

NAMD

Benchmarking to Advance the Quality Agenda in Ontario's Health Care System

Benchmarking, Services to Citizens and Intergovernmental Relations
Roundtable
University Club, Kingston, Ontario
October 19, 2012

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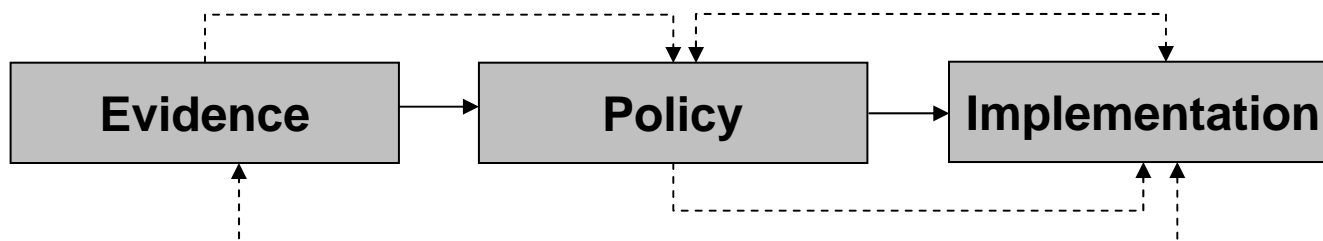


Objectives

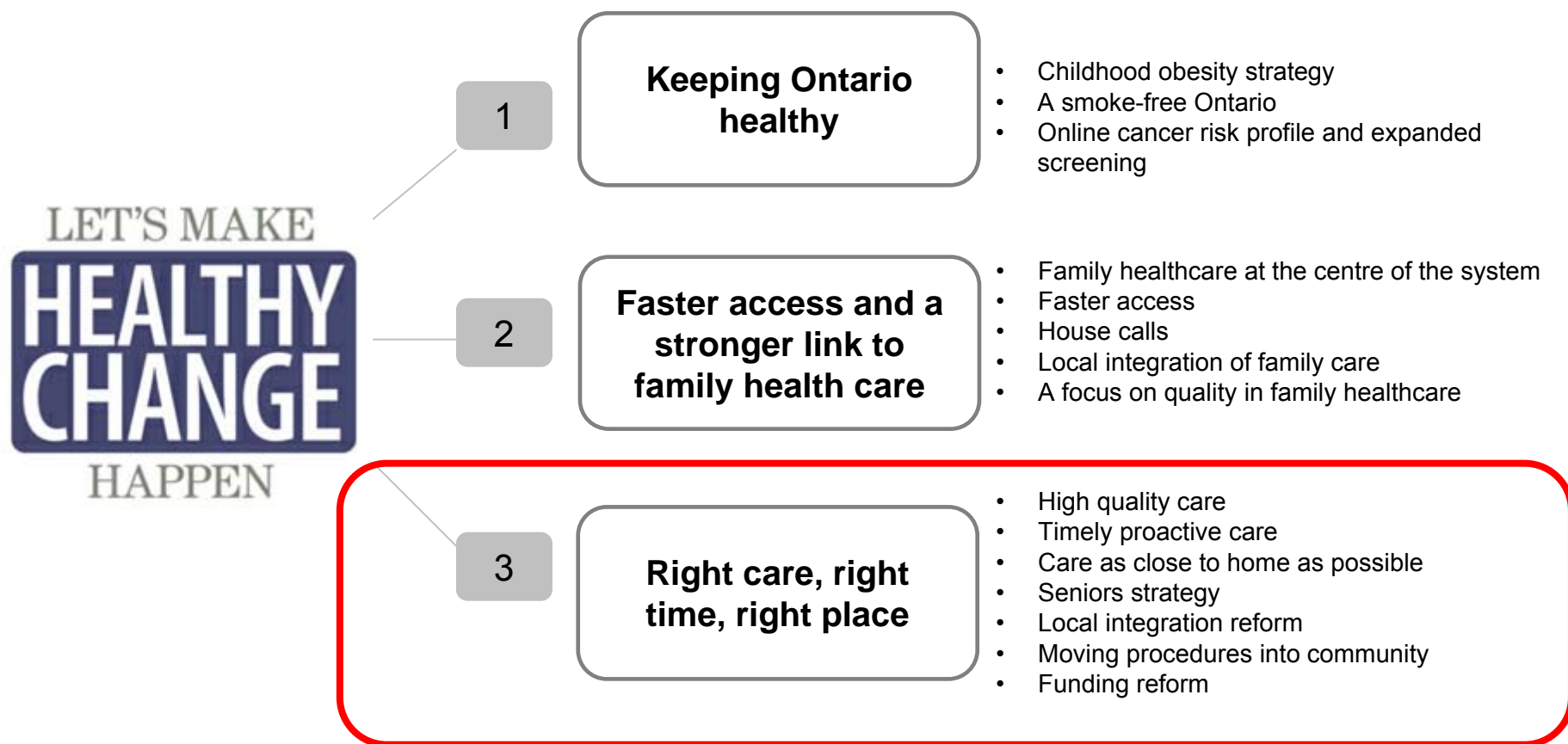
Benchmarking and evidence are central to advancing Ontario's quality agenda

