Outline

• Why Quality Standards?
• What is a Quality Standard?
• Current Standards
• Future Topics
WHY QUALITY STANDARDS?
Hysterectomies - Variation Across LHINs

Rate per
100,000
women

Little variation in treatment of fibroids and prolapse

Little variation in hysterectomies performed for cancer

Vast variation seen in treatment of heavy menstrual bleeding by hysterectomy across LHINs
Why is this a problem?

While some of these variations reflect differences in patient needs and/or preferences, others do not. Instead, they are due to other factors, such as unequal access to health care services.

This variation raises concern about the quality of healthcare, especially the equity and the efficiency of health systems.

Geographic variations in health care: What do we know and what can be done to improve health system performance? OECD (2014)
Standards for excellent care: A gap in Ontario’s health care quality infrastructure

• Existing health care standards in Ontario are largely structured as mandatory minimum ‘floors’ of acceptable practice for clinicians and organizations.

• There is a need for a provincial set of evidence-based, measurable and *aspirational* standards of high quality care in priority areas where significant gaps exist between current practice and optimal care.

• There exist some examples in mainly disease-specific areas – for example, the Ontario Stroke Network’s Stroke Best Practice Recommendations.
Recommending health system standards of care: Part of HQO’s legislated mandate

(c) to promote health care that is supported by the best available scientific evidence by,

(i) making recommendations to health care organizations and other entities on standards of care in the health system, based on or respecting clinical practice guidelines and protocols
Quality Standards: a major piece of HQO’s new 3-year roadmap for evidence-based guidance
Introducing: HQO Quality Standards

• Concise sets of 5-15 strong, measurable, evidence-based statements guiding care in a topic area
• Developed in topic areas identified as having high potential for better quality care in Ontario
• Each quality statement accompanied by quality indicator(s)
• Every quality standard will be accompanied by a plain language summary for patients and caregivers
• Strong emphasis on implementation through a variety of existing mechanisms at HQO (ex. QIPs, ARTIC, etc…)
• Strong emphasis on partnerships with organizations and communities of practice in the topic area to support development and implementation of each Standard
Potential mechanisms to drive system uptake:
• Public and provider reporting vehicles
• Mainstream and social media communications
• Integration into clinical protocols, order sets
• Communities of practice
• ARTIC
• Integration into QIPs
• Policy and funding changes
• Engage researchers and support applied research & evaluation efforts in topic area
• Others?

Topic Selection, Development and Implementation

Phase I: Scoping & Planning
- Scoping of topic informed by background analysis, input from stakeholders, patients, caregivers, public; may include 'scoping workshop' meeting
- Advisory committee established through recruitment of Chairs, public call for participants
- Topics selected in alignment with internal strategic priorities and external consultation
- Topic posted on public dashboard, call for interest; external partner organizations engaged
- Quality Standard Implementation Plan developed in collaboration with external partner organizations

Phase II: Development
- Prioritizing areas for quality statements based on advisory committee input
- Quality statements drafted by HQO staff, refined by committee
- Quality measures defined for quality statements
- Quality Standard developed containing statements, measures, contextual information
- Plain language Quality Standard developed
- Quality Standard posted for public comment

Phase III: Implementation
- Finalized & published
- Potential mechanisms to drive system uptake:
  • Public and provider reporting vehicles
  • Mainstream and social media communications
  • Integration into clinical protocols, order sets
  • Communities of practice
  • ARTIC
  • Integration into QIPs
  • Policy and funding changes
  • Engage researchers and support applied research & evaluation efforts in topic area
  • Others?

Phase I:
Scoping & Planning
~ 3 months

Phase II:
Development
~ 5-6 months

Phase III:
Implementation
~ 4 months
~ TBD
HQO Quality Standards: what they look like

Health Quality Ontario

Quality Standards

Dementia With Symptoms of Agitation or Aggression: Quality Standard

MARCH 2016 – DRAFT FOR CONSULTATION

SUMMARY

This quality standard is about care for people who have dementia with symptoms of agitation or aggression. It provides evidence-based guidance on important areas of dementia care that can be improved in Ontario. The quality standard focuses on care for individuals who are in an emergency department, admitted to a hospital, or in a long-term care home. It also looks at the care that takes place in transitions between these settings—for example, when someone is discharged from a hospital to a long-term care home.

ABOUT QUALITY STANDARDS

Health Quality Ontario, in collaboration with clinical experts, patients, and caregivers across the province, is developing quality standards for Ontario.

Quality standards are concise sets of evidence-based statements that will:

- Help patients and families know what to expect (and ask for) in their care
- Help health care providers know what care they should be providing, based on evidence
- Help health care organizations measure, assess, and improve their performance in caring for patients with these conditions

QUALITY STATEMENT 3: INDIVIDUALIZED NONPHARMACOLOGICAL INTERVENTIONS

Quality Statement 3: Individualized Nonpharmacological Interventions

People with dementia and symptoms of agitation or aggression receive nonpharmacological interventions that are tailored to their specific needs and symptoms, as specified in their individualized care plan.

