

Looking Back and Looking Forward

A sneak peek for the 2018/19 hospital quality improvement plans (QIPs)

KAREN SEQUEIRA, DANYAL MARTIN, SUDHA KUTTY | SEPTEMBER 26, 2017

**Health Quality
Ontario**

Let's make our health system healthier

Learning Objectives

- Share learnings from the 2017/18 QIPs
- Prepare organizations for 2018/19 QIP submission by offering advance notice of changes
- Provide an overview of Health Quality Ontario's resources to support organizations in meeting their goals and supporting change across the system

Quality Matters

Embrace Health Quality

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

Safe

Effective

Patient-centred

Efficient

Timely

Equitable

● ...stays true to these principles

Commits to ongoing quality improvement

Achieves healthy populations

Ensures accessibility for all

Partners with patients

Balances priorities

Uses resources wisely

● . . . and can only happen when we

Engage patients and the public

Redesign the system to support quality care

Help professionals and caregivers thrive

Ensure technology works for all

Support innovation and spread knowledge

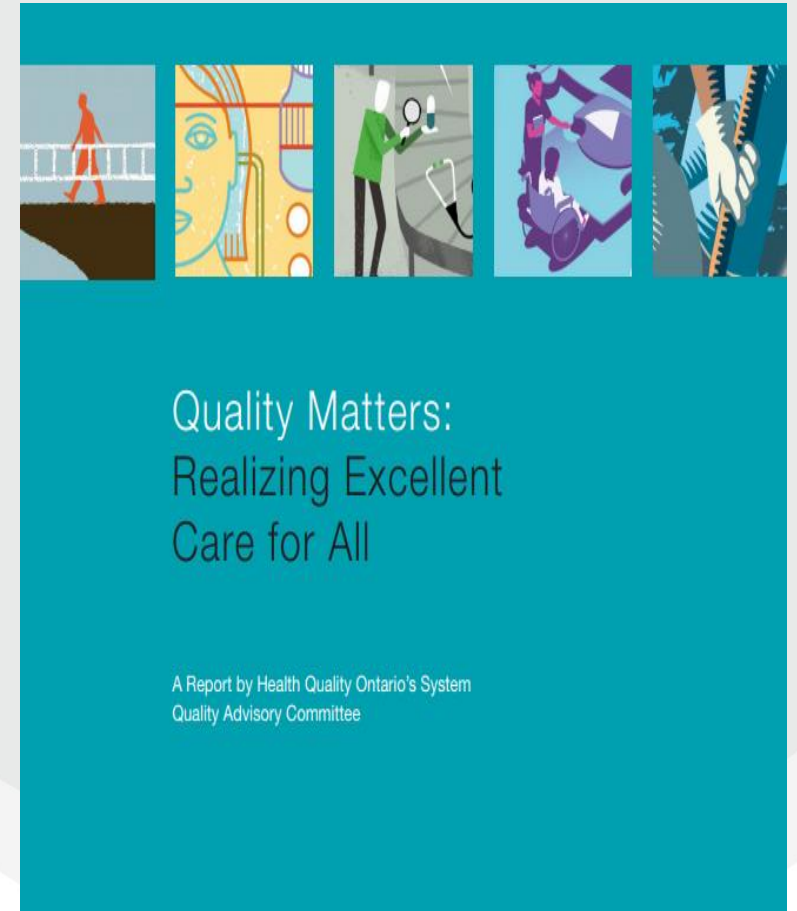
Monitor performance with quality in mind

Build a quality-driven culture

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

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...Looking Back

Provincial Results

Provincial Observations: Looking Forward



Progress in five-day wait time: personal support for complex patients (79%)

Worsening in hospital readmissions (77%)



Progress in medication reconciliation on admission (60%)

Worsening in alternate level of care rate (54%)



Progress in appropriate prescribing of antipsychotics (76%)

Worsening in falls (54%)



Progress in glycated hemoglobin (HbA1C) testing (71%)

Worsening patient experience: 'enough time' (41%)

Provincial Observations: Looking Forward

94%

of organizations selected at least one priority indicator

84%

of organizations are working on at least one of the effective transition indicators

78%

of organizations are working on at least one patient experience indicator

1-5%

is the most common target range set for improvement

Patient Engagement: Spectrum of Approaches

Ontario's Patient Engagement Framework

THE STRATEGIC GOAL

A strong culture of patient, caregiver and public engagement to support high quality health care

THE GUIDING PRINCIPLES

Partnership

Learning

Empowerment

Transparency

Responsiveness

Respect

ACROSS THESE DOMAINS

Personal care and health decisions

Program and service design

Policy, strategy and governance

ACROSS A SPECTRUM OF ENGAGEMENT APPROACHES

Share



Provide easy-to-understand health information

Consult



Get feedback on a health issue (e.g., policy or decision)

Deliberate



Discuss an issue and explore solutions

Collaborate



Partner to address an issue and apply solutions

ENABLED BY:

A culture of continuous quality improvement

Access to easy-to-understand health information

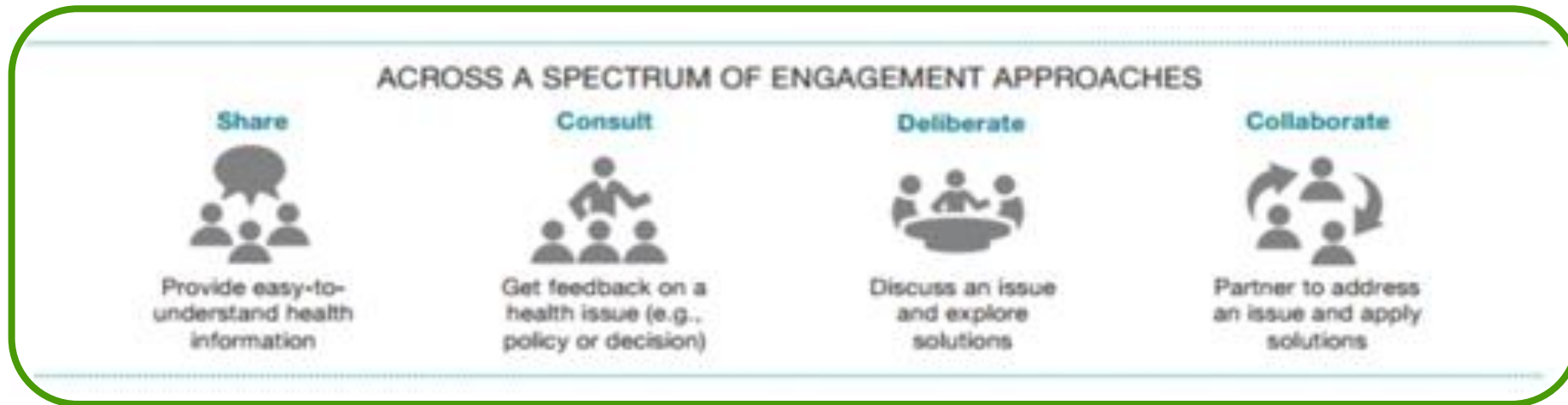
Commitment to health equity and cultural competence

Rigorous research and evaluation

The analysis of patient engagement approaches is structured by Health Quality Ontario's [Patient Engagement Framework](#), which recommends that organizations use a spectrum of engagement approaches.