Key themes

- The policy platform...Ontario's Action Plan for Health Care and the Excellent Care for All Act
- The types of benchmarking vehicles used in Ontario's health system:
 - to identify variation in the quality of care delivered
 - to enable better practice decisions
- Utilizing benchmarking partnerships to guide decision making



The backdrop...Ontario's Action Plan for Health Care



The Excellent Care for All Act...*a unified commitment to a shared vision*



2ND SESSION, 39TH LEGISLATURE, ONTARIO
59 ELIZABETH II, 2010

2^e SESSION, 39^e LÉGISLATURE, ONTARIO
59 ELIZABETH II, 2010

Bill 46

*(Chapter 14
Statutes of Ontario, 2010)*

**An Act respecting
the care provided by
health care organizations**

Projet de loi 46

*(Chapitre 14
Lois de l'Ontario de 2010)*

**Loi relative aux soins
fournis par les organismes
de soins de santé**

The people of Ontario and their Government:

...

Believe that the patient experience and the support of patients and their caregivers to realize their best health is a critical element of ensuring the future of our health care system

...

Share a vision for a Province where excellent health care services are available to all Ontarians, where professions work together, and where patients are confident that their health care system is providing them with excellent health care

...

Recognize that a high quality health care system is one that is accessible, appropriate, effective, efficient, equitable, integrated, patient centred, population health focussed, and safe

...

Believe that quality is the goal of everyone involved in delivering health care in Ontario

The path forward: The Excellent Care for All Strategy is anchored by principles reflecting *high quality as the primary driver to system solutions...*



Value = Quality/Cost

In order to achieve this unified vision a number of benchmarking vehicles and partnerships are advancing the quality agenda in Ontario

I. Benchmarking vehicles

- Quality Improvement Plans
- Ontario's Public Reporting on Patient Safety
- Integrated Quality Based Procedure Scorecard

II. Benchmarking partnerships

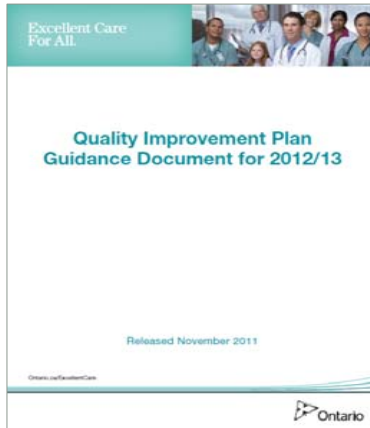
- Health Quality Ontario
- Local Health Integration Networks
- Canadian Institute for Health Information
- Institute for Clinical Evaluative Sciences
- The Cochrane Collaboration
- Other enabler: IDEAS as a Provincial Applied Learning/ Training Resource

Part 1.

