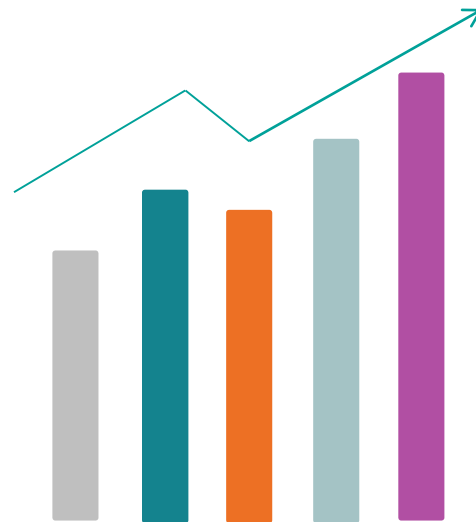# What's up (and down) with the New Home Care Quality Indicators?

Canadian Institute for Health Information

Helen Wei-Randall, Program Lead, Home and Continuing care

Home and continuing care in Canada

1 out of every **6**

seniors (age 65 plus) receive
publicly funded home care
services

*Better Home Care in Canada: A National Action Plan (Canadian Home Care Association)

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**BETTER HOME CARE IN CANADA**
A National Action Plan

A collaborative partnership between:

ACTIONS FOR THE FEDERAL GOVERNMENT

➡ (Health Canada and partners) Under the leadership of Health Canada, in collaboration with the Better Home Care partner organizations (CHCA, CNA, and CFPC), undertake an 18-month project[§] to develop **principle-based home care standards** through a consultative process that builds upon the existing Harmonized Principles for Home Care.

➡ (Health Canada and Health Quality Councils) Provide leadership to establish, monitor, and report on two to three **national indicators** for equitable access to quality home care.

➡ (Federal budget and the Canadian Institute for Health Information (CIHI)) Direct resources to CIHI to **enhance and expand the Home Care Reporting System**** and use of the Resident Assessment Instrument—Home Care (RAI-HC)© to capture and report on longitudinal demographic, clinical, functional, and resource utilization information on individuals in Canada receiving publicly funded home care services.

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Use of home care data at multiple levels of the health system

