Revisiting Quality Indicators for Home Care Performance in Ontario
Date: June 6, 2016

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Health Quality Ontario

Embrace Health Quality

A health system with a culture of quality is... 

- Safe
- Effective
- Patient-centred
- Efficient
- Timely
- Equitable

...stays true to these principles

- Commits to ongoing quality improvement
- Achieves healthy populations
- Ensures accessibility for all
- Partners with patients
- Balances priorities
- Uses resources wisely

...and can only happen when we

| Engage patients and the public | Redesign the system to support quality care | Help professionals and caregivers thrive | Ensure technology works for all | Support innovation and spread knowledge | Monitor performance with quality in mind | Build a quality-driven culture |

A just, patient-centred health system committed to relentless improvement. Let’s make it happen.

Read our vision for achieving a quality health system

Quality Matters: Realizing Excellent Care For All

www.hqontario.ca
“Health Quality Ontario is tasked with monitoring and reporting on access to publicly funded health services, consumer and population health status, health system outcomes, and the performance of health sector organizations with respect to patient relations” (ECFAA, 2010)

Principles for Public Reporting:

- **Transparent** – where data reported is meaningful, understandable to patients and providers
- **Relevant** – the reporting reflects issues that are relevant to stakeholders including patients and providers
- **Accountable** – data is reliable and valid and can be used to compare performance over time and across regions and providers
- **Clear** – where the data is reported in a clear manner, with useful intervals and levels of aggregation
Janice: Caring for the Caregivers
Home Care Context and Reporting

An aging population with complex needs requiring many health care services and have variable access to quality care.

3 of 5 patients ≥65 years old
70% with complex needs
26% have an ED visit within 30 days
Wide variation across providers on key indicators

Sources: Health Quality Ontario, Home Care Sector Reporting; Home Care Ontario, Facts and Figures
Current Home Care Indicator List

Reported at the Provincial and CCAC-level

- Waiting for nursing services
- Waiting for personal support services for complex care patients
- Hospital readmissions
- Incontinence**
- Communication**
- Falls**
- Pressure ulcers**
- Long-term care placement**
- Emergency department visits
- Vaccination**

Reported at the Provincial, CCAC and Service Provider-level

- Client Satisfaction

* First Generation InterRAI-HC Indicators
** Long-Stay Clients only
Performance Measurement: A Vital Component of Home Care Improvement

“That Health Quality Ontario, working in partnership with the Local Health Integration Networks, finalize and implement system performance indicators and, in consultation with providers and families, develop and implement a scorecard for the home and community care sector.”
Bringing Care Home, 2015

“Review and assess whether all the indicators collected continue to be relevant for determining efficient and effective performance of home care; make more CCAC results on performance measures publicly available…”
Rationale for Indicator Review

- Proposed changes to the delivery and oversight of home and community care

- Importance of measurement and reporting highlighted in *Bringing Care Home* and *Patient’s First Action Plan*

- Developments in data collection and measurement in the sector

- Changes to the measurement of key quality indicators from interRAI
Overview of 2^{nd} Generation InterRAI Indicator Changes

- Increased focus on incidence indicators vs. prevalence (i.e. changes in health status)
- Some 1^{st} HCQIs dropped, e.g., No medication review
- Some new HCQIs added, e.g., Continued caregiver distress
- Improved and declined are separate indicators
- Strengthened conceptual link to CAPs
- New indicators have been reported for selected other jurisdictions (i.e. Finland, Michigan)

Source: Hirdes et al, 2013
Objectives for Indicator Review

- Assess if the current home care indicators reported by Health Quality Ontario (HQO) continue to meet the criteria of strong public reporting and reflect the measures that are most meaningful to patients/clients.

- Recommend a short list of 10–12 currently measureable indicators for comprehensive public reporting on the system at the provincial, regional and/or service-provider level.

- Identify potential areas for data advocacy and indicator development, recognizing numerous areas that are currently unreported (or underreported) due to limitations in indicator development or data availability.

