

Health Quality Ontario

The provincial advisor on the quality of health care in Ontario

May 2017

Home Care Indicator Review: Summary Report

Contents

Introduction	3
Background	3
Indicator Review	5
Objectives	5
Methodology.....	5
Results.....	7
The final set of indicators.....	8
Notes on the final recommended indicators.....	10
Recommendations for future work/data advocacy	11
Conclusion.....	11
Appendices	13
Appendix A: Indicator Selection Criteria	13
Appendix B: Defining Elements of Quality Care.....	14
Appendix C: Home Care Public Survey Tool	15
Appendix D: Membership of Expert Panel	17
Appendix E: Home Care Indicator Review Goals, Measurement Areas and Indicators.....	18
Appendix F: Home Care Indicator Selection Survey and Consensus Exercise summary.....	19
References	21

Introduction

In 2016, Health Quality Ontario (HQO) initiated a review of its home care indicators. Through engagement of a Home Care Expert Panel between September 2016 and March 2017, a revised set of indicators was recommended for public reporting. In alignment with *Monitoring What Matters*¹, HQO's approach to performance monitoring and public reporting, the revised set of indicators will:

- Shape the *Common Quality Agenda*², the set of indicators selected to track how health quality is progressing in Ontario;
- Populate the indicators HQO publicly reports through online reporting and in *Measuring Up*³ (HQO's yearly report on the performance of Ontario's health system), as well as contribute to other public reporting products (e.g., specialized reports); and,
- Be used to inform Quality Improvement Plans (QIPs)⁴ and, through consultations, other provincial reporting on home care .

Background

Health Quality Ontario (HQO) has publicly reported on system-level home care performance in its annual report since 2006. HQO's original set of 11 home care indicators, selected through a modified Delphi process, have been reported at the provincial- and regional-level on HQO's online reporting web pages since 2010 (the "Percentage of home care patients who rated their overall experience "good", "very good" or "excellent"" has also been reported at the provider-level since 2014). A 12th indicator, the "Percentage of long stay home care patients whose primary informal caregiver experienced distress, anger or depression in relation to their caregiving role or were unable to continue in that role", has been reported in *Measuring Up* since 2015.

In alignment with *Monitoring What Matters*¹, this review aimed to improve HQO's public reporting through the application of a [pre-defined set of criteria](#) and to adhere to the notion of transparency in the selection of indicators for public reporting. Table 1 summarizes the set of 12 home care indicators that were in use prior to this review, their reporting level and the HQO products where they are reported.

HQO's home care indicator review was informed by the strategic direction of the *Patient's First: Action Plan for Health Care*⁵, the Ontario government's commitment to transforming the health care system by putting the needs of clients at the centre and ensuring more consistent and accessible home and community care. This review also considered numerous developments in data collection and measurement, including:

- refinements to the Resident Assessment Instrument (RAI) suite of indicators;
- availability of a broader set of client experience measures; and,
- interest in improving measurement of the short-stay client population using data collection tools such as the RAI-Contact Assessment (RAI-CA).

Table 1: Health Quality Ontario's (HQO) current home care indicators

Measurement Area	Indicator	Reporting Level	HQO Reporting Product
Access to Care	Percentage of home care patients whose first nursing visit was within five days of authorization of the service	Provincial LHIN	Online reporting <i>Measuring Up (2015, 2016)</i> <i>Quality Improvement Plans</i>
Access to Care	Percentage of home care patients whose first personal support visit was within five days of authorization of the service	Provincial LHIN	Online reporting <i>Measuring Up (2015, 2016)</i> <i>Quality Improvement Plans</i>
Patient Satisfaction	Percentage of home care patients satisfied with their overall experience of care	Provincial LHIN Provider	Online reporting <i>Measuring Up (2015, 2016)</i> <i>Quality Improvement Plans</i>
Communication	Percentage of patients receiving publicly funded home care for at least 60 days (such as for chronic/complex illnesses) who had problems understanding, or being understood by, other people	Provincial LHIN	Online reporting
Falls	Percentage of patients receiving publicly funded home care for at least 60 days (such as for chronic/complex illnesses) who fell during the three months before assessment by a health care professional	Provincial LHIN	Online Reporting <i>Quality Improvement Plans</i>
Wounds	Percentage of patients receiving publicly funded home care for at least 60 days (such as for chronic/complex illnesses) who had a new pressure ulcer (bed sore)	Provincial LHIN	Online reporting
Vaccination	Percentage of patients receiving publicly funded home care for at least 60 days (such as for chronic/complex illnesses) who did not receive a flu vaccine in the past two years	Provincial LHIN	Online reporting
Incontinence	Percentage of patients receiving publicly funded home care for at least 60 days (such as for chronic/complex illnesses) who had difficulty controlling urination	Provincial LHIN	Online reporting
Hospital Readmissions	Percentage of unplanned hospital readmissions within 30 days of being discharged from hospital, for those patients who've been referred to home care services	Provincial LHIN	Online reporting <i>Quality Improvement Plans</i>
Emergency Department Visits	Percentage of unplanned emergency department visits within 30 days after discharge from hospital, by patients having had a referral for, or receiving, home care services	Provincial LHIN	Online reporting <i>Quality Improvement Plans</i>
Long-term Care Admissions	Percentage of people assessed as having low, mild or moderate needs admitted to a long-term care home when they potentially could have stayed in their own home or elsewhere in the community	Provincial LHIN	Online reporting <i>Measuring Up (2015, 2016)</i>
Informal Caregiver Distress	Percentage of long stay home care patients whose primary informal caregiver experienced distress, anger or depression in relation to their caregiving role or were unable to continue in that role	Provincial	<i>Measuring Up (2015, 2016)</i> <i>The Reality of Caring (2016)</i>

