Collaborative Quality Improvement Plan

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Contents

Introduction

This document specifies definitions, calculations, reporting periods, and other technical information for the quality indicators chosen for the 2022/23 collaborative Quality Improvement Plan (cQIP) for Ontario Health Team(s). It also includes the questions that OHTs will be answering in the Narrative section of their cQIP that will address important quality issues.

The indicators described in this document were carefully chosen to represent quality issues raised by the Ministry of Health and Ontario Health, in consultation with stakeholders (e.g., the Mental Health and Addictions Centre of Excellence, the COVID-19 Recovery Table) and in consideration of the work already done by OHT partners, including the Rapid-Improvement Support and Exchange (RISE), Health nttergms(E)1.7 (()2.4 (eiv (a)-8e (m)1.2 (P)-2 -0.001 5.1 (c)2.p2 (P)-23 (in)-v (a)-8de (m)1.2 (P)-2 -0.0)-1)-4.8(g)8(m-1.3 (in)

Important links

Ontario Health has updated the indicator library for OHTs that may choose to add a custom indicator to their cQIPs. If an OHT wants to add one of these indicators as a custom indicator, they can link to the Ontario Health indicator library in their cQIP and the indicator will download directly into the online platform (cQIP Navigator).

Go here to browse the indicator library.

To better understand OHT data, see the Data Supports Guidance Document from the Ministry of Health.

For help completing the cQIP, refer to the cQIP guidance document from Ontario Health.

The cQIP Points of Contact are encouraged to join the cQIP Community of Practice:

1. Visit the OHT Shared Space and click SIGN UP to create your account
2. Visit the cQIP Community of Practice and click the JOIN GROUP button. You will be notified via email once you have been accepted into the group.
3. Click on the “SUBSCRIBE TO UPDATES” button once you’ve been accepted into the group to receive an email notification when there is new activity, such as upcoming webinars and posted resources.

Quality Indicators

Indicator Name:
ALTERNATE LEVEL OF CARE (ALC) DAYS EXPRESSED
AS A PERCENTAGE OF ALL INPATIENT DAYS IN THE SAME PERIOD

Mandatoryfor 2022/23cQIP

Denominator	Total number of inpatient days in the reporting period. Calculation Steps: 1. Select the DAD field name: Total length of stay. 2. Calculate (sum) the total number of inpatient days in a given time period. Inclusions x Data from acute care hospitals, including those with psychiatric beds (AP hospitals) and without psychiatric beds (AT hospitals). Exclusions: x Newborns and stillborns; x Records with missing or invalid “Discharge Date”. x Note: Other inclusion/exclusion criteria may exist depending on any variables used for stratification.
Risk Adjustment	N/A
Current Performance: Reporting Period	April 2020– March 2021
Data Source	DAD (Discharge Abstrac1 Tf 10.98 0 0 10.98 15 Tm ( )043.82 8 0.48 59.TT0

Indicator Name:
RATES OF EMERGENCY DEPARTMENT VISITS
AS FIRST POINT OF CONTACT FOR MENTAL HEALTH AND ADDICTIONS CARE

Mandatoryfor 2022/23cQIP

Dimension	Timely
Direction of Improvement	Reduce (lower)
Type	Process
Description	Thisindicator measures 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

Denominator	Number of unique Ontario residents aged 10–105 years with an incident (first in a calendar year) unscheduled mental health and addictions (MHA) related emergency department (ED) visit in the reporting period Exclusions x Age older than 105 years x Non-residents of Ontario x Individuals with an invalid health card number x Missing sex information x Scheduled ED visits (from denominator only).
Risk Adjustment	None
Current Performance: Reporting Period	April 2020 – March 2021
Data Source	DAD (Discharge Abstract Database), OMHRS (Ontario Mental Health Report System), NACRS (National Ambulatory Care Reporting System), OHIP (Ontario Health Insurance Plan), CHC (Community Health Centre), RPDB (Registered Persons Database), PCCF (Statistics Canada's Postal Code Conversion File)
How to Access Data	Data will be sent by Ontario Health to each OHTs' cQIP point of contact. Data provider is the Institute for Clinical Evaluative Sciences (ICES).
Comments	When access to timely community-based mental health assessment and treatment is insufficient, individuals who require services may use the emergency department (ED) as their first point of contact. Therefore, a high rate of use of the ED as a first point of contact for mental health and addictions (MHA) care may be a useful indicator of inadequate access to outpatient physician- and community-based care. Limitations / Caveats x CHC data were not available for 2010/11 and after March 31, 2017, and only for reporting at organizational level. x Data did not capture most non-physician mental health and addictions services (i.e., psychologists, counsellors, and social workers). x General limitations of health administrative data include potential coding errors and lack of clinical detail.

Indicator Name:
PERCENTAGE OF SCREENING ELIGIBLE PATIENTS UP TO DATE WITH PAPANICOLAOU (PAP) TESTS

Mandatoryfor 2022/23cQIP

Dimension	Effective
Direction of Improvement	Increase (higher)

Type Tu. 2l4

Data Source	OHIP (Ontario Health Insurance Program), RPDB (Registered Persons Data CCO-OCR (Cancer Care Ontario-Ontario Cancer Registry), CIHI (Canadian Institute of Health Information), SDS (Same-day Surgery Database)
How to Access Data	Data will be sent by Ontario Health to each OHTs' cQIP point of contact. Data provider is the Institute for Clinical Evaluative Sciences (ICES).
Comments	Limitations / Caveats x A small proportion of Pap tests performed as a diagnostic test could not be excluded from the anal9.72 0.48 0.48 rBT /TT08t2Tw [. 0 10.7 (es)-8re f 1570.7 (e0DC Q c

	x Each woman was counted once regardless of the number of mammograms performed in a two-year period; if a woman had both a program and non-program mammogram within a two-year period, the program status was selected x Mammograms conducted in outpatient clinics located within hospitals are captured
Denominator	Total number of screen-eligible women, aged 52 to 69 years at index date Exclusions: x Women with a missing or invalid HCN, date of birth or postal code x Women with a history of breast cancer using the diagnostic code (dxcode-174) x Women with a mastectomy before Jan 1st of the two-year period x Palliative care patients identified from hospital and physician billing claims data. Please see Appendix for classification and billing codes

Description	Percentage of screen eligible patients aged 52 to 74 years who had a FOBT within the past two years, other investigations (i.e., flexible sigmoidoscopy) or colonoscopy within the past 10 years.
Unit of Measurement	Percentage
Calculation Methods	(Number of screen eligible patients aged 52 to 74 years who had a FOBT/FI within past two years, other investigations (e.g. flexible sigmoidoscopy)3cCID 12 >>BDC1 (s)-

Appendix

Palliative care patients identified using hospital and physician billing claims data

OHIP FEE CODE	DESCRIPTION
A945	GEN./FAM.PRACT.SPECIAL PALLIATIVE CARE CONSULTATION
C945	SPECIAL PALLIATIVE CARE CONSULT HOSP IN PATIENT
C882	TERMINAL CARE IN HOSP.G.P/F.P
C982	PALLIATIVE CARE
W872	TERMINAL CARE N.H G.P/FAMILY PRACTICE
W882	TERMINAL CARE IN CHR.HOSP.G.P.
W972	PALLIATIVE CARE
W982	PALLIATIVE CARE
	DIVID CARE 1/2 HR OR MAJOR PART