Health System Performance Reporting
for Long-term Care

BCCPA Conference – May 2015
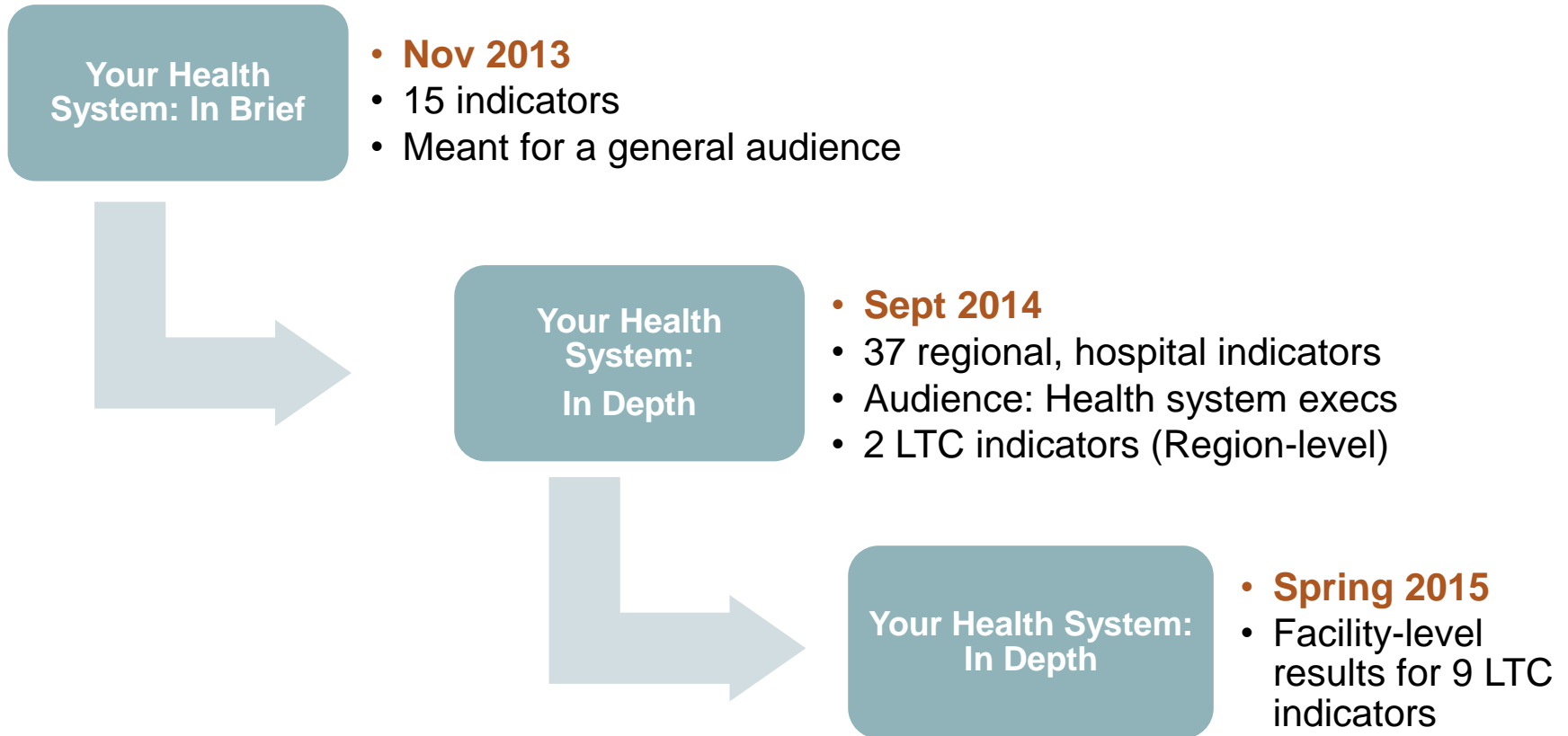
For today

- CIHI's Performance Reporting Initiative
- Long-term care: June 2015
- Resources for support
- Q&A

