OHT Focus Populations: Ideas & Measures

HSPN OHT Webinar

April 27th, 2021

Welcome & thank you for joining us!

Please let us know who you are by introducing yourself (name & OHT or other org)

Accessing the Chat in a Webinar from a Mobile Device

1. While in a meeting, tap the screen to make the screen to make the controls appear.

to all panelists and attendees

in the chat box

Land acknowledgement

We wish to acknowledge this land on which the University of Toronto operates. For thousands of years it has been the traditional land of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

We acknowledge that Canada is home to many diverse First Nations, Inuit and Métis peoples, and that many of you are joining us from one of those many traditional and treaty territories.

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Poll 1

Have you joined us for an HSPN webinar previously?

- Yes

- No. This is my first event.

You Asked !

Still NEW!

Three missed questions from the last chat:

1. *Why don't you measure follow-up other than by billing physicians?*
2. *Are community programs in the cost measure?*
3. *What are other countries more advanced in PHM (e.g. February webinar) measuring ?*

You Asked !

1. *Why don't you measure follow-up other than by billing physicians?*

We are limited in our ability to track visits from non-physician providers across the entire attributed population and across ALL OHTs to the measures that are consistently reported at the provincial level.

These are limited at this time to Physician Visits which are recorded in the OHIP billing database.

When we can add standardized visit data from other providers we will.

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You Asked !

2. *Are community programs in the cost measure?*

The measure of patient-specific costs includes all encounters in the health system paid by the MOH and MLTC for which there are individually-identified records by OHIP number. Programmatic funding that is not attributed to individual services (community-mental health, hospital program budgets such as surge funding are not included.)

Full details in our report: *https://hspn.ca/wp-content/uploads/2019/09/Guidelines_on_PersonLevel_Costing_May_2013.pdf*

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You Asked !

3. *What are other countries more advanced in PHM (e.g. February webinar) measuring ?*

- *CMS in the United States has a measurement set for <u>Accountable Care Organizations</u> with Four Domains (and 33 indicators): Patient/Carer experience (7); Care coordination (6); Preventative health (8); Chronic disease Management (8)*

- *<u>Gesundes Kinzigtal</u> in Germany measures Total Cost Per Member; Hospitalizations per 1000 members; Patient and Provider experience; Individual providers receive condition-specific quality indicators*

- *<u>NorthWest London</u> in UK measures ED and Hospital use and cost; Condition-specific care quality; Patient and Provider Experience*

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Today's event

OHT Focus Populations: Ideas & Measures

Host

Dr. Walter Wodchis
Principal Investigator
HSPN

Presenters

Paul Kurdyak MD PhD
Clinical Lead
Mental Heath and Addictions
Centre of Excellence

Kelly Kay
Executive Director
Provincial Geriatrics
Leadership Office

Bo Green
Senior Methodologist
Ontario Health-CCO

Dr Ruth Hall
Co-lead OHT Evaluation
HSPN

Luke Mondor
Epidemiologist
HSPN

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Webinar Overview

A. Intro to population-specific activity and indicators
B. Focus on Mental Health
C. Focus on Older Adults
D. Focus on End-of-Life & Palliative

E. How to use our reports …

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Goals of OHT quantitative evaluation

Measure and evaluate indicators across OHT attributable populations using routinely collected health administrative data. Here, we focus on OHT target populations: mental health and addictions, frail/ older adults, end-of-life care.

Aim to   1) describe variation

               2) identify where opportunities and
                  challenges exist to better integrate

Data Source: OHT Attribution Model database

Ontario residents are linked to primary care providers through formal enrolment or through virtual rostering
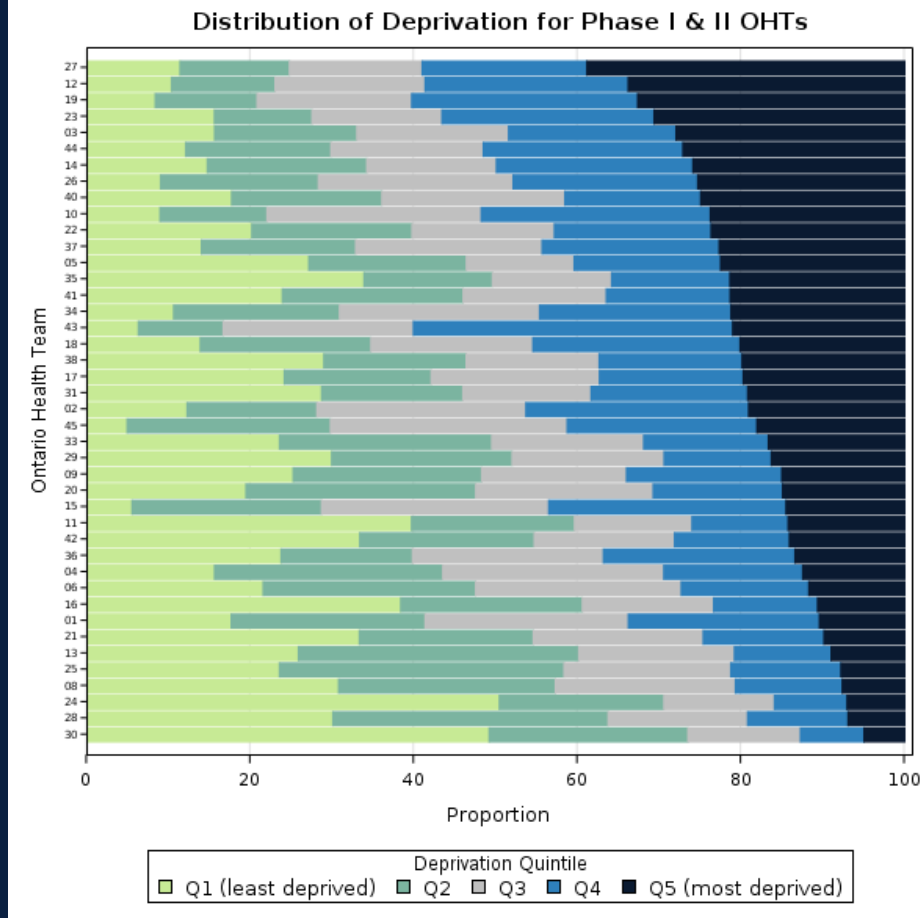
Physicians (and their patients) are linked to the hospital where most of their patients were admitted. Specialists are linked to the hospital where they provided the most services, creating the network (i.e., OHT)

A closed (fixed) cohort, based on administrative data from 2017

See Stukel, TA., et al. Multispecialty physician networks in Ontario. Open Med (2013): e40-55

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Health Equity:

