
# Long-Term Care Benchmarking Informational Webinar

**Thursday, April 18, 2013**

Ontario
Health Quality Ontario

# Logistics

## Phone


## Submitting questions

- Please submit through GoToWebinar
- Questions will be addressed at the Q&A portion of webinar
- HQO to follow up on any unanswered questions

# Agenda

Moderated by Gail Dobell, Director of Evaluation & Research (HQO)

| Item | Duration |
|---|---|
| **Welcome**<br>Mark Rochon, Interim President & Chief Executive Officer (HQO) | 5 min |
| **Introduction to Benchmarks**<br>Jonathan Lam, Senior Methodologist for LTC (HQO) | 5 min |
| **Benchmarking Process**<br>Dr. Walter Wodchis, Associate Professor (University of Toronto)<br>Wendy Campbell, Assistant Administrator (Stayner Nursing Home) | 10 min |
| **Benchmark Values & Setting Short-Term Targets**<br>Jonathan Lam | 10 min |
| **Home-to-Home: Using Data for Quality Improvement & Success Stories**<br>Jane Joris, Resident Manager (North Lambton Lodge)<br>Cheryl Ho, RAI MDS Coordinator (O'Neill Centre)<br>Jean Smith, Accreditation Coordinator (O'Neill Centre) | 20 min |
| **Q&A and Closing** | 10 min |

# About Health Quality Ontario

**Mission:** A catalyst for quality, an independent source of information on health evidence, a trusted resource for the public

- Independent agency created in 2005 as result of the Ontario *Commitment to the Future of Medicare Act*

- In 2008, Health Quality Ontario (HQO) was tasked with measuring and reporting to the public on the quality of long-term care and home care

- In 2010, following the Ontario *Excellent Care for All Act,* HQO's legislated mandate is to:
  - Evaluate new health care technologies and services
  - Report to the public on the quality of the health care system
  - Support quality improvement activities
  - Make evidence-based recommendations on health care funding

# Learning Objectives

By the end of this session, we hope you will come away with a good understanding of HQO's Long-Term Care (LTC) Benchmarking initiative. Specifically:

- The quality indicators selected for benchmarking
- The definition of benchmark
- The benchmarking methodology
- How benchmarks can inform your quality improvement projects

# INTRODUCTION TO BENCHMARKS

**Jonathan Lam**
**Senior Methodologist, Long-Term Care/Home Care**
**HQO**

# LTC Public Reporting Activities

- Current LTC public reporting activities:
  - LTC Public Reporting Website
    - LTC sector-specific
    - Reports on twelve system-level & four home-level indicators
  - Annual Quality Monitor
    - Encompasses all sectors including LTC
    - Reports on over 100 system-level indicators

- Upcoming LTC website enhancements
  - **Posting of benchmarks for four home-level indicators**
  - Progress from annual to quarterly reporting

# Public Reporting Timeline

# What are Benchmarks?

- Benchmarks are markers of excellence to which organizations can aspire

- Generated through an evidence-informed process and expert panel: Ontario benchmarks represent **good resident outcomes** and **high-quality care**

# Which Quality Indicators were Selected for Benchmarking?

- 9 Continuing Care Reporting System (CCRS) Quality Indicators were selected for the following attributes: a) valid and reliable b) risk-adjusted and c) publicly reported

| Publicly Reported Home-Level Indicators | Other Selected Indicators* |
|---|---|
| 1. Percentage of residents in daily physical restraints<br>2. Percentage of residents who fell in the last 30 days<br>3. Percentage of residents whose bladder continence worsened<br>4. Percentage of residents whose stage 2 to 4 pressure ulcer worsened | 5. Percentage of residents whose ADL self-performance worsened<br>6. Percentage of residents who had a newly occurring stage 2 to 4 pressure ulcer<br>7. Percentage of residents whose behavioural symptoms worsened<br>8. Percentage of residents whose mood symptoms of depression worsened<br>9. Percentage of residents whose pain worsened |

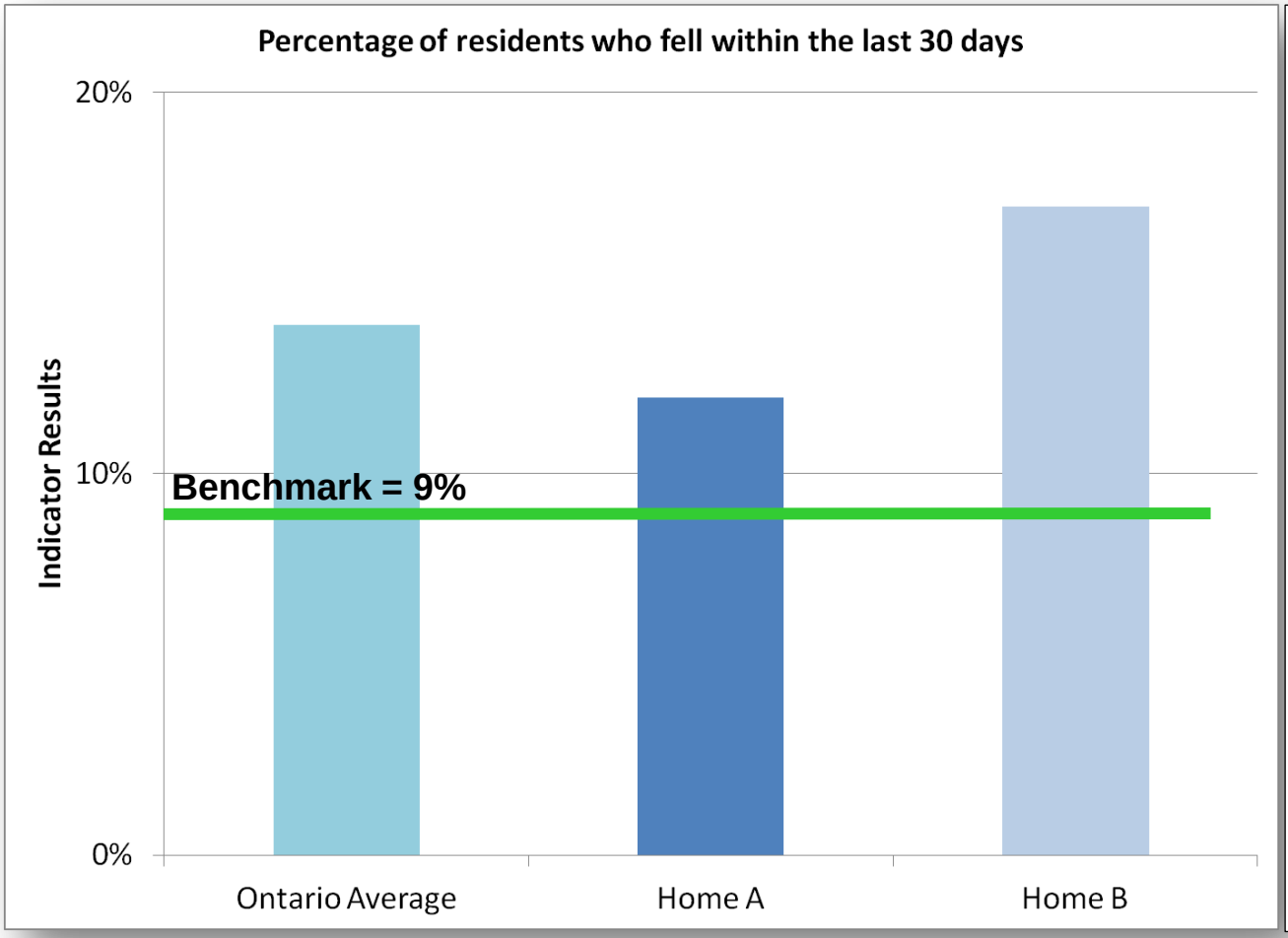
*Prioritized by HQO's LTC Advisory Group Subcommittee on Benchmarking. Currently, no plans to publicly report at home-level.