Benchmarking vehicles

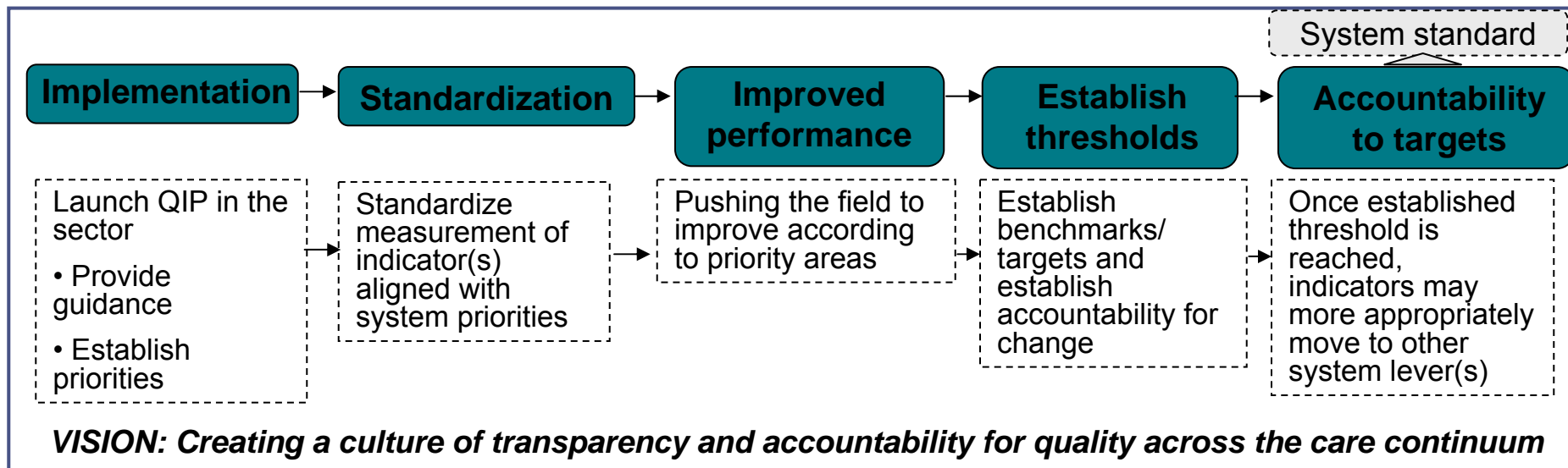
- Quality Improvement Plans
- Ontario's Public Reporting on Patient Safety
- Integrated Quality Based Procedure Scorecard

Quality Improvement Plans (QIPs) for Ontario Hospitals: Sharing a common quality agenda for improved patient care



- As the cornerstone of the *Excellent Care for All Act*, QIPs provide a **common framework** that links together various quality levers and initiatives for integrated quality improvement
- Benchmarking and target setting information are used to **reduce variation across the field** and signal areas for system quality improvement
- Benchmarking information compels the field to improve on indicator performance with the aim of catalyzing effective quality improvement

Principles to guide implementation of QIPs



Public reporting on patient safety



MINISTRY OF HEALTH AND LONG-TERM CARE

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Patient Safety

Public Information

- What's Being Done?
- Patient Safety Indicators
 - C. difficile
 - Methicillin Resistant Staphylococcus Aureus (MRSA)
 - Vancomycin Resistant Enterococcus (VRE)
 - Hospital Standardized Mortality Ratio (HSMR)
 - Central-Line Primary Blood Stream Infection (CLBI)
 - Ventilator-Associated Pneumonia (VAP)
 - Surgical Site Infection Prevention
 - Hand Hygiene Compliance
 - Surgical Safety Checklist (SSC)

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Patient Safety

The possibility of acquiring a health care-associated infection is a reality at any hospital. Ontario hospitals are working hard to reduce the risk factors that contribute to the spread of infections. They are focusing on minimizing infections and keeping patients safe.

Patient safety is about managing and reducing risk to ensure that the care patients receive is as safe as possible.

Improving patient safety is about creating an environment that is transparent and committed to change. This is the mandate of the government's Patient Safety Initiative.

