

**Focus the system
on a common
quality agenda**

**Build
Evidence &
Knowledge**

**Broker
Improvement**

**Catalyze
Spread**

**Evaluate
Progress**

Quality Improvement Planning for 2015/16
Sector Lead Specialist: Julie Nicholls
QIP Specialist: Marg Millward & Patricia Dwyer
Date: Thursday November 27th

How to Participate Today



Learning Objectives

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

- Recall the expectations for the 2015/16 Quality Improvement Plans
- Understand the role of Quality Improvement Plans as a tool for driving organizational and provincial quality improvement.
- Initiate the QIP components: Login, Resources, Sector QIPs, Progress Report, Narrative, & Workplan.
- Describe the submission process.
- Describe the Suite of Supports that are available to organizations.

Agenda

- Overview of Quality Improvement Planning
- Overview of changes for 2015/16
- Components of Quality Improvement Planning
 - Introduction to Navigator
 - Progress Report
 - Narrative
 - Workplan
- Navigator demonstration

*Quality improvement can be defined as a **systematic approach** to making **changes** that improve clinical **practice** and health system **performance**, enhance professional and/or organizational **development**, and **improve patient and population health outcomes**.*

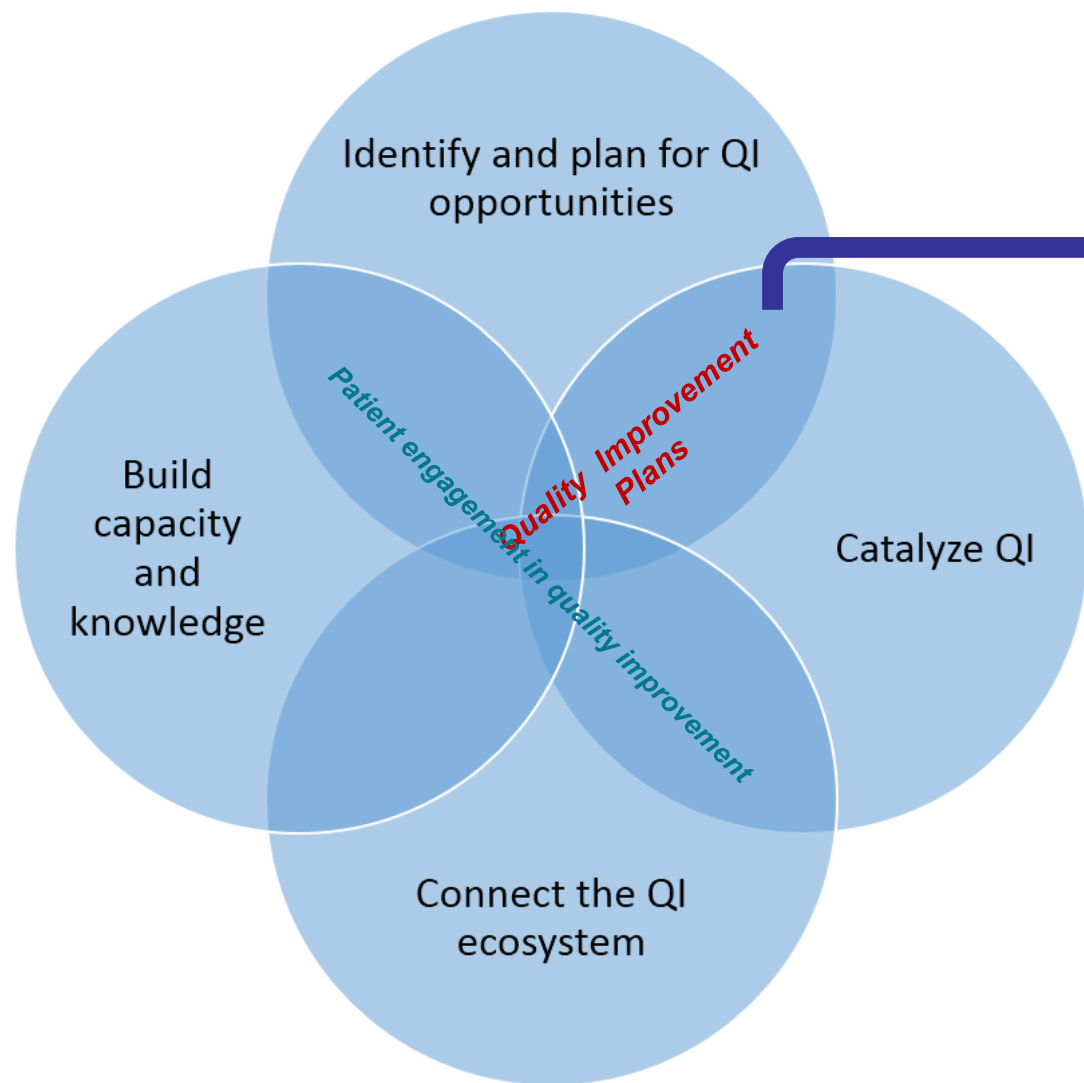
QUALITY IMPROVEMENT

Value of a Quality Improvement Plan?

- The QIP provides rich information to better understand how we collectively can spearhead improvement efforts.
- Quality improvement objectives are similar across organizations and sectors
- Provide an opportunity to learn from your peers
- Expresses the provincial vision through priority indicators

(http://www.health.gov.on.ca/en/pro/programs/ecfa/legislation/quality_improve.aspx)

