

Health Quality Ontario Patient, Family and Public Advisor Council

Health Quality Transformation 2016
October 20, 2016

Health Quality Ontario

The provincial advisor on the quality of health care in Ontario

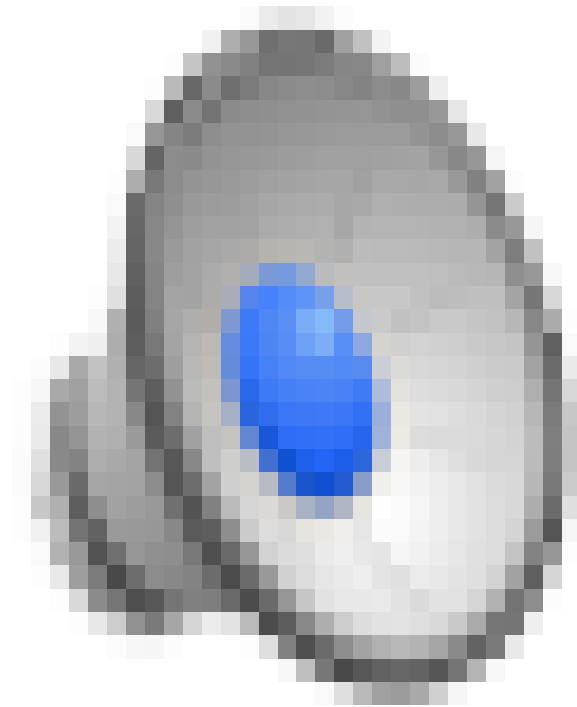


A THREE-YEAR STRATEGIC PLAN 2016-2019

**Better has no limit:
Partnering for a
Quality Health System**

Let's make our health system healthier





Our Framework for Patient Engagement in Ontario

THE STRATEGIC GOAL

A strong culture of patient, caregiver and public engagement to support high quality health care

THE GUIDING PRINCIPLES

Partnership

Learning

Responsiveness

Transparency

Empowerment

Respect

ACROSS THESE DOMAINS

Personal care and health decisions

Program and service design

Policy, strategy and governance

ACROSS A SPECTRUM OF ENGAGEMENT METHODS

Share



Provide easy-to-understand health information

Consult



Get feedback on a health issue (e.g., policy or decision)

Deliberate



Discuss an issue and explore solutions

Collaborate



Partner to address an issue and apply solutions

ENABLED BY:

A culture of continuous quality improvement

Access to easy-to-understand health information

Commitment to health equity and cultural competence

Rigorous research and evaluation





Council Membership

- The 16 members currently reside in:
 - 10 of 14 LHINs
 - Small towns or cities (12.5%)
 - Mid-sized city (43.75%)
 - Large urban centre (43.75%)
- Ethnic and cultural diversity:
 - 37.5% of members are foreign born
 - 25% self-identify as a racialized minority
 - 18% primarily speak languages other than English at home
- Varied health care experiences
- Age breakdown:
 - 18-35 years (18.75%)
 - 36-55 years (31.25%)
 - 56-64 years (18.75%)
 - 65-80 years (31.25%)
- Education:
 - Secondary high school diploma/equivalent (12.5%)
 - Postsecondary qualification (37.5%)
 - Graduate or professional education (50%)

Orientation

- What was accomplished:
 - Getting to know each other
 - Meeting the staff and leadership at HQO
 - Introduction to the organization
- Site visits (Regent Park Area) to get a taste for different ways health care is delivered:
 - Sumac Creek Health Centre
 - Toronto Birth Centre
 - Building Roads Together, a community-based peer support walking and rolling (with mobility aids) program



“Initially, I came to Toronto feeling like ‘what can I contribute to the group’? [The orientation meeting] was an eye-opener and I left feeling so much better”



“Staff were really excited to be there. You can’t fake that kind of excitement for two days straight, and it was a really important element. Everyone was excited!...and not the “rah rah” kind of excitement, but more so excitement in that the staff truly want to be there and believed in this work”