This site provides information for patients, health care professionals and the public on patient safety issues. It will evolve over time to report on a range of patient safety issues across Ontario's hospitals.

For More Information

Call **ServiceOntario**, INFOline at:
1-866-532-3161 (Toll-free in Ontario only)
TTY 1-800-387-5559
In Toronto, TTY 416-327-4282
Hours of operation : 8:30am - 5:00pm

www.ontario.ca/patientsafety

OPEN ACCESS Freely available online

PLOS MEDICINE

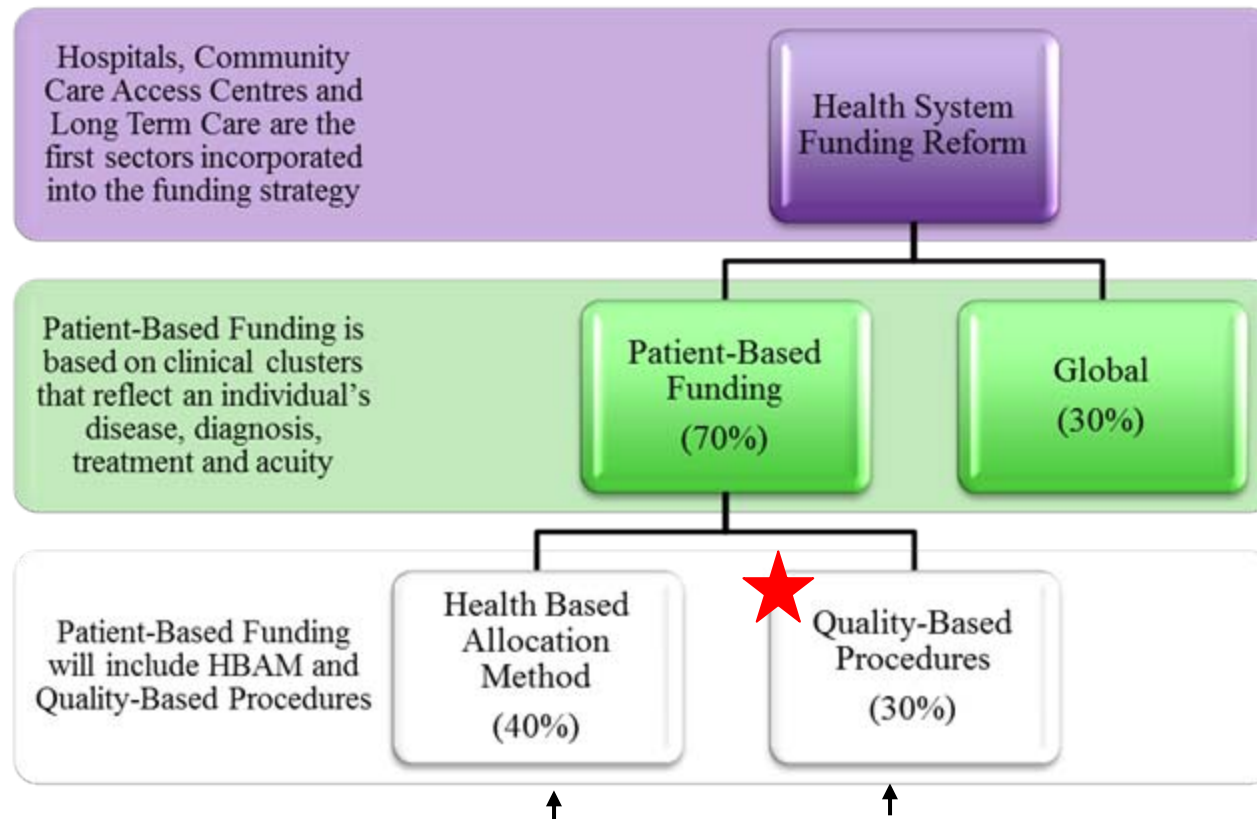
Reduction in *Clostridium difficile* Infection Rates after Mandatory Hospital Public Reporting: Findings from a Longitudinal Cohort Study in Canada

