



Collaborative Quality Improvement Plan

Technical Specifications 2022/23

Contents

Introduction	3
Important links	4
Mandatory Indicators	5
• Alternate level of care (ALC) days expressed as a percentage of all inpatient days in the same period	5
• Rates of emergency department visits as first point of contact for mental health and addictions–related care	7
• Percentage of screening eligible patients up-to-date with Papanicolaou (Pap) tests	9
• Percentage of screen-eligible patients up-to-date with a mammogram	10
• Percentage of screen-eligible patients up-to-date with colorectal screening	11
Narrative questions	13
Definitions and abbreviations	14
Appendix	15

Introduction

This document specifies definitions, calculations, reporting periods, and other technical information for the quality indicators chosen for the 2022/23 collaborative Quality Improvement Plan (cQIP) for Ontario Health Team(s). It also includes the questions that OHTs will be answering in the Narrative section of their cQIP that will address important quality issues.

The indicators described in this document were carefully chosen to represent quality issues raised by the Ministry of Health and Ontario Health, in consultation with stakeholders (e.g., the Mental Health and Addictions Centre of Excellence, the COVID-19 Recovery Table) and in consideration of the work already done by OHT partners, including the Rapid-Improvement Support and Exchange (RISE), Health System Performance Research Network (HSPN). These consultations took place in the fall of 2021. Six OHTs also provided thoughtful comment and feedback.

The indicators will capture system-level work done by partners within each OHT. Improved performance will be dependent on collaboration with patients, caregivers, providers, communities, and sectors. The cQIP captures the *intent* of the OHT partners as they work together as an integrated team of partners to address common issues. This is the first year that OHTs will submit a cQIP.



How to use the OHT-attributed population level data

Considerations

Source periods are set according to the limits of available data providers. While the ministry and Ontario Health are working with data providers to make the source periods as recent as possible, data for the quality indicators will have a minimum of a six-month data lag.

The current performance for the five indicators uses the MOH methodology for attributing patients to an OHT. Multiple data sources are considered in the calculation. Further information can be [found here](#).

Maturity—As OHTs evolve and as partnerships develop and strengthen within OHTs, the organizations working on the cQIP together will have increased capacity to address issues and effect change.



Important links

Ontario Health has updated the indicator library for OHTs that may choose to add a custom indicator to their cQIPs. If an OHT wants to add one of these indicators as a custom indicator, they can link to the Ontario Health indicator library in their cQIP and the indicator will download directly into the online platform (cQIP Navigator).

Go [here](#) to browse the indicator library.

To better understand OHT data, see the [Data Supports Guidance Document](#) from the Ministry of Health.

For help completing the cQIP, refer to the cQIP guidance document from Ontario Health.

The cQIP Points of Contact are encouraged to join the [cQIP Community of Practice](#):

1. Visit the [OHT Shared Space](#) and click SIGN UP to create your account
2. Visit the [cQIP Community of Practice](#) and click the JOIN GROUP button. You will be notified via email once you have been accepted into the group.
3. Click on the “SUBSCRIBE TO UPDATES” button once you’ve been accepted into the group to receive an email notification when there is new activity, such as upcoming webinars and posted resources.



Quality Indicators

Indicator Name:

ALTERNATE LEVEL OF CARE (ALC) DAYS EXPRESSED AS A PERCENTAGE OF ALL INPATIENT DAYS IN THE SAME PERIOD

Mandatory for 2022/23 cQIP

Dimension	Efficient
Direction of Improvement	Reduce (lower)
Type	Process
Description	Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment. This indicator can be stratified by characteristics such as age or discharge destination (see Comments section for details).
Unit of Measurement	Percentage
Calculation Methods	<p>ALC days are those days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed does not require the intensity of resources/services provided in acute care. It includes discharges from acute care hospitals and excludes newborns and still births.</p> <p>(Total number of inpatient days designated as ALC in a given period of time ÷ Total number of inpatient days in a given time period) multiply by 100.</p>
Numerator	<p>Total number of inpatient days designated as ALC in the reporting period.</p> <p>Calculation Steps:</p> <ol style="list-style-type: none"> 1. Select the DAD data field name: ALC length of stay. 2. Calculate (sum) the total number of inpatient days designated as ALC in a given time period. <p><i>Inclusions:</i></p> <ul style="list-style-type: none"> • Data from acute care hospitals, including those with psychiatric beds (AP hospitals) and without psychiatric beds (AT hospitals). • Individuals designated as ALC. <p><i>Exclusions:</i></p> <ul style="list-style-type: none"> • Newborns and stillborns; • Records with missing or invalid “Discharge Date”. <p>Note: Other inclusion/exclusion criteria may exist depending on any variables used for stratification.</p>

