

LHIN Quality Improvement Plans (QIPs) and Service Provider QIPs

Presentation to Service Provider Organizations
April 2018



Purpose

- To provide an overview of:
 - LHIN Quality Improvement Plan (QIP), and
 - Service Provider (SP) QIP documents



LHIN QIP



Background

The *Excellent Care for All Act*, 2010, provides the impetus for health care reform - a system truly patient-centered, and focused on accountability and transparency.

The Excellent Care for All Strategy is based on the following principles :

- Care is organized around the person to support their health
- Quality and its continuous improvement is a critical goal across the health care system
- Quality of care is supported by the best evidence and standards of care
- Payment, policy and planning support quality and efficient use of resources

Reference: MOHLTC, <http://www.health.gov.on.ca/en/pro/programs/ecfa/legislation/> (Accessed April 10, 2018)

Background: QIP Implementation by Sector

Hospitals were the first health care organizations required to prepare QIPs	April 2011
Health Quality Ontario (HQO) provided QIP templates to assist other primary health care providers to develop quality improvement plans on a voluntary basis	February 2013
Aboriginal Health Access Centres (AHACs), Community Health Centres (CHCs), Family Health Teams (FHTs) and Nurse Practitioner Led Clinics (NPLCs) were required to submit a QIP to Health Quality Ontario (HQO)	April 2013
CCACs (now LHINs) were directed, in the MOHLTC Contract Management Guidelines for CCACs (Sept. 2012), to develop and publically post “Continuous Quality Improvement Plans”, and directed through the Schedule for Community Care Access Centres MOHLTC Directive for Quality Improvement Plans in Ontario’s Community Care Access Centres	April 2014



What is a QIP?

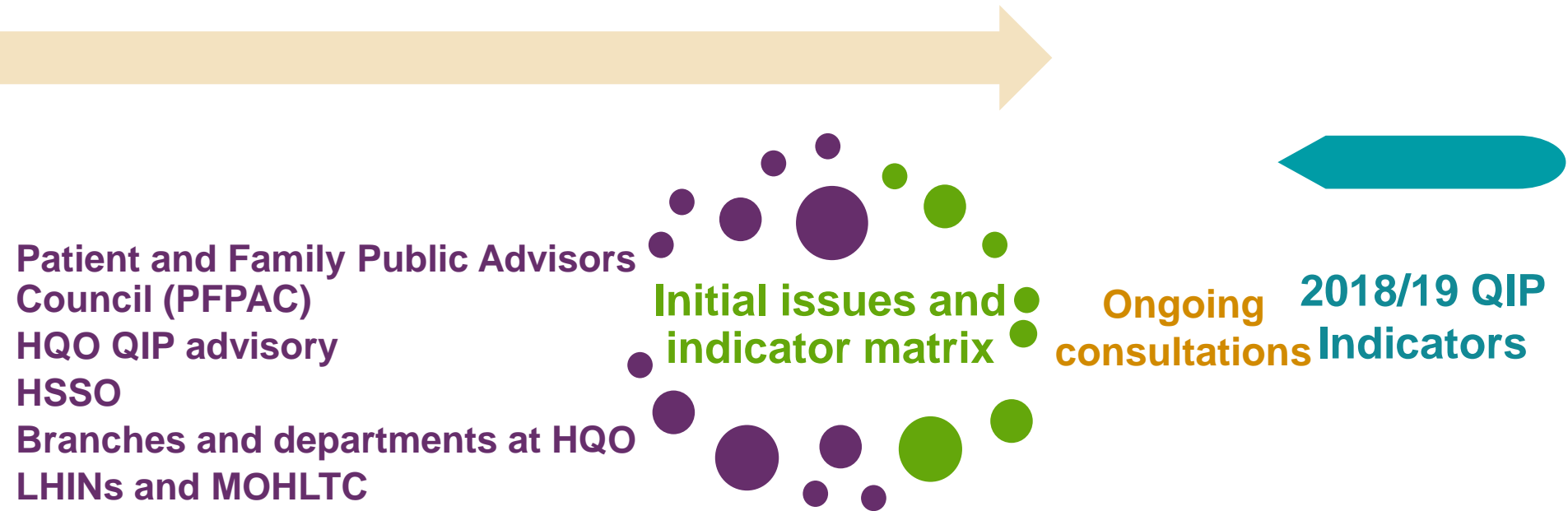
- “A documented set of commitments and actions that assist an organization in meeting quality objectives.”
- “A QIP establishes a central focus to guide an organization in its quality improvement initiatives, with the overall objective to steer health care organizations to improve the quality of services delivered to patients/clients.”

