

Hospital Report

Rapport sur les hôpitaux

20
05



A joint initiative of the Ontario Hospital Association
and the Government of Ontario



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

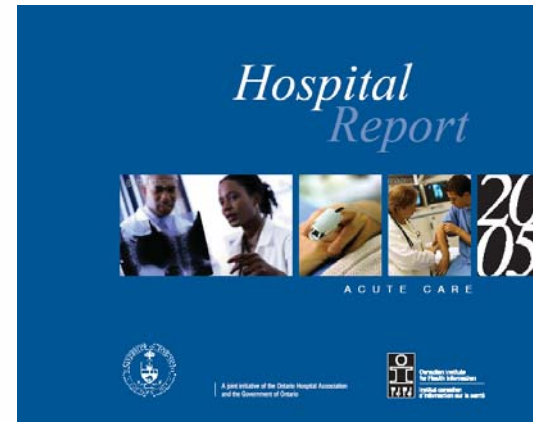
There are several types of new content in the 2005 Reports...

- New reports
 - Rehabilitation results released at a hospital specific level for the first time
 - New Women's Health section
- New methods of presenting and classifying performance
 - High performer identification within/across quadrants
 - Results linked to hospitals' key strategic priorities
 - Indicator-specific benchmarks (Total Margin, Current Ratio, Ankle X-ray)
 - Numeric scores of hospitals' performance
- New indicators
 - Acute Clinical CUO
 - ED/Acute Patient Satisfaction
 - Healthy Workplace

New products are tailored to an executive-level audience...

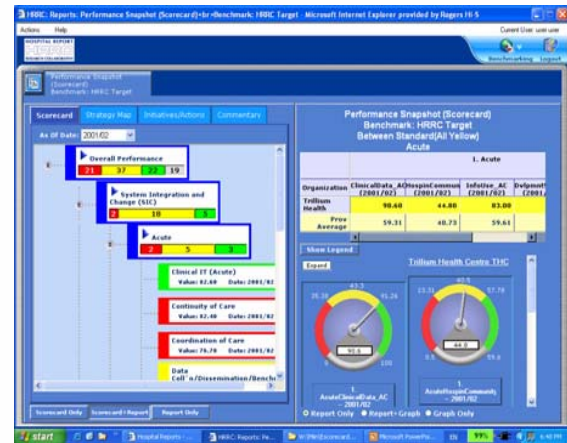
- Executive Report

Summary report, including hospital- specific results

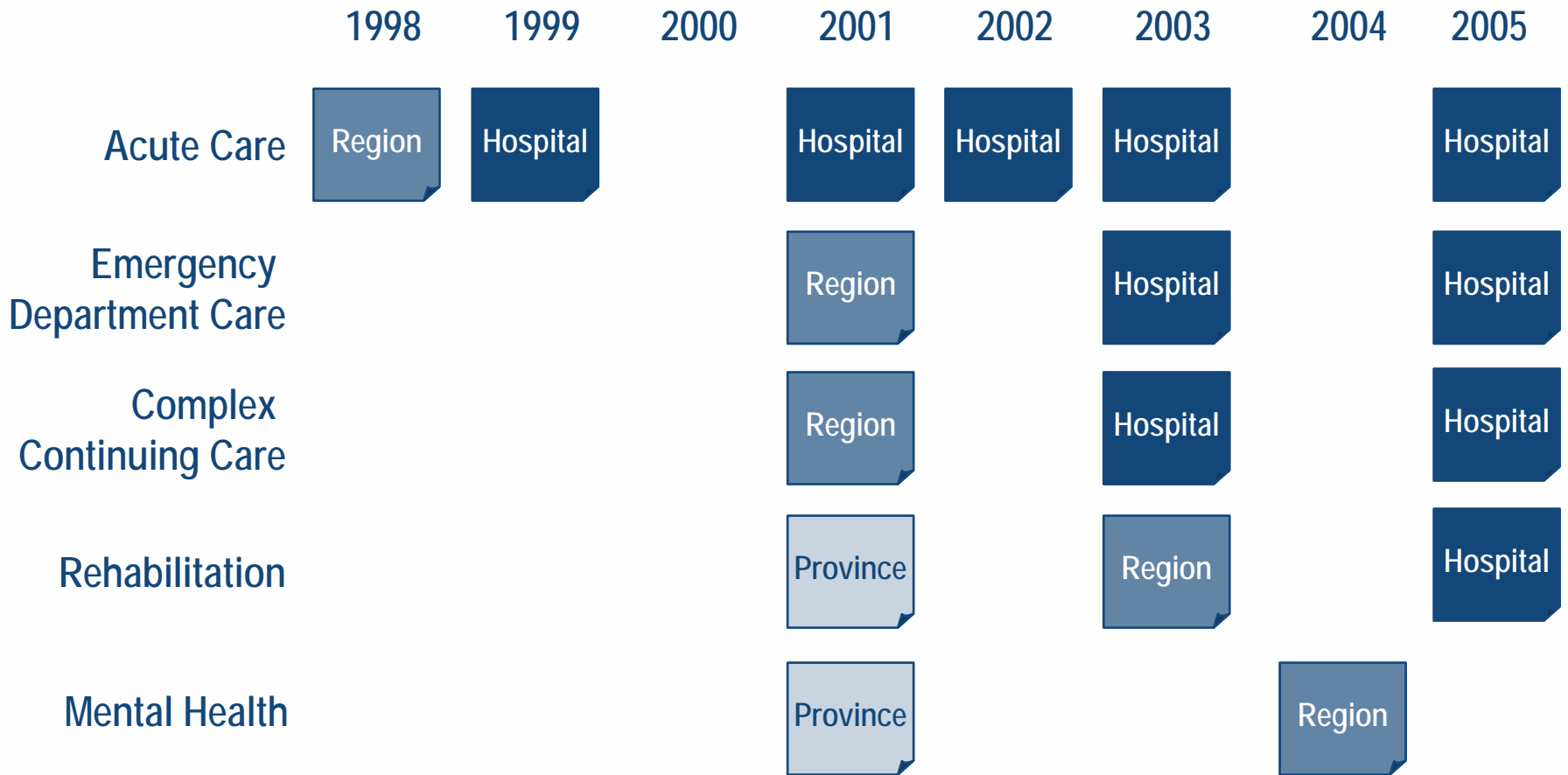


- e-Scorecard

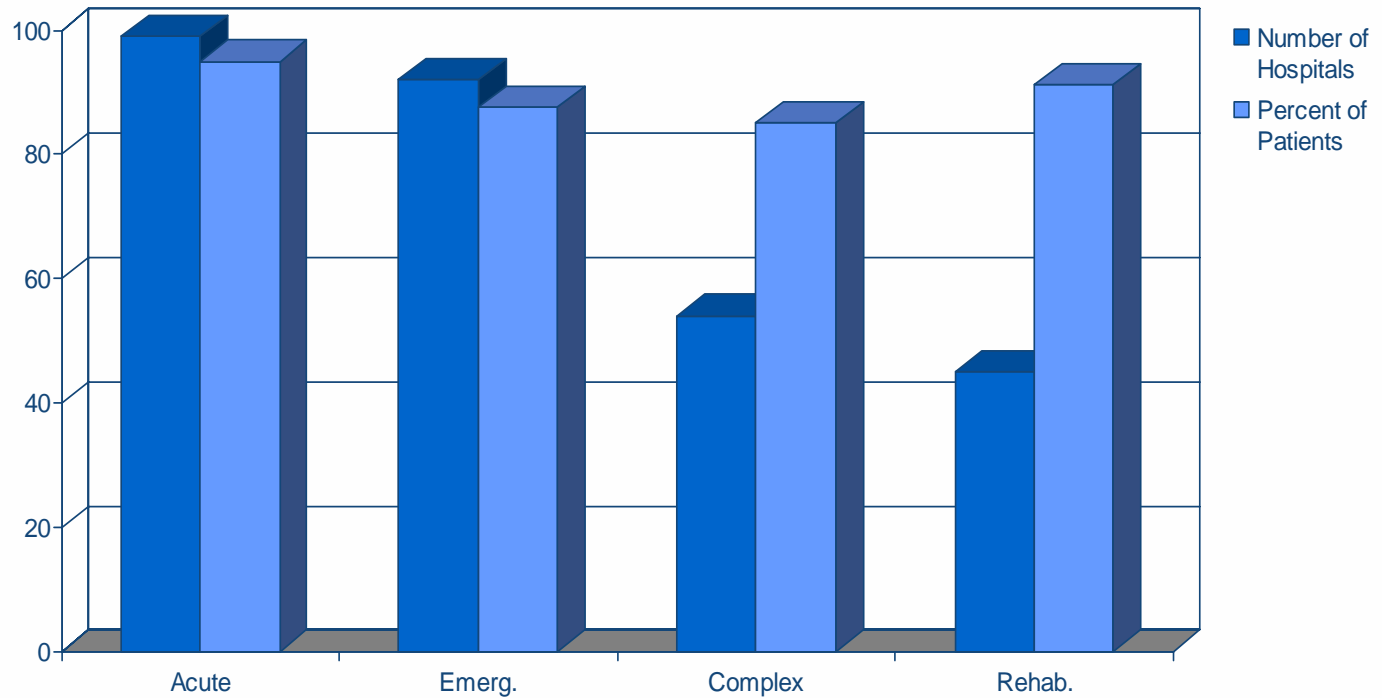
Allows for interactive comparative analysis, using standard and customized reports



Hospital Reports have expanded in scope and depth since 1998...



Voluntary participation results in coverage of at least 85% of patients in each sector...



For the first time, high performing hospitals are identified...

