Ontario Health Quality Standards and Integrated Care

Alliance Annual Conference 2025

Ontario Health

Faculty/presenter disclosure

- **Faculty:** Gracia Mabaya
- **Relationships with financial sponsors:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** None
  - **Consulting Fees:** None
  - **Patents**: None
  - **Other:** Salaried employee of Ontario Health and Lead of Ontario Health's Hypertension Quality Standard Advisory Committee

Learning objectives

Following these spotlight presentations, you will be able to:

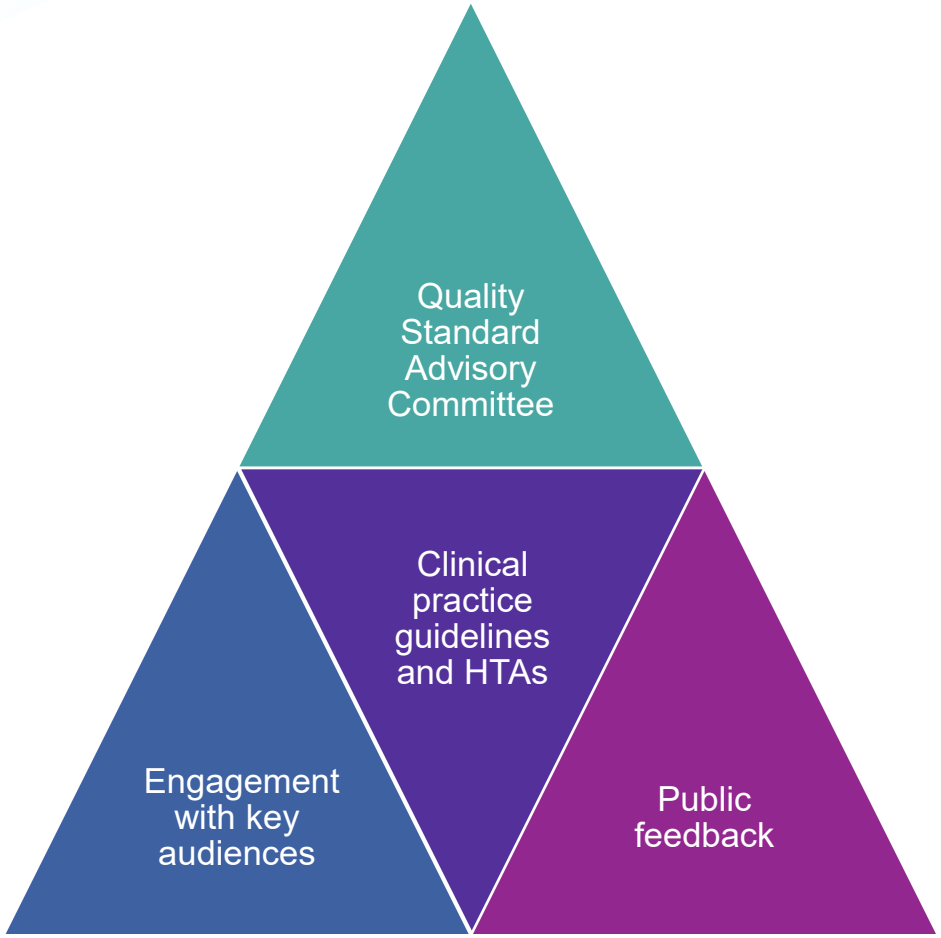
- Describe Ontario Health quality standards, their development, and how to access them
- Identify opportunities in your own practice to improve care and reduce health inequities by leveraging the quality standards
- Access helpful tools and resources for use in clinical practice and to share with patients and their care partners

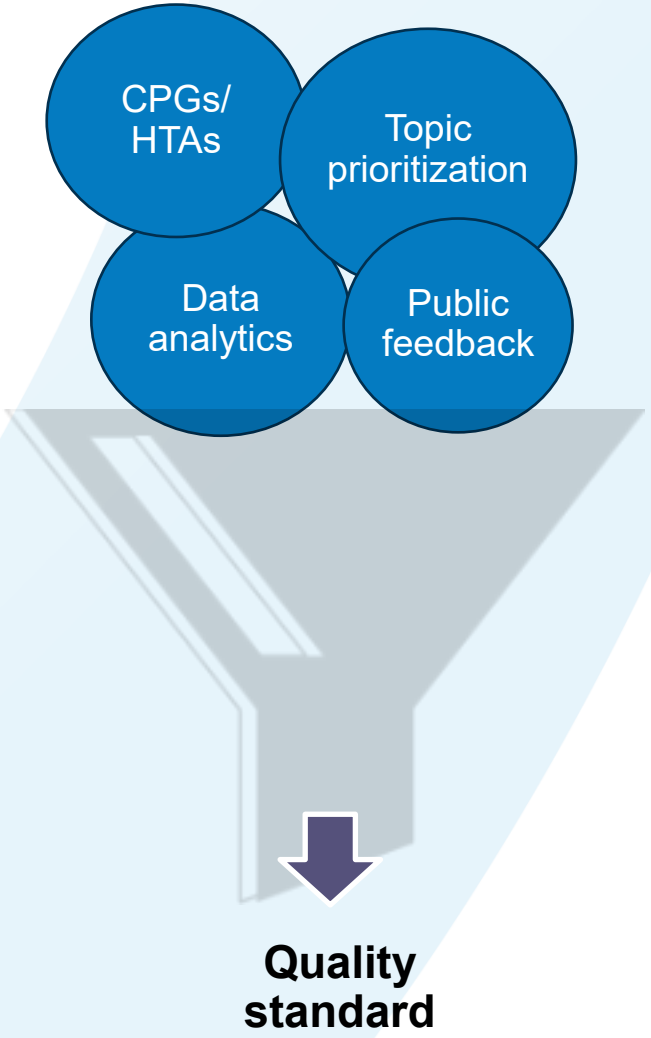
Ontario Health's Quality Standards

Quality standards

- Are part of Ontario Health's legislated mandate:
  - To manage health service needs across Ontario consistent with the Ministry's health system strategies to ensure the quality and sustainability of the Ontario health system through … **clinical and quality standards development for patient care and safety**
- Inform clinicians and patients what high-quality care looks like
- Focus on conditions or processes where there are large **variations in how care is delivered or where there are gaps between the care provided in Ontario and the care patients should receive**
- Focus on areas for clinical improvement with measurement indicators
- 40 published quality standards, updated every 5 years

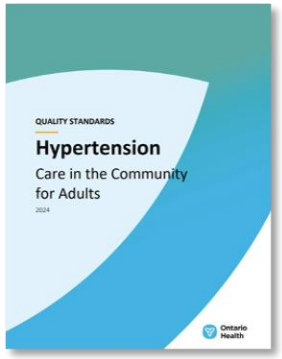
Key inputs for quality standard development



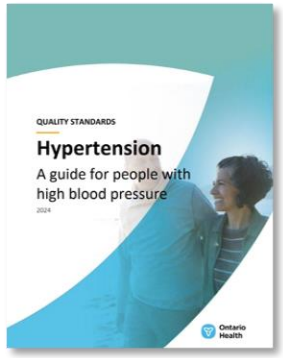


Abbreviations: CPGs, clinical practice guidelines; HTAs, health technology assessments.

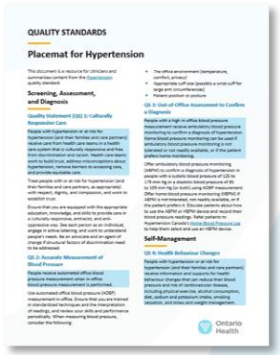
Quality standard resources



Quality Standard



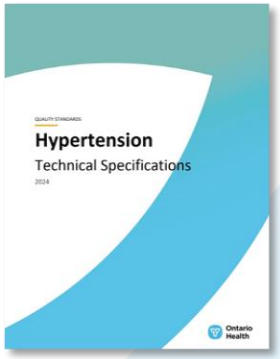
Patient Guide



Placemat

Implementation Toolkit

Case for Improvement Deck



Technical Specifications

Getting Started Guide

Find these resources here: https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards

Insomnia Disorder Care for Adults

A New Quality Standard

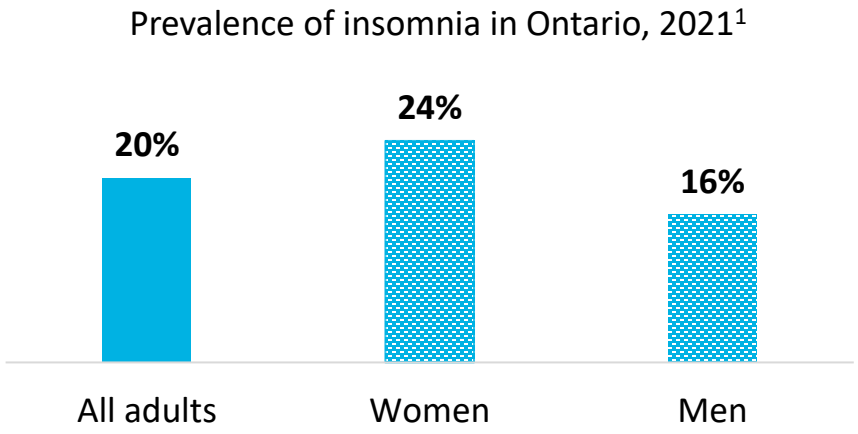
Ontario Health

Faculty/presenter disclosure

- **Faculty:** Mafo Yakubu
- **Relationships with financial sponsors:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** None
  - **Consulting Fees:** None
  - **Patents**: None
  - **Other:** Salaried employee of Ontario Health, Lead of Insomnia Disorder Quality Standard Advisory Committee

Why do we need a quality standard for insomnia disorder?

1 in 5 adults in Ontario have insomnia



In Ontario,[1]

- 20% of adults reported insomnia (defined in the survey as having trouble going to sleep or staying asleep most of or all the time)
  - Among these, 61% of those were women, and 39% were men
- 5% of adults found it difficult to stay awake when they wanted to

Lower socioeconomic status has been associated with poorer sleep[2,3]:

- Factors directly affecting sleep include irregular work hours (disturbing the circadian rhythm) and living in noisy or unsafe environments
- Factors indirectly affecting sleep include stress, health behaviours, and comorbidities that disproportionately affect people from lower socioeconomic backgrounds

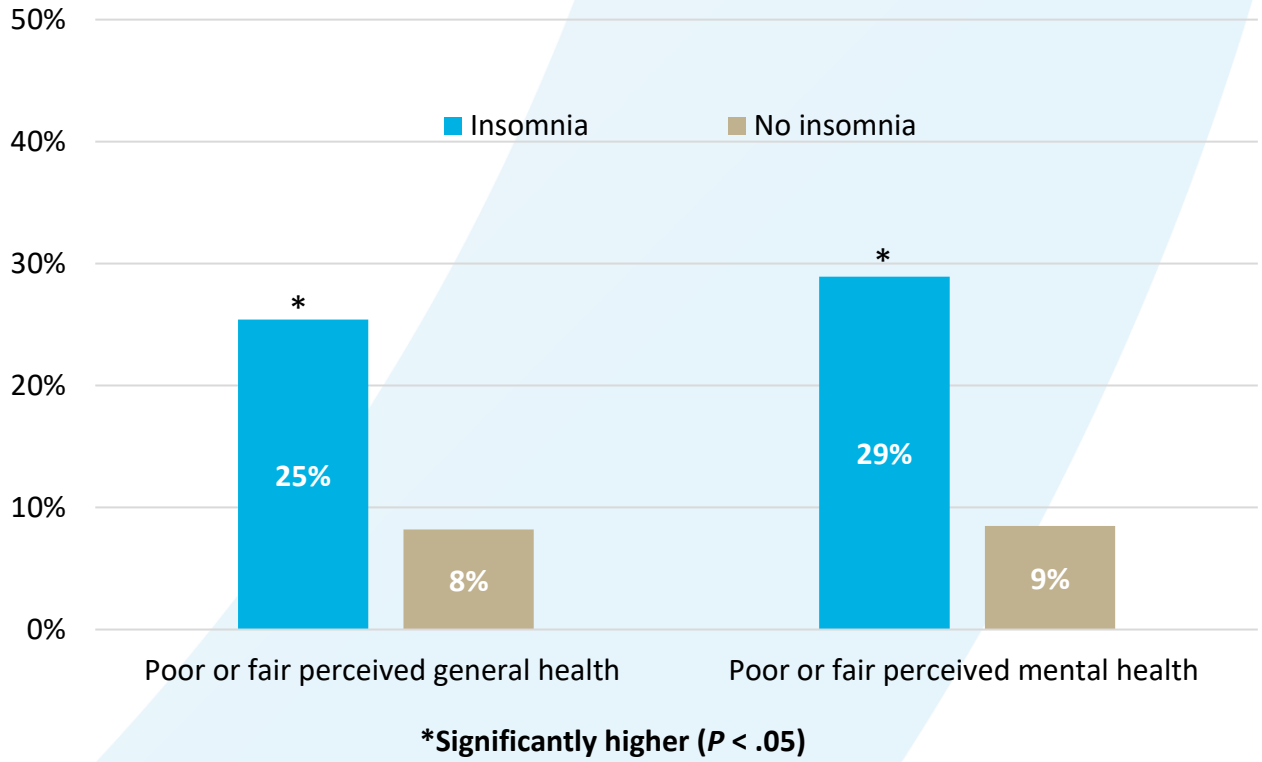
1. Canadian Community Health Survey, Ontario Share File, 2021.
2. Chaput JP, Tomfohr-Madsen LM, Carney CE, et al. Examining sleep characteristics in Canada through a diversity and equity lens. Sleep Health. 2024;10(3):316-20.
3. Jehan S, Myers AK, Zizi F, et al. Sleep health disparity: the putative role of race, ethnicity and socioeconomic status. Sleep Med Disord. 2018;2(5):127-33.

