

Looking Back and Looking Ahead

A Sneak Peek at Hospital QIPs for 2016/17

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Learning Objectives

- Share learnings from the 2015/16 QIPs
- Prepare organizations for 2016/17 QIP submission by offering advance notice of changes
- Provide an overview of HQO resources to support organizations in meeting their goals and supporting change across the system

REFLECTIONS ON THE 2015/16 QIPS – LOOKING BACK ON PROGRESS

Indicator Selection 2015/16

Indicator	Count of hospital corporations	Percentage of hospitals
Patient satisfaction	128	88%
Total margin	121	83%
MedRec on admission	114	78%
ALC days	108	74%
Readmissions	95	65%
C. difficile rate	95	65%
ED length of stay	90	62%
Total hospital corporations	146	

Original priority indicators and modified indicators combined

Looking Back on Progress 2014/15

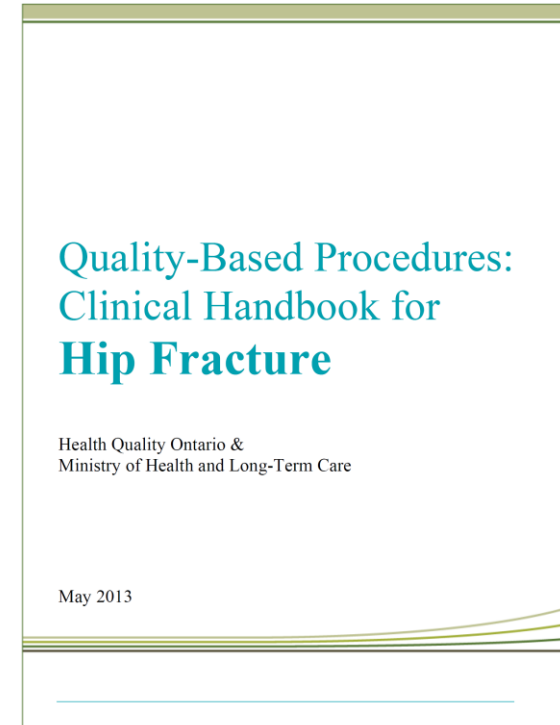
- HQO analyzed all of the progress reports in the 2015/2016 QIPs to reflect upon how hospitals have progressed from the previous year's QIPs
- Most hospitals (131) met or exceeded their targets on at least 1 priority indicator; 55 improved on 3+
- Some of the priority indicators are challenging to improve, interdependent and will take time
 - Building relationships with system partners

Looking Back on Progress 2014/15

- Organizations that reported progress in *C. difficile* infection rates included the following change ideas:
 - Reducing the use of high-risk antibiotics
 - Making the data meaningful to staff
- Organizations that reported progress in medication reconciliation included the following change ideas:
 - Implementation of a standardized audit tool
 - Specification of team roles, responsibilities and accountabilities for each stage of the process

Looking Back on Progress 2014/15

- Organizations that reported progress in percent of alternate level of care (ALC) days included the following change ideas:
 - Following best practice rehabilitation care pathways, especially for hip and knee replacements, hip fractures and stroke
 - Using prediction models to estimate time of discharge, improving timing of decision making, and putting services in place to reduce the risk of functional decline that can lead to a patient being designated as ALC



Looking Back on Progress 2014/15

It was more difficult to achieve progress on other indicators:

- Emergency department (ED) length of stay for admitted patients
 - Large variability in wait times for all types of hospitals, and in geographical location; range 1.35 to 54.28 hours
 - Some hospitals reported struggles with meeting their targets due to ED physician shortages
 - To mitigate physician shortages, EDs are employing interdisciplinary care models, and creating diversion programs (with other sectors) for patients that do not need to be seen in the ED

Looking Back on Progress 2014/15

It was more difficult to achieve progress on other indicators:

- Readmissions within 30 days for select case mixed groups:
 - Wide ranges in performance particularly in small, community hospitals
 - Data lag is an ongoing challenge to evaluating progress
 - Hospitals have found approaching the readmission rate as a multi-year strategy to be the best approach to making progress
 - Several hospitals are increasingly using care pathways and standard order sets, as well as partnering across health care sectors to smooth transitions and reduce the risk of readmission