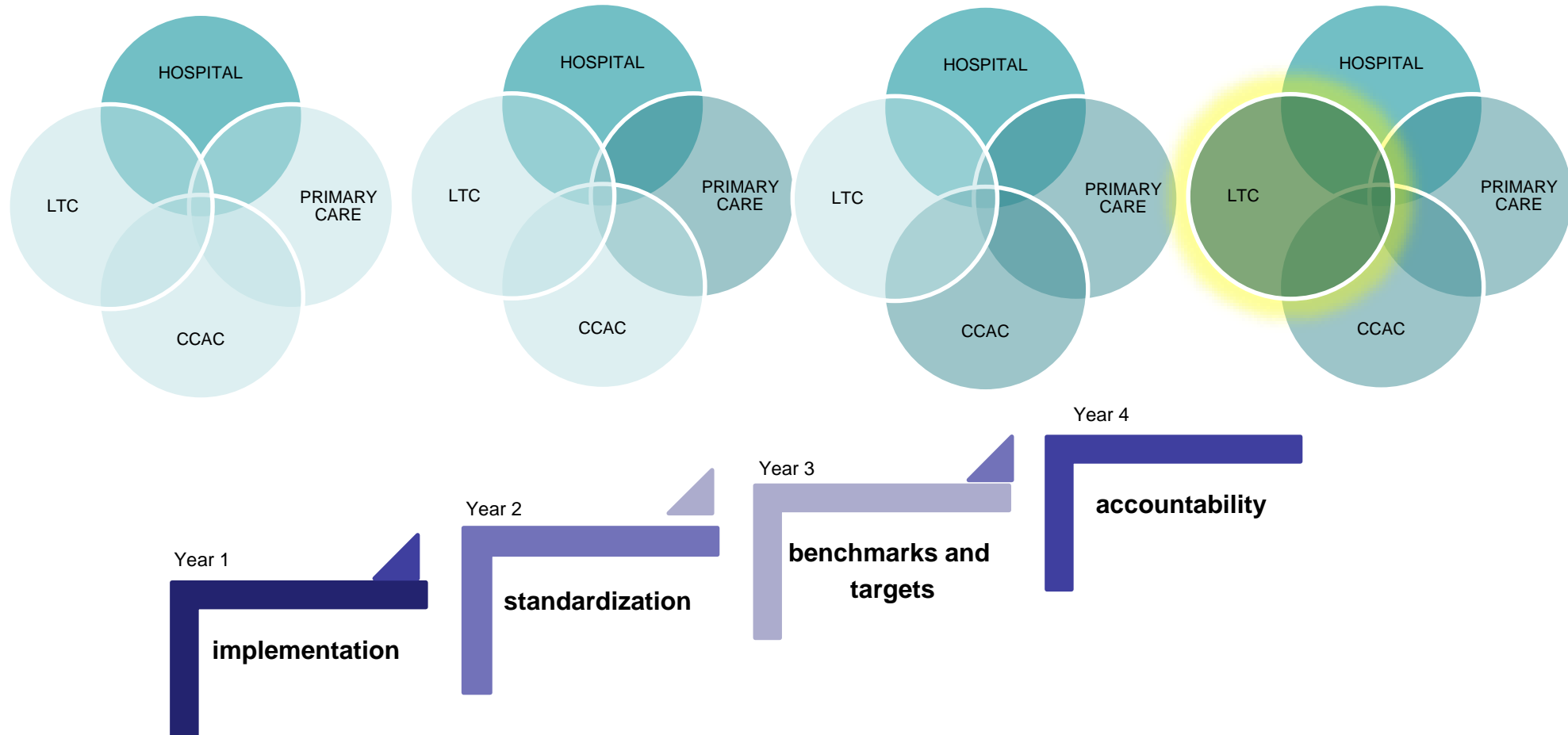
HQO Approach to Quality Improvement: Role of QIP



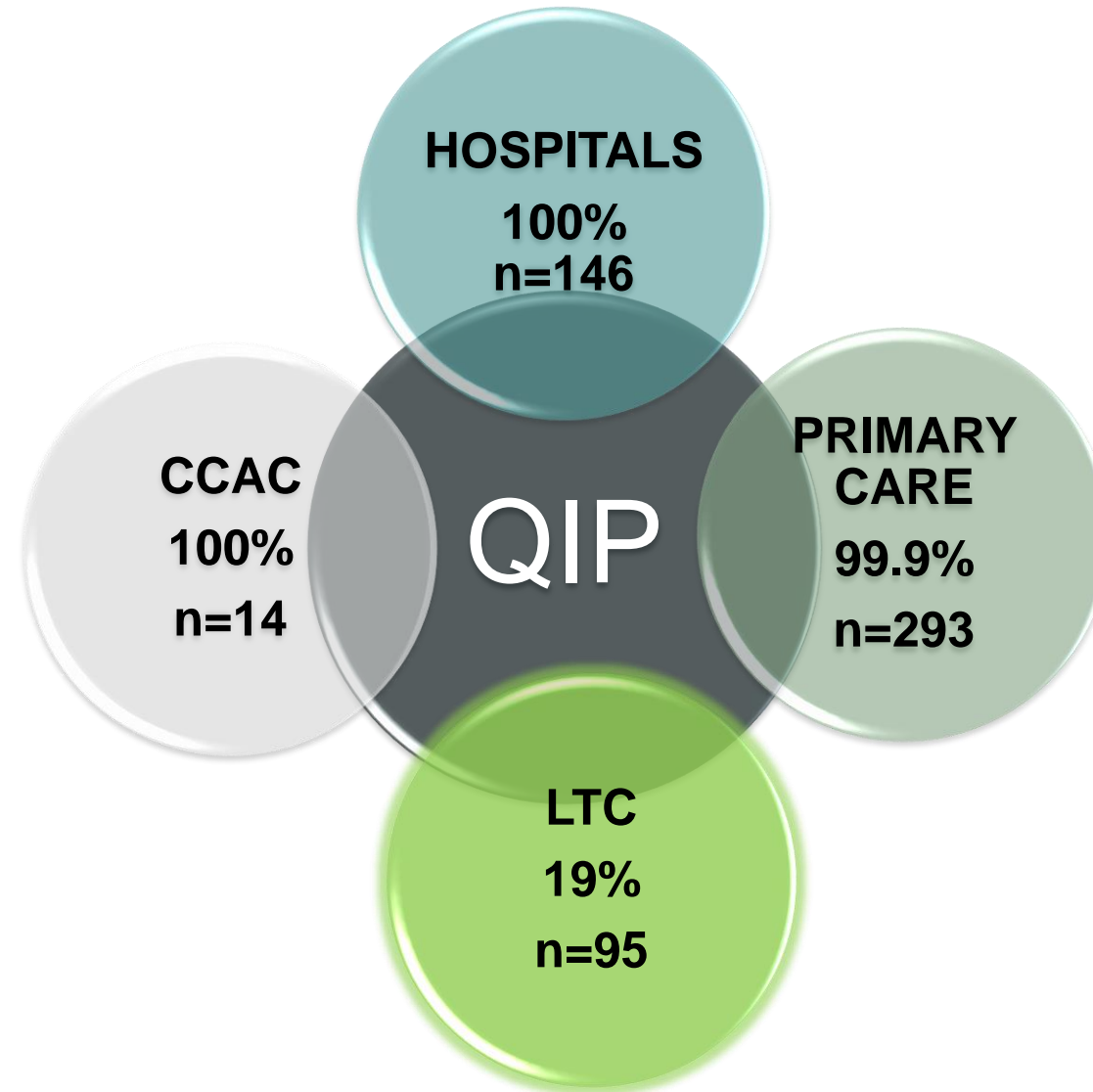
Reports and use of Quality Improvement Plans (QIP) will serve an integral role to:

- Signal areas of importance for quality improvement
- Bring a common focus to important quality issues across sectors
- Provide information about trends, best practices and experience with change ideas back to providers.
- Use data as a support for communities of practice or collaboratives focussed on quality improvement

2015/16 QIP is Year 2 for CCACs!