Insomnia affects daily living

People with insomnia are more likely to report dissatisfaction with life, psychological distress, poor or fair mental health, poor energy levels, and limited social functioning.[1,2]

Other impacts include vehicular accidents, workplace accidents and injuries, and work absenteeism.[3]

Percentage of adults in Ontario with poor or fair perceived general health or mental health by insomnia status, 2021[4]



***Significantly higher (*P* < .05)**

1. Rodrigues R, Nicholson K, Guaiana G, Wilk P, Stranges S, Anderson KK. Sleep problems and psychological well-being: baseline findings from the Canadian Longitudinal Study on Aging. Can J Aging. 2023;42(2):230-40.
2. Lee M, Choh AC, Demerath EW, et al. Sleep disturbance in relation to health-related quality of life in adults: the Fels Longitudinal Study. J Nutr Health Aging. 2009;13(6):576-83.
3. Chaput JP, Janssen I, Sampasa-Kanyinga H, et al. Economic burden of insomnia symptoms in Canada. Sleep Health. 2023;9(2):185-9.
4. Canadian Community Health Survey, Ontario Share File, 2021.

Economic impact of insomnia

- In Canada in 2021, the estimated economic impact of insomnia in relation to people with comorbid chronic conditions was $1.9 billion CAD (direct health care costs and indirect costs in the labour force)[1]
  - A 5% reduction in insomnia symptoms in the population would save an estimated $353 million CAD per year[1]
- In Canada in 2019, the estimated annual GDP loss due to insomnia was $19.6 billion USD ($26 billion CAD)[2]

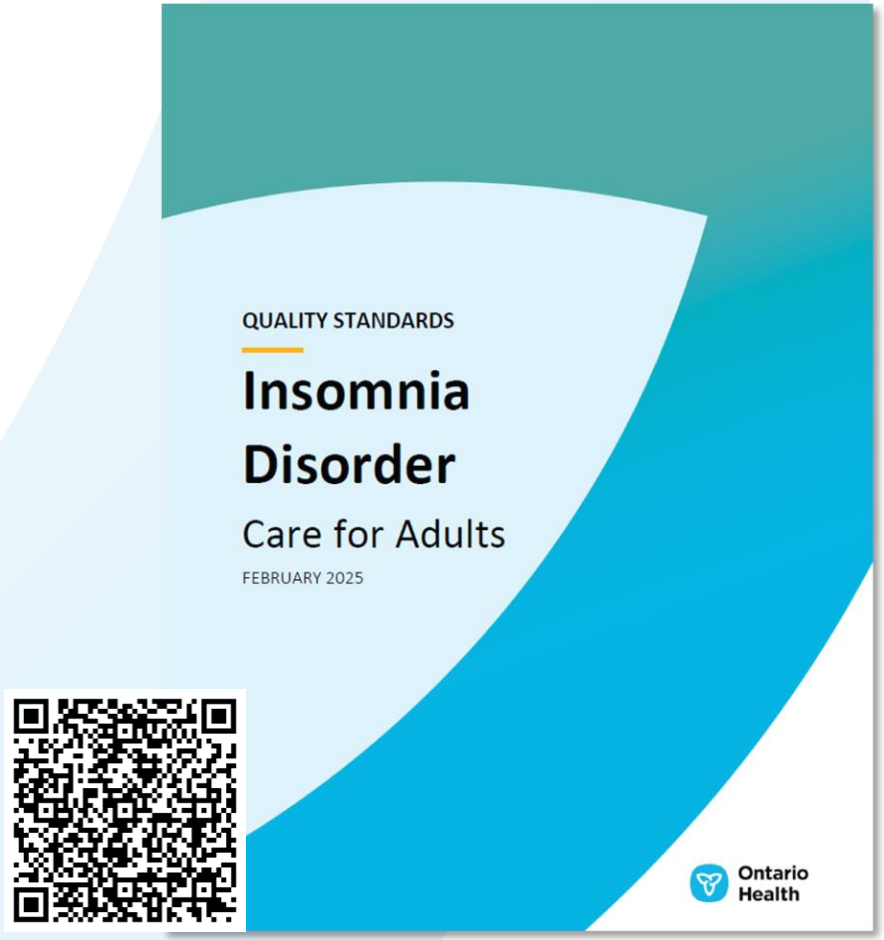
Abbreviations: CAD, Canadian dollars; GDP, gross domestic product.

1. Chaput JP, Janssen I, Sampasa-Kanyinga H, et al. Economic burden of insomnia symptoms in Canada. Sleep Health. 2023;9(2):185-9.
2. Hafner M, Romanelli RJ, Yerushalmi E, Troxel WM. The societal and economic burden of insomnia in adults: an international study [Internet]. Santa Monica (CA): RAND Corporation; 2023 [cited 2024 Dec 13]. Available from: www.rand.org/pubs/research_reports/RRA2166-1.html.

Introducing the *Insomnia Disorder* quality standard

Scope of the *Insomnia Disorder* quality standard

- This quality standard addresses care for adults aged 18 years or older who have insomnia disorder (also known as chronic insomnia). It applies to all health care settings
- This quality standard does not include care for people whose sleeping difficulty is better explained by a different sleep disorder



Insomnia disorder care quality statements

1 Comprehensive assessment	People suspected of having insomnia disorder receive a comprehensive assessment to inform diagnosis.
2 Individualized, person-centred, comprehensive care plan	People with insomnia disorder, care partners (as appropriate), and clinicians collaborate to develop an individualized, person-centred, comprehensive care plan. They review this plan together regularly.
3 Management of insomnia disorder in people with comorbidities	People who have insomnia disorder and comorbidities receive timely treatment for their insomnia disorder and any other health conditions as part of a comprehensive care plan.
4 Cognitive behavioural therapy for insomnia	People with insomnia disorder have timely access to cognitive behavioural therapy for insomnia as first-line treatment. Therapy is delivered in a way that best fits the person's needs and preferences.
5 Pharmacotherapy	People with insomnia disorder are offered effective medications at the lowest possible dose, for the shortest possible duration, and after an adequate trial of cognitive behavioural therapy for insomnia. A medication is offered only after a discussion about its benefits and risks.

Tools to support implementation

Consensus Sleep Diary-M (Please Complete Upon Awakening) ID/NAME: ____________________

	Sample							
Today's Date	4/5/08							
1. What time did you get into bed?	10:15 p.m.							
2. What time did you try to go to sleep?	11:30 p.m.							
3. How long did it take you to fall asleep?	55 min.							
4. How many times did you wake up, not counting your final awakening?	6 times							
5. In total, how long did these awakenings last?	2 hours 5 min.							
6a. What time was your final awakening?	6:35 a.m.							
6b. After your final awakening, how long did you spend in bed trying to sleep?	45 min.							
6c. Did you wake up earlier than you planned?	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			
6d. If yes, how much earlier?	1 hour							
7. What time did you get out of bed for the day?	7:20 a.m.							
8. In total, how long did you sleep?	4 hours 10 min.							
9. How would you rate the quality of your sleep?	☐ Very poor ☑ Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very good
10. How rested or refreshed did you feel when you woke-up for the day?	☐ Not at all rested ☑ Slightly rested ☐ Somewhat rested ☐ Well-rested ☐ Very well-rested	☐ Not at all rested ☐ Slightly rested ☐ Somewhat rested ☐ Well-rested ☐ Very well-rested	☐ Not at all rested ☐ Slightly rested ☐ Somewhat rested ☐ Well-rested ☐ Very well-rested	☐ Not at all rested ☐ Slightly rested ☐ Somewhat rested ☐ Well-rested ☐ Very well-rested	☐ Not at all rested ☐ Slightly rested ☐ Somewhat rested ☐ Well-rested ☐ Very well-rested	☐ Not at all rested ☐ Slightly rested ☐ Somewhat rested ☐ Well-rested ☐ Very well-rested	☐ Not at all rested ☐ Slightly rested ☐ Somewhat rested ☐ Well-rested ☐ Very well-rested	☐ Not at all rested ☐ Slightly rested ☐ Somewhat rested ☐ Well-rested ☐ Very well-rested

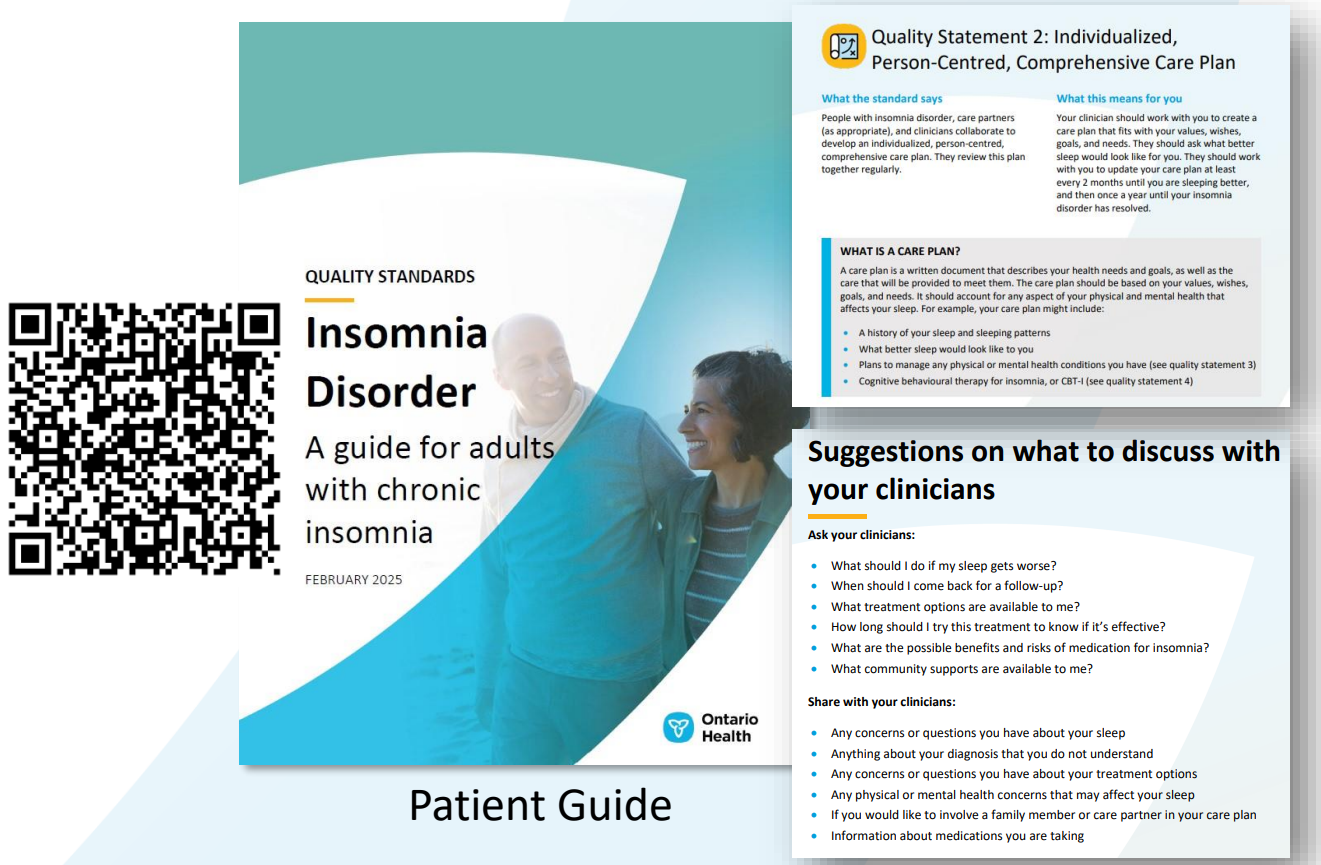
Consensus sleep diary

QS1 Comprehensive Assessment
People suspected of having insomnia disorder receive a comprehensive assessment to inform diagnosis.