- Include the patient/client voice in indicator selection.
Methodology

Patient/Client and Caregiver Engagement

Environmental Scan and Preliminary Review of Indicators → Panel Orientation Meeting → Modified Delphi Process (2 Meetings) → Indicator Finalization

Sector Engagement
Scope

In Scope
• Indicators of formal home care delivery
• Indicators where comprehensive provincial data are available
• Identification of gaps in measurement
• Measures of integration (e.g. with primary care)
• Reporting at the LHIN/CCAC Level
• Expanding provider-level reporting
• Sub-regional analyses

Out of Scope
• Informal home care
• Community Care
## Proposed Panel Members

<table>
<thead>
<tr>
<th>Role/Organization</th>
<th>Potential Panel Member</th>
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<tbody>
<tr>
<td>Chair</td>
<td>Dot Pringle</td>
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<tr>
<td>HQO</td>
<td>Anna Greenberg</td>
</tr>
<tr>
<td>MOHLTC</td>
<td>Debra Bell, Paul Lee, Christine Brown, Karen-Lee Miller</td>
</tr>
<tr>
<td>OACCAC</td>
<td>Catherine Brown</td>
</tr>
<tr>
<td>LHIN</td>
<td>Sherry Kennedy, Kelly Gillis</td>
</tr>
<tr>
<td>CCAC</td>
<td>Anne Wojtak</td>
</tr>
<tr>
<td>Home Care Ontario</td>
<td>Sue VanderBent</td>
</tr>
<tr>
<td>OCSA</td>
<td>Deborah Simon</td>
</tr>
<tr>
<td>CIHI</td>
<td>Connie Paris or designate</td>
</tr>
<tr>
<td>Researcher</td>
<td>Walter Wodchis, Jeff Poss,</td>
</tr>
<tr>
<td>Provider Representatives</td>
<td>Shirlee Sharkey (St. Elizabeth’s), Karen Wright (Closing the Gap), Janet Daglish (Bayshore)</td>
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<td>Public Representative</td>
<td>Members of the Patient and Caregiver Advisory Table (x2)</td>
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# Performance Indicator Selection Criteria

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>Important/Relevant</td>
<td>The indicator reflects an issue that is important to the general population and to relevant stakeholders, and is consistent with HQO’s mandate</td>
</tr>
<tr>
<td>Measureable</td>
<td>There are data sources that could potentially be used to measure the indicator</td>
</tr>
<tr>
<td>Actionable</td>
<td>Performance on the indicator is likely to inform and influence policy or funding, alter behaviour of health care providers, or increase general understanding in the community in order to improve quality of care and population health</td>
</tr>
<tr>
<td>Evidence-based</td>
<td>There is good/strong evidence to support the process, or evidence of the importance of the outcome</td>
</tr>
<tr>
<td>Feasible</td>
<td>The indicator is calculable; data are timely</td>
</tr>
<tr>
<td>Interpretable</td>
<td>The indicator (as defined) is clear and interpretable to a range of audiences and the results of the indicator are comparable and easy to understand, including what constitutes improved performance (clear directionality)</td>
</tr>
</tbody>
</table>
| Data quality (including validity, reliability and timeliness) | HQO will explore the indicator in detail, including the technical definition, calculation methodology, validity and reliability of measurement and timeliness of data  
If possible, baseline data analysis is conducted to understand:  
- Limitations and caveats of the indicator  
- Current performance, including variation over time, by region and at the provider level   |
Indicator Shortlisting

Environmental Scan (n=336)
- 336 Indicators identified through a jurisdictional scan and literature review of reported indicators

Measurability and Relevance rating (n=114)
- Measurability rating resulted in 114 remaining indicators (plus current HQO indicators)
- Some indicators retained for potential data advancement/development

Consensus Exercise Meeting
- The first consensus meeting will yield a short-list of indicators