Nick Daneman^{1,2*}, Therese A. Stukel^{1,3}, Xiaomu Ma¹, Marian Vermeulen¹, Astrid Guttman^{1,3,4,5}

1 Institute for Clinical Evaluative Sciences, Toronto, Ontario, Canada, **2** Division of Infectious Diseases, Department of Medicine, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, Ontario, Canada, **3** Institute of Health Policy, Management and Evaluation, University of Toronto, Toronto, Ontario, Canada, **4** Division of Paediatric Medicine, Hospital for Sick Children, Toronto, Ontario, Canada, **5** Department of Paediatrics, University of Toronto, Ontario, Canada

Public reporting set the stage for greater transparency and accountability amongst health care providers

Health System Funding Reform and the transition from a 'provider-centered' funding model towards a 'patient-centered model'



HBAM is a 'made in Ontario' funding model that provides organizational-level allocations informed by case-mix utilization and aggregate cost, volume and types of patients and providers

Quality Based Procedures (QBPs) are clusters of patients with clinically related diagnoses or treatments that have been identified by an evidence-based framework as providing opportunity for process improvements, clinical re-design, improved patient outcomes, enhanced patient experience and potential cost savings

Principles guiding the implementation of funding reform related to Quality-Based Procedures

Principles for developing QBP implementation strategy

- Cross-Sectoral Pathways
- Evidence-Based

- Balanced Evaluation

- Transparency

- Sector Engagement

- Knowledge Transfer



Operationalization of principles to tactical implementation (examples)

- Development of best practice patient clinical pathways through clinical expert advisors and evidence-based analyses

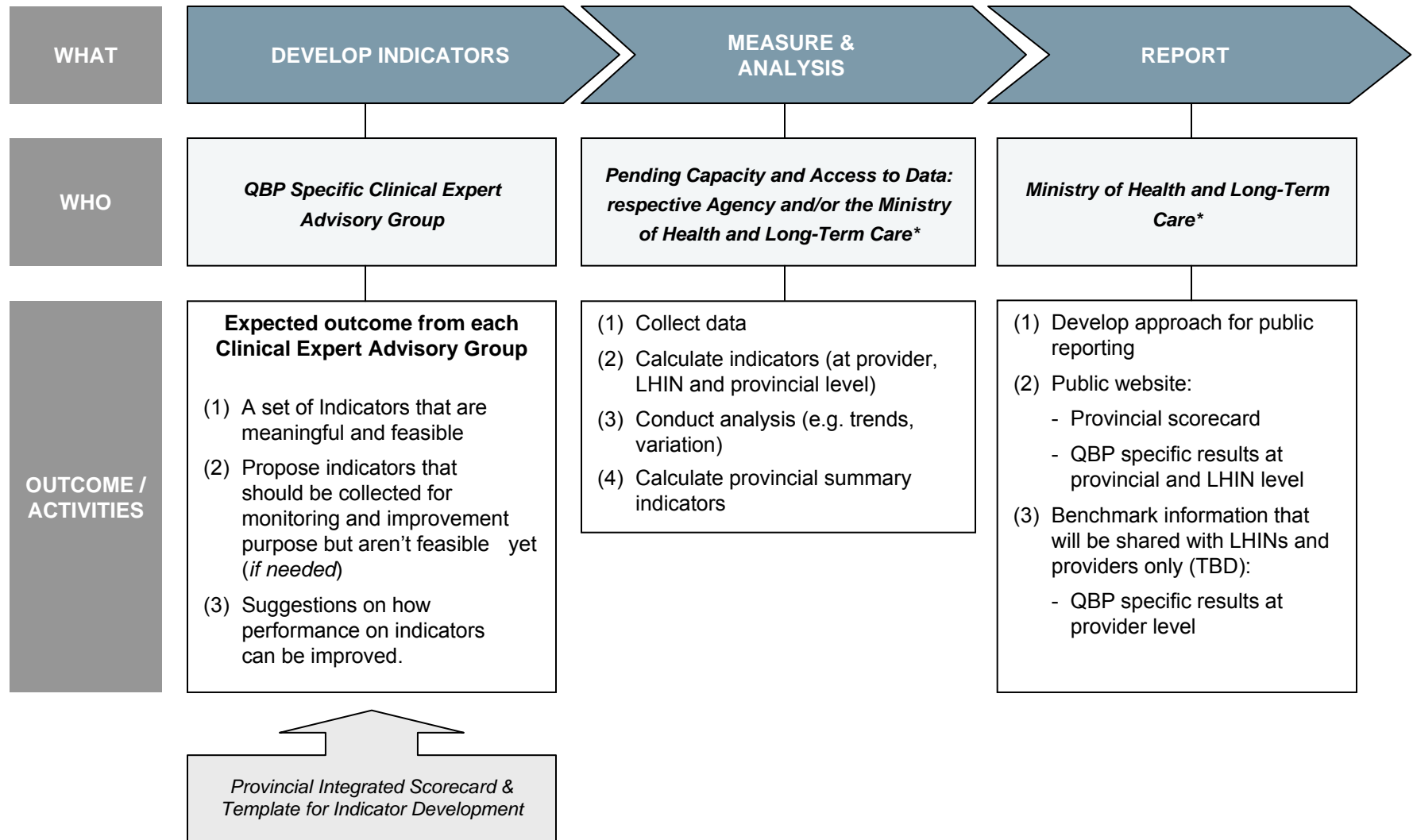
- Integrated Quality Based Procedures Scorecard
- Alignment with Quality Improvement Plans

