

LUNCH 'N' LEARN WEBINAR

Support for your 2023/24 QIPs

January 26, 2023 | 12:00 – 1:00 pm



Alliance for Healthier Communities
Alliance pour des communautés en santé

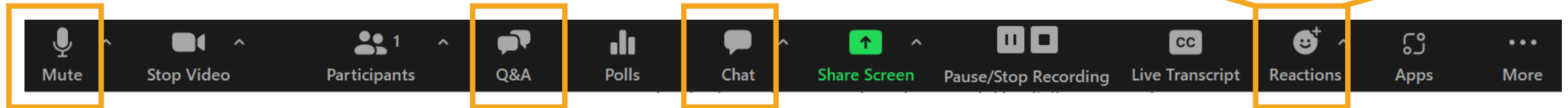
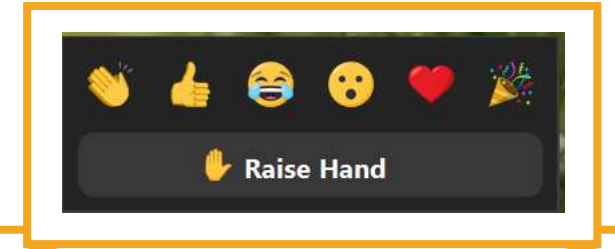


**INDIGENOUS
PRIMARY
HEALTH CARE
COUNCIL**



**Ontario Santé
Health Ontario**

Housekeeping



- Microphones are muted by default.
- You may enter questions through the Q&A panel at any time.
- Please use the Chat function for technical assistance.
- During the Q&A period, you may use the “raise hand” function (under “reactions”), and we’ll unmute you when we call on you.

Acknowledgement of Traditional Indigenous Territories

We recognize that the work of the Alliance for Healthier Communities and our members takes place across what is now called Ontario, on traditional territories of Indigenous people. They have lived here since time immemorial and have deep connections to these lands. We further acknowledge that Ontario is covered by 46 treaties, agreements and land purchases, as well as unceded territories. We are grateful for the opportunity to live, meet and work on this territory.

Ontario continues to be home to vibrant, diverse Indigenous communities who have distinct and specific histories, needs, and assets as well as constitutionally protected and treaty rights. We honour this diversity and respect the knowledge, leadership and governance frameworks within Indigenous communities. In recognition of this, we commit to building allyship relationships with First Nation, Inuit and Métis peoples in order to enhance our knowledge and appreciation of the many histories and voices within Ontario. We also commit to sharing and upholding our responsibilities to all who now live on these lands, the land itself, and the resources that make our lives possible.

Panelists

- Ontario Health
 - Terri Donovan, Manager, Clinical Quality Improvement [QIPs]
 - Lindsay Sleeth, Senior Specialist, Quality Improvement, Clinical Institutes and Quality Programs
- Alliance for Healthier Communities
 - Jennifer Sarkella, Quality Improvement and Performance Lead
 - Lauren Tessier, Quality Improvement and Performance Lead
 - Stephanie Bale, Quality Improvement and Performance Lead
 - Jennifer Rayner, Director of Research and Evaluation
- Indigenous Primary Health Care Council
 - Anita Cameron, ED (retired), Waasegiizhig Nanaandawe'iyewigamig Health Access Centre (WNHAC)

Quality Improvement Plans for Primary Care and Supports from Ontario Health

Terri Donovan and Lindsay Sleeth



Primary Care Quality Improvement Plans



For the Alliance for Healthier Communities

TERRI DONOVAN & LINDSAY SLEETH | JANUARY 26, 2023

Agenda

Looking back at 2022/23

- Provide an overview of 2022/23 results

Looking forward to 2023/24

- Review QIP & cQIP 2023/24 Priorities
- Outline resources and supports available for successful QIP completion