Material deprivation varies across OHTs

Quintile data: a score of Q5 means it is in the most deprived 20% of Ontario

Distribution of Deprivation for Phase I & II OHTs

Deprivation Quintile: Q1 (least deprived), Q2, Q3, Q4, Q5 (most deprived)

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Target Population Indicators

Literature review	→	Modified Delphi	→	Validation

Mental Health & Addictions Care
- Outpatient visits within 7d of MHA hospital discharge
- ED as first point of contact for MHA
- Frequent (4+) ED visits for MHA
- Repeat ED visits within 30 days for MHA
- Rate of ED visits for deliberate self-harm

Older/ Frail Adults
- Frailty
  - 2+ fall-related ED visits (among frail)
  - Days in acute inpatient care (among frail)
- ADL long form
- Caregiver distress
- Cognitive impairment (CPS>2)
- MDS-HSI

Palliative & End-of-Life Care
- Deaths in hospital
- ED visit in the last 30d of life
- Palliative physician home visits in the last 90d of life
- Palliative home care in the last 90d of life
- Days at home in the last 6mth of life

Focus on People with Mental Health & Addictions

Indicators for MHA Care

Indicators Reporting Today

- Frequent (4+) ED visits for MHA
- ED as first point of contact for MHA
- Outpatient (physician) visits within 7d of MHA hospital discharge

Others in Reports

- Repeat ED visits (within 30 days) for MHA
- Rate of ED visits for deliberate self-harm
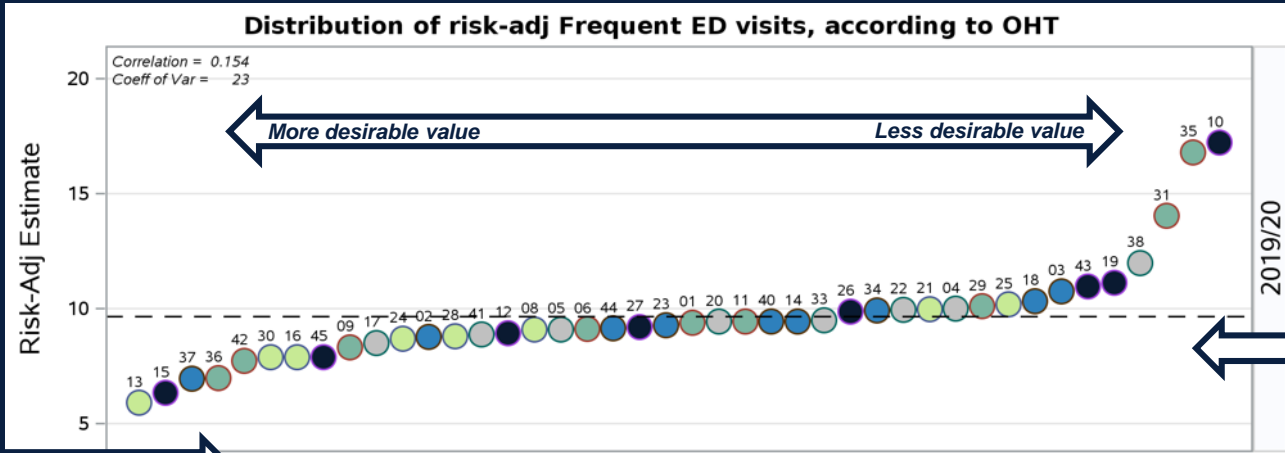
Frequent (4+) ED visits for MHA-related care

Mean: 9.7%
Range: 5.9-17.2%
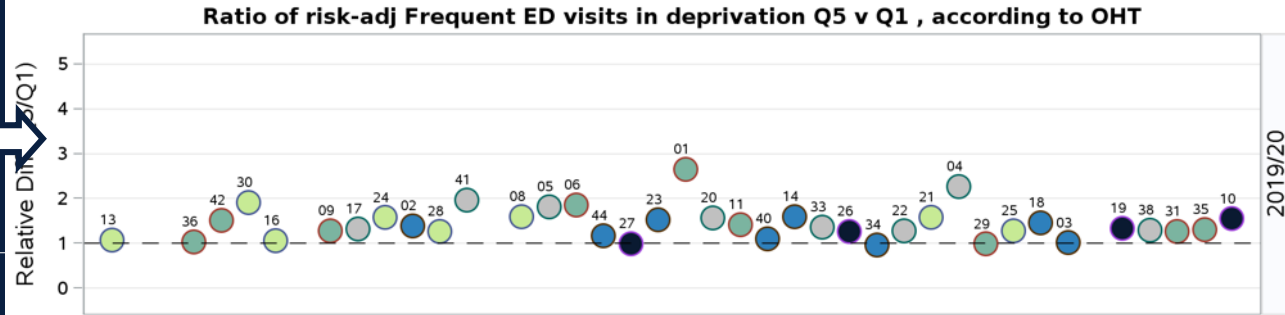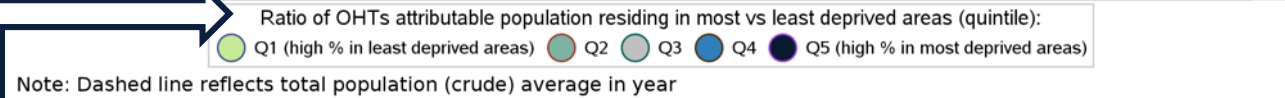
Weak correlation with deprivation

High variability across the OHTs

Data points (OHTs) are coloured according to the proportion of their attributable population living in the most vs least deprived neighbourhoods

A value >1 (<1) means that the outcome in the most deprived areas was X times higher (lower) than the outcome in the least deprived areas. Missing values are due to small number of events.

Data points (OHTs) are ranked/ordered according to their performance in 2019/20. The same ordering is applied in the bottom panel.

Outcome is higher in Q5 (than in Q1) in almost all OHTs

Distribution of risk-adj Frequent ED visits, according to OHT

Correlation = 0.154
Coeff of Var = 23

More desirable value ← → Less desirable value

Risk-Adj Estimate

2019/20

Ratio of OHTs attributable population residing in most vs least deprived areas (quintile):
- Q1 (high % in least deprived areas)
- Q2
- Q3
- Q4
- Q5 (high % in most deprived areas)

Note: Dashed line reflects total population (crude) average in year

Ratio of risk-adj Frequent ED visits in deprivation Q5 v Q1 , according to OHT

Relative Diff (Q5/Q1)

