

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

**Catalyze  
Spread**

**Build  
Evidence &  
Knowledge**

**Broker  
Improvement**

**Evaluate  
Progress**

**Primary Care Quality Improvement Planning for 2015/16  
Date: December 2, 2014**



# How to Participate Today



# Agenda

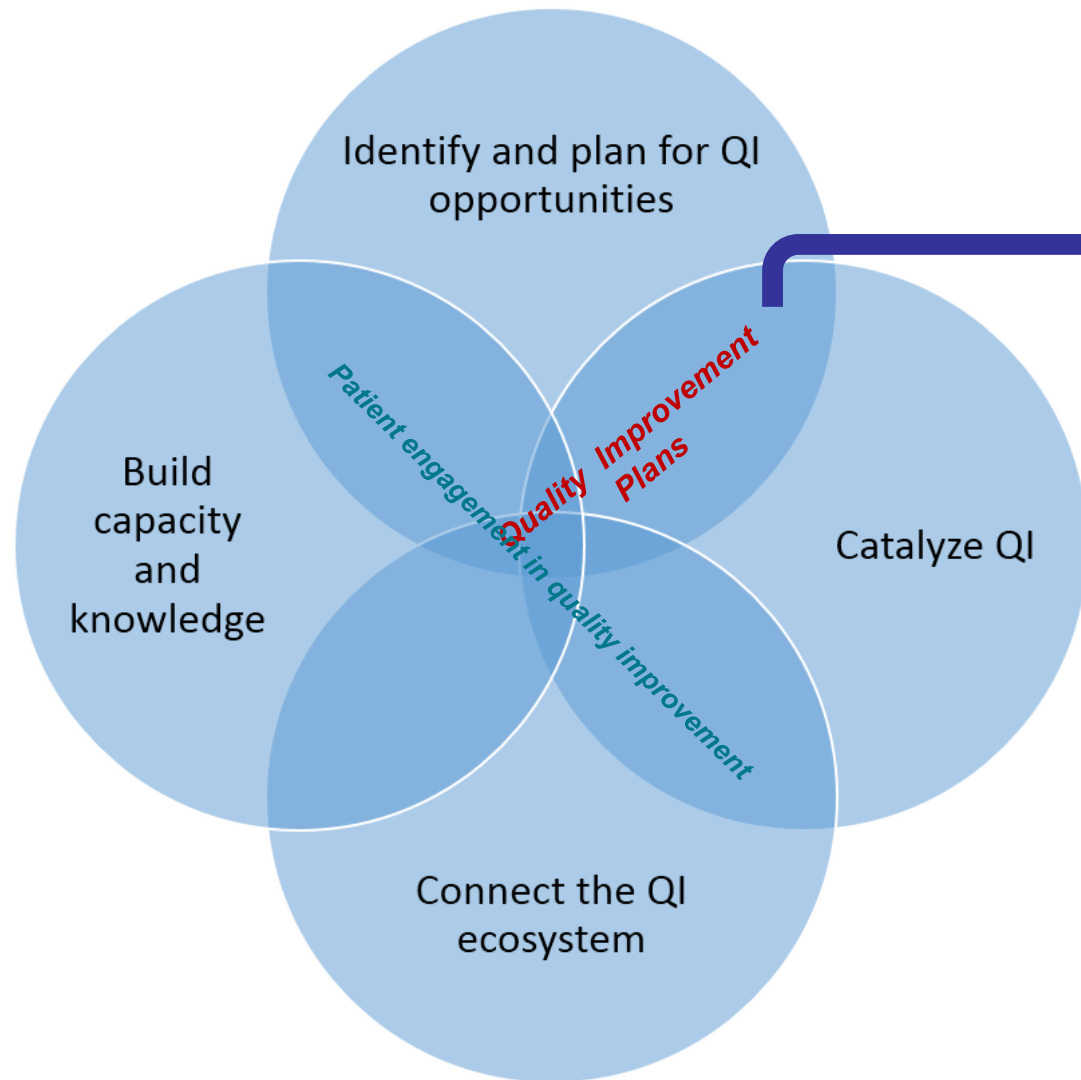
- Overview of Quality Improvement Planning
- Components of Quality Improvement Planning
  - Login
  - Resources
  - Sector QIP
  - Progress Report
  - Narrative
  - Workplan
- Demonstration

# Learning Objectives

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

- Understand the role of Quality Improvement Plans as a tool for driving organizational & provincial quality improvement.
- Review and recall the expectations for 2015/16 QIPs.
- 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.

