Let's Make Healthy
Change Happen.

Quality Improvement Plan (QIP)

Guidance Document for
Ontario's Health Care Organizations

Ontario

Acknowledgements

This guide, and all of the support elements associated with the Quality Improvement Plan (QIP), has been developed by the Ministry of Health and Long-Term Care (MOHLTC) in collaboration with Health Quality Ontario (HQO) along with health care organizations and health sector associations. The ministry appreciates the guidance and contribution of all of those involved in the development process.

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Background

Ensuring high quality, integrated care for all patients, clients and residents should be the goal of everyone involved in delivering health care in Ontario. This is a principle embedded in the *Excellent Care for All Act* (ECFAA), and one that is shared within broader system priorities and initiatives.

ECFAA, passed in June 2010, laid the foundation for a health care system that is patient-centered, focused on accountability and transparency, and committed to improving the quality of care Ontarians receive. **The government's commitment to quality improvement applies to all health care sectors,** bringing us together to share in the commitment to quality health care where the needs of patients/clients/residents come first.

While ECFAA provided the foundation for excellence, Ontario's Action Plan for Health Care, which was released in January 2012 by the Minister of Health and Long-Term Care, built on this foundation, providing an ambitious blueprint for health system transformation that involves all health care partners and providers.

System-wide quality improvement is the vision that the Ministry of Health and Long-Term Care (ministry) provides for all health care sectors, using the Quality Improvement Plan (QIP) as an enabler for this change.

What is a Quality Improvement Plan?

A Quality Improvement Plan (QIP) is a formal, documented set of quality commitments aligned with system and provincial priorities that a health care organization makes to its patients/clients/residents, staff and community to improve quality through focused targets and actions. By submitting your QIP to Health Quality Ontario (HQO), we as a system can begin to understand what progress organizations are making in achieving targets on priority improvement areas. Additionally, the QIP provides rich information for the system to better understand how we collectively can spearhead improvement efforts.

Quality improvement objectives may be similar across organizations. The QIP provides an opportunity to learn from your peers on the types of actions you can take to achieve quality objectives to reduce wide variation with approaches taken. In addition to being owned by the organization, QIPs are developed under the umbrella of a common provincial vision and provide a system-wide platform for quality improvement. This provincial vision is expressed through the **priority indicators** that are included in the QIP. These quality themes reflect Ontario's vision for a high-performing health care system and were prioritized through consultation with key stakeholders, representative associations, and informed by other partner organizations including HQO.

Purpose of this document

The QIP guidance material has been established for all health care organizations to assist in developing a QIP. It is intended to supplement (not replace) any existing quality improvement initiatives underway.

This document provides a brief overview of what elements should be incorporated in the development of your organization's annual QIP. It is important to recognize that **every sector is at a different starting point when it comes to developing and implementing a QIP.** Regardless of where you are however, the goal is to establish priorities that align organizational, regional and system priorities, familiarize yourself with performance data at your organization and understand how you can use it to drive measurable improvement and build capacity within

your organization. While the QIPs are not a performance management tool, they are meant to be a mechanism through which organizational leadership are held accountable for the commitments made for improved quality of care. Organizations have a responsibility to report on progress and be available to explain their performance on commitments made in their QIP.

This document provides overall guidance for developing a QIP, however **it is expected that organizations are familiar with their own sector-specific requirements** in the development of their QIP. Refer to the set of Frequently Asked Questions (FAQs) for more information on this.

Resources

While the ministry provides the overall vision and direction on the kinds of priorities an organization should be focusing on in their QIP to ensure alignment with system goals, additional resources should be sought to help you develop your QIP. Health Quality Ontario provides support for the development of QIPs. As the organization that collects and analyzes QIPs, HQO can provide support on QIP development, implementation, as well as feedback and guidance on how to improve. HQO's wealth of resources related to quality improvement across a variety of topics can be found by accessing HQO's website. For more information on priority areas to focus on as well as additional resources to refer to when developing your QIP, see the **Provincial Priorities and Success Factors** section of this document.

Refer to the set of Frequently Asked Questions (FAQs) for additional requirements and specifications related to your sector that are to be included in your QIP.

QIP Development Process

QIPs are to be developed by the organization. The Board, senior management, clinicians, other staff, and patients/ clients/residents should be engaged in its development. The Board of your organization as well as its senior management should ensure they are meeting the targets set out in their QIP. It is expected that the QIP will support performance improvement in your organization to achieve the targets established by your organization. The ministry is not prescriptive about what targets are to be set within the QIP.

System-level priorities should drive the development of your QIP. In particular, metrics that focus on integrated care across sectors and across patient care settings have been prioritized as a means of ensuring your QIP reflects the functional integration efforts of the broader health care system.

It is expected that development of a QIP takes into account the needs of your patients, clients and/or residents, as it is their health care experience that needs to be of top priority for the health care organization. This focus should be well incorporated throughout your QIP. In addition, consider other ways in which the experience of those populations you serve can be enhanced, such as through patient/client/resident surveys, involvement in the development of your patient/client/resident relations process and engagement at the organizational leadership levels in informing policy (refer to the **Provincial Priorities and Success Factors** section of this document for additional resources related to patient experience).

Other system priorities should be incorporated into the development of your QIP for optimal alignment across

your region. Refer to the **Provincial Priorities and Success Factors** section of this document for information.

Processes for monitoring patient relations and complaints, patient experience surveys, and/or critical incidents within your organization are important to maintaining quality care. When considering what priority areas your organization's QIP should include, consider reviewing these processes to understand whether it's appropriate to prioritize those indicators where concerns have arisen.

Support materials for completing the QIP can be found on the ministry's underline website.

Step-by-step

The following provides a step-by-step guide on how to develop a QIP:

1. Use **organizational-level data** to identify your current performance and/or baseline for the priority indicators. (If no baseline exists, note this in your QIP, and begin gathering the data you need).