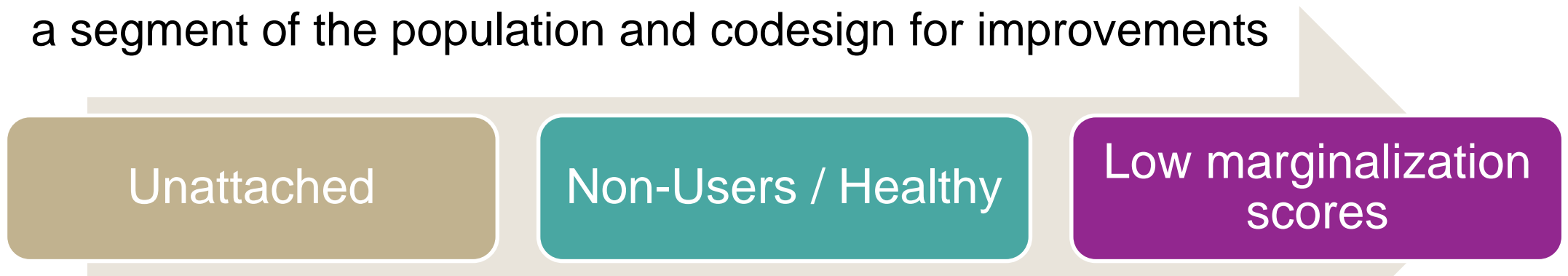
QIP Refresh

Quality Improvement Plans (QIP) and Collaborative Quality Improvement Plans (cQIP)

QIP targets 25% of Ontario population through the interprofessional team based-model organizations



cQIP targets 14M Ontarians, through Ontario Health Teams (OHT) using a segment of the population and codesign for improvements



Examples of population segments identified for cancer indicators by HSPN



Looking back at 2022/23

QIP 2022/23 Involvement in Decisions of Care

Most cited change ideas



Surveys

Standardized distribution & collection
(e.g. emailed regularly)

Share results with team

Alternate options
(e.g. electronic, virtual,
preferred language)

Provider/Staff Education

Equity, Diversity,
Inclusivity

Shared decision-making

Teach-back

Patient Involvement in Care

Care / treatment plan

Goal setting, decision-aids

QIP 2022/23 Opioid Prescribing

Most cited change ideas

Access to Data

Audit & Feedback- review reports

Use of EMR

MPPC, AHC Practice Profile, i4c,

Clinical Connect

Developing Queries

Quality Standard Recommendations

Prescription Monitoring System

Multidisciplinary team (pharmacist)