Denominator	<p>Total number of inpatient days in the reporting period.</p> <p>Calculation Steps:</p> <ol style="list-style-type: none"> 1. Select the DAD field name: Total length of stay. 2. Calculate (sum) the total number of inpatient days in a given time period. <p><i>Inclusions:</i></p> <ul style="list-style-type: none"> • Data from acute care hospitals, including those with psychiatric beds (AP hospitals) and without psychiatric beds (AT hospitals). <p><i>Exclusions:</i></p> <ul style="list-style-type: none"> • Newborns and stillborns; • Records with missing or invalid “Discharge Date”. <p>Note: Other inclusion/exclusion criteria may exist depending on any variables used for stratification.</p>
Risk Adjustment	N/A
Current Performance: Reporting Period	April 2020 – March 2021
Data Source	DAD (Discharge Abstract Database), OHTAM (Ontario Health Teams Attribution Model), RPDB (Registered Persons Database)
How to Access Data	Data will be sent by Ontario Health to each OHTs’ cQIP point of contact. Data provider is the Institute for Clinical Evaluative Sciences (ICES).
Comments	<p>Specific limitations</p> <p>The ALC days included are based on hospital discharge information, and as such the measure does not include patients occupying ALC beds who have not been discharged.</p> <p>Additional information regarding the calculation, interpretation, data source, etc.</p> <p>The ALC indicator is often stratified by variables such as age or discharge destination.</p> <p>Discharge destinations are based on the ‘transfer to’ institution type. Approximately 12-14% of ALC separations have missing ‘transfer to’ codes, which indicates that either these patients were not transferred for further care or the transfer information was not available.</p> <p>In 2006/07, reporting of activity at adult designated mental health units moved from the DAD to the Ontario Mental Health Reporting System (OMHRS).</p> <p>Open ALC Days are calculated by Cancer Care Ontario. For more information on open ALC days, please contact RIS@ontario.ca.</p>

Indicator Name:

**RATES OF EMERGENCY DEPARTMENT VISITS
AS FIRST POINT OF CONTACT FOR MENTAL HEALTH AND ADDICTIONS–RELATED CARE**

Mandatory for 2022/23 cQIP

Dimension	Timely
Direction of Improvement	Reduce (lower)
Type	Process
Description	This indicator measures number of individuals for whom the emergency department was the first point of contact for mental health and addictions care per 100 population aged 0 to 105 years with an incident MHA-related ED visit.
Unit of Measurement	Rate per 100 Population
Calculation Methods	<p>Index ED visit includes individuals who left without being seen and those admitted to hospital.</p> <p>Visits on the same day as the index are not considered prior contact.</p> <p>Look-back can include scheduled ED visits.</p> <p>Person-level indicator: one index visit per person.</p> <p>Diagnostic categories represent the reason for the incident ED visit (i.e., the denominator).</p> <p>Diagnoses-specific denominators do not add up to the overall denominator</p> <p>Deliberate self-harm may be present as a secondary diagnosis in any of the other diagnostic types. Deliberate self-harm refers to residual deliberate self-harm, i.e., the presence of a self-harm diagnosis where the main reason for the ED visit is non-MHA-related.</p>
Numerator	<p>Number of individuals in Ontario without an MHA-related service contact in a 2-year look-back period; includes only those who did not have an MHA-related outpatient visit to a psychiatrist, primary care provider or pediatrician or an MHA-related ED visit (scheduled or unscheduled) or an MHA-related hospitalization in the 2 years preceding the index ED visit.</p> <p>The numerator is a subset of denominator.</p> <p>Index: Date of ED visit</p> <p><i>Exclusions:</i></p> <p>Age older than 105 years</p> <p>Non-residents of Ontario</p> <p>Individuals with an invalid health card number</p> <p>Missing sex information</p>