Defined as meeting high performer criteria in two or more quadrants

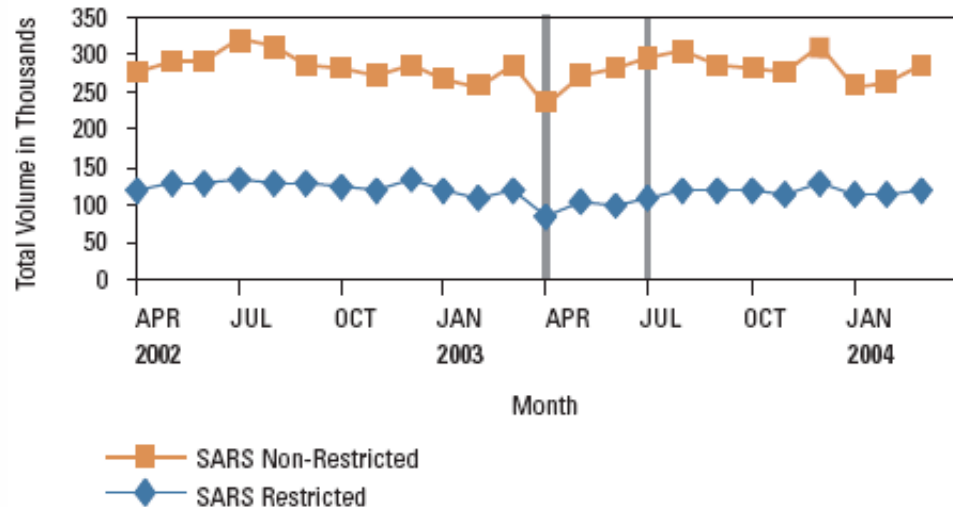
Acute Care	Guelph General Hospital Headwaters Healthcare Centre Kingston General Hospital St. Mary's General Hospital
Emergency Department Care	Children's Hospital of Eastern Ontario Deep River & District Hospital Grey Bruce Health Services Groves Memorial Community Hospital Huron Perth Healthcare Alliance Perth & Smith Falls District Hospital Quinte Health Care Ross Memorial Hospital West Lincoln Memorial Hospital

...within and across quadrants in each sector

Rehabilitation	Penetanguishene General Hospital Providence Continuing Care Centre St. John's Rehabilitation Hospital Trillium Health Centre West Park Healthcare Centre
Complex Continuing Care	Within quadrant only, due to issues related to data availability, number of hospitals participating

Each of the reports considers the impact of SARS...

Monthly ED Visits for SARS Restricted and SARS Non-Restricted Hospitals

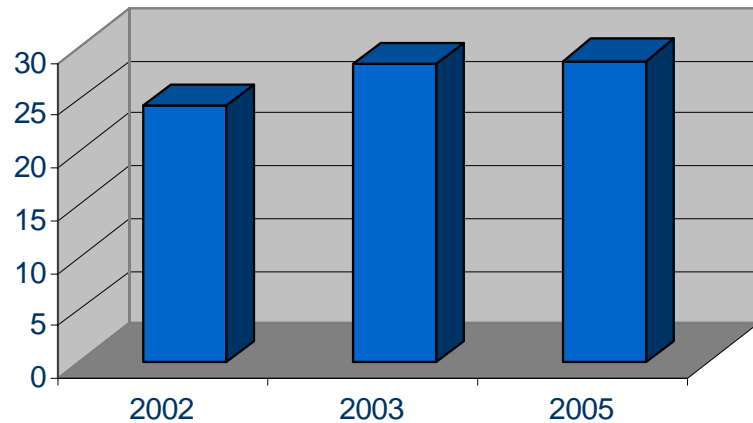


- Patient satisfaction scores for all indicators dropped sharply in March 2003 and remained low until June 2003 – adjusted to avoid penalizing hospitals most impacted
- Increase in nursing benefit hours in 2003/04
- 5.1% decrease in ED visits
- Increase in costs/expenses related to infection control; increase from 0.03% to 0.49% of total acute hospital expenses from 2002/03 to 2003/04 (or \$2.5M to \$52.8M)

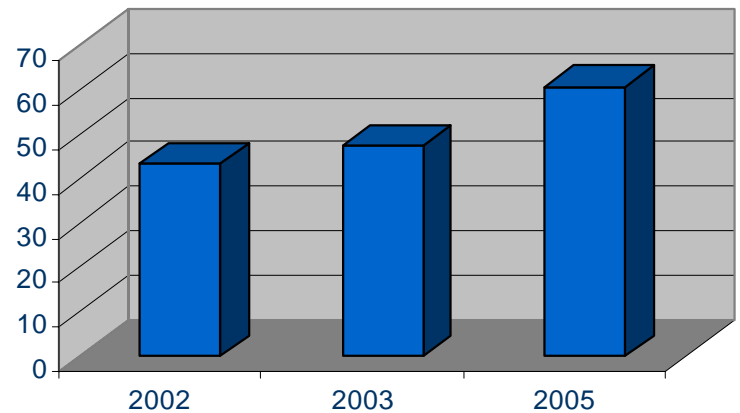
Selected Highlights: ***Acute Care Hospital Results***

Scores on use of standardized protocols remain low, while use of data for decision making continues to improve...

Use of Standardized Protocols

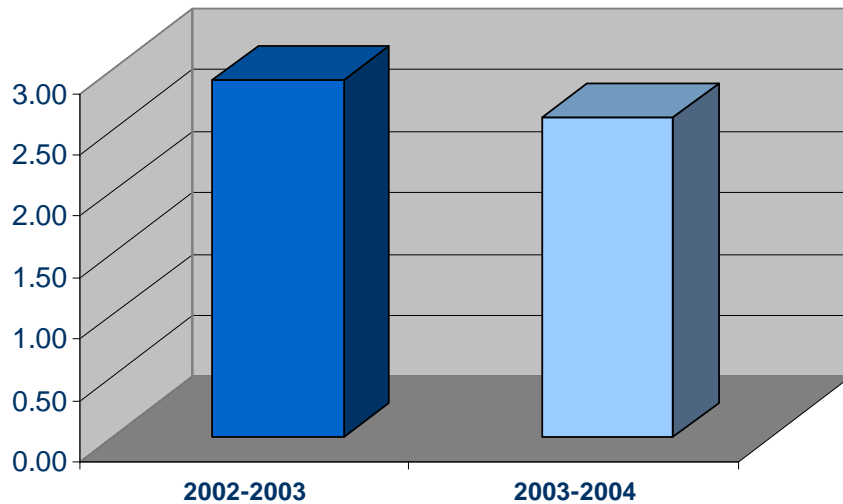


Use of Data for Decision Making

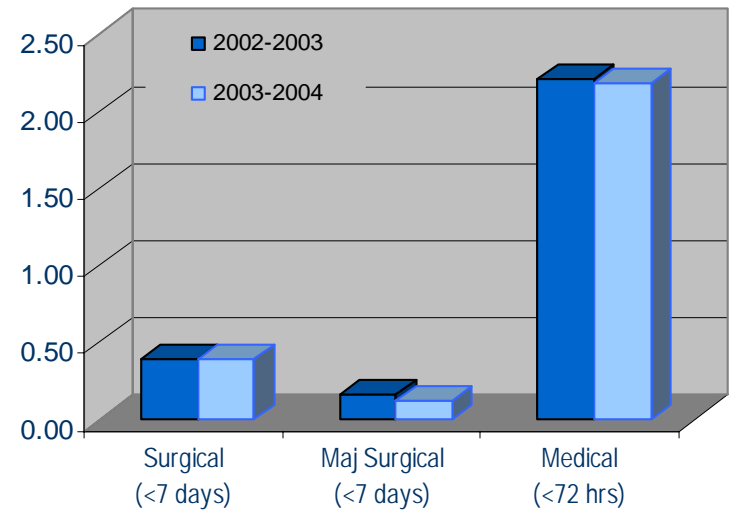


There were improvements over two years for medical adverse events and medical/surgical readmissions...