What Worked Well

- Recruitment process for the Council
- Resources made available by HQO
- Commitment of council members, staff, and senior leadership

What We're Learning

- HQO is a complex organization
- Evolution of Council's work and purpose takes time
 - Goals are becoming more clear and refined
- How to identify work for the Council that aligns with our strategic plan
- Prioritizing opportunities that allow a deep dive into an issue; co-designing something from start to finish
- Providing time for informal discussion and opportunities for continuous learning









“We felt the trust building between the organization and our group - this is huge, particularly in health care contexts”





“My biggest learning was during the sub-group work for the Terms of Reference. At first, I thought there was too much focus on this, but in the end, I thought it was really important to understand who we are and what our purpose is. I thought it was a great value. I realized that if we don’t do that, we won’t be able to come together”



“The meeting was structured well, I liked that there were different groups focusing on different topics. I felt really engaged and that it was really useful to learn the whole process of what goes on in shaping a QIP.”









“I don’t want to sound too dramatic here but something magical happened in Thunder Bay. We left there as a real council and a group of friends that guaranteed success for us in the future.”

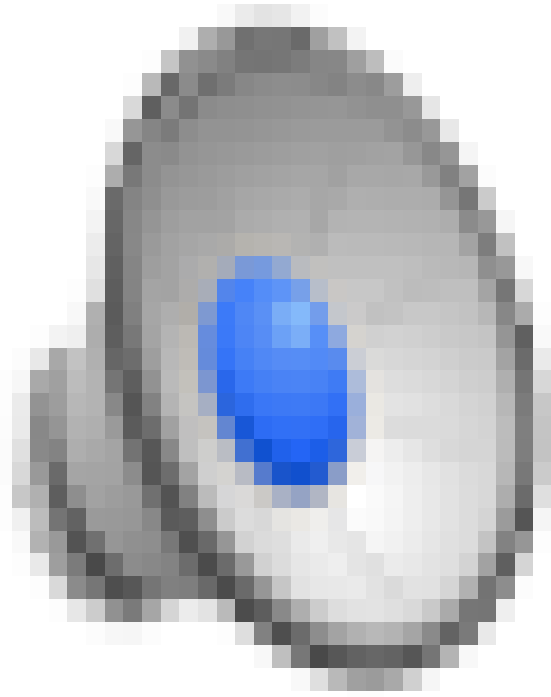














Public Reports: Implementing Feedback from Health Quality Ontario's Patient, Family and Public Advisors Council

Isra Khalil

Overview

- Public Reports on Health System Performance: Objectives and Outcome Statement
- Implementing Feedback from Health Quality Ontario's Patient, Family and Public Advisors Council
- Lessons learned

Public Reports: Objectives and Outcome Statement

Objectives:

- Make information more **accessible** to our audiences (user experience, formats, metrics, etc.)
- Make information more **relevant** to our audiences (metrics, topics, timeliness of information/data)
- Improve the **actionability** of our information

Outcome Statement: Information on health system performance is publicly available to multiple audiences in formats that are suitable to their needs

.....to enable better decisions.



What we heard from the council

Selecting specialized report topics

“Solicit feedback from a wider public group”

“Start broad in choosing topics, then seek public input for narrowing down”

“The average person needs an outlet to show the system or HQO what their general concerns are...trend this”

Result: Emergency Department Report

- Asked HQO’s patient, family and public network to answer questions that would help us understand what individuals want to know, any gaps in their knowledge and any concerns they had with the Emergency Department.
- 14 individuals responded.
- Helped us narrow in on the topic and focus on the measures that were important and relevant to the public.

What we heard from the council

Writing the data results on the topic

“Value qualitative data”

“Good data focuses on experience”

“Bring together system measures with patient-reported measures”

“The lack of certain data should be pointed out to drive conversations”

Result: The Reality of Caring Report

- Seven informal caregivers who had experienced distress from being in their caregiver role were invited for a three hour long session to discuss topics that could not be captured through quantitative data alone.
- An entire chapter was dedicated to the qualitative data we collected through the engagement.