For brevity, the next few slides use the word “patient”; this includes patients, residents, clients, caregivers and family

Patient Engagement: Spectrum of Approaches

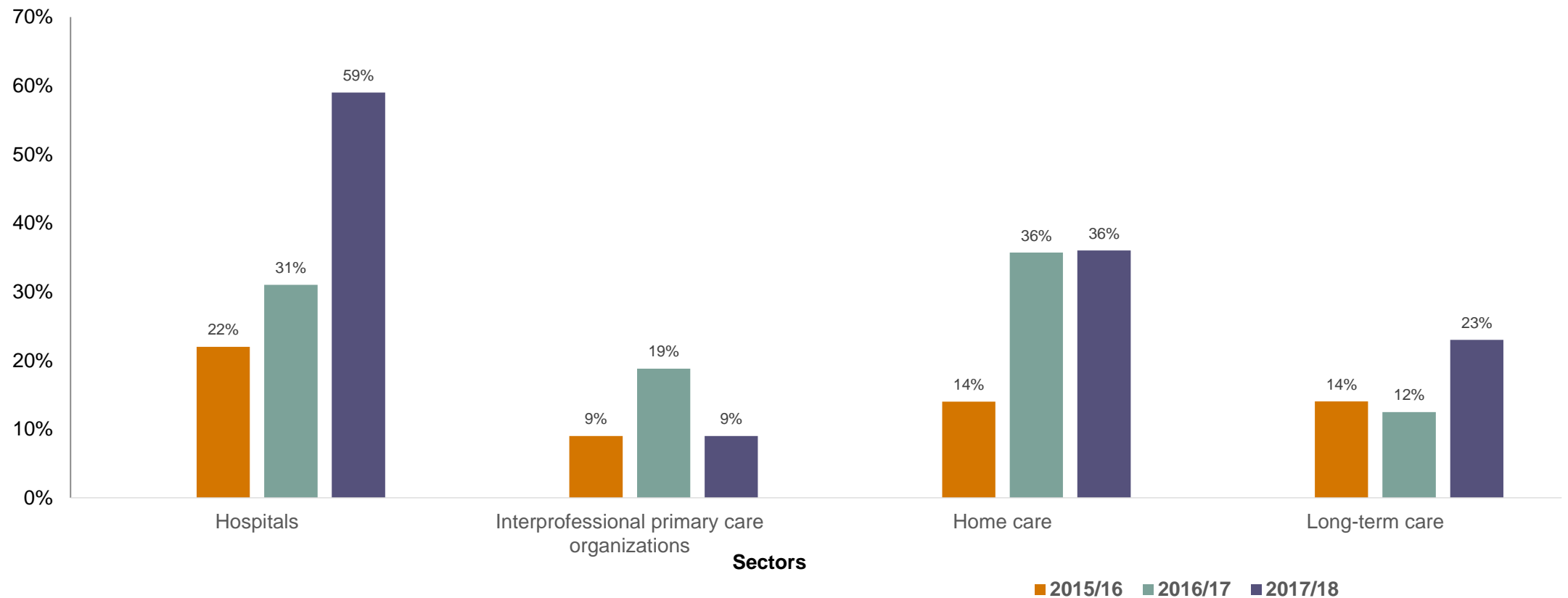


Engagement is a continuum and organizations are encouraged to use a variety of methods to engage patients and their families. The approaches described to the right are more participatory. There will be overlap (e.g., councils may be deliberating or consulting).

Focus on QIP Development

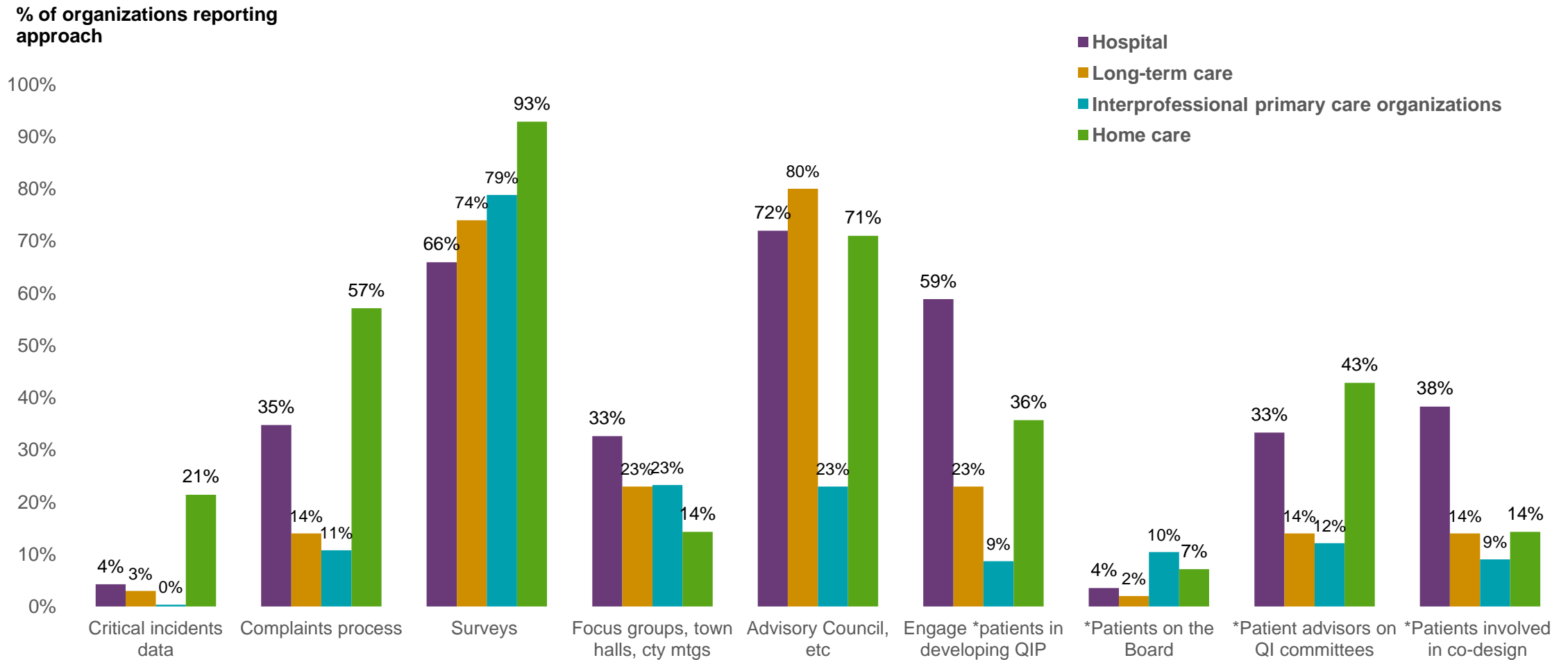
Comparing percentage of organizations reporting engaging patients and families in development of QIPs or quality initiatives over time

Percentage of total organizations



Key Observations: Patient Engagement

Overall view of spectrum of patient engagement approach in the 2017/18 QIP Narratives