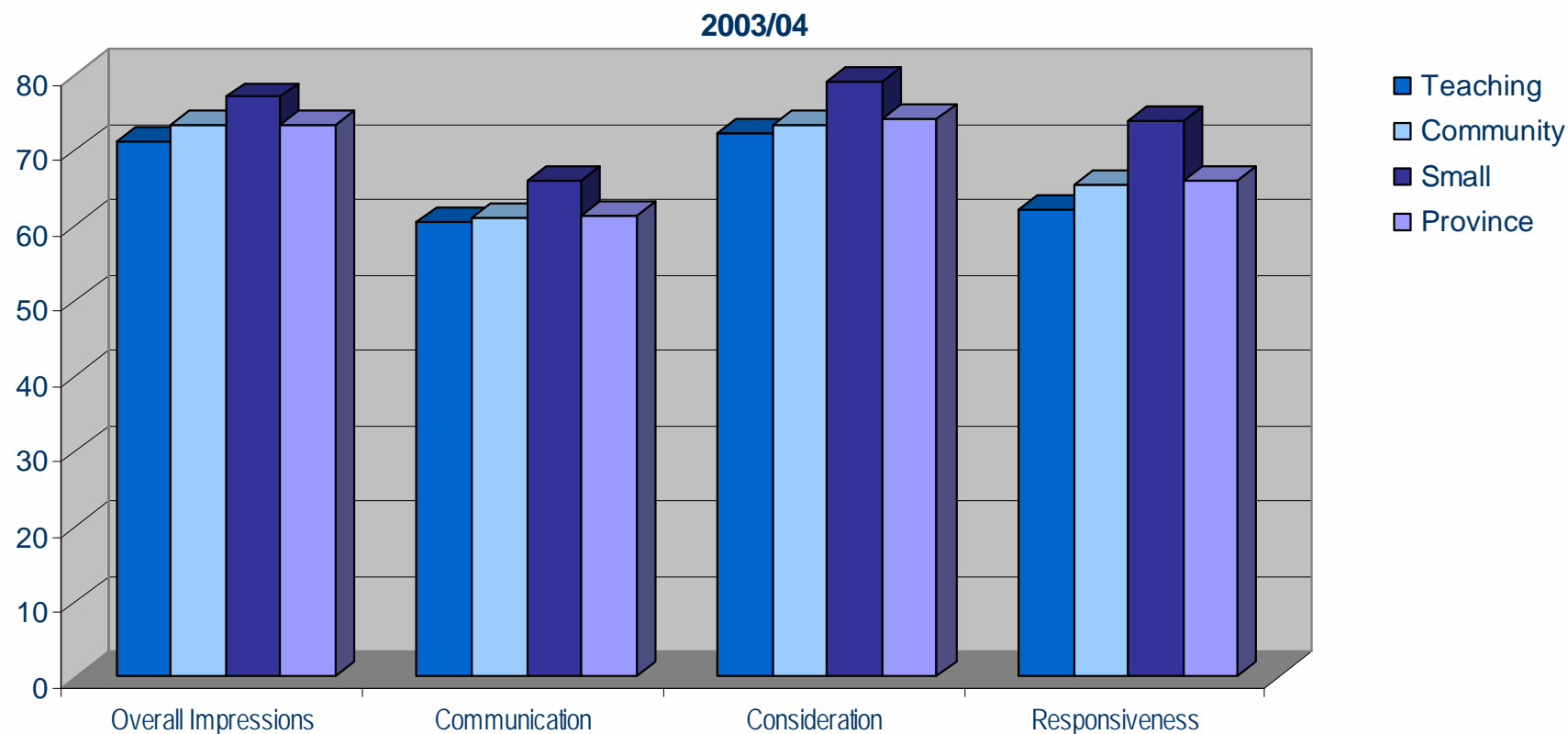
Medical Adverse Events



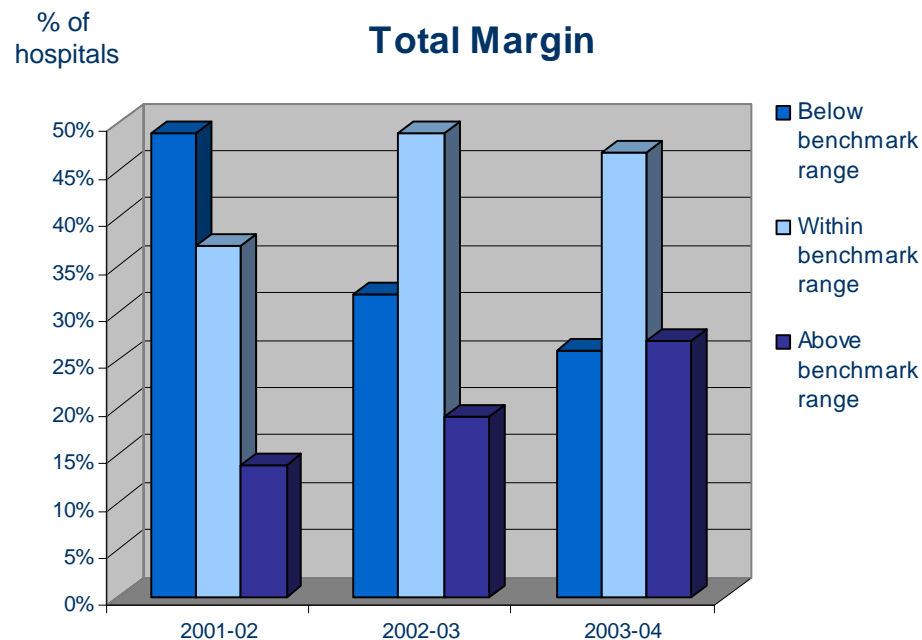
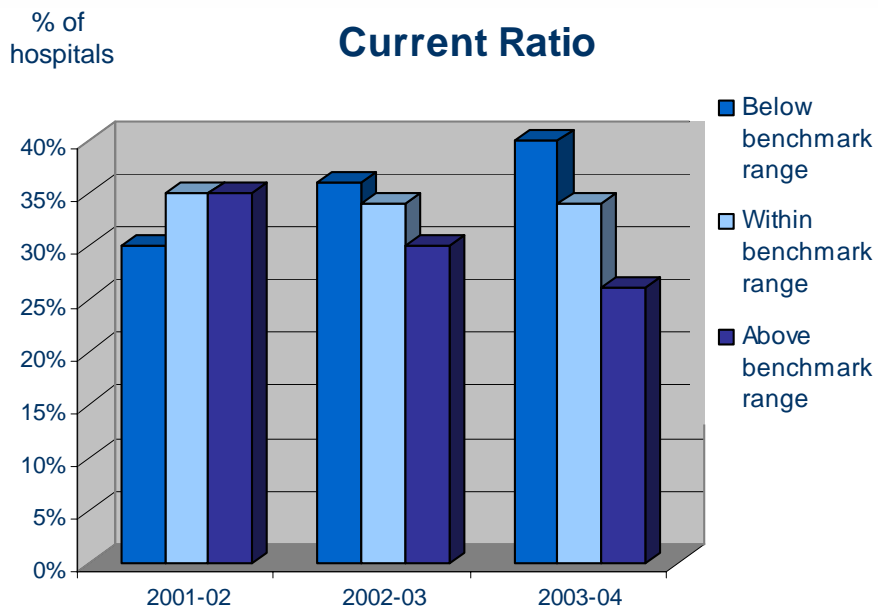
Medical/Surgical Readmissions



Patients score highest on overall impressions and lowest on communication...

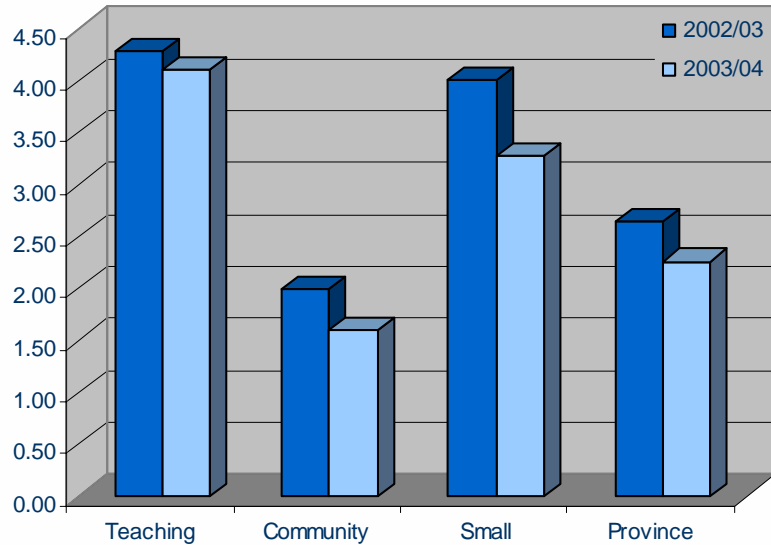


Consensus-based benchmark ranges have been established for current ratio and total margin...

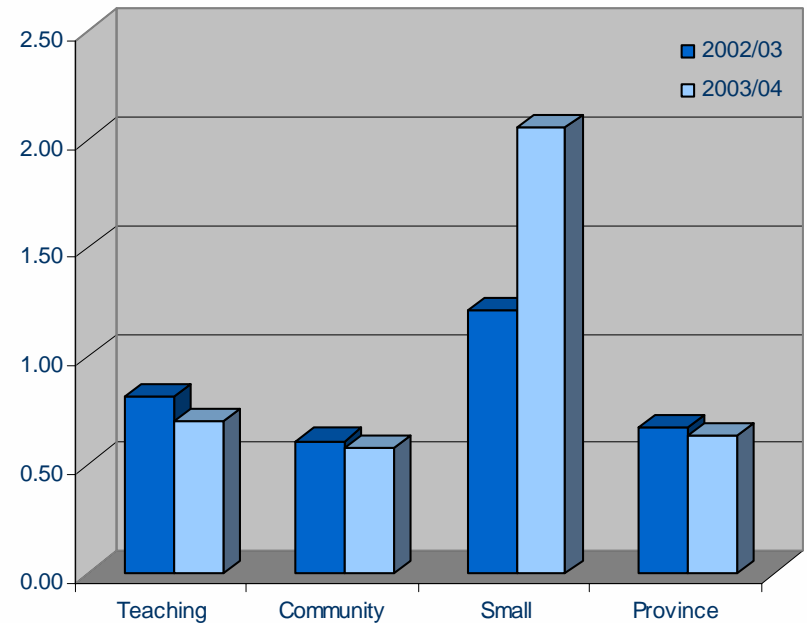


Overall, labour & delivery rates of adverse events and readmissions are low, with slight improvements over time...