2. Organizations are expected to **review the priority indicators** for their sector and determine which are relevant for their organization. To support this process, your organization should review its current performance against provincial benchmarks/theoretical best for all priority indicators. If your organization elects not to include a priority indicator in the QIP (for example, because performance already meets or exceeds the benchmark/ theoretical best), then this should be documented in the comments section of the QIP Workplan. Any additional indicators can also be included in your QIP as relevant to your organization's quality improvement goals. HQO provides additional resources to support selection of indicators for your QIP

3. Use the guidance provided to create **a plan** to address each of the system level priorities you identified for improvement, (see above). A plan includes setting a target, identifying change ideas to be tested, methods and process measures, as per the QIP workplan.

4. Ensure you complete the **Narrative** to use to communicate these priorities to your communities and staff. Also complete the **Progress Report** (for those organizations that have more than one year of information to report on).

5. **Sign-off:** Once the QIP has been approved by the Board, the Quality Committee (if applicable) and key senior leadership, those involved need to "sign-off" on the QIP. This is an important component to help demonstrate the shared accountabilities and responsibilities for the QIP at the governance, clinical, and administrative levels.

QIP Narrative

The Narrative allows organizations to provide context for the information in the QIP. As an engagement tool for organizational staff, the Narrative can communicate a commitment to the organization's QIP, and provides a practical framework to communicate the organization's quality improvement priorities for the upcoming year. The Narrative should be concise and no more than 2-3 pages in length, and written in a manner that can be easily understood by all audiences. Refer to the below guidance in the development of your Narrative. When writing the

Narrative, organizations should incorporate information that speaks to their priorities, as well as how the QIP aligns with other planning documents. To do this, the QIP should be made an integrated part of an organization's overall planning process. The Narrative should include:

- An **overview** that includes:
  – The objectives of your QIP for the following year; and
  – How your QIP aligns with other planning processes in your organization. For example, the strategic plan, operational plan, Service Accountability Agreements, Accreditation requirements, and other contractual/accountability requirements.
- A description of how the organization is working with system partners in developing and/or executing quality improvement initiatives to improve **integration and continuity of care** for your patients/ clients/ residents;
- Any **challenges, risks and mitigation strategies** that have been identified in the execution of these quality commitments, and how these will be addressed;
- The extent by which your organization is using its **information management systems** (e.g. Electronic Medical Records) to better understand the needs of your patient/client/resident populations, and to inform quality targets;
- An understanding of how your organization is **engaging its clinical staff and broader leadership** in establishing shared quality improvement goals and commitments for the organization; and
- How **organizational leadership will be held accountable** for achieving the targets set out in your QIP. Where appropriate, legislative requirements should be adhered to related to performance-based compensation.

Your Narrative must include a Sign-off section that verifies that leadership (e.g. Board Chair, Quality Committee lead, Chief of Staff/Clinical Lead, and CEO/Executive Director/Administrative lead) has been involved in the development of the QIP, approves the Plan and is committed to its implementation. Visit the ministry's website for templates and supports for completing this section.

QIP Workplan

The Workplan is the main portion of your QIP. It describes the improvement targets and initiatives that your organization is committing to improving on. A set of priority indicators are included to support a common language of quality across all organizations and sectors.

Organizations are expected to review the priority indicators for their sector and determine which are relevant for their organization. Any additional indicators can also be included in your QIP as relevant to your organization's quality improvement goals.

See the ministry's website for templates and supports for completing this section.

The Workplan has been designed to align with the Model for Improvement[1], with three essential questions driving the improvement process:

- What are we trying to accomplish? **AIM**
- How do we know that a change is an improvement? **MEASURE**
- What changes can we make that will result in the improvements we seek? **CHANGE**

AIM: What are we trying to accomplish?

The ministry is committed to leveraging all dimensions of quality (as articulated in ECFAA and by HQO) to advance quality initiatives across the province. While all dimensions are important and valuable, each sector's Workplan has been streamlined to include a focus on a set of quality dimensions. Within these dimensions, objectives have been identified. These are based on priorities aligned with ECFAA, identified in Ontario's Action Plan for Health Care, reflect transformational priorities, and have been confirmed through consultation and feedback from the sectors.

MEASURE: How will we know that change is an improvement?

Measure/ Indicator	This column has been pre-populated with the list of priority indicators (see the **Indicator Technical Specifications** section) for technical specifications and definitions of these indicators).
	Organizations are expected to review the priority indicators for their sector and determine which are relevant for their organization. To support this process, your organization should review its current performance against provincial benchmarks/theoretical best for all priority indicators. If your organization elects not to include a priority indicator in the QIP (for example, because performance already meets or exceeds the benchmark/ theoretical best), then this should be documented in the comments section of the QIP Workplan. Any additional indicators can also be included in your QIP as relevant to your organization's quality improvement goals. HQO provides additional resources to support selection of indicators for your QIP.
Current Performance	What is the organization's current performance data or rate associated with the indicator? Reporting periods have been included for each of the priority indicators to guide completion of this section (see the **Indicator Technical Specifications** section).
Target (for next fiscal year)	This column should indicate the targeted outcome the organization expects to achieve by the end of the fiscal year.
	Some key considerations when setting targets include the following: • Organizations should consider a target that represents what the organization aspires to, first and foremost. • Organizations should set stretch targets in those areas of higher priority. • Organizations should not set targets below the baseline. If an organization cannot meet the baseline, information should be included in the 'comment' section to describe this. For more information about setting targets, refer to HQO's Analysis for Improvement Reports and website.