Provider Education

Shared decision making

System Perspective

Regional Groups

Surgical and/or dental

QIP 2022/23 Improve overall access to preventative care

Most cited change ideas

Workflow

Reminders automated (email/sms/phone) to PCP contacts for appointments

Impact of COVID-19 on backlog

Developing clinics/ mobile bus

Education/Outreach

Patient Education/Community Outreach

Provider Digital Training

RN doing PAP

Tracking

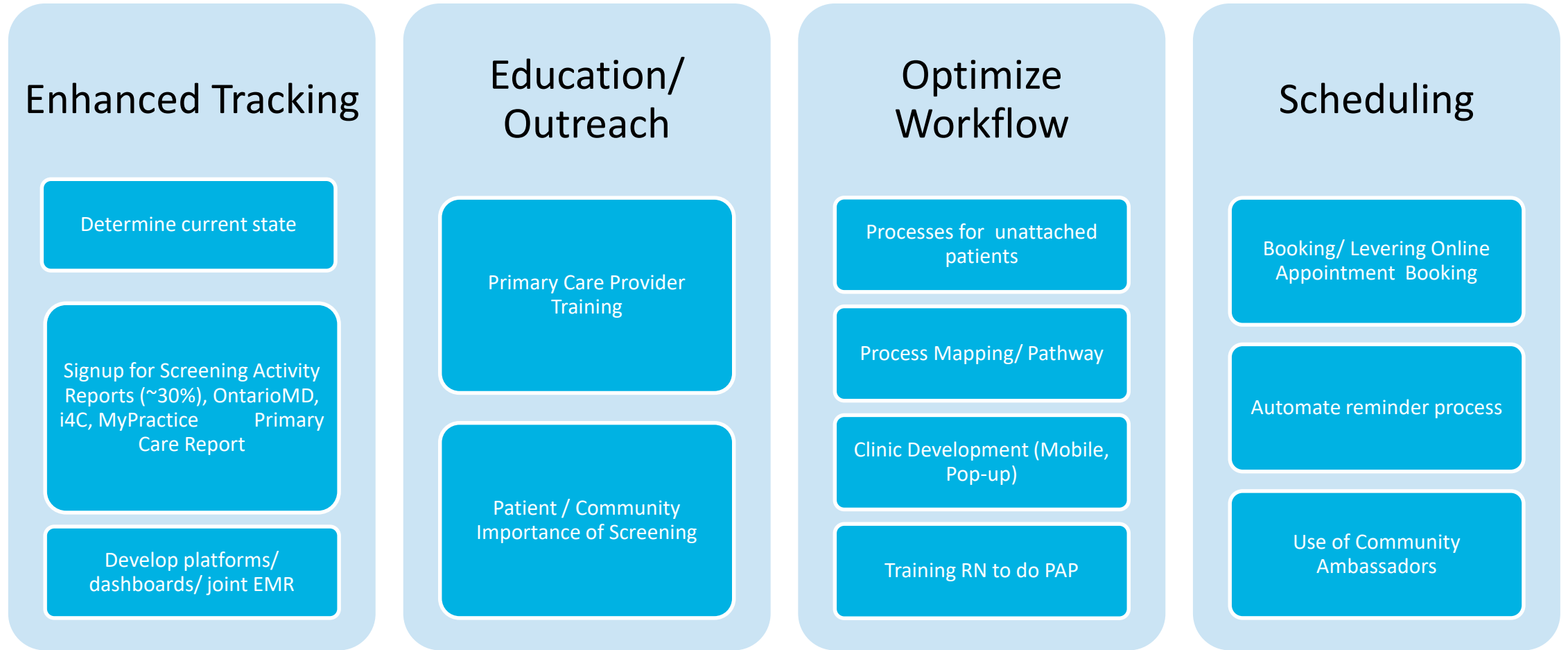
Screening Activity Reports

i4C and OntarioMD & Custom Form tracking refusals

CHC collection of sociodemographic data

2022/23 cQIP: Improve overall access to preventative care


Most cited change ideas










Looking forward to 2023/24

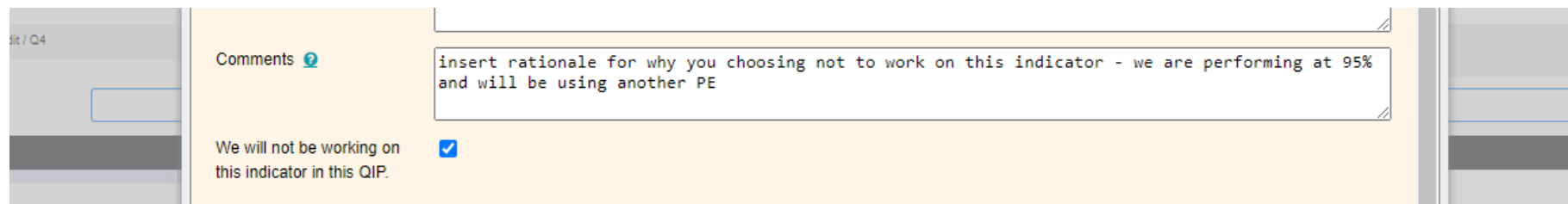
Quality Improvement Plans 2023/24

 Organizations may add custom indicators, including their OHTs' cQIP indicators, to address their own improvement opportunities for each theme, based on interest or variation in performance.

 Hospitals	 Interprofessional Primary Care	 Long-Term Care
<p align="center">Theme: Timely and Efficient Care</p> <p align="center">A high-quality health system provides people with the care they need, when and where they need it</p>		
		<ul style="list-style-type: none"> Percentage of potentially avoidable emergency department visits for long-term care residents.
<p align="center">Theme: Patient/Client/Resident/Provider Experience</p> <p align="center">Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.</p>		
<ul style="list-style-type: none"> Did patients feel they received adequate information about their health and their care at discharge? 	<ul style="list-style-type: none"> Do patients feel involved in decisions about their care? 	<ul style="list-style-type: none"> Do residents feel they have a voice and are listened to by staff? Do residents feel they can speak up without fear of consequences?
<p align="center">Theme: Safe and Effective Care</p> <p align="center">A high-quality health system works to ensure that people have access to the best care for their condition and that their care is delivered in a way that is safe and effective.</p>		
<ul style="list-style-type: none"> Proportion of patients discharged from hospital for whom medication reconciliation is provided Number of workplace violence incidents overall 	<ul style="list-style-type: none"> Percentage of non-palliative care patients newly dispensed an opioid (excluding opioid agonist therapy) within a 6-month reporting period 	<ul style="list-style-type: none"> Percentage of long-term care home residents not living with psychosis who were given antipsychotic medications
<p align="center">Theme: Equitable</p> <p align="center">Advancing equity, inclusion, and diversity and addressing racism to achieve better outcomes for patients, families, and providers is the foundation of a quality health system.</p>		