What we heard from the council

Editing and reviewing the report

“Involve patients before the review stage”

“Patients should be engaged to make sure accessible language is being used”

“Ask patients to review what resonates with them personally”

“Ask patients about readability and flow- could they tell what the key messages were?”

Result: Emergency Department Report

- We shared the key findings from the data with the same group of people who helped us narrow down topics. We asked what they thought were the most interesting key findings or takeaway messages, what they had difficulty understanding and whether or not the overall messaging resonated with their own personal experiences.

Result: The Reality of Caring Report

- Caregivers who participated in the focus group session were sent a draft of the report and were asked to comment on the overall comprehensibility of the report, clarity of terminology and language used throughout the report as well as the clarity of information relayed through data visualization including graphs.

Lessons Learned – Engaging in Specialized Reports

1. There is no one method of engagement
2. It's important to know why you are engaging and how you will use the information
3. Patients, families and caregivers are subject matter experts across different areas of healthcare

THANK YOU

Contact:
Isra.Khalil@hqontario.ca



www.HQOntario.ca

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PFPAC consultation to guide Quality Improvement Plan indicators for 2017/18

Laurie Dunn, Lead QIP programs

Embrace Health Quality

● A health system with a culture of quality is...

Safe

Effective

Patient-centred

Efficient

Timely

Equitable

● ...stays true to these principles

Commits to ongoing quality improvement

Achieves healthy populations

Ensures accessibility for all

Partners with patients

Balances priorities

Uses resources wisely

● ... and can only happen when we

Engage patients and the public

Redesign the system to support quality care

Help professionals and caregivers thrive

Ensure technology works for all

Support innovation and spread knowledge

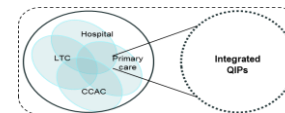
Monitor performance with quality in mind

Build a quality-driven culture

A just, patient-centred health system committed to relentless improvement. Let's make it happen.

Read our vision for achieving a quality health system
Quality Matters: Realizing Excellent Care For All

Original Priority QIP Issues and Indicators (2016/17)



Quality Issue	Hospital	Primary Care	CCAC	LTC
Effective transitions	<ul style="list-style-type: none"> Patients who are readmitted to the hospital after a discharge 	<ul style="list-style-type: none"> Follow-up with primary care provider after a hospital discharge 	<ul style="list-style-type: none"> Patients who are readmitted to the hospital after a discharge Patients who visit the emergency department after a discharge 	
Person Experience	<ul style="list-style-type: none"> Patient experience 	<ul style="list-style-type: none"> Patient experience 	<ul style="list-style-type: none"> Client experience 	<ul style="list-style-type: none"> Resident experience
Access to the right level of care	<ul style="list-style-type: none"> Patients who are in the hospital but who should be in a more appropriate facility (e.g. long-term care) 			<ul style="list-style-type: none"> Potentially avoidable emergency department visits
Timely access to care or services	<ul style="list-style-type: none"> How long patients wait in the emergency room before they are admitted to the hospital 	<ul style="list-style-type: none"> Timely access to primary care provider 	<ul style="list-style-type: none"> Wait times for home care (PSW, Nursing) 	
Safe care; effective management	<ul style="list-style-type: none"> Making sure providers at the hospital know what medications patients are taking when they are admitted Infections patients might get at the hospital 	<ul style="list-style-type: none"> Timely access to HbA1c testing for patients with diabetes Colorectal and Cervical Cancer Screening 	<ul style="list-style-type: none"> Falls 	<ul style="list-style-type: none"> Appropriate prescribing of antipsychotic medication Pressure ulcers Falls Use of restraints
Palliative care	<ul style="list-style-type: none"> Are patients who are palliative being connected with home supports when they leave the hospital 		<ul style="list-style-type: none"> Are clients dying where they would like to die 	