# Refresher: CCRS Quality Indicators

- CCRS Quality Indicators are calculated using RAI-MDS 2.0 assessment data
- RAI-MDS 2.0 data serve multiple purposes:
  - Quality Indicators
    - **Monitor and improve care**
    - **Public reporting**
  - Clinical Assessment Protocols (CAPs) / Resident Assessment Protocols (RAPs)
    - Identify residents who may benefit from care & support for specific areas
  - Calculation of RUG CMI for funding purposes
- Comprehensive CCRS Quality Indicator results can be found in eReports, which is maintained by the Canadian Institute for Health Information

# Why are Benchmarks Needed?

Currently, homes can compare results with the Ontario average or to other homes using data on HQO's LTC Website

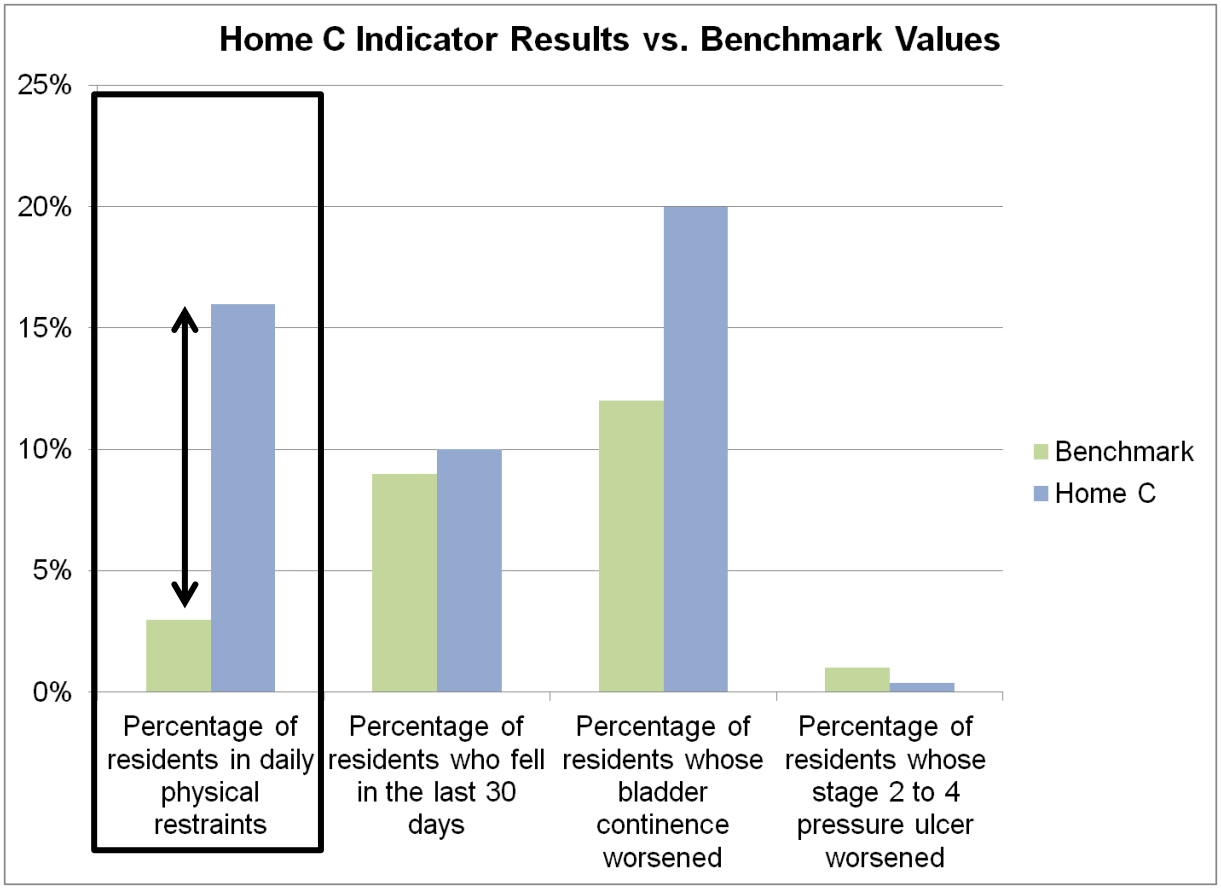



- For this indicator, Home A knows that it is outperforming the Ontario average and Home B
- However, there is no information on Home A's results against high quality care.
- Benchmarks provide standards for this comparison.

# Benchmarks & Quality Improvement

Benchmarks can inform Quality Improvement Plan (QIP) development by:

- Prioritizing quality improvement areas
- Setting aims and targets




- Can inform prioritization based on performance gap between benchmark values and indicator results
- Can set targets to benchmark values as stretch targets are associated with bigger improvements
- Visit Residents First website for more QIP resources