Indicator Review

Objectives

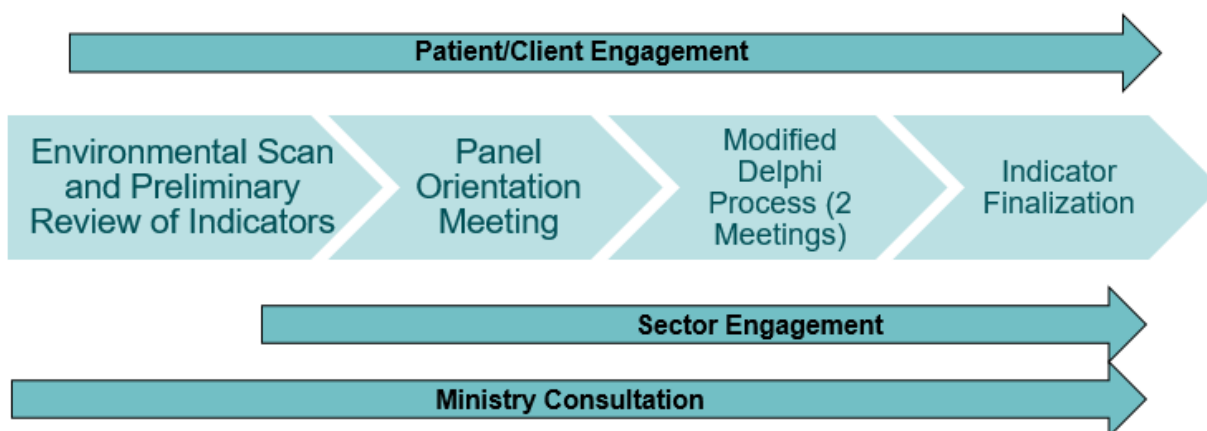
Health Quality Ontario's (HQO) home care indicator review had the following objectives:

1. Review the utility of the current set of home care indicators for enabling quality improvement through public reporting.
2. Identify a concise set of home care indicators for public reporting that encompasses the dimensions of quality as outlined in *Quality Matters: Realizing Excellent Care for All*⁶.
3. Identify home care indicators and/or areas of measurement that require further development, and consider them for future data advocacy work.

Methodology

Figure 1 summarizes the methodology for the indicator review process.

Figure 1: Indicator Review Methodology



Client Engagement

A core objective of this review was to ensure the client and caregiver voices were represented throughout the process. Engagement included:

- **Review of previous client engagement work in home care**
Given that a substantial amount of engagement work has been done for home care clients and caregivers in Ontario), a review was conducted of the relevant reports^{10,11,12} to capture key themes. The information from the review was used to inform the panel in their deliberations and to identify areas for additional engagement
- **Survey to HQO's Patient, Family and Public Advisors Pool**
To engage the public and gather feedback on the key themes seen as important and relevant for clients and caregivers in Ontario's home care sector, a Home Care Public Survey was disseminated to HQO's patient, family and public advisors (see Appendix C: Home Care Public Survey tool). Results from this survey were reported back to the HQO advisor pool for further feedback or comment and then shared with the panel to inform their deliberations.
- **Presentation to the Ministry of Health and Long-Term Care's (MOHLTC) Patient and Caregiver Advisory Table**
Patients and caregivers from the MOHLTC's Patient and Caregiver Advisory Table were engaged at three time points to obtain feedback on 1) the patient engagement plan 2) the proposed list of measurement areas and 3) the final proposed list of indicators.

- **Client/Caregiver representatives on the expert panel**

Two voting members of the Home Care expert panel specifically represented those with lived experiences as a home care client and caregiver. In addition, surveys that went to the panel were sent out to four additional client or caregivers, to allow us to report the ratings for lived experience representatives.

Ministry and Sector Engagement

Throughout the process, representatives from the home care sector and the Ministry of Health and Long-Term Care (MOHLTC) were consulted. Sector representatives included home care providers, Community Care and Access Centre (CCAC) staff and representatives from Health Shared Services Ontario (HSSO), formerly known as the Ontario Association for Community Care Access Centres (OACCAC). The sector representatives were updated on the state of the review and any feedback was taken back to the expert review panel. Representatives from the MOHLTC were also consulted regularly to ensure alignment with the Roadmap to Strengthen Home and Community Care initiatives such as the levels of care framework and the Statement of Home and Community Care Values. Ministry and sector representatives also were represented on the Home Care expert panel.