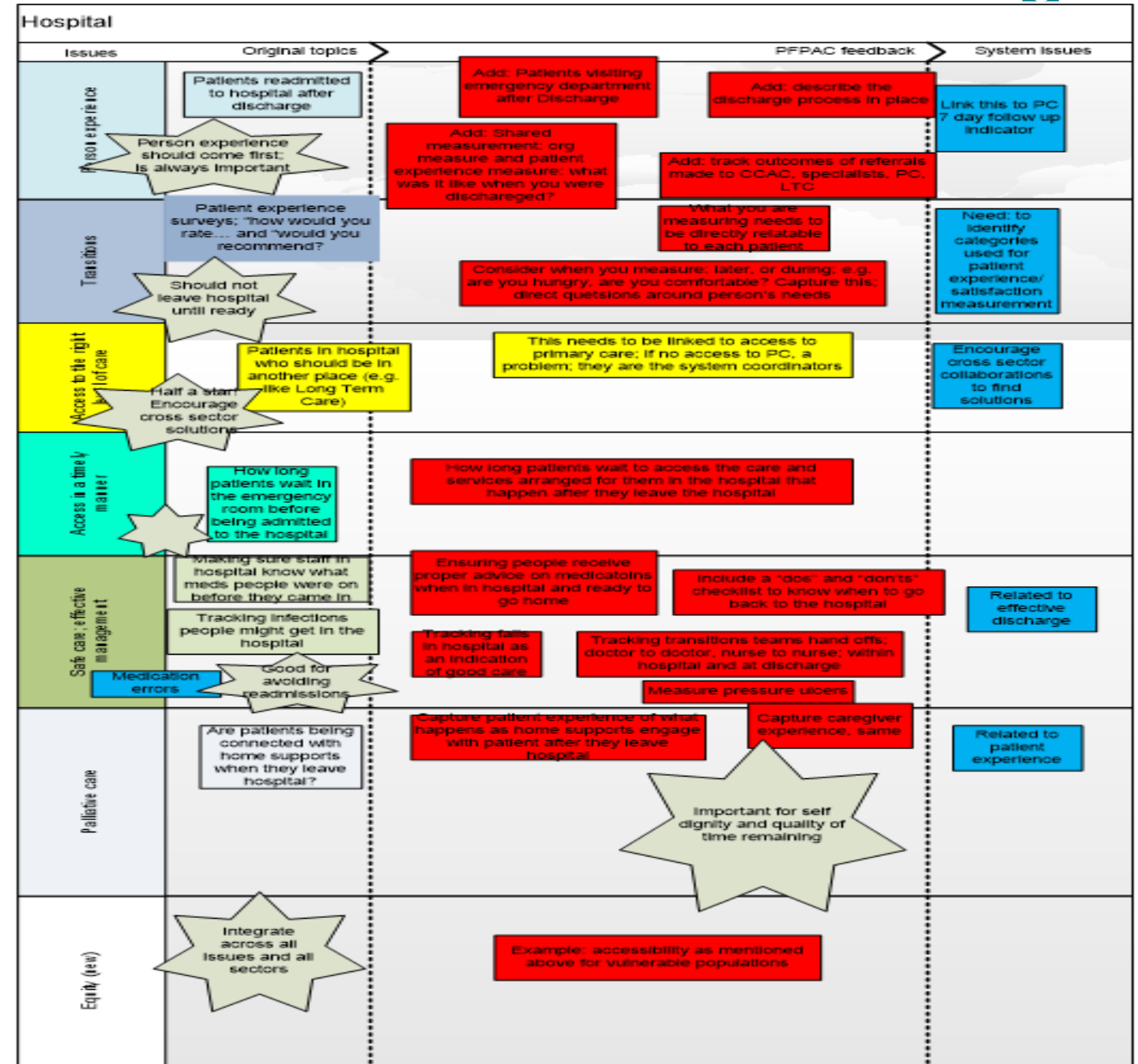
The QIP consultation process



PFPAC recommended changes

Quality Issue

Effective transitions
Person Experience
Access to the right level of care
Timely access to care or services
Safe care; effective management
Palliative care
Equity (new)