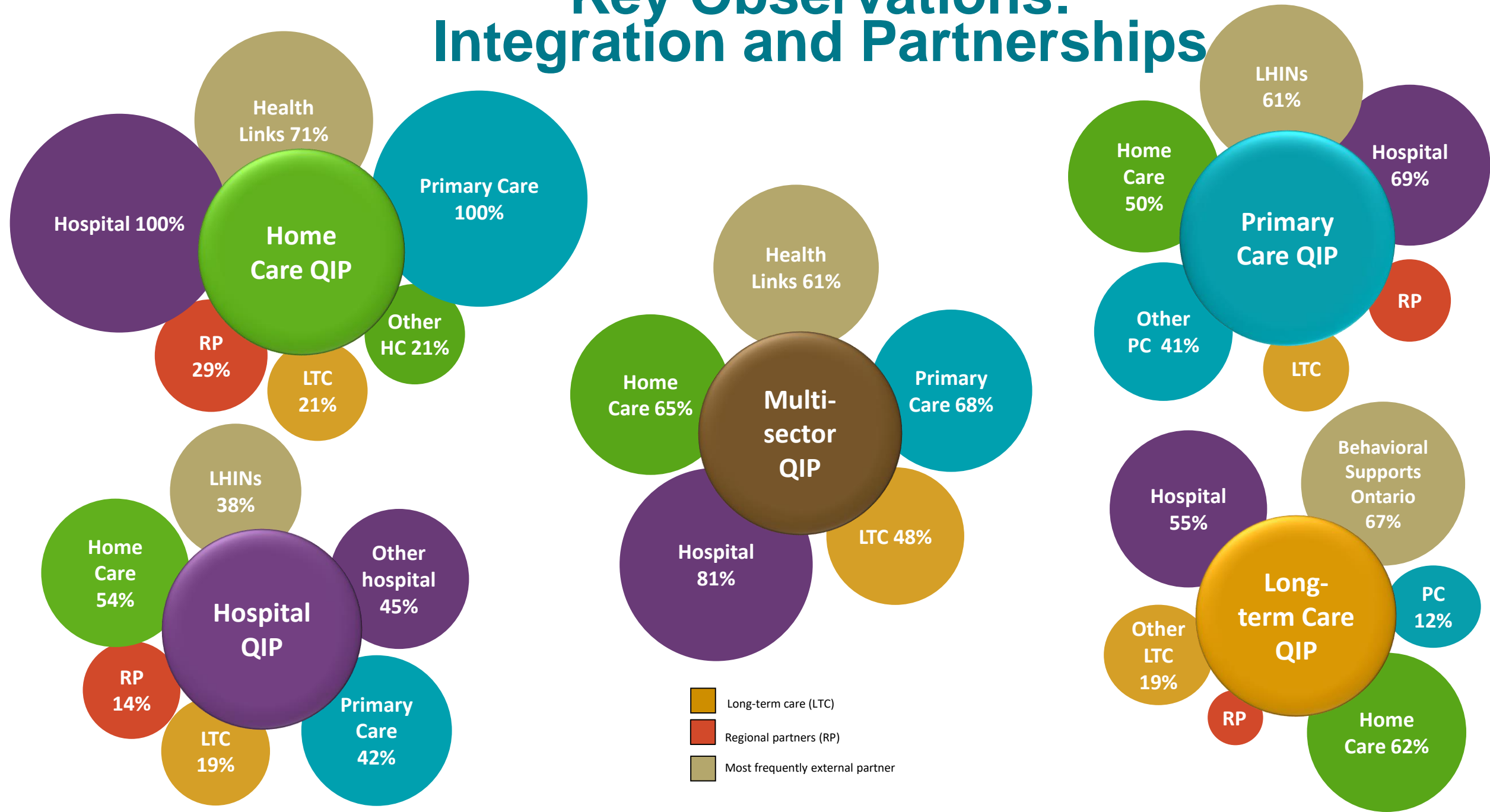
Staff Engagement Link to Patient Experience

- Several hospitals are linking staff engagement to the achievement of their quality improvement goals, particularly patient satisfaction
- Using engagement surveys delivered through the National Research Corporation Canada (NRCC), North York General Hospital was recognized as having the most engaged staff (overall 78.5%, physician engagement 89.4%)

“In a health care setting where patient experience and great care is at the forefront of every hospital, employee, physician and volunteer engagement goes hand-in-hand with patients receiving high quality care.”