Modified Delphi Process

Environmental Scan and Preliminary Review of Indicators

The evaluation of HQO's home care indicators utilized HQO's established indicator selection criteria⁷ (see Appendix A: Indicator Selection Criteria). The scope of the review included:

- Evaluation of the second generation of interRAI home care quality indicators (based on the Resident Assessment Instrument-Home Care (RAI-HC) tool);
- Evaluation of a range of wait times measures for home care services, including the currently reported indicator and the previously reported indicators (included within the Multi-Sector Accountability Agreement (MSAA)⁹);
- Evaluation of a more comprehensive set of client experience indicators based on the Client and Care Giver Experience Evaluation Survey (CCEE Survey), the tool currently in use in Ontario;
- Evaluation of other indicators including those that are publicly reported (or could be reported in the future) as well as novel, measureable indicators identified through environmental scanning;
- Evaluation of data sources and measures on the short-stay home care population that could be reported or that could be developed for future reporting; and,
- Recommendations on the level of reporting of indicators, including provider-level reporting.

To develop an initial comprehensive list of home care indicators, HQO conducted an environmental scan of academic and grey literature (within Ontario and other jurisdictions). The indicators were identified from a wide variety of data sources and were aligned with the dimensions of quality, as outlined in HQO's *Quality Matters: Realizing Excellent Care for All*⁶. The articulation of the dimensions of quality from the client and provider perspectives can be found in Appendix B: Defining Elements of Quality Care. Measurement areas (initially identified through the environmental scan) were brought forward for panel consideration based on their importance/relevance, measurability and alignment with HQO's mandate.

Panel Orientation Meeting

To further refine the measurement areas and their corresponding set of indicators, a panel of experts from across the home care sector (see Appendix D: Membership of Expert Panel), was convened. The panel consisted of 24 members, including representatives from home care providers, CCACs, LHINs, home care organizations, the MOHLTC, clients and caregivers. Prior to the orientation meeting, a survey was sent out to panel members asking for input in the goals of the review, measurement areas that should be focused on, and potential risks of changing what is currently reported. Results from this survey were presented at the meeting.

At the first meeting, the panel was provided with an orientation outlining HQO's public reporting process and an overview of the indicator review process (which uses a modified Delphi method, including independent rating of indicators and consensus discussions). The panel also deliberated on the goals of home care, based on the work of other provincial initiatives (including the Levels of Care Framework and the Patient and Caregiver Advisory Table) (see Appendix E: Home Care Indicator Review Goals, Measurement Areas and Indicators).

Modified Delphi Process

At the second meeting, the panel reviewed and refined the measurement areas. Following the second meeting, the panel was asked to participate in a Home Care Indicator Selection Survey. This survey asked panel members to independently rate the measurement areas on the criteria of importance/relevance and actionability, to assess alignment to the agreed-upon goals of home care, and to choose an indicator best suited to represent each measurement area.

Based on the results of the Home Care Indicator Selection Survey, a further refinement of measurement areas was presented to the panel at the third meeting, for the consensus discussion. A live, independent polling exercise guided the panel's recommendations on the final set of measurement areas and their corresponding indicators for public reporting.

Indicator Finalization

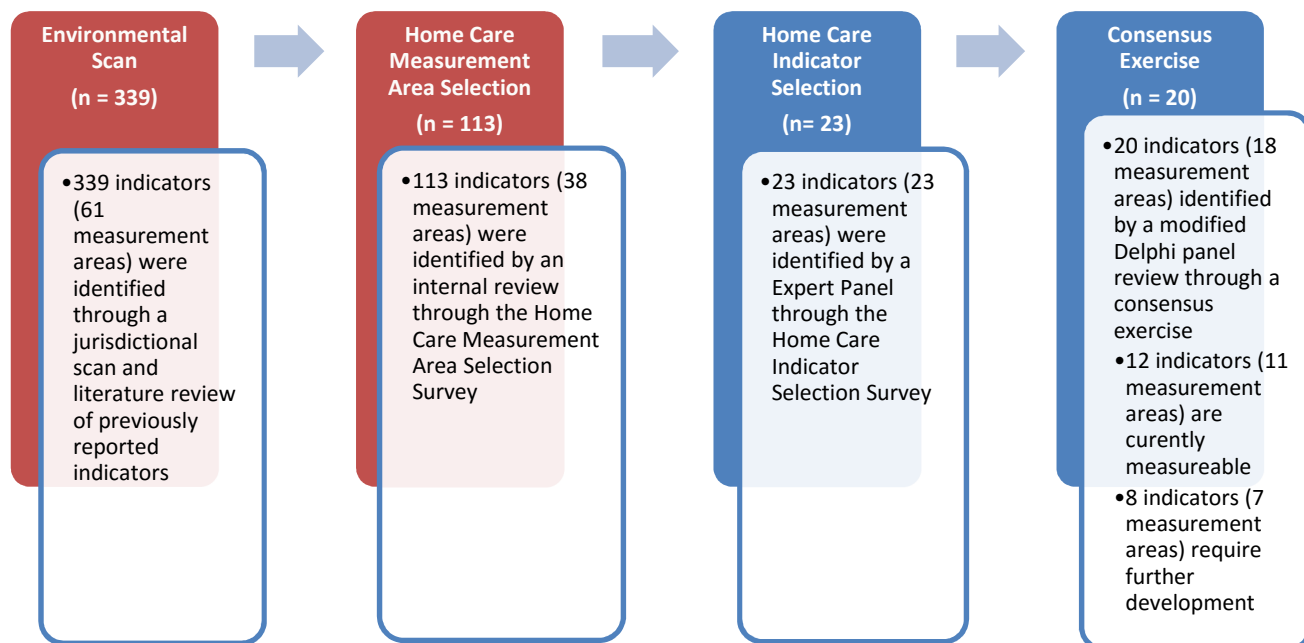
During the fourth and final meeting (held by teleconference), the panel confirmed the recommended set of indicators and provided their recommendations on the reporting level for each indicator (provincial and/or provider). The panel was also presented with a list of recommendations for future work/data advocacy in the home care sector based on discussions throughout the modified Delphi process. They were asked to prioritize the recommendations into short-term (to begin within six months), medium-term (to begin within one year) and long-term (to begin after more than one year) timelines.