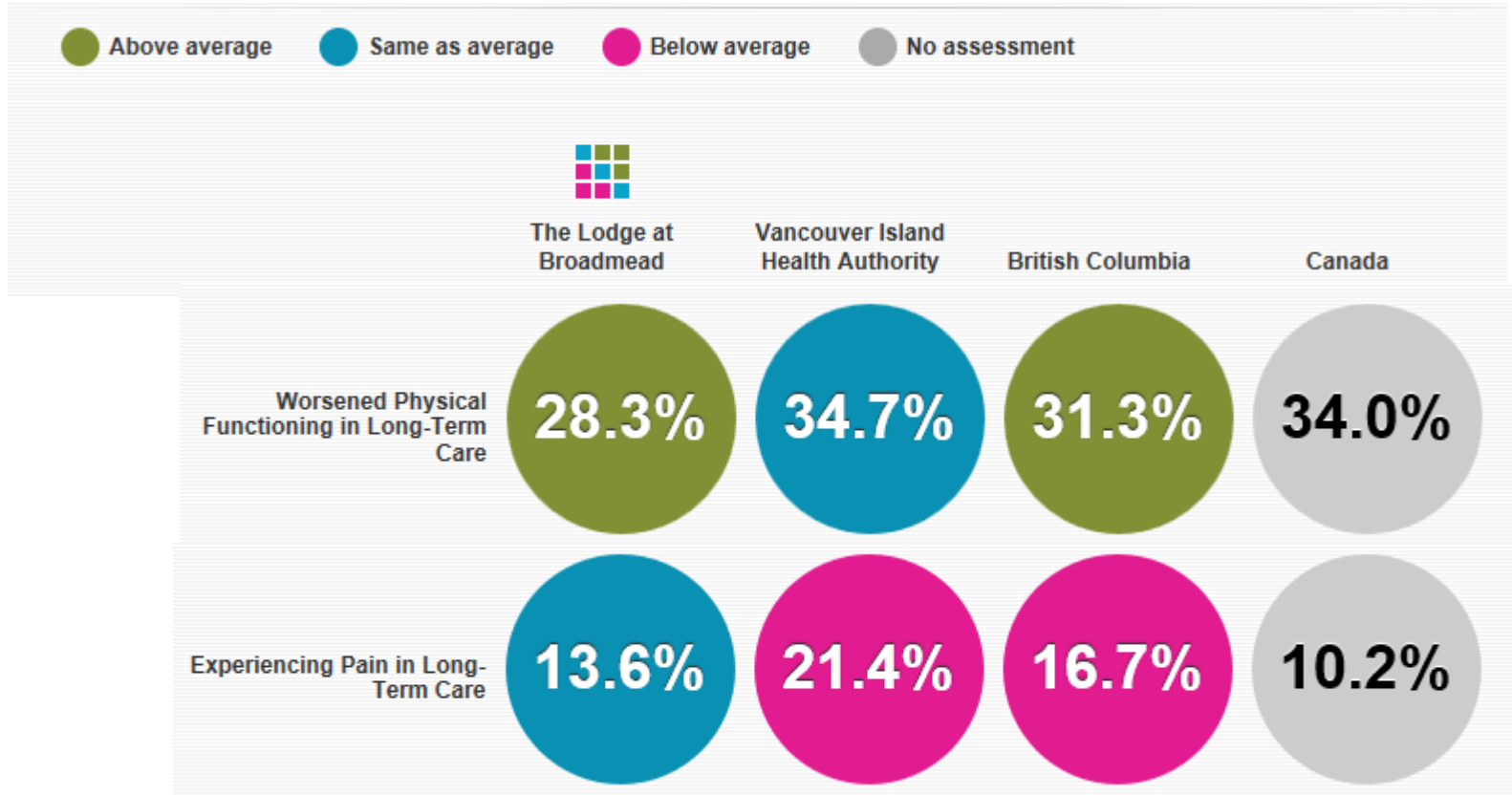# Health System Performance Initiative

- Provide structured and coordinated pan-Canadian performance reporting

- Support priorities of health system decision-makers

- Reduce "indicator chaos"

- Has the support of all P/T health authorities

→ YourHealthSystem.cihi.ca is part of this initiative

YourHealthSystem.cihi.ca

Your Health System: In Brief

- **Nov 2013**
- 15 indicators
- Meant for a general audience

Your Health System: In Depth

- **Sept 2014**
- 37 regional, hospital indicators
- Audience: Health system execs
- 2 LTC indicators (Region-level)

Your Health System: In Depth

- **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

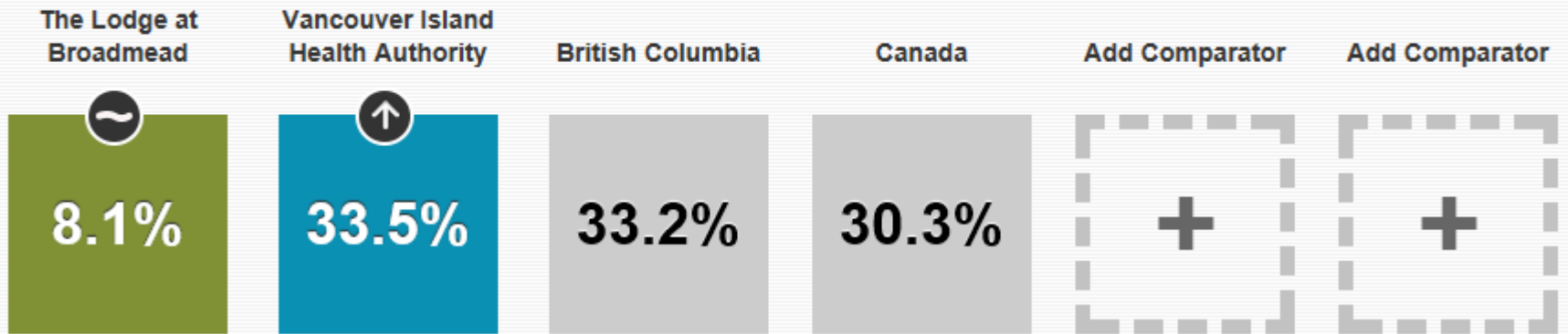- Focus on comparisons and top results

- Results are risk-adjusted

Summary indicator results

	The Lodge at Broadmead	Vancouver Island Health Authority	British Columbia	Canada
Worsened Physical Functioning in Long-Term Care	28.3%	34.7%	31.3%	34.0%
Experiencing Pain in Long-Term Care	13.6%	21.4%	16.7%	10.2%

Legend: Above average, Same as average, Below average, No assessment

- Next-level comparisons provided

- Note colour-coding

How do I compare to others?