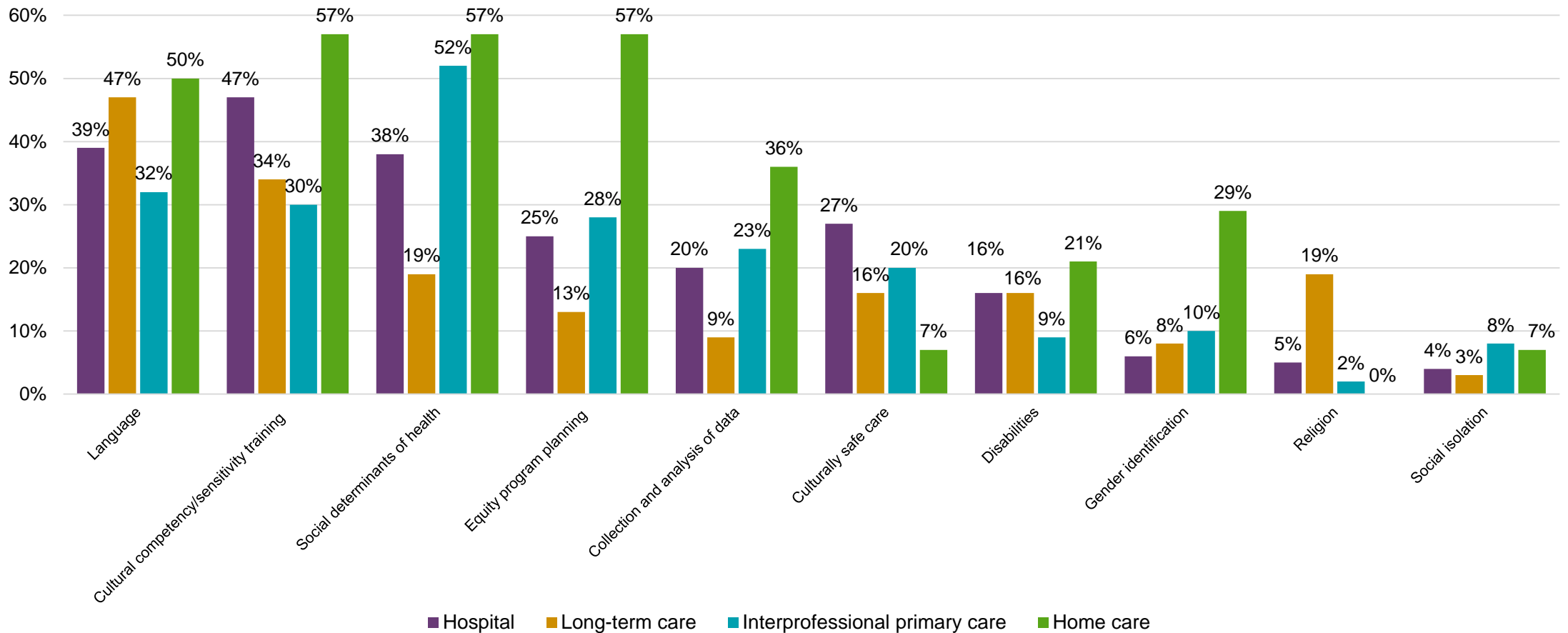
- North York General Hospital

Key Observations: Integration and Partnerships



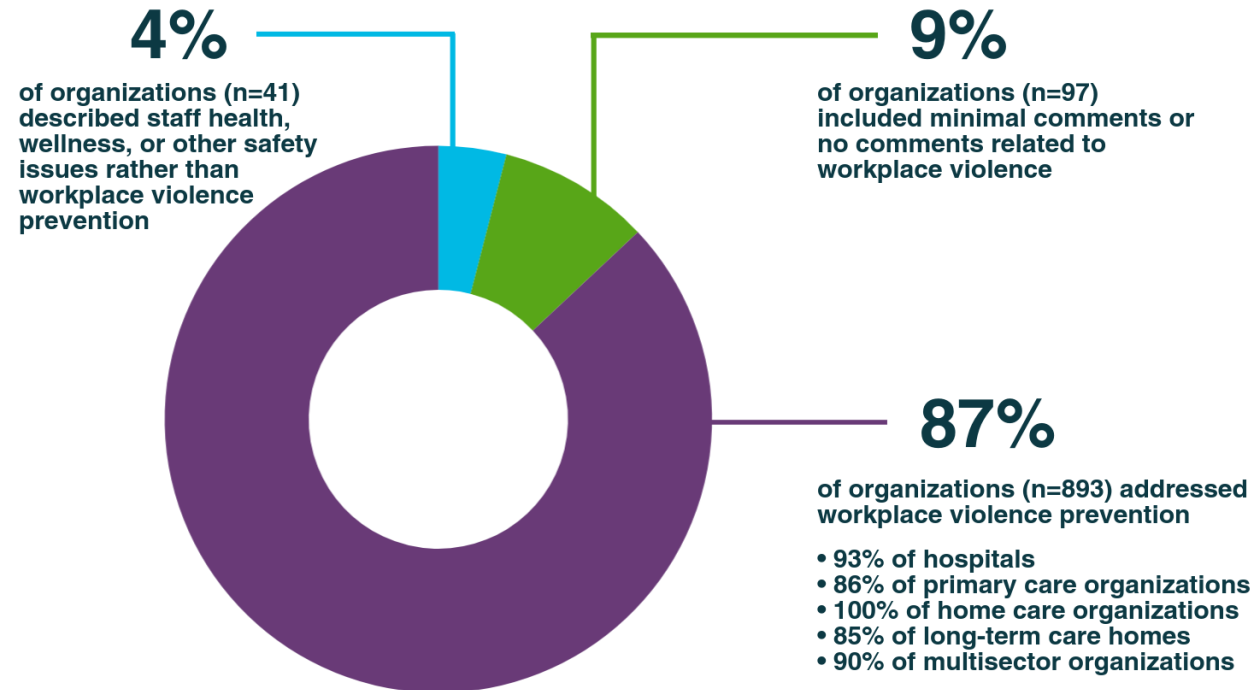
Key Observations: Equity Strategies

Percentage of organizations citing various equity strategies in their 2017/18 QIP Narratives



Of the 1031 QIPs submitted, how many addressed workplace violence prevention?

In the Staff Safety & Workplace Violence Prevention section of the QIP Narrative...



In the Workplan section of the QIP...

A total of **15** organizations submitted **17** indicators related to workplace violence

- 13 hospitals included a total of 15 indicators
- 2 long-term care homes included a total of two indicators

...Looking Back

Hospital Results

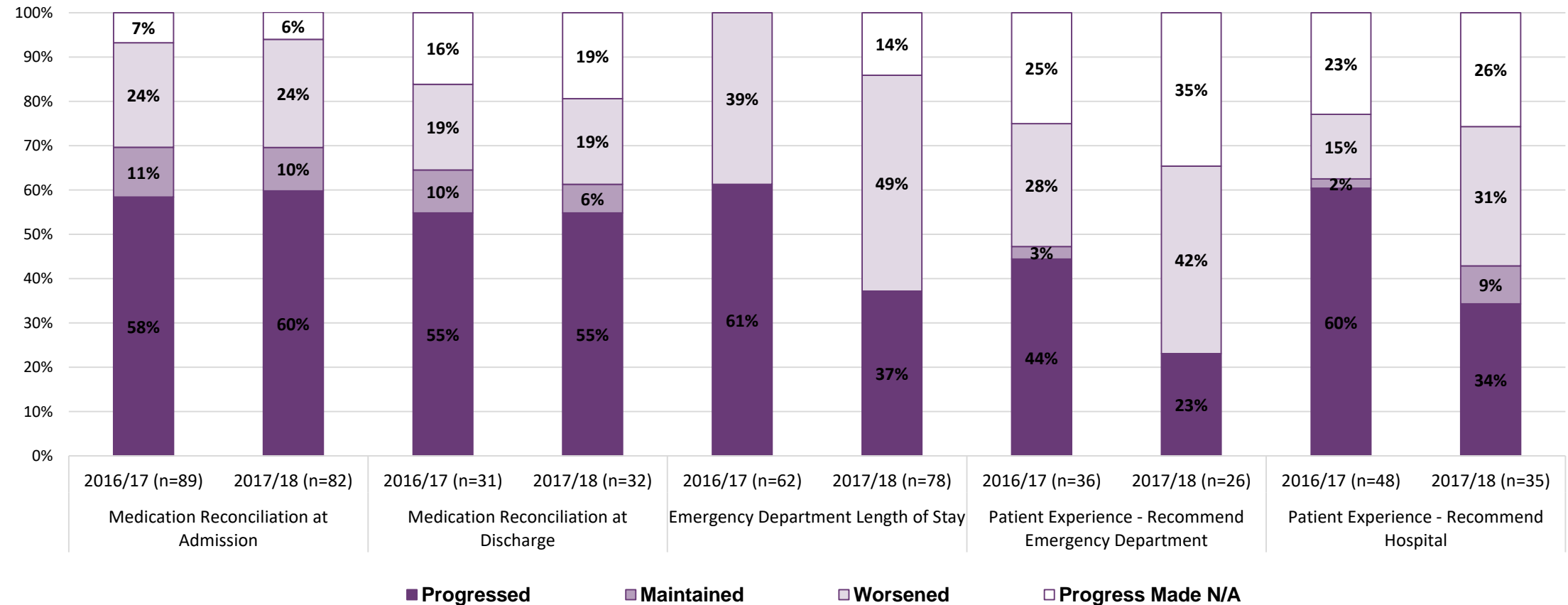
Key Observations: Hospitals

- Overall hospitals reported a decrease in progress in 2017/18 for most of the indicators
 - Slight increase in medication reconciliation at admission (58% to 60%).
- Hospitals are making improvements in the area of transitions
 - Forty hospitals highlighted transitions initiatives as quality improvement achievements over the past year.
- Nearly half the hospitals described initiatives that take social determinants of health into account in their Narratives
 - For example, income, rurality and immigration status.
- Increasing numbers of retrograde targets being set in the Workplans
 - ALC indicator had the largest number of retrograde targets set (21%). Hospitals cited systemic issues in the health care system and the need to work with multiple stakeholders within their LHINs.

Progress Made

Percentage of Ontario hospitals that progressed, maintained or worsened in their performance on priority indicators, compared over two QIP years

Percent



Progress in Medication Reconciliation

- The vast majority of hospitals that focused on MedRec upon admission or discharge have improved. Most hospitals self-reported improvements of 1-5%.
- Avoidance of medication errors reaching the patient a common theme in the change ideas

The most commonly implemented change ideas

- Audit and feedback
- Staff education
- Developing/improving the process
- Pharmacist/pharmacy technician completes MedRec
- Develop best possible medication history process (BPMH)

Progress in Medication Reconciliation

Halton Healthcare Services Corporation improved MedRec at admission by 72% (41.4% to 71%) over the past year

- Improvement largely attributed to broad and consistent feedback of unit-level performance (audit & feedback).
 - Inclusion of the Safety Cross Framework; a daily visual data collection tool which has been shown to be effective in other areas. The safety cross lets staff and patients know on a daily basis how many days have gone by without incident.
- The Pharmacy Technician model was introduced late in the year at the Oakville Trafalger Memorial Hospital site. Early results suggest this is a highly effective model. A full evaluation will be done in 2018/19

In 2018/19 the team will continue on refinement of admission and transfer practices while introducing MedRec at discharge.