# BENCHMARKING METHODOLOGY

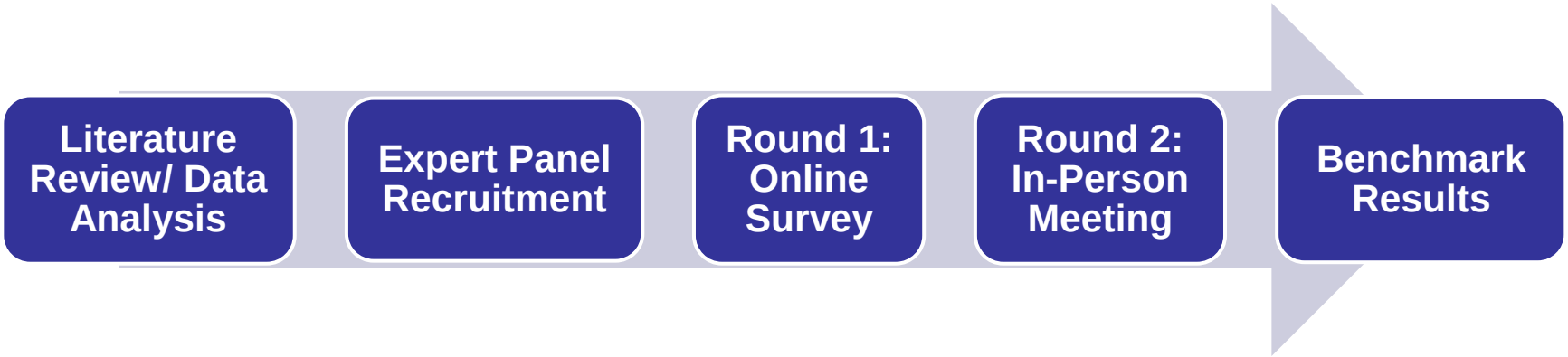
**Wendy Campbell**
**Assistant Administrator**
**Stayner Nursing Home**

**Dr. Walter Wodchis**
**Associate Professor**
**Institute of Health Policy, Management & Evaluation**
**University of Toronto**

# Benchmark Selection Framework

- Desired benchmark attributes:
  1. Evidence-based/data-driven
  2. Agreeable to major stakeholders
  3. Catalysts for quality improvement
  4. Indicators of high quality care
- Several approaches exist for setting benchmarks:
  - Adopting ideal/theoretical best rates
  - Selecting rates based only on a summary measure of current performance
  - Using the rate achieved by the best performers
  - Choosing rates based only on expert opinion
  - Applying a combination of approaches
- HQO chose to use a modified Delphi process that would ultimately result in benchmarks having all four of the desired attributes

# Modified Delphi Process



# Expert Panel Members

| PRIMARY CATEGORY | PANELIST (Location/association if applicable) |
|---|---|
| QUALITY/INFORMATICS | **Debbie Johnston (Mississauga/OLTCA)**<br>Director of Professional Development and Informatics, Chartwell |
| | **Shelby Poletti (Thunder Bay/OANHSS)**<br>Corporate Manager Quality Improvement and Decision Support, St. Joseph's Care Group, Bethammi Nursing Home and Hogarth Riverview Manor |
| ADMINISTRATORS | **Wendy Campbell (Stayner/OLTCA)**<br>Assistant Administrator, Stayner Nursing Home |
| | **Eric Hanna (Arnprior/OANHSS)**<br>President and Chief Executive Officer, Arnprior Hospital |
| FRONT LINE - NURSING | **Angela Archer (Mississauga/OANHSS)**<br>Director of Care, Malton Village LTC |
| FRONT LINE - MEDICAL | **Dr. Paul Katz (Toronto/OLTCA)**<br>Vice-President, Medical Services and Chief of Staff, Baycrest |
| | **Dr. Andrea Moser (Toronto)**<br>President, Ontario Long-Term Care Physicians |
| DATA/RESEARCH | **Natalie Damiano, Chair (Ottawa)**<br>Manager, Home and Continuing Care Data Management, Canadian Institute for Health Information |
| | **Dr. Diane Doran (Toronto)**<br>Professor, Bloomberg Faculty of Nursing, University of Toronto |
| | **Dr. John Hirdes (Waterloo)**<br>Professor, School of Public Health and Health Systems, University of Waterloo;<br>Chair, Ontario Home Care Research and Knowledge Exchange;<br>Scientific Director, Homewood Research Institute |
| | **Dr. Walter Wodchis (Toronto)**<br>Associate Professor, Institute of Health Policy, Management and Evaluation, University of Toronto;<br>Adjunct Scientist, Institute for Clinical Evaluative Sciences<br>Research Scientist, Toronto Rehabilitation Institute |
| MOHLTC | **Kim White (London)**<br>Manager, London Service Area Office, MOHLTC |

# Information Provided to Expert Panel

## 1. Indicator description

**Indicator: Percent of Residents Who Had an Outcome**

**Indicator Description**

| | |
|---|---|
| Code: | OUTCOME02 |
| Type: | Prevalence Indicator |
| Numerator: | Residents who had an outcome |
| Denominator: | Residents with valid assessments |
| Exclusion Criteria: | None |
| Data Elements Used: | XYZ Outcome within 30 days |
| Risk Adjustment: | Individual Covariates<br>Not totally dependent in transferring<br>Locomotion problem<br>Stratification<br>Case Mix Index |

## 2. Literature Search Results

**Literature Search Results**

**Table A. Percent of Outcome in other jurisdictions**

| Jurisdiction and Sample Population | Summary Statistics | Assessment Tool | Restraint definition |
|---|---|---|---|
| USA<br>• Nationwide<br>• Statewide | • National average: 12%<br>• Range in state averages 7.5% in Hawaii to 19.1% in South Dakota<br>(Quarter 3, July-September 2010)<br>(MDS Quality Measure/Indicator Report)[7] | MDS | *Same numerator and denominator<br>*Same exclusion criteria<br>*Different risk adjustment |
| Netherlands<br>• 5 LTC facilities<br>• 120 residents | • Prevalence: 20.9%<br>(Zwaan et al., 2011)[8] | RAI-LTCF | *Same numerator and denominator<br>*Exclusion criteria not provided<br>*Risk adjustment not provided |

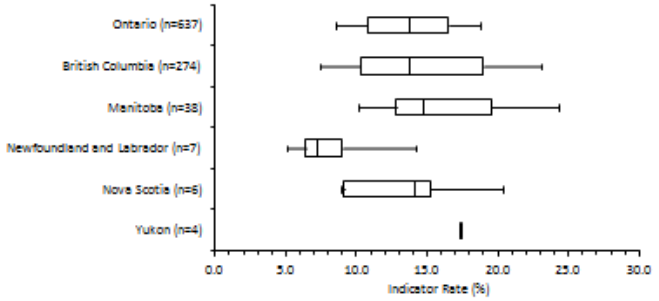
**Table B. Thresholds of outcome in other jurisdictions**

| Jurisdiction and Sample Population | Summary Statistics | Suggested threshold or targets | Assessment Tool | Restraint definition |
|---|---|---|---|---|
| Missouri, USA<br>• Statewide | | 5.8%<br>• based on expert opinion & data (Rantz et al., 1997 & 2000)[9, 10] | MDS | *Same numerator and denominator<br>*Same exclusion criteria<br>*Different risk adjustment |
| | Mean: 15.4%<br>(Quarter 4, Oct-Dec 2009)[7] | 9.8%<br>• based on data - 20th percentile score for the state of Missouri from MDS statewide data (Oct 2009 - Mar 2009) (QIPMO, 2009)[6] | MDS | *Same numerator and denominator<br>*Same exclusion criteria<br>*Different risk adjustment |
| Queensland, Australia<br>• 9 LTC facilities<br>• 498 residents | Median: 13.4%<br>25th percentile: 13.3%<br>75th percentile: 15.6% | 4.3%<br>• based on expert opinion & data (O'Reilly et al., 2011)[3] | RAI-LTCF | *Same numerator and denominator<br>*Exclusion criteria not provided<br>*Risk adjustment strategy not described |