HQO presented the results, including the recommended set of home care indicators, to various internal and external advisory groups (for example, the Ministry of Health and Long-Term Care's (MOHLTC) Patient Caregiver Advisory Table (PCAT)) for their information and further feedback. HQO will work towards accomplishing all of the future work/data advocacy in their recommended timelines, and also will work towards reporting of the home care indicators in its range of products and methods.

Results

The home care indicator review began with 339 indicators in 61 measurement areas identified through an environmental scan, and was narrowed down to a final set of 20 indicators in 18 measurement areas. Figure 2 summarizes the indicator selection process and the number of indicators eliminated in each phase.

Figure 2: Steps of Indicator Selection



The recommended set of indicators

The recommended set of home care indicators was selected based on the results of the modified Delphi process, including the Home Care Indicator Selection Survey and the consensus exercise (see Appendix F: Home Care Indicator Selection Survey and Consensus Exercise summary). The final set includes four indicators previously reported by HQO, one indicator previously reported by HQO in a modified form, one indicator previously retired by HQO and reinstated, and 14 indicators new to HQO’s public reporting (see Appendix E: Home Care Indicator Review Goals, Measurement Areas and Indicators). Among the revised set of 20 home care indicators recommended for public reporting, 12 are currently measurable. The other eight indicators will require further development before being reported as part of HQO’s future work/data advocacy. This represents a major evolution in HQO’s public reporting. Table 2 summarizes the recommended set of 20 home care indicators including the level of reporting and the measurability of the indicator using existing data sources.

Table 2: Health Quality Ontario’s (HQO) revised home care indicators

Measurement Area	Indicator	Reporting Level	Status	Data Source	New/Modified or Continued
Client Involvement in Care Plan	Percentage of home care clients who felt involved in developing their care plan	Provincial LHIN Provider	Measurable	Client and Care Giver Experience Evaluation Survey (CCEE Survey)	New
Communication (Client-Provider)	Percentage of patients that report that their provider explained things in a way that was easy to understand	Provincial LHIN	Measurable	Client and Care Giver Experience Evaluation Survey (CCEE Survey)	New
Satisfaction	Percentage of home care clients who were satisfied with their care from both care coordinators and service providers	Provincial LHIN Provider	Measurable	Client and Care Giver Experience Evaluation Survey	Continued

				(CCEE Survey)	
Informal Caregiver Distress	Percentage of long-stay home care clients whose primary informal caregiver expressed continued feelings of distress, anger or depression over a six month period	Provincial LHIN Provider	Measureable	Home Care Reporting System (HCRS)	Modified
Wait-time for Approval of Home Care Services (Nursing Services and Personal Support Services)	Wait time for a client between application for home care and approval for nursing services/personal support services (new clients only)	Provincial LHIN	Measureable	Home Care Database (HCD)	Reinstated
Wait-time Between Approval and First Visit (Nursing Services and Personal Support Services)	Wait time for a client between approval for nursing services/personal support services and the first home care visit	Provincial LHIN Provider	Measureable	Home Care Database (HCD)	Continued
Health System Use at the End of Life	Percentage of palliative care clients with an unplanned emergency department visit during their last 30 days of life	Provincial LHIN	Measureable	National Ambulatory Care Reporting System (NACRS)	New
Emergency Department Visit	Percentage of new home care clients who had an unplanned emergency department visit within 30 days after acute hospital discharge	Provincial LHIN	Measureable	National Ambulatory Care Reporting System (NACRS)	Continued
Hospital Readmission	Percentage of home care clients experienced an unplanned readmission to hospital within 30 days of discharge from hospital	Provincial LHIN	Measureable	Discharge Abstract Database (DAD)	Continued
Case Management	Percentage of home care clients whose case manager helped them get the services they needed	Provincial LHIN	Measureable	Client and Care Giver Experience Evaluation Survey (CCEE Survey)	New
Pain	Percentage of clients who complained or showed evidence of pain at a higher	Provincial LHIN Provider	Measureable	Home Care Reporting System (HCRS)	New