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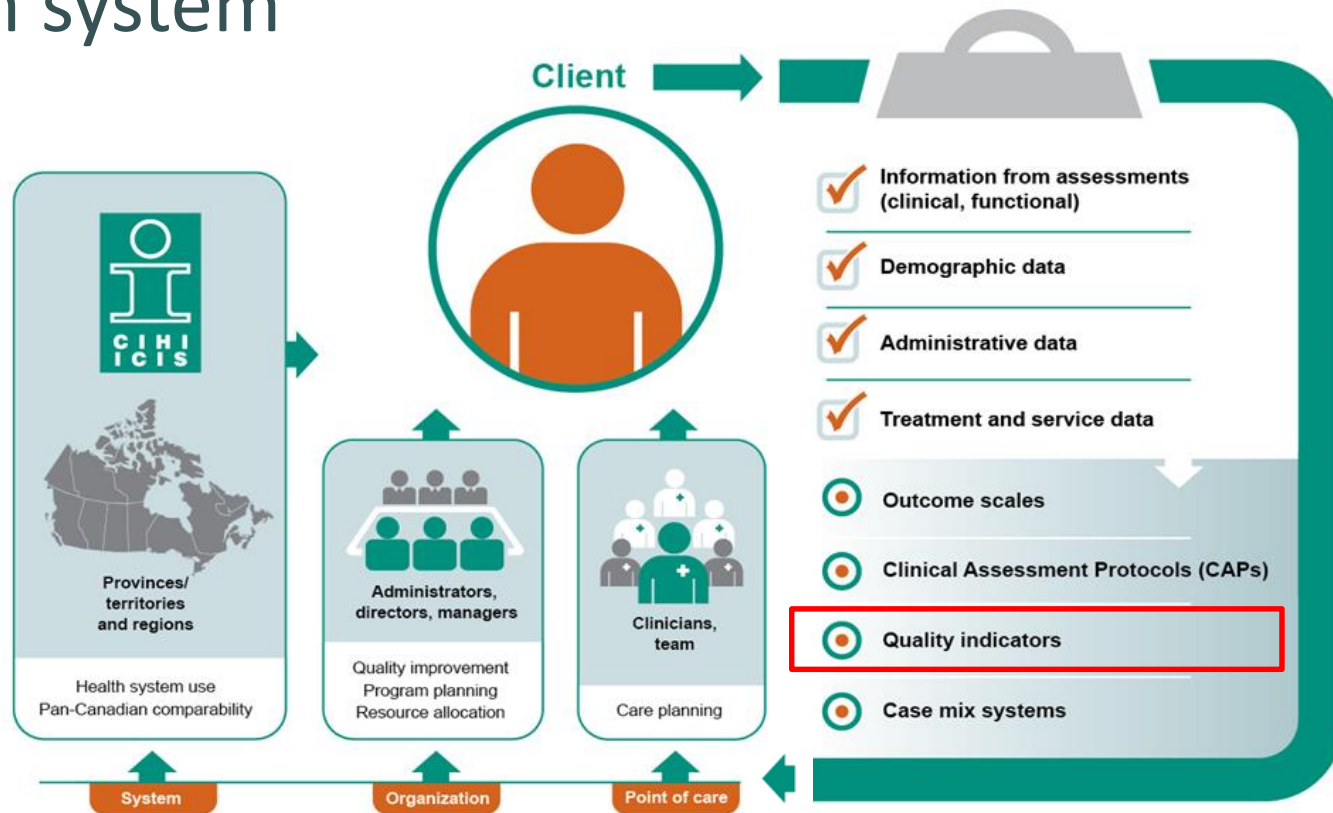
Home Care Indicators by domain

Physical
Communication, bladder, IADL, ADL decline

Psychosocial
Caregiver distress, cognitive decline, mood decline, isolation, reduced community activity

Safety
Falls, hospitalizations/ER care, injuries + breaks

Other Clinical Issues
Pain - Inadequate medication, daily pain, weight loss, no influenza vaccination

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Home care indicators by type

Prevalence QIs

o   Percentage of clients with daily pain

o   Percentage of clients who are feeling alone and distressed

Incidence QIs

o   Percentage of clients whose bladder continence worsened

o   Percentage of clients whose status declined in ADL functioning

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Quiz

Why are quality indicators important?

A) They help compare "apples to apples"

B) They support trend analysis over time

C) They help flag out-lying performance

D) They allow you to return defective merchandise, *worry-free*

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Why are indicators important?

- They provide a standard, quantitative basis for comparison

- They can be used to measure, compare and monitor performance over time

- They indicate when performance differs from an average, a peer group or a benchmark

- They are compatible for both RAI-HC and interRAI-HC

Standardized and Comparable Indicators

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Quiz

Typically, how often is a person (re)assessed with the RAI HC in BC?