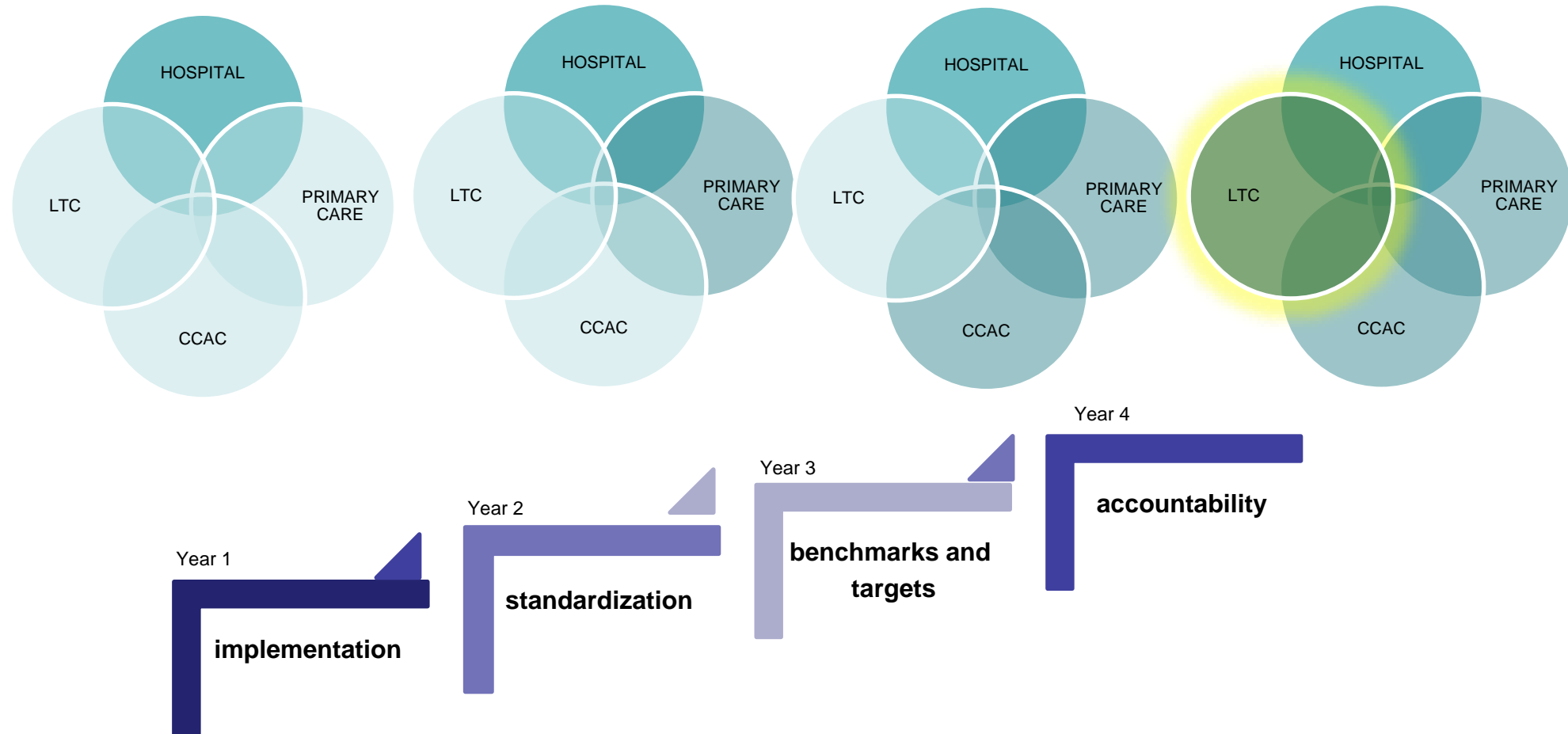
# HQO Approach to Quality Improvement: Role of QIP



## 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 3 for Primary Care



# Getting Started:

How familiar are you with QIPs?

- Very. I submitted our QIP last year
- Somewhat. I participated in the Field testing and was on the QIP team at our organization.
- Not very. Never heard of it... QIP what?

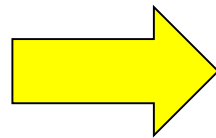
# Getting Started: QIP Navigator Home Page

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

If your organization has not received login information

Contact:

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



**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



# Getting Started: Review Resource Page



The screenshot displays the Ontario Health Quality Ontario website. The top navigation bar includes 'HOME', 'RESOURCES', and 'SECTOR DIPS'. The 'RESOURCES' menu is expanded to show 'Resources' and 'Primary Care Sector'. The main content area is titled 'RESOURCES' and features a sidebar with navigation links: 'HOSPITAL SECTOR', 'PRIMARY CARE SECTOR', 'CCAC SECTOR', 'LTC SECTOR', 'OTHER RESOURCES', 'FAQS', and 'TUTORIAL'. The 'PRIMARY CARE SECTOR' section is highlighted, showing six resource cards:

- Quality Improvement Plan (QIP) Guidance Document for Ontario's Health Care Organizations** (English / Français)
- Indicator Technical Specifications** (English / Français)
- 2013/14 Quality Improvement Plans: Analysis for Learning** (English / Français)
- PC Tools and Resources** (English / Français)
- Quality Compass** (English / Français)
- Primary Care Quality Improvement Toolkits** (English)

# Getting Started: Review Sector QIPs Webpage



HOME OUR QIPS RESOURCE **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"/>

# OUR QIPS

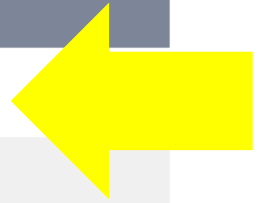
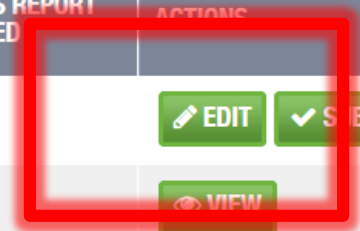
PC xyz

This is the area where organizations can edit, submit and view

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 Ontario Primary Care		In progress	3 / 8	3 / 12	0 / 0	<input type="button" value="EDIT"/> <input type="button" value="SUBMIT"/>
2014/15	2014/15 Quality Improvement Plan for Ontario Primary Care		In progress	4 / 8	8 / 12	0 / 0	<input type="button" value="VIEW"/>



# OUR QIPS

DASHBOARD OF QIPS – PROVIDES LONGITUDINAL MEASUREMENT OVER TIME  
 PREVIOUS QIPS ARE **VIEW ONLY**  
 THE CURRENT YEAR'S QIP YOU CAN EDIT, UNTIL SUBMISSION.