Highlights: Submissions 2014/15



Agenda

- Overview of Quality Improvement Planning

Overview of changes for 2015/16

- Components of Quality Improvement Planning
 - Introduction to Navigator
 - Progress Report
 - Narrative
 - Workplan
- Navigator demonstration

Getting Started: Poll

**GETTING
STARTED**

How familiar are you with QIPs?

- Very. I lead the planning and development of the CCAC QIP last year.
- Somewhat familiar.
- Not very. Never heard of it... QIP what?

What is new for 2015/16 CCAC QIPs

- 1) Navigator
- 2) Patient Engagement section
- 3) Progress report
- 4) Updated reporting periods for:
 - 1) 5-day wait for Nursing
 - 2) 5-day wait for PSW
 - 3) Falls

QIP Navigator Home Page

<https://qipnavigator.hqontario.ca/>

GETTING
STARTED



The screenshot shows the QIP Navigator Home Page. At the top left is the Ontario Health Quality Ontario logo. A navigation bar contains 'HOME', 'RESOURCES', and 'SECTOR QIPS'. Below the navigation bar is a banner image of a healthcare worker with the text 'QIP NAVIGATOR HOME'. The main content area is divided into two columns. The left column has a sidebar with links: 'ABOUT HQO NAVIGATOR', 'QUALITY IMPROVEMENT PLANS', 'ABOUT HEALTH QUALITY ONTARIO (HQO)', and 'HQO'S ROLES'. Below these links is a login form with fields for 'Username:' and 'Password:', a green 'LOGIN' button, a 'Remember Login' checkbox, and a 'FORGET PASSWORD?' button. The right column has a heading 'ABOUT HQO NAVIGATOR' followed by a paragraph describing the tool and a bulleted list of features.

ABOUT HQO NAVIGATOR

QUALITY IMPROVEMENT PLANS

ABOUT HEALTH QUALITY ONTARIO (HQO)

HQO'S ROLES

Username:

Password:

LOGIN

Remember Login

FORGET PASSWORD?

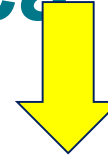
ABOUT HQO NAVIGATOR

Quality Improvement Plans (QIPs) can now be submitted using Health Quality Ontario's convenient online tool, the QIP Navigator. The QIP Navigator allows organizations to enter and save QIP data as it becomes available throughout the year and has the added benefit of acting as a collaborative space for quality improvement team members. The Navigator also includes online assistance in the form of: guides, videos, tools, and other resources - which will help Ontario's health care organizations create and maintain their annual QIPs.

The QIP Navigator:

- Serves as a collaborative quality improvement planning tool to enter/save data and share/revise plans with your colleagues throughout the year
- Allows for the submission of QIPs online
- Allows for review of QIPs submitted in the past

qipnavigator.hqontario.ca



GETTING
STARTED

- Sector specific Resources & Tools
- **MOH Guidance Materials**
- HQO Analysis Reports
- Other Resources
- **FAQs**
- Tutorial

The screenshot shows the Ontario Health Quality Ontario website. The top navigation bar includes 'HOME', 'RESOURCES', and 'SECTOR QIPS'. Below the navigation bar, the word 'RESOURCES' is prominently displayed in large orange letters. A sidebar on the left lists various sectors: 'HOSPITAL SECTOR', 'PRIMARY CARE SECTOR', 'CCAC SECTOR', 'LTC SECTOR', 'OTHER RESOURCES' (highlighted in blue), 'FAQS', and 'TUTORIAL'. The main content area is titled 'OTHER RESOURCES' and lists several links with external icons:

- [Health Quality Ontario](#)
- [Ministry of Health and Long-term Care - ECFAA Quality Improvement Plans Updates](#)
- [Ontario Hospital Association](#)
- [Institute of Healthcare Improvement](#)
- [Quality Improvement Planning](#)
- [Advanced Access and Efficiency](#)
- [BestPATH](#)

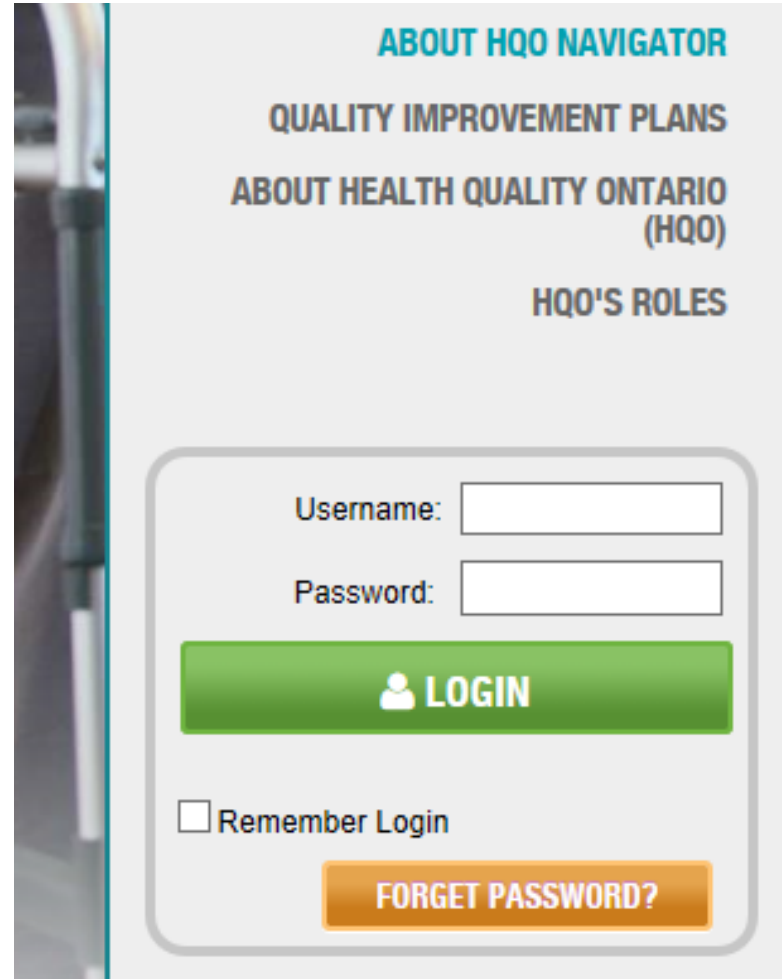
HQO Supports

- HQO Quality Improvement Plan Website
- Resources Page on Navigator
 - Guidance Materials
 - Previous Analysis Reports
- Quality Compass on HQO website
- QIP inbox: QIP@hqontario.ca