- Publish practice standards and evidence underlying prices for QBPs
- Routine communication and consultation with the field

- Clinical expert panels
- Provincial Programs Quality Collaborative
- Overall HSFR Governance structure in place that includes key stakeholders
- LHIN/CEO Meetings

- Applied Learning Strategy/ IDEAS
- Tools and guidance documents
- HSFR Helpline; HSI MI website (repository of HSFR resources)

QBP specific indicators will be developed by the Clinical Expert Advisory Groups as part of their work on developing QBP specific best practices



* First phase – defining role Ministry and potentially Health Quality Ontario (HQP) on an on-going basis is part of the work that will be undertaken during the summer together with HQO

An example of a cascading indicator for improved appropriateness* of care for stroke QBP (for illustration purposes only)

Provincial Level

Provincial level summary on the performance on the respective provincial summary indicator

LHIN Level

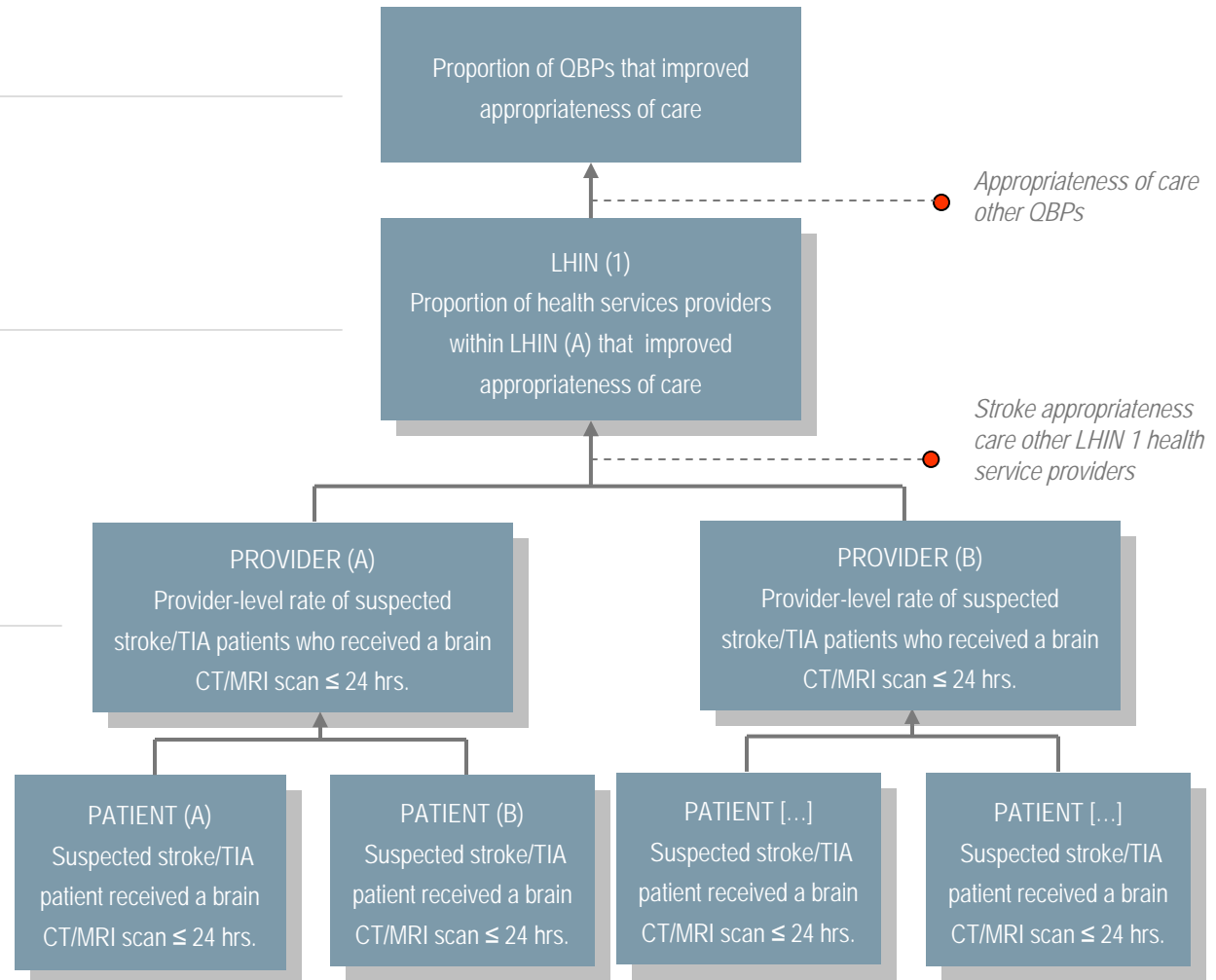
LHIN level summary of indicators for each (relevant) QBP related to the respective Provincial summary indicator

Organizational (provider) Level

Provider level rolled-up patient level indicators for each (relevant) QBP related to the respective Provincial summary indicators

Patient Level

A detailed set of indicators for each (relevant) QBP related to the small set of provincial rolled-up indicators



*Appropriateness of care is defined as the degree to which provided healthcare is relevant to the clinical needs, given the current best evidence (Arah, 2005)