ED Length of Stay Reported in Progress Reports

The most commonly implemented change idea was optimization of patient flow or process redesign (including turnaround times for diagnostics)

- This change strategy was mentioned by nearly half the hospitals that were working to improve ED LOS

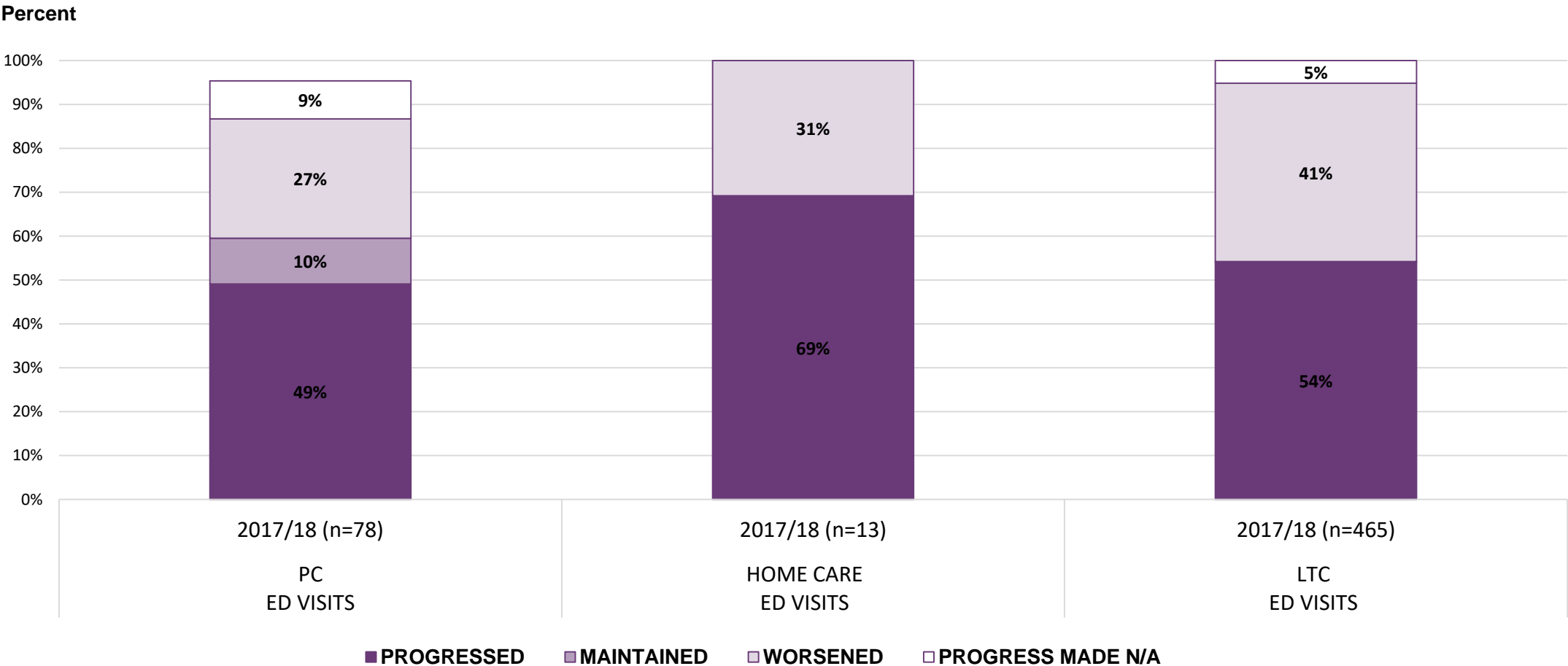
Other commonly implemented, but much less frequent, change ideas were

- Audit and feedback
- ED avoidance strategies (e.g. clinics, IVs done elsewhere, etc.)
- Innovative staffing models (e.g. use of Nurse practitioners, Physician assistants, RPNs, PSWs)

Hospitals identified cooperation of other sectors as key to their success in achieving improved wait times

Progress on ED Avoidance by Sector

Percentage of organizations in Ontario that progressed, maintained or worsened in their performance on ED visits by sector



Progress in ED Length of Stay

- **Women's College Hospital** partnered with the University Health Network (UHN) to provide ED patients, rapid follow-up at the Acute Ambulatory Care Unit (AACU)
- The population involved general internal medicine (GIM) patients and eligibility and exclusion criteria were defined
- PDSA cycles used to improve the model of care delivery over time

Results

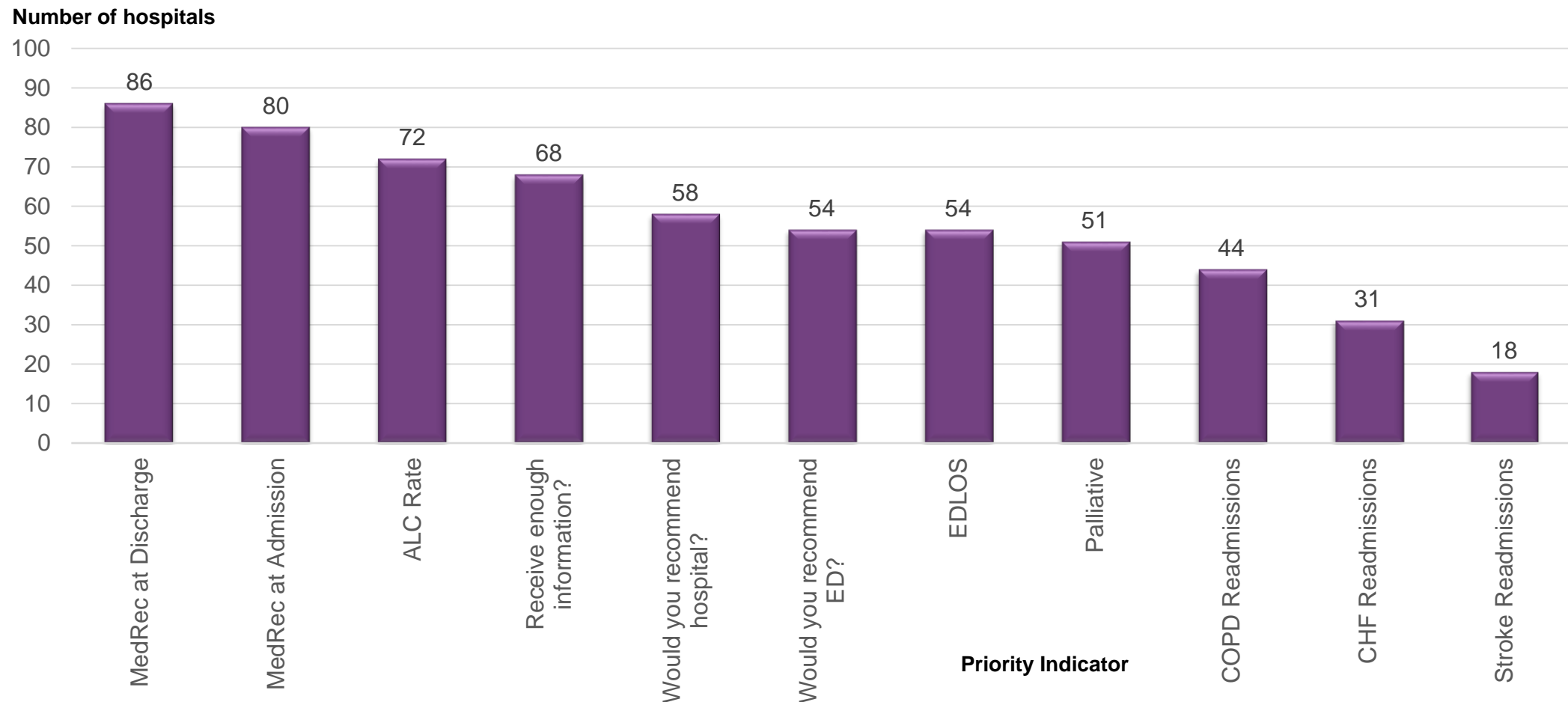
- Accommodating an average of 5.3 patients per day from UHN ED, approximately 1000 patients have been referred over the past year.
- The perception of the ED physicians was that 34% of the time a referral to GIM was avoided and 27% of the time an inpatient admission was prevented.
- 92% of patients would recommend the AACU to another patient.

