Long-Term Care Benchmarking: Q&A

Health Quality Ontario (HQO) will continue to update this document as additional information becomes available
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General questions
1. What are benchmarks?
   Benchmarks are markers of excellence to which organizations can aspire. HQO used an evidence-informed process and an expert panel, composed of Ontario long-term care (LTC) home operators, clinicians and researchers, to identify Ontario benchmarks that represent good resident outcomes and high-quality care.

2. Why did HQO embark on an initiative to identify benchmark values for LTC public reporting?
   LTC benchmarks enable homes to compare their performance against standards that represent high-quality care. This supports home-level quality improvement as homes can use this information to help prioritize quality improvement initiatives and set home-level targets/aims. For more information about how you can use benchmarks for quality improvement, please refer to the LTC Benchmarking Resource Guide.

3. How many quality indicators were selected for benchmarking and why?
   Nine Continuing Care Reporting System (CCRS) indicators were selected for benchmarking. Four were selected because they are publicly reported at the home-level. The remaining five were selected because they represent other important clinical outcomes that would best support quality improvement initiatives. They were selected through discussions with HQO’s LTC Advisory Group Subcommittee on Benchmarking, which is composed of representatives from OLTC, OANHSS, the Ministry of Health and Long-Term Care, researchers and LTC home administrators.

4. Which of the benchmarked indicators are publicly reported at the home-level?
   Currently, there are four CCRS indicators reported at the home-level on HQO’s website:
   1. Percentage of residents in daily physical restraints
   2. Percentage of residents who fell in the last 30 days
   3. Percentage of residents whose bladder continence worsened
   4. Percentage of residents whose stage 2 to 4 pressure ulcer worsened
5. **What are the remaining five indicators and where can I find my home-level results?**

The remaining five indicators are also CCRS indicators:

1. Percentage of residents whose Activities of Daily Living self-performance worsened
2. Percentage of residents whose behavioural symptoms worsened
3. Percentage of residents whose pain worsened
4. Percentage of residents whose mood symptoms of depression worsened
5. Percentage of residents who had a newly occurring stage 2 to 4 pressure ulcer

Although these indicators are not reported to the public at the home-level, all homes can access their indicator results through the Canadian Institute for Health Information’s online service, eReports. Please visit [www.cihi.ca](http://www.cihi.ca) for more information about eReports.

6. **What is in the LTC Benchmark Resource Guide?**

The Resource Guide provides the nine benchmark values, the methodology used to establish the benchmarks, and how they may be used to inform quality improvement plans and short-term targets. The Resource Guide can be found on HQO’s [website](http://www.hqo.org).

7. **How were benchmark values identified?**

HQO used an evidence-informed modified Delphi process to identify benchmark values. This involved an expert panel, composed of Ontario-based LTC home operators, clinicians and researchers. In identifying benchmark values, the expert panel analyzed evidence from the literature, and Ontario and Canadian performance data. More information about the benchmarking methodology is available in Appendix A of the LTC Benchmarking Resource Guide and the recorded webinar, both of which are located at HQO’s [website](http://www.hqo.org).

8. **Homes can compare their results against the provincial average. Why do we need benchmarks?**

Currently, homes can compare their quality indicator results with those of other homes and the provincial average. While this comparison can be useful, homes are only comparing their performance against an average, without learning whether they are providing high-quality care. Benchmarks provide a high-quality standard to which homes can compare themselves against.

9. **Some of the benchmarks seem ambitious in relation to current performance. Why?**

The benchmarks are intentionally aspirational as evidence suggests that stretch targets are associated with larger improvements. A rigorous approach was used to establish these benchmarks. As part of that process, an expert panel reviewed current evidence and performance.

10. **Do benchmarks change over time? When will you be reviewing the benchmarks to ensure they are still relevant?**

Benchmarks may change over time. As the performance of the Ontario LTC sector improves, what is considered high-quality care may also shift. HQO will monitor changes in
performance over time, and work with LTC home operators, researchers, clinicians and other stakeholders to ensure that benchmark values continue to represent high-quality care and good resident outcomes.

11. Where can I get more information about benchmarks?
   Please visit the Resources for Long-Term Care Homes section of the website for more information.

12. Where can I find more information about these indicators (e.g., indicator definitions, risk adjustment)?
   To find out more about publicly reported CCRS indicators, please visit the Information on Quality Indicators page on HQO’s website.