# Getting Started: Our QIPS

The screenshot displays the Ontario Health Quality Ontario website interface for Quality Improvement Plans (QIPS). At the top left is the Ontario Health Quality Ontario logo. The navigation menu includes HOME, OUR QIPS (highlighted), RESOURCES, and SECTOR QIPS. Below the navigation, a breadcrumb trail shows 'Our QIPS > Narrative'. A yellow highlight box surrounds three tabs: NARRATIVE (active), WORKPLAN, and PROGRESS REPORT. The main content area features the heading 'NARRATIVE' and a title '2014/15 Quality Improvement Plan' followed by a redacted name. The status is 'IN PROGRESS'. Below the title is a 'Goto section' dropdown menu set to 'Overview'. Two buttons are visible: 'UPLOAD ORGANIZATION LOGO' and 'EXPORT NARRATIVE'. The content area lists sections like 'Overview' and 'Integration & Continuity of Care', each with a help icon.

# OUR QIPS: Progress Report

## PROGRESS REPORT




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



# 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?
<p>1) Establish and enhance relationships with CCAC and local hospitals to establish a process for communicating when clients have been discharged, including from the ED. 2) Providing home visiting services to Frail Elderly and some patient with Mental Health Diagnoses.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<div style="border: 1px solid #ccc; height: 100px;"></div>
<p>2) Develop educational materials for clients to advise them to book a follow up appt with their NP within 7 days of discharge for selected conditions and when instructed by the hospital (Mention HV pamphlet in progress report in Navigator)</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<div style="border: 1px solid #ccc; height: 100px;"></div>
<p>[Insert NEW Change Idea that were tested but not included in last year's QIP]</p> <div style="border: 1px solid #ccc; height: 100px;"></div>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<div style="border: 1px solid #ccc; height: 100px;"></div>

Ontario Health Quality Ontario

HOME OUR QIPS RESOURCES SECTOR QIPS

Our QIPS > Narrative

NARRATIVE WORKPLAN PROGRESS REPORT

**NARRATIVE**

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

Goto section Overview

**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.....

UPLOAD ORGANIZATION LOGO EXPORT NARRATIVE

# OUR QIPS: NARRATIVE

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

# OUR QIPs: Narrative – What's New

The image shows a screenshot of a web application interface. On the left, there is a sidebar menu with the following items: 'Information Management', 'Engagement of Clinicians and Leaders', 'Patient/Resident/Client Engagement', and 'Accountability Management'. The 'Patient/Resident/Client Engagement' item is selected and highlighted. Below this item, there are two sub-items: '-Residents council' and '-family council'. A dialog box titled 'Section' is open in the foreground, with the title 'Patient/Resident/Client Engagement'. The dialog box contains a large text area for entering a narrative. A tooltip or help text is displayed over the text area, reading: '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, there are three buttons: 'SAVE & CLOSE', 'SAVE', and 'CANCEL'.



# 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 QIP: Workplan- MEASURES (blue)

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

ID	AIM							
	MEASURE / INDICATOR	UNIT / POPULATION	SOURCE / PERIOD	ORG ID	CURRENT PERFORMANCE	TARGET PERFORMANCE	TARGET JUSTIFICATION	
<b>PATIENT-CENTRED</b>								
5	Receiving and utilizing feedback regarding patient/client experience with the primary health care organization.	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)	In-house survey / April 1 2014 - March 31 2015	S2323	92.66	95.00	Target Justification
6	Receiving and utilizing feedback regarding patient/client experience with the primary health care organization.	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) involve them as much as they want to be in decisions about their care and treatment?	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	S2323	97.35	100.00	100%
7	Receiving and utilizing feedback regarding patient/client experience with the primary health care organization.	Percent of patients who stated that when they see the doctor or nurse practitioner, they or someone else in the office (always/often) spend enough time with them?	% / PC organization population (surveyed sample)	In-house survey / April 1 2014 - March 31 2015	S2323	97.12	100.00	Another comment

# MEASURING UP

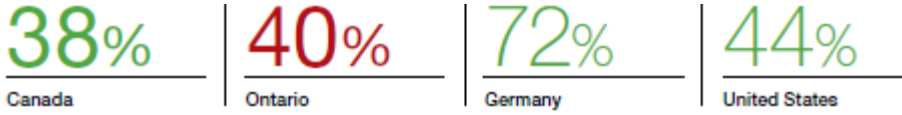
## HQO'S YEARLY REPORT ON HEALTH SYSTEM PERFORMANCE

*Measuring Up* offers a comprehensive picture of health care quality in Ontario.