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[1] Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd Edition). San Francisco, California, USA: Jossey-Bass Publishers; 2009

Target Justification	Organizations should express how they justify their annual performance improvement targets.
	Organizations may wish to consider the following common justifications for stretch targets:
	• 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)

CHANGE: What changes can we make that will result in improvement?
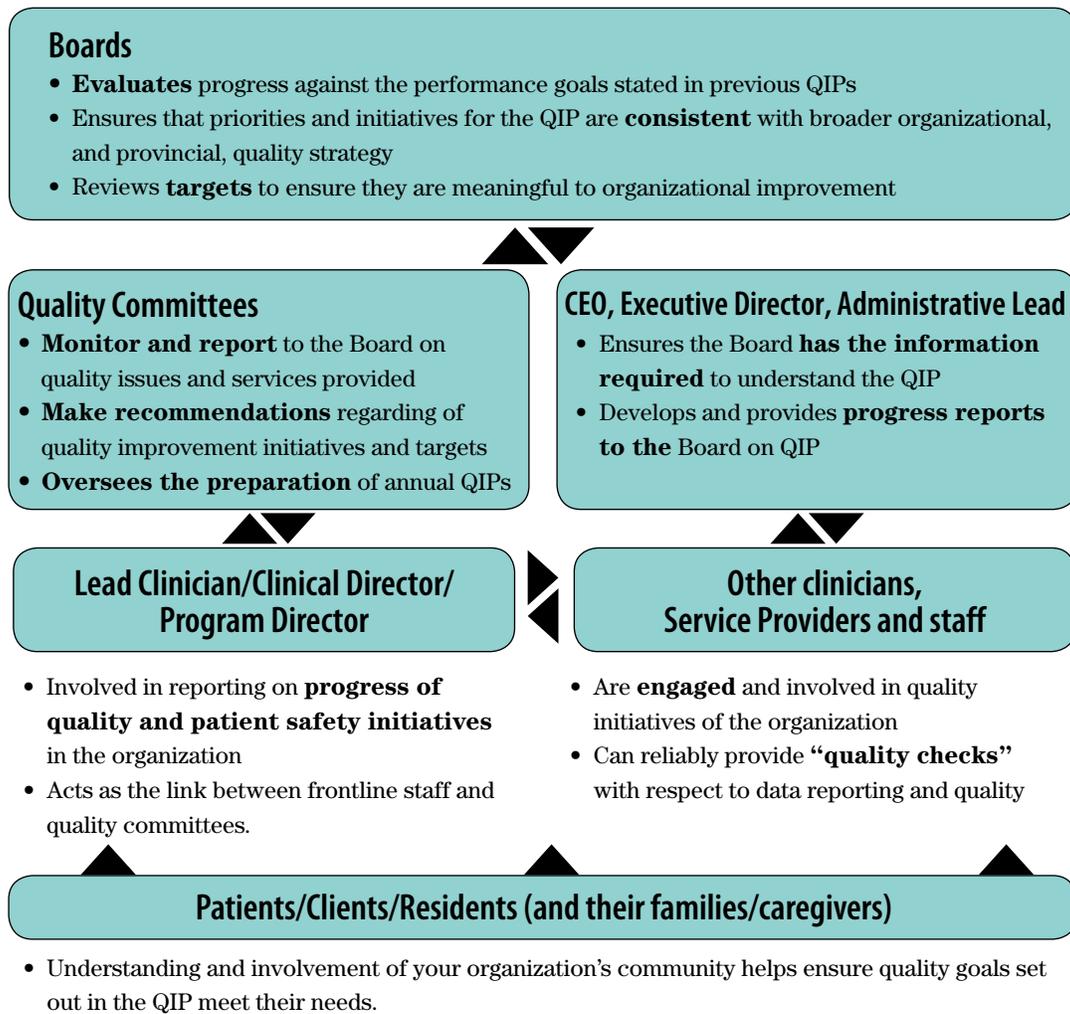
Planned improvement initiatives (Change Ideas)	The improvement initiative column provides details about the quality improvement initiative (i.e. the changes) being put in place that will lead to the improvement being sought. Change ideas should be included for all priority indicators where improvement is the goal.
Methods	This column identifies the step-by-step methods the organization will be using to track progress on its planned improved initiatives (change ideas). Include details such as how the data on the change ideas will be collected, analyzed and reviewed.
Process Measures	The measure that evaluates whether an activity has been accomplished. Processes must be measureable as rates, percentages, and/or numbers over specific timeframes. e.g. "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".
	Setting aggressive or 'stretch' targets for these process measures and implementing the change plans to achieve them will help organizations attain better performance on priority outcome indicators over time.
Goal for change ideas	This is the organization's numeric goal specifically related to the process measures and is used to track progress on change ideas within specific timeframes. E.g. "100 % compliance by Dec. 31, 2014".
Comments	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.

Who should be involved in QIP development

The QIPs are a shared responsibility within an organization. Development and successful implementation of the priorities and quality initiatives in the QIP depends on the involvement and engagement of the organization's Board, senior leadership, clinicians, staff, and patients/clients/residents. QIPs are meant to be developed at the "organization" level. By focusing on quality from the perspective of the entire organization, the benefits of shared learnings and a team-based approach can be operationalized and formalized.

The following recommendations describe potential roles of the various individuals and groups involved in developing a QIP, regardless of the type of organization you are working in (refer to **Figure 1**):

Figure 1: QIPs are a shared responsibility across the organization

Boards
- **Evaluates** progress against the performance goals stated in previous QIPs
- Ensures that priorities and initiatives for the QIP are **consistent** with broader organizational, and provincial, quality strategy
- Reviews **targets** to ensure they are meaningful to organizational improvement

Quality Committees
- **Monitor and report** to the Board on quality issues and services provided
- **Make recommendations** regarding of quality improvement initiatives and targets
- **Oversees the preparation** of annual QIPs

CEO, Executive Director, Administrative Lead
- Ensures the Board **has the information required** to understand the QIP
- Develops and provides **progress reports to the** Board on QIP

Lead Clinician/Clinical Director/ Program Director
- Involved in reporting on **progress of quality and patient safety initiatives** in the organization
- Acts as the link between frontline staff and quality committees.

Other clinicians, Service Providers and staff
- Are **engaged** and involved in quality initiatives of the organization
- Can reliably provide **"quality checks"** with respect to data reporting and quality

Patients/Clients/Residents (and their families/caregivers)
- Understanding and involvement of your organization's community helps ensure quality goals set out in the QIP meet their needs.

Board
The Board is accountable for organizational governance, and should be involved in overseeing the development, review and approval of the QIP. The Chair of the Board should certify (via sign-off section of the QIP) their approval of the QIP. This sign-off helps acknowledge the Board's ultimate accountability in implementing and monitoring the QIP.

Quality Committee
The Quality Committee has an important role to play in the development of the QIP. The Quality Committee should report to the Board regarding QIP development and progress throughout the year. The Chair of the Quality Committee should certify (via accountability sign-off section) their approval of the QIP. If your organization does not have a Quality Committee, consider putting one in place (for guidance on quality committees, refer to the ministry's website).