Login

**GETTING
STARTED**

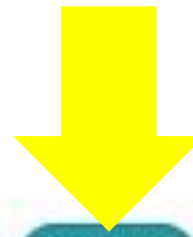
- Each organization will be provided with a unique user name and password.
- Once logged in with the password provided, organizations will be required to change their passwords.
- Please see the “Forget Password” for resets



The screenshot shows the login interface for the HQO Navigator. At the top, there are navigation links: "ABOUT HQO NAVIGATOR", "QUALITY IMPROVEMENT PLANS", "ABOUT HEALTH QUALITY ONTARIO (HQO)", and "HQO'S ROLES". Below these links is a login form with two input fields: "Username:" and "Password:". A green button with a person icon and the text "LOGIN" is positioned below the password field. Underneath the login button is a checkbox labeled "Remember Login". At the bottom of the form is an orange button with the text "FORGET PASSWORD?".

**GETTING
STARTED**

Review



Sector QIPs



HOME OUR QIPs RESOURCES **SECTOR QIPs**

Sector QIPs

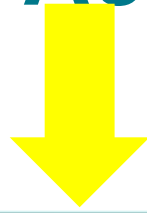
SECTOR QIPs

The following table includes current and past QIPs. Click "Reset" button to start new search.

Fiscal: Sector: LHIN: Model/Type: Organization Name:

FISCAL	SECTOR	LHIN	MODEL/TYPE	ORGANIZATION NAME	NARRATIVE	WORKPLAN	PROGRESS REPORT
2013/14	Acute Care/Hospital	Central	Large Community	Humber River Regional Hospital	<input type="button" value="NARRATIVE"/>	<input type="button" value="WORKPLAN"/>	<input type="button" value="PROGRESS REPORT"/>
2013/14	Acute Care/Hospital	Central	Large Community	Markham-Stouffville Hospital	<input type="button" value="NARRATIVE"/>	<input type="button" value="WORKPLAN"/>	<input type="button" value="PROGRESS REPORT"/>
2013/14	Acute Care/Hospital	Central	Large Community	North York General Hospital	<input type="button" value="NARRATIVE"/>	<input type="button" value="WORKPLAN"/>	<input type="button" value="PROGRESS REPORT"/>
2013/14	Acute Care/Hospital	Central	Large Community	Southlake Regional Health Centre	<input type="button" value="NARRATIVE"/>	<input type="button" value="WORKPLAN"/>	<input type="button" value="PROGRESS REPORT"/>
2013/14	Acute Care/Hospital	Central	Small Community	Stevenson Memorial Hospital	<input type="button" value="NARRATIVE"/>	<input type="button" value="WORKPLAN"/>	<input type="button" value="PROGRESS REPORT"/>

To Access your QIP



GETTING STARTED



HOME **OUR QIPS** RESOURCES SECTOR QIPS

Our QIPS

OUR QIPS

Erie St Clair CCAC

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

Fiscal: ▾

FISCAL	TITLE	MODIFIED	STATUS	NARRATIVE SECTIONS COMPLETED	WORKPLAN INDICATORS COMPLETED	PROGRESS REPORT COMPLETED	ACTIONS
2015/16	2015/16 Quality Improvement Plan for CCAC		In progress	0 / 7	0 / 6	0 / 5	<input type="button" value="EDIT"/> <input type="button" value="SUBMIT"/>
2014/15	Community Care Access Centre 2014/15		Submitted	6 / 6	6 / 6	0 / 1	<input type="button" value="EDIT"/>

Getting Started: Our QIPS

The screenshot displays the Ontario Health Quality Ontario website interface. At the top, the logo for Ontario Health Quality Ontario is visible on the left, and a navigation menu includes 'HOME', 'OUR QIPS', 'RESOURCES', and 'SECTOR QIPS'. Below the navigation, a breadcrumb trail shows 'Our QIPS > Narrative'. A prominent yellow highlight surrounds three tabs: 'NARRATIVE', 'WORKPLAN', and 'PROGRESS REPORT'. The 'NARRATIVE' tab is currently selected. Below the tabs, the main heading 'NARRATIVE' is displayed. The page title is '2014/15 Quality Improvement Plan for Ontario Hospitals', and the status is 'IN PROGRESS'. A 'Goto section' dropdown menu is set to 'Overview'. Two buttons are visible: 'UPLOAD ORGANIZATION LOGO' and 'EXPORT NARRATIVE'. Below these, the 'Overview' section is partially visible, followed by 'Integration & Continuity of Care'.

OUR QIPS: Progress Report



NARRATIVE

WORKPLAN

PROGRESS REPORT

PROGRESS REPORT

Erie St Clair CCAC

2015/16 Quality Improvement Plan for CCAC

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	Percentage of adult long-stay home care clients that have a fall on their follow-up RAI-HC Assessment (%; Adult long stay home care clients; 2012/13; HCD, RAI-HC via LSAS)	12396	33.30	29.60			EDIT
2	5 Day Wait Time - Nursing Visits: % of patients who received their first nursing visit within 5 days of the service authorization date. (%; Home Care Clients; Oct 1, 2012 - Sept 30, 2013; Ministry of Health Portal)	12396	96.20	96.20			EDIT
3	5 Day Wait Time - Personal Support for Complex Patients: % of complex patients who received their first personal support service within 5 days of the service authorization date. (%; Home Care Clients; Oct 1, 2012- Sept 30, 2013; Ministry of Health Portal)	12396	93.50	93.50			EDIT

OUR QIPS: Progress Report

Progress

Indicator
(unit; population; period; datasource)

Percentage of adult long-stay home care clients that have a fall on their follow-up RAI-HC Assessment
(%; Adult long stay home care clients; 2012/13; HCD, RAI-HC via LSAS)

Organization
Erie St Clair CCAC[12398]

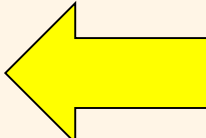
Current performance as stated on previous QIP ?

33.30

Target as stated on previous QIP ?

29.60

Current Performance ?



between 0.00 and 100.00

Collecting Baseline

Not Available

Suppressed

Comments ?

