

# Abstract Submission Guidelines

## OVERVIEW

On October 17, 2018, Health Quality Ontario will host *Health Quality Transformation 2018*, the largest conference on health care quality in Canada. In its seventh year, this annual conference is designed for patients, caregivers, health care providers and system leaders.

The conference focuses on putting quality into action – as outlined in [Quality Matters](#), our framework for what makes a quality health care system.

The overarching themes for this year's conference focus on *Quality Matters*' three calls-to-action:

- Delivering and improving quality care
- Measuring quality to better understand it
- Fostering a culture of quality

*Health Quality Transformation 2018* is in three locations: **Toronto, Thunder Bay and Sudbury**. Any abstract can be presented at one of the three sites.

Abstracts will be reviewed and scored in partnership with patients, caregivers and members of the public. Those selected will be featured at the conference in one of two ways:

- Posters (in the exhibit hall)
- Oral presentations in breakout sessions including panels and/or workshops

In addition, all those accepted will be invited to post their abstract and poster, or presentation, on Health Quality Ontario web platforms and at other events in the year ahead.

## SUBMIT AN ABSTRACT TO HEALTH QUALITY TRANSFORMATION 2018

**We invite abstracts that show tangible results and lessons learned across the health system.**

Abstracts must align with the conference themes and demonstrate how the initiative advances a high-quality health system defined by *Quality Matters* as:

*A health system that delivers world-leading safe, effective, patient-centred services, efficiently and in a timely fashion, resulting in optimal health status for all communities* (see [Page 27 in Quality Matters](#) for more detail).

Abstracts will be organized in seven categories (described below). Each contribute towards achieving a high-quality health system.

## Priority will be given to abstracts that:

- Provide examples of initiatives that emphasize quality in long-term care, primary care, home and community care, mental health and addictions, and palliative/end of life care, or improve the delivery of integrated care across sectors
- Are backed by evidence of impact (e.g., outcome or process measures, evaluation results, research findings)
- Feature work in Northern Ontario and that can be featured in Thunder Bay and Sudbury
- Illustrate implementation of innovations and best practices that accelerate change
- Offer opportunities that promote system level spread, and transfer knowledge
- Learn from failures
- Reflect on the six dimensions of health care quality: safe, effective, patient-centred, efficient, timely and equitable. In particular, consideration will be given for health equity

## ABSTRACT CATEGORIES: SEVEN ENABLERS FOR A QUALITY HEALTH SYSTEM

The overarching *Quality Matters*' themes (e.g., calls-to-action) for this year's conference:

- Delivering and improving quality care
- Measuring quality to better understand it
- Fostering a culture of quality

... are enabled by:

- Enabler 1 – Engaging Patients and the Public in Improving Care
- Enabler 2 – Redesigning the System to Support Quality Care
- Enabler 3 – Helping Professionals and Caregivers to Thrive
- Enabler 4 – Ensuring Technology Works for All
- Enabler 5 – Supporting Innovation and Spread of Knowledge
- Enabler 6 – Monitoring Performance with Quality in Mind
- Enabler 7 – Building a Quality Driven Culture

Please choose the call-to-action that your abstract is addressing, and its accompanying enabler, that best fits your abstract submission. If your submission does not fit exactly into one of these calls and enablers, please choose the ones that you feel is closest to the topic:

### Enabler 1 – Engaging Patients and the Public in Improving Care

Patients can be powerful enablers of change. Abstracts in this category should demonstrate approaches for effectively engaging patients and the public in health care improvement. When the term patient is used, it includes: patients being served by hospitals, residents living in long-term care homes; people being cared for in their homes or through community programs; families, other informal caregivers; and members of the public. Examples may include:

- Meaningful engagement with patients and the public to support quality improvement
- Patient empowerment through self-management and shared decision-making
- Partnering with patients in the co-design of health services
- Improved patient, family and caregiver experience

- Patient relations (receiving and responding to complaints)
- Tools, resources and supports for patients, families, caregivers and health care providers to build their capacity to engage with each other
- Innovations related to patient engagement with at-risk, vulnerable and marginalized populations to improve care and/or to reduce inequities

### **Enabler 2 – Redesigning the System to Support Quality Care**

Abstracts in this category should reflect examples of changing the way the health system is organized and designed, realigning resources, and demonstrating how leaders are supporting a culture of quality and contributing to improvement. Examples may include:

- Innovative initiatives or practices in health care that promote scale and spread
- Implementation of [quality standards](#)
- Sub-region and/or sub-LHIN planning and improvement initiatives
- A focus on health care equity
- Partnering with patients in the co-design of legislation, policy and health services
- Define or implement evidence-based best practices for optimal patient care (e.g., implementation of quality-based procedures, quality standards, Choosing Wisely, and Health Links innovative practices)

### **Enabler 3 – Helping Professionals and Caregivers to Thrive**

Abstracts in this category should reflect examples of initiatives helping professionals and caregivers to thrive, environments in which staff are functioning and ways to make them better. Examples may include:

- Improving work life of professionals and staff (e.g. Quadruple Aim)
- Initiatives that break down silos and workplace design to support the delivery of effective care
- Measuring and making improvements to staff experience
- How the role of community-based interventions contribute to the increasing reach of care in Ontario
- Initiatives that support professionals working in long-term care, primary care, and home and community care
- Initiatives that advance care in mental health and addictions including faster access to services, early identification and support
- Initiatives that support caregivers and that give them the tools they need to be better health advocates
- Enhancing or promoting a safe culture in health care delivery organizations
- Addressing issues of staff capacity or capability to engage in quality improvement

### **Enabler 4 – Ensuring Technology Works for All**

Abstracts in this category should demonstrate advances in technology used for treatment or to support health care services. Examples may include:

- Use of digital health solutions to better enable, deliver and improve access to deliver care
- Systems that support integrated care, transitions among care settings, and improved access for all
- Initiatives that improve transitions of care from hospital to community, hospital to Long-Term Care, reduce 30-day readmissions, reduce emergency department utilization and avoidable hospitalizations (e.g., risk assessment, discharge planning, etc.), and reducing alternative levels of care.  
Tools to support better service provision (i.e. electronic health records) and decision-making for health care providers
- Adoption of health technologies that improve health outcomes and are good value for money

## **Enabler 5 – Supporting Innovation and Spread of Knowledge**

Abstracts in this category should demonstrate innovations and practices that can have a significant impact on the health system and quality of care. Particular emphasis will be given to example that have been proven and demonstrate a level of/or potential for spread in Ontario.