What does “priority” indicator mean?

- Does not mean mandatory
- All organizations are encouraged to include these priority indicators in your QIPs, particularly those organizations where performance is low. If your organization elects not to include a priority indicator in the QIP (e.g., because your performance already meets or exceeds the provincial benchmark), you must describe your reasons for this decision in the Comments section of your QIP Workplan and leave all other fields blank.



The screenshot shows a form interface for a QIP Workplan. On the left, there is a 'Comments' section with a blue question mark icon. Below it, the text reads 'We will not be working on this indicator in this QIP.' with a checked checkbox. To the right, a large text input field contains the text: 'insert rationale for why you choosing not to work on this indicator - we are performing at 95% and will be using another PE'.

23/24 cQIP Provincial Areas of Focus and Indicators

1. Improving overall access to care in the most appropriate setting

- Indicator: Alternate Level of Care Days

2. Increasing overall access to community mental health and addictions (MHA) services

- Indicator: Rate of emergency department visits as first point of contact for MHA-related care

3. Increasing overall access to preventative care

- Indicator: Percentage of screen-eligible patients up-to-date with Papanicolaou (Pap) tests
- Indicator: Percentage of screen-eligible patients up-to-date with mammograms
- Indicator: Percentage of screen-eligible patients up-to-date with colorectal tests

- Please feel free to include the indicators you are working on with your OHT, and highlight your organizations contribution

- They can be added as custom indicators.

2023/24 Narrative

Patient safety 

• Overview

• Patient/client/resident partnering and relations

• Provider experience

• Workplace violence prevention

Returning

• Patient safety

NEW

• Health equity

Returning

• Sector-specific fields

QIP Navigator

- Ontario Health's online tool for the development and submission of QIPs
- Launched in December
- Each organization has one username that is shared internally

The screenshot shows the homepage of the QIP Navigator. At the top, the header includes the 'Health Quality Ontario' logo with the tagline 'Let's make our health system healthier'. Navigation links for 'Home', 'Query QIPs', 'Resources', and 'Submit QIP' are present, along with a 'Download QIPs' button and a 'LOGIN' button. The main content area features a 'Welcome to QIP Navigator' heading, a photograph of three healthcare professionals, and a text box explaining that Health Quality Ontario is now part of Ontario Health. A 'VISIT ONTARIO HEALTH' button and the Ontario Health logo are also visible. At the bottom, a 'QUALITY IMPROVEMENT PLAN UPDATE' section includes a 'READ MORE' button.

Health Quality Ontario
Let's make our health system healthier

Home Query QIPs Resources Submit QIP Download QIPs LOGIN A A A Français

Welcome to QIP Navigator

Health Quality Ontario is now part of Ontario Health, an agency created by the Government of Ontario with a mandate to connect and coordinate our province's health care system to help ensure that Ontarians receive the best possible care. Our programs and services remain unchanged.

VISIT ONTARIO HEALTH

Ontario Health

QIP Navigator is the convenient online tool that allows Ontario's health care organizations to submit their annual Quality Improvement Plans (QIPs). QIP Navigator is also the source for tools and resources to develop an annual QIP, and includes a searchable database of all previously submitted QIPs.