2019/20

Note: Dashed line reflects null value (no difference between Q5 and Q1). OHTs with small Ns (numerator or denominator) are suppressed.
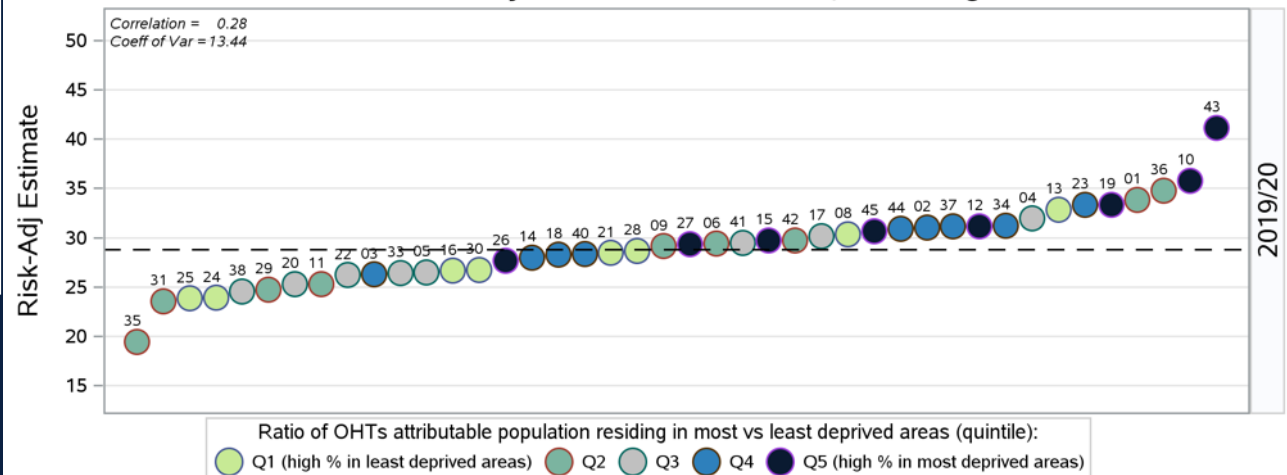
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ED as first point of contact for MHA-related care

Mean: *n.a.%*
Range: *19.4-41.2%*

Weak correlation with deprivation

High variability across the OHTs

Distribution of risk-adj First contact in the ED, according to OHT

Correlation = 0.28
Coeff of Var = 13.44

2019/20

Ratio of OHTs attributable population residing in most vs least deprived areas (quintile):
Q1 (high % in least deprived areas)   Q2   Q3   Q4   Q5 (high % in most deprived areas)

Note: Dashed line reflects total population (crude) average in year

Ratio of risk-adj First contact in the ED in deprivation Q5 v Q1 , according to OHT
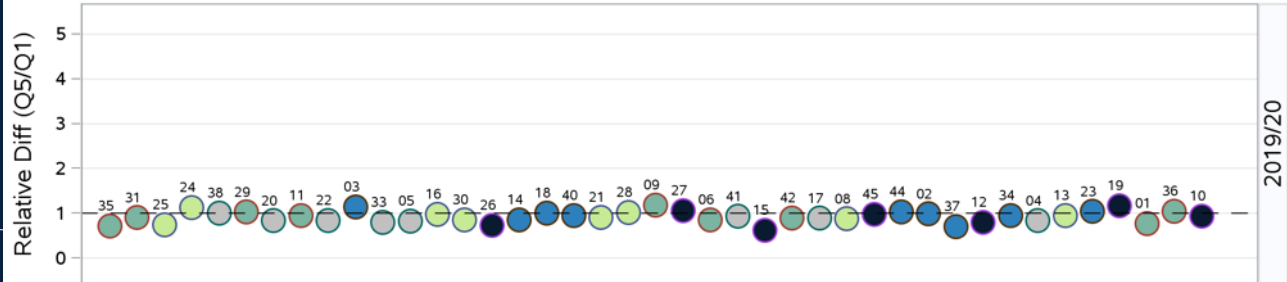
2019/20

Note: Dashed line reflects null value (no difference between Q5 and Q1). OHTs with small Ns (numerator or denominator) are suppressed.

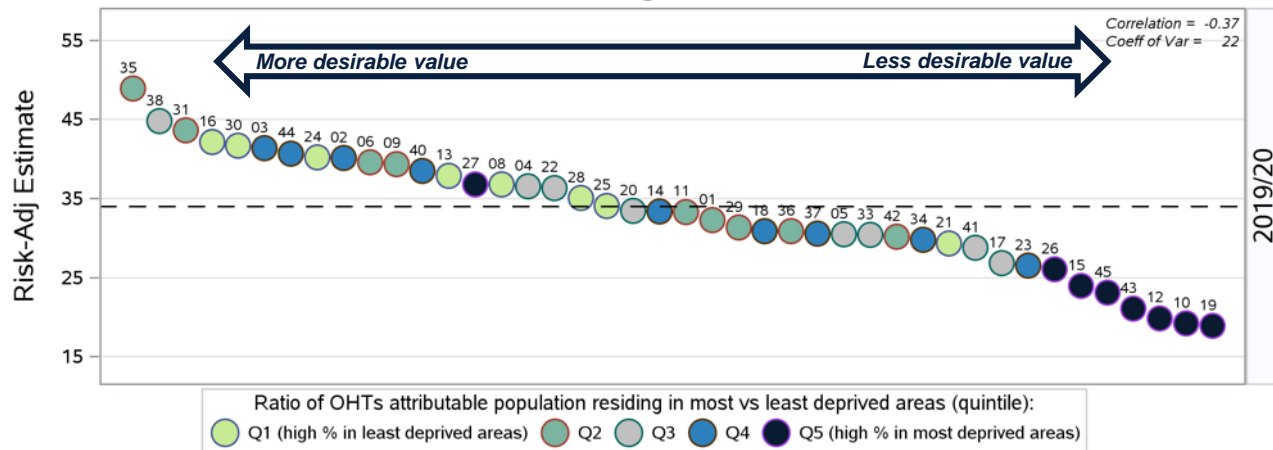*Outcome is similar in Q1 and Q5 in almost all OHTs*

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Outpatient visits within 7 days of MHA discha...