CHANGE IDEAS FROM LAST YEAR'S QIP | WAS THIS | LESSONS LEARNED: (SOME QUESTIONS TO CONSIDER) WHAT WAS YOUR EXPERIENCE

ProgressDetail.aspx?ProgressReportId=15103

OUR QIPS: Progress Report

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?
Support and improve transition from CCAC physiotherapy in rest and retirement homes to exercise classes	<input type="radio"/> Yes <input type="radio"/> No	
Education for care coordinators: if "falls CAP" triggered initiate referral to mobile falls prevention program where available and patient consents	<input type="radio"/> Yes <input type="radio"/> No	
Meds check program; limited availability and success to date. Education for care coordinators in areas where this program is available to promote referrals.	<input type="radio"/> Yes <input type="radio"/> No	
[Insert NEW Change Idea that were tested but not included in last year's QIP] <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	

ProgressDetail.aspx?ProgressReportId=15103

Exporting the progress report

PROGRESS REPORT

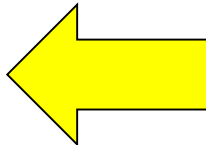
Emery-Keelesdale

2015/16 Quality Improvement Plan for Ontario Primary Care

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	Percent of patients/clients able to see a doctor or nurse practitioner on the same day or next day, when needed. (%; PC organization population (surveyed sample); TBD; In-house survey)	92323	CB	85.00			EDIT
2	Percent of patients/clients who saw their primary care provider within 7 days after discharge from hospital for selected conditions (based on CMGs). (%; PC org population discharged from hospital; TBD; Ministry of Health Portal)	92323	CB	65.00			EDIT
3	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) give them an opportunity to ask questions about recommended treatment? (%; PC organization population (surveyed sample); 2014/2015; In-house survey)	92323	CB	50.00			EDIT

Progress Report with Change Ideas

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2014/15 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
1	Falls % Adult long stay home care clients 2012/13 HCD, RAI-HC via LSAS	33.30	29.60		

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	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?
Support and improve transition from CCAC physiotherapy in rest and retirement homes	Yes	adsfasdlfkjadsflk

The QIPs inform HQO reports



Agenda

- Overview of Quality Improvement Planning
- Overview of changes for 2015/16
- Components of Quality Improvement Planning
 - Introduction to Navigator
 - Progress Report
 - Narrative
 - Workplan
- Navigator demonstration

Ontario Health Quality Ontario

HOME OUR QIPS RESOURCES SECTOR QIPS

Our QIPS > Narrative

NARRATIVE WORKPLAN PROGRESS REPORT

2015/16 Quality Improvement Plan for Ontario Long Term Care Homes Status: **IN PROGRESS**

Goto section Overview

UPLOAD ORGANIZATION LOGO EXPORT NARRATIVE

Overview ?

+

Integration and Continuity of Care ?

We plan to work with the following system partners:

- CCAC
- Hospital ABC
- Local Family Health Team

Challenges, Risks and Mitigation Strategies ?

our challenges this year included.....

Section

Overview ?


SAVE & CLOSE SAVE CANCEL

OUR QIPS: NARRATIVE

ALLOWS THE ORGANIZATION TO PROVIDE INFORMATION ABOUT THE CONTEXT FOR THE QUALITY IMPROVEMENT PLAN AND IMPLEMENTATION.

Hover Help in Narrative

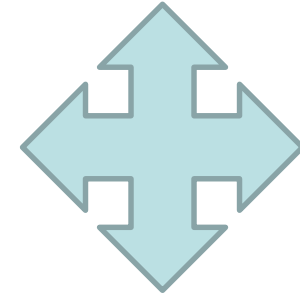

Goto section Overview

Overview 

In this Year's QIP o

- safety
- patient experience

Provide an overview of your organizations QIP and organizational priorities for the coming year. This summary may describe how the QIP is aligned with provincial priorities and other planning processes in your organization, including the strategic plan, operational plan, service accountability agreements, accreditation, etc.



Once you have locked the text box, use this icon to move the hover help around in the screen.

To close the text box, click the blue “x” at the top right corner.

OUR QIPs: Narrative

The image shows a web application interface. On the left is a sidebar with several menu items, each with a question mark icon: 'Information Management', 'Engagement of Clinicians and Leaders', 'Patient/Resident/Client Engagement', and 'Accountability Management'. Under the 'Patient/Resident/Client Engagement' menu item, there are two sub-items: '-Residents council' and '-family council'. The main content area is partially obscured by a dialog box titled 'Section'. The dialog box has a header 'Patient/Resident/Client Engagement' with a question mark icon. Below the header is a large, empty text input area. A tooltip is visible over the text input area, containing the text: 'Describe how your organization engages with residents/patients/clients and their caregivers and the way in which these engagement activities inform the development of your QIP. (i.e. Residents Council, Family Council,'. At the bottom right of the dialog box are three buttons: 'SAVE & CLOSE', 'SAVE', and 'CANCEL'.

Getting Started: Narrative

Ontario Health Quality Ontario

HOME OUR QIPS RESOURCES SECTOR QIPS

Our QIPS > Narrative

NARRATIVE WORKPLAN PROGRESS REPORT

NARRATIVE

Brockville General Hospital 2014/15 Quality Improvement Plan for Ontario Hospitals Status: **IN PROGRESS**

Goto section Overview

UPLOAD ORGANIZATION LOGO **EXPORT NARRATIVE**

Allows organization to upload logo Supports export into Word format for sharing locally