QUALITY IMPROVEMENT PLAN UPDATE
Read the latest communication about the Quality Improvement Plan program

READ MORE

Available Information/Resources

- ❑ QIP Guidance Document ([click for link](#))
- ❑ QIP Indicator Technical Specifications ([click for link](#))
- ❑ QIP Priority Indicator Matrix ([click for link](#))
- ❑ QI science videos ([click for link](#))
- ❑ QIP webinars and drop-in sessions ([click for link](#))
- ❑ Connect with a quality improvement specialist at: QIP@ontariohealth.ca




Quorum

Ontario Health's [online community](#) where users learn, share, and collaborate to improve health care quality in Ontario. Includes:

- [QI tools and resources](#)
- [Indicators and change ideas](#)
 - Specific links to updated change ideas for QIP indicators
- [Primary Care Quality Improvement Hub](#)

The screenshot shows the Quorum website interface. At the top, there is a search bar with the text "Enter keyword(s)" and a magnifying glass icon. Below the search bar, there are navigation tabs for "POSTS", "PROJECTS", "QI TOOLS & RESOURCES", and "INDICATORS & CHANGE IDEAS". The main heading is "Indicators & Change Ideas". Below the heading, there is a sub-heading: "Are you looking to improve the issues facing today's health care system? Explore the quality indicators being tracked by health care organizations in Ontario through [Quality Improvement Plans \(QIPs\)](#) and with others to share your experiences and ideas of your own." Below this, there is a search bar for indicators with the text "Search indicators..." and "Enter keyword(s)". Below the search bar, there are filter tabs: "All", "Hospital", "Primary care", "Home and community care", and "Long-term care". Below the filter tabs, there are three columns for "View by indicator type": "All", "Priority", and "Previous". The "All" column contains five indicator cards: "7-day post-hospital discharge follow-up", "Overall access to preventative care", "Patient involvement in decisions about care", "Percentage of non-palliative care patients newly dispensed an opioid", and "Timely access to a primary care provider". The "Priority" and "Previous" columns are currently empty.



**Quality Improvement Plans
are due March 31st, 2023**

We plan to shift the QIP program progressively, starting with our work in 2022/23 to simplify and streamline expectations, while building the foundation for more substantial changes in the future.

2022/23: Simplify and streamline

Continue to simplify QIPs while maintaining a level of consistency with previous QIP expectations to reduce burden on organizations

2023/24: Explore and implement changes

Explore and implement foundational changes in partnership with ministry (e.g., policy, structure) to enable QIPs to shift more substantially going forward

2024/25 and beyond: Shift and transform

Connect quality improvement with other organizational-level or OHT-level expectations to fully realize Ontario Health's integrated approach to quality

Questions?





Appendices

Opioid Webinar: <https://youtu.be/xzPziBafV0g>



MyPractice: Primary Care Report **Using Data for Improvement**

Using the Opioid Prescribing indicators to drive improvements in patient care

An accredited quality improvement webinar series

Thursday November 10th, 2022

EVALUATION AND PERFORMANCE IMPROVEMENT FOR OHTS

CoP Monthly Meeting – November 8, 2022

CQIP Indicator Series: Cancer Screening

Video Link:

<https://play.library.utoronto.ca/watch/80b80536f62db85d940fb4fba7992382>

Common QIP Indicators for the CHC Sector

Jennifer Sarkella and Stephanie Bale



Origin of the Common QIPs

- Auditor General's Report (2017) findings re QIPs:
 - Lack of comparability
 - Wide range of performance and targets
- EPIC (formerly PMC) sponsored work to examine QIPs:
 - Review of 2018/19 CHC QIP indicators
 - Working group established
 - 5 indicators developed
- EL Network approved five indicators for CHC sector (2018)

Common QIP Indicators

Indicator	Data Source	Indicator Source
Completion of sociodemographic data collection (collection of data on at least one of racial/ethnic group, disability, gender identity, or sexual orientation)	BIRT Custom report, distributed Q1/Q3	Adapted from the Toronto Central LHIN
Cervical cancer screening stratified by income and stratified by racial/ethnic group	BIRT Custom report, distributed Q1/Q3	MSAA (stratification is new)
Client feeling comfortable and welcome at the CHC Client involvement in care decisions (*QIP) Client ability to get appointment on date wanted	Client Experience Survey	'Four Core' Client Experience Survey questions & the HQO Primary Care Experience Survey - CHC/AHAC version