Chief Executive Officer, Executive Director or Administrative Lead

The Chief Executive Officer (CEO), Executive Director (ED), or Administrative Lead (AL) will work collaboratively with the Board, Quality Committee and staff to develop the QIP. The CEO/ED/AL is in many ways the operation behind the QIP providing data and other information on a regular basis to the Quality Committee and the Board. At regular intervals, the CEO/ED/AL will provide monitoring reports to the Board on its progress. In addition, the CEO/ED/AL should certify (via accountability sign-off section) their involvement in the QIP.

Lead Clinician/ Clinical Director/Program Director

The Clinical leadership of an organization are critical to improvement efforts. Senior leadership, including the lead clinician, should be involved in the development of the annual QIP and should aim to involve all clinicians and staff at the organization in QIP development and implementation.

Other clinicians, Service Providers and staff

Other clinicians, service providers and staff at the organization have an important role to play. All providers and staff should be involved and accountable to the QIP in some way. In addition, previous experience with quality improvement has demonstrated the importance of engaging administrative staff in quality improvement efforts. These staff can act as the link between the quality improvement team and the other administrative/support staff within an organization and will be a key source of communication to those staff.

Patients/Clients/Residents and their Families

The involvement of patients/clients/residents in organizational priority setting is important to ensuring quality goals reflect the needs of your communities. Consider engaging your community through formal established formats such as resident and family councils or other engagement opportunities where the experiences and concerns of these groups are incorporated.

Submission Process

The QIP development and submission process occurs annually. This full year of information enables a robust review of system-level progress on the commitments expressed in QIPs, allowing HQO to provide a continuous cycle of feedback for improvement. Submission by **April 1st to HQO** allows organizations to align with this cycle and receive annual feedback for improvement. For more information about how to submit your QIP, review the set of FAQs.

Ongoing QIP Improvement

Once the QIP has been completed, it will be important to ensure that the deliverables outlined in the aims, measurement, and change ideas sections are acted upon. This can be supported by:

1. Identifying a **reporting lead**, whose role it is to track performance on the QIP. This person should have a good working relationship with colleagues and with the team, and be interested in driving change in the system.
2. **Building capability** and capacity within the organization to track performance on change plans on an ongoing basis.
3. **Regular meetings** with your Board (and quality committee) as determined in the Board annual calendar and strategic planning/monitoring process to discuss and monitor progress on meeting the goals of the QIP.

Reporting on QIP Progress

In addition to identifying areas for improvement, organizations should ensure a system is in place that allows for continuous monitoring and tracking of performance on the commitments and priorities set out in their QIPs. **Every year as part of the QIP submission process, health care organizations are to submit a report on their organization's progress against the previous fiscal year's QIP priorities and targets.** This progress report links the previous year's QIP with the next QIP and should be an integral part of the organization's ongoing monitoring efforts throughout the year. The Progress Report is submitted to HQO.

General guidance for completing your QIP Progress Report includes the following:

- Reflect on previous QIP targets: Organizations should be reporting on the progress made on all indicators in their QIP. Include the indicator(s) as determined in the previous QIP, the performance target stated, and progress to date.
- Progress to date: For each of the indicators listed, state the organization's current level of performance associated with the priority indicator
- Comments: Organizations should use this section to explain how the performance goals stated in their previous QIP could be improved, describe the challenges faced with meeting their targets outlined in their QIPs, and generally comment on the organization's commitment to meeting the performance targets outlined in their next QIP. When completing this section, consider the following topics and incorporate this information in your submission:
    – What did you learn about the root causes of the current performance?
    – Were the proposed change ideas implemented? Why or why not?
    – If implemented, have the changes helped you to achieve or surpass the target determined by your organization?
    – What will your organization do to further improve on this indicator?
    – What were your key lessons learned?

The QIP Progress Report is intended to demonstrate an organization's commitment to upholding the principles of ECFAA including accountability, transparency, and ensuring the delivery of high quality patient care. Refer to the FAQs for more information on the Progress Report.

Conclusion

The QIPs provide a significant opportunity for health care organizations to move the provincial quality agenda forward. Through the QIP, organizations express their commitment to a health care system that is patient-centred, focused on accountability and transparency, and committed to improving the quality of care Ontarians receive.

This document was designed to guide health care organizations to develop annual quality improvement plans that promote organizational improvement for quality while at the same time ensuring provincial, system-wide change. Utilize your QIP to create change within your organization to ensure that the patient/client/residents remains front and centre of the health care system.

This is a journey; excellence has no limit.

Appendix: Provincial Priorities and Success Factors

Using your QIP to support alignment with other provincial initiatives and priorities

While ECFAA provided the foundation for excellence, Ontario's Action Plan for Health Care, built on this foundation, providing an ambitious blueprint for health system transformation that involves all health care partners and providers.

As a lever to support performance improvement in the system, the QIP works with other provincial initiatives and priorities identified in Ontario's Action Plan for Health Care. As you develop your QIP, keep the following programs/initiatives in mind:

Health Links
Five per cent of patients account for two-thirds of provincial health care costs. Health Links focus on improving care coordination, improving transitions of care, enhancing the patient care experience and outcomes for patients/ clients/ residents with complex health conditions across and through health care organizations. By design, priority indicators identified in the QIP align with the Health Links cross sector performance measures. You may consider finding ways to focus on the Health Links population and achieving the objectives of Health Links in your QIP[2]. Also, use your Health Link as an opportunity to work together on the cross-cutting priority metrics and supporting transitions in care. The Health Link is an excellent model that brings multiple sectors together on meeting shared goals. Use your QIP to: 1) identify your organization's role in meeting these goals, 2) make a commitment to setting targets; 3) take actions to reach those goals; and 4) share best practices and collaborate on what worked and didn't work.

HQO offers support to Health Links through the bestPATH program via evidence supported improvement packages, capacity and capability building and coaching cross sector teams.