A) 10 months

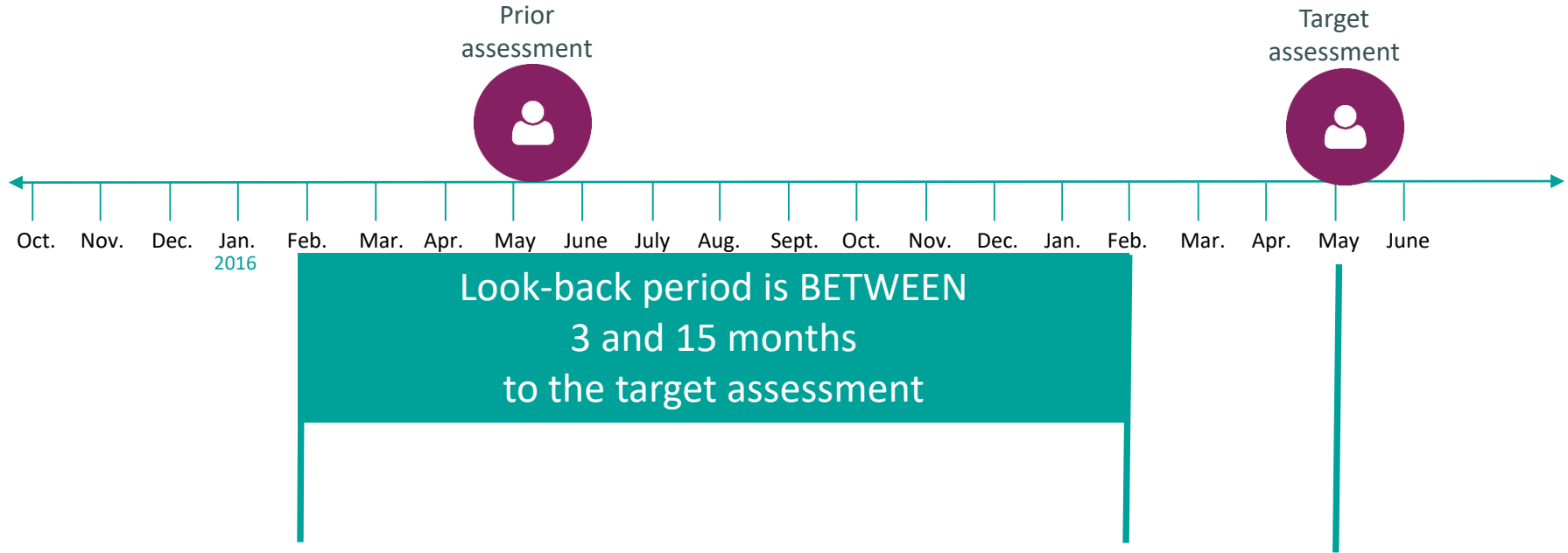B) 11 months

C) 12 months

D) 13 months

Quiz

True or False?

Quality Indicators can be calculated for any home care client even if he/she has only one assessment.
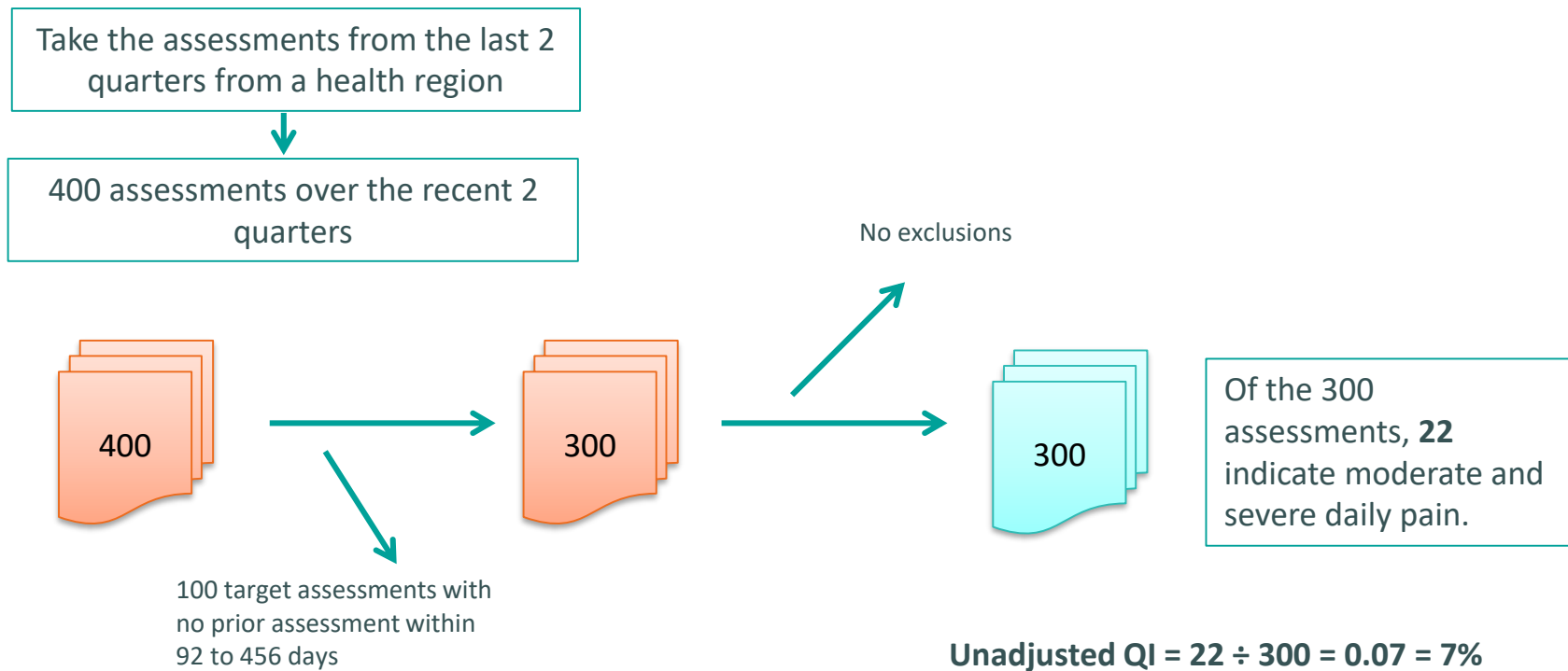
   A) True