Final Consensus Exercise Meeting
- Following sector and patient engagement, we expect a final short list of indicators
What We’ve Heard So Far

Sector Engagement

❖ Variety of sources including short stay patients/clients
❖ Patient-friendly wait times indicators
❖ Transitions

Patient and Caregiver Engagement

❖ Wait times
❖ Appropriateness
❖ Communication
❖ Transitions
Areas of Focus

- Wait Times
- Appropriateness
- Caregivers
- Communication
- Effectiveness of care provided
- Ability to carry out daily activities
- Hospital use
- Mental health care
- Food and diet
- Pain and pain management
- Experience and satisfaction
- Staffing and resources
- Safety
- Transitions

Are any areas of focus missing?
Thank you!

• If you have any questions, please do not hesitate to contact:
  – Tommy Tam tommy.tam@hqontario.ca or
  – Mark McPherson mark.mcpherson@hqontario.ca
What are CCACS working on to improve quality?

QIP VIEW
Purpose of QIPS

- A lever to improve the quality of the health care system by advancing core system issues and use of QIPs as a runway for change
- A tool to engage with patients around the quality improvement activities of the organization
- A tool to foster and support cross sector collaboration
- A way to target improvements that require change across multiple sectors
- A way to capture emerging issues not yet ready for measurement like patient engagement and equity.
# Common Quality Agenda

## Health Status
- Life expectancy at birth
- Infant mortality
- Self-reported health status
- Premature avoidable deaths

## Public Health
- Smoking
- Physical inactivity
- Obesity
- Measles immunization
- Meningococcal immunization
- Influenza immunization in older adults

## Primary Care
- Having a primary care provider
- Access to a primary care provider on the same day or next day when sick
- Access to primary medical care in the evening, weekend or on a public holiday
- Patient experience
- Screening for colorectal cancer
- Diabetes eye exams

## Hospital Care
- Patient satisfaction
- Emergency department length of stay
- Hip or knee replacement wait time
- Cardiac procedure wait time
- Cancer surgery wait time
- *Clostridium difficile* infections acquired in hospital
- Falls among complex continuing care patients
- Pressure ulcers among complex continuing care patients
- Use of physical restraints in acute mental health care

## Home Care
- Patient satisfaction
- Wait time for nursing services
- Wait time for personal support services

## Long-Term Care
- Long-term care home placement wait time
- Use of physical restraints in long-term care home residents
- Falls among long-term care home residents
- Pressure ulcers among long-term care home residents

## System Integration
- Hospitalizations for ambulatory-care sensitive conditions
- Physician visit within seven days of hospital discharge
- Readmissions for mental illnesses
- Readmissions for medical or surgical patients
- Alternate level of care days

## Health Workforce
- Number of registered nurses, registered practical nurses or nurse practitioners
- Number of family doctors or specialists
- Lost-time injury in health workers
## 2016/17 Quality Issues and QIP Indicators May 2016 DRAFT

<table>
<thead>
<tr>
<th>Quality Dimension</th>
<th>Quality Issue</th>
<th>Topic</th>
<th>Hospital</th>
<th>Primary Care</th>
<th>CCAC</th>
<th>LTC</th>
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</thead>
<tbody>
<tr>
<td>Effective</td>
<td>Effective transitions</td>
<td>• Readmissions • Follow up • Avoidable ED visits • Community support for palliative patients</td>
<td>• Readmission for Select conditions • Readmission for one of CHF, COPD or Stroke (QBP) • Home Support for Discharged Palliative Patients (A)</td>
<td>• Post-Discharge Visit • Hospital Readmission (A)</td>
<td></td>
<td>• Potentially Avoidable ED Visits for ACSC</td>
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<tr>
<td>Population Health</td>
<td>Readmission for Select conditions • Readmission for one of CHF, COPD or Stroke (QBP) • Home Support for Discharged Palliative Patients (A)</td>
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<td></td>
<td></td>
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<tr>
<td>Patient-centred</td>
<td>Person Experience</td>
<td>• Diabetes management • Cancer screening • Immunization</td>
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<td></td>
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<tr>
<td>Efficient</td>
<td>Access to right level of care</td>
<td>• Overall experience • Would you recommend • Having a say</td>
<td>• ALC Rate • ALC Days (A)</td>
<td>• ED Visits for Conditions BME (A)</td>
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<tr>
<td>Timely</td>
<td>Timely access to care, services</td>
<td>• Alternative level of Care • Inappropriate use of ED</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe</td>
<td>Adverse Events</td>
<td>• Wait times for service or provider • Wait times in ED</td>
<td>• ED Length of Stay (admitted patients)</td>
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<td></td>
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<tr>
<td>Medication safety</td>
<td>Medication safety, Appropriate prescribing</td>
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</table>