Health System Funding Reform
As one of the key implementation priorities of the Excellent Care for All strategy, Health System Funding Reform (HSFR) represents a significant transformational change from a 'provider-centred' to 'patient-centered' funding model that ensures payment, policy and planning support quality and the efficient use of resources. There are two integral parts to HSFR:

1. Health-Based Allocation Model – 'Made in Ontario' funding model that determines optimal amount of funding based on patient demographics, clinical data and financial data

2. Quality Based Procedures (QBPs) – QBPs are clusters of patients with clinically related diagnoses/ treatments that have been identified by an evidence-based framework as providing opportunity for:
   1. Aligning incentives to facilitate adoption of best clinical evidence-informed practices
   2. Appropriately reducing variation in costs and practice across the province while improving outcomes
   3. Ensuring we are advancing right care, at the right place, at the right time

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[2] You are also encouraged to focus on the senior population in your QIP. A number of resources are available to support you on this, including information on the Senior Friendly Hospital (SFH) Strategy

Through the roll-out of QBPs across the province, health care organizations are working to plan how they will prepare their organization for the changes in volume, capacity and quality improvement efforts needed to support the applicable QBPs. The QIP presents an opportunity for health care organizations to strengthen this alignment between quality and funding and demonstrate the organization's plan for readiness and roll-out of these changes. To support this, organizations can highlight:

- the importance of organizational culture in helping to drive quality and sustain change
- the role of leadership in effectively planning for change and ensuring the organization is equipped to undertake the changes associated with the new reform
- ensuring a thorough understanding and familiarity with your organization's patient case mix and the factors that influence cost and volume
- Evidence of application of recommended pathways and guidelines associated with the QBP(s) as provided to the field
- Evaluating and measuring the impact of QBPs on patient care and outcomes

The QIP is an opportune lever for organizations to communicate to their Boards, administration, staff and patients that they are committed to incorporating a focus on HSFR into their quality improvement efforts as part of their broader organizational planning. Aligning your organization's QIP to broader health system processes, including HSFR, can be achieved by:

- Ensuring internal action plans that adopt clinical best practice pathways (as outlined in QBP Clinical handbooks) are used effectively to inform improvement efforts as outlined in your QIP
- Working with LHINs and relevant partners for service capacity planning, and reflecting this focus in your QIP
- Using knowledge-to-action toolkits (i.e. Clinical Handbooks, Interim QBP List etc.) to promote further understanding of QBP strategy within the organization and to promote preparedness of future QBP roll-out for planning purposes.

The ministry is continuing to investigate opportunities to best align QBPs with the QIPs for optimal improvement efforts. Some organizations are already integrating the QBPs into their broader quality processes including QIPs. Please visit the ministry's website to review some of these examples and share in these lessons learned.

Right Care, Right Time, Right Place
A pillar of Ontario's Action Plan for Health Care is providing patients with the right care, at the right time, in the right place. As part of this focus, Ontario has announced that it will start shifting low-risk procedures out of hospitals and into non-profit Community-Based Specialty Clinics (Specialty Clinics), if the move will result in better patient access and experience, and improve health care delivery for the local community. Any shift of procedures to a Specialty Clinic must have the support of the local hospital and of the local LHIN to support local planning and continuity of services for patients.
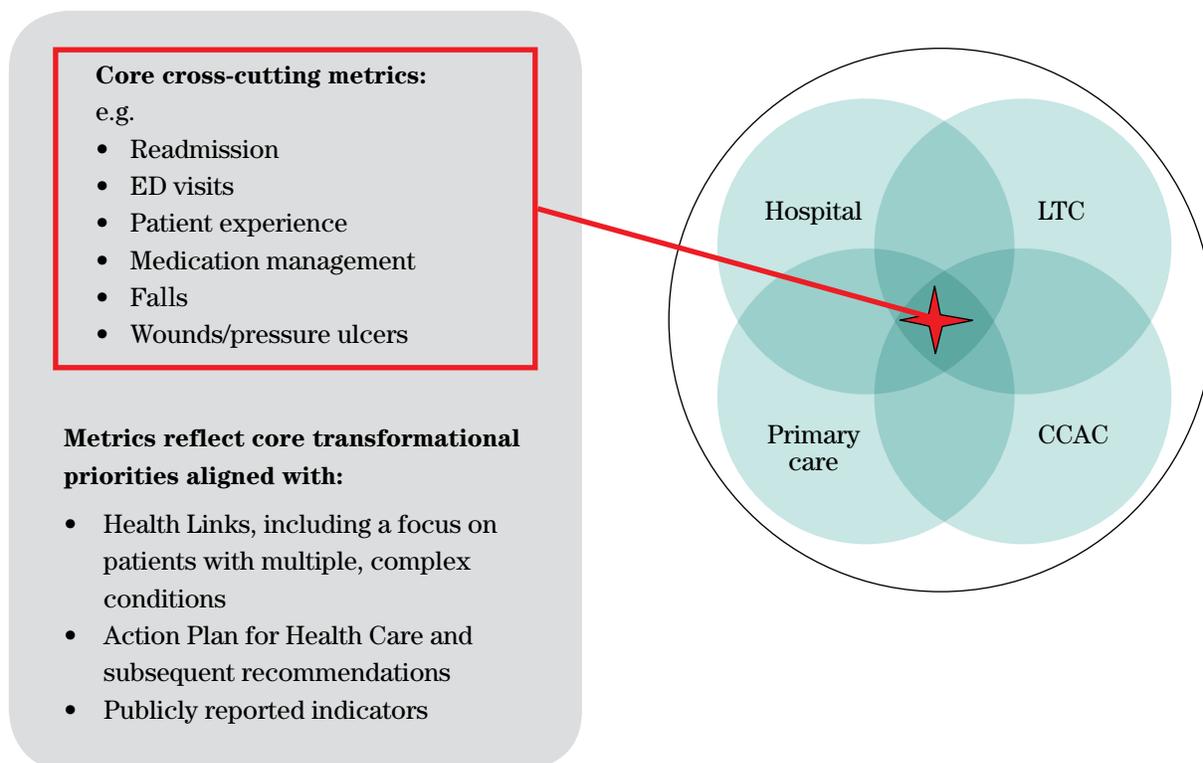
Quality standards will need to be met for all community-based specialty clinics. For procedures that take place in hospital-based Specialty Clinics, such as ambulatory care centres, hospitals should consider how QIPs apply, and can improve quality for patients served in Specialty Clinics.