   B) False

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Assessment selection for calculating QIs

Calculating a Quality Indicator

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Example: Calculate an unadjusted QI — daily pain

Take the assessments from the last 2 quarters from a health region

400 assessments over the recent 2 quarters

No exclusions

400

300

100 target assessments with no prior assessment within 92 to 456 days

300

Of the 300 assessments, **22** indicate moderate and severe daily pain.

Unadjusted QI = 22 ÷ 300 = 0.07 = 7%

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QI rates comparison

Region A
Case load: 300 clients
Has daily pain: 22 clients
Unadjusted rate: **7%**

Region B
Case load: 300 clients
Has daily pain: 22 clients
Unadjusted rate: **7%**

Are these rates comparable?

What if we know **Region B** serves an older, frailer population?

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Risk adjustment key concept

standard reference population

700K
Assessments

6 provinces
(BC, AB, MB, ON, NL, YT)

2013/2014/2015

Standard reference population

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Risk adjustment key concept (cont'd)

When an indicator is risk-adjusted, the question being asked is:

"The indicator result is X% for your region, but what would it have been if the clients in your region were more like the *standard reference population*?"

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Quiz

When comparing your health region to another, is it best to use Adjusted or Unadjusted QI?

When tracking your region over time, would you recommend using Adjusted or Unadjusted QI?

A) Adjusted

B) Unadjusted

C) Both

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Quality indicator adjustment

- Unadjusted (sometimes called "raw" or "crude") indicator results reflect activity <u>within a home care organization</u>.

- Risk adjusted indicator results allow comparisons <u>between organizations</u> by adjusting for certain differences in clients.

- The adjustment process uses statistical techniques to control for <u>population differences</u> and the formula looks like this:

$$\frac{e^{\beta_0 + m_1\beta_1 + \cdots}}{1 + e^{\beta_0 + m_1\beta_1 + \cdots}}$$

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Use risk adjusted indicator results

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Taking a systematic approach for planning improvement
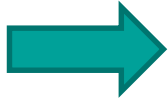
Why measure it? ➡️ • **Consider the impact and relevance**

What's being measured? ➡️ • **Define your indicator, understand how to use and interpret it**

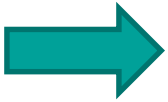**How to assess indicator performance?** ➡️ • **Assess relative performance, examine trends over time, benchmark**