Examples include:

- Improvement initiatives that have been the focus of the Quality Improvement Plans of organizations with demonstrable impact
- Examples of advancing [Quality Standards](#), implementation of health technologies (specifically publicly funded technologies supported by [Health Technology Assessment](#) recommendations)
- Implementation of [Choosing Wisely](#) recommendations, a campaign to help clinicians and patients engage in conversations about unnecessary tests, treatments and procedures
- Optimizing outcomes for patients with complex conditions and circumstances. For example innovations by the Health Links approach to care in the provision of improved and more efficient care
- Improved clinical care and outcomes (e.g., pain management, cardiac care, chronic obstructive pulmonary disorder (COPD) care, diabetes management, improved care for seniors, surgery)

## **Enabler 6 – Monitoring Performance with Quality in Mind**

Abstracts in this category should reflect that “data is the cornerstone of quality improvement” and improvements in quality that have been achieved using data. Examples could include:

- Primary care and long-term care practice reports ([MyPractice reports](#))
- Other examples of audit and feedback programs
- Surgical quality improvement – examples from the [Ontario network for surgical quality improvement](#)

- Long-term care prescribing practices
- Developing relevant indicators
- Use of data to support annual quality improvement plan prioritization and/or implementation
- Use of data from digital systems including electronic medical records (EMR)/Health Information Systems (HIS) to support improvement

## **Enabler 7 – Building a Quality Driven Culture**

Abstracts in this category should focus on initiatives that demonstrate a commitment to building a culture of quality and nurture organizational change. Examples include:

- Initiatives that support a shift in the culture of health care in Ontario to become a more patient-centred system in which patients are co-designers
- Broader adoption of inter-professional teams that compel clinicians to learn to work in different ways
- Initiatives focused on improving health care for marginalized populations
- The ways in which residents and health care professionals are partnering to strengthen a culture of quality in long-term care
- Solutions that require collaboration and trigger change around traditional organizational and professional boundaries.
- Bringing an organizational focus to 'quality' including engagement with front-line teams to board governance
- Initiatives that support a shift in the culture of health care in Ontario to become a more patient-centered system in which patients are co-designers
- Examples of developing the foundations for improvement including developing knowledge and skill for quality improvement, examples of impact of education to support a culture of safety
- Supporting a 'safe' culture. May include examples of effective ways to support review of adverse events.

## GUIDELINES FOR SUBMISSION

Submitted abstracts must be a **maximum of 750 words** and include the following information:

- **Background/Context** - Provide a brief description of the background/issue statement, and include your patient/client/resident population.
- **Objectives** - What are your aims? Please describe questions addressed or improvement goals.
- **Description** - Briefly describe the program design, methods or change ideas and how they have been implemented. Were there process/balancing/outcome measures, where applicable?
- **Impact/ Results** - Summarize key outcomes and/or results and describe the extent to which the initiative has demonstrated an impact on health outcomes or health care system performance. Preliminary results and qualitative or narrative data will be considered.
- **Conclusions/Spread** - What were the lessons learned? Have results been replicated outside its original setting? Has the evaluation of the initiative produced any evidence and publication?

In addition, you'll be asked to:

- Identify which theme(s) (e.g., *Quality Matters'* calls-to-action) your abstract initiative addresses: (you may choose more than one)
  - 1- Delivering and improving quality care
  - 2- Measuring quality to better understand it
  - 3- Fostering a culture of quality
- Select which enabler your abstract reflects to achieve this call-to-action
- Check yes, if your abstract is relevant to Northern Ontario
- Submit your Mandatory Documents

### Mandatory Documents

- Demonstration of data/results/lessons learned (e.g., quantitative data as illustrated by run charts showing data over time, or qualitative/narrative data)
- Include the primary author's name and the abstract title in the mandatory documents.

A single mandatory data document **up to a maximum of 3 pages\*** is to be uploaded with the submitted abstract. **\*Documents over three pages will not be included for review.**

Note: Failure to submit the mandatory documents will result in your abstract being rejected.

## ABSTRACT SELECTION PROCESS

### Submit online by Tuesday, April 24, 2018

Only [abstracts submitted via the online process](#) will be accepted. You will receive an email confirming the receipt of your submission. If you do not receive an email confirmation within 24 hours of your submission, please email – [hqtabstracts@hqontario.ca](mailto:hqtabstracts@hqontario.ca)

### Review & Notification

The *Abstract Review Committee* will review all submitted abstracts. Health Quality Ontario will notify all authors of the results via email, by **May 15, 2018**. If your abstract is accepted, you must confirm acceptance. You are responsible for your own travel and accommodation costs.

Accepted abstracts will be promoted through our event website, mobile application as well as in limited printed copies of the conference program.

#### Timelines

Deadline for submission: April 24, 2018 at 12:00 (EST)

Notification of acceptance: week of May 15, 2018

*Health Quality Transformation 2018*: October 17, 2018

For additional information, please contact: [hqtabstracts@hqontario.ca](mailto:hqtabstracts@hqontario.ca)