Mean: 34...
**Range**: 19.2-48.9%

Weak/moderate correlation with deprivation

High variability across the OHTs

Distribution of risk-adj Outpatient visits within 7 days following MHA hospitalization, according to OHT

Correlation = -0.37
Coeff of Var = 22

More desirable value — Less desirable value

Risk-Adj Estimate

Ratio of OHTs attributable population residing in most vs least deprived areas (quintile):
- Q1 (high % in least deprived areas)
- Q2
- Q3
- Q4
- Q5 (high % in most deprived areas)

Note: Dashed line reflects total population (crude) average in year

Ratio of risk-adj Outpatient visits within 7 days following MHA hospitalization in deprivation Q5 v Q1, according to OHT
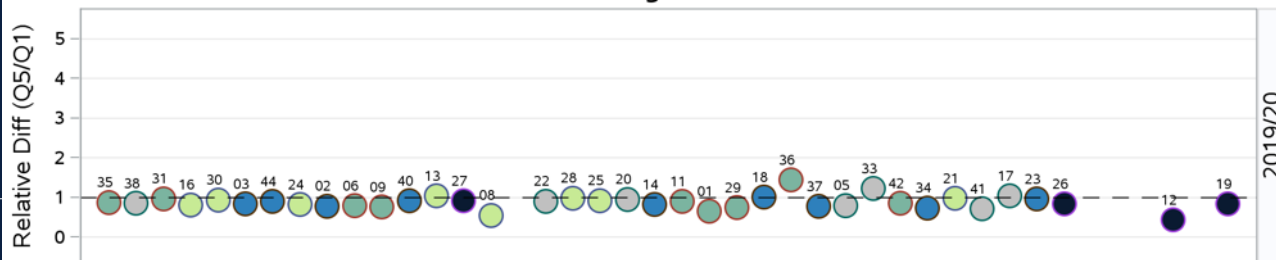
Relative Diff (Q5/Q1)

Note: Dashed line reflects null value (no difference between Q5 and Q1). OHTs with small Ns (numerator or denominator) are suppressed.

Outcome is similar in Q1 and Q5 in almost all OHTs

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Mental Health and Addictions Centre of Excellence

HSPN OHT Webinar

PAUL KURDYAK I | APRIL 27, 2021

Core Services Framework

Developing a core services framework to identify gaps and set standards for service delivery

Core Services Framework

		Population MHA Needs	Core Service Categories	Proposed Core Services		Service Locations — Over time, ranges of services that could be aligned with Ontario Health Teams (OHTs)		
Lowest Volume, Highest Cost	**5**	Severe or Complex Need	Highly specialized, intensive	• Emergency & In-Patient Psychiatric Services • Forensic Services • Psychotherapy Services • Withdrawal Management • Peer Support • Family Support			Hospitals	
	4	Moderate to Severe Need	Intensive and Specialized	• Assertive Community Treatment • Early Psychosis Intervention • Child Youth Intensive Treatment • Specialized Consultation, Assessment & Treatment • Addictions Treatment • Withdrawal Management	• Case Management • Crisis Response • Court Supports/Diversion • Supportive Housing • Counselling and Therapy (incl. Psychotherapy) • Peer and Family Support	Primary Care	Hospitals & Community MHA Agencies	Virtual Care
	3	Moderate Need	Targeted to moderate MHA needs	• Addictions Treatment • Supported Employment • Court Supports/Diversion • Supportive Housing • Case Management • Withdrawal Management • Crisis Response and Support	• Counselling and Therapy (incl. Psychotherapy) • Peer and Family Support • Brief Intervention • Specialized Consultation, Assessment & Treatment			
	2	Low Need	Early intervention & self-management	• Peer Support • Family Supports • Counselling and Therapy (incl. Psychotherapy) • Brief Intervention • Targeted Prevention			Community MHA Agencies & Public Health, Schools	
Highest Volume, Lowest Cost	**1**	General Population	Population-based health promotion & prevention	• Prevention and Promotion				

Core services will be defined and validated with input and collaboration from system partners, clinical researchers, people with lived experience and families.

Source: Adapted from work by the National Needs Based Planning Project (Rush, 2017)

Big dot indicators reveal variation, but what you are you going to do?

- Mental Health and Addictions is extremely diverse
  - Spans a lifetime and differs based on age
  - A large number of different disorders mapping onto different populations
  - Evidence-based interventions differ based on type of disorder
  - Each disorder has its own severity/complexity spectrum
- **A population-based and programmatic approach is more important than the population of interest**

The Case For Depression – the burning platform

- Highly prevalent

- Highly burdensome

- Poorly detected (50% are undiagnosed)

- Significant variation in treatment quality and poor access to specialty care

- Untreated depression causes significant disability AND has adverse impacts on medical comorbidity outcomes when comorbid

The Case For Depression – The Opportunity

- In many US jurisdictions, routine integration of depression case detection and management

- In Ontario, scale and spread of a provincial CBT program for mild to moderate depression

Poll 2
How are you focusing on people with Mental Health and Addictions?

- We are considering all individuals with Mental Health and Addictions equally
- We have a focus on Youth with Mental Health and Addictions
- We are focused on individuals with Severe Mental Health Psychoses
- We are focused on individuals with less severe conditions (e.g. depression)
- We haven't planned a focus on mental health and addictions at this point in time

Discussion Question & Engagement

What are your thoughts on implementing routine case detection and screening (e.g. in primary care) and making that data available at scale ?

Use the chat to all panelists and attendees *to respond to this and ask questions*

Focus on Older Adults (with Frailty)

Indicators for Older/ Frail Adults

Indicators Reporting Today

- Frailty
  - 2+ fall-related ED visits (among frail)
- Activities of Daily Living (interRAI-HC ADL long form)

Others in Reports

- Days at home (among frail)
- Cognitive impairment (CPS>2)
- Health-Related Quality of Life (HRQOL – InterRAI-HC MDS-HSI)
  - Changes in ADL and HRQOL
- Caregiver distress

Frailty

Mean: 12.7%
Range: 10.3-16.7%

Weak correlation
with deprivation

Modest variability
across the OHTs

An OHTs colour may
change from previous
analyses

Outcome is higher
in Q5 (than Q1) in
most OHTs

Note: Dashed line reflects null value (no difference between Q5 and Q1). OHTs with small Ns (numerator or denominator) are suppressed.

See: Seitz,D. *A population-based study of older adults in Ontario: Dementia, Frailty and Utilization of Physician Specialist Services.* May 2019. Provincial Geriatrics Leadership Office of Ontario.

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2+ ED visits for fall-related injuries (among frail)