How to drilldown and further understand results? ➡️ • **Identify performance drivers and understand context**

How to action it? ➡️ • **Use data to inform improvement options**

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Over 8 million Canadians are informal caregivers

That's 1 in 4 people

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Informal caregivers save Canada's health care system between **$24 to 31 billion** annually

Data source: CARP

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Taking a systematic approach for planning improvement
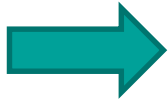
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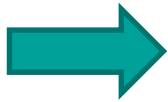
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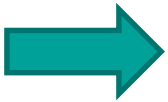
How to assess indicator performance? → • **Assess relative performance, examine trends over time, benchmark**

How to drilldown and further understand results? → • **Identify performance drivers and understand context**

How to action it? → • **Use data to inform improvement options**

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Caregiver distress quality indicator

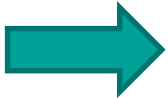|	
What is being measured?	% of clients whose caregivers are expressing continued distress
Numerator	Caregiver expresses distress, anger, and/or depression
Denominator	Clients with valid assessments
Exclusions	Clients where the location of assessment is hospital
Risk adjustment	Jurisdiction: ADL scale Individual: Age $\geq$ 65, 12 months or less between assessments, cognitive problem, difficulty with housework, locomotion, and decision making. Experiencing sadness, ADL decline, poor health, unstable condition, and hospital stays
Performance	Lower is better

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Taking a systematic approach for planning improvement

Why measure it? ➡ • **Consider the impact and relevance**

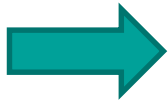**What's being measured?** ➡ • **Define your indicator, understand how to use and interpret it**

How to assess indicator performance? ➡ • **Assess relative performance, examine trends over time, benchmark**

How to drilldown and further understand results? ➡ • **Identify performance drivers and understand context**

How to action it? ➡ • **Use data to inform improvement options**

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What is the risk adjusted rate of continued caregiver distress in British Columbia?

2012
≈1 in 4

2017
≈1 in 4

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What is the risk adjusted rate of continued caregiver distress by RHA?

RHA 1
≈1 in 6

RHA 2
≈1 in 5

RHA 3
≈1 in 4

RHA 4
≈1 in 3

Data source: HCRS, 2017/18 Q3

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Taking a systematic approach for planning improvement

Why measure it? → • **Consider the impact and relevance**

What's being measured? → • **Define your indicator, understand how to use and interpret it**

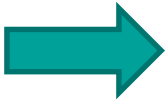**How to assess indicator performance?** → • **Assess relative performance, examine trends over time, benchmark**

How to drilldown and further understand results? → • **Identify performance drivers and understand context**

How to action it? → • **Use data to inform improvement options**

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Characteristics of clients: British Columbia

Characteristic	Clients with a distressed caregiver	Clients with a non-distressed caregiver	Relative difference
Number of clients	6,002	17,385	
Aged 85+	46%	48%	
Male	43%	35%	
Extensive assistance to total dependence for activities of daily living - ADL (3+)	28%	17%	
Moderate to very severe cognitive impairment - CPS (3+)	43%	17%	
Dementia, alzheimer's or parkinsonism	58%	33%	
Behaviour issues	31%	10%	
Possible depressive disorder - DRS (3+)	34%	17%	
High/very high overall complexity - MAPLe (4,5)	76%	51%	
Mean hours formal care/week	14	11	
Mean hours informal care/week	37	21	
20+ hours informal care per week	61%	30%	

Data source: CIHI – HCRS, 2017 (Q1-Q3) CIHI

Taking a systematic approach for planning improvement
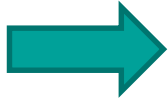
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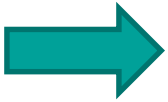
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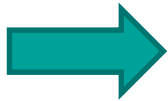
Long Term Care Success story

"Potentially Inappropriate Use of Antipsychotics"

31

Data source: CIHI – CCRS ⌂ CIHI

Where do I access my QI results?