Denominator	<p>Number of unique Ontario residents aged 0–105 years with an incident (first in a calendar year) unscheduled mental health and addictions (MHA)–related emergency department (ED) visit in the reporting period</p> <p><i>Exclusions:</i></p> <p>Age older than 105 years</p> <p>Non-residents of Ontario</p> <p>Individuals with an invalid health card number</p> <p>Missing sex information</p> <p>Scheduled ED visits (from denominator only).</p>
Risk Adjustment	None
Current Performance: Reporting Period	April 2020 – March 2021
Data Source	<p>DAD (Discharge Abstract Database), OMHRS (Ontario Mental Health Reporting System), NACRS (National Ambulatory Care Reporting System), OHIP (Ontario Health Insurance Plan), CHC (Community Health Centre), RPDB (Registered Persons Database), PCCF (Statistics Canada’s Postal Code Conversion File)</p>
How to Access Data	Data will be sent by Ontario Health to each OHTs’ cQIP point of contact. Data provider is the Institute for Clinical Evaluative Sciences (ICES).
Comments	<p>When access to timely community-based mental health assessment and treatment is insufficient, individuals who require services may use the emergency department (ED) as their first point of contact. Therefore, a high rate of use of the ED as a first point of contact for mental health and addictions (MHA) care may be a useful indicator of inadequate access to outpatient physician- and community-based care.</p> <p><i>Limitations / Caveats</i></p> <p>CHC data were not available for 2010/11 and after March 31, 2017, and only for reporting at organizational level.</p> <p>Data did not capture most non-physician mental health and addictions services (i.e., psychologists, counsellors, and social workers).</p> <p>General limitations of health administrative data include potential coding errors and lack of clinical detail.</p>

Indicator Name:

**PERCENTAGE OF SCREENING ELIGIBLE PATIENTS UP-TO-DATE
WITH PAPANICOLAOU (PAP) TESTS**

Mandatory for 2022/23 cQIP

Dimension	Effective
Direction of Improvement	Increase (higher)
Type	Process
Description	This indicator is measuring the percentage of female patients aged 23 to 69 years who had a Pap test within the previous three years.
Unit of Measurement	Percentage
Calculation Methods	$(\text{Number of screen eligible women aged 23 to 69 years who had a Pap smear within the past three years}) / (\text{Total number of screen-eligible women aged 23 to 69 years at index date}) \times 100\%$
Numerator	<p>Number of screen eligible women aged 23 to 69 years who had a Pap smear within the past three years</p> <p><i>Inclusions:</i></p> <p>Ontario women aged 23-69 years at the index date</p> <p>Index date was defined by service date in OHIP in a three-year period</p> <p>Pap tests identified using fee codes in OHIP (E430, G365a, G394a, L712, or L812, Q678, L713 and L733)</p> <p>Each woman is counted once regardless of the number of Pap tests performed in a three-year period</p>
Denominator	<p>Total number of screen-eligible women aged 23 to 69 years at index date</p> <p><i>Exclusions:</i></p> <p>Women with a missing or invalid HCN, date of birth, LHIN or postal code</p> <p>Women with a history of cervical cancer and/or a hysterectomy</p> <p>Palliative care patients identified from hospital and physician billing claims data. Please see Appendix for classification and billing codes</p>
Risk Adjustment	N/A
Current Performance: Reporting Period	April 2020 – March 2021

Data Source	OHIP (Ontario Health Insurance Program), RPDB (Registered Persons Database), CCO-OCR (Cancer Care Ontario - Ontario Cancer Registry), CIHI (Canadian Institute of Health Information), SDS (Same-day Surgery Database)
How to Access Data	Data will be sent by Ontario Health to each OHTs' cQIP point of contact. Data provider is the Institute for Clinical Evaluative Sciences (ICES).
Comments	<p><i>Limitations / Caveats</i></p> <p>A small proportion of Pap tests performed as a diagnostic test could not be excluded from the analysis.</p> <p>The indicator does not capture test done in hospital laboratories or paid through alternate payment plans such as out-of-pocket.</p>

Indicator Name:
PERCENTAGE OF SCREEN-ELIGIBLE PATIENTS UP-TO-DATE WITH A MAMMOGRAM

Mandatory for 2022/23 cQIP

Dimension	Effective
Direction of Improvement	Increase (higher)
Type	Process
Description	Percentage of screen eligible female patients aged 52 to 69 years who had a mammogram within the past two years.
Unit of Measurement	Percentage
Calculation Methods	(Total number of screen-eligible women aged 52 to 69 years, who have completed at least one mammogram in the past two years) / (Total number of screen-eligible women aged 52 to 69 years at index date) X100%
Numerator	<p>Total number of screen-eligible women aged 52 to 69 years, who have completed at least one mammogram in the past two years</p> <p><i>Inclusions:</i></p> <p>Ontario women (average risk and high risk) aged 52 to 69 years at the index date</p> <p>Index date was defined as the first screen date per person by screen date in Integrated Client Management System (ICMS) or by service date in OHIP in a two-year period</p> <p>OBSP mammograms for screening purposes were identified in the ICMS; all mammograms in ICMS were counted including those with partial views</p> <p>Non-OBSP mammograms were identified using OHIP fee code (X172 Unilateral screening mammography; X 178 bilateral screening mammography; X185 diagnostic bilateral mammography)</p>