Reflections from the 2015/16 QIP

- Some of the common initiatives hospitals are working on as identified in their 2015/2016 workplans and narratives include:
 - Two-thirds of hospitals mentioned the implementation of quality-based procedures
 - Nearly half of the hospitals involved in a Health Link, however many are not including this work in their QIP workplan
 - More integration across the system to support complex patient populations, and also to create an integrated continuum of care
 - Approximately half of the hospitals involved in the Ontario Surgical Quality Improvement Network integrated their surgical program improvement activities into their QIP
 - Increasing staff engagement in quality improvement

Reflections from the 2015/16 QIP

- Improving the patient experience is a top priority
 - Increasing opportunities for patient feedback i.e. French and Cree languages, enhancements to technology
 - Continued trend in measuring satisfaction using “top box” scores of “excellent”-only responses
 - Anticipation of the new regulations provided an impetus for a large number of hospitals to engage patients in the development of their QIP
 - First year we’ve seen a hospital write a narrative written directly to its patients and families (West Parry Sound Health Centre)
 - Hospitals have begun co-designing programs and services with patients and families

2016/17 QIPS – MOVING FORWARD

The Framing of QIPs

- A lever to improve the quality of the health care system by advancing core system issues and use of QIPs as a runway for change
- Quality matters: <http://www.hqontario.ca/About-Us/Quality-Matters>
- A tool to engage with patients around the quality improvement activities of the organization
- A tool to foster and support cross sector collaboration
- A way to target improvements that require change across multiple sectors

PLANNING FOR 2016/17 QIPS – INDICATORS AND THE NARRATIVE

2016/17 Indicator Selection

- HQO's indicator review has focused on ensuring alignment with other reporting requirements, provincial priorities, and the Common Quality Agenda
- Many stakeholders were consulted, including sector associations, HQO's Cross Sector QIP Advisory Group, and the HQO-LHIN QIP Task Group, the MOHLTC, palliative care partners, LHINs and CCO
- Changes reflect a strengthening focus on integration while paying attention to emerging issues and evidence
- Also made a concerted effort to focus on alignment rather than adding too many new indicators

Common Quality Agenda

Health Status

Life expectancy at birth

Infant mortality

Self-reported health status

Premature avoidable deaths

Public Health

Smoking

Physical inactivity

Obesity

Measles immunization

Meningococcal immunization

Influenza immunization in older adults

Primary Care

Having a primary care provider

Access to a primary care provider on the same day or next day when sick

Access to primary medical care in the evening, weekend or on a public holiday

Patient experience

Screening for colorectal cancer

Diabetes eye exams

Hospital Care

Patient satisfaction

Emergency department length of stay

Hip or knee replacement wait time

Cardiac procedure wait time

Cancer surgery wait time

Clostridium difficile infections acquired in hospital

Falls among complex continuing care patients

Pressure ulcers among complex continuing care patients

Use of physical restraints in acute mental health care

Home Care

Patient satisfaction

Wait time for nursing services

Wait time for personal support services

Long-Term Care

Long-term care home placement wait time

Use of physical restraints in long-term care home residents

Falls among long-term care home residents

Pressure ulcers among long-term care home residents

System Integration

Hospitalizations for ambulatory-care sensitive conditions

Physician visit within seven days of hospital discharge

Readmissions for mental illnesses

Readmissions for medical or surgical patients

Alternate level of care days

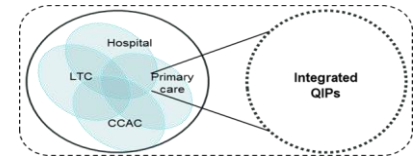
Health Workforce

Number of registered nurses, registered practical nurses or nurse practitioners

Number of family doctors or specialists

Lost-time injury in health workers

Functionally Integrated QIPs: Cross-Sector Collaboration



Hospital	
NEW	<ul style="list-style-type: none"> 30-Day Readmission for Select HIGs 30-Day Readmission for one of CHF/COPD or Stroke ALC Rate
	<ul style="list-style-type: none"> Patient Satisfaction
	<ul style="list-style-type: none"> ED Length of Stay (90th percentile, admitted)
	<ul style="list-style-type: none"> Med Rec (at admission) CDI Hand Hygiene before patient contact (A) Pressure Ulcers (A) Falls (A) Med Rec (at discharge) (A) VAP (A) CLI (A) Physical restraints in mental health (A) Surgical Safety Checklist (A)
NEW	<ul style="list-style-type: none"> % of palliative care patients discharged home with supports (A)