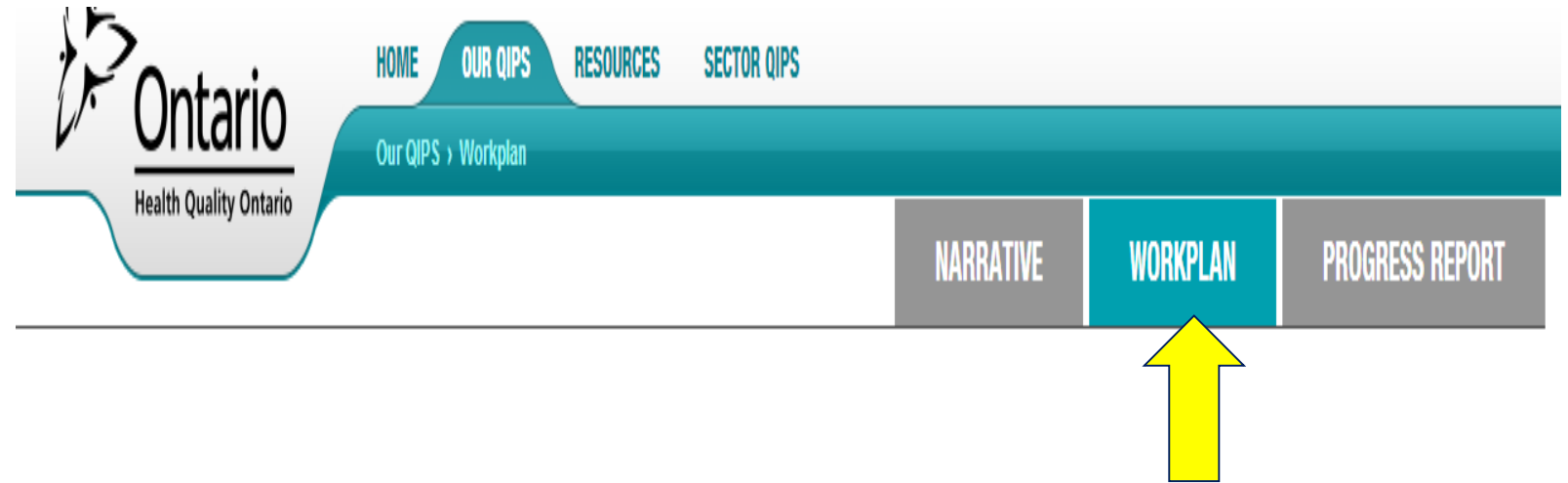
Overview ?

Integration & Continuity of Care ?

Agenda

- Overview of Quality Improvement Planning
- Overview of changes for 2015/16
- Components of Quality Improvement Planning
 - Introduction to Navigator
 - Progress Report
 - Narrative
 - Workplan
- Navigator demonstration

OUR QIPS: Workplan



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

OUR QIPS: Workplan: MEASURES

- **Priority Indicators:** highlighted in **red font**. System level provincial priorities, pre-defined for standard measurement, pre-populated
- **Other:** all other newly created or relevant indicators need to be created via “Add New Measure”.

AIM	MEASURE								CHANGE					
	OBJECTIVE	MEASURE/INDICATOR	UNIT / POPULATION	SOURCE / PERIOD	ORG ID	CURRENT PERFORMANCE	TARGET PERFORMANCE	TARGET JUSTIFICATION	PRIORITY LEVEL	PLANNED IMPROVEMENT INITIATIVES (CHANGE IDEAS)	METHODS	PROCESS MEASURES	GOAL FOR CHANGE IDEAS	COMMENTS
EFFECTIVENESS														
Improve organizational financial health	Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year.	% / N/A	OHRB, MOH / Q3 2013/14	646						+ Add New Change Idea				
Reduce unnecessary deaths in hospitals	HBMR: Number of observed deaths/number of expected deaths x 100.	Ratio (No unit) / All patients	DAD, CIHI / 2012/13	646						+ Add New Change Idea				
+ Add New Measure														

OUR QIPS: Additional Indicators Poll

Are you planning on adding an additional indicator to your QIP for 2015/16?

YES

NO

OUR QIPS: Additional Indicators quick chat

IF you responded YES to adding an additional indicator, please CHAT in the general theme of your additional indicator.

For example, employee satisfaction, a financial indicator...

OUR QIPS: Workplan, Measure/Indicator

Adding a new indicator

Health Quality Ontario

NARRATIVE

WORKPLAN

PROGRESS REPORT

WORKPLAN

Erie St Clair CCAC

2015/16 Quality Improvement Plan for CCAC

Status: **IN PROGRESS**

To enter data in the Workplan, click on the cell or the "Add" button. In the Measure/Indicator column, the indicators that appear in red font are the priority indicators.

Organization:

 EXPORT WORKPLAN

ID	AIM	MEASURE						CHANGE				
		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
SAFETY												
1	To reduce falls among long-stay home care clients	Percentage of adult long-stay home care clients that have a fall on their follow-up RAI-HC Assessment	% / Adult long stay home care clients	HCD, RAI-HC via LSAS / Oct 1, 2013 - Sept 30, 2014	12396				<input type="button" value="+Add New Change Idea"/>			



Indicators 0

EFFEECTIVENESS

OUR QIPS: Workplan: MEASURES

- Adding data to the priority indicators

AIM	MEASURE								CHANGE				
OBJECTIVE	MEASURE/INDICATOR	UNIT / POPULATION	SOURCE / PERIOD	ORG ID	CURRENT PERFORMANCE	TARGET PERFORMANCE	TARGET JUSTIFICATION	PRIORITY LEVEL	PLANNED IMPROVEMENT INITIATIVES (CHANGE IDEAS)	METHODS	PROCESS MEASURES	GOAL FOR CHANGE IDEAS	COMMENTS
EFFECTIVENESS													
Improve organizational financial health	Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year.	% / N/A	OHRB, MOH / Q3 2013/14	646					<input type="button" value="+ Add New Change Idea"/>				
Reduce unnecessary deaths in hospitals	HSBR: Number of observed deaths/number of expected deaths x 100.	Ratio (No unit) / All patients	DAD, CIHI / 2012/13	646					<input type="button" value="+ Add New Change Idea"/>				
<input type="button" value="+ Add New Measure"/>													

OUR QIPS: Workplan- MEASURES

Measure

Objective, Measure / Indicator [?](#) **> GOTO CHANGE IDEA**

Quality Dimension [?](#) Effectiveness

Objective * [?](#) To reduce the number of unplanned ED visits among home care clients

Measure / Indicator Percentage of home care clients with an unplanned, less-urgent ED visit within the first 30 days of discharge from hospital

Priority * [?](#)

Unit of Measure * [?](#) % If other, specify

Population * [?](#) Home Care Clients If other, specify

Data Source * [?](#) HCD, DAD, NACRS If other, specify

Period * [?](#) Other Please specify * Jul 1, 2013 - Jun 30, 2014

Organization Erie St Clair CCAC

Current Performance [?](#) between 0.00 and 100.00
 Collecting Baseline [?](#)
 Suppressed [?](#)