Potentially Inappropriate Use of Antipsychotics in Long-Term Care [Appropriateness and Effectiveness]
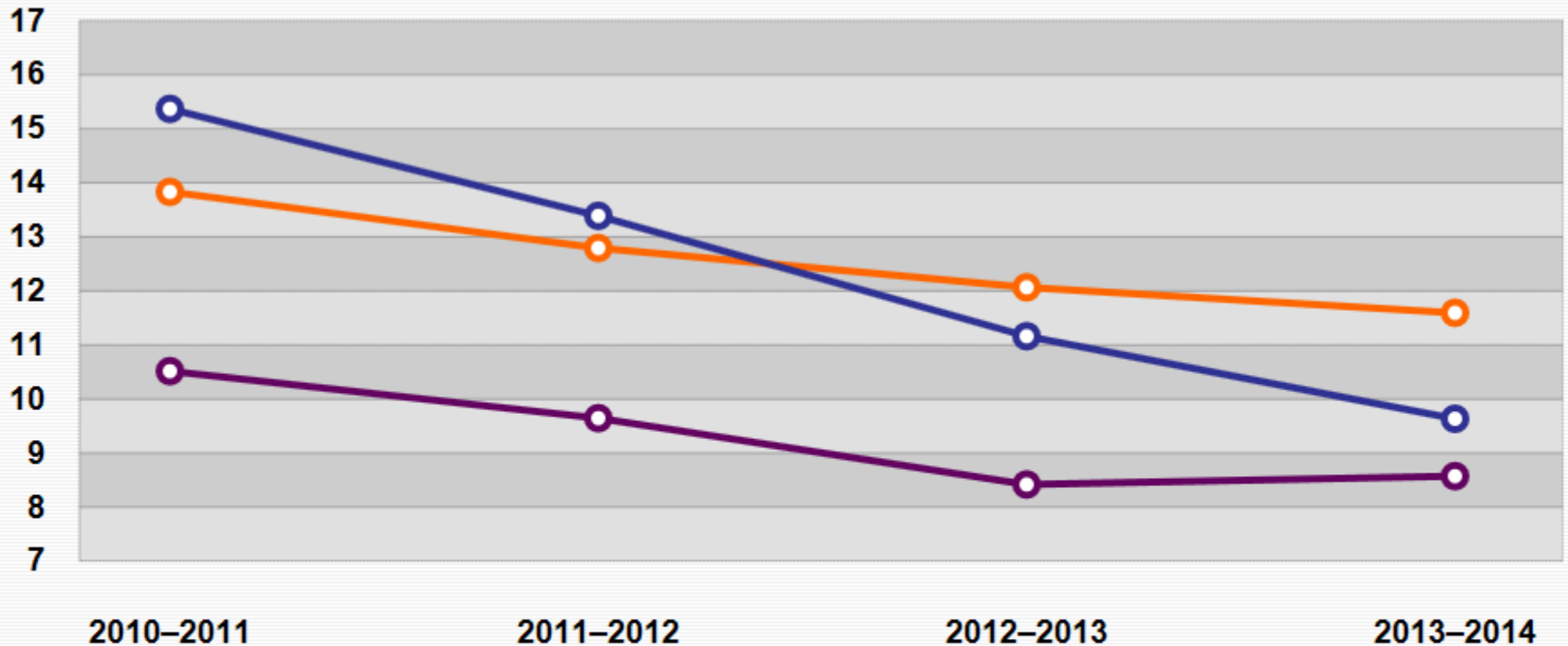
The Lodge at Broadmead	Vancouver Island Health Authority	British Columbia	Canada	Add Comparator	Add Comparator
8.1%	33.5%	33.2%	30.3%	+	+

How do I compare to others?