The two hospitals are continuing to expand this successful initiative based on resource and capacity optimization

- The focus is increasing efficiency by identifying patients at triage.

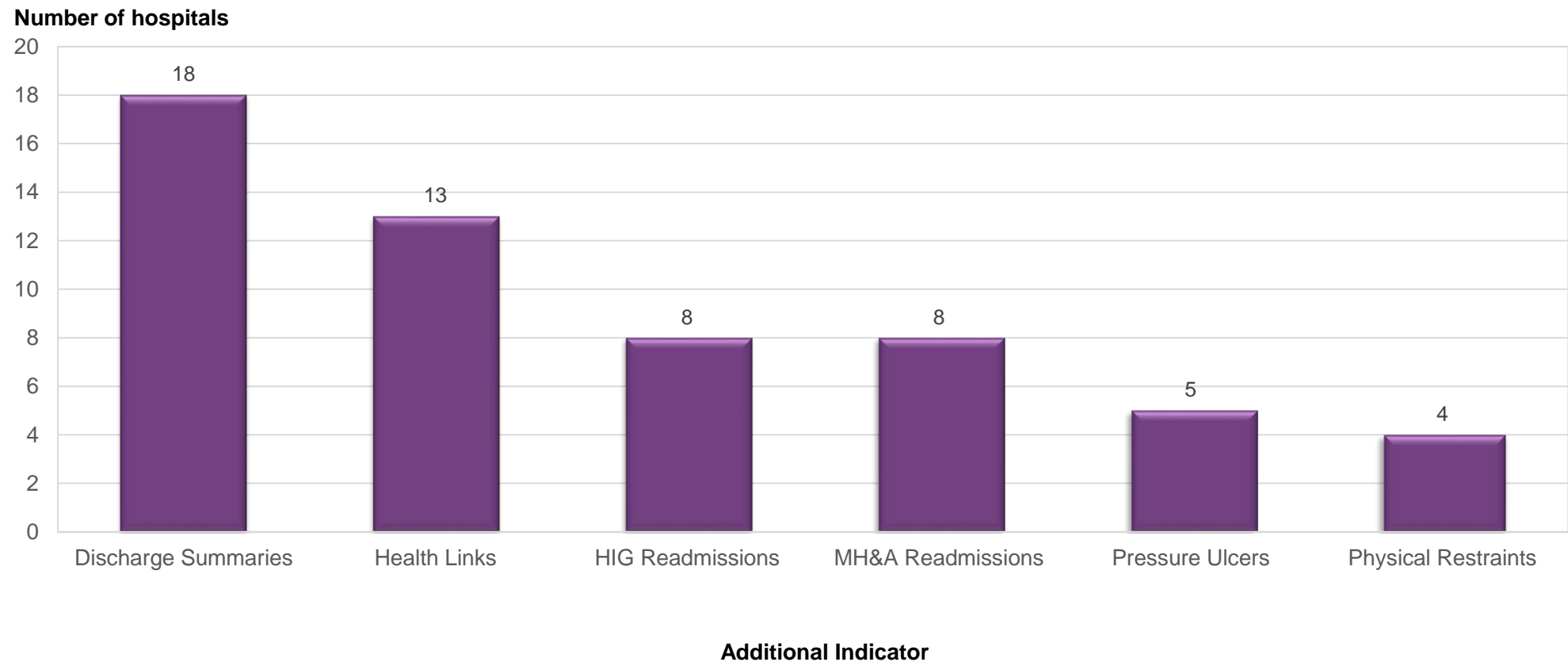
Priority Indicator Selection: Workplans

Number of hospitals that selected priority indicators, using the original definition of the indicators, in the 2017/18 QIPs (n=141)



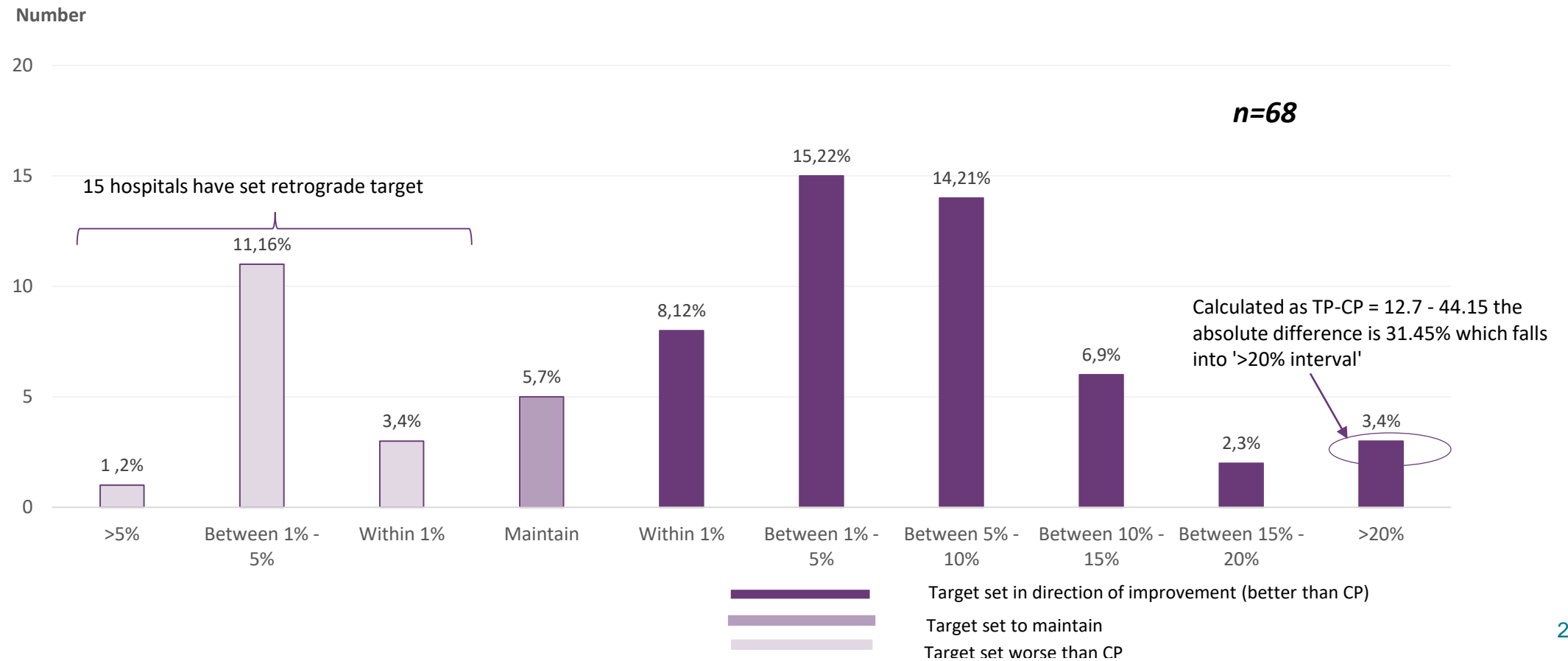
Additional Indicator Selection: Workplans

Number of hospitals that selected additional indicators, using the original definition of the indicators, in the 2017/18 QIPs (n=141)



Retrograde Targets: Workplans - ALC Example

Distribution of targets set for alternate level of care indicator selected by hospitals in comparison to their current performance, QIP 2017/18



Transitions: Narrative

Health Sciences North (HSN) set a 5-year strategic goal to improve the quality of care at transition.