Source: Ministry of Health

MOHLTC and HQO Roles in QIPs

Lead	Current Role & Function
Ministry of Health and Long Term Care (MOHLTC)	<ul style="list-style-type: none">• Provides overall vision, strategy, and direction on priorities, the <i>Excellent Care for All Act</i>, 2010 and QIPs as a whole• QIP policy development, based on consultation and collaboration
Health Quality Ontario (HQO)	<ul style="list-style-type: none">• Setting provincial quality priorities for advancement in the QIPs• Analyzing improvement plans and sharing evidence and results that inspire further activity and results• Fostering community and patient engagement in quality• Providing a standardized reporting infrastructure, training and ongoing organizational support• Providing tools and resources to cultivate a culture of quality improvement and support the development of the QIPs

The QIP consultation process



QIP Structure Promotes a Systems Approach to Quality

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"> Narrative 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) Antimicrobial-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"> Narrative 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
Equitable	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) 	
	Population health/equity considerations: <ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative Glycated hemoglobin testing (A) Colorectal & cervical cancer screening (A) 	<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



Reporting QIP Progress

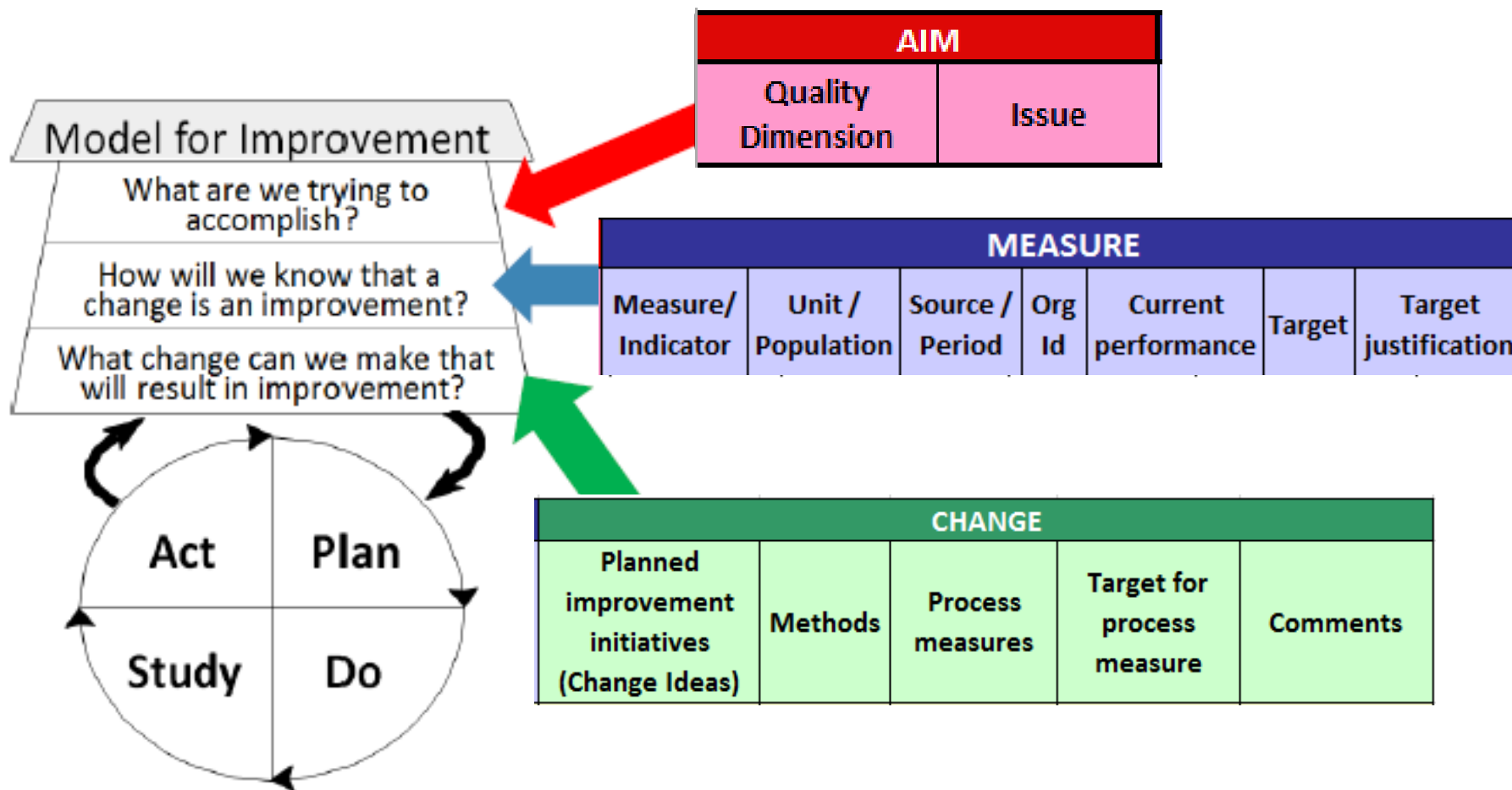
- Starting April 1, 2015, every year as part of the QIP submission process, LHINs submit a report on their organization's progress on the previous fiscal year's QIP priorities and targets.
- Progress includes:
 - Reflection on previous QIP targets
 - Progress to-date
 - Comments
 - Reflection on change ideas



