

QIP Benchmark and Target Setting: Updates

Setting aggressive but realistic quality improvement targets can be difficult. To assist hospitals in the development of their quality improvement plans (QIPs) and to help them set effective improvement targets, Health Quality Ontario (HQO) has developed provincial benchmarks for select QIP core indicators (see Table 1 below).

These benchmarks were developed through an evidence-based, data-driven, modified Delphi panel process. Please refer to [Appendix C](#) of the [2013/14 Quality Improvement Plan Guidance Document for Ontario Hospitals](#) for more information about the benchmarking process.

The benchmarks in the table below are based on the most recent data. HQO will continue to review hospital-level data and adjust the benchmarks as necessary.

Table 1 - Established Benchmarks for Select QIP Core Indicators*

	QIP Core Indicators	Benchmarks
Patient satisfaction indicators (NRC Picker Canada Questions)	Percent of patients who would definitely recommend provider to family and friends	
	• ED Patients	70.6%**
	• Inpatients	81.8%**
	Percent of patients who rate the care as excellent, very good and good	
	• ED Patients	91.8%**
	• Inpatients	96.4%**
Safety	Falls - Percent of complex continuing care (CCC) residents who fell in the last 30 days	5.0%***
	Pressure Ulcers - Percent of CCC residents with a new stage 2 or higher pressure ulcer in the last three months	1.6%†

Notes: * Please refer to [Appendix C](#) of the [2013/14 Quality Improvement Plan Guidance Document for Ontario Hospitals](#) for the best achievement to date, theoretical targets, and provincial averages for the full list of QIP core indicators. Please refer to [Appendix A](#) of the [2013/14 Quality Improvement Plan Guidance Document for Ontario Hospitals](#) for indicator definitions and technical information. **The benchmark fell on the eightieth percentile of 2010/2011 NRC Picker Canada Ontario hospital data. ***The benchmark fell between the twenty-fifth percentile and the median of Q4, 2011/2012 Ontario CCC data; Data was sourced from Continuing Care Reporting System (CCRS), Canadian Institute for Health Information (CIHI). †The benchmark fell slightly below the median of Q4 2011/2012 Ontario CCC data; Data was sourced from CCRS, CIHI.

These benchmarks have been established for the purposes of quality improvement. Organizations can use this information to assist in the development of achievable but stretch improvement targets. Although some hospitals may already be performing close to (or above) the benchmarks indicated, these organizations should continue to strive for excellence. For example, if a hospital's current performance on Falls in complex continuing care over the last 30 days is better than the benchmark of 5.0%, they may consider setting their target against the best performance achieved by the top 10% of hospitals (i.e. 0.9%).

Hospitals that are currently performing below these benchmarks should consider setting targets that are achievable and aligned with the organization's long-term goals for ongoing improvement. Please consider the following when your organization is setting improvement targets: the provincial average or median, matching the rate of improvement achieved by others, cutting your defects/waste in half. For instance, if a hospital's current performance on patient satisfaction is well below the provincial average, they may consider setting more realistic targets, instead of setting targets using the established benchmarks. However, it is recommended that hospitals adjust their targets each year to align them more closely to the established benchmarks. More guidance and information about target setting can be found in [Appendix C](#) of the [2013/14 Quality Improvement Plan Guidance Document for Ontario Hospitals](#).

New *Clostridium difficile* Infection (CDI) Rate Data to Support Target Setting

Establishing an Ontario CDI benchmark is currently premature, due to the many factors that may affect CDI rate (hospital size, changing lab testing method, geographical variations, etc). However, CDI rate data by hospital type and bed count is provided in Table 2, to help hospitals set realistic but aggressive targets for this indicator. Data on best achieved-to-date and the provincial average for CDI can be found in [Appendix C](#) of the [2013/14 Quality Improvement Plan Guidance Document for Ontario Hospitals](#).

The ranking analysis in the table below is based on the most recent CDI data. Health Quality Ontario will continue to monitor and analyze hospital level data as it becomes available.

Table 2 - Ranking Analysis for (CDI) Rate per 1,000 Patient Days, Ontario Hospitals, Annual Data, FY 2011/12

Stratification	Teaching, large, and small community hospitals			CCC & Rehab	Mental Health
	0-100 beds	101-300 beds	> 300 beds		
10th Percentile	0	0.18	0.25	0.04	0
25th Percentile	0	0.23	0.42	0.05	0
Median	0.13	0.36	0.50	0.10	0
75th Percentile	0.31	0.48	0.60	0.19	0.01
90th Percentile	0.53	0.83	0.68	0.22	0.03

Data sources: CDI annual rate data was provided by the Ministry of Health and Long Term Care (MOHLTC); Hospital bed count data was provided by Ontario Hospital Association (OHA).