	frequency compared to their previous assessment				
Functional Status	Percentage of home care clients whose physical functioning (Activities of Daily Living (ADL)) improved	Provincial LHIN Provider	Measureable	Home Care Reporting System (HCRS)	New
Unmet Care Needs: clients achieving their goals	TBD	Provincial LHIN	Requires further development	to be determined	New
Unmet Care Needs: Levels of Care Framework	TBD	Provincial LHIN	Requires further development	to be determined	New
Availability of Informal Caregiver Support	TBD	Provincial LHIN	Requires further development	to be determined	New
Knowing Who to Call When Care is Needed	TBD	Provincial LHIN	Requires further development	to be determined	New
Respect for Clients Values and Preferences	TBD	Provincial LHIN	Requires further development	to be determined	New
Providers Know Client's Medical History	TBD	Provincial LHIN	Requires further development	to be determined	New
Transitions of Care	TBD	Provincial LHIN	Requires further development	to be determined	New
Wounds	TBD	Provincial LHIN	Requires further development	to be determined	New

Notes on the final recommended indicators

Among the current set of 12 home care indicators, six were recommended for retirement. Three indicators were recommended for continued reporting in their original form:

- Percentage of home care clients satisfied with their overall experience of care;
- Percentage of unplanned hospital readmissions within 30 days of being discharged from hospital, for those clients who've been referred to home care services; and,
- Percentage of unplanned emergency department visits within 30 days after discharge from hospital, by clients having had a referral for, or receiving, home care services.

The caregiver distress indicator (“Percentage of long-stay home care clients with a primary unpaid caregiver whose caregiver is unable to continue caring activities or expresses feelings of distress, anger or depression”) was recommended for continued reporting in a modified form:

- Percentage of long-stay home care clients whose primary informal caregiver expresses continued feelings of distress, anger or depression over a six month period.

Among the 12 currently measureable indicators, six were recommended for provider-level reporting based on actionability of these indicators at the home care provider level:

- Percentage of home care clients who felt involved in developing their care plan;
- Percentage of home care clients who were satisfied with their care from both care coordinators and service providers;

- Percentage of long-stay home care clients whose primary informal caregiver expressed continued feelings of distress, anger or depression over a six month period;
- Wait time for a client between approval for nursing services/personal support services and the first home care visit;
- Percentage of clients who complained or showed evidence of pain at a higher frequency compared to their previous assessment; and
- Percentage of home care clients whose physical functioning (Activities of Daily Living (ADL)) improved.

Currently HQO has reported on satisfaction at the provider level. For the other indicators recommended for provider level reporting, an evaluation of data quality at the provider level will precede reporting to ensure that data accurately reflect provider performance.

Recommendations for future work/data advocacy

Of the eight recommendations for future work/data advocacy, summarized in Table 3, the panel recommended that five be prioritized for development in the short-term (to begin within six months), two were prioritized for the medium-term (to begin within one year) and one was prioritized for the long-term (to begin after more than one year).

Table 3: Future work/data advocacy in the home care sector

Prioritization Level	Recommendation
Short Term (to begin within six months)	Wait one/wait list measurement and benchmarking
	Indicators related to the Levels of Care framework
	Caregiver-reported outcomes
	Patient-centred indicator development in the Client and Care Giver Experience Evaluation Survey (CCEE Survey)
	Improved stratifications and measures of equity
Medium-Term (to begin within one year)	Wound measurement
	Measures of transitions
Long-Term (to begin after more than one year)	Short-stay measurement advancement

CCEE Refinement

A key recommendation coming from the panel is the need for further review and refinement of the CCEE survey in order to include the client-centred indicators that were proposed for future reporting. In addition, it was recommended that the data from this survey should be available for public reporting.

Wait Times Measurement

There were several recommendations focused on improved wait times measurement in the sector. HQO committed to investigate measuring the full home care patient wait, with the aim to publically report a combined wait time from application to first service for those in the community and discharge to first service for those who apply in acute care.

Conclusion

Health Quality Ontario (HQO) is committed to providing clients, the public and health care providers with easily accessible, high-quality performance data that are as close to real-time as possible, and to reporting performance results tailored to a public audience. The newly recommended set of home care indicators reflects the views of clients, families, providers and experts and is a comprehensive set that offers some performance measurement across all dimensions of quality. Notwithstanding, important gaps in measurement have also been identified and have been prioritized for development and data advocacy.

DRAFT FOR REVIEW

In performing a home care indicator review by way of an internal review, client and sector engagement, and convening a Expert Panel, HQO has learned what constitutes high quality home care, has identified areas where a commitment to data advocacy are needed, and has demonstrated that publicly reporting on a comprehensive set of system-level home care indicators is a work in progress. By engaging in this work, HQO will ensure that its Common Quality Agenda² remains a relevant and fundamental source of information for clients and providers across the health system.

Appendices

Appendix A: Indicator Selection Criteria

Criteria for Selection	
Important/Relevant	The indicator reflects an issue that is important to the general population of Ontario and to relevant stakeholders in the health system, and is consistent with the mandate of Health Quality Ontario
Measurable	There are data sources that can be used to measure the indicator.
Actionable	The indicator is likely to inform and influence public policy or funding, alter behaviour of health care providers, and/or increase general understanding by the public in order to improve quality of care and population health.
Evidence-Based	There is good evidence to support the process, or evidence of the importance of the outcome of measuring and reporting on the indicator.
Feasible	The indicator is calculable; data is timely.
Interpretable	The indicator is clear and can be easily interpreted by a range of audiences; the results of the indicator are comparable and easy to understand, including what constituted improved performance, such as clear directionality (i.e. a lower number is better).
Data Quality	The indicator includes data quality such as technical definition, calculation methodology, validity and reliability of measurement, and timeliness of data.