Public Reporting-Related Questions

13. Are you planning to increase the number of indicators that are publicly reported at the home-level?
   At this time, HQO is not planning to increase the number of indicators that are publicly reported at the home-level.

14. Will benchmarks be posted on HQO’s website?
   HQO will post benchmarks for the four home-level indicators in the fall of 2013. The posting of benchmarks will be part of a series of improvements to the LTC Public Reporting website. Another improvement will be a switch from annual to quarterly data updates. Currently, CCRS indicator results are updated once a year. Indicator results will be updated approximately three months after each quarter end starting in the fall. In other words, improvements demonstrated by LTC homes will be reflected on the public reporting website in a timelier manner. Please note that indicator results will continue to represent rolling four quarter averages.

15. How will the benchmarks be presented on the site?
   Throughout the summer of 2013, HQO will be collaborating with the sector representatives (e.g., OLTCA, OANHSS, LTC home operators, Ontario Ministry of Health and Long-Term Care) in the design of the updated website that will include the benchmark values.

16. I understand that the benchmark values for the four publicly reported home-level indicators will be posted on the LTC Public Reporting website in the fall of 2013. How should my home prepare to address potential concerns from residents and their families?
   Your home should work with your Resident and Family Councils in advance of the posting of the benchmark values to understand where your indicator results stand in relation to the benchmark values. This may lead to the development of an action plan to address potential issues (if any are identified) and a communication strategy to inform the residents and families on how your home is using benchmarks to help improve quality of care.
Other Questions

17. What is being done to support homes to achieve these aspirational benchmarks?
   Residents First, an HQO quality improvement initiative, strives to ensure each LTC resident enjoys safe, effective and responsive care that helps them achieve the best quality of life. Through this program, HQO has been supporting LTC homes to build capacity for quality improvement. To learn more about Residents First visit our Quality Improvement in Long-Term Care web page. Other links and resources are also available on our website.

18. How can benchmarks inform Quality Improvement Plans (QIPs)?
   Benchmarks can support QIP development by informing quality improvement priorities and targets/aims setting. Comprehensive QIP resources can be found on HQO’s LTC Quality Improvement website.

19. Residents at my LTC home often have complex medical conditions which may negatively impact indicator results. Can the benchmark values be used to support my home’s quality improvement initiatives?
   The benchmark values were identified using risk adjusted indicator results. This means that all homes can compare their risk adjusted indicator results to the benchmark values. Risk adjustment takes into account the differences in resident characteristics that are outside the control of the home and are known to affect indicator results. Resident characteristics that are used for risk adjustment can be found in the Long-Term Care Public Reporting Website Technical Report Table. If you are looking for detailed information on risk adjustment methodology, please refer to the Canadian Institute for Health Information’s CCRS Quality Indicators Risk Adjustment Methodology document.

   In addition to risk adjustment, certain resident subpopulations are excluded from some indicator calculations so that fair comparisons can be made between LTC homes. For instance, residents who are quadriplegic or comatose are excluded from the calculation of the indicator percentage of residents in daily physical restraints. For a complete list of exclusions for all publicly reported CCRS LTC quality indicators, please consult the Long-Term Care Public Reporting Website Technical Report Table.

20. A high proportion of residents are admitted to my home from an acute care hospital. They are often at higher risk in experiencing negative outcomes when they are first admitted. Can I still use benchmarks to support my home’s quality improvement initiatives?
   Admission assessments are not used in the calculation of single point-in-time indicators (i.e., prevalence indicators), such as falls and daily physical restraint use. They are excluded so that LTC homes are not held accountable to outcomes that are external to the LTC setting. However, admission assessments are used to calculate incidence indicators, which measure changes in health status between admission and the next assessment.
21. My home’s indicator results compare unfavourably to the newly established benchmark values. What does this mean?
Indicator results that are worse than the benchmark values do not necessarily mean poor-quality care.

The established benchmark values represent high-quality care and are markers of excellence. The performance gap between your home’s results and benchmark values may inform what your home’s quality improvement priorities should be and what targets/aims you would like to set.

22. Since only nine indicators were selected for benchmarking, does it mean that I should only focus on those areas?
No. Benchmarks are tools to support your quality improvement initiatives — they help identify problem areas and help set targets. However, they do not replace other quality monitoring and improvement tools that you may already have in place.

For more information, please visit HQO’s Public Reporting Long-Term Care webpage, or contact us directly if you have additional questions at ltc.publicreporting@hqontario.ca