









Health System Performance Reporting for Long-term Care

OLTCA Conference - April 2015





For today

- About CIHI's Performance Reporting Initiative
- Long-term care: June 2015
- Reviewing Results
- How CIHI can help
 - Indicator resources
 - Communications support
- Wrap-up
- Q&A



Health System Performance Initiative

- Provide structured and coordinated pan-Canadian performance reporting
- Support priorities of health system decision-makers
- Build capacity for understanding performance measurements and tools
- Reduce "indicator chaos"

→ YourHealthSystem.cihi.ca is part of this initiative

YourHealthSystem.cihi.ca



Your Health System: In Brief



- 15 indicators covering 5 dimensions of health system performance
- · Meant for a general audience

Your Health System: In Depth

- Sept 2014
- 37 regional, acute care facility indicators
- Meant for MOH decision-makers and regional/facility executives
- 2 LTC indicators (Region-level)

Your Health System: In Depth

Integrating Long Term Care (LTC) sector results

- Spring 2015
- Facility-level results for 9 LTC indicators



Your Health System: In Depth

- Indicator results at facility, regional, provincial and national levels
- Acute care, long-term care, population health
- Focus on comparisons and top results
- Results are risk-adjusted



Target User:
Health Executives
Decision Makers

BUT...
Accessible by the public





This site's interactive tools will help you learn more about your health system and the health of Canadians.

Choose one of the following:

Your Health System

In Brief

Explore 15 indicators representing 5 themes that Canadians told us were important.

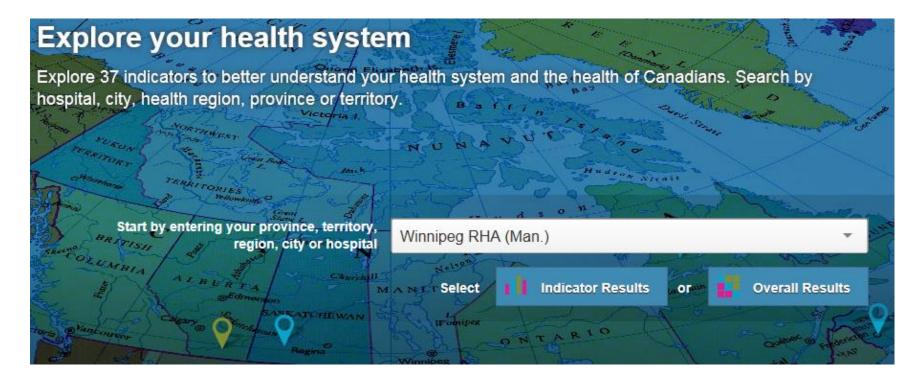
Your Health System

In Depth

Take a look at an expanded suite of indicators: find comparable results for hospitals and regions.