## 3. Indicator Performance in Canada

**Canadian Performance**

**Figure A. Regional distributions of indicator**




## 4. Indicator Performance in Ontario

**Ontario Performance**

**Provincial Rate:** **13.9%**

**Figure B. Percent of outcome in Ontario LTC facilities**

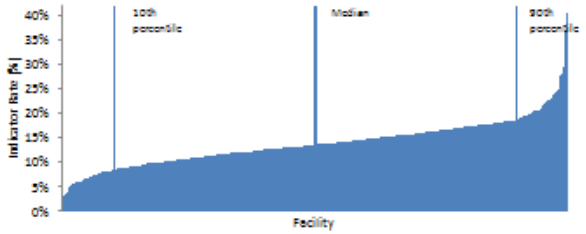



**Table C. Facility-level distribution in the percent of daily outcome in Ontario**

| Minimum | 5th Percentile | 10th Percentile | 25th Percentile | Median | 75th Percentile | 90th Percentile | 95th Percentile | Maximum |
|---|---|---|---|---|---|---|---|---|
| 2.8% | 6.8% | 8.5% | 10.8% | 13.7% | 16.5% | 18.8% | 21.5% | 40.6% |



Ontario
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# Themes Discussed During the In-person Meeting

- Zero percent would not be an appropriate benchmark for these indicators
- Benchmarks are selected and applied to risk-adjusted indicator results
- The availability of evidence-based guidelines support setting more ambitious benchmarks
- Distributions of indicator results within Ontario and other Canadian regions provide valuable context
- Continuous improvement in coding skills might impact indicator results

# BENCHMARK RESULTS & EXAMPLES OF USE

# Publicly Reported LTC CCRS Home-Level Indicators

| Indicator | Benchmark | Ontario Rate, Q4 11/12 | Ontario Facility-Level Distribution (Percentile), Q4 2011/12 | | | | |
|---|---|---|---|---|---|---|---|
| | | | 10th | 25th | Median | 75th | 90th |
| 1. Percentage of residents in daily physical restraints | 3% | 14% | 2% | 6% | 13% | 21% | 27% |
| 2. Percentage of residents who fell in the last 30 days | 9% | 14% | 9% | 11% | 14% | 17% | 19% |
| 3. Percentage of residents whose bladder continence worsened | 12% | 19% | 9% | 14% | 20% | 27% | 32% |
| 4. Percentage of residents whose stage 2 to 4 pressure ulcer worsened | 1% | 3% | 1% | 2% | 3% | 4% | 5% |

# Other Selected LTC CCRS Indicators

| Indicator | Benchmark | Ontario Rate, Q4 2011/12 | Ontario Facility-Level Distribution (Percentile) Q4 2011/12 | | | | |
|---|---|---|---|---|---|---|---|
| | | | 10th | 25th | Median | 75th | 90th |
| 5. Percentage of residents whose ADL self-performance worsened | 25% | 33% | 23% | 29% | 35% | 40% | 43% |
| 6. Percentage of residents who had a newly occurring stage 2 to 4 pressure ulcer | 1% | 3% | 1% | 2% | 3% | 4% | 5% |
| 7. Percentage of residents whose behavioural symptoms worsened | 8% | 14% | 8% | 10% | 13% | 17% | 20% |
| 8. Percentage of residents whose mood symptoms of depression worsened | 13% | 26% | 13% | 19% | 27% | 34% | 40% |
| 9. Percentage of residents whose pain worsened | 6% | 11% | 6% | 8% | 12% | 15% | 19% |

# Using Benchmarks to Inform Short-Term Targets

- The benchmark values are aspirational by design—stretch targets are associated with larger improvements
- Homes may want to set short-term targets while keeping the ultimate target—the benchmark or better—in mind
- The following are examples of how homes might use benchmarks and additional data to inform short-term home-level targets

# Observed Relative Percent Improvement

- To help inform short-term targets, HQO calculated the median relative percent improvement between 2010/11 and 2011/12

| Indicator | Median **relative** percent improvement (based only on homes that improved) |
|---|---|
| 1. Percentage of residents in daily physical restraints | 30% |
| 2. Percentage of residents who fell in the last 30 days | 17% |
| 3. Percentage of residents with worsening bladder control | 23% |
| 4. Percentage of residents whose stage 2 to 4 pressure ulcer worsened | 31% |

**Interpretation:** Of all homes that improved for Indicator 1, half improved by at least 30% in one year. Example of a 30% relative percent improvement:

Year 1 Performance: 10%
Year 2 Performance : 7%

# Remember...

- Stretch targets are associated with large improvements

- Median relative percent improvements **are not recommended** targets, but only additional context to help with setting short-term targets

# Example #1: Home D Setting Short-Term Target for Physical Restraint Use

| | |
|---|---|
| **Current Home Performance** | 10% |
| **Benchmark** | 3% |
| **Median Relative Percent Improvement** | 30% |

- If Home D aims to reduce restraint use from 10% to benchmark value (3%) within 1 year, this would be a 70% relative percent improvement

- Though not impossible, Home D may want to set an annual target with multi-year plan to get to benchmark value (and beyond). Their plan may look like this:
  - **Year 1 Aim:** Reduce % of Residents with Physical Restraint from 10% to 5% in one year (a 50% relative percent improvement)
  - **Year 2 Aim:** Reduce % of Residents with Physical Restraint from 5% to 2.5% in one year (a 50% relative percent improvement)

# Example #2: Home E Setting Short-Term Target for Worsening Pressure Ulcer

| | |
|---|---|
| **Current Home Performance** | 1% |
| **Benchmark** | 1% |
| **Median Relative Percent Improvement** | 31% |

- Home E's current performance is already at benchmark. However, leaders at Home E know they can still improve.