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Where to get your QI results?

www.cihi.ca

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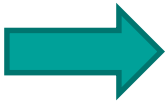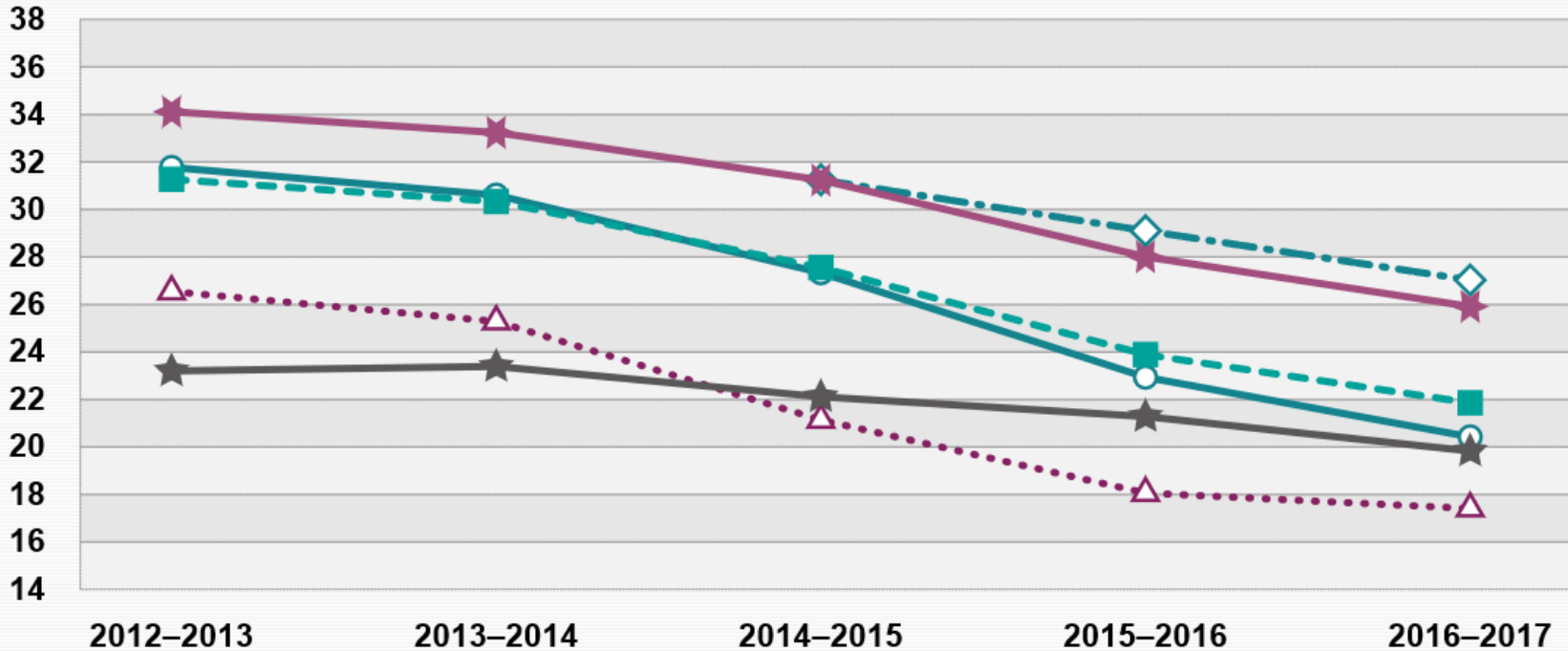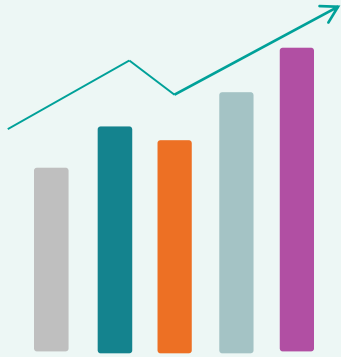Better data. Better decisions. Healthier Canadians.

