

**Focus the system
on a common
quality agenda**

**Catalyze
Spread**

**Build
Evidence &
Knowledge**

**Broker
Improvement**

**Evaluate
Progress**

Our Mandated Areas: Monitoring & Reporting on the Quality of the Health Care System

- Ontarians want a sustainable public health care system that helps people stay healthy and delivers excellent quality care when they need it.
- Monitoring and public reporting on quality helps define excellence and provides a clear standard with which to articulate what high-quality care is and what success looks like.
- HQO supports transparency and accountability through objective monitoring and reporting on health system performance.

Two Aligned Measurement Approaches

Quality improvement measurement

- Individual organizations monitor progress using a QI approach and QI-level indicators
- Access to a password protected web-based platform
- Outcome, processing and balancing indicators for each initiative
- Automatically generated run and control charts
- Export functionality for QI reports and dashboards
- Provider, cohort, LHIN, and initiative summaries, to support individual and shared learning

Two Aligned Measurement Approaches

Publically reported performance measurement and benchmarks

- Combination of administrative and survey data, including (but not limited to):
 - Acute Care (~200 sites): DAD, NACRS, patient survey, WTIS
 - Home Care (~100s providers): RAI-HC, client survey
 - Long-term care (~640 LTC homes): RAI-MDS
 - Primary Care (~10,000 providers): OHIP, system level surveys – CCHS, CMWF

Long-term Care Performance Measurement Timeline

July 2005 –
Implementation of
RAI-MDS 2.0
begins (Phase 1)

December 2009
- Residents First
begins

Fall 2010 –
Implementation of
RAI-MDS 2.0 is
complete (All LTC
homes; phase 8)

March 2012– HQO
re-designs LTC
website:
299 homes
volunteer

April 2013 –
Aspirational
benchmarks
launched

June 2008 – HQO
tasked with
measuring and
reporting on quality
of long-term care

January 2010 – HQO
begins reporting on
individual LTC homes:
73 homes volunteer

March 2011 –
HQO refreshes
LTC website:
130 homes
volunteer

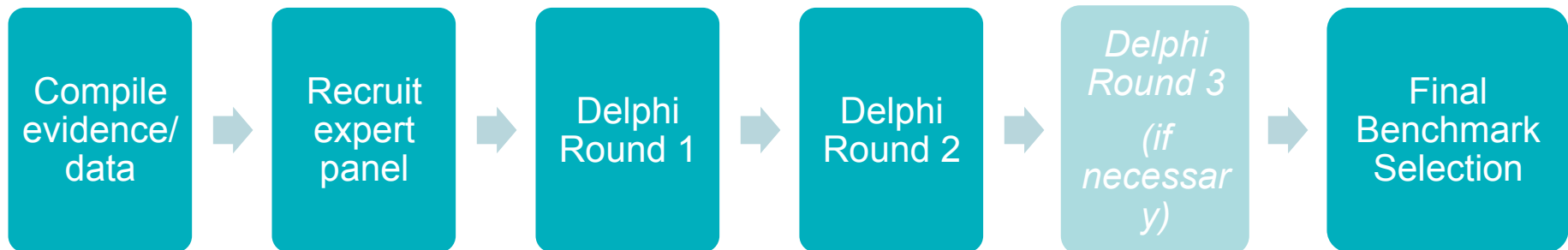
October 2012 -
All LTC homes
required to report