Background

There are a variety of nonpharmacological interventions that can be effective in managing symptoms of agitation or aggression in people with dementia. A multimodal approach should be adopted combining different nonpharmacological interventions that are individualized based on the person’s needs, symptoms, preferences, and history. Nonpharmacological interventions may be oriented to the senses (e.g., aromatherapy, multisensory therapy) or cognition (e.g., reminiscence therapy) and should have some evidence for effectiveness in improving behavioural and psychological symptoms of dementia. Recreational activities and exercise may also improve individuals’ ability to function and their quality of life.

Definitions Used Within This Quality Statement

Nonpharmacological interventions: The following non-pharmacological interventions should be considered:

- Aromatherapy
- Multisensory therapy
- Music therapy
- Dance therapy
- Pet-assisted therapy
- Massage therapy
- Reminiscence therapy
- Recreational activities
- Exercise

What This Quality Statement Means

For patients: You can expect the offer of multiple treatment options before drug therapies. These may include music or recreation therapy, and will depend on your needs, preferences, and history.

For clinicians: Before considering drug therapies, offer one or more nonpharmacological interventions (described in the Definitions section of this statement) for managing their symptoms. Tailor nonpharmacological therapies to individual needs, symptoms, and history, as documented in their individualized care plan.
The quality statement

• Written from the patient’s perspective, in declarative form
• 1 concept per statement (with some exceptions)
• **Actionable** and (theoretically) **measurable**
• Accompanied by **background** (includes rationale) and **definitions**, if necessary

**QUALITY STATEMENT 3: INDIVIDUALIZED NONPHARMACOLOGICAL INTERVENTIONS**

Quality Statement 3: Individualized Nonpharmacological Interventions
People with dementia and symptoms of agitation or aggression receive nonpharmacological interventions that are tailored to their specific needs and symptoms, as specified in their Individualized care plan.

**Background**

There are a variety of nonpharmacological interventions that can be effective in managing symptoms of agitation or aggression in people with dementia. A multimodal approach should be adopted combining different nonpharmacological interventions that are individualized based on the person’s needs, symptoms, preferences, and history. Nonpharmacological interventions may be oriented to the senses (e.g., aromatherapy, multisensory therapy) or cognition (e.g., reminiscence therapy) and should have some evidence for effectiveness in improving behavioural and psychological symptoms of dementia. Recreational activities and exercise may also improve individuals’ ability to function and their quality of life.
The evidence sources

• Formulation of quality statements informed mainly by existing clinical practice guidelines and expert panel consensus

• A set of high quality guidelines is selected out the outset of development process after assessment using AGREE II tool

• Quality Standards will increasingly also incorporate OHTAC recommendations

• Now also working on options for commissioning new evidence syntheses to support quality statement development in areas where CPG guidance is absent, conflicting or potentially outdated

**Sources and Levels of Evidence**

- APA 2007 (Level I)
- CCSMH 2006 (Level A)
- CCCDTD 2012 (Level 2C)
- NICE 2006
- SIGN 2006 (GPP)
- SNS 2010 (GPP)
The quality indicators

• Each statement accompanied by at least one related **structure**, **process** or (more rarely) **outcome** indicator

• Numerator and denominator defined in plain language (not codes) in text

• Small set of outcome measures selected for the Quality Standard as a whole

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**Quality Indicators**

**Process Indicator**

Percentage of people with dementia and symptoms of agitation or aggression who receive a comprehensive assessment when presenting to or leaving hospitals or long-term care homes

- Denominator: total number of people with dementia and symptoms of agitation or aggression who present to or leave a hospital or long-term care home
- Numerator: number of people in the denominator who receive a comprehensive assessment
- Data sources: local data collection, Resident Assessment Instrument Minimum Data Set (RAI-MDS) in long-term care homes
The audience statements

- Interprets statement from the perspective of **patients** (and caregivers), **clinicians** and **health services** (includes administrators, planners and funders)
- Patient statements along with quality statements are also packaged as a plain language **Quality Standard Patient Summary** 2-pager

**What This Quality Statement Means**

**For patients:** You can expect an examination and full assessment every time you arrive at or leave a hospital or long-term care home. It will include questions about your physical health, medical history, and cognitive and functional statuses.

**For clinicians:** Perform a standardized, comprehensive assessment (as described in the Definitions section of this statement) when people present to a hospital or long-term care home, or when they transition to another care setting.

**For health services:** Ensure hospitals and long-term care homes have comprehensive assessment tools and systems, processes, and resources in place to assess people at presentation and discharge.

www.HQOntario.ca
Patient Friendly Quality Standards: an example

Heart attack and suspected heart attack (Acute Coronary Syndromes)

Heart attacks are caused by a blockage in the blood vessels around your heart. A heart attack or a suspected heart attack can cause chest pain. Other symptoms can include pain or pressure in one or more parts of the upper body including in the neck, jaw, arms, shoulders or back. You may also experience nausea, shortness of breath, dizziness or sweating. Call 911 if you or someone else is experiencing these symptoms.

This Clinical Care Standard tells you what care may be offered if you have chest pain or other symptoms that could be a heart attack. You can use this information to help you and/or your carer make informed decisions, in partnership with your doctor.