Appendix B: Defining Elements of Quality Care, Based on the Quality Matters Framework

Element	Patient meaning	Provider meaning
Safe	I will not be harmed by the health system.	The care my patient receives does not cause the patient to be harmed.
Effective	I receive the right treatment for my condition, and it contributes to improving my health.	The care I provide is based on best evidence and produces the desired outcome.
Patient-Centred	My goals and preferences are respected. My family and I are treated with respect and dignity.	Decisions about my patient's care reflect the goals and preferences of the patient and his or her family and caregivers.
Efficient	The care I receive from all practitioners is well coordinated and efforts are not duplicated.	I deliver care to my patients using available human, physical, and financial resources efficiently, with no waste to the system.
Timely	I know how long I have to wait to see a doctor or for tests or treatments I need and why. I am confident this wait time is safe and appropriate.	My patient can receive care within an acceptable time after the need is identified.
Equitable	No matter who I am or where I live, I can access services that benefit me. I am fairly treated by the health care system.	Every individual has access to the services they need, regardless of his or her location, age, gender or socio-economic status.

Appendix C: Home Care Public Survey Tool

Welcome to HQO’s Home Care Public Survey!

Thank you for taking the time to complete this important survey on how we measure the quality of home care services in Ontario. Your feedback on this survey will inform what Health Quality Ontario will publish on our website and/or our reports. We are interested in your feedback regardless of whether you have received home care before.

What is Home Care?

We are defining home care as medical and support services that are provided in the home and are publically funded (patients do not pay for out of pocket). They can include nurses, personal support workers, physiotherapists or other care providers who provide care in your home.

Information for Completing the Survey:

We have compiled a list of key areas that we think are important and relevant for the home care sector in Ontario.

- We ask that you select the top three areas that you feel are important to measure in home care, and provide a description of why that area is important to you.
- On the last page, we will ask if there are any important aspects of home care that we have missed.
- This survey should only take 10 minute to complete.

Please complete the survey to the best of your ability.

Question 1: Have you or a loved one had any experience with publicly funded home care in Ontario in the past 2 years?

- Yes, I have received home care personally
- Yes, my loved one received home care services
- No, neither I nor a loved one have received home care services

Question 2: In your perspective, what should good quality home care look like?

Key areas and descriptions

Below is a table of key areas of home care quality for measurement, and an example of what could be measured for each. We aren’t asking you to answer these questions, these are just examples of what could be measured in that area. Please review the areas and let us know the three that are most important to you.

Key areas	Examples of what could be measures
Wait times	How long do people receiving home care have to wait?
Appropriateness	Is the right care provided to patients in the home?
Caregivers	Are family, friends and neighbours who are caring for someone receiving home care receiving the right support?
Communication	How well do home care providers communicate with patients receiving home care and their caregivers?

Effectiveness of care provided	Is the health of patients receiving home care improving or staying the same?
Ability to carry out daily activities	How well do patients receiving home care carry out their daily activities like bathing and eating?
Hospital use	How often do patients receiving home care require trips to the emergency room or hospital that could have been prevented?
Mental health care	How well does home care prevent and treat mental health issues?
Food and diet	Are patients receiving a balanced diet to stay healthy?
Pain and pain management	How well do providers manage the pain of patients receiving home care?
Overall experience and satisfaction with care	How satisfied are patients with their home care?
Staffing and resources	How many hours of training do staff get per year?
Safety	Are patients receiving home care that is safe?
Moving between different care settings	How coordinated is the care provided when moving between different settings of care? For example, moving from home care to a retirement home.

Selections

Please indicate your selections below.

Measurement area #1

Why is this measurement area important to you?

Instruction: Select one key area that is important for the measurement of home care quality

Measurement area #2

Why is this measurement area important to you?

Instruction: Select one key area that is important for the measurement of home care quality

Measurement area #3

Why is this measurement area important to you?

Instruction: Select one key area that is important for the measurement of home care quality

Are there any other key areas in home care that are important to measure that we have missed?

Would you like to share any other thoughts on home care?

Thank you for taking the time to complete this survey.