Mean: 2.6%
Range: 1.8-3.9%

Weak correlation with deprivation
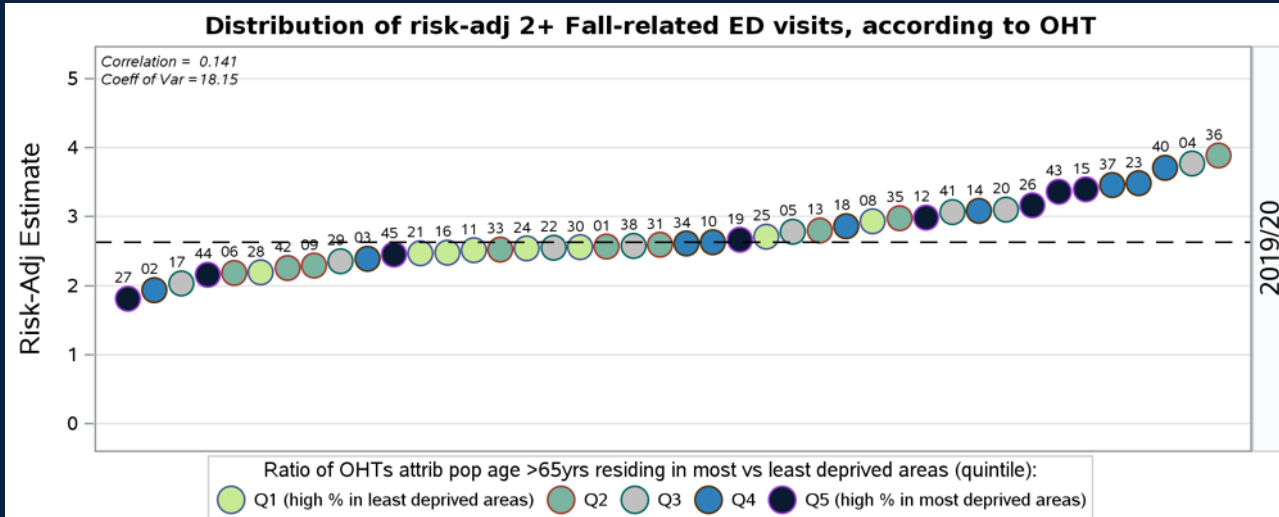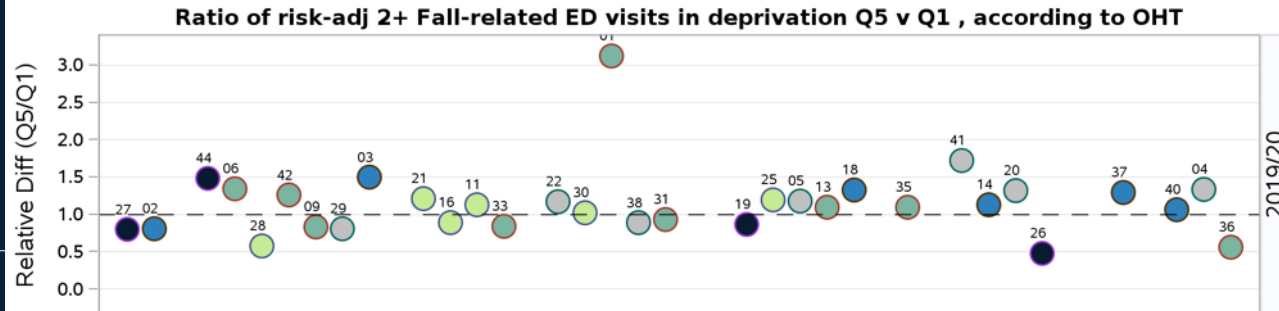
High variability across the OHTs

Variability across OHTs

ADL Long score (home care clients)

Higher is Worse

Mean: 7.9
Range: 4.5-10.5

Weak correlation with deprivation

High variability across the OHTs

Outcome is similar in Q1 and Q5 in almost all OHTs

Change in ADL Long score (home care clients)

Higher is worse

Mean: +1.6
Range: 0.8-3.0

Weak correlation with deprivation

High variability across the OHTs

Distribution of risk-adj Change in ADL Long score, according to OHT
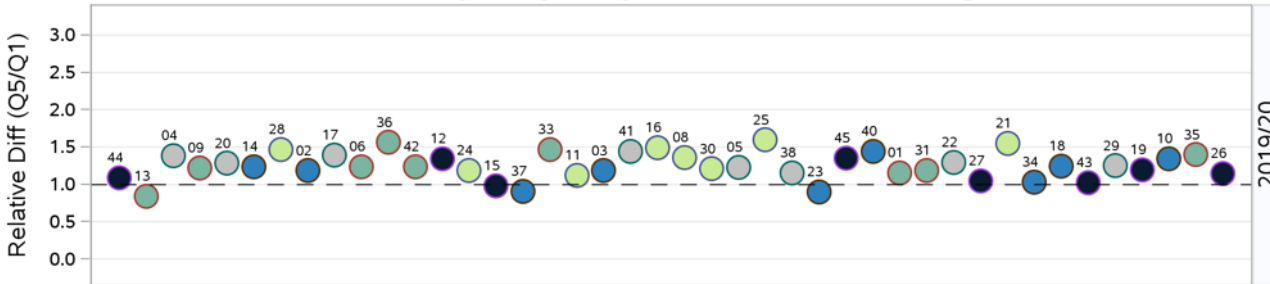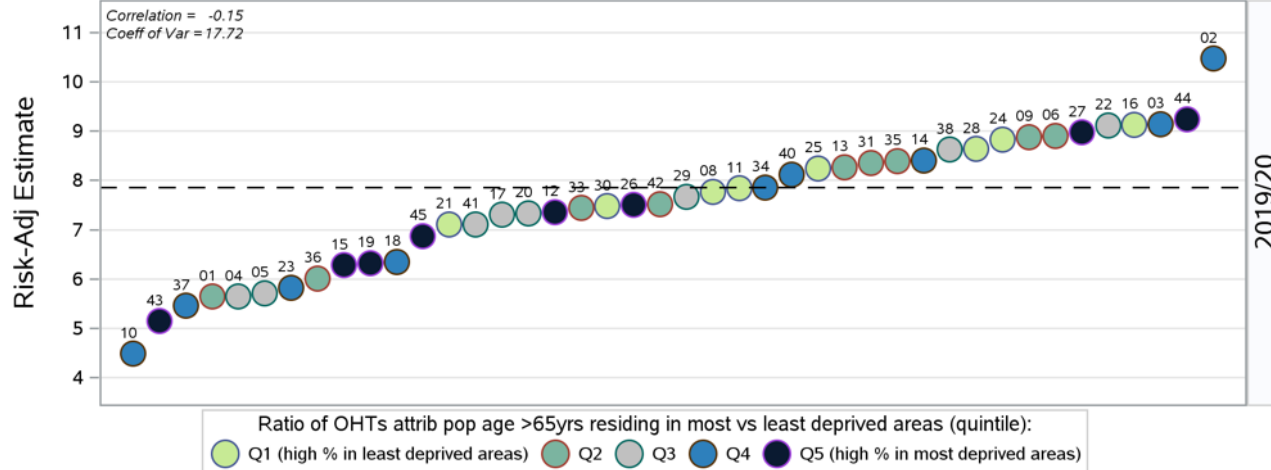
Correlation = -0.22
Coeff of Var = 27.96