Parking lot concerns: Example CCAC

Overall

- Great variation in services from one region to another for services
- Recommend broadening scope to focus on both client and caregiver needs.
- Equity issues impact outcomes

Feedback within sector

- Financial gap in terms of people's capacity to fund their own home care.
- Gap in services depending on where you live (urban versus rural)

System issues

- Inequality of access to services regionally
- Measurement within an episode versus retrospective
- Measurement of dignity

Recommendations

- Getting an alternate patient viewpoint on each chosen indicator
- Need for a system level lateral framework that crosses sectors
- Ensuring adequate staffing

Quality Issues and Indicators for the 2017/18 QIPs

	Hospital	Primary Care	Home Care	Long-Term Care
Effective	<ul style="list-style-type: none"> • Readmission for select conditions (A) • Readmission for one of congestive heart failure, chronic obstructive pulmonary disease, or stroke (QBP) (P) • Readmission within 30 days for mental health and addiction (A) • Patient received enough information on discharge (P) • Discharge summaries sent within 48 h of discharge (A) 	<ul style="list-style-type: none"> • Hospital readmissions for select conditions (A) • 7-day post-discharge follow-up (physician) (P) • 7-day post-discharge follow-up (any provider) (A) 	<ul style="list-style-type: none"> • Hospital readmissions (P) • Unplanned ED visits (P) 	<ul style="list-style-type: none"> • Potentially avoidable ED visits (P)
	<ul style="list-style-type: none"> • Narrative • Identify complex patients (Health Links) (A) 	<ul style="list-style-type: none"> • Narrative • Identify complex patients (Health Links) (A) 	<ul style="list-style-type: none"> • Narrative • Identify complex patients (Health Links) (A) 	<ul style="list-style-type: none"> • Narrative
	<ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative • Glycated hemoglobin testing (A) • Colorectal and cervical cancer screening (A) 	<ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative
Patient-centred	<ul style="list-style-type: none"> • Home support for discharged palliative patients (P) 		<ul style="list-style-type: none"> • End of life, died in preferred place of death (A) 	
	<ul style="list-style-type: none"> • Narrative • Patient experience (P) 	<ul style="list-style-type: none"> • Narrative • Patient involvement (P) 	<ul style="list-style-type: none"> • Narrative • Client experience (P) 	<ul style="list-style-type: none"> • Narrative • Resident experience (P)
Efficient	<ul style="list-style-type: none"> • Narrative • Alternative level of care rate (P) 	<ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative
Safe	<ul style="list-style-type: none"> • Pressure ulcers (A), use of physical restraints in mental health patients (A) 		<ul style="list-style-type: none"> • Falls for long-stay clients (P) 	<ul style="list-style-type: none"> • Pressure ulcers, (A) restraints (A), falls (A)
	<ul style="list-style-type: none"> • Medication reconciliation (admission) (P) • Medication reconciliation (discharge) (P) 	<ul style="list-style-type: none"> • Medication reconciliation (A) 		<ul style="list-style-type: none"> • Potentially inappropriate prescribing of antipsychotic medications (P)
	<ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative
Timely	<ul style="list-style-type: none"> • ED length of stay (complex) (P) 	<ul style="list-style-type: none"> • Timely access to primary care (patient perception) (P) 	<ul style="list-style-type: none"> • Wait time for home care (personal support worker, nurse) (P) 	
Equitable	<ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative 	<ul style="list-style-type: none"> • Narrative

We also worked with Patient Advisors at HQO on...

The Patient Engagement Guide



The Patient Engagement











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