A couple of their 2016/17 initiatives:

- Mental Health and Addictions inter-agency protocols
 - Avoiding ED-revisits and smoothing access to services by creating integrated referrals, direct access to Withdrawal Management, and establishment of a Rapid Access Addictions Medicine (RAAM) Clinic
- Aboriginal and youth mental health patient navigators
 - Connecting discharged hospital patients to services in the community
- Shared care plans for seniors with complex needs
 - Geriatric service care partners have shared access to clinical records, and coordinate treatment plans, improving integrated care deliver for community-dwelling seniors

Equity Example: Narrative

Children's Hospital of Eastern Ontario (CHEO) provided special attention to Syrian refugee children and their families in 2016/17

- CHEO has implemented a Refugee Navigator program that has been recognized nationally for its patient-centred focus and integration with several community partners
- Several CHEO leaders have also been engaged in developing national care guidelines for paediatric refugee health through the Canadian Paediatric Society and other organizations

Looking Forward

2018/19 QIPs

The QIP Consultation Process

Patient, Family, and Public
Advisors Council

QIP Advisory Committee

Branches and departments at
Health Quality Ontario

Sector associations

External data organizations

QI leads from various organizations



Initial issues and
indicator matrix

Ongoing
consultations

2018/19 QIP
issues &
indicators

Determining 2018/19 QIP Priorities

The Narrative

- Is an executive summary of your QIP and is intended to introduce specific context for your QIP
- Is a means for engaging your patients and staff in QI planning

The Narrative is also a way to capture and understand emerging quality issues

- For example, equity and workplace violence

QIP Workplan: Indicators

There are four types of indicators:

- **Mandatory (NEW)**
 - REQUIRED in QIP; tied to issues where province-wide improvement is urgently required
 - set by Minister upon consideration of advice from Health Quality Ontario (regulation 187/15 under the *Excellent Care for All Act, 2010*; only applies to Hospital sector)
- **Priority**
 - reflect organizational and sector-specific priorities, as well as system-wide, transformational priorities where improved performance is co-dependent on collaboration with other sectors.
 - Recommended, not required. Must justify decision not to include in QIP
- **Additional**
 - measure important areas for QI and can be included in your QIP to reflect your organization's specific QI goals and opportunities
- **Custom**
 - any other indicators your organization includes in your QIP

Quality Issues and Indicators for the 2018/19 QIPs

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

Legend: (P): Priority indicator (M): Mandatory indicator (A): Additional indicator (QBP): Indicator related to quality-based procedures

2018/19 QIP Indicators: Hospitals

- Readmission select conditions
- Readmission QBP (CHF, COPD, stroke)
- Readmission mental health
- Patient experience: receive enough information at discharge
- Discharge summaries sent within 48 hours
- Identify complex patients (Health Links)
- Home support for discharged palliative patients
- Patient experience: would you recommend?
- Alternate level of care rate
- Pressure ulcers (CCC)
- Use of physical restraints (mental health)
- Medication reconciliation: admission
- Medication reconciliation: discharge
- ED length of stay (complex)
- Overall incidence of workplace violence
- Percent complaints acknowledged
- Antimicrobial stewardship: Antibiotic free days (ICU)

RETIRED

- Readmissions for select conditions (HIG)

MODIFIED

- Readmissions mental health now a priority indicator
- Medication reconciliation at admission now additional

NEW

- Overall Incidence Workplace Violence (MANDATORY)
- Percent complaints acknowledged (Additional)
- Antimicrobial stewardship: Antibiotic free days (ICU) (A)

QIP Narrative

2018/19

- Overview
- QI achievements from the past year
- Collaboration and integration
- Engagement of leadership, clinicians and staff
- Patient/resident engagement and relations
- Workplace violence and prevention
- Population health and equity
- Alternate level of care
- Opioid prescribing and opioid use disorder in the treatment of pain

Patient/Resident Engagement and Relations

There is a spectrum of approaches for engaging patients / clients / residents, including sharing, consulting, deliberating, and collaborating with advisors.

Describe how your organization has engaged your patients / clients / residents in the development and implementation of your quality improvement plan and quality improvement activities over the past year. What do you have planned for the year ahead?

Workplace Violence and 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?

Upcoming resources

- Quality Improvement Plan Guidance: Workplace Violence Prevention
- Insights into Quality Improvement: Workplace Violence Prevention from the 2017/18 Quality Improvement Plans
- Health Quality Compass section on workplace violence prevention
- Webinar

Population Health and Equity (collapsed)

How has your organization addressed/recognized the needs of unique populations in its quality improvement efforts including, for example, indigenous and francophone communities? How has your organization worked to promote health equity through your quality improvement initiatives?

Opioids Prescribing and Opioid Use Disorder in the Treatment of Pain

Describe what steps your organization is taking to support the effective treatment of pain including opioids treatment practices and promoting alternatives to treatment.

Prompts: Think about access to addiction services, social services, (sub) populations, etc.


Looking Forward

Changes to Navigator


Navigator Key Dates and Timelines

- Navigator will launch by November 30, 2017
- Log in before March to ensure there are no surprises
- There will be Navigator training sessions this fall and winter to highlight the new functionalities
- Navigator closes briefly in February so that the indicator current performance values can be prepopulated
- Ensure the QIP is on your Board's calendar prior to April 1, 2018 submission.

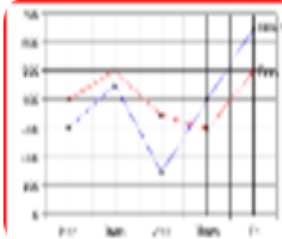
Navigator Enhancements: Progress Report (PR)

 EXPORT CURRENT PROGRESS
REPORT WITH CHANGE IDEAS

 EXPORT CURRENT PROGRESS
REPORT WITHOUT CHANGE IDEAS

 EXPORT FULL PROGRESS REPORT
TEMPLATE

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

ID	INDICATOR (UNIT; POPULATION; PERIOD; DATA SOURCE)	ORG ID	PERFORMANCE STATED IN PREVIOUS QIP	PERFORMANCE TARGET AS STATED IN PREVIOUS QIP	CURRENT PERFORMANCE	COMMENTS	RESULTS
1	% of french language surveys offered per french speaking- preferred resident population (%; Survey respondents; 2017; In house	777888999	0.00	90.00	85.00		

- Current performance in Progress Report and Workplan automatically linked
- Ability to add new change ideas
- Ability to export full Progress Report template
- Format change of Progress Report – change ideas moved up, comments optional
- Ability to add graphic/results (graphs)

Navigator Enhancements: Workplan

Change Idea

Change Idea ?