Adverse Events



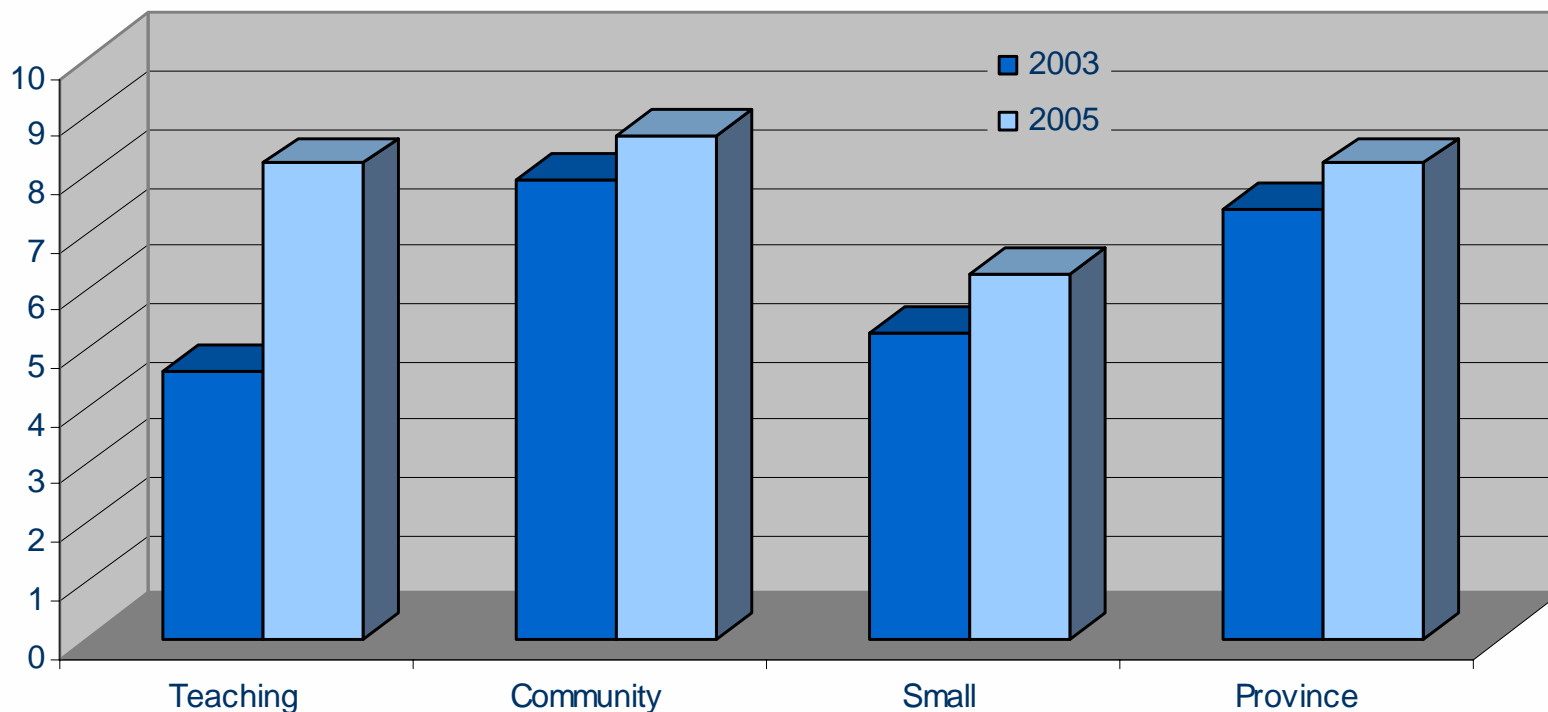
Readmissions



Selected Highlights: ***Emergency Department Care Results***

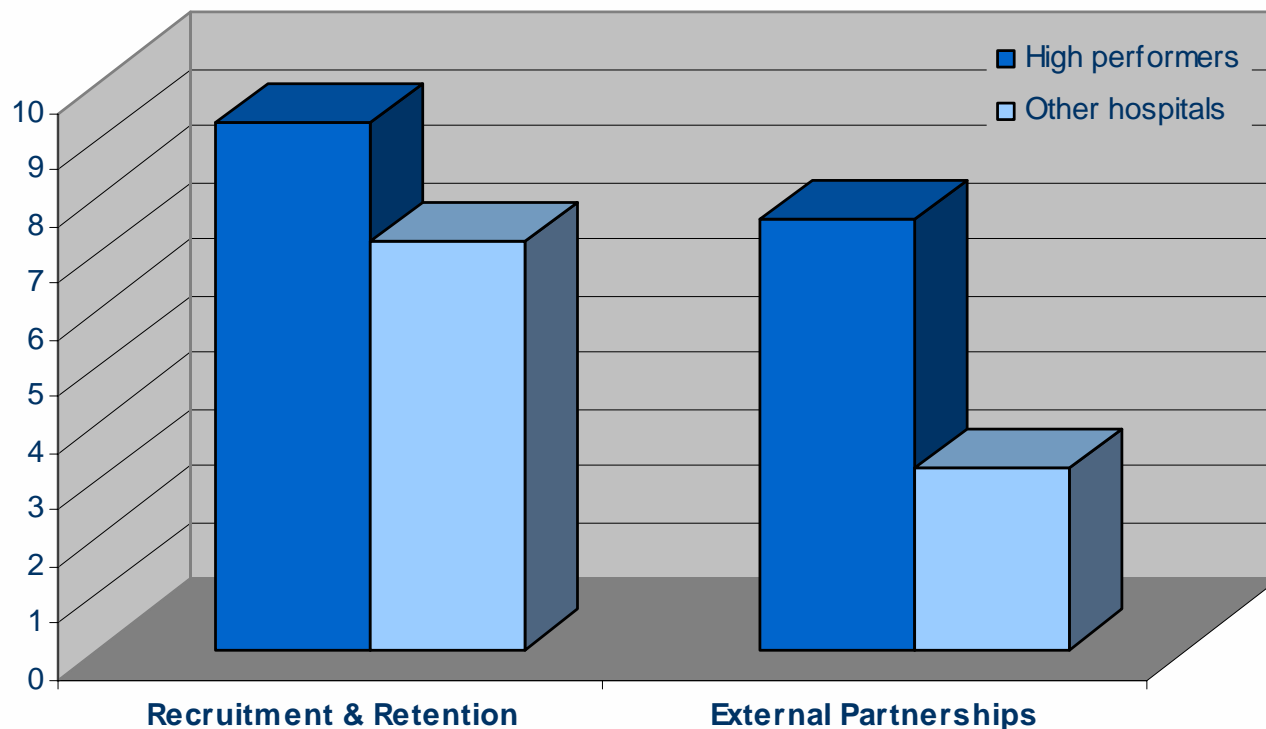
There is increased use of standardized protocols in EDs, with the largest gain being made by teaching hospitals...

Use of Standardized Protocols



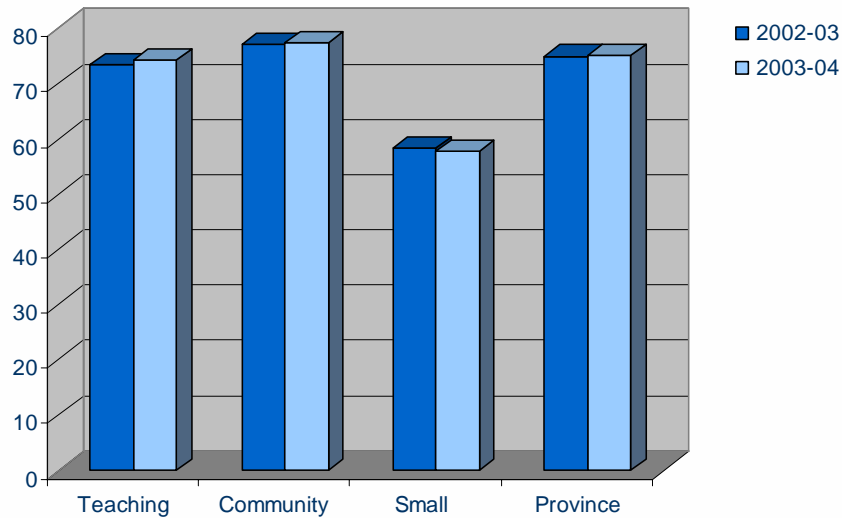
...and the high performing EDs score better than other hospitals on recruitment and retention of staff & on external integration...

High Performers vs Other Hospitals

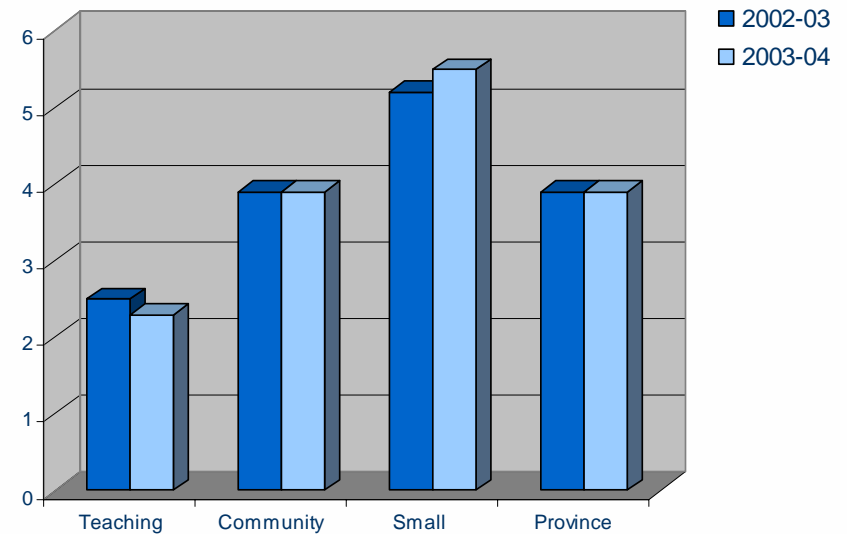


The overall rate of ankle x-rays in Ontario EDs is above the evidence-based benchmark range...