Tools to support implementation

QS2 Individualized Person-Centered Comprehensive Care Plan

People with insomnia disorder, care partners (as appropriate), and clinicians collaborate to develop an individualized, person-centred, comprehensive care plan. They review this plan together regularly.



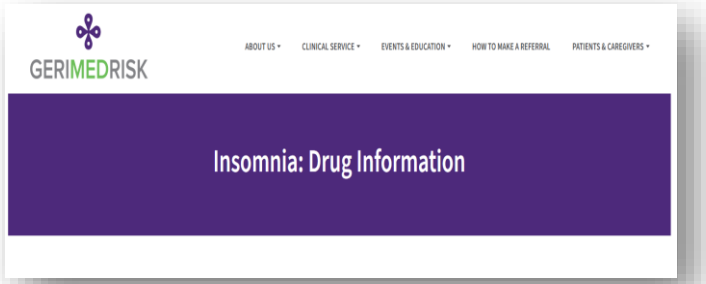
Patient Guide

Tools to support implementation

Provider Map for Cognitive Behavioural Therapy for Insomnia (CBT-I)

Mobile App: CBT-i Coach for Providers

CBT-I Coach App



Common medications to manage insomnia disorder

QS3 Management of Insomnia Disorder in People with Comorbidities

People who have insomnia disorder and comorbidities receive timely treatment for their insomnia disorder and any other health conditions as part of a comprehensive care plan.

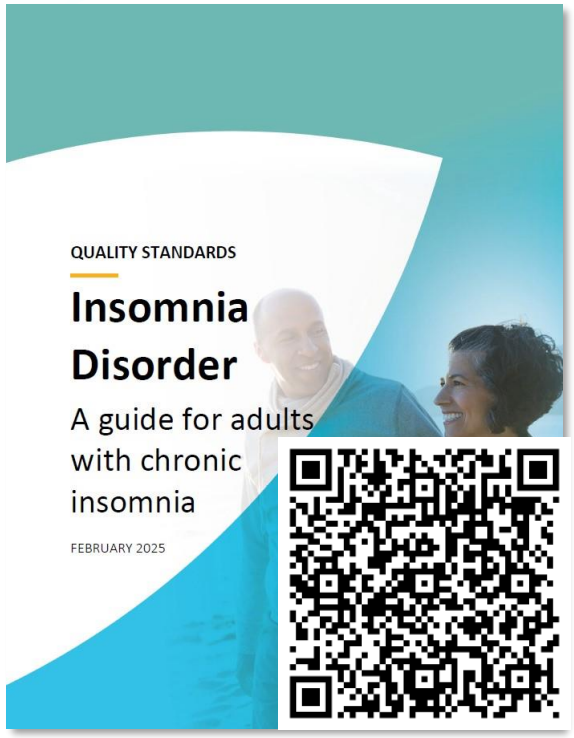
QS4 Cognitive Behavioural Therapy for Insomnia

People with insomnia disorder have timely access to cognitive behavioural therapy for insomnia as first-line treatment. Therapy is delivered in a way that best fits the person's needs and preferences.

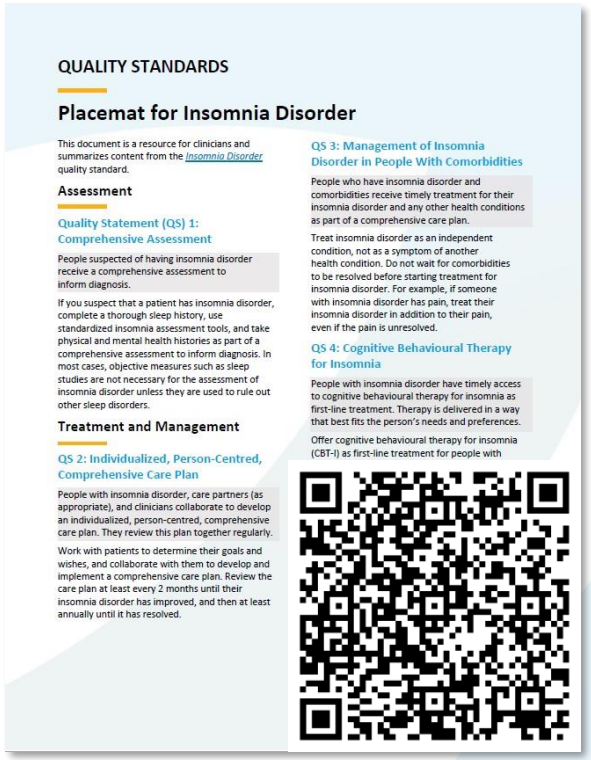
QS5 Pharmacotherapy

People with insomnia disorder are offered effective medications at the lowest possible dose, for the shortest possible duration, and after an adequate trial of cognitive behavioural therapy for insomnia. A medication is offered only after a discussion about its benefits and risks.

Accessing tools and resources



The patient guide is designed to give patients information about what quality care looks, so they can ask informed questions of their health care teams.



The **placemat** is a quick-reference resource for clinicians.

The *Insomnia Disorder* quality standard post on **Quorum** post provides tools and resources to support the implementation of the quality statements.

Quality Standards, Funding Agreements, and Quality Improvement

A Multipronged Approach to Improve Sickle Cell Disease Care

Ontario Health

Faculty/presenter disclosure

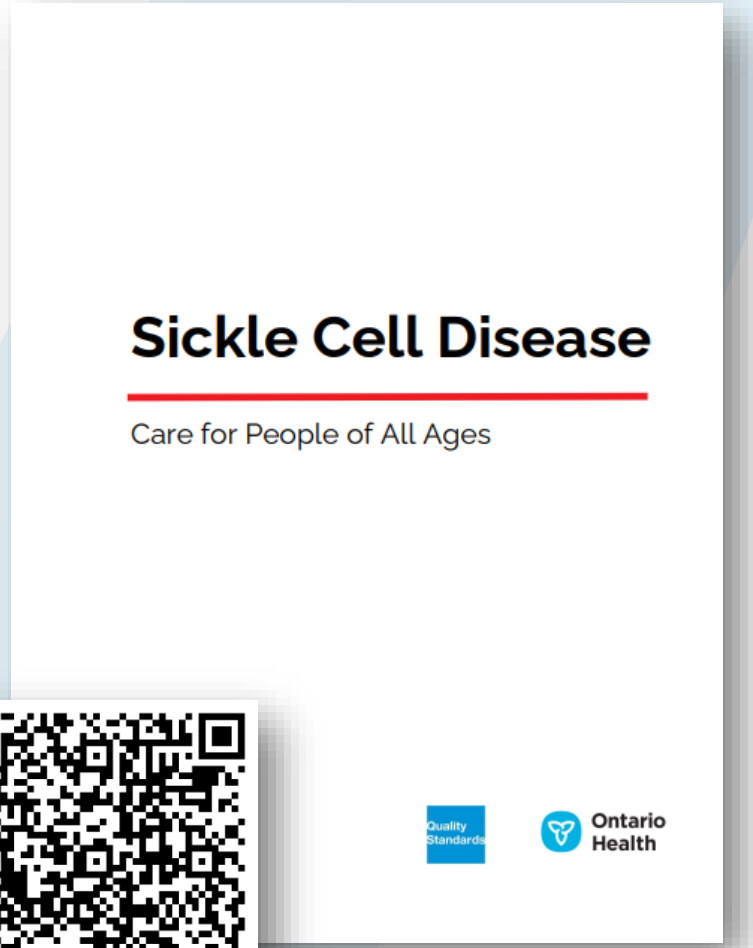
- **Faculty:** Jessica Ostrega
- **Relationships with financial sponsors:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** None
  - **Consulting Fees:** None
  - **Patents**: None
  - **Other:** Salaried employee of Ontario Health, Lead of Ontario Health's Sickle Cell Disease Community of Practice

Overview

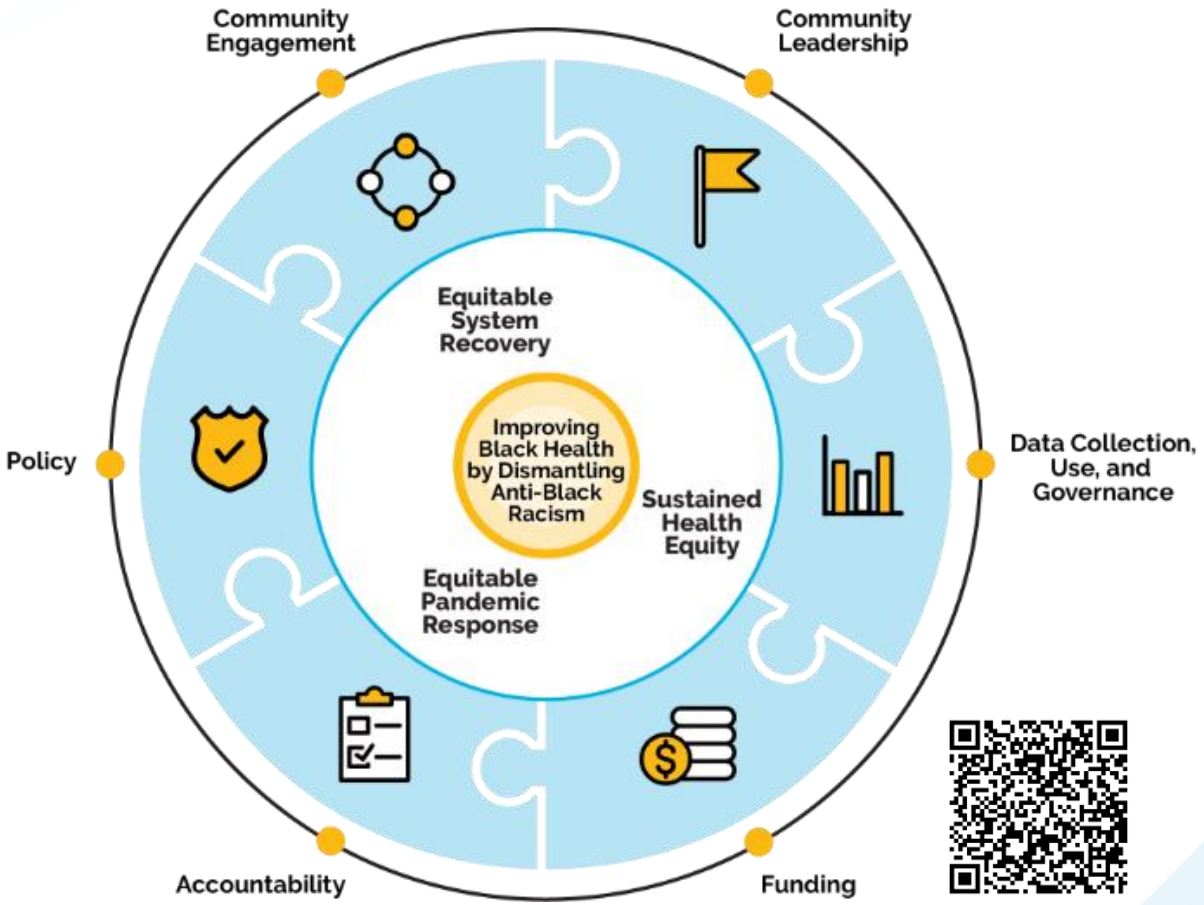
- Provide an overview of Ontario Health's Sickle Cell Disease quality standard
- Introduce a cross-sector approach to implementing the Sickle Cell Disease quality standard, including the development of a provincial model of care