LEARN MORE



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



# MEASURING UP

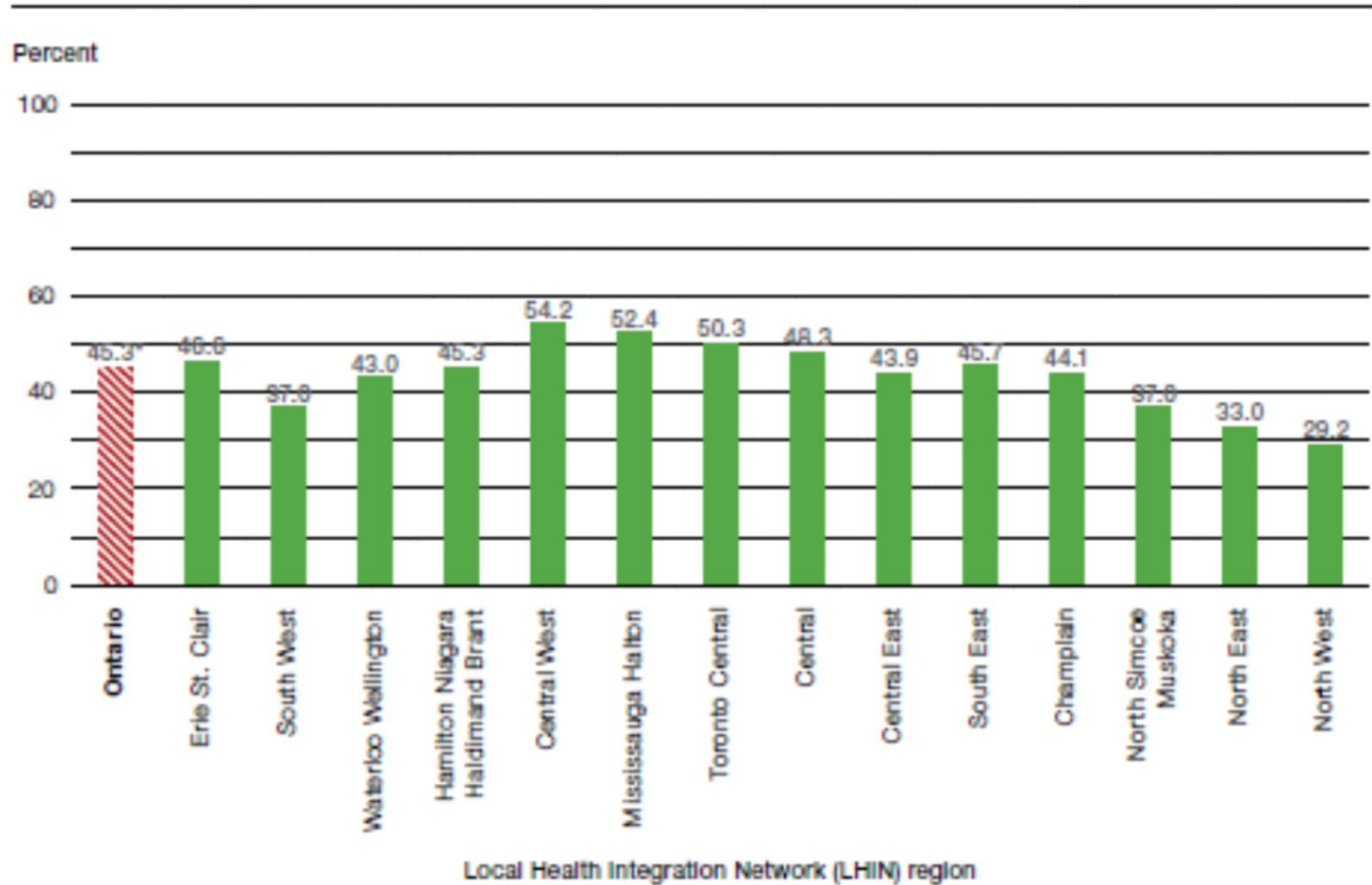
Primary Care Chapter  
Pages 32-37- patient level data

**QIP are ORGANIZATIONAL**

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

FIGURE 4.2

Percentage of survey respondents who were able to see their primary care provider on the same day or next day when they were sick, in Ontario, by LHIN region, 2013



Data source: Health Care Experience Survey, provided by Ministry of Health and Long-Term Care. \*Ontario rates vary because of different data sources.

# OUR QIPs: Priority Indicator - Access

Organizations are expected to measure progress on this indicator using the following patient/client survey question\*:

*“The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office?”*

- *same day*
- *next day*
- *2-19 days (enter number of days: \_\_\_\_\_ )*
- *20 or more days*
- *not applicable (Don't know/ refused)”*

# OUR QIPS: Workplan- MEASURES (blue)

To enter data in the Workplan, click on the

Organization:

ID	AIM	MEASURE / INDICATOR	UNIT / POPULATION
<b>ACCESS</b>			
1	Access to primary care when needed	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)
<b>INTEGRATED</b>			
3	Timely access to primary care appointments post-discharge through coordination with hospital(s).	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

Indicators 1

Indicators 1

### Measure

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

Quality Dimension [?](#)

Objective \* [?](#)

Measure / Indicator

Priority \* [?](#)

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

Population \* [?](#)  If other, specify

Data Source \* [?](#)  If other, specify

Period \* [?](#)  Please specify \*

---

Organization

Current Performance [?](#)  **SURVEY**  between 0.00 and 100.00

Collecting Baseline [?](#)

Suppressed [?](#)

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

Relative Target [?](#)  %

Target Justification [?](#)

**✕ DELETE THIS MEASURE**



# OUR QIPS: Workplan Auto Calculation

The screenshot shows a web-based interface for configuring a Quality Improvement Project (QIP) measure. The main window is titled "Measure" and contains several sections for defining the measure's parameters. A "Survey" dialog box is open in the foreground, prompting the user to enter the number of responses over the past 12 months for a specific survey question.

