

## QIP Navigator Submission Tips

January 14, 2018

1. My organization wants to work on only one of the post-discharge follow-up indicators – how do we indicate this in Navigator?

ID	AIM	MEASURE				
ISSUE	MEASURE / INDICATOR	TYPE	UNIT / POPULATION	SOURCE / PERIOD	COMMENTS	
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comment)						
<b>EFFECTIVE</b>						
1	Effective transitions	Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification was received, for which follow-up was done (by any mode, any clinician) within 7 days of discharge.	P	% / Discharged patients	EMR/Chart Review / Last consecutive 12 month period	
2	Effective transitions	Percentage of patients who have had a 7-day post hospital discharge follow-up, by a physician. (CHCs, AHACs, NPLCs)	P	% / Discharged patients	See Tech Specs / Annually	

For the post-discharge indicators, the first indicator (ID 1) is geared more towards family health teams, while the second (ID 2) is geared more towards community health centres, aboriginal health access centres, and nurse-practitioner led clinics that receive reports through the Association of Ontario Health Centres. Organizations are not expected to complete both.

Please complete the entire row for the priority indicator that you are working on.

For the indicator that you are not working on DO NOT enter any data in the row, except for in the far right side **“Comments”** column of the change ideas.

For example:

Comments ?	We have completed indicator 1
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- 2. I know that the current performance data in the progress report needs to match the current performance data in the workplan. How do I enter that information?

Survey questions (i.e. “patient involvement in decisions about care” and “timely access to primary care (patient perception)”) need to have current performance entered into the workplan first. Navigator will then pull this information into the progress report. For other existing indicators, please enter current performance in the progress report first and then Navigator will populate the workplan.

- 3. Where do I find the cancer screening indicators?

The cancer screening indicators are additional indicators, so they will appear in a dropdown list in the QIP Navigator. Based on feedback from stakeholders, these have been moved to the “equitable” domain. Please see Indicator Technical Specifications for more information, but for this indicator, the data source is your EMR. If you are using data from another source (e.g. your LHIN or MyPractice report), please create a custom indicator.

The screenshot displays the 'EQUITABLE' domain interface. At the top, there is a header with the word 'EQUITABLE' and a '+Add New Change Idea' button. Below this is a table with several columns. The first column is a red bar with the text 'Can be custom'. The second column contains the text 'How will we know that a change is an improvement? Link to Indicator Library or create your own'. The third column contains the letter 'C'. The fourth column contains the text '% / a sub-population'. The fifth column contains the text 'EMR/Chart Review / manual -Jan 2017 to December 2017'. The sixth column contains the number '9999993'. The seventh column contains the text 'Provide a rationale for how target performance has been set, including the source. For example, reference the best performance achieved by comparators, such as the top 20th percentile of organizations in your LHIN. Include any challenges and risks and how it informs your target setting is also encouraged'. To the right of the table is a '+Add New Change Idea' button. At the bottom left, there is a dropdown menu labeled 'Indicators' with a count of '3'. At the bottom center, there is a '+Add New Measure' button. Two yellow boxes highlight the 'Indicators' dropdown and the '+Add New Measure' button.