- Taking median relative percent improvement into consideration, their plan may look like this:
  - **Year 1 Aim:** Reduce % of Residents with Worsening Pressure Ulcer from 1% to 0.7% in one year (30% relative percent improvement)

# LTC Benchmarking Webinar

Delivered by: Jane Joris
jane.joris@county-lambton.on.ca
Resident Manager North Lambton Lodge
April 2013

# North Lambton Lodge

Municipal Home, one of three operated by the County of Lambton

88 people live at North Lambton Lodge – all long stay

Participated in Residents First collaborative in 2010

One floor

Large secure outdoor gardens

Active Auxiliary and Family Council

# Prioritization Considerations for Quality Initiatives

*In the beginning*:

- Lowest hanging fruit
- Biggest impact on resident outcomes
- Results could be measured
- Collected information from residents, families, staff regarding change ideas (giant fishbone)
- We used the Residents First Roadmaps

# Resident Safety Committee

Objective:

To provide care and support to the residents of North Lambton Lodge in a safe and secure manner. This includes the respect of individual choices while reducing risk and keeping a balance between keeping a person safe and ensuring safety measures do not adversely affect the person's quality of life. Individual choices cannot pose a danger to others living and working at North Lambton Lodge.

## Resident Safety Committee:

Duties of Committee:

- Review/investigate adverse events and unusual occurrences
- Report findings and make recommendation to QI committee
- Monitor and identify areas for quality review
- Make recommendations for changes/interventions
- Assist in the establishment of education and best practice initiatives related to a culture of resident safety

COUNTY OF LAMBTON

## Prioritization of AIMS/Targets:

- Biggest impact on resident outcomes
- Results could be measured
- Used Residents First Tools
- Used the Residents First Roadmaps
- Steps in Process Mapping
- At or better than Provincial averages

COUNTY OF LAMBTON

Successes:

John (name modified) is approximately 80 years old, he is a very intellectual man. His wife lives in the apartments adjacent to the Lodge and John spends most evenings with his wife at her apartment or going for a drive.

- First month after admission 9 falls! And a wrist fracture within the first week.
- Sliding forward in chair

John initially refused many interventions. He said “I feel like a baby”. He wanted to transfer himself . We were able to show John some data…how we had decreased falls for other people and what was needed to make sure he was safe. We showed him the information we had about his falls and when and how they were happening. The staff did great information gathering pre and post falls and made many suggestions to help reduce John’s falls.

- Bed alarm/chair alarm
- New Seating
- Walking program daily with staff and 5 times each week with PTA and Life Enrichment
- ROM active/passive three times each week
- 30 minute checks
- New footwear

Falls dropped to 1 the next month (John removed the alarm and self transferred). Psychogeratric assessment also completed and some medication changes made. John understood data and he wanted to be able to continue his visits with his wife. Although he sometimes forgets why he is working so hard he can be reminded and he will be a willing participant.

Now he says **I feel safe..not like a baby**.

COUNTY OF LAMBTON

**Successes:**

Falls soon after admission

Hydration Program

**Challenges:**

30-minute checks

Not “testing change” quick enough

COUNTY OF LAMBTON

Prioritization of QI initiatives and AIMS in 2013:

- High Quality LTC
- Only Best Practice
- Initiatives that are important to residents, families, staff, funders
- Sustainable
- More “long-term” AIMS that reflect the aspirational benchmarks

THE O'NEILL CENTRE

long term care & retirement home

Presented by:
Cheryl Ho, RAI & Quality Improvement Coordinator
and
Jean Smith, Accreditation Coordinator

# Using Data to Drive Quality Improvement

Highest Prioritization Given To Area's with:

- Suboptimal Quality Indicators compared to peers or unfavorable upward/downward Trend

AND

- High risk to resident QOL and wellbeing

THE O'NEILL CENTRE
long term care & retirement home

| Indicator | The O'Neill Centre | | | | | Ontario | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2011 Q4 | 2012 Q1 | 2012 Q2 | 2012 Q3 | | 2011 Q4 | 2012 Q1 | 2012 Q2 | 2012 Q3 |
| Worsened late-loss ADL | 14.30% | 13.60% | 14.40% | 13.00% | | 17.50% | 17.60% | 17.30% | 17.20% |
| Improved mid-loss ADL | 33.50% | 32.70% | 31.80% | 32.50% | | 31.30% | 31.20% | 31.30% | 31.30% |
| Improved early-loss ADL | 21.60% | 18.90% | 17.50% | 17.90% | | 21.40% | 21.10% | 21.20% | 21.10% |
| Improved late-loss ADL | 10.30% | 11.00% | 11.00% | 10.20% | | 11.30% | 11.10% | 11.20% | 11.20% |
| Worsened mid-loss ADL | 31.60% | 30.50% | 31.00% | 28.80% | | 35.30% | 35.60% | 35.50% | 35.70% |
| Worsened early-loss ADL | 30.80% | 30.20% | 31.00% | 27.40% | | 34.40% | 34.10% | 33.40% | 32.90% |
| Worsened ADL | 27.80% | 27.50% | 27.50% | 24.00% | | 32.90% | 33.20% | 32.90% | 33.20% |
| Worsened locomotion | 15.30% | 13.90% | 16.50% | 14.60% | | 16.40% | 16.60% | 16.50% | 16.70% |
| Improved locomotion | 14.80% | 11.80% | 11.40% | 12.70% | | 13.10% | 13.10% | 13.30% | 13.40% |
| Worsened behavioural symptoms | 7.50% | 6.50% | 6.90% | 5.90% | | 13.40% | 13.50% | 13.50% | 13.30% |
| Improved behavioural symptoms | 11.40% | 9.90% | 9.00% | 9.40% | | 12.20% | 12.10% | 12.30% | 12.90% |
| Worsened cognitive ability | 7.50% | 6.80% | 7.30% | 6.20% | | 10.00% | 9.90% | 9.90% | 9.80% |
| Improved cognitive ability | 10.30% | 9.40% | 7.60% | 8.60% | | 5.80% | 5.70% | 5.90% | 6.20% |
| Worsened communication ability | 7.20% | 7.50% | 7.90% | 6.70% | | 8.80% | 8.80% | 8.80% | 8.80% |
| Improved communication ability | 21.30% | 19.10% | 16.60% | 16.80% | | 7.60% | 7.60% | 7.70% | 8.10% |
| Has delirium | 8.80% | 10.80% | 11.70% | 11.20% | | 19.20% | 18.90% | 18.70% | 18.70% |
| Worsened mood - symptoms of depression | 7.10% | 8.30% | 7.50% | 7.20% | | 25.50% | 25.50% | 25.40% | 25.10% |
| Taken antipsychotics w/o relevant diagnosis | 32.50% | 33.00% | 34.30% | 29.90% | | 33.00% | 32.60% | 32.30% | 31.90% |
| Fallen | 6.80% | 8.10% | 8.60% | 8.50% | | 13.60% | 13.50% | 13.40% | 13.40% |
| Has an infection | 10.60% | 8.40% | 6.90% | 6.90% | | 11.30% | 11.20% | 11.20% | 11.30% |
| Has a pressure ulcer stage 2-4 | 9.40% | 9.20% | 9.30% | 9.10% | | 6.70% | 6.60% | 6.50% | 6.50% |
| Worsened pressure ulcer stage 2-4 | 2.90% | 2.70% | 2.50% | 2.10% | | 2.70% | 2.70% | 2.70% | 2.80% |
| Has a new pressure ulcer stage 2-4 | 2.70% | 2.00% | 1.90% | 1.60% | | 2.50% | 2.50% | 2.50% | 2.50% |
| Daily physical restraints | 1.50% | 2.40% | 2.40% | 2.70% | | 13.70% | 12.90% | 12.30% | 11.60% |
| Worsened/unchanged respiratory infection | 4.50% | 4.80% | 4.00% | 3.80% | | 13.30% | 13.20% | 13.10% | 13.00% |
| Has an indwelling catheter | 2.60% | 3.50% | 3.60% | 3.70% | | 3.70% | 3.70% | 3.70% | 3.80% |
| Worsened bowel continence | 9.80% | 8.50% | 8.70% | 9.40% | | 16.40% | 16.60% | 17.00% | 17.70% |
| Worsened urinary continence | 11.80% | 11.70% | 12.00% | 12.80% | | 19.30% | 19.10% | 18.90% | 18.90% |
| Has urinary Tract Infection | 3.40% | 2.70% | 2.50% | 2.60% | | 5.90% | 5.90% | 5.90% | 5.90% |
| Improved bowel continence | 9.80% | 6.20% | 6.20% | 5.30% | | 14.30% | 14.30% | 14.50% | 14.90% |
| Improved bladder continence | 8.30% | 6.40% | 4.40% | 4.00% | | 9.70% | 9.80% | 10.00% | 10.20% |
| Has a feeding tube | 6.90% | 7.30% | 6.20% | 6.60% | | 4.80% | 4.70% | 4.80% | 4.80% |
| Has pain | 5.20% | 3.90% | 4.80% | 4.50% | | 10.40% | 10.10% | 9.70% | 9.40% |
| Worsened pain | 7.90% | 8.00% | 8.40% | 8.70% | | 11.10% | 11.00% | 11.00% | 11.10% |
| Has had weight loss | 8.80% | 8.60% | 7.40% | 5.70% | | 6.80% | 6.70% | 6.70% | 6.70% |