### New indicators:
- HbA1C
- Colorectal and Cervical Cancer Screening
- Immunization (A)
- Home Support for Discharged Palliative Patients (A)
- Client Experience (3)
- Resident Experience
Reflections from the 2016/17 QIP

This year, the majority of CCACs selected most priority indicators; in addition, four CCACs selected custom indicators based on local needs.

93%  | 93%  | 86%  | 93%  | 100% | 79%  | 29%
Reducing Falls for Long-Stay Clients | Reducing Unplanned Emergency Department Visits | Reducing Unplanned Hospital Readmissions | Improving Five-Day Wait Time for PSW Visits | Improving Five-Day Wait Time for Home Care Nursing | Improving Patient Experience | Other
Looking Back: information from the Progress report (2015-2016)

• Performance on the priority indicators remained stable, with most CCACs maintaining (only fractional changes) current performance from their 2015/16 data

• Some CCACs noted improvements in five-day wait times for home care (5/14) and many (9/13) in unplanned emergency department visits within 30 days of discharge and readmissions within 30 days

• 12/14 CCACs improved on at least one of the priority indicators and seven improved on three or more indicators.
Comparison of Percentage of Patients who received their first Nursing Visit within Five days of the service authorization date, over two years
What change ideas were being tried by CE, CW, ESC, and MH?

- **CE**: Changes in patient e-record captures factors in scheduling first visit

- **CW**: maintaining success; from 15-16 progress report they implemented:
  - assignment of dedicated Care Coordinators to hospital units
  - Intake support team
  - Adoption of a triage model requiring dedicated Care coordinator in each team to review, prioritise and assign referrals based on urgency
  - Use of rapid response nursing program
  - Palliative care program

- **ESC**: promoting use of clinics
- Plans to use a Integrated discharge planning model to improve coordination.

- **MH**: Ongoing use of One clinician model; use technology to better share patient information with health system partners
  - Indicator performance measure incorporated into balanced scorecard
Transitions: 30 day readmissions

- Use of specialized teams like palliative teams, outreach teams
- Technology enablers like telehomecare
- Refer complex patients to health links or integrated funding models.
- Define the physician's role in an interdisciplinary approach to med rec
- Promote self management; for patient and caregiver
- Assess post discharge risk and activate appropriate community follow up
REFLECTIONS ON THE 2016/17 QIPS – LOOKING FORWARD
Change over two years in choice of patient engagement methods

<table>
<thead>
<tr>
<th>Methods</th>
<th>15-16</th>
<th>16-17</th>
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</thead>
<tbody>
<tr>
<td>Patients compliments, complaints, Patient Relations process</td>
<td>14.3</td>
<td>42.9</td>
</tr>
<tr>
<td>Review of critical incidents</td>
<td>0</td>
<td>14.3</td>
</tr>
<tr>
<td>Surveys</td>
<td>85.7</td>
<td></td>
</tr>
<tr>
<td>Focus groups, town halls, community meetings</td>
<td>7.1</td>
<td>57.1</td>
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<tr>
<td>Advisory council, forum</td>
<td>21.4</td>
<td></td>
</tr>
<tr>
<td>Patients on quality committees</td>
<td>35.7</td>
<td></td>
</tr>
<tr>
<td>Patients/families involved in co design</td>
<td>14.3</td>
<td>21.4</td>
</tr>
</tbody>
</table>
Cross Sector look at patient engagement methods, QIPS 2015-2016