	<p>Each woman was counted once regardless of the number of mammograms performed in a two-year period; if a woman had both a program and non-program mammogram within a two-year period, the program status was selected</p> <p>Mammograms conducted in outpatient clinics located within hospitals are captured</p>
Denominator	<p>Total number of screen-eligible women, aged 52 to 69 years at index date</p> <p><i>Exclusions:</i></p> <p>Women with a missing or invalid HCN, date of birth or postal code</p> <p>Women with a history of breast cancer using the diagnostic code (dxcode-174)</p> <p>Women with a mastectomy before Jan 1st of the two-year period</p> <p>Palliative care patients identified from hospital and physician billing claims data. Please see Appendix for classification and billing codes</p>
Risk Adjustment	N/A
Current Performance: Reporting Period	April 2020 – March 2021
Data Source	OHIP (Ontario Health Insurance Program), RPDB (Registered Persons Database), CCO-OCR (Cancer Care Ontario - Ontario Cancer Registry), CIHI (Canadian Institute of Health Information), SDS (Same-day Surgery Database)
How to Access Data	Data will be sent by Ontario Health to each OHTs' cQIP point of contact. Data provider is the Institute for Clinical Evaluative Sciences (ICES).
Comments	<p><i>Limitations / Caveats</i></p> <p>This indicator is based on OBSP and OHIP data, which have different data update cycles. As a result, mammography rates were underestimated during data periods when OBSP data was not yet available. In addition, in 2010 two additional OHIP fee codes were included to capture mammography rates.</p>

Indicator Name:
PERCENTAGE OF SCREEN-ELIGIBLE PATIENTS UP-TO-DATE WITH COLORECTAL SCREENING

Mandatory for 2022/23 cQIP

Dimension	Effective
Direction of Improvement	Increase (higher)
Type	Process

Description	Percentage of screen eligible patients aged 52 to 74 years who had a FOBT/FIT within the past two years, other investigations (i.e., flexible sigmoidoscopy) or colonoscopy within the past 10 years.
Unit of Measurement	Percentage
Calculation Methods	(Number of screen eligible patients aged 52 to 74 years who had a FOBT/FIT within past two years, other investigations (e.g. flexible sigmoidoscopy) or a colonoscopy within the past 10 years) / (Number of screen-eligible patients aged 52 to 74 years at index date) X100%
Numerator	<p>Number of screen eligible patients aged 52 to 74 years who had a FOBT/FIT within the past two years, other investigations (i.e., flexible sigmoidoscopy) or colonoscopy within the past 10 years</p> <p><i>Inclusions:</i></p> <ul style="list-style-type: none"> • Patients who received one of the following: <ul style="list-style-type: none"> • A fecal occult blood testing (FOBT) or FIT (L181 or G004, L179, Q152, Q043, Q133) in the past 2 years • A colonoscopy in the previous 10 years, codes Z491 through Z499, or Z555 • A flexible sigmoidoscopy in the previous 10 years, code Z580
Denominator	<p>Number of screen-eligible patients aged 52 to 74 years at index date</p> <p><i>Exclusions:</i></p> <ul style="list-style-type: none"> • Patients with a missing or invalid HCN, date of birth or postal code • Patients who have ever had colon cancer, inflammatory bowel disease or colectomy • Palliative care patients identified from hospital and physician billing claims data. Please see Appendix for classification and billing codes
Risk Adjustment	N/A
Current Performance: Reporting Period	April 2020 – March 2021
Data Source	OHIP (Ontario Health Insurance Program), RPDB (Registered Persons Database), CCO-OCR (Cancer Care Ontario - Ontario Cancer Registry), CIHI (Canadian Institute of Health Information), SDS (Same-day Surgery Database)
How to Access Data	Data will be sent by Ontario Health to each OHTs' cQIP point of contact. Data provider is the Institute for Clinical Evaluative Sciences (ICES).