Scope of the *Sickle Cell Disease* quality standard

- This quality standard addresses **care for children, young people, and adults with sickle cell disease**. Where appropriate, it also addresses the needs of families and caregivers or other substitute decision-makers.
- The scope of this quality standard includes **screening for and the prevention of complications**, the **assessment and management of acute and chronic complications,** and the **use of disease-modifying therapies**
- **It applies to all pediatric and adult health care settings** (including hospitals, emergency departments, urgent care clinics, and primary care, specialist care, and home and community care settings)



Ontario Health's Black Health Plan



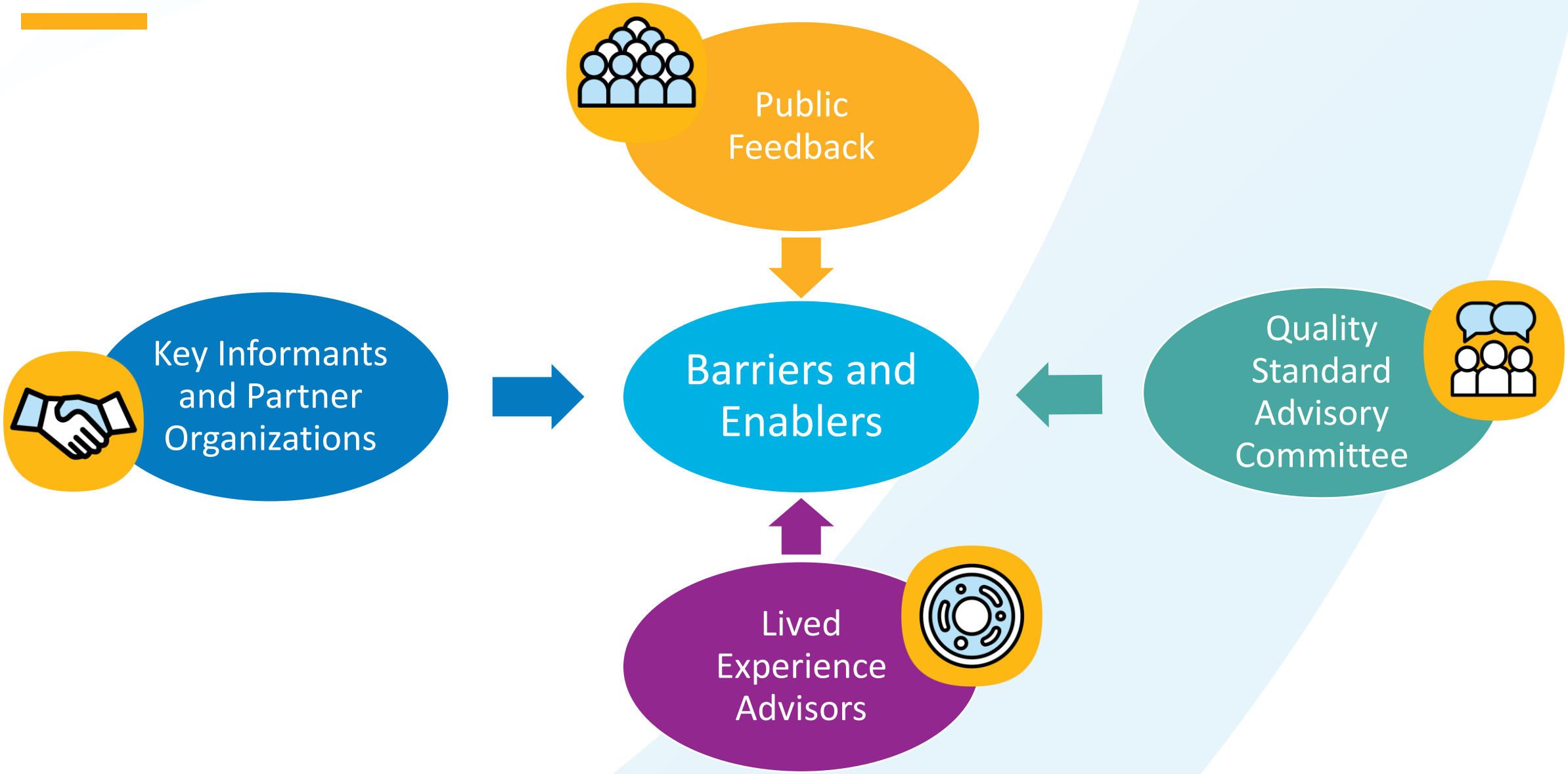
Quality statements:

1. Racism and Anti-Black Racism
2. Comprehensive Health Assessment and Care Plan
3. Vaso-occlusive Acute Pain Episodes
4. Life-Threatening Acute Complications
5. Chronic Complications
6. Referral to Health Care Professionals With Expertise in Chronic Pain
7. Psychosocial Assessment, Information, and Support
8. Transition From Youth to Adult Health Care Services

Alignment to the Black Health Plan, advancing the goals of the Equity, Inclusion, Diversity and Anti-Racism Framework.

Implementation approach

Key inputs to guide implementation



Implementation: Provincial products and supports

For each quality priority area for improvement, the following products and supports will be used in implementation

Understand quality gaps through data, monitor progress

- ✓ Data and analytics
- ✓ **eReport**
- ✓ QIP analysis

Data to drill down and understand regional and health service provider variation, and where high and low performance exists

Synthesize evidence for clinical guidance and quality standards

- ✓ Quality standard (statements, patient guide, placemat, slide deck, technical specifications)

Evidence-based package of materials focusing on gaps and variation and indicators to support measurement

Engage patients, providers, and the health system

- ✓ **Clinical leadership**
- ✓ Patient, care partner engagement
- ✓ **System partnerships (e.g., SCAGO)**
- ✓ **Community of practice**
- ✓ Regional leadership tables, emergency department tables, Equity partnership

Connecting community leveraging experts and networks

Accelerate change using quality improvement and implementation science methods

- ✓ Provincial letter to emergency department chiefs
- ✓ **Implementation toolkit**
- ✓ QIP indicators
- ✓ **Quorum**
- ✓ Education modules
- ✓ **Digital supports (Evidence2Practice)**

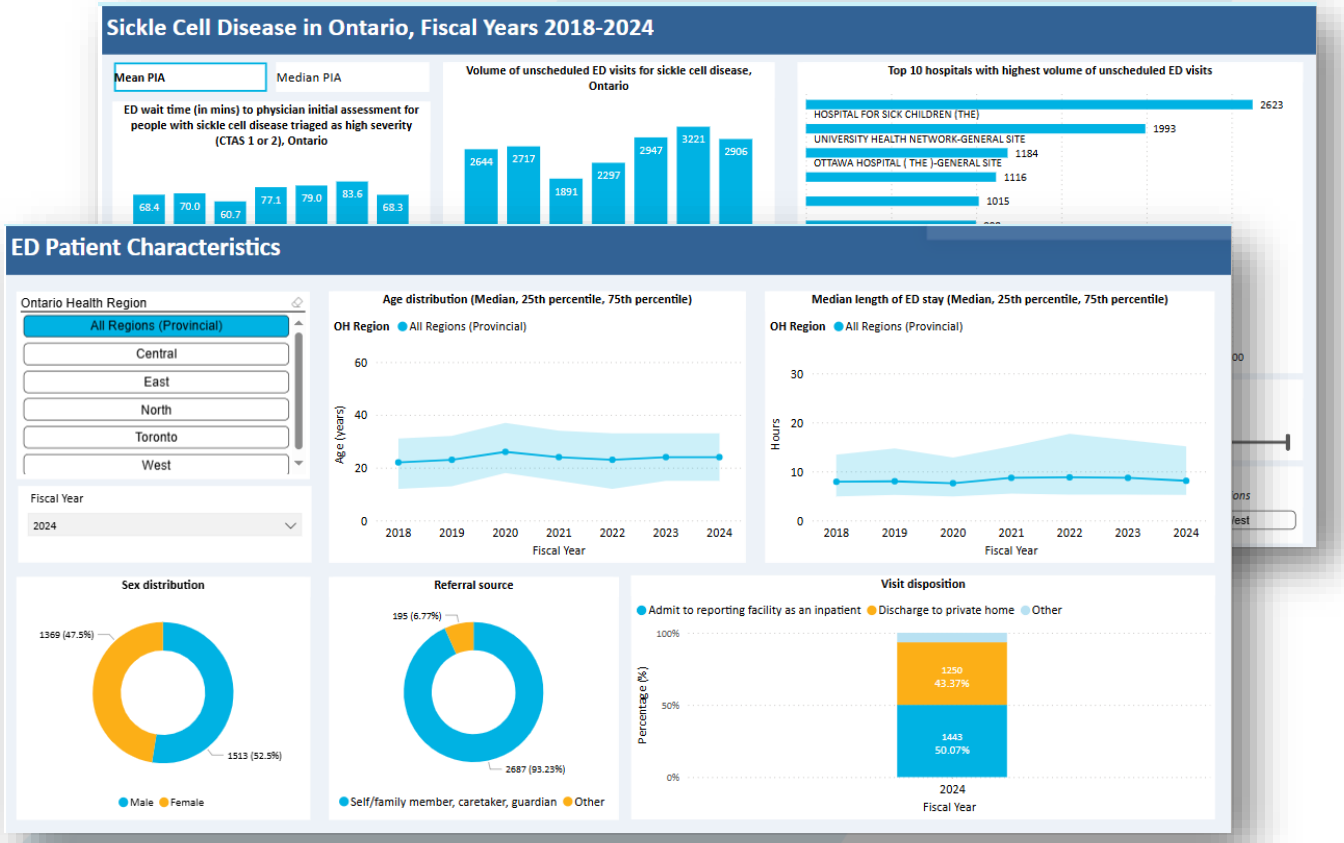
Resources and tools to support implementation and quality improvement

2024/25 funding for sickle cell disease care

Dedicated Sickle Cell Disease Centres	• 5 new centres across Ontario Health regions • Additional funding for 2 existing centres and 1 psychosocial pilot program
Pediatric Recovery	• To support sickle cell disease quality standard implementation for pediatric populations across several recipients
Quality Standard Implementation	• Quality standard team working with regional leadership to support sickle cell disease quality standard implementation

eReport

- Can be used by regions and hospitals to support quality improvement initiatives
  - Hospital, regional, and provincial level data
  - Available for all clinicians and administrators
- Allows tracking of progress
  - At the system level, using indicators from the quality standard
  - Comparison of an individual hospital with region and province on key indicators
  - Comparisons over time

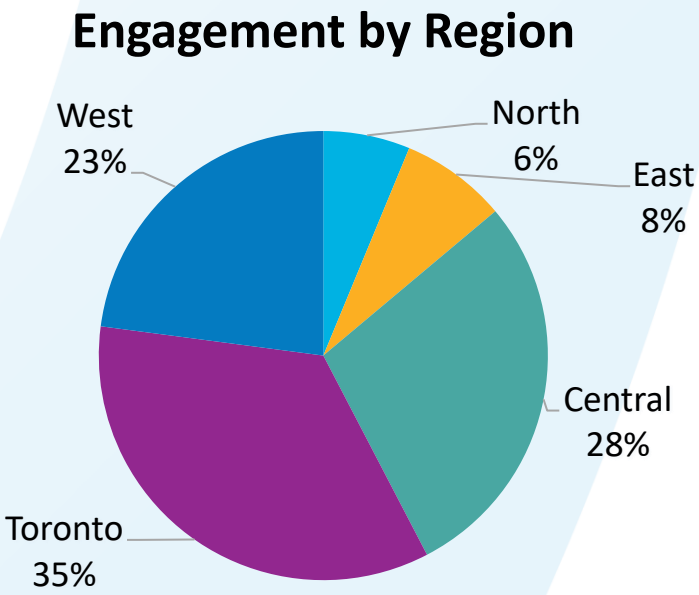


Updated toolkit

- Ontario Health is excited to introduce version 2 of the Implementation Toolkit!
- Features revisions to the change ideas, tools, and resources for quality statements 1, 3, and 4
- New materials for the other 5 quality statements not covered in version 1.
- We encourage healthcare teams to share the updated toolkit!