Ratio of OHTs attrib pop age >65yrs residing in most vs least deprived areas (quintile):
Q1 (high % in least deprived areas)   Q2   Q3   Q4   Q5 (high % in most deprived areas)
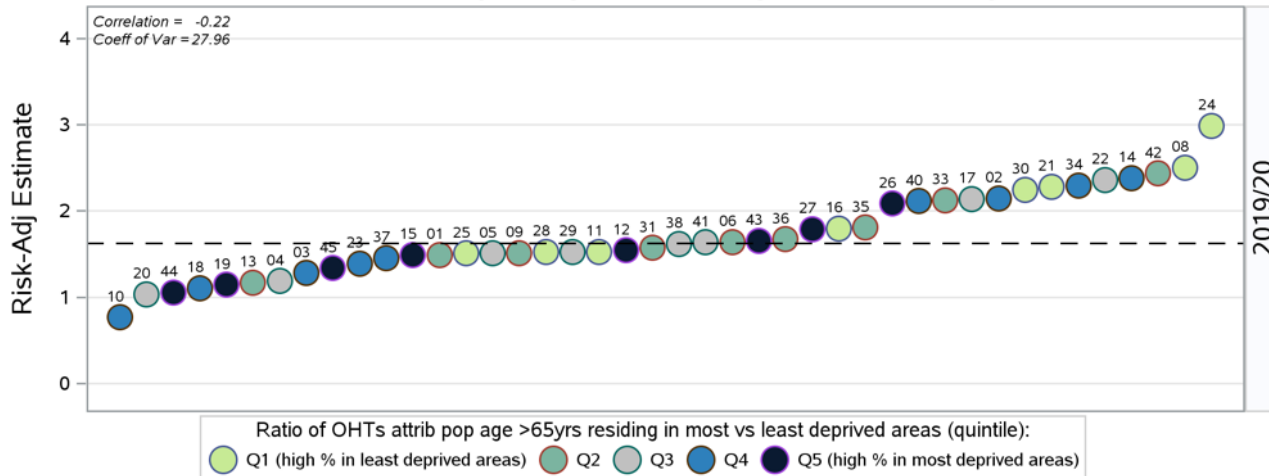
Note: Dashed line reflects total population (crude) average in year

Difference in risk-adj Change in ADL Long score in deprivation Q5 v Q1 , according to OHT
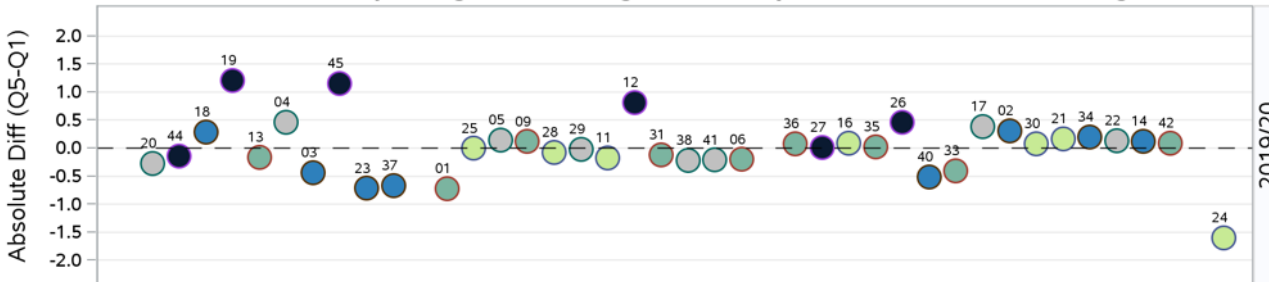
Note: Dashed line reflects null value (no difference between Q5 and Q1). OHTs with small Ns (numerator or denominator) are suppressed.

Variability across OHTs

Indicators for Integrated Care for Older Adults Living with Complex and Chronic Health Conditions in Ontario

Provincial Geriatrics Leadership Ontario

https://rgps.on.ca/

April 27, 2021

Overview

- Provincial Geriatrics Leadership Ontario (PGLO) is the provincial infrastructure for clinical geriatrics care and is funded by the Ministry of Health (MOH).

- PGLO focuses on coordinating perspectives across clinical geriatric services (Care of the Elderly, Geriatric Medicine, Geriatric Psychiatry/Seniors Mental Health and Interprofessional Geriatric Teams) in order to improve the care for older adults across the continuum of care.

- PGLO is part of network of more than 440 programs and services, and formal and informal regionalized structures.

- This expertise is available to assist in the development of initiatives, programs and innovations focused on integrated health and social service care for older adults living with complex health conditions (frailty)

Link: https://rgps.on.ca/about/

A Network of Supports and Experience in Older Person's Care

Provincial (Macro)

Regional Partners (Meso)
https://rgps.on.ca/regional-programs/

Local (Micro)

Provincial **Geriatrics Leadership** Ontario

- Planning and capacity building
- Clinical model development
- Performance measurement and evaluation
- Knowledge creation and evidence dissemination
- Policy development

ST. JOSEPH'S CARE GROUP

North East Specialized Geriatric Centre

North Simcoe Muskoka **Specialized Geriatric Services**

ST JOSEPH'S HEALTH CARE LONDON

RGP Central
Regional Geriatric Program
Affiliated with McMaster University

seniors care network

Centre for Studies in Aging & Health
Creating, Applying & Sharing Knowledge
Providence Care

Regional Geriatric Program of Eastern Ontario

RGP **REGIONAL GERIATRIC PROGRAM OF TORONTO**

North Region

Central Region

West Region

WW Specialized Geriatric Services

East Region

Toronto Region

Providing direct care to Individuals & Family/Friend Caregivers

Working with Primary Care

Supporting the work of Local Ontario Health Teams

Collaboratively developed supports – informed by local and regional experiences

Project Genesis

- The **Indicators for Integrated Older Persons' Care in Ontario Initiative** is a core deliverable expected by the Ministry of Health.

- Seeks to answer the question "what **ought** to be measured related to integrated care for older adults living with complex and chronic health conditions?"

- Informed by extensive review of the literature and on-the-ground experience developing services and providing care to older adults living with complex conditions.

- A response to the disjuncture between what gets measured, counted and funded and what actually matters for older adults and their caregivers

Project link: https://rgps.on.ca/initiatives/indicators-for-integrated-older-persons-care-in-ontario-initiative/

Provincial Geriatrics Leadership Ontario

Design Elements of Integrated Care for Older Adults Living with Complex and Chronic Health Needs

- Initial scoping review identified 13 design elements to guide program and service design and evaluation

- Informed the overall project to develop indicators and a performance measurement framework specifically relevant to older adult care.

The wheel segments read:
- Multidisciplinary teams
- Collaboration
- Cross-sector partnership
- Comprehensive assessment & care planning
- Integrated care at the point of care
- Shared responsibility for continuity of care
- Integrated specialized geriatric expertise
- Integrated community & home-based interventions
- Older person-centred care
- Engaged older persons & family/friend caregivers
- Self-management support
- Integrated technologies
- Multi-tiered evaluation

https://rgps.on.ca/resources/designing-integrated-care-for-older-adults-living-with-complex-and-chronic-health-needs-a-scoping-review/

Indicators for Integrated Older Persons' Care in Ontario Initiative

- Brings together older persons, caregivers, health professionals, researchers and policy makers to create a provincial performance measurement framework, indicators and data collection tools relevant to integrated health care for older persons living with complex and chronic health and social care needs.