For more information, please see www.health.gov.on.ca/en/public/programs/ihf/.

Change ideas and ways to use the QIP to support integration

QIPs are developed under the umbrella of a common provincial vision and provide a system-wide platform for quality improvement. This provincial quality framework is expressed through the **priority indicators** that are included in the QIP. These quality themes reflect Ontario's vision for a high-performing health care system and exemplify Ontario's commitment to patient-centred care. Metrics that focus on integrated care across sectors and across patient care settings have been prioritized as a means of ensuring your QIP reflects the quality goals of the broader health care system (**Figure 2**).

Figure 2: Core metrics that focus on integrated care across sectors

Core cross-cutting metrics:
e.g.
- Readmission
- ED visits
- Patient experience
- Medication management
- Falls
- Wounds/pressure ulcers

Metrics reflect core transformational priorities aligned with:
- Health Links, including a focus on patients with multiple, complex conditions
- Action Plan for Health Care and subsequent recommendations
- Publicly reported indicators

Hospital — LTC — Primary care — CCAC

See the **Indicator Technical Specifications** document for technical information on these and other indicators. Change ideas and resources to support your organization improve on these priority metrics are provided below:

Change ideas are specific and practical changes informed by evidence, experience and research that focus on improving specific aspects of a system, process or behaviour. They help leaders develop a strategy for improvement, identify key evidence supported best practices to be implemented, anticipate common barriers to implementation and create a plan to address those barriers. For more information about change ideas, see HQO Quality Improvement Primers: Change Concepts and Ideas.

The following section provides a handful of change ideas for organizations to consider for the major cross-cutting metrics focused on system level goals:

Safe transitions (readmissions)

Care transitions present one of the most significant barriers to quality improvement within the health care system.[3] A care transition describes the transfer of a patient/client/resident between different settings and health care providers during the course of an acute or chronic illness.[4] When Ontarians move from one provider or setting to another – for example, from a hospital back to the community – there is a risk that poor communication may lead to errors that adversely affect patient care and health outcomes. To mitigate this risk, health care providers must share all key information in a timely fashion, and any necessary follow-up care must be arranged. One way of achieving this is by ensuring discharge planning processes are in place within the organization to ensure the patient/client/resident is not only equipped with the information they need about their follow-up care, but that information is transferred, in a timely manner, to the next provider.

By necessity, transitions involve a number of professionals within and between disciplines and settings, all sharing the responsibility of care for one individual. However, this presents numerous challenges to providing continuous care delivery, particularly for the elderly with complex conditions. Improving care transitions from hospital to community settings can reduce unplanned readmissions and improve the overall quality of health care. In Ontario, a number of best practices and innovative interventions have been undertaken recently which promise to improve integration within our health care system. The figure below illustrates the alignment of *BestPATH Transitions of Care Improvement Package* change concepts, and with one example of a change idea with the sector specific indicator themes. The *BestPATH Transitions of Care Improvement Package* offers many other change ideas and resources that can be adapted to other sectors.

Change Concepts, with one example of a change ideas to support safer transitions from the *BestPATH Transitions of Care Improvement Package*	Sector specific indicator themes			
	Hospital (readmissions)	Primary Care (7 day post acute visit)	CCAC (readmissions & avoidable ED visits)	LTCH (readmissions & avoidable ED visits)
Health Literacy: Assess health literacy before discharge and when transferring care between providers (consider for use with family and caregivers)	√	√	√	√
Medication management: Reconcile medications at key transition points	√	√	√	√
Risk of readmission assessment: Promote early identification and assessment of patients requiring assistance with planning for discharge, and risk mitigation.	√	√	√	√
Individualized Care Plan: Schedule face-to-face and real time discharge conversations ("warm handoffs") with the person and their family or informal caregivers.	√	√	√	√

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[3] Coleman, E. (2006). Performance measurement: Accelerating improvement. Washington, D.C.: The National Academies Press, Washington, D.C.

[4] Baranek, P. (2010). *Integration of Care: Summary Report* analysing the responses of all provider groups. [Background Report]. Toronto: The Change Foundation.

Other resources:

- **Medication reconciliation:**
  - For support for medication reconciliation see *Safer Healthcare Now!* the Medication Reconciliation "Getting Started" toolkit and other MedRec resources available here. To assist in monitoring your ongoing MedRec processes, go to *Safer Healthcare Now's* website or contact metrics@ saferhealthcarenow.ca.
  - Visit the Institute for Safe Medication Practices for a wide range of free downloadable resources to help health care providers in a variety of health care settings prevent errors and ensure that medications are used safely available for all sectors.

- **Safe discharge checklist:** *The 2011 Enhancing the Continuum of Care: Report from Avoidable Hospitalization Advisory Panel* (subgroup of the Ministry of Health and Long-Term Care) offers many change ideas such as the Safe Discharge Practices for Hospital Patients Checklist, a checklist-style index of steps that can be followed when providing care to patients with unplanned hospital admissions. This checklist was identified as key to preventing readmissions and improving patient satisfaction.[5] Other examples of change ideas in action relating to discharge and transitions of care can be found in The Flo Collaborative Change Package. This package is based on Association of Discharge Planning Coordinators of Ontario (ADPCO) Standards, and an international literature and web-based review of successful improvement efforts focused on discharge and transition planning to improve patient flow across care settings.

- **Information transfer:** Implementing electronic health record systems provides a standard format to allow for information to be exchanged quickly and accurately which can facilitate transitions. For more information about e-Health, see Physician eHealth. Transferring information during a transition requires that both the sender and the receiver effectively communicate patient/client/resident information, the information is clarified and understood, and that the health care provider's roles and responsibilities are clearly delineated. Patients/clients/residents should be involved prior to the transition to ensure that they understand their plan of care and to verify the information. When developing change ideas for better transitions, consider implementing a process that tracks whether information has been sent and received between providers.