Primary Care	
	<ul style="list-style-type: none"> Primary Care Visits Post-Discharge Hospital Readmission for Primary Care Patient Population (A)
	<ul style="list-style-type: none"> Patient Experience
	<ul style="list-style-type: none"> Timely Access ED Visits for Conditions BME (A)
NEW	<ul style="list-style-type: none"> % of patients with diabetes with two or more HBA1C tests within the past 12 months Colorectal and Cervical Cancer Screening Influenza Immunization (A)

CCAC	
	<ul style="list-style-type: none"> Hospital Readmissions Unplanned ED Visits
	<ul style="list-style-type: none"> Client Experience
	<ul style="list-style-type: none"> Five-Day Wait Time for Home Care
	<ul style="list-style-type: none"> Falls for Long-Stay Clients
NEW	<ul style="list-style-type: none"> End of Life Preferred Place of Death (A)

LTC	
	<ul style="list-style-type: none"> Potentially Avoidable ED Visits
	<ul style="list-style-type: none"> Resident Experience Appropriate Prescribing
	<ul style="list-style-type: none"> Pressure Ulcers Falls Restraints Incontinence (A)

(A): additional indicator

Indicator Changes for Hospitals

New

- Risk-Adjusted 30-Day All-Cause Readmission Rate for Patients with:
 - CHF (QBP cohort)
 - COPD (QBP cohort)
 - Stroke (QBP cohort)
- Palliative Patients Discharged Home with Supports (Additional Indicator)

Indicator Changes for Hospitals

Modified

- Percent Alternate Level of Care (ALC) days moved to additional indicator
ALC Rate (Acute) new priority indicator
- Readmissions within 30 Days for Selected HBAM Inpatient Grouper (HIG) Groups
 - “HBAM Inpatient Grouper (HIG)” replace “Case Mix Groups (CMGs)”

Retired

- Total Margin
- Hospital Standardized Mortality Ratio

Changes to the Narrative

- The Narrative
 - Is an executive summary of your QIP and is intended to “narrate” the QIP in an easily understandable manner
- To support this, the Narrative has been streamlined
 - Overview
 - Integration & continuity of care
 - Engagement of patients
 - QI Achievements From the Past Year
 - Engagement of leadership, clinicians & staff
 - Executive Compensation (Hospitals only)

Changes to the Narrative

- QI Achievements from the past year (new)
 - Purpose of this section is to provide organizations with an opportunity to highlight a significant achievement or initiative, specifically why it was significant and how it was accomplished.
- The “challenges and risks” sections have been incorporated into the target justification section of the workplan, allowing organizations to link their challenges and risks to specific indicators.

PLANNING FOR 2016/17 QIPS – NAVIGATOR AND OTHER ENHANCEMENTS

Navigator

- Navigator will launch by November 27, 2015
- Organizations are encouraged to log in before March to ensure there are no challenges with passwords
- There will be Navigator training sessions this Fall and Winter to assist organizations who are new to Navigator