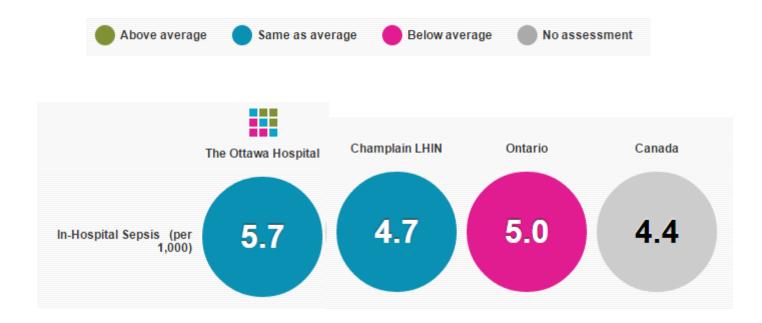
It starts with a search



Search by facility, corporation, city, region province/territory



Summary indicator results



- Next-level comparisons provided
- Note colour-coding

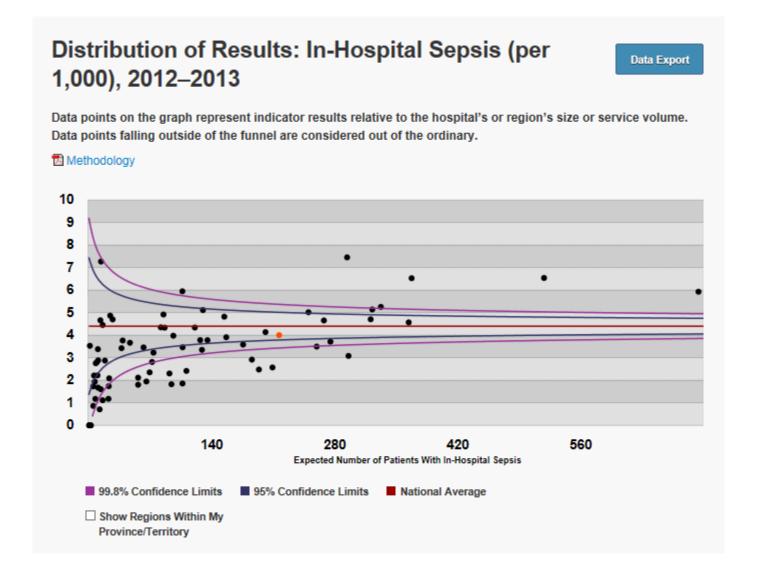


How do I compare to others?





How do I compare to others?



What has changed?

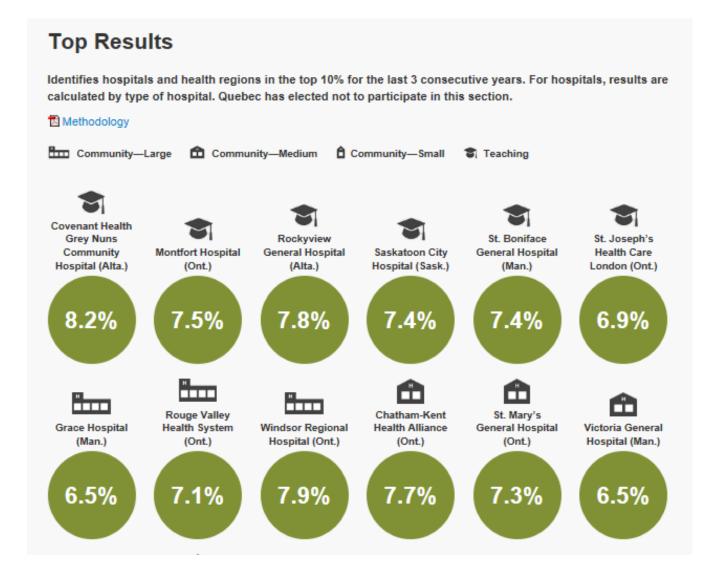


Trend Over Time: Surgical Patients Readmitted to Hospital (Percentage)



Who can I learn from?





Example:

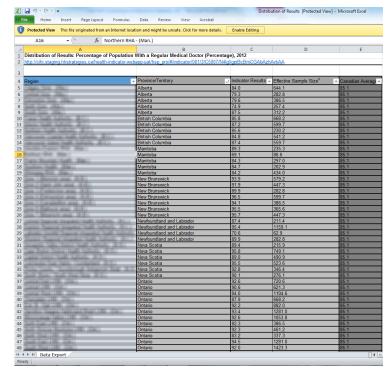
All Patients Readmitted to Hospital

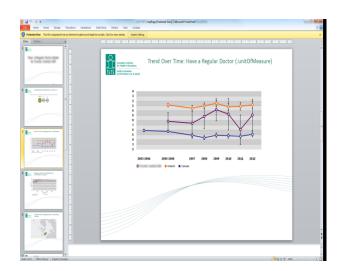
Exporting Capability

- Data into excel format
- Visuals into PPT, PDF













Tweet it, Post it, Email it





CIHI ICIS follows

VCH Healthcare @VCHhealthcare · Oct 10

Great tool! RT @CIHI_ICIS Want to know the average cost of a stay in your local hospital?

Explore #YourHealthSystem: ow.ly/CzPre











The Ottawa Hospital @OttawaHospital · Sep 18 The Ottawa Hospital performs well in national quality scorecard bit.ly/1p2CZXb @CIHI_ICIS #ottnews #cdnhealth #YourHealth System







LTC Release – Spring 2015



Long-term care reporting

- Nine indicators reported by long-term care facility
- The first public pan-Canadian report of facility-level LTC performance
- Indicators selected from CIHI's Continuing Care Reporting System (CCRS) on advice from expert advisory group
- Does not replace existing CCRS eReports
- No benchmarking