**Measure Configuration:**

- Objective, Measure / Indicator:** [Empty field]
- Quality Dimension:** Patient-centred
- Objective:** [Empty field]
- Measure / Indicator:** [Empty field]
- Priority:** [Empty field]
- Unit of Measure:** %
- Population:** [Empty field]
- Data Source:** In-house survey
- Period:** Fiscal Year
- Organization:** Emory-Kennesaw
- Current Performance:**  Survey,  Collecting Baseline,  Suppressed
- Absolute Target:** [Empty field] between 0 and [Empty field]
- Target Justification:** [Empty text area]

**Survey Dialog Box:**

When you see your doctor or nurse practitioner, how often do they or someone else in the office involve you as much as you want to be in decisions about your care and treatment? Enter number of responses over past 12 months:

<input type="text"/>	always
<input type="text"/>	often
<input type="text"/>	sometimes
<input type="text"/>	rarely
<input type="text"/>	never
<input type="text"/>	not applicable (Don't know/ refused)

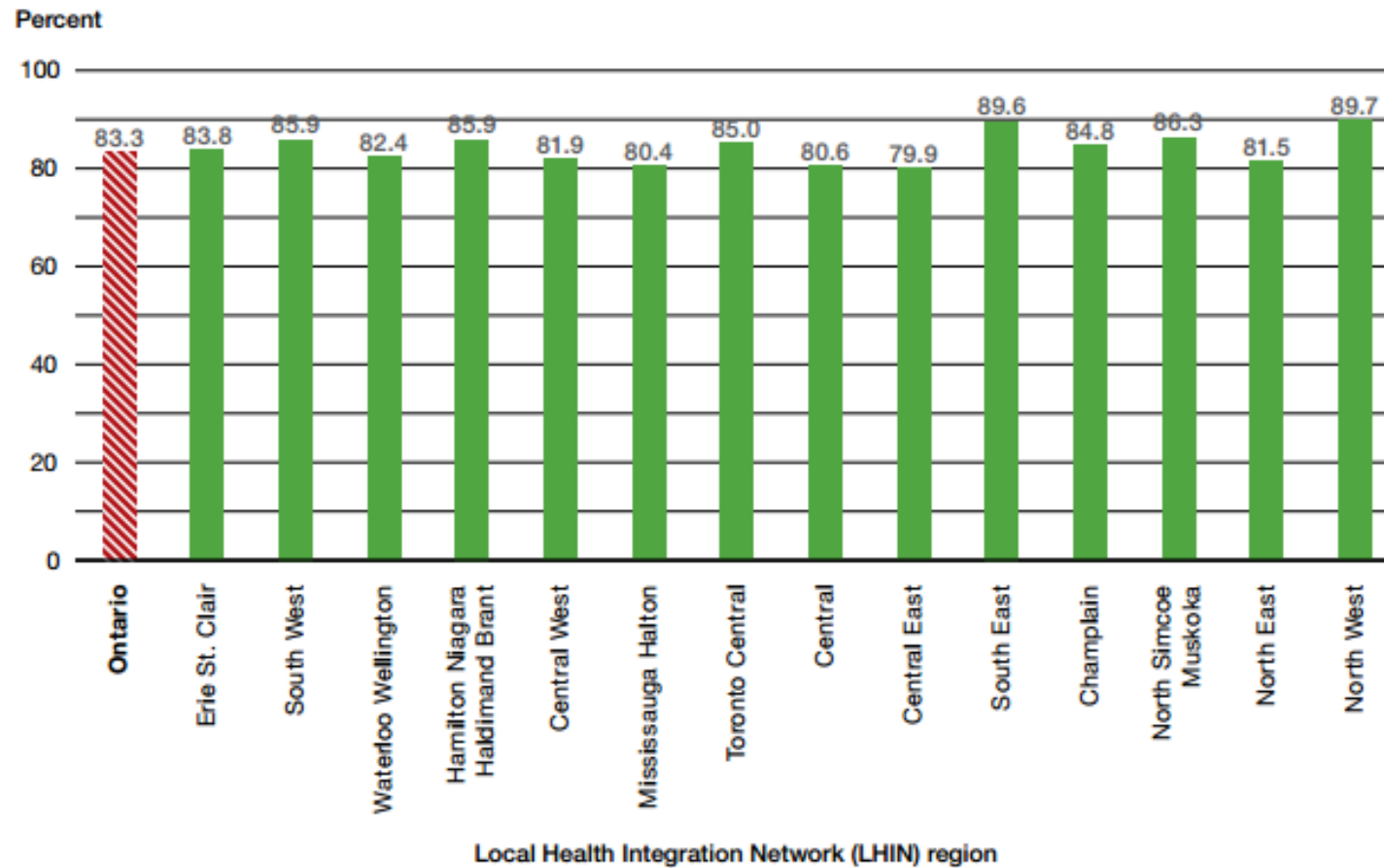
Buttons: CANCEL, SAVE

URL: Survey.aspx?measureRecordId=24433

Bottom Buttons: DELETE THIS MEASURE, CLEAR ALL FIELDS, CANCEL, SAVE, SAVE & CLOSE

FIGURE 4.6A

Percentage of survey respondents who report that their provider always or often gives them the opportunity to ask questions, in Ontario, by LHIN region, 2013