- **HQO resources:** For further information on change concepts and ideas, see the other bestPATH Improvement Packages, and HQO Quality Compass. Quality Compass is a comprehensive, evidence-supported searchable tool to help leaders and providers improve health care performance in Ontario. Quality Compass is centred 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 for all sectors.

Patient/client/resident experience

System-level priorities should drive the development of your QIP. In particular, patient-centred care, as the essence of the ECFAA legislation, should be a key focus of your Plan. Take into account how your QIP will incorporate a focus on patients/clients/residents through the priority areas and indicators considered for inclusion.

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[5] Avoidable Hospitalization Advisory Panel. (2011). Enhancing the Continuum of Care

All sectors are surveying patients/clients/residents with a view to identifying and understanding their experiences and provide insight into which processes are working effectively and which processes can be improved. Surveying alone does not improve the experience of those who require care. However by collecting and analysing this information, the organization can improve and redesign processes to deliver better, high quality health care and positive experiences.

Reviewing responses to patient/client/resident experience surveys and considering what information or data can be accessed to assist the team in identifying the extent and root causes of some of these experiences is a critical step in performance improvement. Identify what is working well and what can be improved. Can existing data (e.g., administrative data, RAI, EMR data) be leveraged or will data need to be manually collected? Plotting data over time using run charts will help to identify baseline and determine if the changes that are tested and implemented lead to improvement. Collect data regularly to ensure that the improvement is sustained.

Consider using multiple methods to engage people who require care to identify opportunities for improvement and inform change idea selection. Through the adoption of quality improvement principles such as capturing the "Voice of the Customer" (VOC), health care organizations have started to engage their patients/clients/residents in the design and improvement of services. This engagement can occur through the inclusion of patients/ clients/residents advisory committees, membership on quality committees and via other mechanisms. Many organizations have listened to these perspectives and experiences and embedded them into overarching mission and goal statements.

Establishing a patient/client/resident/families **relations process** (as articulated in ECFAA) to address and improve experience can also be considered by the organization as a way of collecting rich information and ensuring that there is a clearly identified process and mechanism for people to raise concerns about their experiences and provide feedback. A patient/client/resident/families relations processes can also provide a means of continually tracking the quality of their experience, and identify opportunities for improvement over time.

For examples of change ideas and implementation strategies to improve the patient/client/resident/families experience, please see:

- Experience Based Design: Using patient and staff experience to design better health care services,
- *Voice of the Customer*
- EPIC – Engaging People. Improving Care

At the clinical level, patients/clients/residents take a central role in their own health and need the knowledge and skills to develop individualized health goals that are important, meaningful and achievable. The following Best Practice Guidelines from the Registered Nurses Association of Ontario support client centred care are also available for free download: Client Centred Care Collaboration with Clients and Strategies to Support Self-Management in Chronic Conditions. HQO's Supporting Health Independence Improvement Package and The Chronic Disease Management Improvement Package reshape the provider-recipient relationship into a collaborative and productive interaction between the care recipient and their family, specialists and other health care providers.

Other supports/ tools to ensure that the patient/ client/residents choices are be considered include CCO Primary Care Quality Improvement Toolkit (includes Cancer Screening and Advanced Care Planning Quality Improvement Toolkits), Speaking Up, Ottawa Decision Making Framework, and The Health Foundation: Shared

decision making resource centre. Health Quality Ontario is developing a primary care patient experience survey to support practices and primary care organizations with their quality improvement efforts. Once complete, this survey and companion 'implementation guide' will be made widely available to all primary care practices in Ontario. Implementation of the survey will be the responsibility of practices and/or organizations either on their own or in collaboration with other practices or organizations. Currently in the pilot-testing stage, this new survey has been developed in partnership with Ontario primary care associations, providers, and other stakeholders and is aligned with the QIP. For more information about the new survey, or to express an interest in being a pilot-test site for the survey during the 2014/15 year, please contact patientexperience@hqontario.ca.

Improved Access

The Minister's Action Plan, which establishes a key priority to ensure "the right care, at the right time, in the right place", remains a critical challenge for health care organizations in Ontario. As Ontario's health care system changes and evolves the need for care in the home and in our communities is increasingly viewed as a critical component of a modern, high functioning and sustainable health care system. As Ontarians move through the health care system they expect that their journey will be seamless, coordinated, and that health care providers at all points in their journey will be informed about their needs and individualized care plan.

Hospitals across Ontario are working hard to improve the flow of patients, reduce the length of time patients are waiting in the emergency department for an inpatient bed, and the length of time patients are waiting for the next level of care after completing their in-hospital goals. Ontario's hospitals rely on their partnership with the home care system (Community Care Access Centres (CCACs), Ontario's home care agencies, the Community Support Services sector, and Long Term Care Homes) to help relieve pressures on emergency departments and to help people return home once their acute health care needs are addressed. For change ideas to support this visit the Ontario Hospital Association's online resource for innovative solutions aimed at alleviating the health system pressures relating to ER/ALC. Additionally, the Emergency Department Process Improvement Program (ED PIP) toolkit provides many change ideas for hospitals within a structured approach to improving patient flow.

Access to primary care, the same day or next day, and within seven days post discharge from hospital for people with specific conditions is crucial to improve the experience of care and to improve flow throughout Ontario's health care system. Using a versatile continuous intake approach, HQO offers support to the primary care sector through the Advanced Access, Efficiency and Chronic Disease Management initiative using a customized package of:

- accredited e-learning modules
- quality improvement resources, tools, change concepts and ideas
- Consultations with Primary Care Champions and Quality Improvement Advisors

This program is intended to support all primary care models, and will be of particular interest to providers in the achievement of the goals their organizations identify in their annual Quality Improvement Plans and their communities identify in Health Links.

Success factors for an effective QIP – implementing the vision of ECFAA in the organization

There are a number of factors that can support capacity in the organization to monitor and improve quality performance. Some of these components are listed below:

- **Focus on performance – targets and benchmarks**
  Complex systems demand day-to-day ability to monitor performance by organizations and clinician leaders to ensure that inappropriate variation is minimized, quality and efficiency remain high, improvement opportunities are identified and seized, while meeting patients' needs.[7]

  Setting aggressive but realistic quality improvement targets can be challenging, but is essential to informing how you achieve your improvement goals. To assist with this process, HQO has developed provincial benchmarks for selected QIP indicators. In addition, HQO's analysis of the QIPs provides information on benchmarks where available for other indicators, as well as highlights best achieved performance in the province.