Community of practice

- Launched May 15, 2024
- 164 members including clinicians, nurse educators, quality improvement specialists across several settings (i.e., emergency department, dedicated sickle cell disease centres, primary care, and home and community care)
- **Activities to date :**



May 2024
Webinar

Jul 2024
Webinar

Jul 2024
Survey

Aug 2024
Drop-in
session

Nov 2024
Webinar

Jan 2025
Survey

Jan 2025
Drop-in
session

April 2025
Webinar

Community of practice activities to date

WEBINARS

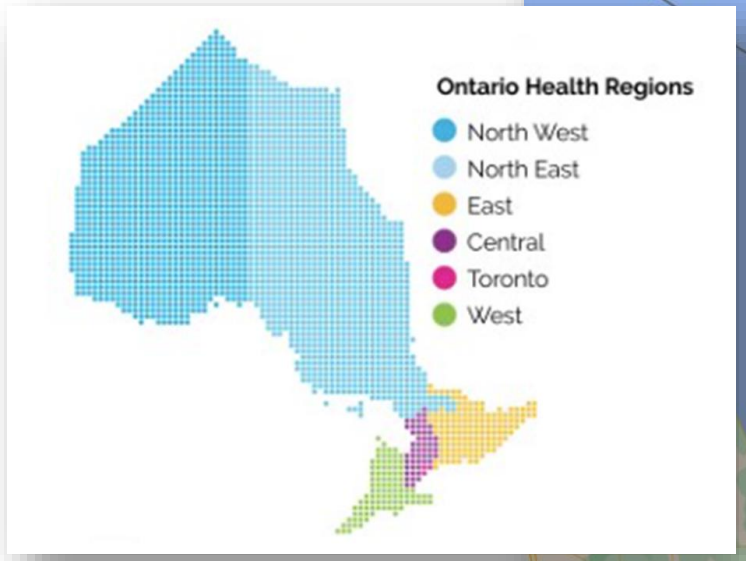
- **Vaso-occlusive acute pain management using sublingual fentanyl** (May)
  - 186 registered and 92 attended (50% attendance)
- **Using and adapting order sets in pediatric and adult care settings** (July)
  - 100 registered and 71 attended (71% attendance)
- **Coordination between local health care teams and dedicated sickle cell disease centres** (October)
  - 99 registered and 78 attended (78% attendance)
- **Community health centres coordinating care to support implementation of sickle cell disease quality standard** (April)
  - 126 registered and 99 attended (78% attendance)

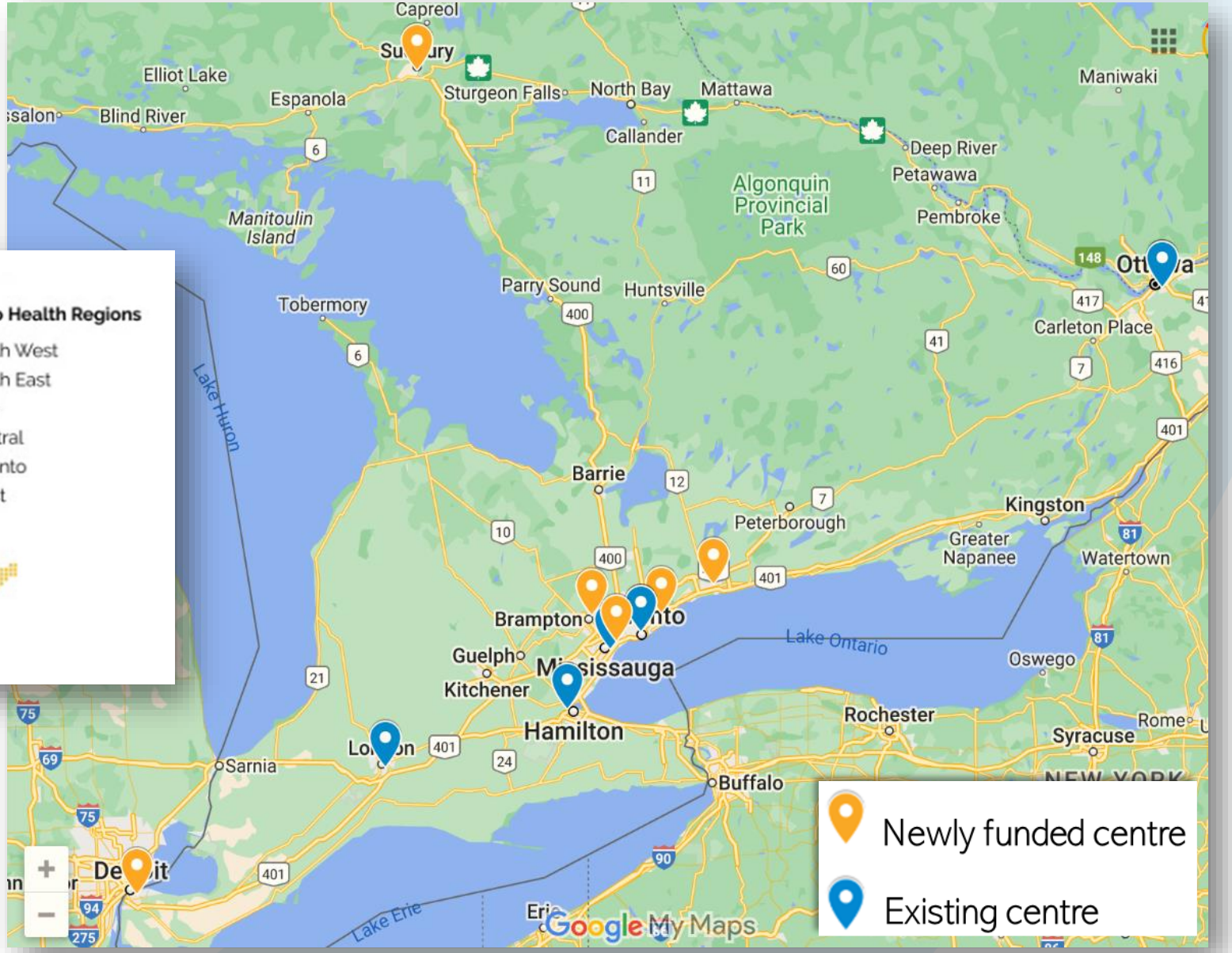
DROP-IN SESSIONS

- **Using Quorum, accessing sickle cell disease eReports and results of the June survey** (August)
  - 29 registered and 25 attended (86% attendance)
- **Support and guidance for newly funded dedicated sickle cell disease centres** (January)
  - 61 registered and 46 attended (75% attendance)

Interconnected vision of sickle cell disease care in Ontario

Dedicated sickle cell disease centres in Ontario





Next step: Establishing a provincial model

1. Engage key partners through the Community of Practice
2. Map current clinical pathways
3. Provide short term support for existing centres providing mentorship and clinical support to other health care teams
4. Define roles across the care continuum (including primary care, acute care, dedicated SCD centres)
5. Develop a framework for regional and provincial integration of care

Needs assessment survey and next steps

Needs Assessment Survey

- Aims to inform the development and establishment of a well-coordinated provincial model for consistent, evidence-based, and culturally responsive care for all people with sickle cell disease in Ontario, facilitating the implementation of the quality standard
- Open from **June 4th to June 17th, 2025** – please scan the QR code to complete and/or share with your networks

Survey results and additional engagements

- **Mid June – early July**: Analysis of needs assessment survey and dissemination of results to receive informal feedback
- **End of July – August:** Virtual meetings to share early survey findings, draft on clinical pathways, and site definitions
- **September:** In-person half day meeting to co-design provincial model

Gender-Affirming Care for Gender-Diverse Adults

A New Quality Standard

Ontario Health

Faculty/presenter disclosure

- **Faculty:** Sarah McTavish
- **Relationships with financial sponsors:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** None
  - **Consulting Fees:** None
  - **Patents**: None
  - **Other:** Salaried employee of Ontario Health and Lead of Gender-Affirming Care Quality Standard Advisory Committee

Gender-affirming care refers to health care that recognizes and affirms the gender identity and expression of gender-diverse people, whether socially, medically, legally, or some combination of these.[1,2]

1 in 300 people in Ontario (0.33%) identified as gender diverse in the 2021 census,[3] and the need for gender-affirming care is growing.[4]

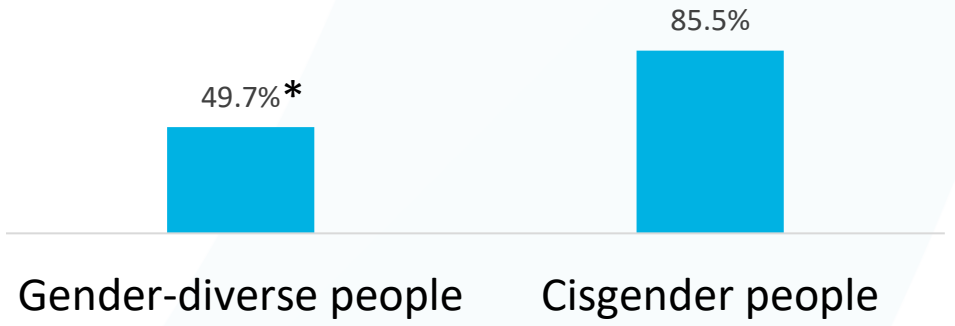
Gender-diverse people experience discrimination, minority stress, and barriers to accessing health care, all of which contribute to worse physical and mental health outcomes compared with their cisgender peers.[5,6]

1. Coleman et al, 2022, Standards of care for the health of transgender and gender diverse people, version 8.
2. Reisner and Murchison, 2016, A global research synthesis of HIV and STI biobehavioural risks in female-to-male transgender adults.
3. Statistics Canada, 2021 Canadian census, *The Daily*, April 27, 2022: Canada is the first country to provide census data on transgender and nonbinary people.
4. Vandermorris and Metzger, 2023, An affirming approach to caring for transgender and gender-diverse youth.
5. Flentje et al, 2022, Minority stress, structural stigma, and physical health among sexual and gender minority individuals: examining the relative strength of the relationships.
6. Hendricks and Testa, 2012, A conceptual framework for clinical work with transgender and gender nonconforming clients: an adaptation of the Minority Stress Model.

Gender-diverse adults rate their mental health considerably worse than cisgender adults

- 49.7% of gender-diverse adults rated their mental health positively (good, very good, or excellent)*, compared to 85.5% of cisgender adults[1]
- Systemic discrimination, lack of access to gender-affirming care, marginalization, and economic insecurity may be associated with negative mental health outcomes among gender-diverse people[2-4]

Percentage of gender-diverse and cisgender adults in Ontario who rated their mental health positively, 2019, 2020, and 2021[1]



1. Canadian Community Health Survey, Ontario Share File; 2019, 2020, and 2021 combined.
2. Statistics Canada, 2020, Experiences of violent victimization and unwanted sexual behaviours among gay, lesbian, bisexual and other sexual minority people, and the transgender population, in Canada, 2018.
3. Statistics Canada, 2021 Canadian census, *The Daily*, April 27, 2022, Canada is the first country to provide census data on transgender and nonbinary people.
4. Bhatt et al., 2022, Gender-affirming care for transgender patients.

*Interpret these findings with caution as there was a high sampling variability in the estimate.

Scope of the *Gender-Affirming Care for Gender-Diverse People* quality standard

- This quality standard addresses care for gender-diverse adults aged 18 years and older. The quality standard focuses on gender-affirming care and the primary care needs of gender-diverse adults, including assessment, screening, treatment, and follow-up. It addresses primary care referral for gender-affirming surgical assessment, based on clinical evidence, but not specific surgical procedures.

Gender-affirming care quality statement topics

1. Gender-affirming education and training for health care teams
2. Gender-affirming primary care
3. Gender-affirming hormone therapy
4. Gender-affirming mental health care
5. Gender-affirming health care environments

Gender-affirming care placemat

The placemat is a quick-reference resource for clinicians that summarizes the quality standard and includes links to helpful resources and tools.

QUALITY STANDARDS

Placemat for Gender-Affirming Care for Adults

This document is a resource for clinicians and summarizes content from the *Gender-Affirming Care for Gender-Diverse People: Care for Adults* quality standard.

Quality Statement (QS) 1: Gender-Affirming Education and Training for Health Care Teams

Gender-diverse adults receive care from clinicians who have the clinical and cultural competency and cultural humility to provide safe and appropriate gender-affirming care. Health care organizations provide ongoing gender-affirming education and training for health care teams to build organizational capacity to deliver equitable care.