Looking Ahead to 2016/17 Review “Sector QIPs” and Reports



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
2015/16	Primary Care	South East	Family Health Team	Brighton Quinte West Family Health Team	<input type="button" value="NARRATIVE"/>	<input type="button" value="WORKPLAN"/>	<input type="button" value="PROGRESS REPORT"/>
2015/16	Primary Care	South East	Family Health Team	Loyalist FHT	<input type="button" value="NARRATIVE"/>	<input type="button" value="WORKPLAN"/>	<input type="button" value="PROGRESS REPORT"/>
2015/16	Primary Care	South East	Family Health Team	Upper Canada FHT	<input type="button" value="NARRATIVE"/>	<input type="button" value="WORKPLAN"/>	<input type="button" value="PROGRESS REPORT"/>
2015/16	Primary Care	South East	Family Health Team	Athens District FHT	<input type="button" value="NARRATIVE"/>	<input type="button" value="WORKPLAN"/>	<input type="button" value="PROGRESS REPORT"/>
2015/16	Primary Care	South East	Family Health Team	Bancroft FHT	<input type="button" value="NARRATIVE"/>	<input type="button" value="WORKPLAN"/>	<input type="button" value="PROGRESS REPORT"/>
2015/16	Primary Care	South East	Family Health Team	Central Hastings Family Health Team	<input type="button" value="NARRATIVE"/>	<input type="button" value="WORKPLAN"/>	<input type="button" value="PROGRESS REPORT"/>

Technical Enhancements

- Focus on progress: Progress report has been positioned as the first document organizations see when they log in to Navigator.
- Improved search capabilities for the publicly posted QIPs: Enhancements have been added to Navigator to make it easier for organizations to search other publicly posted QIPs.
- Organizations will be able to search by key word and indicator, as well as by other key factors, including model type, LHIN, and size of organization.

Technical Enhancements

- Improved submission process: To minimize confusion this year, the “Submit” button has been replaced with a “Validate” button. When organizations select the “Validate” button, they will be notified of any missing information; if all fields are complete, they will be directed to the signatory window. Sector-specific signatories are now available.
- Enabled image upload capabilities: For organizations that create graphics they would like to share as part of their QIP Narrative, this new feature allows users to upload up to five images per section to accompany Narrative text.

Changes for Multi-Sector Organizations

- Based on feedback from the field, starting in 2016/17, multi-sector organizations that share a common board of directors will be able to submit one QIP (for example- a hospital that has acute beds and a long-term care home)
- More information will be provided to these organizations over the course of the year, but please contact us at QIP@HQOntario.ca if you have questions

PLANNING FOR 2016/17 QIPS – RESOURCES AND TRAINING

Guidance Materials

- Guidance materials to be launched by November 27, 2015
- Package will include
 - Provincial Priorities Memo and “What’s New” Supplementation
 - Refreshed Guidance Documents
 - Indicator Technical Specifications
 - Target Setting Guide
- Please visit HQO’s website for additional resources

Patient Engagement in QIPs


- Effective September 2015, changes to the ECFAA regulations include specific requirements for hospitals to directly engage patients in their patient relations processes and QIP development.
- HQO will be providing further guidance on this issue later in the Fall
- In the interim, please visit HQO's website for tools on patient engagement in general


Insights into Quality Improvement reports

- Focus on the organizational level data from the QIP
- Quantitative data, as well as observations regarding trends in change ideas and targets
- 4 sector reports to be released in November-January
- Additional themed reports to be released in February-March, 2016

Quality Compass










HEALTH QUALITY ONTARIO'S



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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	 Leadership
 Long-Term Care	 Person & Family Centred Care	 Acute Care
 Quality Improvement: Getting Started	 Quality-Based Procedures	 Transitions

Other Sector Specific Resources

- Ontario Surgical Quality Improvement Network (ONSQIN)
 - A community of surgical teams from across the province that work together to achieve long-term surgical quality improvement goals
 - November 6th, HQO is hosting the ONSQIN conference

Webinars & Training Sessions

- Sector specific “sneak peek” webinars – October & November, 2015
- Navigator training sessions – November 2015
- Patient Engagement in QIPs – December 2015
- Topic specific training sessions – December 2015 & January 2016
- QIP Support Webinars – March 2016

QI Educational Opportunities



Health Quality Ontario (HQO) is pleased to invite you to the May session of Quality Rounds Ontario

As the provincial advisor on health care quality, HQO is presenting this monthly series to provide opportunities for the quality community to connect, support innovation and foster knowledge exchange. To enable province-wide participation, you can join via [webinar](#), from an OTN site or in-person.



Questions?





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