2023-24 cQIP Information Session

The session will begin shortly

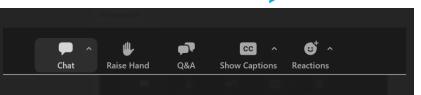
This session will be recorded

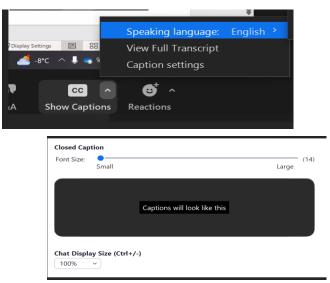
Closed Captioning is Enabled:

- 1. Click "**Show Captions**" on the black bar at the bottom of your screen.
- 2. Click on the arrow to select full transcript or to change your caption settings.

3. In caption settings you will be able to change the size of the font if desired.







2023-24 Collaborative Quality Improvement Plan (cQIP) Information Session

JANUARY 16, 2022



Land Acknowledgement





Today's Discussion





1. Opening Remarks

Dr. Sacha Bhatia, Executive, Population Health and Value Based Health System



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2. Background

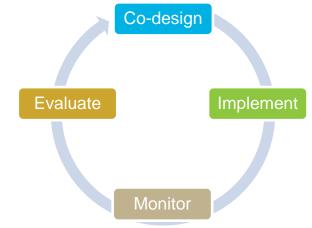
- Background, structure, and areas of focus and indicators
 - Joanna deGraaf-Dunlop, Manager, OHT Implementation



Background

The collaborative quality improvement plan (cQIP) is a population health management improvement plan that aligns provincial and local health system priorities with the Quadruple Aim, and considers populations most at risk.

The cQIP is a process that Ontario Health teams (OHTs) work on all year to systematically identify and bridge gaps in care by using quality improvement and change management principles through an equity lens.



Quality improvement is an ongoing and fundamental part of our commitment to deliver high quality care for Ontarians, and there is an expectation that the cQIP is also an ongoing commitment. OHTs are to submit a cQIP to Ontario Health by **March 31, 2023**.



Structure of the cQIP

The cQIP structure is based on the Model for Improvement and includes:

- A Progress Report, where OHTs reflect on their change initiatives over the past year, including successes, challenges, and lessons learned
- A Narrative, where OHTs provide context for their quality improvement work by describing their OHT and the population they serve. The Narrative is also the place to capture and analyze emerging quality issues
- A Workplan, where OHTs will set improvement targets for the quality indicators and describe their planned improvement initiatives to achieve these targets

Together, these components reflect the progress your OHT made in 2022/23 and help plan your OHT's quality improvement activities for 2023/24.



Key messages moving forward



Builds on the success of the 2022/2023 cQIP (continued learning)



Supports improved collaboration over time

••• Focuses on the same key areas of focus, with additional flexibility for local priorities



Provides additional supports (e.g., use of Navigator, use of OHT Data Dashboard, applying upstream thinking to the areas of focus)



3. Looking Back at the 2022/23 cQIP

- Overall observations
- ➢ Key messages from the analysis
 - Maggie Ford, Senior Specialist, Clinical Institutes and Quality Programs