Treat gender-diverse adults with respect, dignity, and compassion, and work to establish trust with them. Ensure that you are equipped with the appropriate knowledge and skills to provide safe and appropriate gender-affirming care with clinical and cultural competency and cultural humility, for example, by pursuing ongoing gender-affirming education and training. See each person as an individual, engage in active listening, work to understand people's needs, and provide timely, high-quality gender-affirming care. Be an advocate for gender-diverse people and an agent of change if structural factors of discrimination need to be addressed.

practice guideline recommendations, in line with their needs, preferences, and goals, and as appropriate for their age, gender, and current anatomy. Discuss plans for ongoing and further gender-affirming care, and maintain up-to-date records of people's past and present use of gender-affirming hormone therapy, gender-affirming surgeries, and current anatomy. Consult with other primary care clinicians with knowledge and experience in gender-affirming care as needed. Provide referrals to specialist care only as needed. Do not respond to health concerns that are unrelated to gender as though there is a connection with gender.

QS 3: Gender-Affirming Hormone Therapy

Gender-diverse adults have access to gender-affirming hormone therapy from a primary care clinician. Gender-affirming hormone therapy meets the needs and preferences of gender-diverse adults.

Following a health assessment, provide gender-affirming hormone therapy that meets people's needs and preferences and is in line with current clinical practice guideline recommendations and Rainbow Health Ontario's *Guidelines for Gender-Affirming Primary Care With Trans and Non-binary Patients*. Use a collaborative, trauma-informed, and person-centred approach that focuses on psychosocial preparation and informed consent. Provide people with the information they need to engage in informed, shared decision-making, including the potential risks of hormone therapy:

- People receiving testosterone may experience an increase in blood pressure; therefore, blood pressure and lipid profile should be assessed before starting testosterone and then monitored regularly after a person has begun taking testosterone

Ontario Health

Case study: River

- 44-year-old white transfeminine person who socially transitioned 12 months ago and is new to your practice
- Wants to begin feminizing hormone therapy
- Acknowledges frequent anxiety and often consuming more alcohol than she intends in order to relax
- Shares that the receptionist “deadnamed” her after seeing her OHIP card

Gender-affirming education and training for health care teams

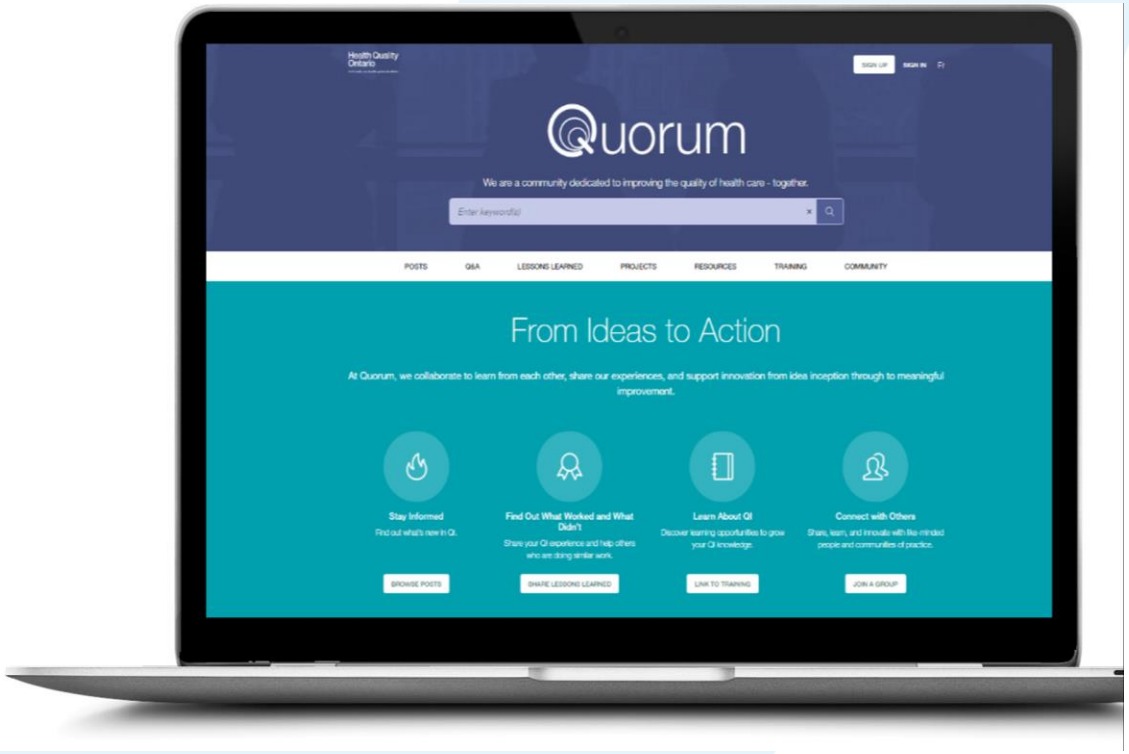
Increase your team's clinical and cultural competency in providing gender-affirming care for gender-diverse people through high-quality educational opportunities and resources:

- 2SLGBTQ Health Connect
- Trans Health Mentorship Call
- eConsult Ontario

Quality Statement 1: Gender-diverse adults are offered trauma-informed, person-centred, gender-affirming care for mental health and substance use concerns as needed. These concerns are considered concurrently with gender incongruence and gender diversity as needed. Care for all aspects of health and well-being is delivered as part of a comprehensive care plan.

Find resources on Quorum

The Gender-Affirming Care for Adults Quality Standard: Tools for Implementation post provides tools and resources to support the implementation of the quality statements.



Gender-affirming hormone therapy and primary care

Prescribe gender-affirming hormone therapy to River according to clinical practice guidelines and Rainbow Health Ontario's Guidelines for gender-affirming primary care for trans and non-binary patients: A quick reference guide for primary care providers

Quality Statement 3: Gender-diverse adults have access to gender-affirming hormone therapy from a primary care clinician. Gender-affirming hormone therapy meets the needs and preferences of gender-diverse adults.

Gender-affirming mental health care

River can receive support for mental health and substance use issues concurrently while receiving gender-affirming care.

Quality Statement 4: Gender-diverse adults are offered trauma-informed, person-centred, gender-affirming care for mental health and substance use concerns as needed. These concerns are considered concurrently with gender incongruence and gender diversity as needed. Care for all aspects of health and well-being is delivered as part of a comprehensive care plan.

Finding gender-affirming mental health support

The **patient guide** contains links to resources to support the mental health needs of gender-diverse adults, including:

- A service provider directory
- How having a mental health diagnosis other than gender dysphoria can affect people's care
- How to find the right counsellor
- Where to get free counselling

Gender-affirming health care environments

Ensure that your clinical environment is safe and gender-affirming for gender-diverse individuals like River.

Creating Affirming Services is a web page from Trans Care BC with resources for creating culturally safe, affirming clinical environments for gender-diverse people, including:

- Organizational Assessment Tool for Health Care & Support Services
- Service Provider Reflection Tool for Individual Service Providers & Support Staff
- Accessible Care Strategies for Organizations and Programs
- Making Mistakes and Correcting Them

Quality Statement 5: Gender-diverse adults receive care in a safe, trauma-informed, gender-affirming, and culturally responsive environment. Person-centred care is provided throughout their care journeys.

High-Quality Care for Adults with Hypertension in Ontario

A New Quality Standard

Ontario Health

Faculty/presenter disclosure

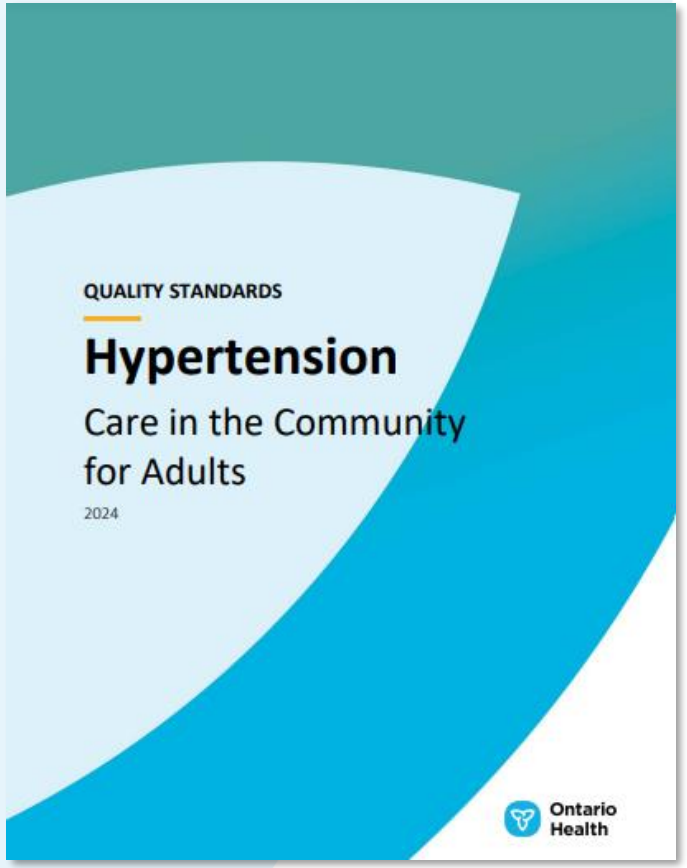
- **Faculty:** Tameika Shaw
- **Relationships with financial sponsors:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** None
  - **Consulting Fees:** None
  - **Patents**: None
  - **Other:** Salaried employee of Davenport Perth Neighbourhood & Community Centre; Contractor - The Walnut Foundation; Member - Primary Care Dietitians Association, C.H.O.I.C.E.S. (research project funded by Black Physicians Association of Ontario), Hypertension Quality Standard Advisory Committee

Hypertension in Ontario

- In Ontario in fiscal year 2022/23,
  - More than 3 million adults had hypertension
  - 66% of people aged 65 years and older had a diagnosis of hypertension
- In ⅓ of people with hypertension, the condition is not well managed
- Up to 17% of people may be unaware that they have hypertension
- Hypertension disproportionately affects people from
  - Black, Indigenous, South Asian, and Francophone populations
  - Older age groups
  - Rural and remote settings

Scope of the *Hypertension* quality standard

- This quality standard addresses care for adults aged 18 years and older who have been diagnosed with hypertension or who are at risk of developing hypertension
- The quality standard focuses on the prevention, screening, assessment, diagnosis, and management of hypertension in primary care, and in long-term care and other home and community care settings
- Quality statements may also be applicable to specialist care settings, where appropriate
- Quality statements may apply in pregnancy; however, this quality standard does not directly address or include special considerations for the diagnosis and management of hypertension during pregnancy or postpartum



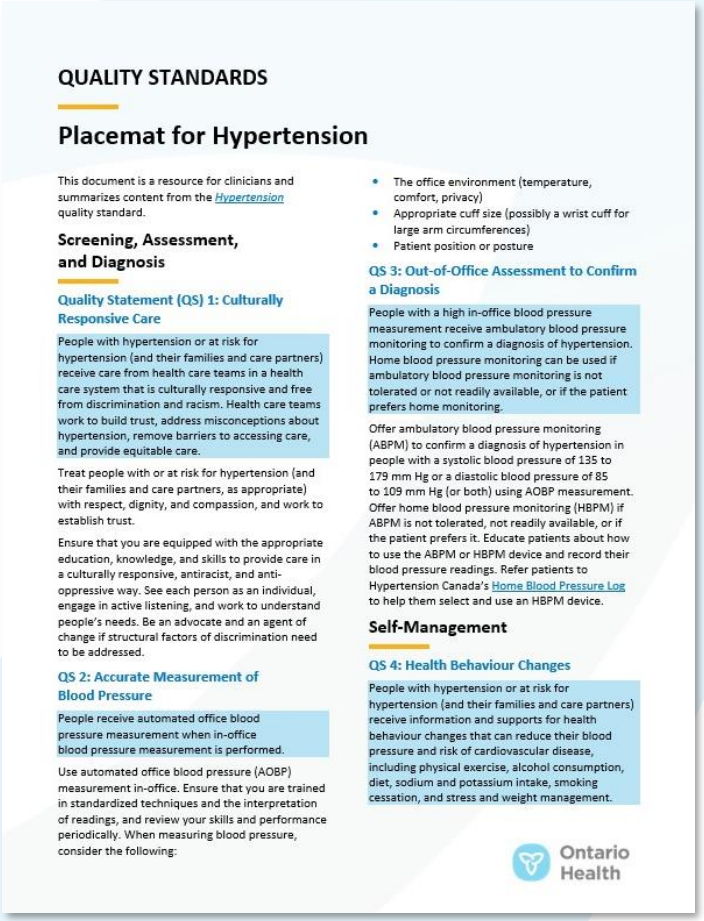
Hypertension care quality statement topics

1. Culturally responsive care
2. Accurate measurement of blood pressure
3. Out-of-office assessment to confirm a diagnosis
4. Health behaviour changes
5. Care planning and self-management
6. Monitoring and follow-up after a confirmed diagnosis
7. Improving adherence to medications

How can you use the quality standard to improve care?