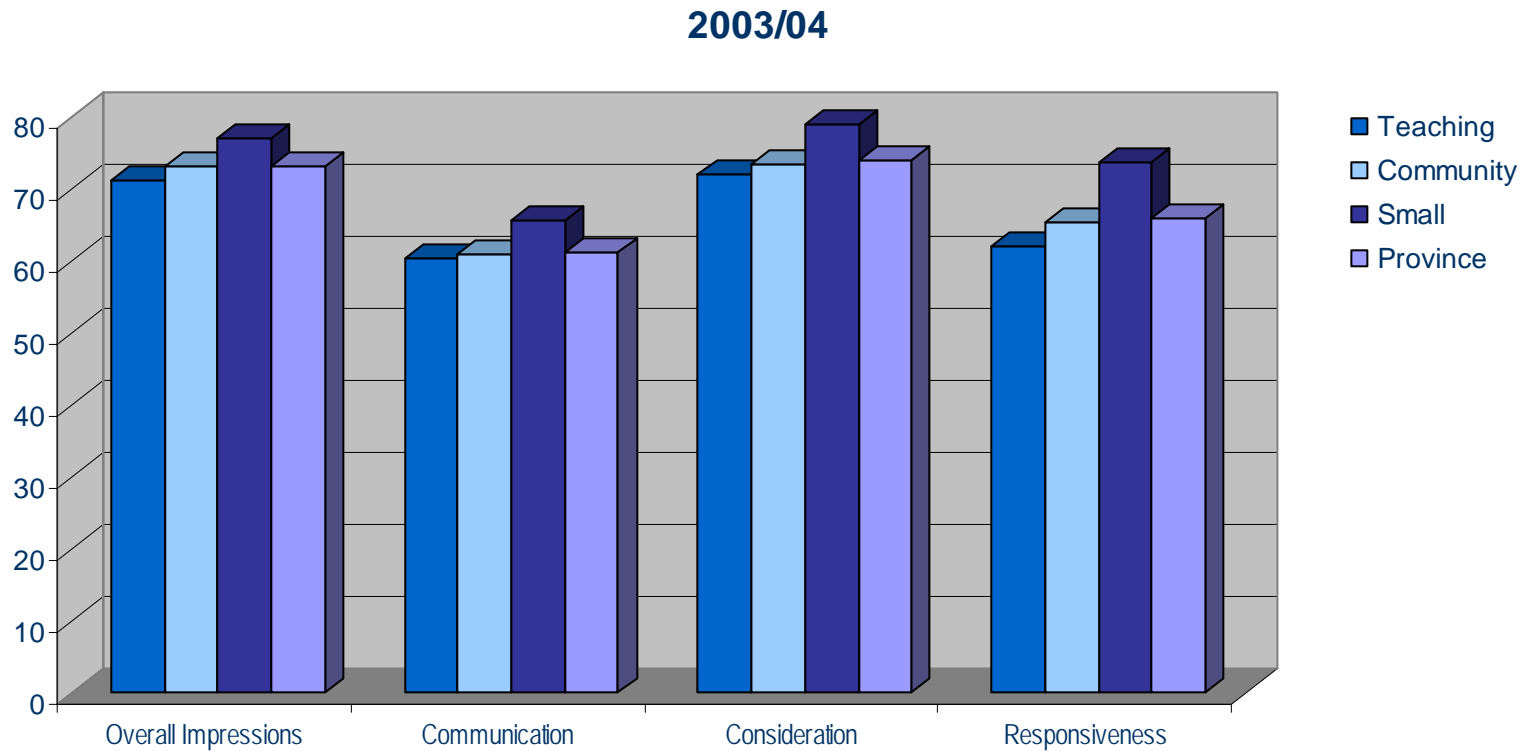
Rate of Ankle X-ray



Return Rate for Ankle X-ray (= < 7 days)

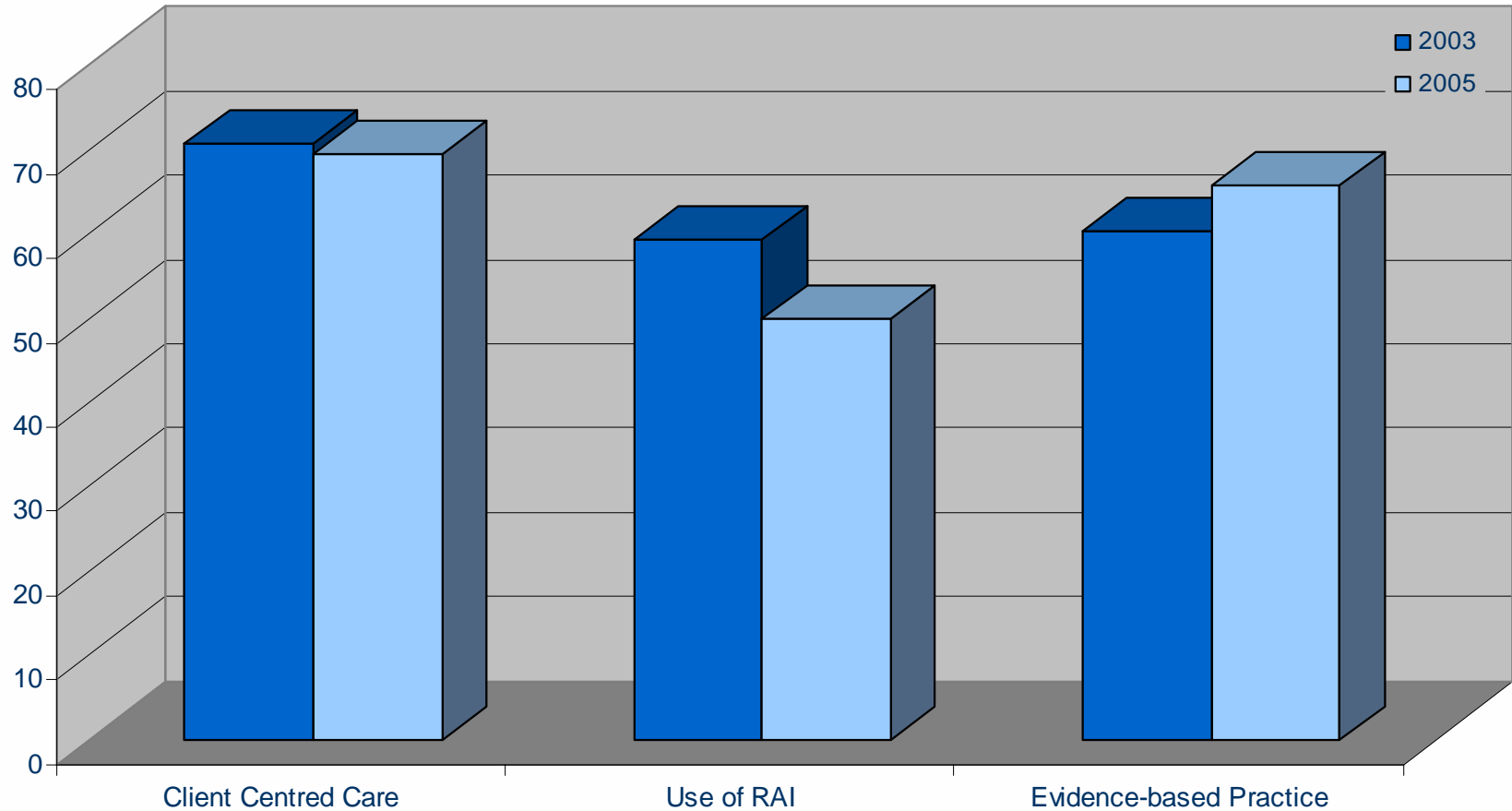


Patient satisfaction with EDs is highest for consideration and lowest for communication...

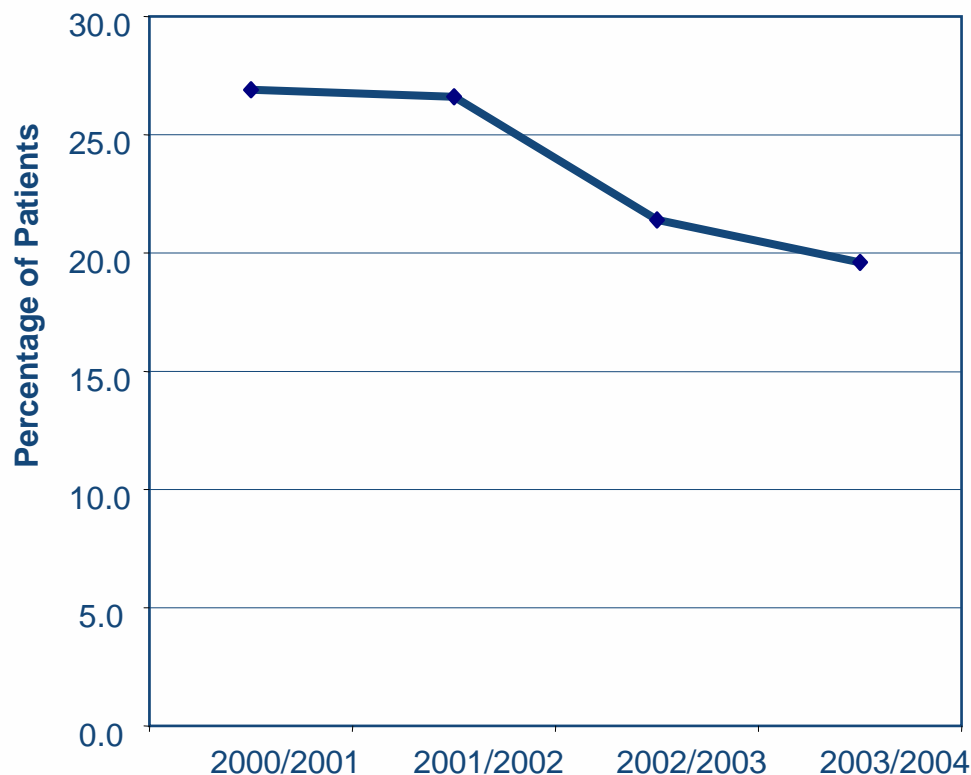


Selected Highlights: ***Complex Continuing Care Results***

The use of standardized protocols increased while use of data for decision-making and client-centred care decreased...



