workplan
- Run Text Query: Progress Report



# Query Example: Workplan Indicator Report

\*Sector: Long Term Care \*Model: Small View Report

\*Fiscal Year: 2015/16 \*LHIN: 1. Erie St. Clair, 2. South West

\*Organization: BABCOCK COMMUNITY CARE C \*Domain: Integrated, Safe

\*Indicator: (Custom Measure), Has urinary Custom measure

\*Current Performance Operator: All Current Performance

\*Target Performance Operator: All Target Performance

1 of 9 Find | Next

**Parameter Selected**  
 Sector: Long Term Care  
 Model: Small  
 Domain: Integrated, Safe  
 Indicator: ALL  
 Fiscal Year: 2015/16  
 LHIN: 1. Erie St. Clair, 2. South West, 3. Waterloo Wellington  
 Organization: ALL

Organization Demographics					Aim		Measure			
Sector	Model	Fiscal Year	LHIN	Organization	Quality Domain	Objective	Measure/Indicator	Unit/Population	Source/Period	Current Performance
Long Term Care	Small	2015/16	Erie St. Clair	BROUILLETTE MANOR	Integrated	To Reduce Potentially Avoidable Emergency Department Visits	Number of emergency department (ED) visits for modified list of ambulatory care sensitive conditions* (ACSC) per 100 long-term care residents	% / Residents	Ministry of Health Portal / Other	19.77
Long Term Care	Small	2015/16	Erie St. Clair	BROUILLETTE MANOR	Safe	To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	% / Residents	CCRS, CIHI (eReports) / Quarter	15.49
Long Term Care	Small	2015/16	Erie St. Clair	BROUILLETTE MANOR	Safe	To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	% / Residents	CCRS, CIHI (eReports) /	15.49

# Submission

FISCAL	TITLE	MODIFIED	STATUS	PROGRESS REPORT COMPLETED	NARRATIVE SECTIONS COMPLETED	WORKPLAN INDICATORS COMPLETED	ACTIONS
2016/17	2016/17 Quality Improvement Plan for Ontario Long Term Care Homes		In progress	2 / 7	0 / 6	0 / 10	<a href="#">EDIT</a> <a href="#">VALIDATE</a>
2015/16	2015/16 Quality Improvement Plan for Ontario Long Term Care Homes		Submitted	0 / 0	7 / 7	7 / 10	<a href="#">VIEW</a>

**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**

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"/>
Board Chair	Quality Committee Chair	Chief Executive Officer

**SUBMIT** **CANCEL**

# Orientation Documents

Guidance documents will be launched by November 27, 2015

- The kit will include:
  - the memo on provincial priorities
  - “What’s New”
  - Guidance documents
  - Technical specifications

Please visit the HQO Web site to get additional resources or send an email to [qip@hqontario.ca](mailto:qip@hqontario.ca) for assistance