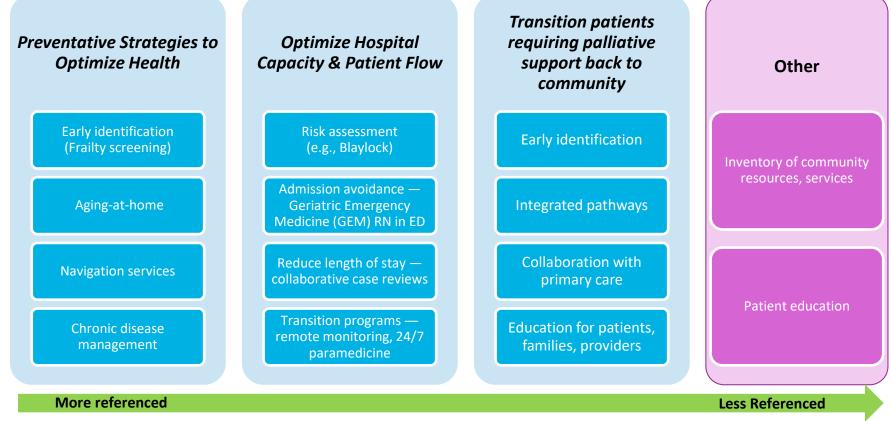


2022/23 cQIP Overall Observations

- About half of OHTs described **getting started** in their approach, developing relationships and teams, process mapping, trying to understand available data sources and setting targets
- Nearly half of OHTs describe using a **population health management** approach in selecting specific population **segments** to focus their improvement work
- Collaboration and partnerships
 - For the alternate level of care (ALC) and mental health and addictions (MHA) indicators, most OHTs identified cross-sector partnerships, including organizations outside of traditional health care (e.g., police, Emergency Medical Services, children's aid, social services)
 - For preventative care indicator, partnership work focused on developing primary care networks
 - There remains an opportunity for OHTs to consistently engage patients/families/community members in the **co-design** of initiatives



Looking Back: "Improve overall access to care in the most appropriate setting"





Looking Forward:

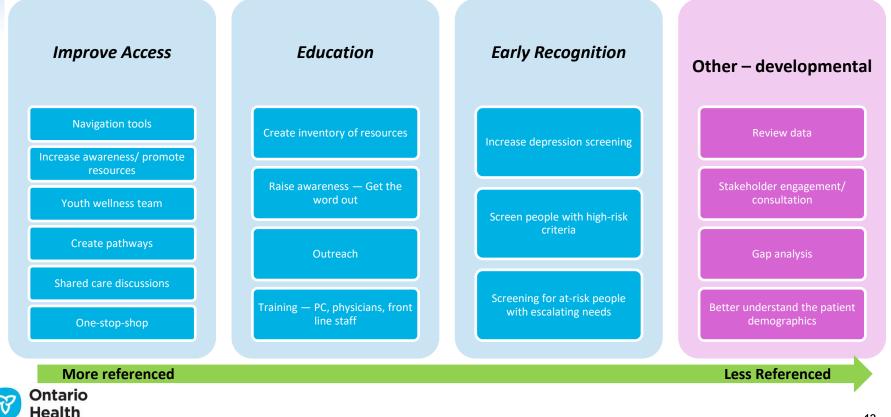
"Improve overall access to care in the most appropriate setting"

Guest Speaker:

 Dana Corsi, Ontario ALC Leading Practices Working Group and Regional Geriatric Rehab Lead - North East Specialized Geriatric Centre



Looking Back: "Increase overall access to community mental health & addictions services"



Looking Forward:

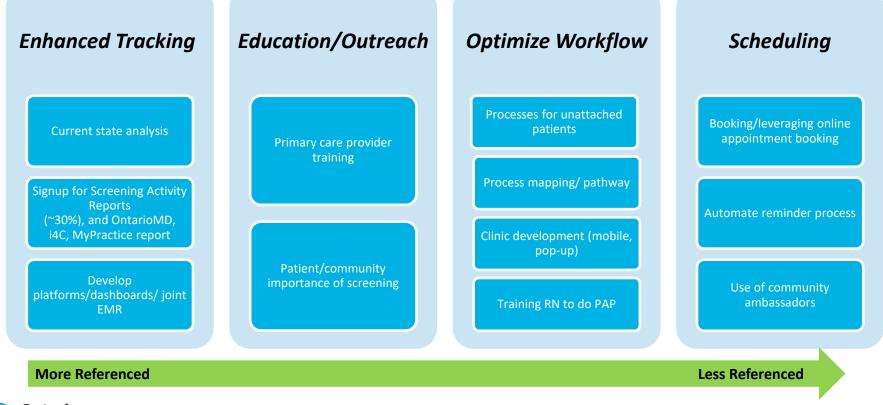
"Increase access to community mental health & addictions services"