# Using Data to Drive Quality Improvement – Prioritizing

| | CIHI MDS NEW GENERATION QUALITY INDICATOR | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Facility: The O'Neill Centre with Provincial Comparison | | | | | | | | |
| **Indicator** | **The O'Neill Centre** | | | | | **Ontario** | | | |
| | 2011 Q4 | 2012 Q1 | 2012 Q2 | 2012 Q3 | | 2011 Q4 | 2012 Q1 | 2012 Q2 | 2012 Q3 |
| Worsened ADL | 27.80% | 27.50% | 27.50% | 24.00% | | 32.90% | 33.20% | 32.90% | 33.20% |
| Worsened behavioural symptoms | 7.50% | 6.50% | 6.90% | 5.90% | | 13.40% | 13.50% | 13.50% | 13.30% |
| Worsened mood - symptoms of depression | 7.10% | 8.30% | 7.50% | 7.20% | | 25.50% | 25.50% | 25.40% | 25.10% |
| Fallen | 6.80% | 8.10% | 8.60% | 8.50% | | 13.60% | 13.50% | 13.40% | 13.40% |
| Has a pressure ulcer stage 2-4 | 9.40% | 9.20% | 9.30% | 9.10% | | 6.70% | 6.60% | 6.50% | 6.50% |
| Worsened pressure ulcer stage 2-4 | 2.90% | 2.70% | 2.50% | 2.10% | | 2.70% | 2.70% | 2.70% | 2.80% |
| Has a new pressure ulcer stage 2-4 | 2.70% | 2.00% | 1.90% | 1.60% | | 2.50% | 2.50% | 2.50% | 2.50% |
| Daily physical restraints | 1.50% | 2.40% | 2.40% | 2.70% | | 13.70% | 12.90% | 12.30% | 11.60% |
| Worsened urinary continence | 11.80% | 11.70% | 12.00% | 12.80% | | 19.30% | 19.10% | 18.90% | 18.90% |
| Worsened pain | 7.90% | 8.00% | 8.40% | 8.70% | | 11.10% | 11.00% | 11.00% | 11.10% |
| Has had weight loss | 8.80% | 8.60% | 7.40% | 5.70% | | 6.80% | 6.70% | 6.70% | 6.70% |

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# Using Data to Drive Quality Improvement - Prioritizing

| | CIHI MDS NEW GENERATION QUALITY INDICATOR | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Facility: The O'Neill Centre with Provincial Comparison | | | | | | | | |
| Indicator | The O'Neill Centre | | | | | Ontario | | | |
| | 2011 Q4 | 2012 Q1 | 2012 Q2 | 2012 Q3 | | 2011 Q4 | 2012 Q1 | 2012 Q2 | 2012 Q3 |
| Fallen | 6.80% | 8.10% | 8.60% | 8.50% | | 13.60% | 13.50% | 13.40% | 13.40% |
| Has a pressure ulcer stage 2-4 | 9.40% | 9.20% | 9.30% | 9.10% | | 6.70% | 6.60% | 6.50% | 6.50% |
| Worsened pressure ulcer stage 2-4 | 2.90% | 2.70% | 2.50% | 2.10% | | 2.70% | 2.70% | 2.70% | 2.80% |
| Has a new pressure ulcer stage 2-4 | 2.70% | 2.00% | 1.90% | 1.60% | | 2.50% | 2.50% | 2.50% | 2.50% |
| Daily physical restraints | 1.50% | 2.40% | 2.40% | 2.70% | | 13.70% | 12.90% | 12.30% | 11.60% |
| Worsened urinary continence | 11.80% | 11.70% | 12.00% | 12.80% | | 19.30% | 19.10% | 18.90% | 18.90% |
| Worsened pain | 7.90% | 8.00% | 8.40% | 8.70% | | 11.10% | 11.00% | 11.00% | 11.10% |