Long-term care indicators



Dimension	Indicator	Desired State
Appropriate & Effective	Daily Restraint UsePotentially Inappropriate Antipsychotic Use	LowerLower
Safe	Falls in the Last 30 DaysWorsened Pressure Ulcer	LowerLower
Improve health status of residents	 Worsened Depressive Mood Improved Physical Functioning Worsened Physical Functioning Experiencing Pain Experiencing Worsened Pain 	LowerHigherLowerLowerLower



CCRS indicators in use

CIHI	HQO*
 Daily Restraint Use Potentially Inappropriate Antipsychotic Use Falls in the Last 30 Days Worsened Pressure Ulcer Worsened Depressive Mood Improved Physical Functioning Worsened Physical Functioning Experiencing Pain Experiencing Worsened Pain 	 Daily Restraint Use Falls in the Last 30 Days Worsened Pressure Ulcer Incontinence (*home-level reporting)
	QIP Indicators (Unadjusted)
	 Daily Restraint Use Falls in the Last 30 Days Worsened Pressure Ulcer Potentially Inappropriate Antipsychotic Use Incontinence

Additional facility information - profile



Contextual Measure	Level of Reporting
Located in urban/rural area	Facility
Long-term care facility size (S/M/L)	Facility
% female long-term care residents	Facility, Corporation
% residents under 65 years of age	Facility, Corporation
% residents over 85 years of age	Facility, Corporation
% residents with dementia	Facility, Corporation
% residents with heart failure	Facility, Corporation
Average length of stay in long-term care	Facility, Corporation

→ Not part of performance/comparison



Which homes and results are included?

- A minimum of one full year of data needed
- Must have at least 30 assessments for an indicator
- Closed sites not included
- Re-organization may impact inclusion
- June release: Focus on 2013-2014 data
- Annual refresh cycle

Where are we now?



Notification to homes
May 2014

Q&A Web Conferences Fall 2014

Data Preview
Mar 10 – Apr 15,
2015

Media embargo

Embargo May 20 – June 9

> Release June 10



LTC Release

Reviewing Results

Data Preview Period

- March 10 April 15 (5 weeks)
- Full preview file provided
 - Risk-adjusted results for indicators
 - Four years of data (2010-11 to 2013-14)
 - Facility, corporation, LHIN, province, national results
 - Performance measure: above, at or below national average
- Allows time to review results and prepare for release
- Preview file available in eReports



Sample Indicator Results: ABC Home

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Indicator	Indicator Result (%)	Lower Confidence Limit (%)	Upper Confidence Limit (%)	Comparisons
Falls in the Last 30 Days	17.1	13.8	20.3	Same as average
Worsened Pressure Ulcer	3.4	2	4.8	Same as average
Potentially Inappropriate Use of Antipsychotics	8.1	4.5	11.7	Above average
Restraint Use	1.1	0	2.3	Above average
Experiencing Pain	13.6	10.2	17.1	Same as average
Experiencing Worsened Pain	8.9	6.9	10.9	Above average
Improved Physical Functioning	9.9	7.2	12.6	Below average
Worsened Depressive Mood	23.9	20.9	26.8	Same as average
Worsened Physical Functioning	28.3	24.4	32.3	Above average





Risk Adjustment

Confidence Intervals



Risk Adjustment

- Methodology that allows comparison
 - Adjusts for risk profiles of residents
 - Modifies the result so it is relative to the standard reference population
- When a QI is risk-adjusted, the question being asked is:
 - The raw result is X% for your residents, but what would it be if your residents were more like the standard reference population
- Full methodology available at <u>www.cihi.ca/ccrs</u>



Basic example: Risk adjustment by sex

Standard reference population

Sex	Standard Reference Population
Men	50%
Women	50%

• Facility A: 30 men and 50 women

Sex	Assessments	Indicator Z	Raw QI
Men	30	3	3/30 x 100% = 10%
Women	50	13	<u>13/50</u> x 100% = <u>26</u> %
	80	16	16/80 = 20 %

Facility A: Adjusted rate

	Risk Adjusted QI
50% x 10%	<u>5</u> %
50% x <u>26</u> %	<u>13</u> %
	<u>18</u> %



The 20% raw rate is risk adjusted to 18%, because there were fewer men than the standard ref pop, and they were doing well.



Confidence Intervals

- Used to determine whether result is truly different from the average
- Takes into account variability in results from quarter to quarter

Indicator Result	Lower Confidence Limit	Upper Confidence Limit
17.1	13.8	20.3
1	l]
		<u> </u>

We are 95% confident that your actual result is somewhere between 13.8% and 20.3%

Am I different from the average?