Guest Speaker:

- **Danyal Martin**, Director, Clinical Programs, Mental Health and Addiction Centre of Excellence



Looking Back: "Improve overall access to preventative care"





Looking forward: *"Increasing overall access to preventative care"*

Guest Speaker:

- Jessica Moffatt, Manager, Primary Care, Ontario Lung Screening Program and Ontario Breast Screening Program



4. Enhancements for 2023/24 cQIP

Outlining improved data and analytics support provided in the cQIP report on the OHT Data Dashboard

-Cory Russell, Director, Population Health Data Strategy and Implementation

- Introducing streamlined submission and progress reporting using the QIP Navigator Platform
- Key timelines and key supports available
 - Maggie Ford, Senior Specialist, Clinical Institutes and Quality Programs



Improved Data and Analytics

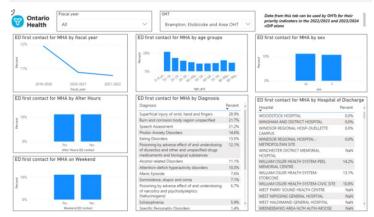
Data now available via the OHT Data Dashboard: cQIP data added November 18, 2022

- Available to OHTs through eReports
- Tool is linked from Navigator platform
- Current performance will be pre-populated into Navigator for the 5 priority indicators (at 2 separate intervals)
- Enhancements to methods and data sources

Benefits:

- Providing better access to data using improved methodology
- Improved insights about patient population/ability to stratify in multiple ways
- Ability to access and learn from data from other OHTs

Ontario Health Fiscal year All		V All		Barrie and Area OHT		Data from this tab can be used by OHT for their priority indicators in the 2022/2023 cQIP plans	
% ALC Days	32.9%	Monthly 50% 40% 30% 20%	% ALC Days		bit S0%	Discharge Destination	Home Home with withou
% ALC Days by Diagnosis Groups			9	% ALC Days by Hospital of Discharge			
Diagnosis Groups			Percent •	A Hospital			Percent
Factors influencing health status and contact with health services 70.1%				HOPITAL NOTRE DAME HOSPITAL (HEARST)			91.7%
Diseases of the eye	e and adnesia			GREY BRUCE HEALTH SERVICES-MEAFORD SITE			85.2%
Diseases of the ner			HANOVER AND DISTRICT HOSPITAL			83.0%	
Mental Behavioral and Neurodevelopmental disorders 49.5%				GREY BRUCE HEALTH SERVICES-MARKDALE SITE			81.8%
Injury poisoning and certain other consequences of external causes 39.8%				LAKERIDGE HEALTH - AJAX SITE			77.8%
	nd abnormal clinical laboratory finding			WEST NIPISSING GENERAL HOSPITAL			65.7%
	sculoskeletal system and connective t	ssue .		BROCKVILLE GENERAL HOSPITAL		62.1%	
Endocrine nutritional and metabolic diseases				USTOWEL MEMORIAL HOSPITAL		58.8%	
Diseases of the skin and subcutaneous tissue				MUSKOKA ALGONQUIN HEALTHCARE-HUNTSVILLE		55.9%	
Diseases of the ger				THUNDER BAY REGIONAL HUTH SCIENCES CTR			50.1%
Certain infections a	and parasitic diseases			LAKERIDGE HEALTH -OSHAWA SITE			50.0%
			24.3%	MUSKOKA ALGONQLIN HEALTHCARE-BRACEBRIDGE GREY BRUCE HEALTH SERVICES-SOUTHAMPTON			49.2%
Diseases of the res	piratory system od and blood-forming organs and cer		21.7%				45.5%

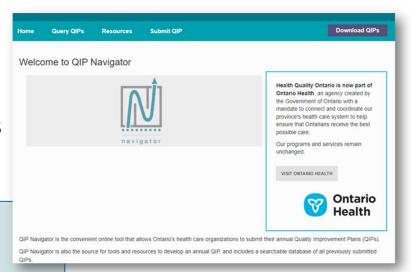


Streamlined Submission and Progress Reporting

- An online tool that allows OHTs to develop and submit their CQIPs
- Provides a secure online space for development that only your team can access
- Minimizes errors to improve data quality