Part 2.

Benchmarking partnerships

- Health Quality Ontario
- Local Health Integration Networks
- Canadian Institute for Health Information
- Institute for Clinical Evaluative Sciences
- The Cochrane Collaboration
- Other enabler: IDEAS as a Provincial Applied Learning/ Training Resource

Health Quality Ontario provides end-to-end supportive infrastructure to accelerate high quality, evidence-based care delivery across all Ontario

Health Quality Ontario Mandate

Evidence and Care Standards

Establish standards of care based on evidence

QI Tools and Supports

Translate evidence into practical tools and quality improvement supports to accelerate adoption

Public Reporting

Monitor and report on quality at system and organizational level

Example #1: Ontario should have ventilator-associated pneumonia (VAP) rate of zero

Example #1: Develop, deploy and support adoption of the evidence-informed set of tools known as the VAP Bundle (e.g. elevation of the head of the bed)

Example #1: Hospitals include VAP rate in ECFAA-mandated annual quality improvement plans; report on hospital-by-hospital & province-wide improvement

Example #2: Routine ECGs and chest x-rays should not be performed before cataract surgery

Example #2: MOHLTC makes evidence-informed changes to payment policy

Enablers: Coaching and facilitated learning in practice redesign and improvement methods

Enablers: HQO supported a working group to assist hospital's implementation of the legislation and advise the MOHLTC on the QIP template design