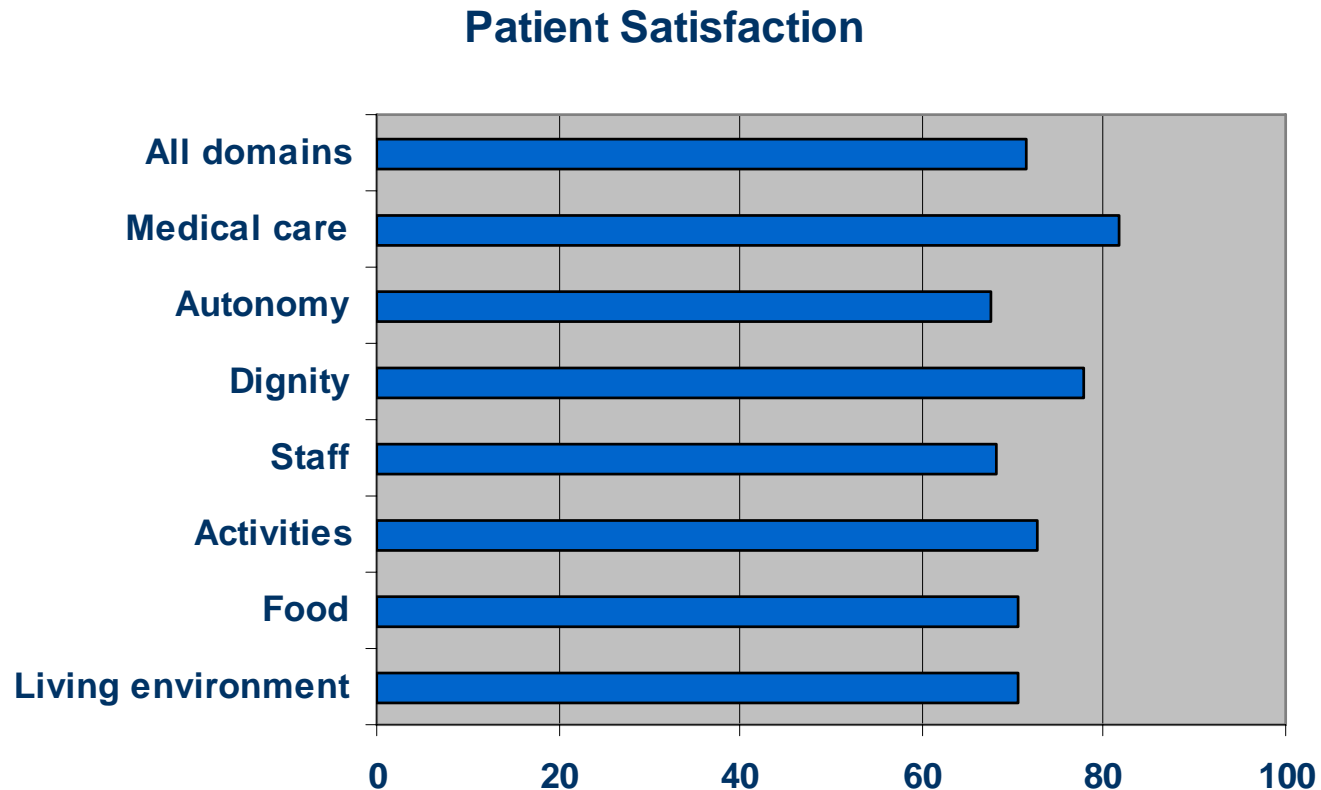
There has been a significant decrease in physical restraint use over four years...



No parallel increase in:

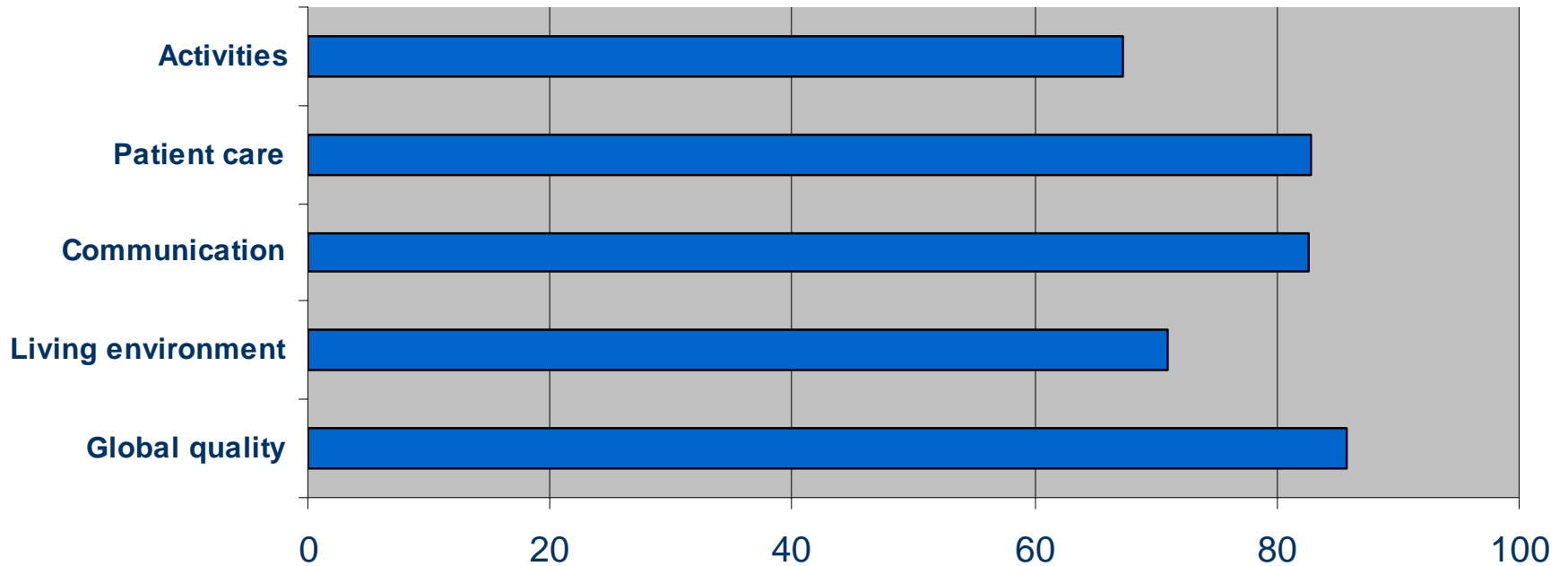
- Use of chemical restraint
- % of new falling among patients with no history of falls

Patient and family satisfaction are essentially unchanged since 2003, with patients most satisfied with medical care...