Appendix D: Membership of Expert Panel

Member	Organization	Role
Dorothy Pringle (chair)	University of Toronto: Lawrence S. Bloomberg Faculty of Nursing	Professor Emeritus
Carole Ann Alloway	Family Caregivers Voice	Patient/caregiver representative
Courtney Bean	VHA Home HealthCare	Director, Client Services
Debra Bell	Ministry of Health and Long-Term Care	Manager, Community Care
Catherine Brown	Health Shared Services Ontario	Chief Executive Officer
Christine Brown	Ministry of Health and Long-Term Care	Performance Improvement Consultant, Health Quality Branch
Janet Daghish	Bayshore HealthCare	National Director, Business Development & Government Relations
Kim Delahunt	Central West Local Health Integration Network	Senior Director, Health System Integration
Laurie Dunn	Health Quality Ontario	Team Lead, Quality Improvement Strategies and Adoption
Caroline Gill	CBI Health Group	Director, Quality & Risk
Anna Greenberg	Health Quality Ontario	Vice President, Health System Performance
Lezlie Lee Kam	Senior Pride Network	Patient/caregiver representative
Paul Lee	Ministry of Health and Long-Term Care	Manager, Measurement and Decision Support Unit
Nancy Lefebvre	Saint Elizabeth	Chief Clinical Executive; Senior Vice President, Knowledge & Practice
Kathryn McCulloch	Health Shared Services Ontario	Vice President, Care Innovations and Planning
Karen-Lee Miller	Ministry of Health and Long-Term Care	Senior Policy Advisor
Connie Paris	Canadian Institute for Health Information	Manager, Home and Continuing Care Data Management
Jeff Poss	University of Waterloo: School of Public Health and Health Systems	Adjunct Associate Professor
Frances Reinholdt	Closing the Gap Healthcare	Vice President of Client Services
Elizabeth Salvaterra	Central West Local Health Integration Network	Director, ER/ALC & Decision Support
Deborah Simon	Ontario Community Support Association	Chief Executive Officer
Sue VanderBent	Home Care Ontario	Chief Executive Officer
Walter Wodchis	University of Toronto: Institute of Health Policy, Management and Evaluation	Associate Professor
Anne Wojtak	Toronto Central Community Care Access Centre	Chief Performance Officer, Senior Director, Performance Improvement and Outcomes

Appendix E: Home Care Indicator Review Goals, Measurement Areas and Indicators

<i>Goal: Patients First. The delivery of home and community care is centred on the needs of patients and caregivers.</i>		<i>Goal: There when you need it. A patient-centred home care system is flexible and accessible.</i>	<i>Goal: Sustainable. Home care services seek to reduce the waste - and hence the cost - of supplies, equipment, space, capital, ideas, time, and opportunities while meeting patient goals for care.</i>	<i>Goal: High Quality Care. Home and Community care is based on best practice and provincial evidence-informed care standards.</i>
Patient Centred		Timely	Efficient	Safe and Effective
Patient involvement in care plan <i>Indicator:</i> Percentage of home care patients who felt involved in developing their care plan (CCEE)	Satisfaction <i>Indicator:</i> Percentage of home care patients who are satisfied with their care from both coordinators and service providers (CCEE)	Wait-time for Approval of Home Care Services <i>Indicator:</i> Wait time for a patient between application for home care and approval for services (HCD)	Health System Use at the End of Life <i>Indicator:</i> Percentage of palliative care patients with an unplanned ED visit during their last 30 days of life	Hospital and ED Readmission <i>Indicator:</i> Percent of new home care patients with an unplanned emergency department visit within the past 30 days (NACRS) <i>Indicator:</i> Percent of home care patients with an unplanned hospital readmissions within 30 days for patients discharged from hospital (DAD)
Communication (Patient-Provider) <i>Indicator:</i> Percentage of patients who say that their provider explained things in a way that was easy to understand (CCEE)	Informal Caregiver Distress <i>Indicator:</i> The percentage of long-stay home care patients whose primary informal caregiver expresses continued feelings of distress, anger or depression over a 6 month period (HCRS)	Wait-time between Approval and First Visit <i>Indicator:</i> Wait time for a patient between approval for services and the first home care visit (HCD)	Transitions of Care <i>Indicator:</i> Further work required to develop a stronger indicator of transitions of care	Case Management <i>Indicator:</i> Percentage of home care patients that felt that their case manager helped them get the services that they needed (CCEE)
Unmet Care Needs <i>Indicator:</i> Percentage of patients who reported they were able to achieve their goals (to be developed)	Respect for Patient Values and Preferences <i>Indicator:</i> Further work required to develop a stronger indicator of respect for patient values and preferences	<div style="border: 1px solid black; padding: 5px;"> <p>Legend</p> <p>Indicates areas where indicators require further development</p> <p>CCEE – Client and Caregiver Experience Evaluation</p> <p>HCRS – Home Care Reporting System</p> <p>HCD – Home Care Database</p> <p>DAD – Discharge Abstract Database</p> <p>NACRS -National Ambulatory Care Reporting System</p> </div>		Pain <i>Indicator:</i> Percent of clients who have uncontrolled pain (HCRS)
Availability of Informal Caregiver Support <i>Indicator:</i> Further work required to develop a stronger indicator of availability of informal caregiver support	Providers Know Patient's Medical History <i>Indicator:</i> Further work required to develop a stronger indicator of provider's knowledge of patient's medical history			Functional Status <i>Indicator:</i> Percentage of home care patients whose ADL functioning improved (HCRS)
Knowing Who to Call When Care is Needed <i>Indicator:</i> Further work required to develop a stronger indicator of knowing who to call when care is needed				Wounds <i>Indicator:</i> Further work required to develop a stronger indicator of wounds

Goal: Equitable Care: Patients with similar needs receive similar levels of service across the province.
Stratifications by: demographics, patient level of care