Comments	<p>Limitations / Caveats</p> <ul style="list-style-type: none"> • A small proportion of FOBTs performed as diagnostic tests could not be excluded from the analysis. • FOBTs analyzed in hospital labs could not be captured. <p>Comments</p> <p>Definition updated in November 2016 to exclude barium enema and rigid sigmoidoscopy to align with CCO’s definition.</p> <p>On June 24, 2019, Ontario transitioned from the guaiac fecal occult blood test (gFOBT) to the fecal immunochemical test (FIT) in the ColonCancerCheck Program as the recommended screening test for people at average risk of developing colorectal cancer. Beginning with the September 2019 data cycle, the CRC screening indicator has been updated, including the addition of FIT. Beginning with the March 2020 data cycle, OHIP fee codes L181 and G004 were excluded for OHIP services rendered beginning January 2020 as gFOBT is no longer considered up-to-date for colorectal cancer screening.</p>
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Narrative Questions

The following prompts will be included in the cQIP template to support the development of the Narrative: the space where you will provide a brief overview of your OHT and its patient population, offer context for your cQIP, and express how you plan to improve the quality of care you provide.

Overview—Provide a brief description of your OHT and an introduction to your OHT’s collaborative Quality Improvement Plan (cQIP). Imagine you are telling a member of the public some key facts about your OHT and the current focus of your efforts. Remark on how you work to improve care for marginalized or vulnerable populations you serve. Think of this as an executive summary that helps to contextualize and connect different parts of the cQIP.

Recommended length: 250 words.

Highlighting the members of your OHT—Using the comment box provided, describe the active members of your OHT involved in each area of focus.

Care redesign—Describe how patients, families and caregivers have been involved in the OHT care redesign. (If your OHT needs time beyond March 31, 2022, to engage patients and families, include your plans for engagement and how you will codesign your improvement strategies.)

Questions about patient and provider experiences—Describe how your OHT is using the online supports offered by Health System Performance Research Network (HSPN) to survey patients and providers on their experiences with your OHT. You will be asked how the survey data is being used and about future plans.

Confirmation of key contact—Add the name of your cQIP Point of Contact; if this person changes, you can indicate that in this section.

Definitions and Abbreviations

ACRONYM	TERM
ARB	angiotensin II receptor blockers
ACE	angiotensin converting enzyme
ACSC	Ambulatory Care Sensitive Conditions
AMI	acute myocardial infarction
ADG	Adjusted Diagnosis Groups
CAPE	Client Agency Program Enrollment
CDC	chronic disease cohort
CHF	congestive heart failure
COPD	chronic obstructive pulmonary disease
CPSO	College of Physicians and Surgeons of Ontario
CTAS	Canadian Triage and Acuity Scale
DAD	Discharge Abstract Database
ED	emergency department
Dimension	Each technical specification categorizes the indicator by a dimension or element of the quadruple aim
FOBT	fecal occult blood test
GDS	group data suppressed; physician group size <6
HbA1c	glycated hemoglobin
OH(Q)	Ontario Health (Quality)
ICES	Institute for Clinical Evaluative Sciences
IPDB	ICES Physician Database
LHIN	Local Health Integration Network
NACRS	National Ambulatory Care Reporting System
OCR	Ontario Cancer Registry
ODB	Ontario Drug Benefit
OHIP	Ontario Health Insurance Plan
OMHRS	Ontario Mental Health Reporting System
PDS	patient data suppressed; number of patients <6
QIIP	Quality Improvement & Innovation Partnership
RIO	Rurality Index of Ontario
RPBD	Registered Persons Database
RUB	Resource Utilization Band

Appendix

Palliative care patients identified using hospital and physician billing claims data

OHIP FEE CODE	DESCRIPTION
A945	GEN./FAM.PRACT.SPECIAL PALLIATIVE CARE CONSULTATION
C945	SPECIAL PALLIATIVE CARE CONSULT HOSP IN PATIENT
C882	TERMINAL CARE IN HOSP.G.P/F.P
C982	PALLIATIVE CARE
W872	TERMINAL CARE N.H G.P/FAMILY PRACTICE
W882	TERMINAL CARE IN CHR.HOSP.G.P.
W972	PALLIATIVE CARE
W982	PALLIATIVE CARE
K023	PALLIAT CARE SUPPORT INDIVID CARE 1/2 HR OR MAJOR PART
B998	SPEC VIS PALLIATIVE CARE HOME, DAYS, EVE
B966	TRAVEL PREMIUM - PALLIATIVE CARE HOME VISIT
B997	SPEC VIS PALLIATIVE CARE HOME, DAYS, EVE
G511	TELEPHONE MANAGEMENT OF PALLIATIVE CARE AT HOME
G512	WEEKLY PALLIATIVE CARE CASE MANAGEMENT

CIHI DAD PATSERV	DESCRIPTION
58	PALLIATIVE CARE

CIHI ICD10 CODE	DESCRIPTION
Z515	PALLIATIVE CARE