LTC Publicly Reported Quality Indicators

| Attribute | Health topic | Indicator <small>(*Adjusted CCRS QIs bolded; home-level indicators highlighted in green)</small> |
|------------------------------|-----------------------------|--|
| Accessible | Wait times | Median number of days to LTC home placement |
| Effective | Incontinence | Percentage of residents with worsening bladder control* |
| | Activities of daily living | Percentage of residents with increasing difficulty carrying out normal everyday tasks* |
| | Cognitive function | Percentage of residents whose language, memory, and thinking abilities have recently decreased* |
| | Pain | Percentage of residents with pain that got worse recently* |
| | Emergency department visits | Number of emergency department visits due to an ambulatory care sensitive condition |
| Safe | Falls | Percentage of residents who had a recent fall* |
| | Pressure ulcers | Percentage of residents who had a pressure ulcer that recently got worse* |
| | Restraints | Percentage of residents who were physically restrained* |
| | Medication safety | Rate of residents aged 66 years or older prescribed a drug that should never be used among the elderly per 100,000 |
| Appropriately Resourced | Health human resources | Number of injuries causing time away from work per 100 long-term care workers per year |
| Focused on Population Health | Infections | Percentage of long-stay residents with new infections* |

Benchmarking

- A modified Delphi process using the following steps:



LTC Benchmark Results

| Indicator | Benchmark | Provincial Rate* | Ontario Facility-level Distribution* | | | | | | |
|---|-----------|------------------|--------------------------------------|-----------------------|-----------------------|--------|-----------------------|-----------------------|-----|
| | | | Min | 10 th %ile | 25 th %ile | Median | 75 th %ile | 90 th %ile | Max |
| 1. Percent of residents in daily physical restraints | 3% | 14% | 0% | 2.3% | 6.1% | 13% | 21% | 27% | 54% |
| 2. Percent of residents who fell in the last 30 days | 9% | 14% | 2.8% | 8.5% | 11% | 14% | 17% | 19% | 41% |
| 3. Percent of residents whose ADL self-performance worsened | 25% | 33% | 4.3% | 23% | 29% | 35% | 40% | 43% | 56% |
| 4. Percent of residents whose bladder continence worsened | 12% | 19% | 0% | 9.3% | 14% | 20% | 27% | 32% | 51% |
| 5. Percent of residents who had a newly occurring stage 2 to 4 pressure ulcer | 1% | 2.6% | 0% | 1.0% | 1.7% | 2.6% | 3.8% | 4.9% | 10% |
| 6. Percent of residents whose stage 2 to 4 pressure ulcer worsened | 1% | 2.8% | 0% | 1.2% | 1.9% | 2.8% | 4.0% | 5.2% | 10% |
| 7. Percent of residents whose behavioural symptoms worsened | 8% | 14% | 0% | 7.5% | 10% | 13% | 17% | 20% | 33% |
| 8. Percent of residents whose mood symptoms of depression worsened | 13% | 26% | 2.2% | 13% | 19% | 27% | 34% | 40% | 54% |
| 9. Percent of residents whose pain worsened | 6% | 11% | 0.3% | 6.0% | 8.1% | 12% | 15% | 19% | 31% |

*Data source: CCRS, Q4 2011/12

Primary Care Performance Measurement

- HQO is working in partnership with key stakeholders to develop a comprehensive primary care performance measurement framework that meets the information needs of patients, the public, health providers and policymakers in Ontario.
- At the system-level, the goal is to drive short-term improvements, support longer term goals and track the impact of policy changes and investments.
- At the practice-level, performance measurement can inform service planning, performance monitoring and quality improvement.

Other Sectors

- Hospital sector
 - Patient safety indicators
 - 9 indicators, provincial and facility-level reporting
 - Quality Improvement Plan (QIP) indicators
 - Core indicators (7)
 - Optional indicators (10)
- Home care sector
 - Home care public reporting
 - 11 indicators, provincial-level reporting
 - Service provider reporting (2014)
 - Quality Improvement Plan (QIP) indicators (timing TBD)

The Common Quality Agenda

- The Common Quality Agenda is designed to help focus Ontario's health system on quality improvement by identifying a set of priority performance indicators and associated targets to report at the service provider-level (when appropriate).
- HQO is engaging with health system partners to identify improvement priorities and ways to support individual and cross-sector providers in achieving these targets.
- Indicators in this initiative fall into two categories:
 1. Indicators with sector specific accountabilities. In this category, the responsibility for improvement rests within a single sector.
 2. Indicators with a shared accountability for improvement and where improvement is dependent upon more than one sector.



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