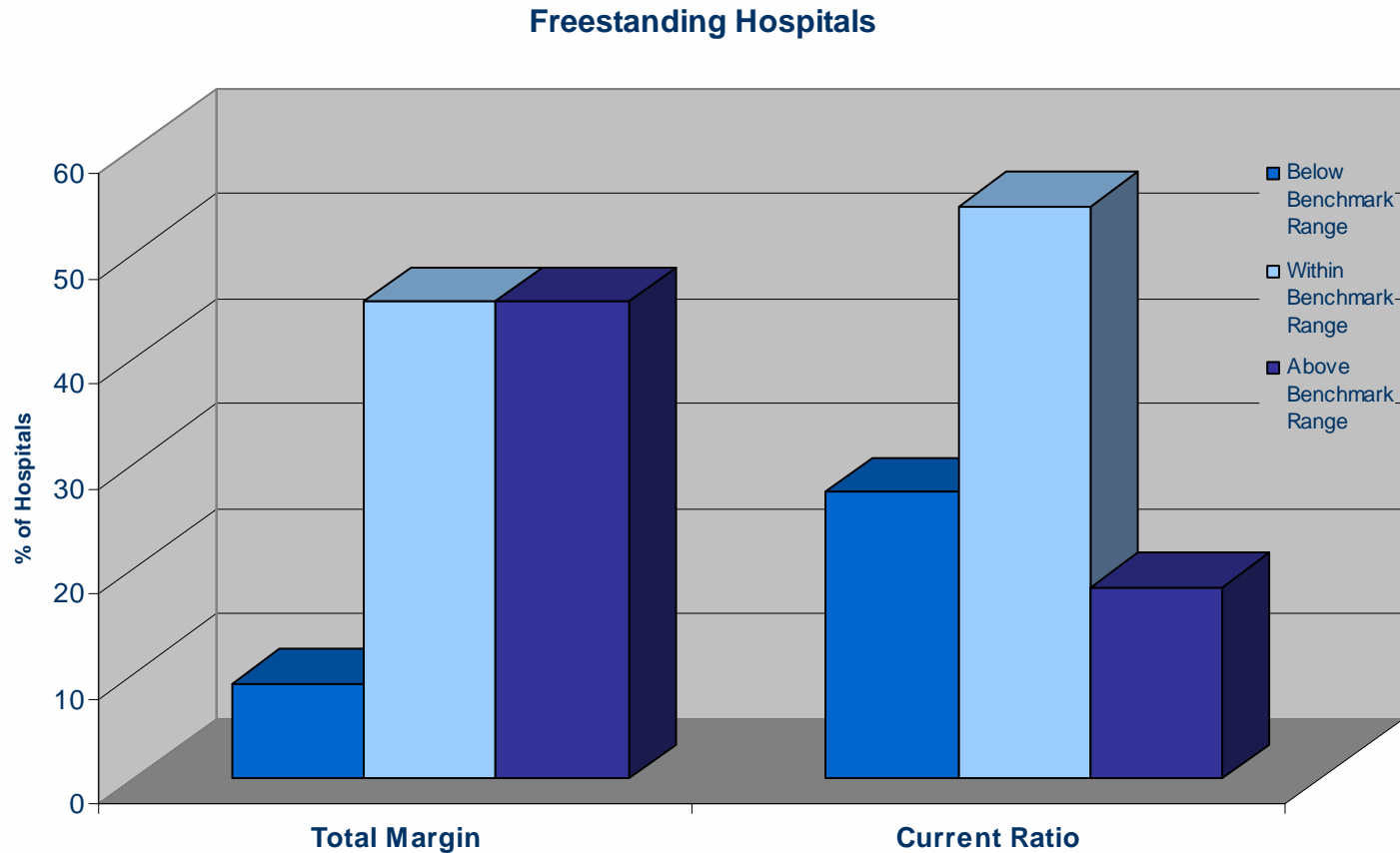


...and families most satisfied with global quality

Family Satisfaction

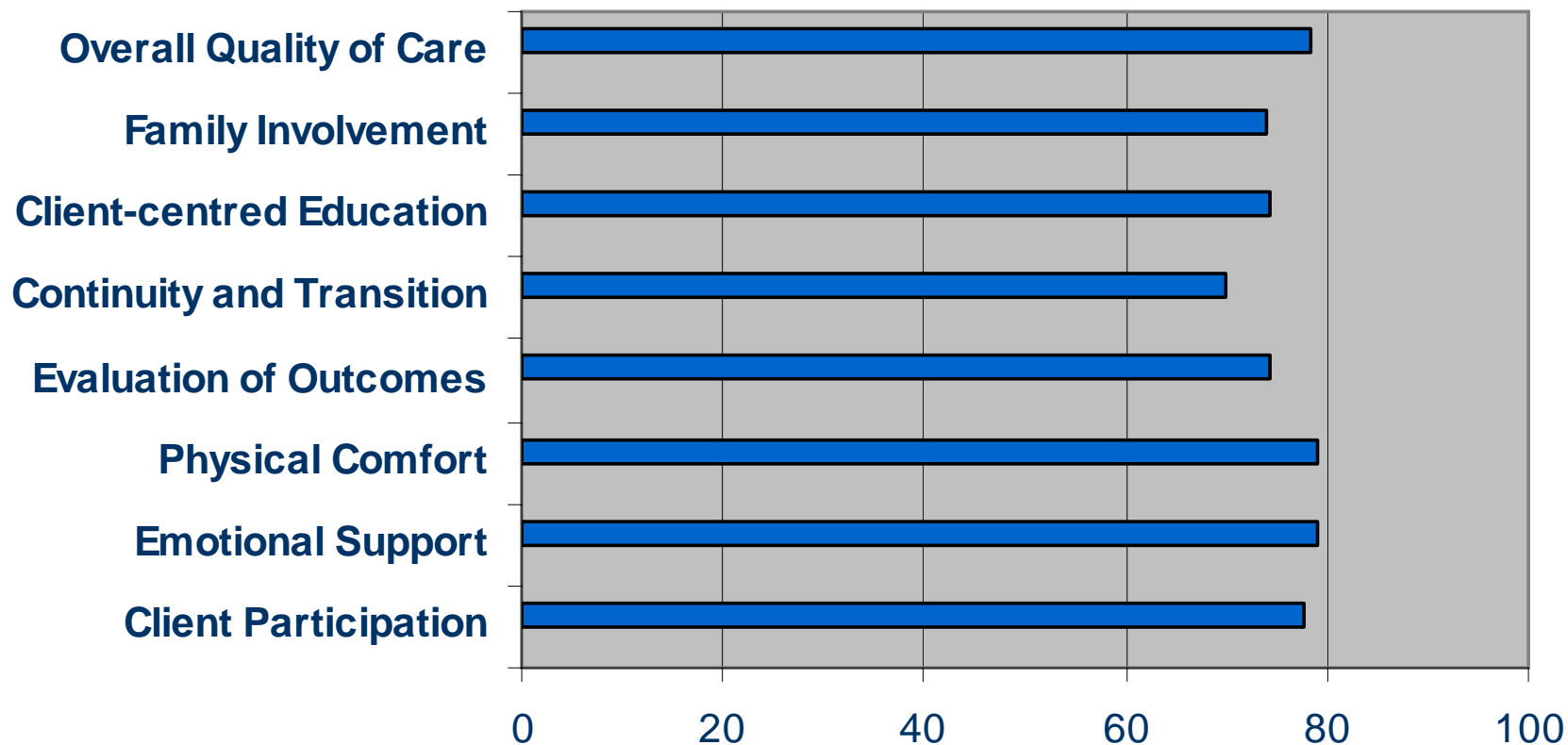


Approximately half of the eleven freestanding CCC facilities are within benchmark range on total margin and current ratio



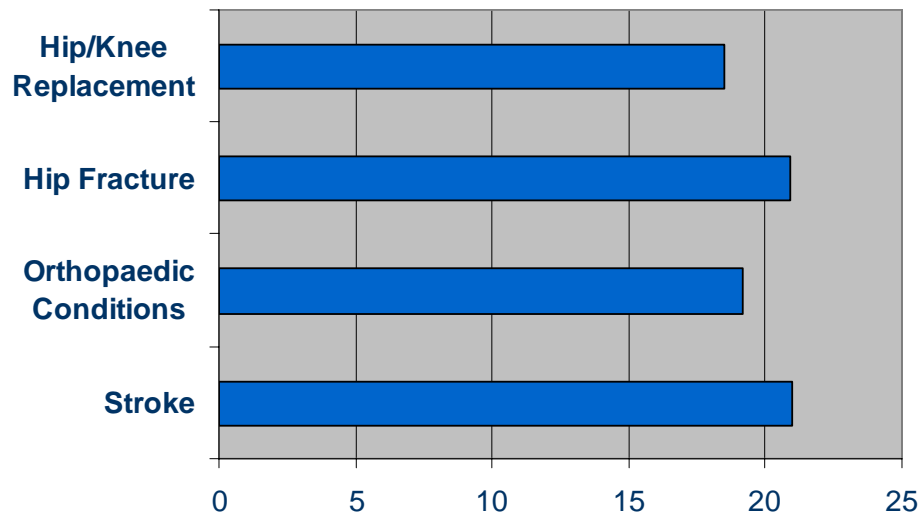
Selected Highlights: ***Rehabilitation Care Results***

Patient satisfaction is good overall, but there are opportunities for improvement, particularly for continuity and transition...

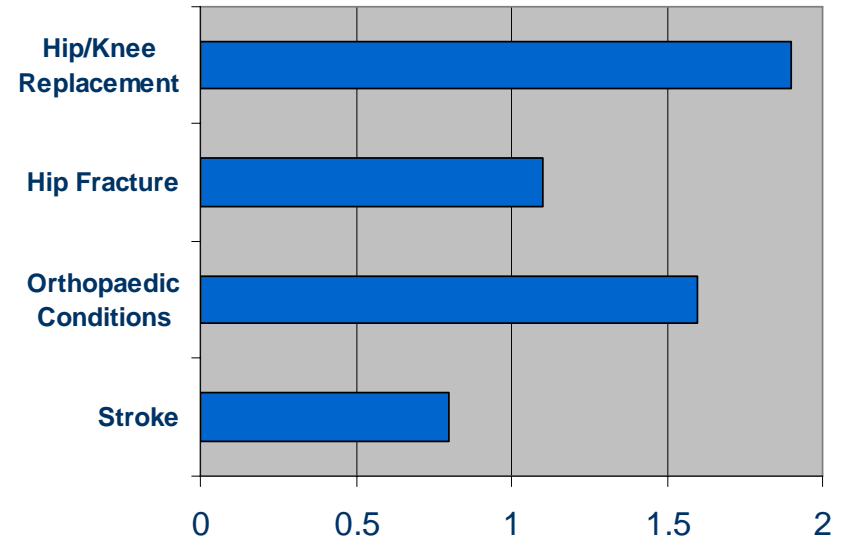


Functional improvement from admission to discharge averages 20 FIM points, with the largest gains per day for hip/knee replacement...

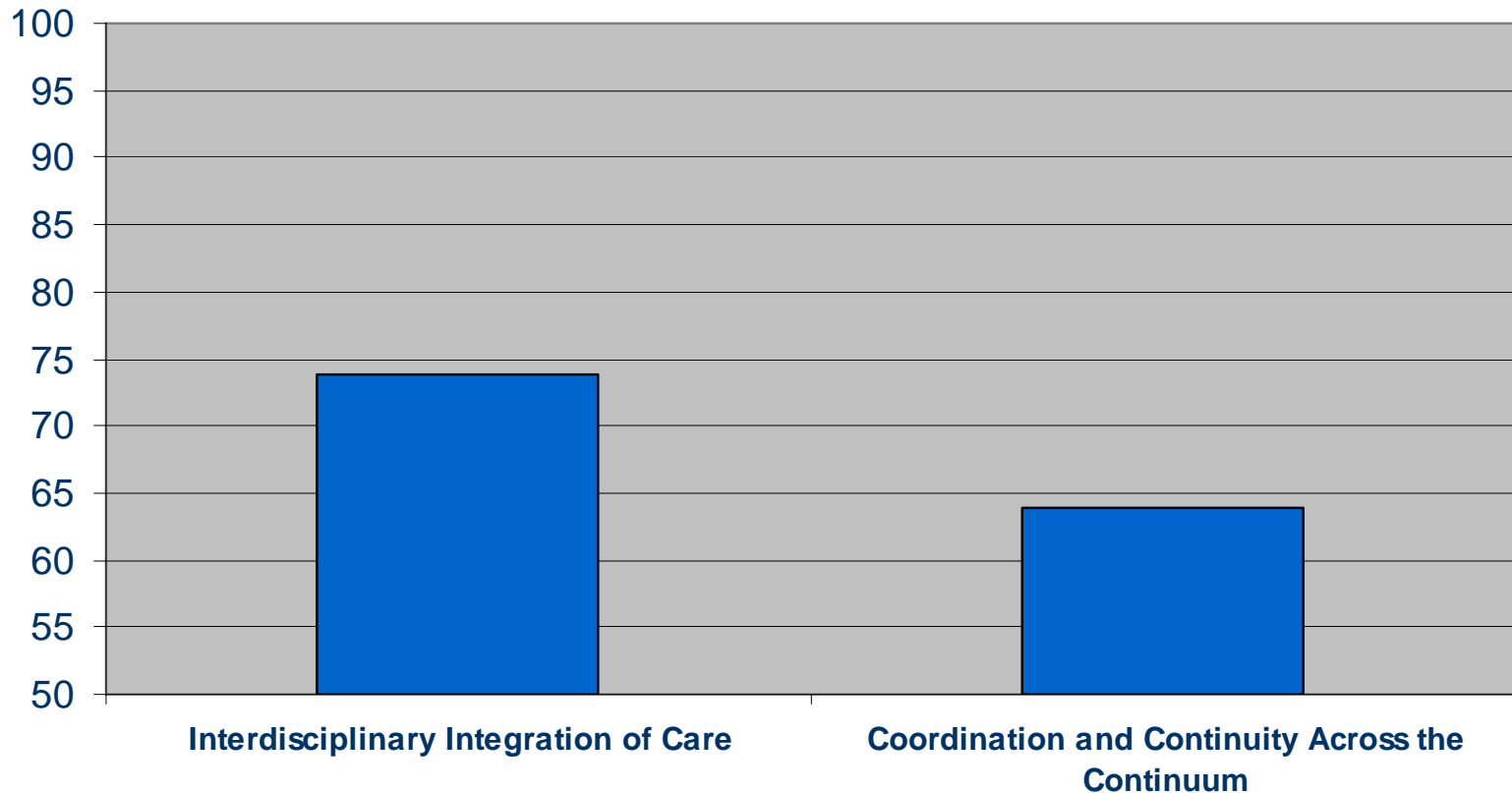
**Total Function Change:
Admission to Discharge**



**Function Change per Day
(LOS Efficiency)**



Integration of care is good within hospitals, but there are opportunities to improve coordination and continuity across the continuum...