Hypertension placemat

The placemat is a quick-reference resource for clinicians that summarizes the quality standard and includes links to helpful resources and tools.



QUALITY STANDARDS

Placemat for Hypertension

This document is a resource for clinicians and summarizes content from the Hypertension quality standard.

Screening, Assessment, and Diagnosis

Quality Statement (QS) 1: Culturally Responsive Care

People with hypertension or at risk for hypertension (and their families and care partners) receive care from health care teams in a health care system that is culturally responsive and free from discrimination and racism. Health care teams work to build trust, address misconceptions about hypertension, remove barriers to accessing care, and provide equitable care.

Treat people with or at risk for hypertension (and their families and care partners, as appropriate) with respect, dignity, and compassion, and work to establish trust.

Ensure that you are equipped with the appropriate education, knowledge, and skills to provide care in a culturally responsive, antiracist, and anti-oppressive way. See each person as an individual, engage in active listening, and work to understand people's needs. Be an advocate and an agent of change if structural factors of discrimination need to be addressed.

QS 2: Accurate Measurement of Blood Pressure

People receive automated office blood pressure measurement when in-office blood pressure measurement is performed.

Use automated office blood pressure (AOBP) measurement in-office. Ensure that you are trained in standardized techniques and the interpretation of readings, and review your skills and performance periodically. When measuring blood pressure, consider the following:

- The office environment (temperature, comfort, privacy)
- Appropriate cuff size (possibly a wrist cuff for large arm circumferences)
- Patient position or posture

QS 3: Out-of-Office Assessment to Confirm a Diagnosis

People with a high in-office blood pressure measurement receive ambulatory blood pressure monitoring to confirm a diagnosis of hypertension. Home blood pressure monitoring can be used if ambulatory blood pressure monitoring is not tolerated or not readily available, or if the patient prefers home monitoring.

Offer ambulatory blood pressure monitoring (ABPM) to confirm a diagnosis of hypertension in people with a systolic blood pressure of 135 to 179 mm Hg or a diastolic blood pressure of 85 to 109 mm Hg (or both) using AOBP measurement. Offer home blood pressure monitoring (HBPM) if ABPM is not tolerated, not readily available, or if the patient prefers it. Educate patients about how to use the ABPM or HBPM device and record their blood pressure readings. Refer patients to Hypertension Canada's Home Blood Pressure Log to help them select and use an HBPM device.

Self-Management

QS 4: Health Behaviour Changes

People with hypertension or at risk for hypertension (and their families and care partners) receive information and supports for health behaviour changes that can reduce their blood pressure and risk of cardiovascular disease, including physical exercise, alcohol consumption, diet, sodium and potassium intake, smoking cessation, and stress and weight management.

Ontario Health

Case study: Cody

- 40-year-old Indigenous man presents for type 2 diabetes check-up
- Your office is running behind schedule, and the nurse measures Cody's blood pressure while asking him intake questions
- His blood pressure reads 152/91. This is the first time Cody has had a high in-office blood pressure reading
- Cody has previously indicated that he does not like taking medication and prefers to make changes to his health behaviours instead

Culturally responsive care

Ensure that you are equipped with the appropriate education, knowledge, and skills to provide care in a culturally responsive, antiracist, and anti-oppressive way that recognizes people's intersectional identities.

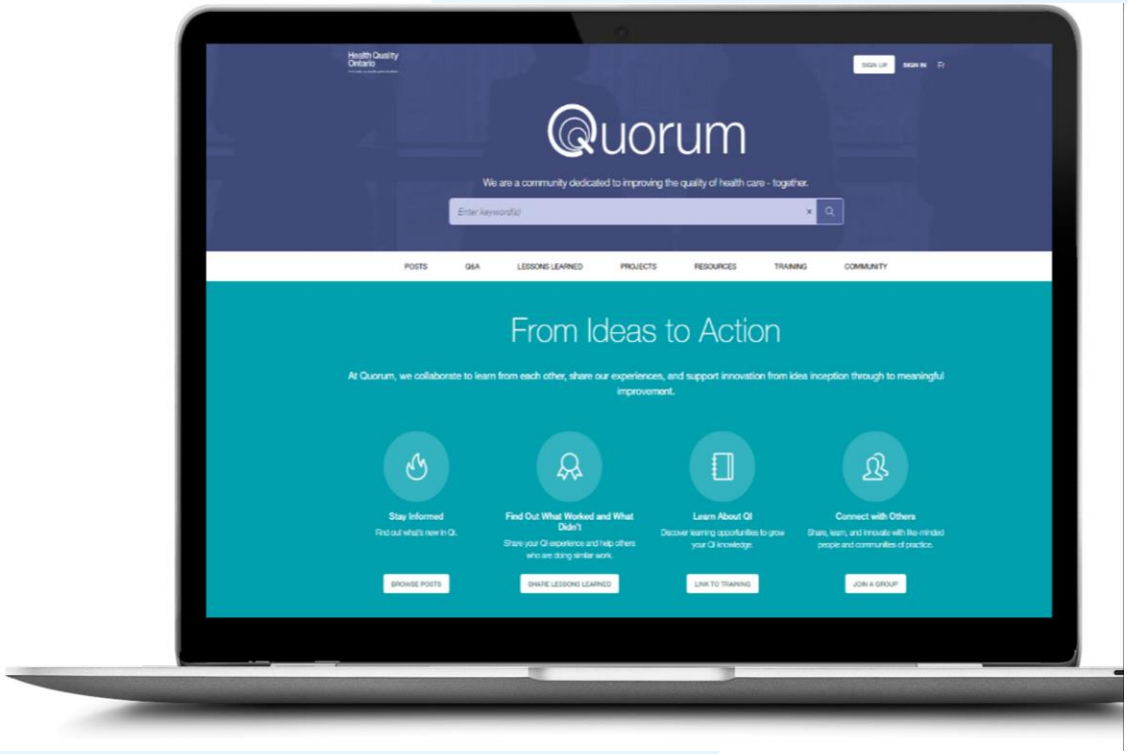
Educational opportunities include:

- Think Cultural Health: A Physician's Practical Guide to Culturally Competent Care
- Anishinaabe Mino'Ayawiin – People in Good Health: Foundations of Indigenous Cultural Safety
- Indigenous Relationship and Cultural Awareness Courses

Quality Statement 1: People with hypertension or at risk for hypertension (and their families and care partners) receive care from health care teams in a health care system that is culturally responsive and free from discrimination and racism. Health care teams work to build trust, address misconceptions about hypertension, remove barriers to accessing care, and provide equitable care.

Find resources on Quorum

The post entitled Hypertension: Care in the Community for Adults quality standard: Tools for Implementation highlights tools and resources related to implementation of the 7 quality statements.



Accurate measurement of blood pressure and out-of-office assessment to confirm a diagnosis

Use AOBP measurement whenever blood pressure is measured in-office. Ensure that you are trained in standardized techniques and the interpretation of readings, and review your skills and performance periodically.

Confirm Cody's hypertension diagnosis through ambulatory blood pressure monitoring or home blood pressure monitoring. Educate people with suspected hypertension about how to use the ABPM or HBPM device and how to record their blood pressure readings.

Quality Statement 2: People receive automated office blood pressure measurement when in-office blood pressure measurement is performed.

Quality Statement 3: People with a high in-office blood pressure measurement receive ambulatory blood pressure monitoring to confirm a diagnosis of hypertension. Home blood pressure monitoring can be used if ambulatory blood pressure monitoring is not tolerated or not readily available, or if the patient prefers home monitoring.

TARGET:BP | American Heart Association | AMA

7 SIMPLE TIPS TO GET AN ACCURATE BLOOD PRESSURE READING

The common positioning errors can result in inaccurate blood pressure measurement. Figures shown are estimates of how improper positioning can potentially impact blood pressure readings.

Sources:

1. Pickering. et al. Recommendations for Blood Pressure Measurement in Humans and Experimental Animals Part 1: Blood Pressure Measurement in Humans. Circulation. 2005;111: 697-716.
2. Handler J. The importance of accurate blood pressure measurement. The Permanente Journal/Summer 2009/Volume 13 No. 3 51

Content provided by AMA | MAPBP

This resource is part of AMA MAP BP™, a quality improvement program. Using a single or subset of AMA MAP BP tools or resources does not constitute implementing this program. AMA MAP BP includes guidance from AMA hypertension experts and has been shown to improve BP control rates by 10 percentage points and sustain results.

How to measure your blood pressure at home

TARGET:BP | American Heart Association | AMA

Follow these steps for an accurate blood pressure measurement

1. PREPARE

Avoid caffeine, smoking and exercise for 30 minutes before measuring your blood pressure.

Wait at least 30 minutes after a meal.

If you're on blood pressure medication, measure your BP *before* you take your medication.

Empty your bladder beforehand.

Find a quiet space where you can sit comfortably without distraction.

2. POSITION

3. MEASURE

Rest for five minutes while in position before starting.

Take two or three measurements, one minute apart, twice daily for seven days.

Keep your body relaxed and in position during measurements.

Sit quietly with no distractions during measurements—avoid conversations, TV, phones and other devices.

Record your measurements when finished.

Content provided by

AMA | MAPBP™

Hypertension CANADA

Home Blood Pressure Log

What type of blood pressure monitor should I buy?

The blood pressure monitor you purchase should be proven accurate, and the monitor's cuff must properly fit your upper arm. Your health care professional can recommend a monitor and measure your arm to select the right cuff size. You should bring your monitor to your health care professional annually to have it checked for accuracy.

To help you in your purchasing decisions, Hypertension Canada provides a list of recommended monitors which have been proven accurate in research studies at **hypertension.ca**. Many of these recommended devices will carry the symbols shown to the right on their packaging.

Recommended by Recommandé par Hypertension Canada Gold | Or

Recommended by Recommandé par Hypertension Canada Silver | Argent

What is my target blood pressure?

Ideally, blood pressure should be below 120/80 mmHg to maintain good health and reduce the risk of stroke, heart disease and other conditions. However, the target depends on factors like age, health conditions, and whether the reading is being taken at home or your health care professional's office. If you have diabetes, kidney disease or other health conditions, speak to your health care professional about your readings and the treatment that is right for you. Remember, only your health care professional can tell you exactly what your target blood pressure should be.

Systolic	Diastolic	Action
Below 120	Below 80	Maintain or adopt healthy behaviours.
120-139	80-89	Maintain or adopt healthy behaviours.
140-159	90-99	Adopt healthy behaviours. If goal isn't reached in a month, talk to your health care professional about taking medication(s).
160 and higher	100 and higher	Adopt healthy behaviours. Talk to your health care professional about taking medication(s).

These blood pressure targets are for adults under the age of 80. Ranges may be lower for children and teenagers. Talk to your child's health care professional if you think your child has high blood pressure. Ranges may be higher for people over the age of 80.

When should I take my measurements?

- Before taking your blood pressure medication
- At least two hours after a meal
- After emptying bladder and bowel
- One hour after drinking coffee or smoking
- Thirty minutes after exercise
- Always after resting five minutes, without talking

Measuring blood pressure the right way:

- Comfortable, distraction-free environment
- Without talking or moving
- In the sitting position with back supported
- Legs uncrossed with feet flat on the floor
- Arm bare with lower edge of cuff 3cm above elbow
- Arm supported with middle of cuff at heart level

Every year, with your health care professional, review the technique for measuring your blood pressure properly, and check that your device is in good condition.