Indicator Selection and Reporting

- LHINs are strongly encouraged to report on indicators where performance is below the provincial average.
- Each LHIN can add additional improvement indicators as relevant to organizational quality improvement goals.
- LHINs must create a plan to address each of the indicators selected above which includes setting a target, identifying change ideas, and method and process measures.
- QIPs are aspirational; targets should be aimed at improvement – using aspirational targets drawn from evidence, peers, ministry.

QIP Workplan



QIP Workplan: Change Section

Planned Improvement	Quality Improvement initiatives that will lead to the improvement being sought
Methods	Step-by-step measures the organization will use to track progress on its planned improvement initiatives
Process Measures	Measure that evaluates whether an activity has been accomplished. Processes must be measureable as rates, percentages, and/or numbers over specific timeframes
Target for Change Ideas/Process Measures	Organization's numeric goal, specifically related to the process measure and used to track progress on change ideas
Comments	Factors for success or additional information

LHIN QIP Workplan

[illegible]

Priority Indicators – Home Care

Indicator	Description
Falls for Long-Stay Clients This is a priority indicator for 2018/19 <i>Quality dimension: Safe</i>	Percentage of adult long-stay home care clients who record a fall on their follow-up RAI-HC assessment
Unplanned Emergency Department Visits This is a priority indicator for 2018/19 <i>Quality dimension: Effective</i>	Percentage of home care clients with an unplanned, less-urgent ED visit within the first 30 days of discharge from hospital
Hospital Readmissions This is a priority indicator for 2018/19 <i>Quality dimension: Effective</i>	Percentage of home care clients who experienced an unplanned readmission to hospital within 30 days of discharge from hospital

Source: HQO Indicator Technical Specifications Released January 2018

Priority Indicators – Home Care (cont'd)

Indicator	Description
Five-Day Wait Time for Home Care – by Patient Available Date (<i>definition updated</i>) This is a priority indicator for 2018/19 <i>Quality dimension: Timely</i>	Organizations are expected to measure progress on 5-day wait times for home care using the following measures: <ul style="list-style-type: none">• Personal Support for Complex Patients: Percentage of complex patients who received their personal support service within 5 days of the patient available date• Nursing Visits: Percentage of patients who received their first nursing visit within 5 days of the patient available date

Source: HQO Indicator Technical Specifications Released January 2018

Priority Indicators – Home Care (cont'd)