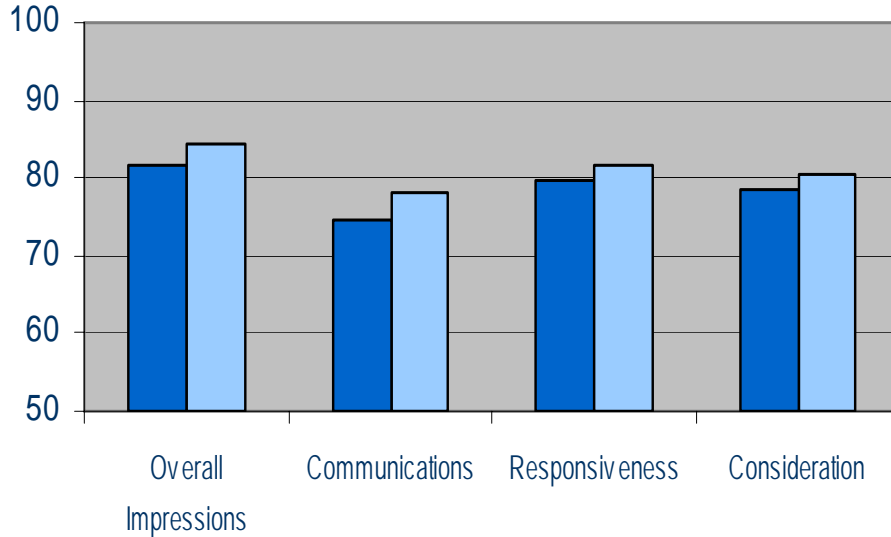


Selected Highlights: ***Cross-Sector Results***

Women are significantly less satisfied with acute care and ED care than men...

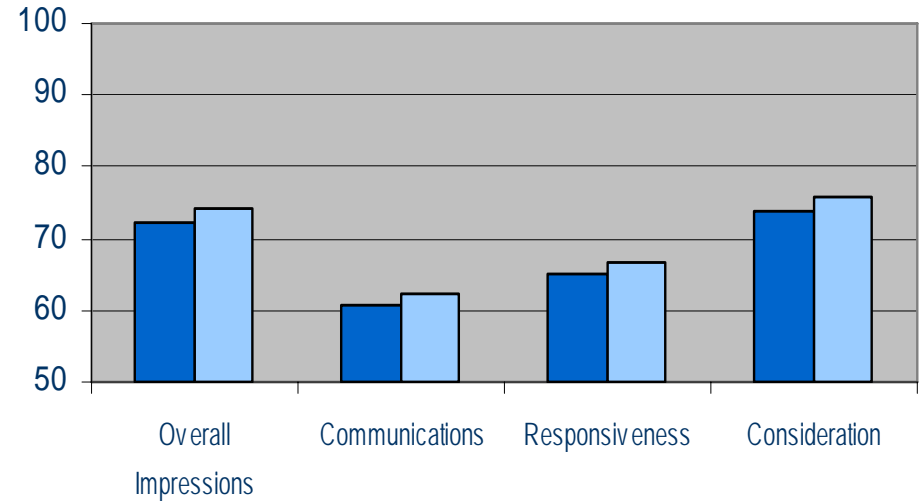
Acute Care

■ F
■ M



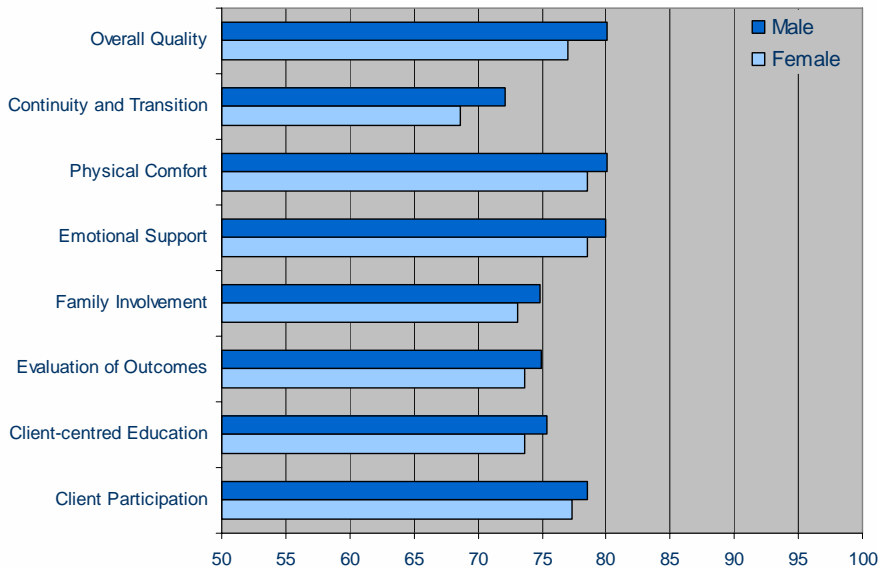
Emergency Dept Care

■ F
■ M

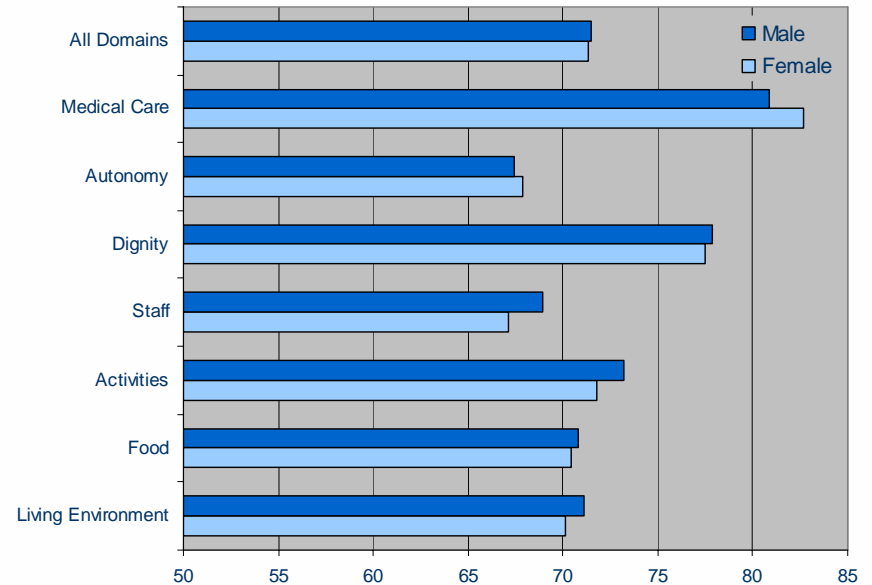


While women are also less satisfied with rehab care than men, the differences are not significant in CCC...

Rehabilitation



Complex Continuing Care



Indicator scores relating to integration, a strategic priority, are low in all sectors

Sector	Indicator	Score	Comment
Acute	Community involvement & coordination of care	39.5	2 nd lowest Acute SIC score
	Communication	76.4	Lowest Acute Pat Sat score
Emergency Dept Care	External partnerships	3.4	Lowest ED SIC score
	Communication	61.3	Lowest ED Pat Sat score
	Non-urgent Cases	14.5	
Rehabilitation	Coordination & continuity across the continuum	63.9	2 nd lowest Rehab SIC score
	Continuity & Transition	70.1	Lowest Rehab Client Perspectives score
Complex Continuing Care	Integration of Care	48.7	2 nd lowest CCC SIC score

...similarly for decision support – another strategic priority – scores across sectors are relatively low

Sector	Indicator	Score (relatively low scores)
Acute	Use of clinical information technology	46.6
	Use of data for decision-making	60.7
Emergency Dept Care	Use of clinical information technology	4.5
	Use of data for decision-making	6.4
Complex Continuing Care	Use of information technology	47.1
	Use of RAI-MDS	50.4

Overall performance reflects a tightly managed system...

- No hospitals perform well or poorly in every area
- 18 hospitals identified as high performers across 2 or more quadrants; many more identified within quadrants
- These reports reflect performance for more than 5,000,000 patient encounters
- Performance reflects tightly managed system
 - Some improvements in management of care, with key opportunities for improvement related to continuity of care and decision support
 - Patient satisfaction largely stable in rehab and CCC; opportunities to improve communication in both Acute and ED
 - Improvements in some key clinical indicators such as adverse events, use of physical restraint in CCC
 - Financial condition remains mixed with higher total margins (short-term) but lower current ratio (long-term) due to many possible reasons

Next steps include work in seven areas

- New SIC indicators on governance & patient safety
- Measurement of access and ambulatory care
- Continued work on establishment of benchmarks and standards
- Further work on cross-quadrant and cross-sector links
- More in-depth work on quality improvement case studies
- Continued work on e-tools
- Continued work on strategy
- Continued work on timeliness of data (most data still from 2003-2004) building on gains from e-Scorecard

Contact Information

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