My target blood pressure at home is less than:

_____ / _____ mmHG

systolic diastolic

I use my: ☐ Right Arm ☐ Left Arm

Date		Time	Comments	Heart Rate (beats/min)	BP Reading #1		BP Reading #2	
					Systolic	Diastolic	Systolic	Diastolic
June 15	Sample Morning	8:00 a.m.	Meds at 9 a.m.		138	82	135	80
	Sample Evening	8:00 p.m.	Upset		151	92	154	90
	Day 1 Morning							
	Day 1 Evening							
	Day 2 Morning							
	Day 2 Evening							
	Day 3 Morning							
	Day 3 Evening							
	Day 4 Morning							
	Day 4 Evening							
	Day 5 Morning							
	Day 5 Evening							
	Day 6 Morning							
	Day 6 Evening							
	Day 7 Morning							
	Day 7 Evening							
	Average day 2 to day 7							

Health behaviour changes, care planning, and self-management

Ask Cody about his health behaviours, including physical exercise, alcohol use, diet, and stress and weight management. Provide culturally appropriate information and education about changes that can reduce blood pressure.

Work with Cody using shared-decision making to create a care plan to help him self-manage his hypertension. Discuss the care plan and provide it in writing.

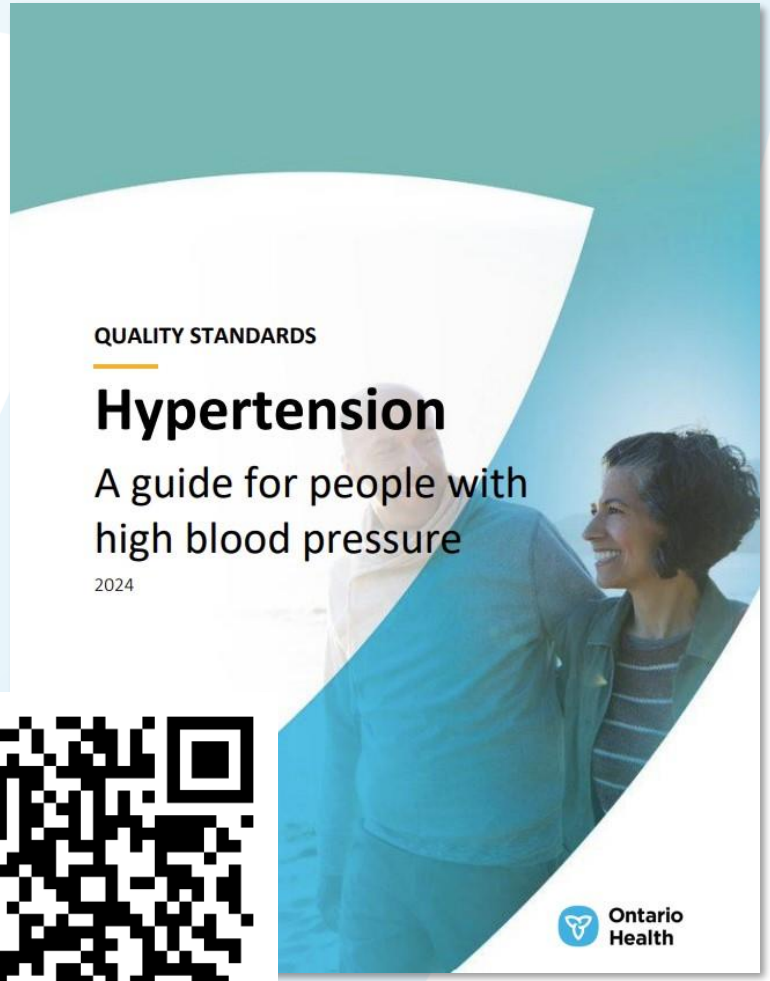
Quality Statement 4: People with hypertension or at risk for hypertension (and their families and care partners) receive information and supports for health behaviour changes that can reduce their blood pressure and risk of cardiovascular disease, including physical exercise, alcohol consumption, diet, sodium and potassium intake, smoking cessation, and stress and weight management.

Quality Statement 5: People with hypertension (and their families and care partners) collaborate with clinicians and use shared decision-making to create a care plan that includes a target blood pressure range, goals for health behaviour change, medication selection and adherence, recommended diagnostic testing, management of concurrent conditions, and when to follow up.

Patient guide

The **patient guide** is designed to provide patients with information about what high-quality care looks like for hypertension. Available in English, French, Inuktitut, Ojibway, Oji-Cree, Hindi, Punjabi and Urdu.

- Hypertension Canada
- Heart & Stroke
- Online Self-Management Program



Monitoring, follow-up, and improving adherence to medications

Assess Cody's blood pressure at regular intervals

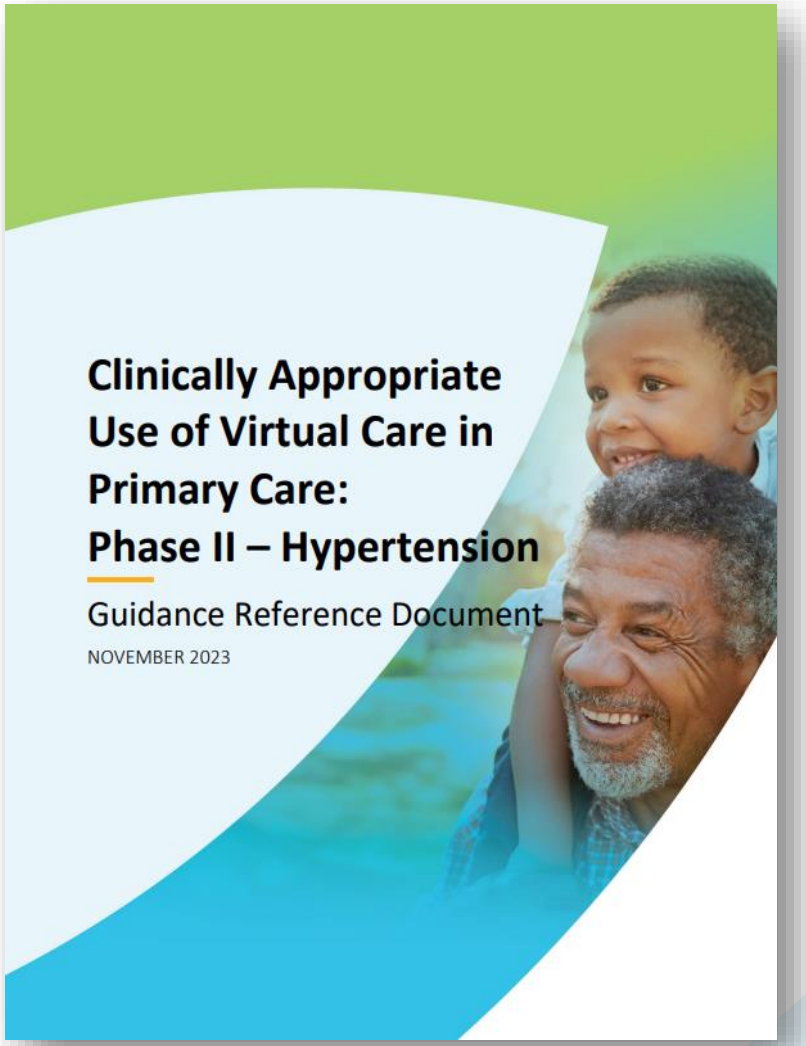
- If actively modifying health behaviours: 3 to 6 months or 1 to 2 months if blood pressure is higher
- If on medication: 1 to 2 months, then 3 to 6 months

If Cody is on blood pressure medication, discuss adherence with him. Offer him multiple support strategies to help improve his medication adherence and address any barriers (e.g., the cost of the medication, stopping their medication when they feel fine, or cultural beliefs).

Quality Statement 6: People with hypertension who are actively modifying their health behaviours but not taking blood pressure medication are assessed by their clinician every 3 to 6 months. Shorter intervals (every 1 to 2 months) may be needed for people with higher blood pressure. People who have been prescribed blood pressure medication are assessed every 1 to 2 months until their target blood pressure has been met on 2 consecutive visits, and then every 3 to 6 months.

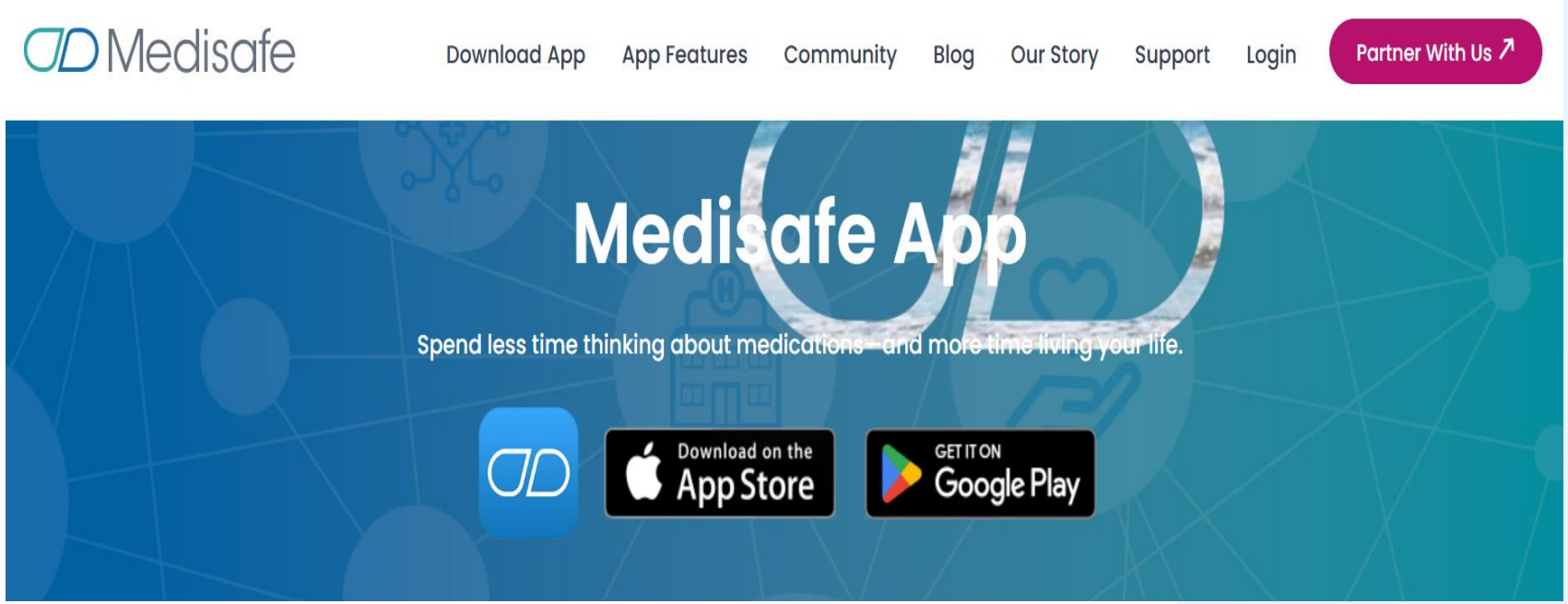
Quality Statement 7: People who are prescribed blood pressure medication (and their families and care partners) receive information and supports to help them take their medication regularly and as prescribed. At every follow-up visit for hypertension, they have discussions with their clinicians about medication use, possible side effects, and any barriers they experience in taking their medications as prescribed.

Clinically appropriate use of virtual care



Assessments do not need to be completed by the same clinician and **can be offered in-office or virtually** (if appropriate). Assessments should be completed in a coordinated way, and information should be shared with the primary care clinician.

Digital support for medication adherence



A free **smartphone app** that reminds patients to take their medications, measure their blood pressure, and go to their medical appointments

Additional resources

Earn Mainpro+® credits for reading the quality standards

- **Earn Mainpro+® credits** by reading quality standards through the **Understanding Quality Standards in Primary Care Program***
  - Gender-Affirming Care – 1.75 credits
  - Hypertension – 2.0 credits
  - Insomnia – 1.25 credits
  - Sickle Cell Disease – 2.75 credits
- Review the quality standard, then complete and submit a short self-reflection exercise to receive credits

To learn more, contact UnderstandQS@OntarioHealth.ca

*This self-learning program (1 credit per hour) has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 68.0 credits. Registration is open year-round.

Questions and answers

Ontario Health

Connecting and coordinating Ontario's health system

Questions?
QualityStandards@OntarioHealth.ca