

Soon to become part of Ontario Health

November 20, 2019

Re: Annual Priorities for the 2020/21 Quality Improvement Plans

Dear Colleagues,

I am pleased to be writing you to announce the launch of the priorities for the 2020/21 Quality Improvement Plans (QIPs). These priorities will guide us in our quality improvement efforts over the coming year.

The 2019/20 QIPs prioritized three core themes: timely and efficient transitions, service excellence, and safe and effective care. These themes remain key priorities in our health system and align with the Quadruple Aim of improving the patient and caregiver experience, improving the health of populations, reducing the per-capita cost of health care, and improving the work life of providers. These themes are also consistent with the priorities of the Ministry of Health and the Ministry of Long-Term Care. Therefore, we've chosen to maintain the QIP priorities with only minor changes for 2020/21. QIPs will continue to be submitted by individual organizations to Health Quality Ontario (soon to become part of Ontario Health) and will be due by April 1, 2020.

We know that innovative and impactful work can happen when people from different organizations and sectors of the health system come together to address complex quality issues. In the 2019/20 QIPs submitted by more than 1,000 organizations across Ontario, we saw many organizations describing this type of collaborative work. For example, more than 160 organizations reported at least one collaboration related to the timely and efficient transitions indicators. The work related to palliative care was another highlight: more than 600 organizations across the province chose to work on palliative care, and the people involved have come together in an active [community of practice](#) to ensure progress is made. This is the type of collaborative work that will help us to improve care for patients and their families from across the province.

Looking ahead to 2020/21, the modifications we have made to the QIP priorities (outlined in Appendix A) are intended to reflect ongoing changes in the health system and respond to data on opportunities for improvement. The priorities further strengthen the focus on transitions in care, hallway health care, and safe and effective care for mental health and addiction. We have underscored the need for concerted improvement effort among all sectors of the health system in how we best support patients currently deemed to be alternative level of care (ALC) and improving access through increased uptake of virtual care. Finally, we have highlighted opportunities where organizations that are part of Ontario Health Teams can use the QIP to support and advance their collaborative work to improve care.

Thank you again for your ongoing commitment to quality. We look forward to working with you to improve care for the people of Ontario.

Regards,

A handwritten signature in black ink, appearing to be 'AG' followed by a long horizontal stroke.

Anna Greenberg
Incoming President, Quality
Ontario Health

A handwritten signature in black ink, appearing to be 'SK' followed by a large loop.

Sudha Kutty
Interim Vice President, Quality Improvement
Health Quality Ontario
(soon to become part of Ontario Health)

APPENDIX A: Key changes to the 2020/21 QIPs

Changes to the indicators for the 2020/21 QIPs

The following outlines the changes to the indicators and QIP Narrative for 2020/21.

Mandatory indicators for the hospital sector

The mandatory indicators for the hospital sector have been confirmed by the Minister of Health and remain unchanged from 2019/20. The mandatory indicators are:

- Number of incidents of workplace violence (overall)
- Emergency department wait time to inpatient bed (for eligible hospitals only)

New indicators

Repeat emergency visits for mental health (hospital sector)

We have seen an increasing trend toward patients visiting the emergency department for mental health and addiction issues. This indicator was added to better understand this issue and how the system can best support these patients. This indicator replaces the indicator on readmissions within 30 days for mental health and addiction included in the 2019/20 QIPs.

This indicator is included in hospital service accountability agreements; therefore, hospitals will be familiar with it. This indicator is also closely aligned with broader pan-Canadian work happening on frequent emergency department visits, specifically the indicator that appears as part of the work of the federal, provincial, and territorial health ministries on [shared health priorities](#).

Indicators undergoing revision

Care in unconventional spaces (hospital sector)

We are working with the Ministry of Health and other stakeholders to update this technical specification. We anticipate that the refreshed version will be released in December 2019.

This work was initiated in response to questions and suggestions from organizations over the past year about how to refine this indicator to ensure that it more accurately measures the experience of patients and caregivers. While the revised indicator technical specification is being finalized, we encourage organizations to use quality improvement tools to understand more about the use of unconventional spaces or flow in their hospital.