Absolute Target [?](#) between 0.00 and 100.00 Relative Target [?](#) %

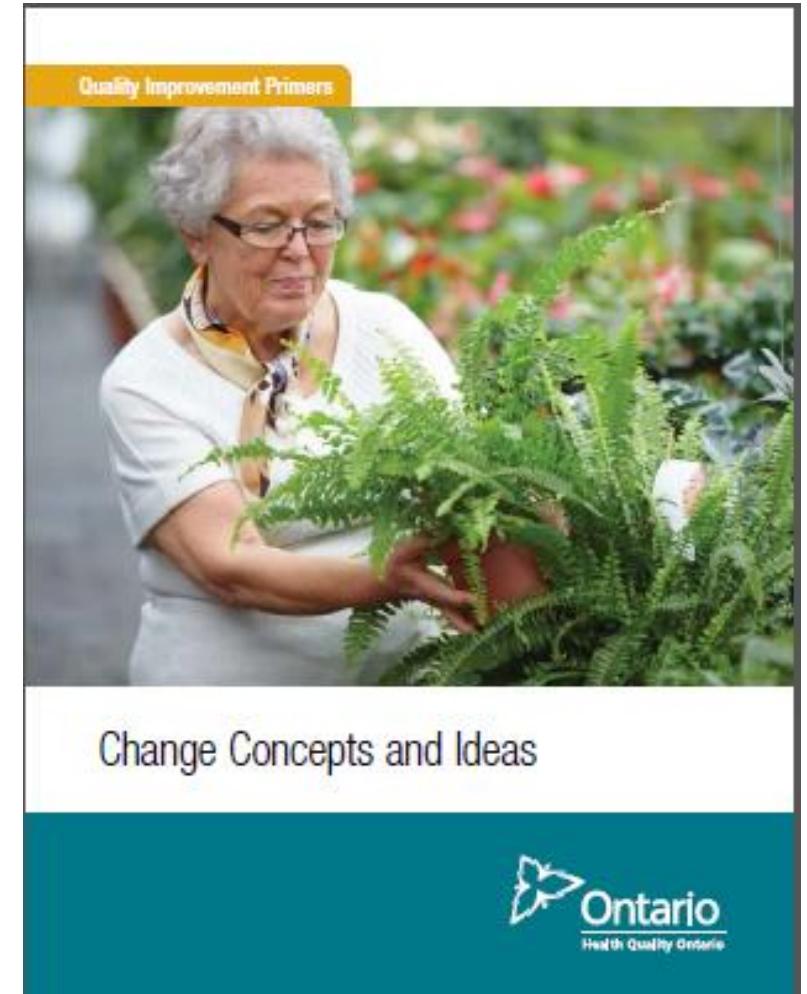
Target Justification [?](#)

✕ DELETE THIS MEASURE **CLEAR ALL FIELDS** **CANCEL** **SAVE** **SAVE & CLOSE**

MeasureDetail.aspx?MeasureId=24495&SubmissionId=11675&AimId=12334

Workplan: Change Ideas

- 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.



HQO Quality Compass- Falls & Transitions

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

FRANÇAIS SHARE a A Enter your search term... Q

Ontario
Health Quality Ontario

Transitions

Overview Indicators & Targets QI: Getting Started Best Practices Measurement Tools & Resources Stories

Overview

Updated on April 18, 2013

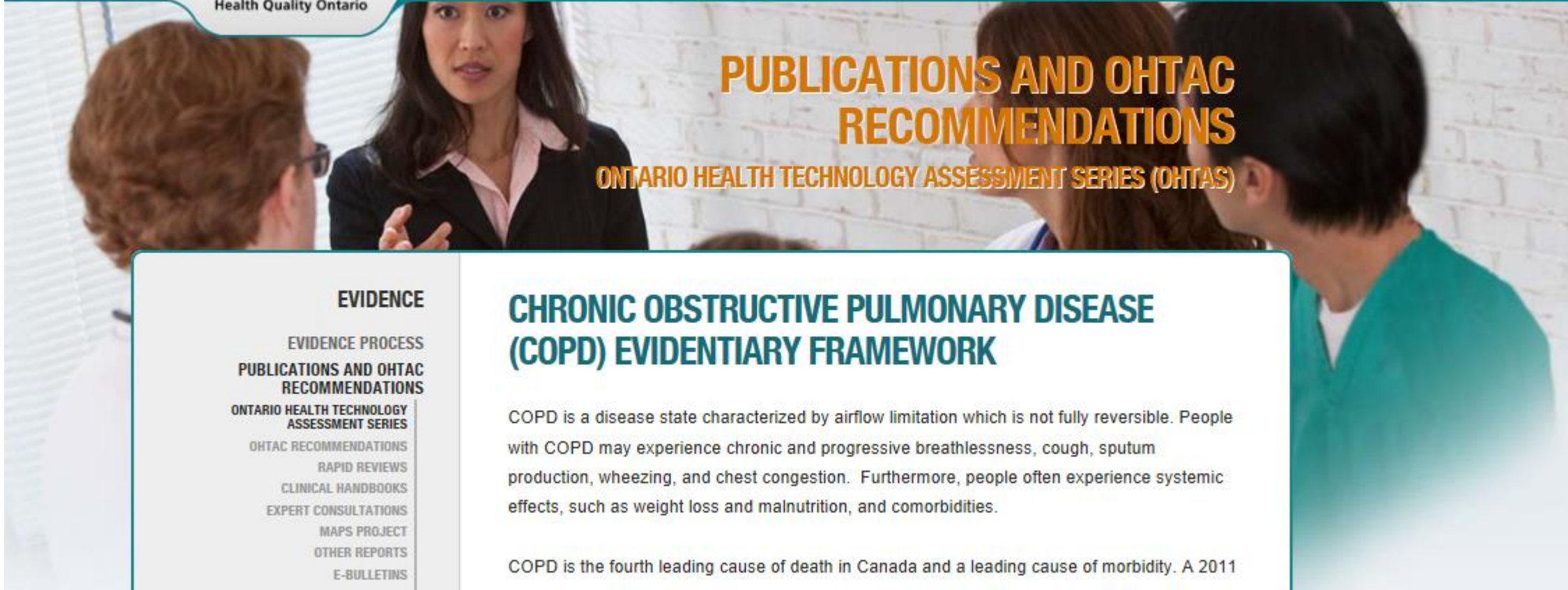
<http://qualitycompass.hqontario.ca/>

Issue

In Ontario, a key area of focus is reducing avoidable hospitalizations in order to provide the best quality and safety of health care for all Ontarians, and to optimize the use of health care resources.¹ This includes a reduction in admissions to hospital, reduced Emergency Department (ED) visits, and ultimately a reduction in 30-day readmissions to any facility following discharge from hospital. The current rate of 30-day readmission to any facility in Ontario is 15.1% (Table 1). This rate varies widely across the province, and is high in comparison with other leading health care systems.¹