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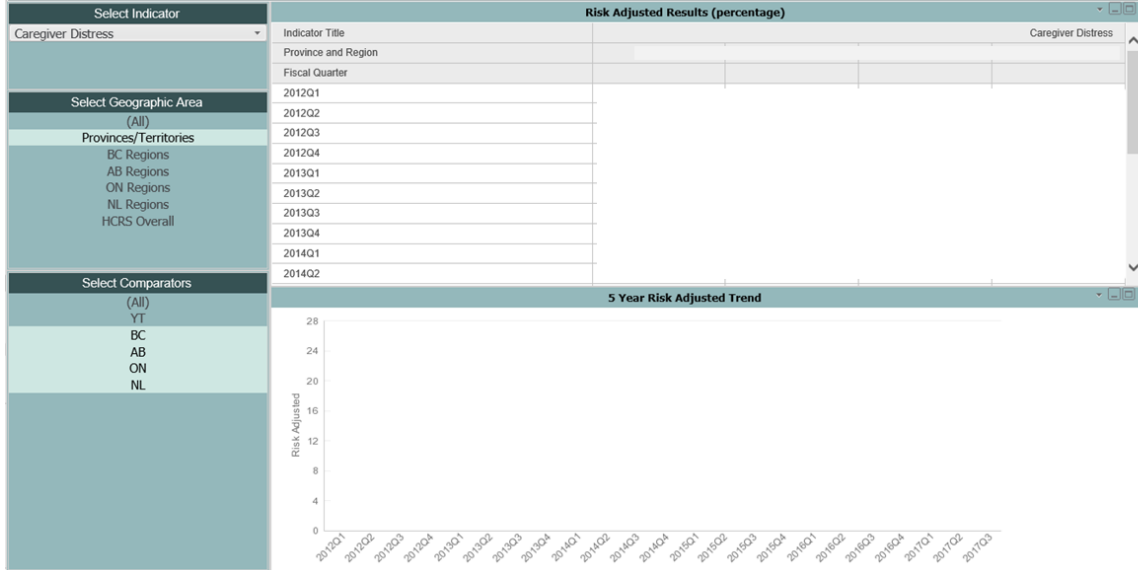By logging in, you agree to CIHI's website Terms of use.

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🏠 ← → 📁 Home Care Reporting System (HCRS) > Shared Reports > HCRS Reports > Home Care Quality Indicators > Home Care Quality Indicators

Risk Adjusted	Unadjusted

Caregiver Distress

Select Indicator	Risk Adjusted Results (percentage)			
Caregiver Distress	Indicator Title			Caregiver Distress
	Province and Region			
	Fiscal Quarter			
Select Geographic Area	2012Q1			
(All)	2012Q2			
Provinces/Territories	2012Q3			
BC Regions	2012Q4			
AB Regions	2013Q1			
ON Regions	2013Q2			
NL Regions	2013Q3			
HCRS Overall	2013Q4			
	2014Q1			
Select Comparators	2014Q2			
(All)				
YT	**5 Year Risk Adjusted Trend**			
BC				
AB				
ON				
NL				

5 Year Risk Adjusted Trend

28
24
20
16
12
8
4
0

Risk Adjusted

2012Q1 2012Q2 2012Q3 2012Q4 2013Q1 2013Q2 2013Q3 2013Q4 2014Q1 2014Q2 2014Q3 2014Q4 2015Q1 2015Q2 2015Q3 2015Q4 2016Q1 2016Q2 2016Q3 2016Q4 2017Q1 2017Q2 2017Q3

Outreach and Education Plans

- September 26 1-3pm -> Calculating Home Care Quality Indicators - LIVE

- First Education Course was September 21st, 2017 - recorded

- Privately available now in eReports – access help@cihi.ca

- Questions – homecare@cihi.ca

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Questions?

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