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# Using Data to Drive Quality Improvement - Prioritizing

| | CIHI MDS NEW GENERATION QUALITY INDICATOR | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Facility: The O'Neill Centre with Provincial Comparison | | | | | | | | |
| **Indicator** | **The O'Neill Centre** | | | | | **Ontario** | | | |
| | 2011 Q4 | 2012 Q1 | 2012 Q2 | 2012 Q3 | | 2011 Q4 | 2012 Q1 | 2012 Q2 | 2012 Q3 |
| Has a pressure ulcer stage 2-4 | 9.40% | 9.20% | 9.30% | 9.10% | | 6.70% | 6.60% | 6.50% | 6.50% |
| Worsened pressure ulcer stage 2-4 | 2.90% | 2.70% | 2.50% | 2.10% | | 2.70% | 2.70% | 2.70% | 2.80% |
| Has a new pressure ulcer stage 2-4 | 2.70% | 2.00% | 1.90% | 1.60% | | 2.50% | 2.50% | 2.50% | 2.50% |
| Worsened pain | 7.90% | 8.00% | 8.40% | 8.70% | | 11.10% | 11.00% | 11.00% | 11.10% |
| | | | | | | | | | |
| | | Worse than Provincial | | | | Potentially Worse | | | |

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# Using Data to Drive Quality Improvement – Goal Setting

- Interdisciplinary collaboration via "Quality Improvement Team".
- Analysis of data for trends and root cause
- Determine a long term goal *Aspiration*
- Set short term goals leading to your long term goal

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# Using Data to Drive Quality Improvement –Goal Setting

| | CIHI MDS NEW GENERATION QUALITY INDICATOR | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Facility: The O'Neill Centre with Provincial Comparison | | | | | | | | |
| Indicator | The O'Neill Centre | | | | | Ontario | | | |
| | 2011 Q4 | 2012 Q1 | 2012 Q2 | 2012 Q3 | | 2011 Q4 | 2012 Q1 | 2012 Q2 | 2012 Q3 |
| Has a pressure ulcer stage 2-4 | 9.40% | 9.20% | 9.30% | 9.10% | | 6.70% | 6.60% | 6.50% | 6.50% |
| Worsened pressure ulcer stage 2-4 | 2.90% | 2.70% | 2.50% | 2.10% | | 2.70% | 2.70% | 2.70% | 2.80% |
| Has a new pressure ulcer stage 2-4 | 2.70% | 2.00% | 1.90% | 1.60% | | 2.50% | 2.50% | 2.50% | 2.50% |
| Worsened pain | 7.90% | 8.00% | 8.40% | 8.70% | | 11.10% | 11.00% | 11.00% | 11.10% |
| | | | | | | | | | |
| | | Worse than Provincial | | | | Potentially Worse | | | |

Short Term: To reduce the average # of Facility Acquired pressure ulcers from 2/month to 1/month by July 2013.

Long term: To have no more than 1 Facility Acquired pressure ulcer in 3 months, or 1% Worsened Pressure Ulcers (CIHI) by December 2014.

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# Using Data to Drive Quality Improvement –Goal Setting

CIHI MDS NEW GENERATION QUALITY INDICATOR

Facility: The O'Neill Centre with Provincial Comparison

| Indicator | The O'Neill Centre | | | | | Ontario | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2011 Q4 | 2012 Q1 | 2012 Q2 | 2012 Q3 | | 2011 Q4 | 2012 Q1 | 2012 Q2 | 2012 Q3 |
| Has a pressure ulcer stage 2-4 | 9.40% | 9.20% | 9.30% | 9.10% | | 6.70% | 6.60% | 6.50% | 6.50% |
| Worsened pressure ulcer stage 2-4 | 2.90% | 2.70% | 2.50% | 2.10% | | 2.70% | 2.70% | 2.70% | 2.80% |
| Has a new pressure ulcer stage 2-4 | 2.70% | 2.00% | 1.90% | 1.60% | | 2.50% | 2.50% | 2.50% | 2.50% |
| Worsened pain | 7.90% | 8.00% | 8.40% | 8.70% | | 11.10% | 11.00% | 11.00% | 11.10% |
| | | | | | | | | | |
| | | Worse than Provincial | | | | Potentially Worse | | | |

Short Term: To reduce the % of residents with worsened pain from 8.7% to 7.0% by Q3 2013 (December 31, 2013).

Long term: To reduce the % of residents with worsened pain to 6% or less by December 2014.

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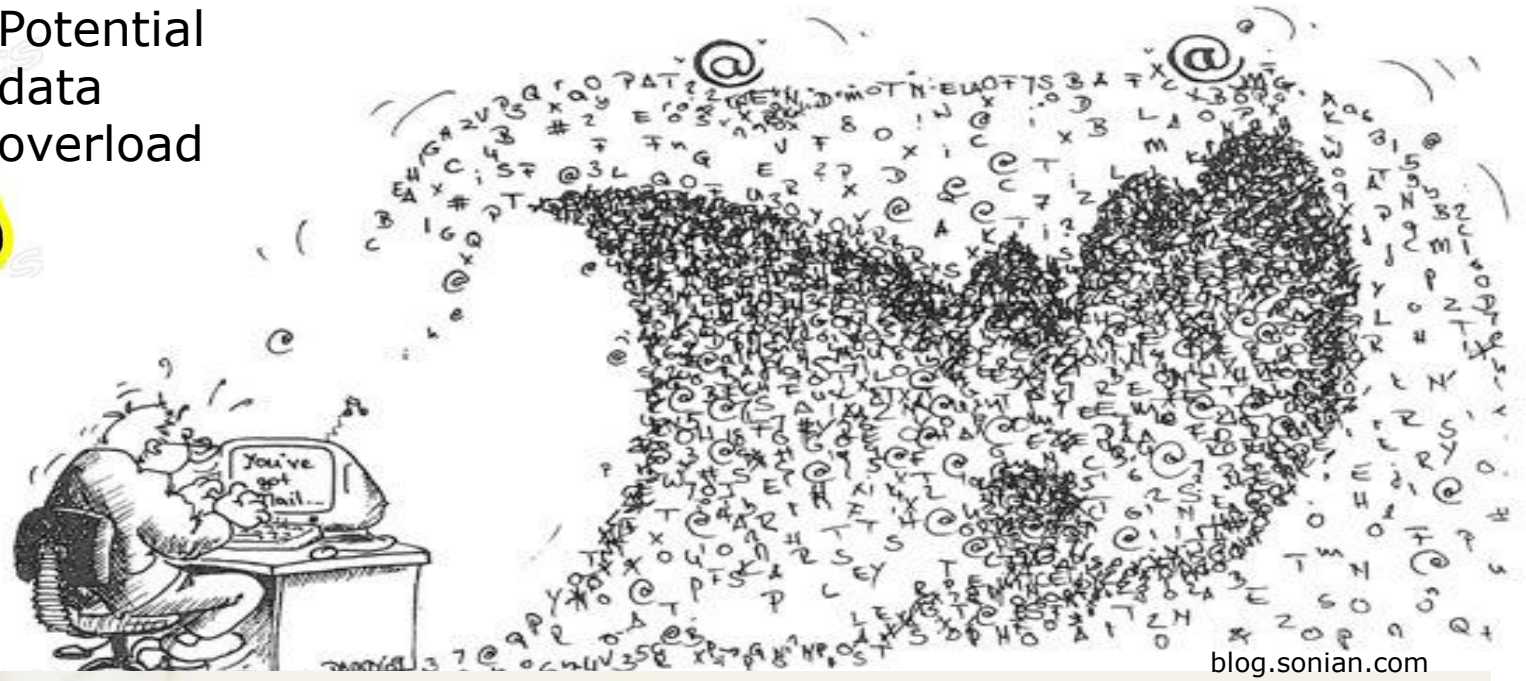
# Using Data to Drive Quality Improvement - Challenge