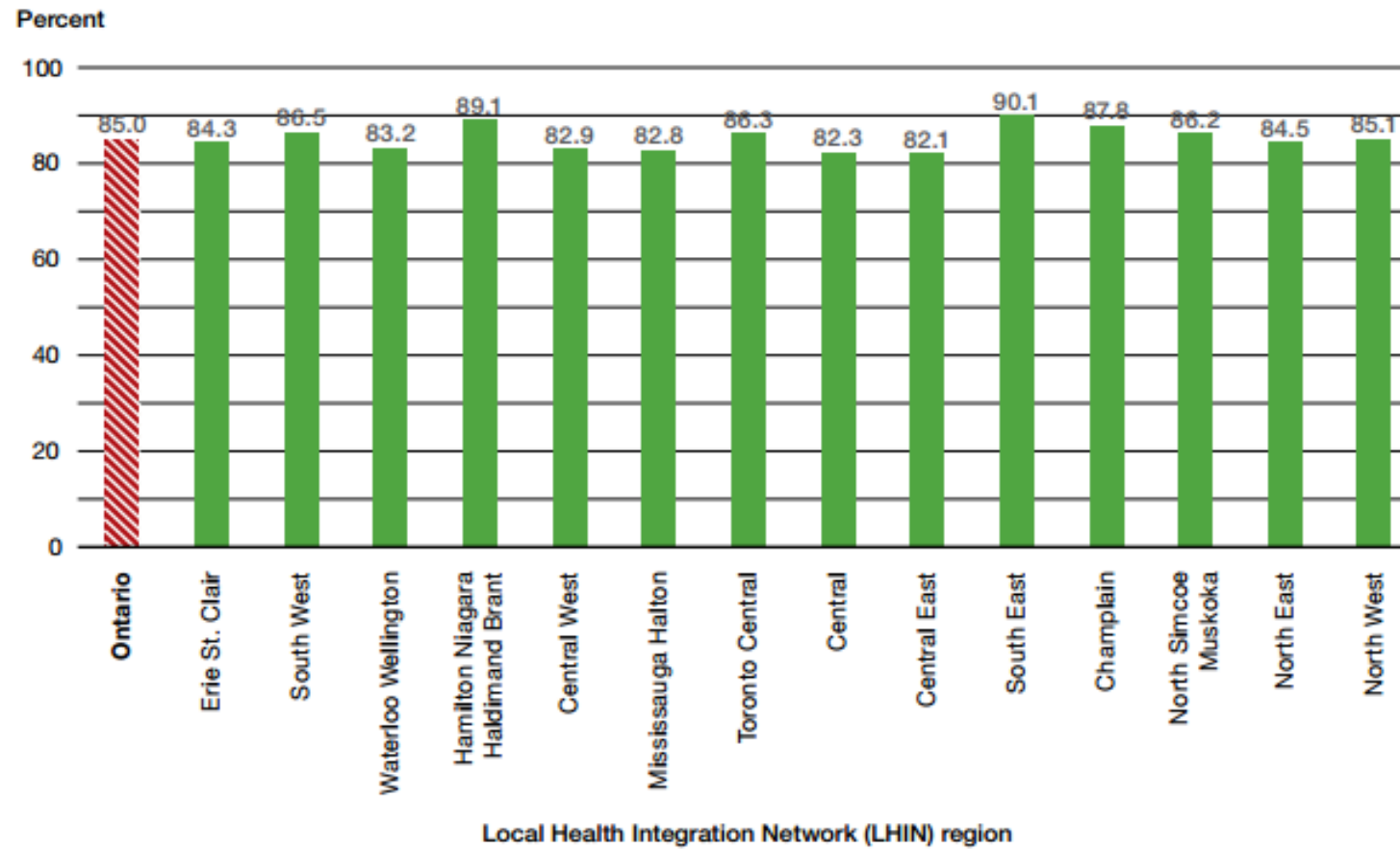
Data source: Health Care Experience Survey, provided by Ministry of Health and Long-Term Care.

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



FIGURE 4.6C

Percentage of survey respondents who report that their provider always or often involves them in decisions regarding their care, in Ontario, by LHIN region, 2013