Benefits:

- Pre-populated progress report and indicator data
- Standardized templates (workplan, narrative, progress, collaborative report)
- Ability to review progress on plans over time
- Ability to search OHT plans and create queries
- Hover Help Hints ② , links to resources
- Available in French



Access links to Navigator will be emailed to the OHT cQIP leads following the webinar

cQIP Community of Practice for OHTs

Joining is as easy as 1, 2, 3!

- 1. Visit the <u>OHT Shared Space</u> and click "SIGN UP" to create your account.
- Visit the <u>cQIP Community of Practice</u> (CoP) and click the "JOIN GROUP" button. You will receive an email notification when you've been accepted into the group.

Note: You are automatically accepted into the "<u>General</u> <u>Discussion</u>" Group.

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Don't forget to click on the "Subscribe to Updates" button once you've been accepted into you CoP!



Why participate?

- Get your questions answered in a space dedicated to quality improvement in OHTs
- ✓ Access specific resources and supports to assist in your cQIP development, submission and progress reporting
- ✓ Get notified of any upcoming relevant cQIP events, webinars, or educational opportunities
- ✓ Share local best or leading practices, and adapt resources to advance your quality plan
- ✓ Identify emerging opportunities and address common barriers with cross-OHT collaboration
- ✓ Learn more about some of the indicators featured in this year's cQIPs

Live Support

- Get questions answered <u>QIP@ontariohealth.ca</u>
- Drop-in Sessions
 - When: 1 hour weekly, starting January 18 to March 31, 2023
 - What: support for cQIP submission including demonstration of how to use new Navigator tool
 - Click <u>HERE</u> for drop-in session dates



5. Q&A Discussion



Please use the Q and A to enter your questions



6. Closing Remarks

Meaghan Cunningham, Population Health and Value Based Health System



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Thank you!



cQIP Main Messages



The collaborative QIP (cQIP) complements organizational QIPs that focus on an individual organization's quality issues and improvement activities. The **cQIP will continue to evolve** with other provincial quality programs and reflect health system priorities.



Teams undertook the challenge to collaborate and understand opportunities for improvement, despite COVID issues and nascent OHT structure. **Incremental improvements to the program include** improved data and analytics on the **OHT Data Dashboard** and streamlined submission using **QIP Navigator**.



The provincial areas of focus and indicators were chosen to assist **with critical COVID-19 recovery challenges**. Our system continues to face various pressures including health human resource challenges and instability related to the COVID-19 pandemic. As such, **the three provincial areas of focus will remain the same for 2023/24**.



OHTs will outline the quality improvement initiatives they plan to implement between April 1, 2023 - March 31, 2024.



The cQIP is a lever that partners across an OHT can use to achieve their goals—it should not be duplicative or disconnected. Where cQIP improvement activities align with OHT deliverables, OHTs are encouraged to leverage existing language across reports to minimize administrative burden.



The cQIP provides an opportunity to highlight unique and powerful change ideas that can influence QI efforts provincewide.



Areas of Focus and Indicators

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



(Including via transitions from home or hospital to post-acute care, long-term care, or other congregate setting). This includes a focus on reducing inequities for individuals within priority populations.

Rationale

Moving people as quickly as possible from hospital to the appropriate level of care has long been a
problem before COVID. With COVID, there has been both disruption and innovation in addressing this
issue. As recovery continues, it has never been more important to move people as quickly as possible to
the appropriate location and also help clear beds to handle surgical backlog.

Associated Indicator: Alternate Level of Care Days

The ALC Days indicator includes acute care patients and reports on patients designated ALC discharged/discontinued from an Acute Care hospital during the reporting period. It includes discharges from acute care hospitals and excludes newborns and still births.

Calculations are aligned with the methodology in the OHT data packages.