Table 1: 30-day readmission rate to any facility target setting, 2012/13 QIPs²

Best Achieved to Date in Ontario	Theoretical Best	Provincial Average	Relative Improvement Targets by Hospitals That Selected as Priority		
			Average Target	Lowest Target	Highest Target
TBD		15.1% (Q4 2010/11)	18%	0%	35%



PUBLICATIONS AND OHTAC RECOMMENDATIONS

ONTARIO HEALTH TECHNOLOGY ASSESSMENT SERIES (OHTAS)

EVIDENCE

- EVIDENCE PROCESS
- PUBLICATIONS AND OHTAC RECOMMENDATIONS**
- ONTARIO HEALTH TECHNOLOGY ASSESSMENT SERIES
- OHTAC RECOMMENDATIONS
 - RAPID REVIEWS
 - CLINICAL HANDBOOKS
 - EXPERT CONSULTATIONS
 - MAPS PROJECT
 - OTHER REPORTS
 - E-BULLETINS

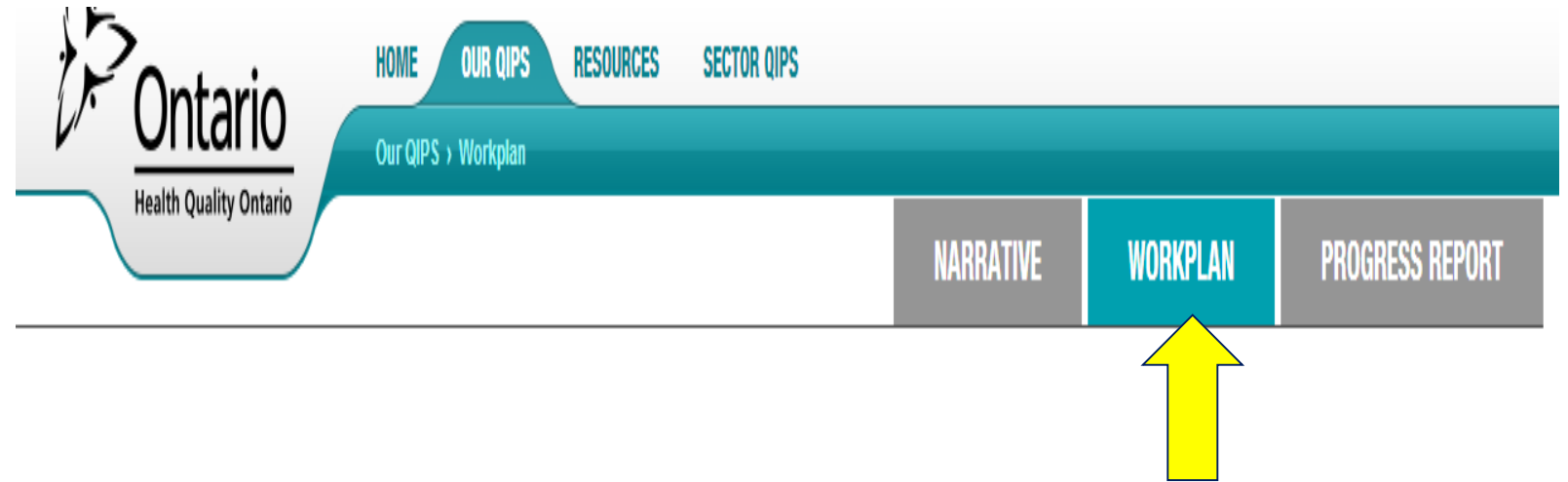
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) EVIDENTIARY FRAMEWORK

COPD is a disease state characterized by airflow limitation which is not fully reversible. People with COPD may experience chronic and progressive breathlessness, cough, sputum production, wheezing, and chest congestion. Furthermore, people often experience systemic effects, such as weight loss and malnutrition, and comorbidities.

COPD is the fourth leading cause of death in Canada and a leading cause of morbidity. A 2011

“The flux of needs in COPD calls for service continuity and flexibility to allow health care providers, like patients, to respond to the unpredictable yet increasing demands of the disease over time.”

OUR QIPS: Workplan



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

OUR QIPS: Workplan- CHANGE (green)

CHANGE				
PLANNED IMPROVEMENT INITIATIVES (CHANGE IDEAS)	METHODS	PROCESS MEASURES	GOAL FOR CHANGE IDEAS	COMMENTS
<div style="border: 2px solid red; padding: 10px; display: inline-block;">Add New Change Idea</div>				

OUR QIPS: Workplan- CHANGE (green)

Change Idea

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

Quality Dimension [?](#) Effectiveness

Objective [?](#) To reduce the number of unplanned ED visits among home care clients

Measure / Indicator [?](#) **Percentage of home care clients with an unplanned, less-urgent ED visit within the first 30 days of discharge from hospital**

Organization Erie St Clair CCAC

Change Number #

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

Methods [?](#)

Process Measures [?](#)

Goal For Change Ideas [?](#)

Comments [?](#)

> GO TO CHANGE #

ChangeIdea.aspx?MeasureId=24495&SubmissionId=11675&AimId=12334&initNum=

Workplan: Process Measures

There are two aspects of an effective process measure:

- Change ideas need to have goals that are S.M.A.R.T. (**S**pecific, **M**easureable, **A**ctionable, **R**ealistic and **T**ime sensitive).
- Informative comments that include factors for success and additional information describing issues that may impact improvement activities or targets.

Last Poll

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

1. S- Specific
2. M- Monthly
3. A- Achievable
4. R- Realistic
5. T- Time Sensitive





www.hqontario.ca
[@HQOntario](https://twitter.com/HQOntario)

Promising practice ideas

Low acuity ED utilization w/in 30 days	Readmissions w/in 30 days	5-day wait for Nursing	5-day wait for PSW	Patient Experience	Falls for long-stay patients
ED-CCAC notification processes	Telehome services	Data analysis and understanding of delay	PSW in retirement	Discharge from CCAC phone follow-up	Sustainability of physiotherapy changes-transition to exercise
DIVERT analysis and response	RRN sustainability and spread			Changing the Conversation, Always events, Crucial Conversations.	Medication reviews

Amendments to the Excellent Care for All Act, 2010

“ Section 1 of the Excellent Care for All Act, 2010 is amended by adding the following definitions:

“health sector organization” means

- (a) a hospital within the meaning of the Public Hospitals Act,*
- (b) a community care access corporation within the meaning of the Community Care Access Corporations Act, 2001,*
- (c) a licensee within the meaning of the Long-Term Care Homes Act, 2007,*
and
- (d) any other organization that is provided for in the regulations and that receives public funding; (“organisme du secteur de la santé”)*

(Bill 8:Schedule 5 in second reading)