The Sound and the Fury

Public Reporting on Health System Performance (HSP)
CIHI’s HSP Story….

- What we were doing
- What are doing
- What we’re going to be doing soon
- Best Practices?
Not a new focus at CIHI

- Builds on more than 10-years of experience in indicator development and public reporting on HSP
- Health Care in Canada series of reports, sector specific reports, comparative reporting, Hospital Report series (Ontario only), etc…
Who is Reporting on Health System Performance in Canada Now?

Federal Government (PHAC, Statistics Canada, Health Canada)

Provincial/Territorial Governments

National/Provincial Health (Quality) Councils

Regional Health Authorities (outside Ontario) and acute care facilities

CIHI

Professional/Interest Advocacy Groups (Accreditation Canada, Conference Board of Canada, Fraser Inst etc)
Why is CIHI focused on HSP in Canada?

• Increasing awareness and interest by the public in information on health system performance (HSP)

• Much work going on, but uncoordinated and unstructured
  – Many entities reporting at all levels leading to indicator chaos/confusion

• Need to focus performance measurement on key metrics and meet information needs of general public and professionals

• Can be a powerful tool for improvement when done right

• Strong support from a variety of stakeholders
Vision for Hospital-Level Reporting

Respond to a need…
• Had been working on the Ontario hospital report card for years.
• No standardized pan-Canadian measures existed for peer comparisons
• Need for accompanying tools and resources to track, measure and interpret indicator results

Support health system performance measurement…
• Provide comparative information about the quality of hospital care
• Foster learning and best practice sharing

Provide more than just indicators…
• Offer leading edge performance management tools
• Provide additional information necessary to understand indicator results
CHRP prototype tool - 2010

- Results for 35 clinical and financial indicators
- 580 hospitals participating
- Hospitals assigned to 4 standard peer groups
Participating Hospitals Able to Compare Their Results
CHRP’s Public Web Tool

Interactive web-based tool...

• Six financial and 21 clinical indicators
• Hospital and Community Profile information
• GIS/Mapping visualizations for facility-based indicators, community and hospital profile visualizations
Features of CHRP’s Public Web Tool

Hospital Results
- Geographical display of Clinical & Financial Indicators
- Facility & Community Profiles
- Peer comparison report
- Facility snapshot (all indicators for a selected facility)

Key Findings
- Summary of results for two clinical and two financial indicators
- Highlights notable trends and interesting results

Performance Allocation
- Intended to help hospitals identify other others from whom they can learn
- Assignment of performance categories (above, within, below) to seven clinical indicators

Financial Trending
- Allows users to explore a selection of financial indicator results for a hospital, region or province,
- Examination of trends over time
Reporting in CHRP included Hospitals of all Sizes

- Over 600 Canadian facilities included in CHRP
- About 50% to 60% of Canadian acute care hospitals are classified as small

Mitigating the Challenges

- Suppression
  - When denominator < 5
  - Privacy considerations
- “Low-volume rates” (unstable) are defined as
  - Denominator between 5 and 49;
  - Or expected value less than 1 with a numerator >0
- Low-volume rates are highlighted and identified in CHRP tool with cautions
  - Rare events (i.e. low event rate indicators) may be associated with greater variability
CHRP – Public tool

Home > Health System Performance > Indicators > Performance > Hospital Results

Select an Indicator
- Appropriate
  - C-Section Rate: Exclusions
  - Coronary Angio Following AMI
  - VBAC
- Effectiveness
  - 28-Day Readmission - AMI
  - 28-Day Readmission - Stroke
  - 30-Day Mortality - AMI
  - 30-Day Mortality - Stroke
  - 30-Day Readmission - Medical
  - 30-Day Readmission - Obstetric
  - 30-Day Readmission - Pediatric
  - 30-Day Readmission - Overall
  - 30-Day Readmission - Surgical
  - 30-Day Readmission - Knee Reoform
  - 5-Day Mortality - Major Surg

Peer Group: Community-Small
Province / Territory: New Brunswick

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<th>Adjusted Rate</th>
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<td>7.69</td>
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About this Indicator
30-Day Medical Readmission (rate per 100)
This facility-level indicator measures the rate of unplanned readmissions within 30 days of discharge for medical episodes of care.

Legend
- Low Volume Rate
- Canada Average
- Confidence Limit

Details for Charlotte County Hospital

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<th>Fiscal Year</th>
<th>Adjusted Rate</th>
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<td>10.35</td>
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Facility Snapshot

30-Day Readmission - Medical

2009-2010
CHRP media pick up

**News** (in the first 2 weeks post release):
- Print and Web news articles on CHRP: 61

**Web** (in the first 3.5wks post release)
- Visits to the CHRP webTool and pages: 73,425
- Number of visitors viewing CHRP pages: 68,190
- CHRP PDF downloads: 5,441

**Context**
- CIHI Home Page: average visits per quarter: 86,000
- Quick Stats average visits per quarter: 9,400
Hospital performance tool gets a lot of attention.