Indicator	Description
Person Experience This is a priority indicator for 2018/19 <i>Quality dimension: Patient-centred</i>	Percent of home care clients who responded “Good”, “Very Good”, or “Excellent” on a five-point scale to any of the following client experience survey questions: <ul style="list-style-type: none">• Overall rating of LHIN services• Overall rating of management/handling of care by Care Coordinator• Overall rating of service provided by service provider
End of Life, Preferred Place of Death This is a priority indicator for 2018/19 <i>Quality dimension: Patient-centred</i>	Percent palliative/end of life patients who died in their preferred place of death

Source: HQO Indicator Technical Specifications Released January 2018



SP QIP Documents



SPO Contract Obligations

- Section 7.3 of the Services Schedule requires that SPOs implement a Quality Management Program which includes monitoring, recording, evaluating and improving services delivered under the contract.
- As part of that program, section 7.3(1)(a) requires SPOs to develop “an annual continuous quality improvement plan that aligns with the LHIN’s annual continuous quality improvement plan.”



SP QIP Documents

- The format and content of SPO's continuous quality improvement plans will vary. It is part of and supplements the SPO's full Quality Management Program.
- SPOs may wish to use the same HQO-created template that the LHINs are using as there is a lot of guidance and support respecting that template.



Process of Alignment

- In order to further the goal of aligning organization, regional and system priorities for improvement across the health care system, the MOHLTC has encouraged LHINs to use a process to engage Service Providers in supporting the improvement activities of the LHIN, where those activities can be enhanced through contributions by the SPO.
- Some LHINs are engaging SPOs in the early phases of LHIN's QIP planning, looking at possible collaborative projects and soliciting ideas.



Process of Alignment (cont'd)

- The SP QIP Report template will be used by SPOs to describe how the SPO's improvement activities will align with and support the LHIN's QIP priorities.
- Alignment may be through collaborative projects with the LHIN or through SPO internal change plans.
- SPOs may not have a change initiative for every LHIN improvement objective. Some LHIN improvement objectives may not be facilitated by SPO activities.



SP QIP Documents

Two documents related to SP QIP are to be submitted to the LHIN:

- 1) SP QIP Progress
- 2) SP QIP Report



1) SP QIP Progress

- This form is intended to reflect on lessons learned of the previous year's initiatives and contribute to the development of the next year's SP QIP Report. This reports results on the process measures identified in the previous year's (2017/18) SP QIP.
- SPOs will then submit their SP QIP Progress as an attachment to their Annual Report submitted in June of each year.

SP QIP Progress Template

PROVIDED BY MOHLTC	
LHIN Aim	This identifies the “what” the LHINs are working towards improving. The Quality Dimensions and Objectives are standardized across the province.
LHIN Measure	This column has been pre-populated with the list of priority indicators established across health care sectors.
COMPLETED BY THE SERVICE PROVIDER ORGANIZATION (SPO)	
SPO Improvement Initiatives (Change Idea) from 2017/18 QIP	The improvement initiative column provides details about the quality improvement initiative (i.e. the changes) being put in place that will lead to the improvement being sought by the LHIN, which was stated in last year's QIP.
SPO Process Measure	The SPO process measure identified in the previous year's QIP.
2016/17 Result	Report the measurement result for the previous year.
SPO Target for Change Idea as Stated in the 2017/18 QIP	SPO's own target specifically related to the process measures is used to track progress on their change ideas, which is the value taken from the previous QIP.
2017/18 Result	Actual performance achieved at the end of the year.
Lessons Learned	Organizations are asked to indicate whether their change ideas, as pulled from their previous SP QIP, were implemented as intended and to include any key lessons learned. Was the change idea adopted, altered or abandoned? What were the results? What key challenges were faced? What advice would you give to others? Not implementing an idea, or having an idea not succeed should be considered important learnings and should not be regarded as a failure.