Appendix F: Home Care Indicator Selection Survey and Consensus Exercise summary

Indicator	Average Rating (/7)		Consensus Exercise summary
	Important	Actionable	
Percentage of home care patients who felt involved in developing their care plan	6.1	5.6	Vote to INCLUDE This measurement area is liked, but needs enhancement (e.g., patients involved as much as they want to be would align with primary care).
Percentage of patients who say that their provider explained things in a way that was easy to understand	5.6	5.0	Vote to INCLUDE Patients are not always aware of what should be explained to them, limiting this indicator. Too many assessments can lead to measurement burden.
Percentage of home care patients who are satisfied with their care from both coordinators and service providers	5.6	5.0	Vote to INCLUDE Report on all five response levels (rather than just combining the top three), and break down by provider and coordinator.
Percentage of long-stay home care patients whose primary informal caregiver expresses continued feelings of distress, anger or depression over a six month period	6.0	5.4	Vote to INCLUDE This could be an interim measure until there are better caregiver-reported measures available, especially those regarding the availability of caregiver support.
Wait time for a patient between application for home care and approval for services	5.9	6.0	Vote to INCLUDE Wait times should be based on when home care is needed, not applied for. Better specification of this indicator is required.
Wait time for a patient between approval for services and the first home care visit	5.9	5.7	Vote to INCLUDE 5-day benchmark needs to be re-considered. Better specification of this indicator is required.
Percentage of palliative care patients with an unplanned emergency department visit during their last 30 days of life	5.0	4.8	Vote to INCLUDE This indicator is misclassified as “Patient-Centred”. It should be categorized with the Integration/Transitions measurement area as “Effective”.
Percentage of new home care patients with an unplanned emergency department visit within the past 30 days	5.7	5.0	Vote to INCLUDE
Percentage of home care patients with an unplanned hospital readmission within 30 days, among patients discharged from hospital	5.7	5.0	Vote to INCLUDE A vote was also held for “Percent of new home care patients referred from hospital with unplanned hospitalization within 30 days of discharge”.
Percentage of home care patients that felt that their case manager helped them get the services that they needed	5.3	5.3	Vote to INCLUDE Patients may not be aware of what services were needed, or what is available that was not received.

DRAFT FOR REVIEW

Percent of clients who have uncontrolled pain	5.5	5.0	Indicators are needed for both daily/severe pain and unmanaged pain.
Percentage of home care patients whose activities of daily living (ADL) functioning improved	5.4	4.7	Vote to INCLUDE This vote captured “mid-loss ADL functioning improved” rather than “declined”. Including “early loss ADL” could also be useful, to identify earlier patient limitations.
Unmet Care Needs: patients achieving their goals	5.6	5.2	No Vote No vote held because an indicator that better captures this measurement area is required.
Unmet Care Needs: Levels of Care Framework	5.6	5.2	No Vote No vote held because an indicator that better captures this measurement area is required.
Availability of Informal Caregiver Support	4.4	4.8	No Vote This is an important area for data advocacy. No indicators were voted on given that none were measurable.
Knowing Who to Call When Care is Needed	5.5	5.1	No Vote No vote held because, currently, there is no measurable indicator. Propose future enhancements to this measurement area, looking to other sectors for direction.
Respect for Patients Values and Preferences	5.3	5.2	Vote to EXCLUDE the indicator, but keep the measurement area The potential indicators are not quite perfect or precise, as there are differences between patient “values” and “preferences”.
Providers Know Patient’s Medical History	5.7	5.2	No Vote No vote held because an indicator that better captures this measurement area is required.
Transitions of Care	5.7	5.0	Vote to EXCLUDE This measurement area does not capture “Efficiency”. Work should be done to explore an actual “Efficiency” measure.
Wounds	5.6	5.0	No Vote No vote was held because the indicator is not well-received or comprehensive. Revisit this measurement area in the future.

References

1. <http://www.hqontario.ca/System-Performance/Measuring-System-Performance/Monitoring-What-Matters>
2. <http://www.hqontario.ca/System-Performance/Health-System-Performance/Common-Quality-Agenda>
3. <http://www.hqontario.ca/System-Performance/Yearly-Reports>
4. <http://www.hqontario.ca/Quality-Improvement/Quality-Improvement-Plans>
5. http://health.gov.on.ca/en/ms/ecfa/healthy_change/
6. <http://www.hqontario.ca/What-is-Health-Quality/Quality-Matters-A-Plan-for-Health-Quality>
7. <http://www.hqontario.ca/System-Performance/Health-System-Performance/Common-Quality-Agenda/Performance-Indicator-Selection-Criteria>
8. http://health.gov.on.ca/en/public/programs/ccac/docs/hcc_report.pdf
9. <http://www.hqontario.ca/Portals/0/documents/qi/qip/relationship-between-qips-and-saas-1611-en.pdf>
10. http://health.gov.on.ca/en/public/programs/ccac/docs/hcc_report.pdf
11. http://auditor.on.ca/en/content/specialreports/specialreports/CCACs_en.pdf
12. <http://www.health.gov.on.ca/en/public/programs/ccac/roadmap.pdf>