Timing and uptake

- 2019/20 QIP cycle
 - Developmental
 - Baseline established

96% of CHCs selected at least one of the five common QIP indicators

- 2020/21 cycle – Target corridors added

Common QIP indicator reports

Cancer screening stratified by income and racial/ethnic group

Using the data

- New drop down to select your centre and review the data
- Consider the target corridor
- Current results (compare to previous year)
- Learning opportunities from CHC sector members



Select your CHC here:

CERVICAL CANCER SCREENING			
Racial ethnic group categories	# of clients tested (offered or completed)	# of eligible clients	% of eligible clients tested (offered or completed)
Asian	200	242	82.6%
Black	131	156	84.0%
Indigenous	26	27	96.3%
Latin American	76	80	84.4%
Middle Eastern	18	24	75.0%
White	531	621	85.5%
Mixed heritage	5	6	83.3%
Other	45	56	80.4%
		45	68.9%
		59	81.4%
		1326	83.8%



Select your CHC here:

Cervical cancer screening			
Income categories	# of clients tested (offered or completed)	# of eligible clients	% of eligible clients tested (offered or completed)
\$0-\$19,999	422	557	75.8%
\$20,000-\$29,999	80	104	76.9%
\$30,000-\$39,999	39	52	75.0%
\$40,000-\$59,999	15	21	71.4%
Greater than \$60,000	12	18	66.7%
Do not know/Prefer not to answer	414	538	77.0%
Unknown	72	104	69.2%
GRAND TOTAL	1054	1394	75.6%

Data too small to be interpreted (numerator 1-5 or denominator 1-29)

Interpret with caution (numerator 6-19 or denominator 30-99)

Common QIP indicator reports

Sociodemographic data indicator

- Data elements: racial/ethnic group, disability, gender identity, and sexual orientation
- Using the data
 - Drop-down filter to select your centre
 - Percentage w/ 1 or more SD data element completed
 - Percentage change from Q3 2021/22 last year
 - Consult target corridor
 - Consult with other CHC sector members



Common QIP Indicator: Completion of Sociodemographic Data Collection* (1-year period ending Q3 2022/23)

*For clients age 13+ with an individual encounter within the most recent 1 year. The four sociodemographic data elements considered for this indicator include race/ethnic group, disability, gender identity, and/or sexual orientation.

CHC	# of clients w/ 1 or more SD data elements collected as of Q3 2022/23 (Numerator, N)	Total # of included clients as of Q3 2022/23 (Denominator, D)	Q3 2022/23 % of included clients w/ 1 or more SD data elements collected (N/D*100)	Q3 2021/22 % of included clients w/ 1 or more SD data elements collected	Percentage change* from 2021/22 to 2022/23
Albion	413	3,958	10.4%	6.2%	68.9%
Blackburn	11,756	15,654	75.1%	77.2%	-2.6%
CHC	1,362	1,950	69.8%	75.2%	-7.2%
Thames	4,210	4,603	91.5%	94.0%	-2.8%

Priority QIP Indicators for Indigenous Primary Health Care Organizations

Anita Cameron





QIP Webinar - 01/26/23

12:00 pm – 1:00 pm

Speaker: Anita Cameron

IPHCO funding agreement



Consolidated, Indigenous-specific funding agreement for **Indigenous Primary Health Care Organizations (IPHCOs)** as of April 1, 2022

KEY FEATURES:

- global budget
- accountability (process and outcome) indicators based on the Model of Wholistic Health and Wellbeing (MWHWB)
- QIP requirement tied to agreement (quality indicators still in development)