SP QIP Progress Sample

LHIN AIM		LHIN MEASURE	SPO CHANGE					Lessons Learned
Quality Dimension	Issue	Measure/Indicator	SPO Improvement Initiative (Change Idea) from 2016/17 QIP	SPO Process Measure	2015/16 Result	SPO Target for Change Idea as Stated in the 2016/17	2016/17 Result	
Safe	Safe care	Percentage of adult long-stay home care clients who record a fall on their follow-up RAI-HC assessment	Clinical and front-line staff complete Falls Prevention e-Learning module	% of staff completed the e-Learning module	n/a	80%	30%	There was a delay in the release of the module. There was also high turnover in staff. We found that frequent engagement or reminders by direct supervisors were effective. High percentage of staff completed the e-Learning module, despite a delay in its release. The organization has realized that it did not have a plan for sustaining the learning, given the high turn over of staff. A catch-up is planned and the training is now part of orientation.
			Falls risk checklist completed on first visit.	% of clients for whom the checklist is completed.	50%	70%	60%	A challenge was identified in that not all risks can be addressed by the visiting nurse. A pilot was successfully launched in XXX LHIN and the checklist is now under review. To address the challenge in that not all risks can be addressed by the visiting nurse, the organization is working with LHINs to plan for the appropriate reporting and potential responses.



2) SP QIP Report

- Using the LHIN QIP template (described previously), the LHINs will give the SPO a copy of the LHIN's QIP.
- In addition to the SP QIP Progress, SPOs will include their SP QIP Report as the second attachment to their Annual Report submitted in June of each year.
- Though quality improvement objectives may be similar across LHINs and SPOs, the actions taken to achieve these may vary considerably.



What the SP QIP Report is not...

- The SP QIP Report does not replace the SPO's existing Quality Management Program (7.3) or its QIP (7.3(1)(a)).
- The SP QIP Report is not a performance management tool (i.e. not like a Quality Improvement Notice).

SP QIP Report Template

COMPLETED BY THE SERVICE PROVIDER ORGANIZATION (SPO)	
SPO Improvement Initiative	The improvement initiative column provides details about the quality improvement initiative (i.e. the changes) being put in place that will lead to the improvement being sought by the LHIN.
SPO Methods	Identify the processes and tools your organization will use to regularly monitor progress on its QI activities and its testing of change ideas. Include such details as how and by whom (e.g. department) data on change ideas will be collected, analyzed, reviewed and shared.
SPO Process Measures	<p>Include measures that evaluate whether key processes are functioning effectively or as planned. Process measures should be carefully selected to directly gauge the impact of the change ideas on the process(es) needing improvement (e.g. is the new process better? How do you know?). This information will help you determine if the change idea(s) should be adopted, amended or abandoned.</p> <p>Process measures must be quantifiable and reportable as rates, percentages or numbers over specific timeframes.</p> <p>For example, “number of fall risk assessments reviewed each month by the quality team”; “number of patients/ clients/families surveyed per month”; “number of staff demonstration uptake of education documented per quarter”.</p>

SP QIP Report Template (cont'd)

COMPLETED BY THE SERVICE PROVIDER ORGANIZATION (SPO)	
SPO Target for Change Idea	SPO's own target specifically related to the process measures is used to track progress on their change ideas.
Comment	<p>This is the place for any additional comments about the initiative. These may include factors for success or any additional information the organization may wish to provide.</p> <p>SPOs may wish to comment on justification for their goals:</p> <ul style="list-style-type: none">• Provincial benchmark (where this exists)• Theoretical best• Matching best performance elsewhere• Reduce defects/waste/wait time• 90th percentile among peers• Match the rate of improvement attained by other leading organizations• Match provincial average (appropriate only for organizations whose performance is far below average)

SP QIP Report Sample

LHIN AIM		LHIN MEASURE							SPO CHANGE				
Quality Dimension	Issue	Measure/ Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target for 2018-19	Target justification	SPO Improvement Initiative (Change Idea)	SPO Methods	SPO Process Measures	SPO Target for Change Idea	Comments
Patient-centred	Person experience	Percent of home care clients who responded "Good", "Very Good", or "Excellent" on a five-point scale to any of the following client experience survey questions <ul style="list-style-type: none"> Overall rating of LHIN services Overall rating of management/handling of care by Care Coordinator Overall rating of service provided by service provider 							Scheduling and front-line staff complete cultural competency training.	HR collects the data from the eLearning tool. HR distributes the reports to management.	% of scheduling and front-line staff who have completed training	95%	Collaborative LHIN/SPO initiative.



Next Steps

- LHINs will provide each contracted SPO with a SP QIP Report template that includes a copy of the LHIN QIP workplan.
- The SPO will attach the SP QIP Progress and SP QIP Report to their Annual Report and submit it no later than June 30, 2018.

Questions