Example #3: Hospitals are required to complete annual quality improvement plans (QIPs) and make them available to the public

Example #3: HQO is currently working to develop a feedback report which presents the aggregated information from these hospital's Plans to allow hospitals to continue to improve on their performance

Quality Monitor 2012 Report on Ontario's Health System

A tool for driving a culture of quality, value, transparency and accountability throughout the health system in Ontario



Collaboration

- Ministry of Health and Long-Term Care;
- Local Health Integration Networks;
- Institute for Clinical Evaluative Sciences;
- Canadian Institute for Health Information;
- Cancer Care Ontario;
- Census Canada; and
- Others (Quality Councils, Commonwealth Fund, etc).

Key Findings

HQO identifies three primary areas for improvement in the report: chronic disease management and avoidable hospitalizations; wait times; and hospital safety.

Policy Alignment

- These areas for improvement are aligned with the strategic priorities of both the Ministry (through the Minister's Action Plan) and HQO (through their priority project, bestPATH).

Snapshot of utilizing a benchmarking partnership for change

Analysis of hospital QIPs allows HQO to identify gaps in care that need to be addressed

TABLE 15: HAND HYGIENE TARGET SETTING, 2012/13 QIPS

Best Achieved to Date In Ontario	Theoretical Best	Provincial Average
92% for teaching, large community, CCC, mental health hospitals; 100% for small hospitals.	100%	72% (FY 2010/11)

Source: DRAFT QIP 2013/14 Analysis for Improvement

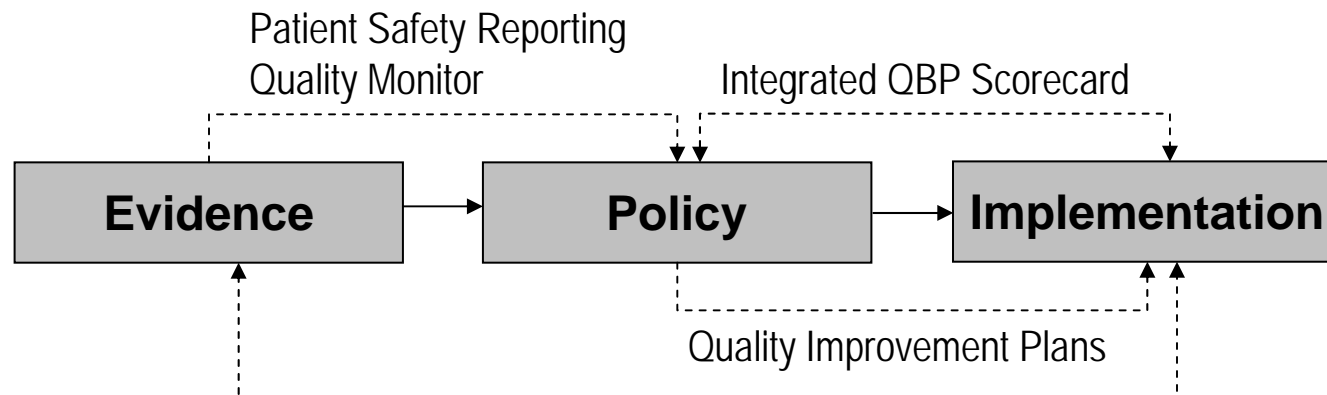
Best achieved and theoretical best can assist in QI by acting as **aspirational standards** that represent high quality of care that organizations can strive for

Provides a snapshot of provincial performance across organizations

Healthcare organizations use this benchmarking information to set appropriate targets for high priority indicators of performance in their annual QIPs

Benchmarking and evidence are central to advancing Ontario's quality agenda

Some examples of benchmarking in Ontario



Key Partnerships

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- Local Health Integration Networks
- Canadian Institute for Health Information
- Institute for Clinical Evaluative Sciences
- The Cochrane Collaboration
- Other enabler: IDEAS as a Provincial Applied Learning/ Training Resource



This is a journey...excellence has NO limit.

For more information, please contact:

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- Phone: 416-327-8379