Collaborative Quality Improvement plan (cQIP) Drop-in session

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Purpose

- Provide an opportunity for informal discussions, share improvement work and get your questions answered

- Review components of your cQIP

  - Provide some useful tips/tricks

- Provide information on improvement supports and available resources
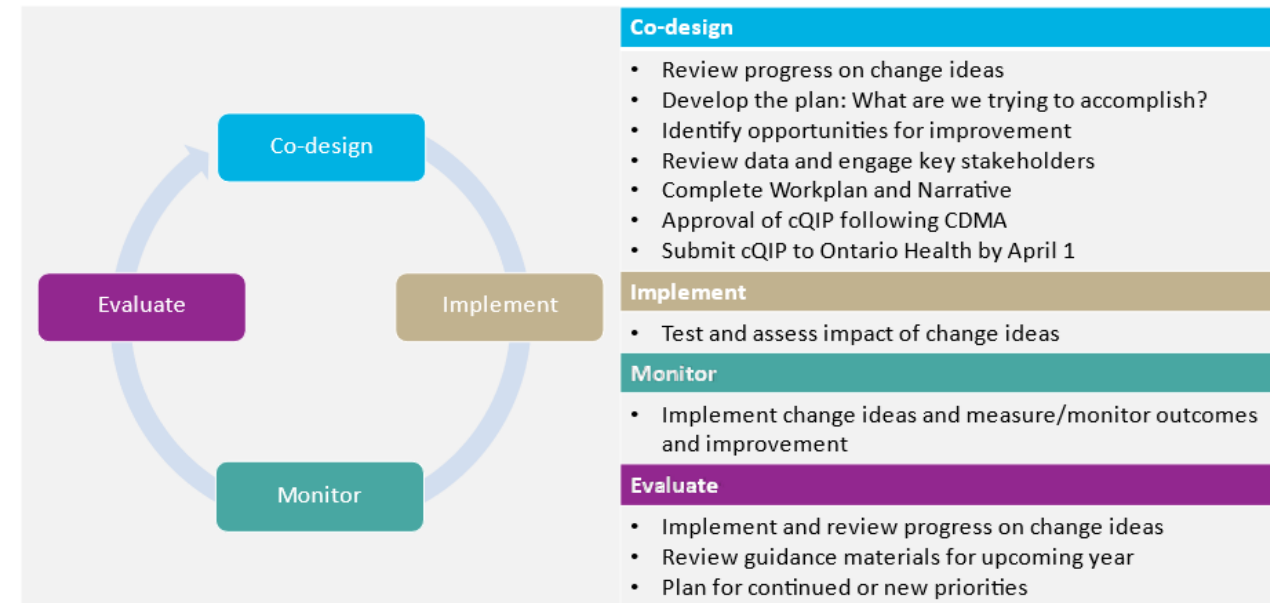
- How to use QIP Navigator - demonstration

Before we get started….any questions?

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.

- 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.

Annual cQIP cycle for an Ontario Health Team

Co-design
- Review progress on change ideas
- Develop the plan: What are we trying to accomplish?
- Identify opportunities for improvement
- Review data and engage key stakeholders
- Complete Workplan and Narrative
- Approval of cQIP following CDMA
- Submit cQIP to Ontario Health by April 1

Implement
- Test and assess impact of change ideas

Monitor
- Implement change ideas and measure/monitor outcomes and improvement

Evaluate
- Implement and review progress on change ideas
- Review guidance materials for upcoming year
- Plan for continued or new priorities

OHTs are to submit a cQIPs to Ontario Health before April 1, 2024

QIP Navigator

Bookmark URL: https://qipnavigator.hqontario.ca/Default.aspx

Components of cQIP

- Three components of cQIP, based on the [Model for Improvement](#):

  - 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 2023/24 and describe your plans for the coming year's quality improvement activities (2024/25)

To access the cQIP, click on 'Submit QIP' and look for fiscal year 2024/25, click 'Edit'

First, to get started – download working document templates

Click 'Export' to download working templates

Note: Purple tabs contain templates that are downloadable in PDF format and suggest for use when cQIP has been finalized prior to validation

Completing the progress report

- Includes information from the previous year cQIP workplan (i.e., target set, change concepts, process measures) and progress made toward targets

- Used to reflect, and describe any successes, barriers, learnings about what worked and what did not

- This information is a great starting point for determining areas for improvement, targets, and change concepts to include in your cQIP for the coming year

What is required for completing the progress report?

Click Edit for each indicator

enter progress for a Measure/Indicator, click on the "EDIT" button under the ACTIONS column.

INDICATOR (UNIT; POPULATION; PERIOD; DATA SOURCE)	ORG ID	PERFORMANCE STATED IN PREVIOUS QIP	PERFORMANCE TARGET AS STATED IN PREVIOUS QIP	CURRENT PERFORMANCE	COMMENTS	RESULTS	ACTIONS
30-day readmissions post heart failure discharge (%; CHF patients; Q3; insert own) OHT Population: subset of individuals with CHF	56672	CB	CB				EDIT
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. (%; People; Oct 2021– Sept 2022 ; See Tech Specs) OHT Population: MHA populations in crisis (needing residential or crisis care),	56672	23.40	20.00				EDIT
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. (%; People; Oct 2021–Sept 2022; See Tech Specs) OHT Population: subset of individuals with CHF	56672	30.30	75.00				EDIT
The percentage of screen-eligible people aged 21 to 69 years who had a cytology (Pap) test within the previous 3 years. (%; Population; 2nd Quarter - up to Sept 2022; See Tech Specs) OHT Population: patient who are unattached to primary care, within a specific FSA	56672	49.90	85.00				EDIT
The percentage of screen-eligible people aged 50 to 74 years who had a fecal immunochemical test (FIT) within the past 2 years, a colonoscopy within the past 10 years, or a flexible sigmoidoscopy within the past 10 years. (%; Population; 2nd Quarter - up to Sept 2022; See Tech Specs)	56672	66.60	85.00				EDIT
The percentage of screen-eligible people aged 50 to 74 years who had completed at least one screening mammogram within the past 2 years. (%; Population; 2nd Quarter - up to Sept 2022; See Tech Specs)	56672	55.50	85.00				EDIT