- This initiative will:
  - Support the collection of consistent, measurable, reliable and valid data among Specialized Geriatric Services (SGS), Ontario Health Teams (OHTs) and others, consistent with the goals of integrated care for older persons.
  - Provide a comprehensive set of indictors and associated tools that can be used to evaluate the systems of care for older persons' as a whole, consistent with the 13 design elements of integrated care.
  - Inform best-practice evaluation in SGS, OHTs and other programs, services and systems.
  - Support service performance measurement driven by outcomes important to older persons.

Provincial Geriatrics Leadership Ontario

Indicators for Integrated Older Persons' Care in Ontario Initiative

- Project includes the following phases, timelines and planned deliverables.

Phase 1 Identification of Design Elements of Integrated Care for

Phase 2 Logic Model Development (Nov-June 2021)

Phase 3 Environmental Scan of Indicators (Nov-Mar 2021)

Phase 4 Consensus Process (April/May 2021)

Phase 5 Performance Management Framework Development nt

Phase 6 Program Development and Evaluation Toolkit Creation

We are here

Provincial Geriatrics Leadership Ontario

Environmental Scan of Indicators

- A total of 61 data sets were identified and confirmed by the Project team and Project Committee
- From these data sets, 1900 indicators were identified and brought forward for consideration
- Indicators were reviewed against inclusion/exclusion criteria
  - 621 initially removed as they did not meet the inclusion criteria
  - 778 excluded as per exclusion criteria (exclusions reviewed and vetted by the Project Committee)
- Duplicates consolidated
- **Novel indicators** identified (5)
- Definitions identified or written for each remaining indicator
- Roughly 400 unique indicators will be reviewed by a Stakeholder Advisory (SA) Group during the consensus process (beginning May 4).
- Goal is to arrive at a core set of indicators to inform performance measurement at **micro, meso and macro levels**

Indicator Selection Criteria – How We Will Decide

Round	Criteria	Source
1	**Relevant and Meaningful (1 criterion)** The indicator reflects an issue that is important to diverse populations across Ontario and to stakeholders in the health system.	**Ontario Health Quality Indicator Selection Criteria**
2	**a) 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. **b) Broadly applicable to people living with multimorbidity** The indicator reflects a measure that may apply to a broad range of individuals living with complex health and social care needs and their caregivers. **c) 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 constitutes improved performance, such as clear directionality (i.e. a lower number is better). **d) Applicability across the continuum of care/different settings** The indicator is relevant across locations of care. **e) Feasible** The indicator is calculable; data is timely. **f) Measurable** There are data sources that can be used to measure the indicator. **g) Health Equity** The indicator can represent the health outcomes of diverse populations and traditionally-underrepresented groups in health care planning (e.g. gender, ethnicity, sexuality). **h) Impact on population health** The indicator should potentially inform population health broadly and social inequalities (e.g. related to gender, ethnicity, sexuality, etc.) specifically in population health	**Ontario Health Quality Indicator Selection Criteria** **Scoping Review (Criteria focused on integrated care for older adults)**

Rank ordered by a panel of older adults and project committee members

Getting Involved, Staying Informed

1. There is space for a several OHTs to participate directly in the planned **consensus building process** beginning May 4, 2021. To do so, please contact the research team at kkay@rgpo.ca.

2. There is also space for several OHTs to attend a **clinician feedback session** on June 23, 2021 from 3:00 to 5:00 pm to review the results of the consensus building process and assist in reaching agreement on a core set of indicators.

3. Sign up for our **digital Town Hall** (go to https://rgps.on.ca/committees/ , complete the sign-up form and selecting "Town Hall" on the form) where we will post updates about this and other work.

4. Sign up for our monthly newsletter https://rgps.us20.list-manage.com/subscribe?u=bbc52abd021b65a848af4de3d&id=0ccf3f166e

The Project Committee

Organization	Name	Title
Older Adult/Caregiver Representatives	Anne-Marie Yaraskavitch	Older Adult/Caregiver
Older Adult/Caregiver Representatives	Liz McLellan	Older Adult/Caregiver
Institute for Clinical Evaluative Sciences (ICES)	Dr. Susan Bronskill	Senior Scientist and Scientific Lead, Life Stage Program
Ontario Health – North Region	Dr. Paul Preston	Vice President (VP), Clinical, Ontario Health North
Ontario Health Quality	Gail Dobell	Director, Evaluation, Ontario Health Quality
Rehabilitative Care Alliance	Charissa Levy	Executive Director
Seniors Mental Health/ Behavioural Supports	Jane McKinnon Wilson	SGS Coordinator, Waterloo Wellington
Seniors Mental Health/ Behavioural Supports	Dr. Lisa vanBussel	Geriatric Psychiatrist, St. Joseph's Health Care London
SGS Representative – Quality/Admin	Rhonda Schwartz	Executive Director, Seniors Care Network
SGS Representative - Evaluation	Ronaye Gilsenen	Evaluation Lead, Regional Geriatric Program of Eastern Ontario
SGS Representative - Evaluation	Dr. Jacobi Elliott	Evaluation Lead, Specialized Geriatric Services (South West)
SGS Representative - Clinical	Dr. Barbara Liu	Geriatrician, Executive Director, Regional Geriatric Program of Toronto
SGS Representative - Clinical	Dr. Amina Jabbar	Geriatrician, Seniors' Health Services, Trillium Health Partners
SGS Representative – Admin/Policy	Sandra Easson- Bruno	Executive Director, North Simcoe Muskoka SGS
PGLO (Project Consultants)	Dr. Salinda Horgan	Health Services Consultant
	Dr. Jeanette Prorok	Health Services Consultant
PGLO (Staff/Co-Medical Directors)	Dr. Sophiya Benjamin	Medical Director – Geriatric Psychiatry
	Dr. Kevin Young	Medical Director – Geriatric Medicine
	Adam Morrison	Director, Policy & Planning
	Kelly Kay	Executive Director