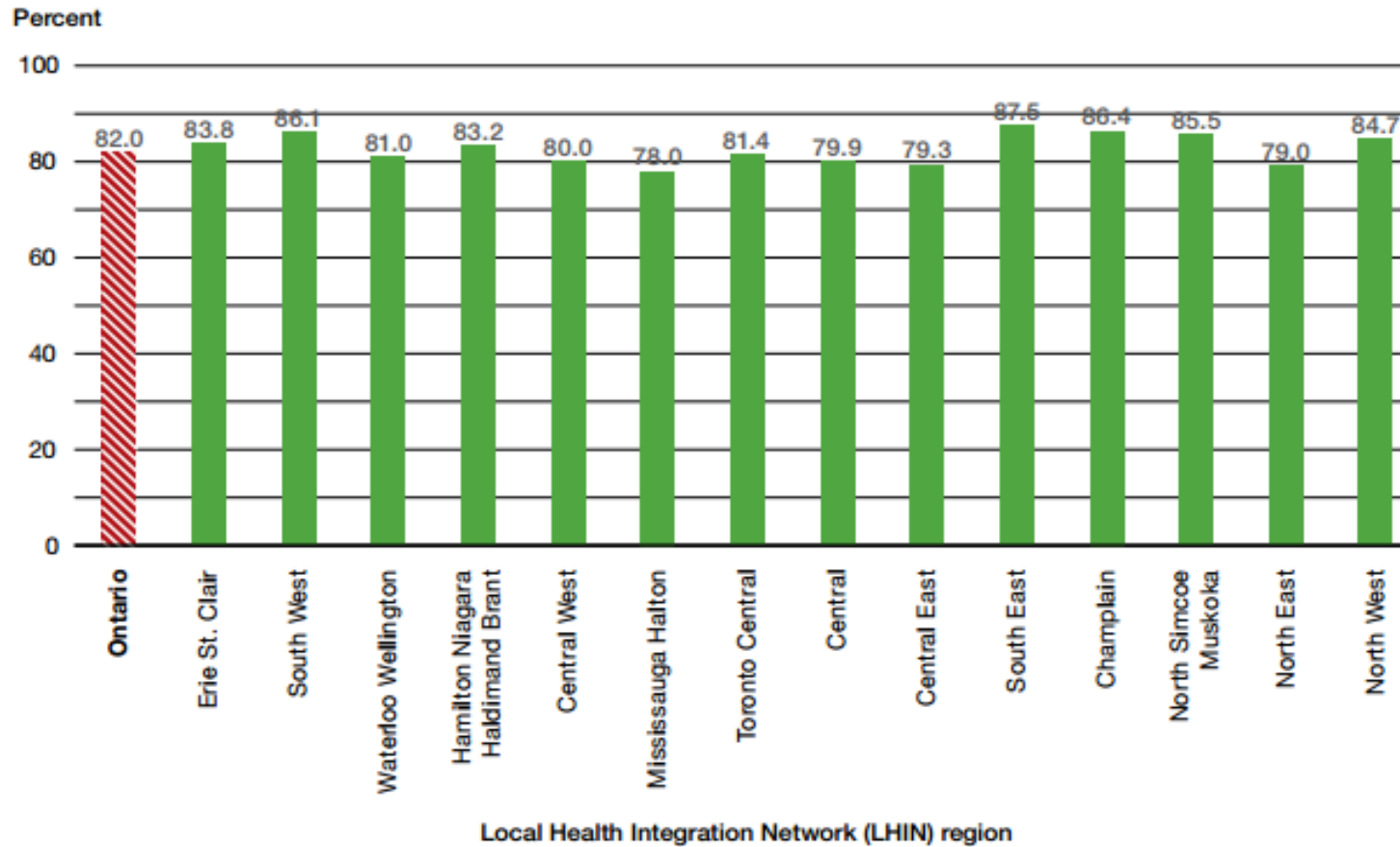


Data source: Health Care Experience Survey, provided by Ministry of Health and Long-Term Care.

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

FIGURE 4.6B

Percentage of survey respondents who report that their provider always or often spends enough time with them, in Ontario, by LHIN region, 2013



Data source: Health Care Experience Survey, provided by Ministry of Health and Long-Term Care.

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

# OUR QIPs: Priority Indicator - Integrated

## Primary Care Visits Post Discharge

Percent of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions

### Inclusion Criteria:

- Selected case mix groups (CMGs1) are: stroke, chronic obstructive pulmonary disease (COPD), pneumonia, congestive heart failure, diabetes, cardiac conditions and gastrointestinal disorders

# OUR QIPS: Workplan- Additional Indicators

POPULATION HEALTH							
0	Reduce Cancer mortality through regular screening.	Percent of eligible patients/clients who are up-to-date in screening for breast cancer.	% / PC organization population eligible for screening	EMR/Chart Review / na	92323	33.00	

[+Add New Change Idea](#)

▼ Indicators 3

[+Add New Measure](#)