Why did it take so long?

It speaks to transparency and accountability.

Hospital CEO has explaining to do.

More info is always better.

The road map to better hospitals.

Tool increases patient awareness.
Reaction from Stakeholders – key themes

- Support for public reporting on hospital performance
- The CHRP tool – its design
- The CHRP tool – its usability
- The release of CHRP
- CHRP going forward
Reaction = Learnings
2012 Health System Performance Vision

• Rethinking our health system performance measurement framework

• Building an integrated set of public performance reports supported by an enhanced analytical environment (business intelligence)
  – Will meet information and analytical needs of different audiences in a coordinated and structured way
  – Developing an inventory of indicators to contribute to reducing “indicator chaos”

• Pursuing an analytical agenda - coordinated with partners - supporting HSP improvement efforts

• Initiating activities supporting capacity building of system managers
Our Approach: Integration of HSP Measurement and Peer Learning

Public

Limited set of comparable indicators to support transparency

Regional and Provincial Authorities

Benchmarking reports and tools to support best practice and knowledge sharing, as well as transparency, performance improvement and capacity building

Points of Care (Hospitals/long-term care facilities/primary health care centers)

Include enhanced drill-down capabilities in an integrated environment
Public Consultations:
Category Average Interest v. $ Allocation

Notes: Caution is advised when considering this figure. All allocations were based on within group comparison. The Interest level is the average “post” interest measure for the category. For the “mean allocation of $ (weighted) any $ value above $50 represents a tendency to give more weight to that indicator.
Indicator Selection Process

- CIHI staff inventoried all CIHI’s HSP indicators (350) and categorized the indicators according to new HSP Framework dimensions – a short list was developed of 150 indicators

- 3 independent experts reviewed the short list to identify 40-50 key indicators

- Health System Performance Expert Advisory Group
  - CEOs of Health Regions and Health System researchers plus international representation
  - Guided by information from the public consultations
  - Participated in Delphi Panel to select indicators for public website
  - Met face to face to further select a maximum of 15 indicators as well as a limited set of contextual measures to be included in the public HSP website.
How well is our health system actually working?

Look at the “big picture” across Canada to see how health systems perform in different provinces, territories, your city or even your local hospital.

Explore the five areas of performance measurement that Canadians told us were most important to them:

**Access**
Can you get the health services you need when you need them?

**Quality of Care**
How good is the care you are receiving and is it safe?

**Spending**
How much do the health services you use cost the system?

**Health Promotion & Disease Prevention**
How well is the system working to help you stay healthy and avoid getting sick?

**Health Outcomes**
Are Canadians actually getting healthier?
Q11. Design Concept Clear

I understood that the website was designed to help me see how well the health system is performing in my local hospital, city, or province.

**Pie Chart:**
- Strongly Agree: 36.72%
- Agree: 50.39%
- Neutral: 5.86%
- Disagree: 3.12%
- Strongly Disagree: 1.95%
- I don't know: 1.95%

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Q13. Website Ease of Use

Overall, the website was easy to use

- **Strongly Agree**: 92 (36.08%)
- **Agree**: 121 (47.45%)
- **Neutral**: 25 (9.80%)
- **Disagree**: 12 (4.71%)
- **Strongly Disagree**: 3 (1.18%)
- **I don't know**: 2 (0.78%)

Total: 255 (100%)
Public Website Feedback

• Stakeholders say it’s a brilliant way to communicate with the public
• Students have used the website for projects
• Decision-makers believe it provides useful and useable information
• Easy to navigate and understand
• Used to communicate to boards
Our Approach:
Integration of HSP Measurement and Peer Learning

- Fewer
  - Limited set of comparable indicators to support transparency
- More
  - Benchmarking reports and tools to support best practice and knowledge sharing, as well as transparency, performance improvement and capacity building
  - Include enhanced drill-down capabilities in an integrated environment

Number of Measures

Public

Regional and Provincial Authorities

Points of Care
(Hospitals/long-term care facilities/primary health care centers)
Indicator Selection Process Similar

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- Health System Performance Expert Advisory Group

- Hospital CEOs and Health Region Representatives
  - Participated in Delphi Panel to select indicators
  - Met face to face to further select a maximum of 35 (+15) indicators as well as a limited set of contextual measures to be included in the Facility/Regional Website.
Is public reporting important?
Yes

“It does what every good indicator should do. It makes you ask questions.”

Hospital CEO

The interactive tool is a great way to communicate with the public on our Health System.”

Member of general public

“I have been briefing our Executive Team on the CHRP project and have pulled several reports to help them understand our region’s performance versus province/nation. This has proven to be a useful exercise…”

RHA Quality and Decision Support Consultant
Public Reporting on Health System Performance....

And then is heard no more: it is a tale Told by an idiot, full of sound and fury, Signifying nothing.

Or

…it is a powerful tool, that creates trust, transparency and change
HSP Framework