1) Risk-adjusted result and confidence intervals are determined for each facility for a given indicator



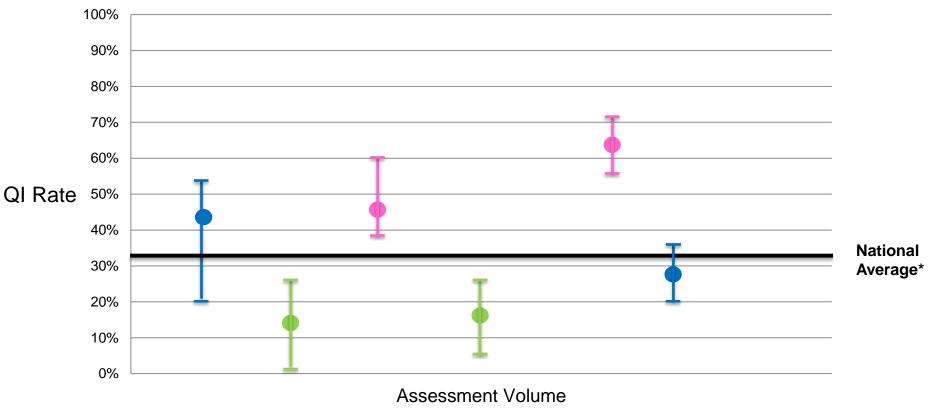
2) Indicator result is calculated for national average

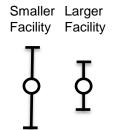
National Average

- → If falls between ⊢ , result considered to be same as average
- → If falls outside ——, result considered to be different from average

Example: Confidence Intervals



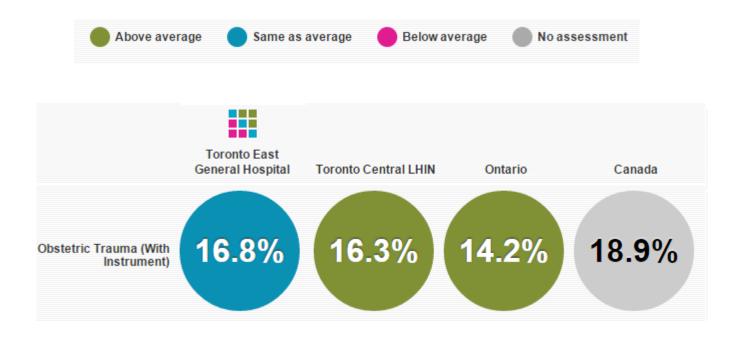








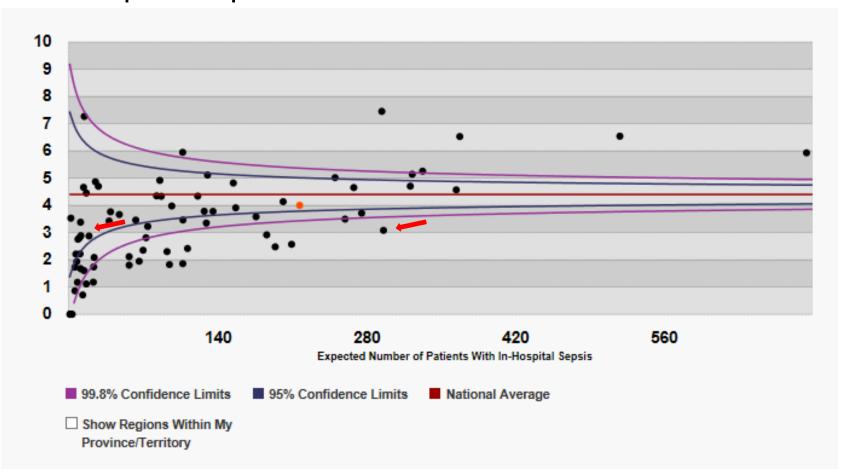
Web Tool Colour-Coding





Confidence Intervals and Facility Size

In-hospital Sepsis Rates







Take-Home Messages

- Confidence Intervals:
 - Allow reporting of a result as it compares to the Canada average
 - Describes results that are statistically different from the average
 - These results may warrant additional investigation
 - Discourage ranking





Preparing for Spring 2015



Leading up to June 10th release

Stakeholders

- Embargo: Secure access to the site for 3 weeks prior to release
- Resources for communications: Information about indicators, key concepts, key messages
- Embargo web conference

Media

- Embargo: Secure access to site, 1-2 days pre-release
- Interviews during embargo and post-release

Social media

Twitter, Facebook



Looking In before Speaking Out

What else is needed in order to understand results?