Potentially Inappropriate Use of Antipsychotics in Long-Term Care, BC, 2013-2014

■ 99.8% Confidence Limits   ■ 95% Confidence Limits   ■ National Average
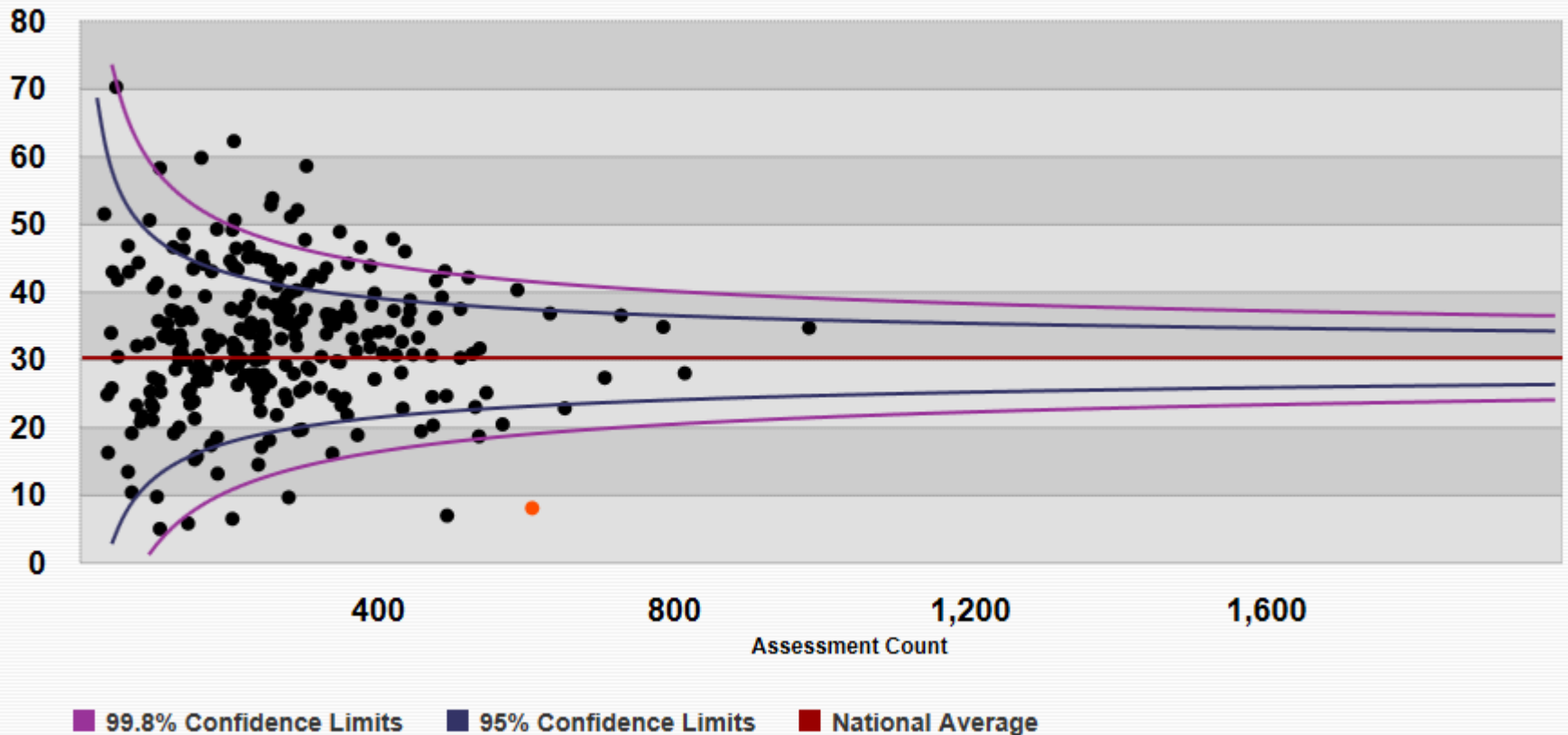
What has changed?

Restraint Use in Long-Term Care, 4-year trend

Who can I learn from?

Top Performers:
Improved Physical Functioning in Long-Term Care

British Columbia

Baptist Housing Ministries — Village at Smith Creek (B.C.)	Brookhaven Care Centre (B.C.)	Czorny Alzheimer Centre (B.C.)	Dogwood Lodge (B.C.)	German Canadian Care Home (B.C.)	Harmony Court Care Centre Alternate Model of Care Dementia (B.C.)
46.6%	41.4%	62.4%	48.6%	43.8%	54.5%
Hawthorne Seniors Care Community (B.C.)	Park Place Seniors Living Inc. — Mountain Lake Seniors Community (B.C.)	Revera Inc. — Capilano Care Centre (B.C.)	Revera Inc. — Glenwarren Lodge (B.C.)	Slocan Community Health Centre (B.C.)	The Good Samaritan Society — Village by the Station (B.C.)
44.7%	49.6%	41.1%	45.8%	68.3%	42.7%

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 CCRS eReports

- No benchmarking

Long-term care indicators

Dimension	Indicator	Desired State
Appropriate & Effective	• Daily Restraint Use • Potentially Inappropriate Antipsychotic Use	• Lower • Lower
Safe	• Falls in the Last 30 Days • Worsened Pressure Ulcer	• Lower • Lower
Improve health status of residents	• Worsened Depressive Mood • Improved Physical Functioning • Worsened Physical Functioning • Experiencing Pain • Experiencing Worsened Pain	• Lower • Higher • Lower • Lower • Lower