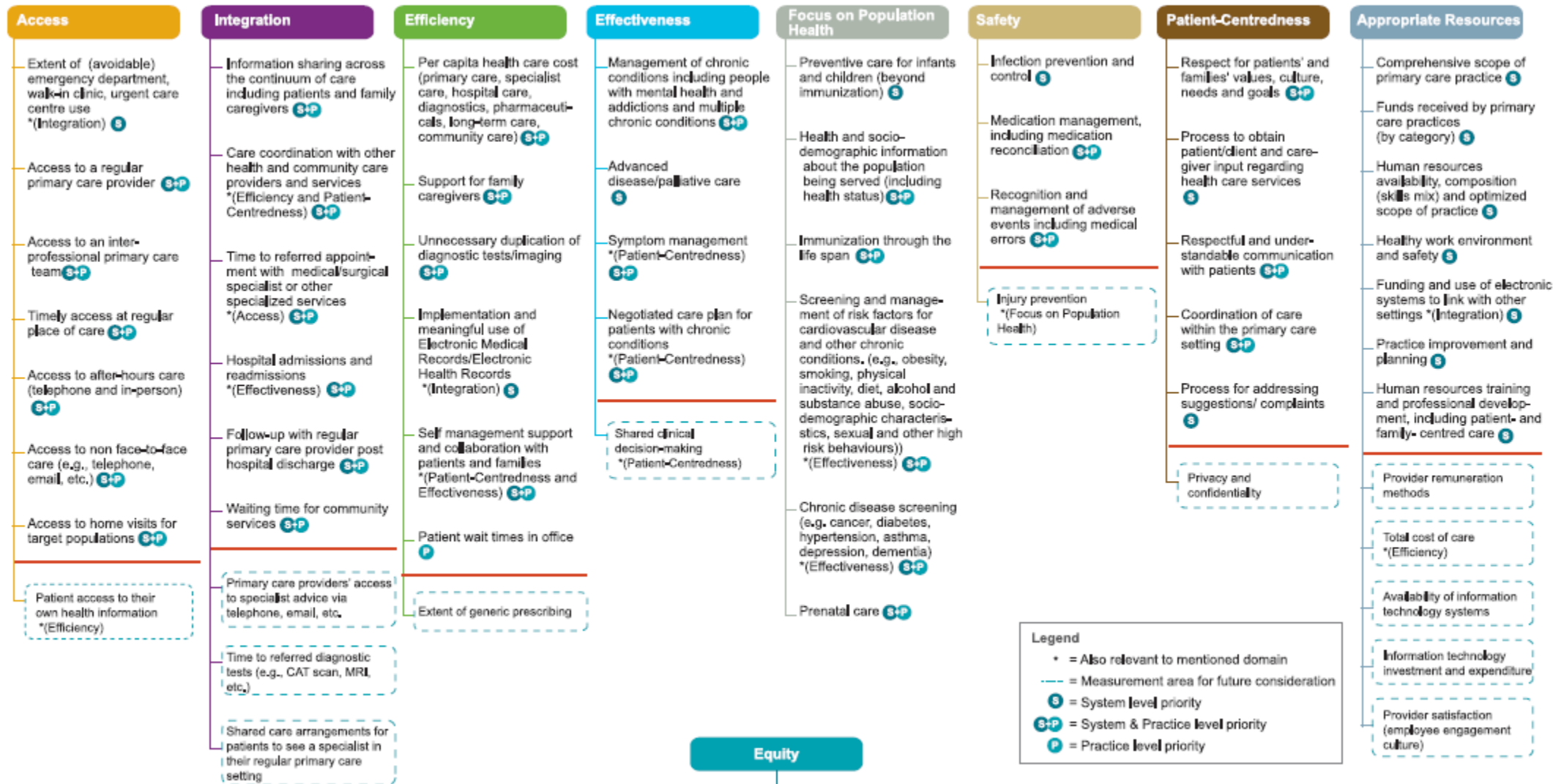
OTHER							
-------	--	--	--	--	--	--	--

▼ Indicators 1

[+Add New Measure](#)

# Primary Care Performance Measurement Framework

(Ontario Primary Care Performance Measurement Steering Committee, May 2014)



Equity is a cross-cutting domain and will be assessed in relation to a variety of economic and social variables such as income, education, gender, disability, social support, mental health status, urban/rural location, age, sexual orientation/identity, language, immigration, ethno-cultural identity and Aboriginal status.

# OUR QIPS: Creating a New Indicator

**Measure**

Objective, Measure / Indicator ?

Quality Dimension ?

Objective \* ?

Measure / Indicator \* ?

Unit of Measure \* ?

Population \* ?

Data Source \* ?

Period \* ?

Organization

Current Performance ?

Absolute Target ?

Target Justification ?

If other, specify

If other, specify

If other, specify

Please specify \*

PC xyz

Collecting Baseline ?

Relative Target ? %

**✕ DELETE THIS MEASURE**

**CLEAR ALL FIELDS** **CANCEL** **SAVE** **SAVE & CLOSE**

# OUR QIPS: Indicator Poll

Which of the following indicators does your organization plan to focus on this year?

1. Access
2. Integrated
3. Patient Experience – Opportunity to Ask Questions
4. Patient Experience – Enough Time
5. Patient Experience – Involvement in Care Decisions

# 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;"><a href="#">Add New Change Idea</a></div>				



# OUR QIPS: PLANNED IMPROVEMENT INITIATIVES (CHANGE IDEAS)

Also see the HQO Quality Improvement Primary Care webpage for resources on Advanced Access, as well as the BestPATH pages for information on improving integration.

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.



# OUR QIPS: Workplan- CHANGE (green)

**Change Idea**

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

Quality Dimension [?](#) Access

Objective [?](#) Access to primary care when needed

Measure / Indicator [?](#) Percent of patients/clients able to see a doctor or nurse practitioner on the same day or next day, when needed.

Organization PC xyz

Change Number #

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

Methods [?](#)

Process Measures [?](#)

Goal For Change Ideas [?](#)

Comments [?](#)

**> GO TO CHANGE #** #  **✕ DELETE THIS CHANGE IDEA** **CANCEL** **SAVE** **SAVE & CLOSE** **+ ADD NEW CHANGE IDEA**

# 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

# HQO QIP Supports

- Navigator Resources Page
  - Guidance Materials & QIP Reports
- *Measuring Up*
- *Primary Care Performance Measurement Framework*
- Quality Compass
- Primary Care Practice Reports: [pcreport@hqontario.ca](mailto:pcreport@hqontario.ca)
- Quality Improvement Primary Care webpage:  
<http://www.hqontario.ca/quality-improvement/primary-care>
- QIP specific assistance email: [QIP@hqontario.ca](mailto:QIP@hqontario.ca)



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