UNDER THIS CLINICAL CARE STANDARD

A patient presenting with acute chest pain or other symptoms suggestive of an acute coronary syndrome receives care guided by a documented chest pain assessment pathway.

What this means for you
If you have chest pain or other symptoms that could indicate a heart attack, your treatment from the first time you see a doctor to the moment you leave their care is guided by recommendations developed by clinical experts.

A patient with acute chest pain or other symptoms suggestive of an acute coronary syndrome receives a 12-lead electrocardiogram (ECG) and the results are analysed by a clinician experienced in interpreting an ECG within 10 minutes of the first emergency clinical contact.

What this means for you
If you have chest pain or other symptoms that could indicate a heart attack, you have an electrocardiogram (ECG) as soon as possible. The ECG should be interpreted within 10 minutes.

A patient with an acute ST-segment-elevation myocardial infarction (STEMI), for whom emergency reperfusion is clinically appropriate, is offered timely percutaneous coronary intervention (PCI) or fibrinolysis in accordance with the time frames recommended in the current National Heart Foundation of Australia Cardiac Society of Australia and New Zealand guidelines.

What this means for you
If you have a heart attack where the artery supplying an area of the heart muscle is completely blocked, your doctor decides whether or not you can have a procedure called percutaneous coronary intervention (PCI). In a PCI, a heart specialist passes a tiny probe through an artery to your heart and injects a small balloon that slips to ease the blockage. If a PCI cannot be performed within an hour, balloon inflation is anticipated to be less than 30 minutes, otherwise the effect in...
What Quality Standards mean to our key audiences

• **Patients, caregivers and the public** can use Quality Standards to understand what excellent care looks like and what they should expect from their health care providers.

• **Health care professionals** can use Quality Standards to evaluate their practice, identify areas for personal and organizational quality improvement and incorporate them into professional education.

• **Provider organizations** can use Quality Standards to measure and audit their quality of care, identify gaps, guide organizational improvement strategies and inform clinical program investments.

• **LHINs and disease agencies** can use Quality Standards to measure and hold health service providers accountable for delivering high quality care, and inform regional improvement strategies.

• **Government** can use Quality Standards to identify provincial priority areas, inform new data collection and reporting initiatives, and design performance indicators and funding incentives.
Supporting Adoption of Quality Standards

**Development**
- Focus groups and field testing
- Public Comment
- Development of adoption supports
- Launch, dissemination
- Evaluation

**Engagement**
- Physician/ Clinician engagement
- Patient engagement
- Community sector engagement
- Provincial conferences/webinars
- Access to provincial clinical experts
- Community of practice
- Coaching

**Tools**
- Standardized order set templates
- Quality standard overview guide
- Information for public
- Implementation roadmap (toolkit/checklist)

**Measurement & Reporting Support**
- Baseline data
- Ongoing/real-time data
- Data support
- Measure selection
- Audit & feedback
Current Standards Under Development

- Schizophrenia
- Major Depressive Disorder
- Dementia and Agitation or Aggression
- Wound Care (Pressure, Leg and Diabetic Foot Ulcers)
- Heavy Menstrual Bleeding
- Hip Fracture
- Vaginal Birth after Caesarean Section
Future Topics….

• Significant identified gap(s)
  – between current care in the Province and optimal care
  – between care in Ontario and that of other health systems
  – variation(s) in the quality of care across Ontario
• Importance of the topic to patients and the public
• Importance and alignment of the topic to support the priorities of the Ministry of Health and Long-Term Care and Local Health Integration Networks
• Magnitude of the condition- impact on patients, use of the health system and financial costs
• Topics that span more than one health sector
• Topics that involve the care of more than one profession
• Alignment with Health Quality Ontario strategic priorities
Thank you.
Methods: Review of Evidence

For each prioritized key area:

- **Summary of relevant recommendations and guidance statements**
  - Identify recommendations or statements from relevant guidelines (such as NICE or NICE-accredited guidelines, guidelines used in current practice, or those otherwise identified through scoping exercise) that may support potential quality statement development.

- **Evidence review**
  - If limited or no evidence exists for a key area, the Lead will conduct an evidence review using the most appropriate review method.

- **Establishment of consensus**
  - If there is no evidence, the panel may wish to:
    - Use expert consensus
    - Note prioritized key area for future consideration
Methods: Review of Evidence

Identification and Inclusion of Clinical Guidelines

• Identify relevant guidelines covering the population(s) and setting(s) of interest
• Use the AGREE II instrument to select 4–5 highest quality clinical guidelines, including at least 1 contextually relevant (Canadian) guideline

Appraisal of Guidelines for Research & Evaluation II

1) Scope and Purpose
2) Stakeholder Involvement
3) Rigour of Development
4) Clarity of Presentation
5) Applicability
6) Editorial Independence
Methods: Review of Evidence

Acceptable Evidence Threshold

• The recommendations or statements identified from relevant guidelines will be examined by the to determine whether they meet an acceptable evidence threshold

• Suggested thresholds:
  – Moderate to high quality of evidence for diagnostic or therapeutic interventions
  – Expert consensus is sufficient when quality of evidence is low for certain principles, processes, or system-level interventions