Indicator (unit; population; period; data source): 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. (%; People; Oct 2021– Sept 2022 ; See Tech Specs) OHT Population: MHA populations in crisis (needing residential or crisis care),

Organization: OHT Test[56672]

Current performance as stated on previous QIP ❓: 23.40

Target as stated on previous QIP ❓: 20.00

Current Performance ❓: 26.70 between 0.00 and 100.00

◯ Collecting Baseline   ◯ Not Available   ◯ Suppressed

CHANGE IDEAS FROM LAST YEAR'S QIP	WAS THIS CHANGE IDEA IMPLEMENTED AS INTENDED	PROCESS MEASURES FROM LAST YEAR'S QIP	LESSONS LEARNED: •WHAT WERE YOUR SUCCESSES AND/OR CHALLENGES?
Please provide details about the change ideas that will lead to improvement. You are encouraged to include at least four (4) change ideas per indicator because it	◯ Yes ◯ No	The measure that evaluates whether the change idea being tested is	

Narrative

cQIP 2024/25 for OHTs

OHT Test

Status: | IN PROGRESS |

✖ REMOVE LOGO   **⊕ UPLOAD ORGANIZATION LOGO**

⬙ EXPORT NARRATIVE

PREVIOUS FORMAT : CURRENT NARRATIVE   BLANK NARRATIVE TEMPLATE

Goto section | Quality Improvement Achievements In the Past Year |

In this section, your OHT may wish to tell a story about a specific achievement of which they are most proud. This section should not be merely a reiteration of the workplan in the cQIP – think of it as a "bright spot" that can be shared with other OHTs or organizations. Your OHT may wish to include information about a specific initiative or achievement that primarily focused on equity or improving the care of people most impacted by social determinants of health. Recommended length: 250 words

Quality Improvement Achievements In the Past Year ❓

Patient, Family, Care Partner, and Community Engagement and Partnering ❓

Supporting Unattached Patients ❓

Click on the **?** For more information

Click in the field to add text

Measure and change sections

Measure section answers - How do we know that a change is an improvement?

Change section answers – What changes can we make that will result in that improvement?

Click + to add content

Workplan screen content

PROGRESS REPORT NARRATIVE **WORKPLAN**

cQIP 2024/25 for OHTs

OHT Test

Status: **IN PROGRESS**

To enter data in the Workplan, click on the cell or the "Add" button. In the Measure/Indicator column, the indicators that appear in red font are the priority indicators.

EXPORT WORKPLAN   EXPORT EXTERNAL COLLABORATION REPORT

PREVIOUS FORMAT : CURRENT WORKPLAN   BLANK WORKPLAN TEMPLATE

Organization: View All

QUALITY DIMENSION	MEASURE / INDICATOR	TYPE	UNIT / POPULATION	SOURCE / PERIOD	ORG ID	CURRENT PERFORMANCE	TARGET PERFORMANCE	TARGET JUSTIFICATION	EXTERNAL COLLABORATORS
ⓘ M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) O= Optional (do not select if you are not working on this indicator) C = custom (add any other indicators you are working on)									
AREA OF FOCUS - INCREASE OVERALL ACCESS TO COMMUNITY MENTAL HEALTH AND ADDICTION (MHA) SERVICES									
Timely	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	P	% / People	See Tech Specs / October 2022 to September 2023	56672				

CHANGE

PLANNED IMPROVEMENT INITIATIVES (CHANGE IDEAS)	METHODS	PROCESS MEASURES	TARGET FOR PROCESS MEASURE	COMMENTS
➕ Add New Change Idea				
We are not working on this indicator				

➕ Add New Measure

Measure section

- Current performance will be pre-populated for all priority indicators (non-modifiable)

- Complete non-shaded sections

  - OHT population
  - Absolute Target
  - Target Justification

- Pay attention to the **Direction of Improvement**

- **Optional – you may wish to include any partners who have collaborated on the indicator initiative**

Change ideas

- Change section is where all information related to your proposed change ideas are included

- Complete all sections

- OHTs are encouraged to include at least 4 change ideas per indicator because it typically takes many change ideas to influence the outcome
(+ADD NEW CHANGE IDEA) for each

- Evidence-based change ideas can be found on OHT shared space and Resource tab in Navigator

Custom indicator

- OHTs are encouraged to integrate collaborative improvement work related to other system priorities, such as integrated clinical pathways (i.e. congestive heart failure, lower limb preservation)

- Complete all mandatory sectors where there is a red *

Validate to identify any omissions

- Click on 'Validate' to identify any omissions (which will appear in red font)

  - You can print off 'incomplete submission report'

- Once you no longer have any omissions, you can submit

Note: print off all 3 components of cQIP prior to final submission so you can share with partners and your community (suggest printing PDF versions)

Print off executive summary and final PDFs prior to sign-off

Note: Purple tabs contain templates that are downloadable in PDF format and suggest for use when cQIP has been finalized prior to validation

Final sign-off

Resources for cQIP program support

- Access to OHT Data Dashboard (email ohtanalytics@ontariohealth.ca)

- Join the cQIP Community of Practice (click subscribe to updates)

  - https://quorum.hqontario.ca/oht-collaboratives/en-us/

- For other inquiries, email cQIP support team at Ontario Health QIP@ontariohealth.ca