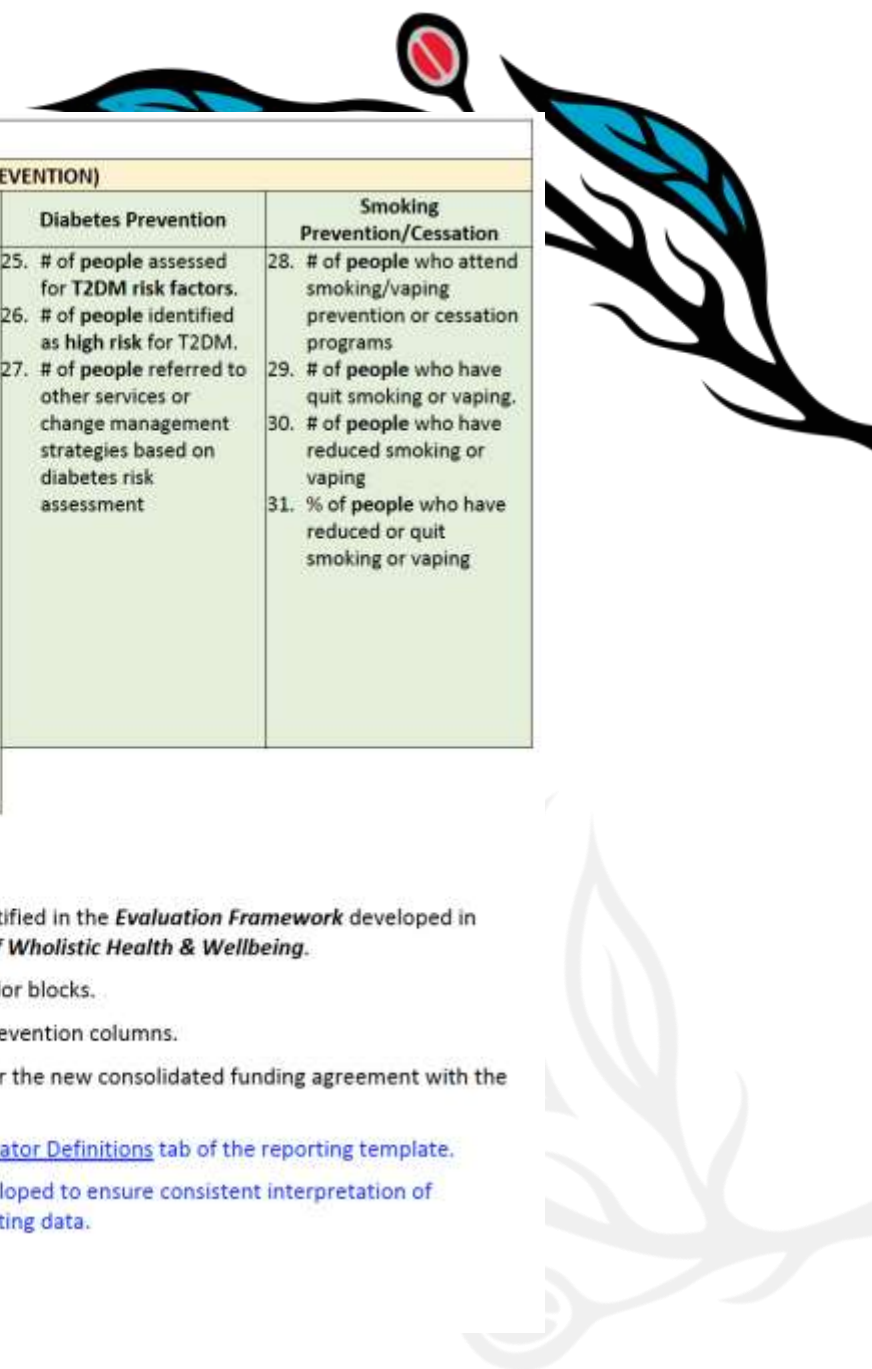
Indicator development process

- ❑ 2019 Evaluation Framework for Model of Wholistic Health & Wellbeing (MWHWB)
- ❑ 2020 Core Indicator working group recommendations
- ❑ 2022 BIRT dashboard development
- ❑ IPEC review, feedback
- ❑ KCC review, feedback
- ❑ IPHCC board review, approval