Additional facility information - profile

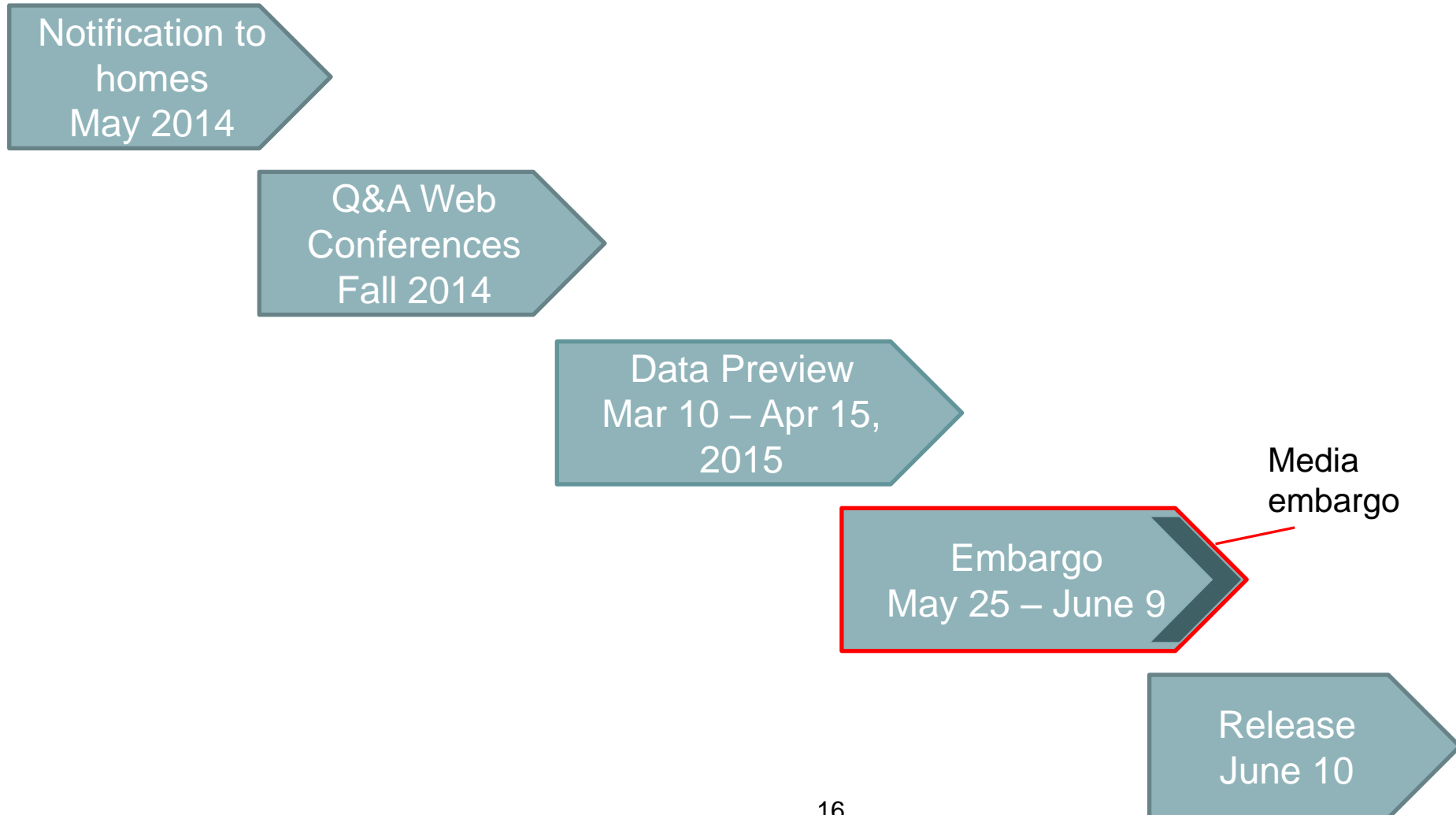| Contextual Measure |
| --- |
| Located in urban/rural area |
| Long-term care facility size (S/M/L) |
| % female long-term care residents |
| % residents under 65 years of age |
| % residents over 85 years of age |
| % residents with dementia |
| % residents with heart failure |
| Average length of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

→ 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

Embargo
May 25 – June 9

Media embargo

Release
June 10

LTC Release

Reviewing Results

YourHealthSystem.cihi.ca

Risk Adjustment

Confidence Intervals

Risk Adjustment

- Methodology that allows comparison

  - Adjusts for risk profiles of residents

- When a QI is risk-adjusted, the question being asked is:

  - The crude rate is **X%** for your home, but what would it be if your residents were more like the *standard reference population*

- Full methodology available at www.cihi.ca/ccrs

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 (Denominator)	Indicator Z Numerator	Unadjusted QI
Men	30	3	**3/30 x 100% = 10%**
Women	50	13	**13/50 x 100% = 26%**
	80	**16**	**16/80 = 20%**

- Facility A: Adjusted rate

	Risk Adjusted QI
50% x **10%**	5 %
50% x **26%**	13%
	18%

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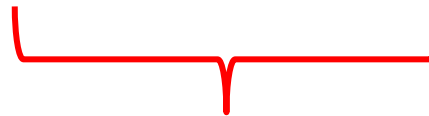
We are 95% confident that your actual result is somewhere between 13.8% and 20.3%

Am I different from the average?