Issue	CIHI Resource
How is the number calculated?	CIHI's Indicator Library
Is the MDS information accurate?	RAI MDS Clinical Coding Standard
What are my unadjusted rates?	Preview file or eReports
Questions?	ccrs@cihi.ca



Looking In before Speaking Out

Other factors to consider

- Have things changed since 2013-2014 data?
- Look at overall results, trends over time
- Where are you performing well vs what areas might need further investigation
- Who can you learn from?



Speaking Out

To media, stakeholders, clients, families and others



CIHI approach to key messages

- This work is focused on improvement. It is not about ranking homes or pointing fingers.
- Results are a trigger to ask questions and investigate further. There are many factors that can contribute to a result.
- The site provides an opportunity for learning and sharing best practice.
- There is a great deal of variation across the country.
 No one facility, region or province is all good or all bad.



Plan Ahead

- Who will be interested in this information?
 - Clients, families, media, staff
- What potential questions might you be asked?
 - Different questions and answers might be needed for some groups
- When should you communicate?
 - Timing may be different depending on audience
- How can you communicate with them?
 - Face-to-face, web, media, newsletters



Key messages

Foundation of your response

- Where are you doing well? Where is a closer look needed?
- What context can you provide to help others better understand your results?
- What action have you taken? What action are you going to take?



Reiterate why the information is important

"The more data the public has access to, the better. It helps us to identify where we're doing well and where we need to improve, and it empowers residents to make informed decisions about their health care."

- Bruce Lauckner, chief executive of the Waterloo Wellington Local Health Integration Network

"To have that ability to compare is fundamentally important for an institution to get better."

Dr. Alan Forster, The Ottawa Hospital's chief quality and performance officer

Provide context



"According to Your Health System: In Depth, Southlake is performing better than its peer group and/or provincial average in the following areas.... Two areas have been identified at Southlake that require some deeper reflection. These areas include: the number of patients who – during labour – were reported to have experienced a perineal tear, and administrative expenses."

Southlake website; message for community

Sunnybrook Health Sciences Centre <u>response</u> to 30-day mortality after major surgery indicator

YouTube, message to stakeholders



Focus on action

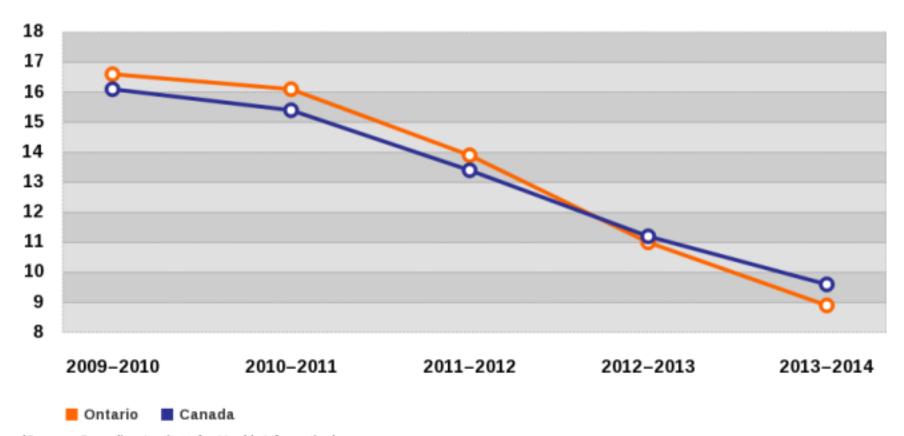
"The Niagara Health System is committed to the highest quality and safest care for all of our patients and families. Our renewed focus on quality care is guiding our efforts to build a world-class hospital system in Niagara. We have a number of quality initiatives underway that support this commitment. Quality improvement is an ongoing journey, and we are very pleased with the progress we continue to make."

- NHS President Dr. Suzanne Johnston, www.niagarahealth.on.ca/en/your-health-system



Share Your Success Stories

Ontario: Daily Restraint Use in Long-Term Care



(Source: Canadian Institute for Health Information)

Thank you



hsp@cihi.ca

Your Health System: www.YourHealthSystem.cihi.ca

CIHI website: www.cihi.ca