  Organizations can use this information to assist in the development of stretch, yet achievable improvement targets. It is recommended that hospitals adjust their targets each year based on their performance to align more closely with established benchmarks.

  Targets can be interim (e.g., year one of a three year plan to reach a predetermined end point) or final end points. Determining appropriate targets requires consideration of many factors, such as:
  – Benchmarks (e.g., clinical guidelines, best practices, peer group performance)
  – Expectations of patients/clients/residents
  – Strategic plan or business plan goals
  – Current performance of the organization in relation to benchmarks, provincial averages, and best performers
  – Resources required to achieve target
  – Any changes in circumstance that might make it easier or more difficult to attain or sustain a target than in previous years
  – Number of priorities – a focused effort on a smaller number of priorities might enable more targets to be achieved
  – Previous achievements - if applicable

- **Governance** that is clearly defined and clearly understood by the organization. Effective governance models and structures enable the organization to meet the goals of delivering high quality care to patients and clients by focusing the organization on improving quality of care and patient safety to ensure the organizations' success
  – The Canadian Patient Safety Institute's Effective Governance for Quality and Patient Safety toolkit teaches health care board members, senior executives, and physician leaders across Canada about the tools available to support organizational efforts in improving quality and patient safety

- The development of a **Quality Committee** may also be an important consideration to focus the organization on quality. The Committee role can be to monitor, advise and report to the Board on quality issues and on

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[7] Bohmer, R. M. (2013). Leading Clinicians and Clinicians Leading. *New England Journal of Medicine*, 368(16), 1468-1470.

the overall quality of services provided in the health care organization, as well as regularly review data and progress on initiatives and targets set out in current year QIP. If no Quality Committee exists, it is recommended that the board dedicate 25% of its time on the agenda to quality[8].

- QIPs are a shared responsibility. Development and successful implementation of the priorities and quality initiatives included in the QIP is dependent on the engagement of the entire organization. Strong, engaged leadership make certain that their organizations have the capacity and support necessary to ensure the successful implementation of their QIP, including the appropriateness of targets, resources, and measures of quality. Engaged **leadership** fosters a supportive culture, ensuring that strong front-line inter-professional teams are empowered to set goals for improvement; identify causes of poor system quality; conduct tests of change; and consistently collect and analyze data to determine change success at the organization level. Leadership can be enhanced through ongoing informal 'on-the–job' training to formal educational programs in quality improvement methodologies. Please see the following resources:
  – Canadian Framework for Teamwork and Communication
  – IHI Framework for Leadership for Improvement

- **Patient/Client/Resident engagement and surveying.** The involvement of patients/ clients/ residents in organizational priority setting is important to ensuring quality goals reflect the needs of your communities. Consider engaging your community through formal established formats such as resident and family councils, or other engagement opportunities where the aspects that matter to these groups are incorporated. Surveying is another important way to engage patients/clients/residents. By collecting and analysing survey data, the organization can improve and redesign processes to deliver better, high quality health care and positive experiences.

- **Links to strategic and business planning processes.** High performing organizations review and integrate all planning processes including their strategic plan, business plan, and other accountability contracts and processes in the development of their QIP. The integration of these processes helps ensure financial responsibility, accountability to patients/clients/residents, and high quality care. Quality improvement initiatives need to align with the organizations' vision, mission and values as strategic priorities. This will facilitate clearly defined expectations of time and human resource requirements for the commitment to quality improvement in the organization.

- **Team-based approach** to engaging the entire organization, not just the administrators or clinical leaders. Using a team approach to quality and performance improvement will harness the knowledge, skills, experience and expertise of a range of individuals. The collaboration and interaction while building relationships will sustain the improvement changes that are implemented. Please see the following resources:
  – Canadian Framework for Teamwork and Communication
  – QI Team Development Primer
  – *Forming an Improvement team*
  – *Building Better Teams: A Toolkit for Strengthening Teamwork in Community Health Centres*

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[8] Institute for Healthcare Improvement recommendation

- **Data, EMR and technology** usage and management supports QI planning. These processes and applications can be used to track and better understand the community your organization serves through the preparation of, for example, an annual profile of patients/clients rostered to your organization (including an assessment of the services available in the community, identifying high-risk populations and high users), and development of profiling aids that help identify high impact quality improvement change concepts and ideas that target specific local needs. Standardization of data collection and tracking is important to improving quality within the organization. Data gathered from patients/clients can also be coordinated using technology in local practices to inform QI efforts.

- **Critical incident reporting** – Processes for monitoring critical incidents within your organization are important to maintaining quality care. This can take a variety of forms, and health care organizations may already have an established process that should be used for monitoring incidents that arise as a result of patient care delivery. For example, as per ECFAA, hospitals must ensure their QIPs are developed having regard to the organization's aggregated critical incident data, and the hospital administrator must establish a system for analyzing critical incidents and developing a system-wide plan to avoid or reduce the risk of further similar incidents. See the ministry's website for more information).

- Regardless of the process your organization uses to monitor critical incidents, it is important that a systematic analysis of incidents is being undertaken to ensure learnings are used to ultimately lead to changes which will improve patient/client/resident safety. Monitoring and making improvements based on your critical incidents involves changing the culture within your organization. Like any organizational process, ensure your organization's leadership – in particular physician and other clinical leaders – are taking a lead with providing a structure and mechanism to their peers and other health professionals, for reporting, analyzing, and resolving potential errors and adverse events.

Conclusion

When used strategically and collaboratively, your QIP can be a powerful tool to support your organization to improve performance. It can help align the improvement efforts taking place in the province (such as Health Links, HSFR/QBPs/Seniors Strategy, etc) and provides a shared tool where organizations from different sectors work together on common goals. Most importantly, the QIP provides you with an opportunity to make clear commitments to your patients/clients/residents/community on improved performance, and sets out the steps to get there.