CONSOLIDATED SUMMARY OF REPORTING INDICATORS

WHOLISTIC/INTEGRATED CARE			WELLNESS & HEALTH PROMOTION (PREVENTION)				
Mental Health	Traditional Healing	Chronic Disease Management	Immunization	Cancer Screening	Healthy Eating/ Active Living	Diabetes Prevention	Smoking Prevention/Cessation
1. # of clients who accessed short-term MH counselling 2. # of clients actively accessing long-term counselling	3. # of clients who accessed traditional teaching, healing, or ceremony 4. # of events related to traditional teaching, healing, or ceremony 5. # of participants in traditional events 6. % of clients who access care from a traditional provider, as well as any other service	10. % of clients who have been screened for T2DM 11. % of clients with T2DM who are up-to-date with A1C blood glucose monitoring 12. % of clients with T2DM who meet blood sugar management targets 13. % of clients with T2DM who meet LDL cholesterol management targets 14. % clients with T2DM who have received foot care in past 12 months	15. % of children who are up to date on routine immunizations: ▪ 0-12 mos ▪ 13-18 mos ▪ 4 yrs 16. % of clients 12 years or older who have received HPV vaccine 17. % of clients aged 65 and older who have received routine immunizations	18. % of eligible clients screened for colorectal cancer 19. % eligible clients screened for cervical cancer 20. % of eligible clients screened for breast cancer	21. # of people reached through HE/AL activities 22. # of people who have increased healthy eating knowledge/skills/behaviour as a result of program activities 23. # of people who have increased physical activity knowledge/skills/behaviour as a result of program activity 24. % of people who changed behaviour or practices after program activity	25. # of people assessed for T2DM risk factors. 26. # of people identified as high risk for T2DM. 27. # of people referred to other services or change management strategies based on diabetes risk assessment	28. # of people who attend smoking/vaping prevention or cessation programs 29. # of people who have quit smoking or vaping. 30. # of people who have reduced smoking or vaping 31. % of people who have reduced or quit smoking or vaping
7. % of clients actively receiving mental health care from a traditional provider 8. % of traditional healing encounters in which mental health is an issue addressed	9. % of clients with T2DM who had a visit with a traditional care provider in the reporting period		32. # of pregnancies supported. 33. # of well-person clients. 34. # of community events carried out 35. # of education programs provided 36. # of participants in education programs	NOTES: 1. Core indicators appear in BLUE color block. 2. Core indicators are categorized by domains identified in the <i>Evaluation Framework</i> developed in 2020 to demonstrate the impact of the <i>Model of Wholistic Health & Wellbeing</i> . 3. Program-specific indicators appear in GREEN color blocks. 4. All indicators are aligned under either Care or Prevention columns. 5. These represent all the indicators required under the new consolidated funding agreement with the Ministry of Health & Long-Term Care. 6. All bolded words are defined in the Master Indicator Definitions tab of the reporting template. 7. Technical specifications are currently being developed to ensure consistent interpretation of indicator requirements and extraction of supporting data.			
Journey Together 37. # of programs offered 38. # of clients served 39. # of participant-based events or activities 40. # of participants in such events or activities 41. % of clients who reported improved wellness resulting from participation in Journey Together activities 42. # of people waitlisted for Journey Together services 43. % of clients who completed some (1-50%) of a program 44. % of clients who completed part (51-75%) of a program 45. % of clients who completed most or all (76-100%) of a program		HCC Offloading devices 46. # of clients who received an offloading device 47. # of clients who received a second-tier device					



Indicator development ...

- ❑ technical specification development ongoing work in progress (target completion March 31)
- ❑ inconsistent data entry workflows identified as potential obstacle to good data extraction
- ❑ problems flagged in practice profiles need to be addressed to accurately inform QIP



Quality indicators

- client experience survey refresh initiated alongside new program indicator development
- include OH priority indicator (involvement in decision-making)
- work paused pending completion of accountability indicators and clarification of QIP refresh process; substantially complete pending formal approval processes



Quality indicators

For 2023,24:

- client experience survey addresses 3 of 5 common indicators identified by Alliance, and 1 of 2 priority indicators identified by OH
- others flagged for future consideration (opportunity for data quality work as noted)



Quality indicators

For 2024,25 and beyond:

- OH QIP refresh process seems focused on streamlined process that aligns with organizational processes (ie. strategic planning) and collective (system) impact
- suggest thinking about common indicators for IPHCOs to support capacity development and to address shared priorities specific to Indigenous primary health care





Final thoughts ...

Miigwech!

Q&A

Please raise your hand and we'll call on you to speak.

You may also enter your question in the Q&A panel, and we'll read it out for you.

Don't forget to mute yourself when you are done speaking.



Thank You!

Please complete our evaluation survey.

<https://www.surveymonkey.com/r/2K6JLTD>