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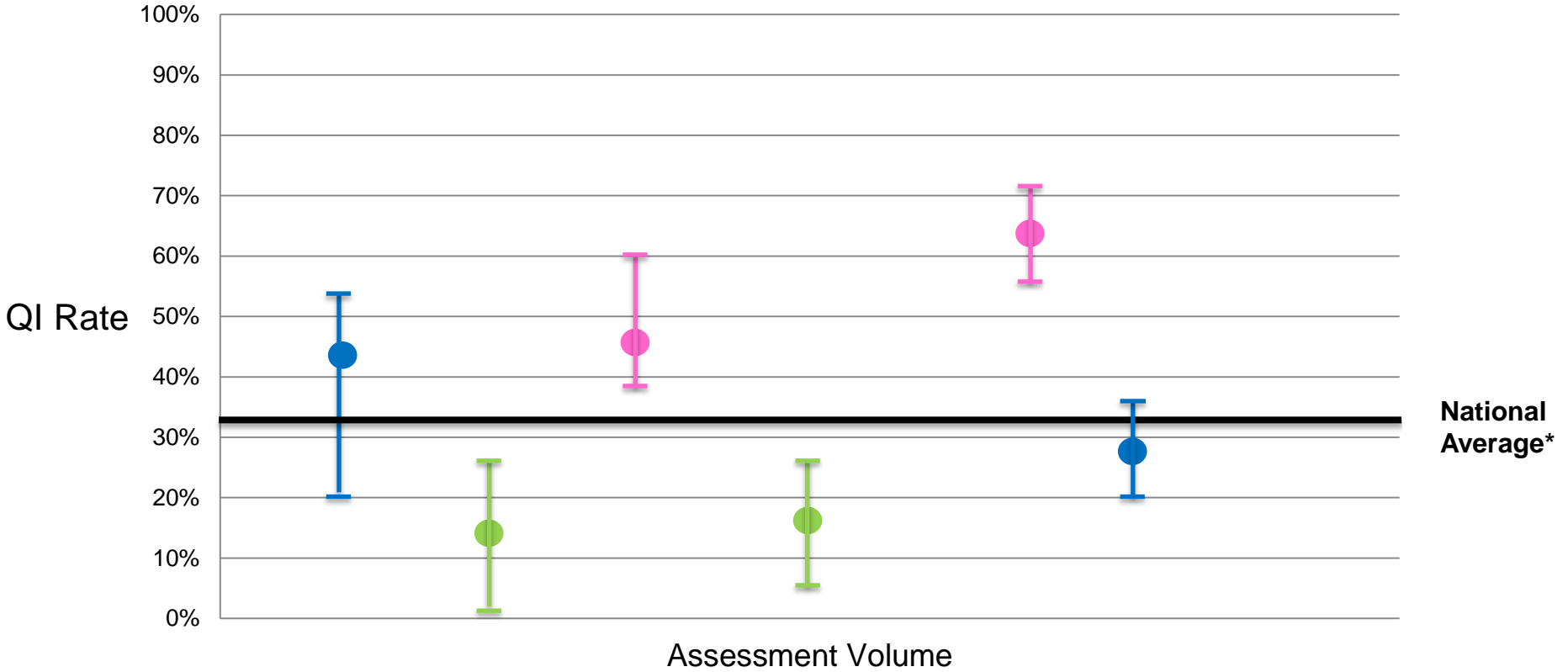
Facility A

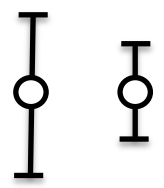2) Indicator result is calculated for national average