Revised indicators

Minor revisions have been made to the following indicators. We encourage you to review the technical specifications for these indicators carefully and reach out if you have any questions:

- Documented assessment of palliative care needs among patients/residents with progressive, life-limiting illness who were identified to benefit from palliative care (all sectors)
- Percentage of non-palliative care patients newly dispensed an opioid (primary care sector)
- Seven-day post-hospital discharge follow-up (primary care sector)

Retired indicators

- Readmission within 30 days for mental health and addiction (hospital sector)
- Complaints acknowledged within 10 business days (long-term care sector)
- Resident experience: Overall satisfaction (long-term care sector)

Changes to the QIP Narrative

Three new questions must be addressed by organizations in all sectors in the QIP Narrative:

- Collaboration and integration (with specific instructions for those participating in Ontario Health Team applications)
- Alternate level of care
- Virtual care

Requirements for OHT Candidates

Currently, OHTs are in various stages of development across the province. Applicants that have been selected as OHT Candidates will be asked to describe how they are partnering with others in their OHT to improve performance on the QIP indicators, including reflecting their collaborative work in their respective narratives and in specific indicators in the QIP Workplan (e.g., through selecting common indicators or implementing collaborative change ideas). Organizations in earlier stages of the OHT application process are strongly encouraged to do the same. Guidance will be provided to share how organizations should reflect this work in their QIPs.

Where to go for more information

Launch of QIP Navigator

QIP Navigator, Health Quality Ontario's online tool for the development and submission of QIPs, will launch in December 2019.

Webinars and training

- Join our QIP launch webinar to learn more about the 2020/21 QIPs. Additional training and information will be announced during the launch webinar.
 - This webinar is available at two times: November 26, 2019 12:00 – 1:00 PM and November 29, 2019 3:00 – 4:00 PM EST. Register for your preferred time [here](#).

Guidance documents

The following documents have been updated:

- [QIP Guidance Document](#)
- [Indicator Technical Specifications: 2020/21 QIPs](#)
- [Quality Priorities for the 2020/21 QIPs](#)

Contact information

You can connect with a quality improvement specialist at Health Quality Ontario at the following email address: QIP@hqontario.ca.

APPENDIX B: Quality Priorities for the 2020/21 Quality Improvement Plans

	Hospital	Primary Care	Home and Community Care**	Long-Term Care
THEME I: TIMELY AND EFFICIENT TRANSITIONS				
← Alternate level of care Collaboration and integration (Narrative) →				
Efficient	<ul style="list-style-type: none"> ⚙️ Alternate level of care rate ⚙️ Number of inpatients receiving care in unconventional spaces or ER stretchers*** 	<ul style="list-style-type: none"> ⚙️ 7-day post-hospital discharge follow-up (2) 	<ul style="list-style-type: none"> ⚙️ Unplanned emergency department visits within 30 days of hospital discharge 	<ul style="list-style-type: none"> ⚙️ Potentially avoidable emergency department visits
Timely	<ul style="list-style-type: none"> ⚙️ Time to inpatient bed * ⚙️ Discharge summaries sent from hospital to primary care provider within 48 hours of discharge 	<ul style="list-style-type: none"> ⚙️ Timely access to a primary care provider 	<ul style="list-style-type: none"> ⚙️ Wait time to long-term care home placement 	
THEME II: SERVICE EXCELLENCE				
← Virtual care Patient/resident partnering (Narrative) →				
Patient-centred	<ul style="list-style-type: none"> 👤 Patient experience: Did you receive enough information when you left the hospital? 👤 Complaints acknowledged in a timely manner 	<ul style="list-style-type: none"> 👤 Patient involvement in decisions about care 	<ul style="list-style-type: none"> 👤 Percentage of patients satisfied with services 👤 Complaints acknowledged in a timely manner 	<ul style="list-style-type: none"> 👤 Resident experience (2)
THEME III: SAFE AND EFFECTIVE CARE				
← Workplace violence (Narrative) →				
Safe	<ul style="list-style-type: none"> 👤 Number of workplace violence incidents (overall)* 	<ul style="list-style-type: none"> 👤 Percentage of non-palliative care patients newly dispensed an opioid (2) 		
Effective	<ul style="list-style-type: none"> ⚙️ Documented assessment of palliative care needs among patients identified to benefit from palliative care ⚙️ NEW Repeat emergency visits for mental health 👤 Medication reconciliation at discharge 	<ul style="list-style-type: none"> ⚙️ Documented assessment of palliative care needs among patients identified to benefit from palliative care 	<ul style="list-style-type: none"> ⚙️ Documented assessment of palliative care needs among patients identified to benefit from palliative care 	<ul style="list-style-type: none"> ⚙️ Documented assessment of palliative care needs among residents identified to benefit from palliative care
Equitable				

*Mandatory indicator (hospital sector only)

**These indicators will continue to be a priority focus for LHIN home and community care services. Additional guidance will be provided to LHIN home and community care services around expectations regarding the 2020/21 QIPs

***This indicator technical specification may be amended; see indicator technical specifications document for more information

Updated: Nov 19, 2019

Quadruple Aim

⚙️ Value and Efficiency

👤 Patient Experience

👤 Provider Experience

👤 Population Health