Quality Dimension ? Safe

Issue ? Medication safety

Measure / Indicator ? Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital

Best Practices/Change Ideas [Quality Compass 'Safer Healthcare Now! Medication Reconciliation in Acute Care Getting Started Kit' Institute for Safe Medication Practices Canada website](#)

Organization Hospital A (Test)

Change Number

Planned Improvement Initiatives (Change Ideas) ?

Methods ?

Process Measures ?

Target for process measure ?

Comments ?

Buttons: > GOTO MEASURE, > GO TO CHANGE #, #, ✕ DELETE THIS CHANGE IDEA, CANCEL, SAVE, SAVE & CLOSE, + ADD NEW CHANGE IDEA

- Addition of resources (links) to change ideas window
- Ability to change order of change ideas
- Automated calculations for surveys
- Ability to export full workplan template

Other Enhancements

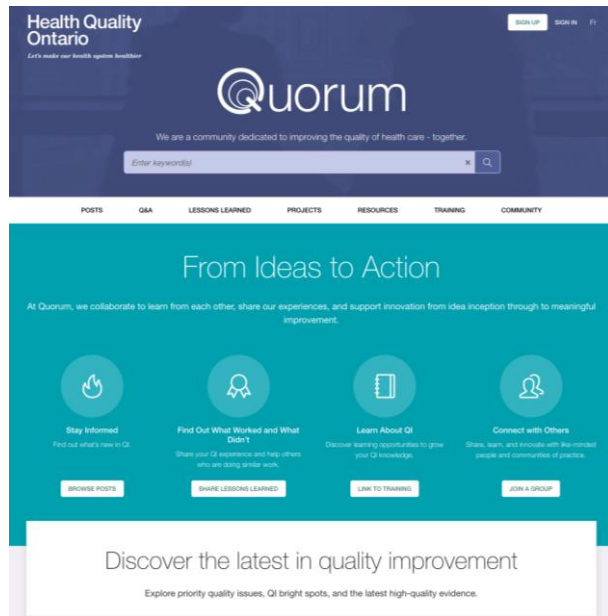
Improved automated password reset process

Ability to export full Narrative template

New 'simplified' Query QIP report (issue + sector)

QIP Supports QUORUM

Ontario's new online health care quality improvement community



Great change
ideas live here

And here,
aligned to each
indicator

Quality Compass



- Quality Compass is an online repository of evidence-informed information and change ideas focused on the priority indicators found in Ontario's QIPs.
- The tool supports health care leaders and providers in the primary care, home and community care, long-term care and hospital sectors to implement change.
- <http://qualitycompass.hqontario.ca/>



Thank you.

LET'S CONTINUE THE CONVERSATION:



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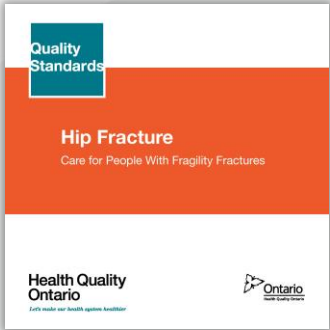
Let's make our health system healthier

Learn about shareable ideas in 5 Steps using Query QIP

1. Go to HQO's Navigator website. Search for "[HQO Navigator](#)" in your internet browser and click on this site. You don't need to login, as Query QIP is publically available.
2. Click on the "[Query QIP](#)" tab at the top of the webpage, and you will see a drop down menu of options.
3. Decide if you want to search by text or by indicator, and if you want to search the Narrative, Workplan or Progress Report. Each report is created separately.
4. If you select "text" (and not indicator), enter the term / text you want to search in the first field. If you select "indicator" (and not text), consider if this indicator is a priority, additional or custom QIP indicator. Select this as a parameter before selecting the indicator you want to search. If you don't know if the indicator is a priority, addition or custom indicator, simply select all three. Answer each of the other fields in turn to complete your report parameters.
5. To see each use of the term / text in the report you are creating, make sure you say "yes" to the last question, which highlights your text word with every instance of its use in the report.

If you have any trouble using Query QIP, or any of the Navigator functionality email: qip@hqontario.ca .

Get connected to Quality Standards. Each quality standard focuses on a certain health care issue and consists of:



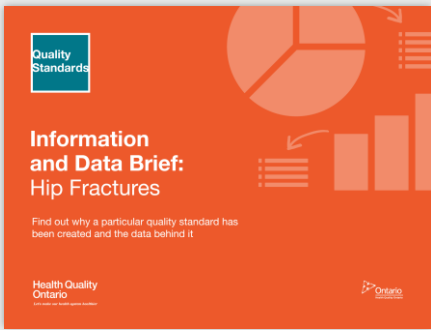
Clinical Guide



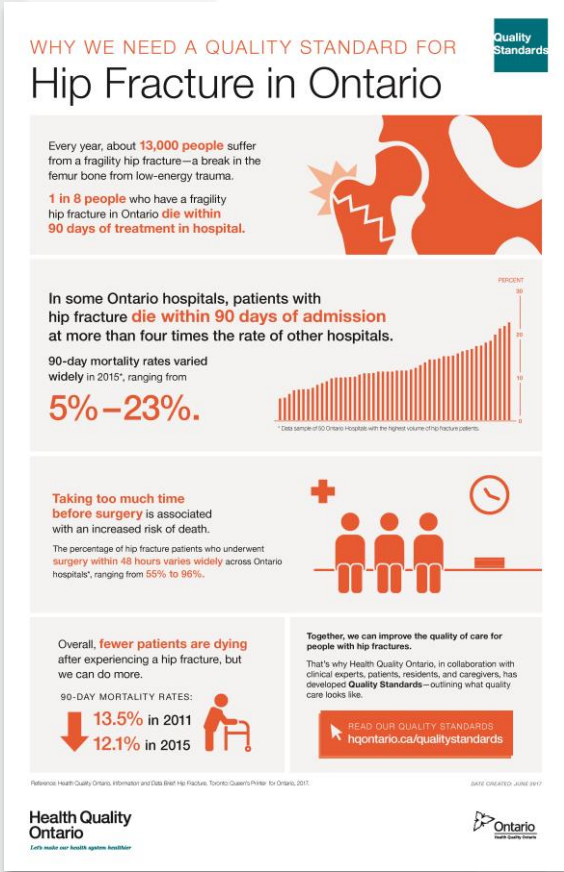
Recommendations for Adoption



Patient Guide



Information and Data Brief



Data Infographic

A Getting Started Guide and Action Plan Template to assist providers, teams and organizations to use the quality standard and prioritize quality statements to guide improvement.

Date Decided (dd-mm-yyyy)	Person Responsible	Deadline for Action (dd-mm-yyyy)	Status Update
[Click on field and type to insert text]	[Click on field and type to insert text]	[Click on field and type to insert text]	[Click on field and type to insert text]

Question: Which quality statement is this action plan for?

Your Answer: [\[Click on field and type to insert text\]](#)

Does this statement apply to your organization? (yes/no) [\[Click on field and type to insert text\]](#)

What are we doing now? [\[Click on field and type to insert text\]](#)

What are the gaps between current practice and the quality statement? [\[Click on field and type to insert text\]](#)

What is the behavioral practice that needs to change? [\[Click on field and type to insert text\]](#)

Patient Engagement

Helping patients
and the system
engage through
tools and
resources



Ontario's Patient Engagement Framework

Creating a strong culture of patient engagement to support high quality health care

Health Quality
Ontario
Let's make our health system healthier



Engaging with Patients and Caregivers about Quality Improvement

A Guide for Health Care Providers

Let's make our health system healthier