National Average

→ If ● falls between ⊢—⊣ , result considered to be same as average

→ If ● falls outside ⌊___⌋ , result considered to be different from average
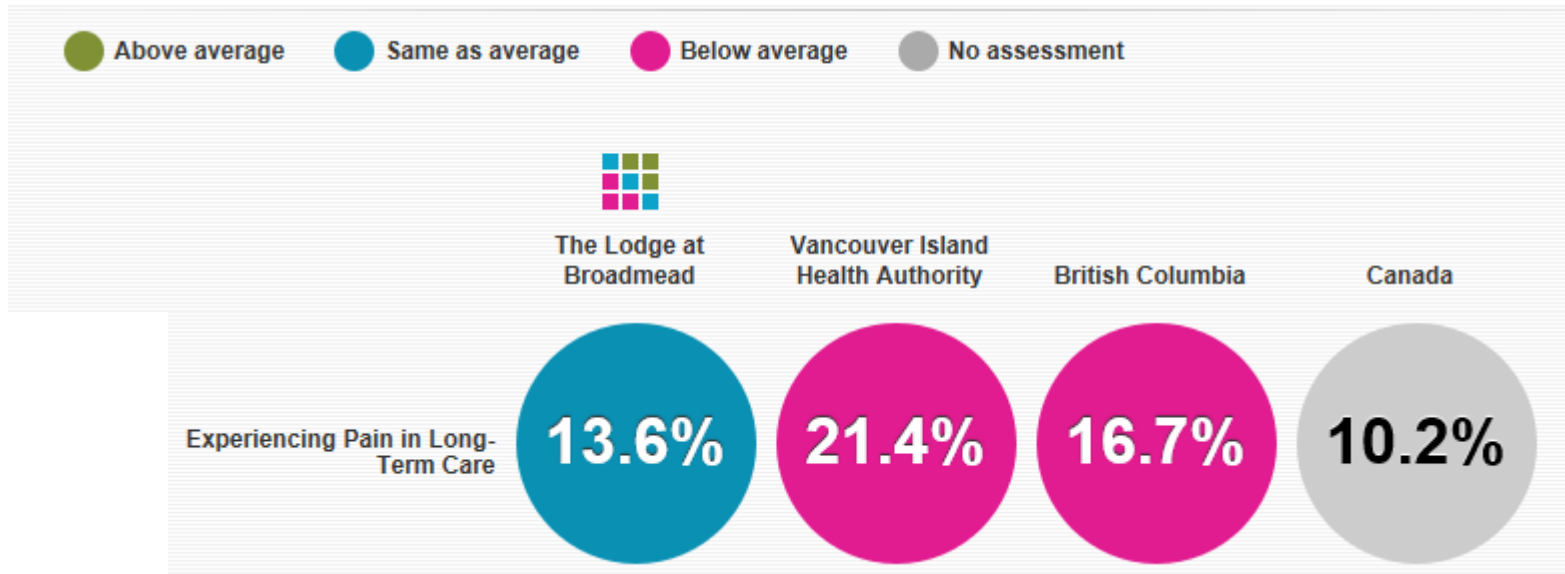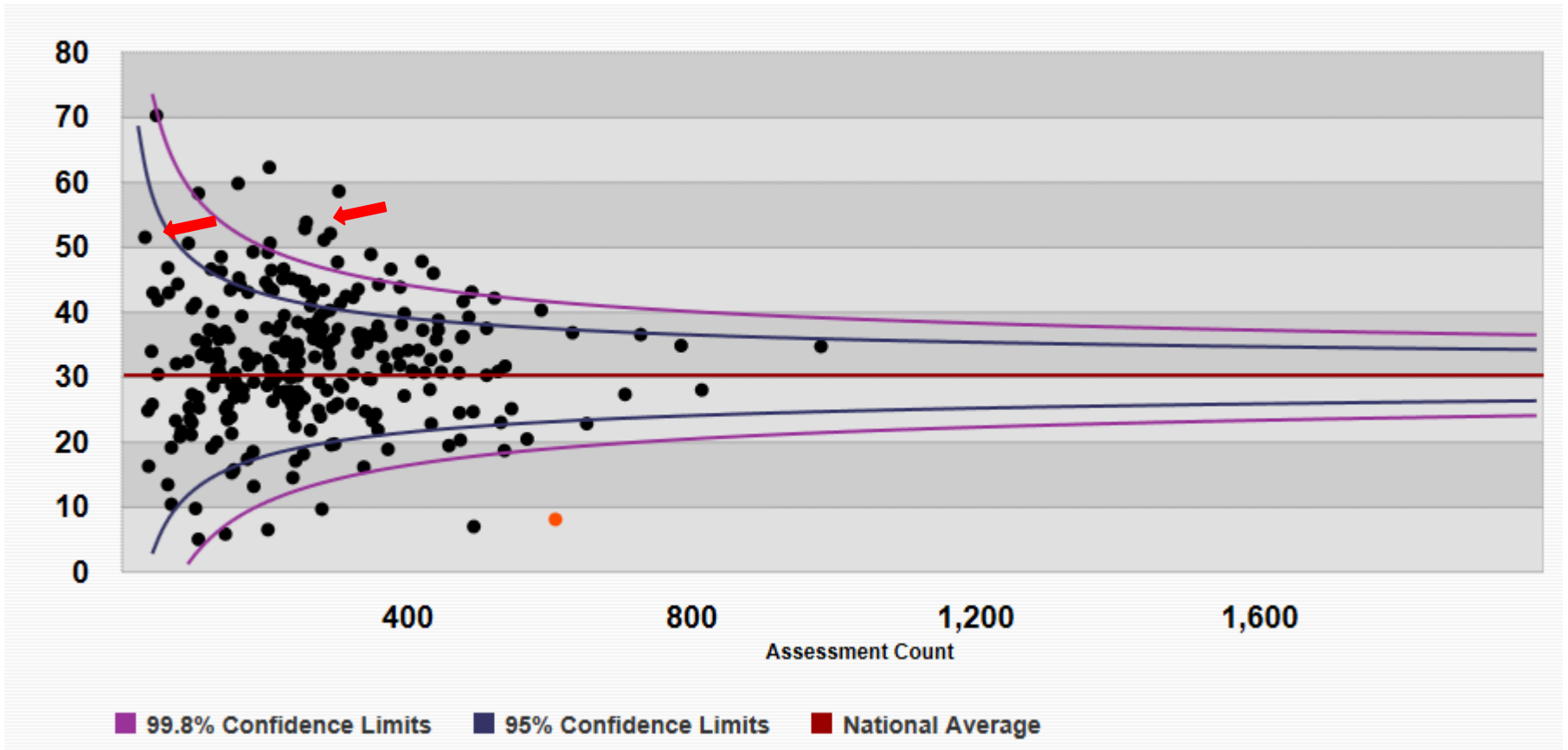
Example: Confidence Intervals

*Note: for this QI, lower is better

Web Tool Colour-Coding

Confidence Intervals and Facility Size

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 June 2015

Looking In and Speaking Out

Asking questions

- Does the result make sense?