Potential data overload

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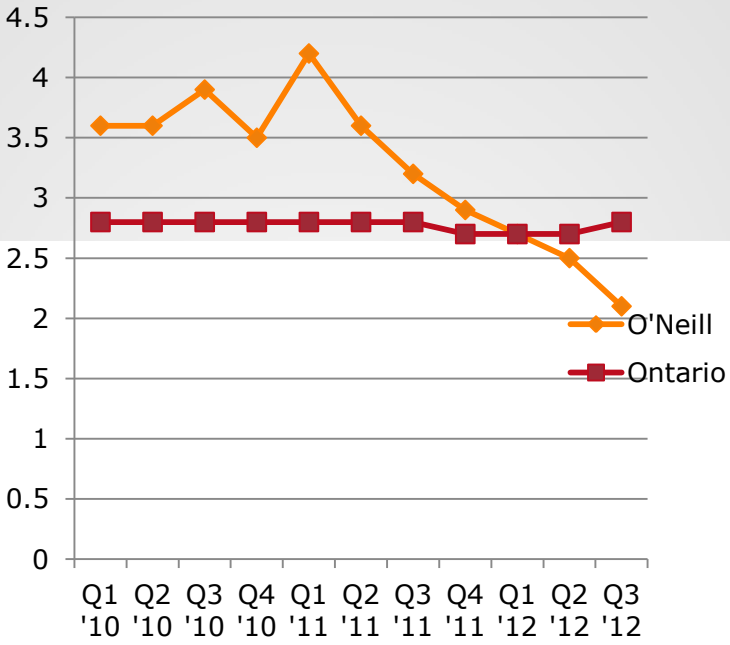
# Using Data to Drive Quality Improvement - Success

Our % of Worsened Pressure Ulcers





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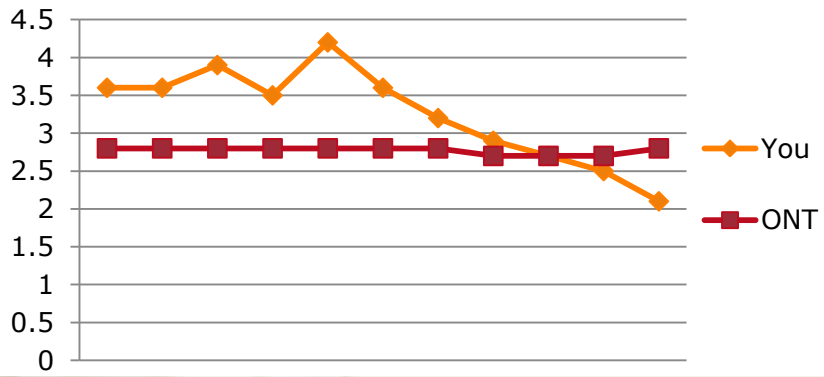
# You CAN do it!!

# Thank you.

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# Summary

- Benchmarks are markers of excellence against which high-quality performance can be measured and can be used for quality improvement planning by informing:
  - The prioritization of quality improvement initiatives
  - Home-level targets/aims toward benchmark
- Benchmarks were identified using an evidence-informed process and an expert panel
- Benchmarks values were identified for 9 CCRS LTC indicators


- HQO would like to acknowledge the time and contribution of the LTC Advisory Group Subcommittee on Benchmarking, the Expert Panel and today's guest speakers

# Next steps

- Q&A documentation will be circulated to LTC administrators via email (Apr 24th, 2013)

- The LTC Benchmark Resource Guide will be posted online (Apr 26th, 2013):
  - http://www.hqontario.ca/public-reporting/long-term-care/resources-for-long-term-care-homes

- Fall 2013: Benchmark values for the four publicly reported home-level indicators will be posted on the website

## Please submit questions online using GoToWebinar

# Membership of the LTC Advisory Group Subcommittee on Benchmarking

- Dan Buchanan, Ontario Association of Non-Profit Homes and Seniors Services
- Tim Burns, Health Quality Ontario
- Natalie Damiano, Canadian Institute for Health Information
- Robert Drage, Ontario Municipal Benchmarking Initiative
- Dr. John Hirdes, University of Waterloo
- Daile Moffat, Specialty Care Inc./Ontario Long-Term Care Association
- Paula Neves, Ontario Long-Term Care Association
- Dr. Jeff Poss, Health Quality Ontario
- Gayle Stuart, Health Quality Ontario
- Karen Yatabe, Belmont House
- Ministry of Health and Long-Term Care
    - Aging and Long-Term Care, Policy Care Standards Branch
    - Performance Improvement and Compliance Branch

# Resources

- **LTC Benchmarking Resource Guide and FAQ document**
  - http://www.hqontario.ca/public-reporting/long-term-care/resources-for-long-term-care-homes
- **Residents First: Tools and Resources**
  - http://www.hqontario.ca/quality-improvement/long-term-care/tools-and-resources
- **Ontario Ministry of Health and Long-Term Care – Seniors' Care: Long-Term Care Homes**
  - http://www.health.gov.on.ca/en/public/programs/ltc/default.aspx
- **Canadian Institute for Health Information**
  - http://www.cihi.ca/
- **Ontario Long-Term Care Association**
  - http://www.oltca.com/
- **Ontario Association of Non-Profit Homes and Services for Seniors**
  - http://www.oanhss.org/
- **Other resources available on HQO's LTC Public Reporting website**
  - http://www.hqontario.ca/public-reporting/long-term-care/links-and-resources

# Thank you

**Please go to**

**http://www.surveymonkey.com/s/LTC_Benchmark**

**to provide your feedback on this webinar**

**Contact Jonathan Lam (Jonathan.Lam@hqontario.ca ) or**

**LTC.PublicReporting@hqontario.ca**

**If you have any questions**

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