- Resident's compliments, complaints/relations process/critical incidents
- Surveys: satisfaction, experience, other follow up surveys
- Other Resident/family advisors meetings, focus groups or community meetings
- Advisory Councils or Forums
- Resident advisors on quality focused committees: this goes beyond the Council or Forum
- Residents/families involved in design of quality initiatives

hospital  CCAC  LTC  IPCO
Reflections from the 2016/17 QIP Work Plan

Some of the most common initiatives CCACs are working on include:

- Developing more strategies to support complex patients
- Investing in staff training
- Linking Health Links to QIP activities
- Sharing data to drive improvement
- Integrating mental health and addictions into the QIP
- Joining forces with other health sector organizations to collaborate on quality improvement, patient experience, and patient safety
Comparison of Percentage of Home Care Clients who Experienced an Unplanned Readmission to Hospital within 30 Days of Discharge from Hospital, over two years

<table>
<thead>
<tr>
<th>Community Care Access Centres</th>
<th>Current Performance QIP 2015/16</th>
<th>Current Performance QIP 2016/17</th>
<th>Average Target Set QIP2015/16</th>
<th>Average Target Set QIP2016/17</th>
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<tbody>
<tr>
<td>Central</td>
<td>18</td>
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<td>16</td>
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<td>Central West</td>
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<td>Champlain</td>
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<td>Erie St. Clair</td>
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<td>Mississauga Halton</td>
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<td>North East</td>
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<td>North Simcoe Muskoka</td>
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<td>North West</td>
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<td>South West</td>
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<tr>
<td>Waterloo Wellington</td>
<td>18</td>
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Better Performance
What change ideas are being trialled by ESC, WW, and MH?

- MH is spreading the Seamless Transitions model to all hospitals in the LHIN (partnership between MH CCAC and Trillium)
- WW is referring complex patients to Health Links or integrated funding models. Also, scaling up e-notification program from one hospital to all hospitals in LHIN
- ESC is sustaining progress: In 2015-2016 they successfully
  - Established a chronic disease management council to introduce a patient centred approach to chronic disease management
  - Developed a process for CCAC staff to bring forward all cases where patient has been readmitted for ID of lessons leaned an opportunities for improvement
  - Collaborate with partners on introduction of integrated care plans
  - Reviewed data from RRN program and relationship to readmissions
  - Developed and implemented automated provider reports
Query QIP: a new tool to help you find peer’s ideas
As part of Health Quality Ontario’s Knowledge Transfer and Exchange strategy, we introduce the Quality Compass, a comprehensive evidence-informed searchable tool designed to support leaders and providers as they work to improve health care performance in Ontario. Quality Compass is centered around priority health care topics with a focus on best practices, change ideas linked with indicators, targets and measures, and tools and resources to bridge gaps in care and improve the uptake of best practices.

Click on any of the topics below to get information on evidence-based best practices and change ideas, indicators and targets, measures, tools and resources, and success stories to get started.

- **Primary Care**
- **Home and Community Care**
- **Leadership**
- **Long-Term Care**
- **Person & Family Centred Care**
- **Acute Care**
- **Quality Improvement: Getting Started**
- **Quality-Based Procedures**
- **Transitions**
Health Quality Ontario (HQO) is pleased to invite you to the May session of Quality Rounds Ontario

As the provincial advisor on health care quality, HQO is presenting this monthly series to provide opportunities for the quality community to connect, support innovation and foster knowledge exchange. To enable province-wide participation, you can join via webinar, from an OTN site or in-person.