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

This includes a focus on reducing inequities for individuals within priority populations.

Rationale

Every year, more than one million people in Ontario experience a mental health or addictions challenge
requiring care. Often, supports are difficult to find where and when they are needed. Care in the
community is in high demand, services are inconsistent across regions, there are uneven client and patient
experiences and outcomes, and Ontario has lacked the data to show where to improve.

Associated Indicator: ED first point of contact for mental health and addictions care

A high rate of people using the emergency department as first point of contact, using a 2-year look-back period, suggests barriers to accessing outpatient MHA care. This area of focus was selected in consultation with the MHA Centre of Excellence at Ontario Health.

3. Increase overall access to preventative care

Including from primary care and public health providers, with a focus on reducing inequities for individuals within priority populations, including marginalized and racialized communities.

Rationale

- This is the first set of indicators that reflect the work done by OHTs on population health.
- Reported March 12, 2021: According to statistics gathered by <u>Ontario Health</u>, almost a million fewer colorectal, breast and cervical cancer screenings were conducted between March and December than were carried out through the same stretch in 2019.



Associated Indicator: Num Preventative Screening in Primary Care Num

Number of patients up to date with a mammogram Number of patients up to date with colorectal screening Number of patients up to date with Papanicolaou (Pap) tests

Supports

Available on our <u>cQIP CoP shared space</u>:

- cQIP Guidance Document
- cQIP Technical Specifications
- Coaching Tool
- Change Packages
- Available on Quorum:
- Quality Improvement Tools and Resources



Regional Cancer Program (RCP) Contacts

RCP		Cancer Screening Manager*	Regional Primary Care Lead (RPCL)			
1 – Erie St. Cla	air	Cristina Taranto - cristina.taranto@wrh.on.ca	Braedon Hendy - Braedon.Hendy@eshc.org			
2 – South West		Julie Starr - julie.starr@lhsc.on.ca	Paul Gill - paul.gill@medportal.ca			
3 – Waterloo	Wellington	Uqba Rashid - <u>Uqba.Rashid@grhosp.on.ca</u>	Neil Naik - neil.naik@gmail.com			
4 – Hamilton Haldimand Br	0	Riley Crotta - <u>rcrotta@HHSC.CA</u>	Meghan Davis - <u>davismeghan1@gmail.com</u>			
5- Central We	st	David Girard - <u>david.girard@thp.ca</u>	Praveen Bansal - <u>Praveen-</u> bansal@hotmail.com			
6 – Mississaug	ga Halton	David Girard - <u>david.girard@thp.ca</u>	Alexandra Ginty - <u>aginty@dorvalmedical.ca</u>			
7 – Toronto Central		Lavinia Tofan - Lavinia.tofan@sunnybrook.ca	North: Lisa Del Giudice - Lisa.DelGiudice@sunnybrook.ca South: Vacant			
8 – Central		Julia Brown - <u>JLBrown@southlakeregional.org</u>	Alan Kaplan - <u>for4kids@gmail.com</u>			
9 – Central Ea	st	Shannon Bourke - <u>sbourke@lh.ca</u>	Avnish Mehta - amehta@schcontario.ca			
10 – South Ea	st	Nicole O'Callaghan - <u>Nicole.OCallaghan@kingstonhsc.ca</u>	Hugh Langley - <u>hugh.langley@ontario.ca</u>			
11 – Champla	in	Andrea Miville - amiville@toh.ca	Anna Wilkinson - anwilkinson@toh.ca			
12 – North Sir	ncoe Muskoka	Mark Unwin - <u>unwinm@rvh.on.ca</u>	Danusia Gzik - gzikd@rvh.on.ca			
13 – North Ea	st	Koop Alkema - kalkema@hsnsudbury.ca	Jason Sutherland - jsutherland@nosm.ca			
14 – North W	est	Tarja Heiskanen - <u>heiskant@tbh.net</u>	Nicole Zavagnin - <u>nicolejz@me.com</u>			
	*The Cancer Screening Manager should be the first point of contac					

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