- Does it reflect what I think is happening in my home?

- Do I understand how it's calculated?

  – Assessment items

  – Inclusion/exclusion criteria

CIHI Resources

Issue	CIHI Resource
How is the number calculated?	CIHI's Indicator Library • Description, exclusions, assessment items included, risk-adjustment factors, etc
Is my MDS information accurate?	RAI MDS Clinical Coding Standard
What proportion of my residents are included?	eReports • Look at unadjusted rates, numerator, denominators • Vendor software may assist with chart audit

Other resources:
- *Calculating a Quality Indicator* web conferences – schedule
- Resources for assessors page
- Inbox: ccrs@cihi.ca

Other context to consider

- What other factors might be influencing this result?

- Have things changed since 2013-2014 data?

Speaking Out

To media, stakeholders, clients, families and others

Leading up to June 10th release

Embargo

- Secure access to the site prior to release including media materials

- Resources for communications: Information about indicators, key concepts, key messages

- Embargo web conference

Media

- Embargo: Secure access to site ~48hrs before release

- Interviews during embargo and post-release

CIHI key messages

- This work is focused on improvement. It is not about ranking homes.

- 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

Consider:

- 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…."

- Southlake website; message for community

Sunnybrook Health Sciences Centre response 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

Daily Restraint Use in Long-Term Care
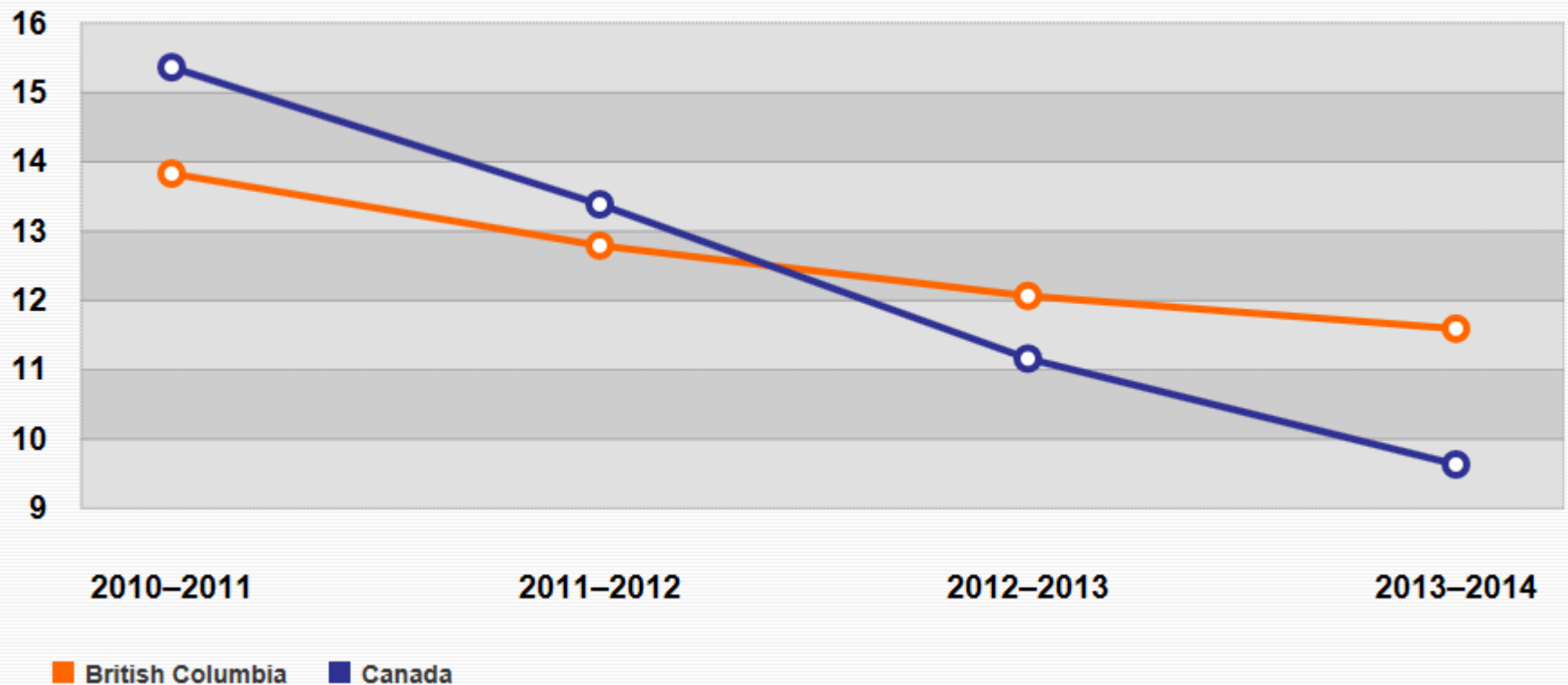
Share your success

CIHI data helps change practice

- https://www.youtube.com/watch?v=lskhraH43qA

Thank you

hsp@cihi.ca

Your Health System: www.YourHealthSystem.cihi.ca

CIHI website: www.cihi.ca