Provincial Geriat

News You Can Use Today

Add to the Census of Programs and Services for Older Adults
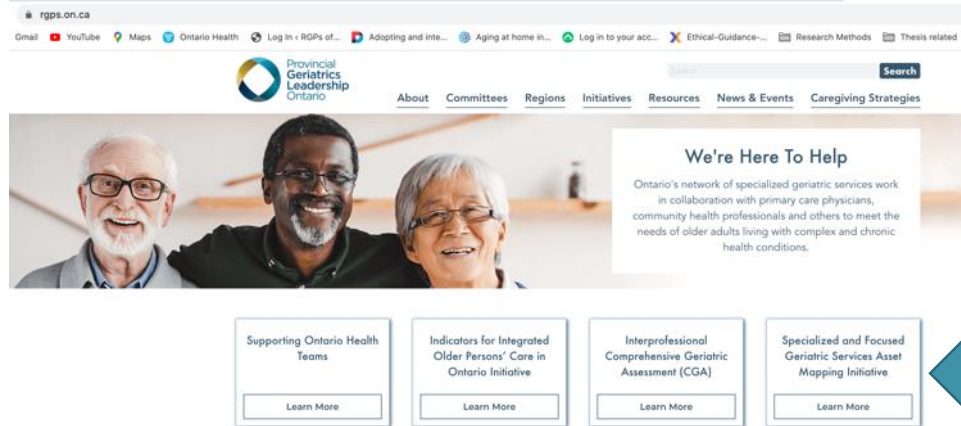
- The **Specialized and Focused Geriatric Services Asset Mapping Initiative** enables identification, data collection and mapping of the various programs, services and human resources that are delivering focused health care services to the older adult population

- This contributor designed and led, secure database collects and publishes self-reported data and detailed descriptions of various models. All contributors receive regional reports showing all resources in their area.

- It is a free resource for planning and design of older adult services. Fields for data collection are decided by consensus and OHT participation on the working group is invited.

- The data collection portal has been updated to enable OHTs to share their program and service data. The next call for data will be issued in September 2021 for (2020-21 data). Portal is live now for prior year data collection (2019/20). Register at https://rgps.on.ca/resources/sgs-asset-mapping-data-entry-portal/

For Caregivers of Older Adults Living With Complexity (Frailty)

Caregiving Strategies Topics

- Caring for the Caregiver
- Pain
- Staying Active
- Nutrition

- Bladder Health
- Medication Management
- Changes in thinking (Delirium)
- Social Engagement

RESOURCES AVAILABLE

- FREE online course
- Handbook
- Tools, tips and links to great resources

Get resources at
www.rgps.on.ca/caregiving-strategies

Registration Open!

Practice Resources for Interprofessional Teams

https://rgps.on.ca/initiatives/cga/
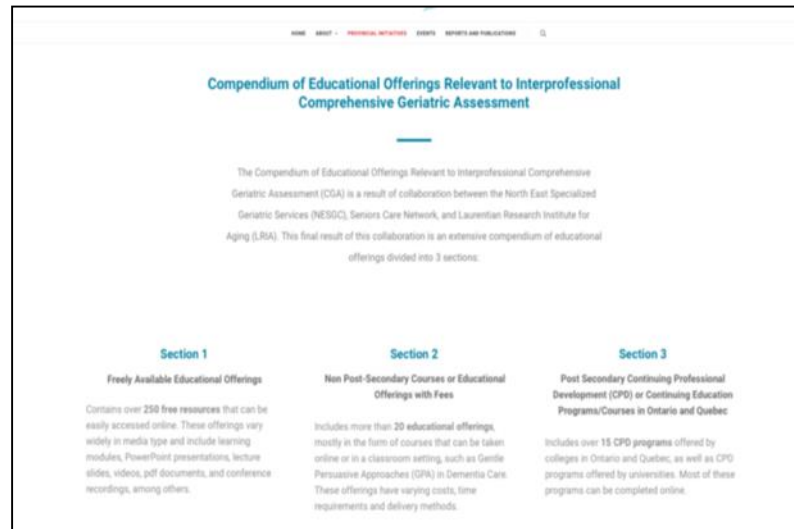
Looking for more resources specific to older adult care?

https://rgps.on.ca

Thank you

Kelly Kay, Executive Director
e. kkay@rgpo.ca

Poll 3

Are you currently engaging with your local specialized geriatric services (SGS) in planning for your older adult population's needs?

- We do not plan to engage with our local SGS
- We don't know who/how to contact at our local SGS program
- We are planning to engage with our local SGS
- We are already actively engaging with our local SGS
- We haven't planned a focus on older adults at this point in time

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Discussion Question & Engagement

What are the most helpful sorts of practical information that you need to help you plan and design services for your older adult population?

Use the chat to <mark>all panelists and attendees</mark> *to respond to this and ask questions*

Focus on End-of-Life & Palliative Care

Indicators for End-of-Life Care

Indicators Reported Today

- Deaths in hospital
- ED visit in the last 30 days of life
- Palliative physician home visits in the last 90 days of life

Others in Reports

- Days at home in the last 6 months of life
- Palliative home care in the last 90 days of life

Deaths in hospital

Mean: 50.5%
Range: 37.7-60.8%

Weak correlation with deprivation

Modest/High variability across the OHTs

An OHTs colour may change from previous analyses

Distribution of risk-adj Deaths in hospital, according to OHT
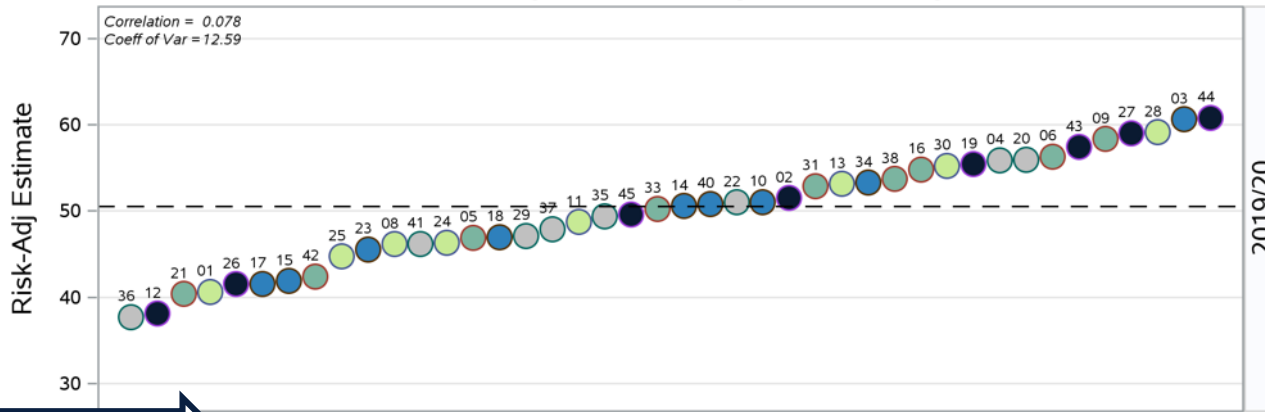
Correlation = 0.078
Coeff of Var = 12.59

Ratio of OHTs attrib pop of decedents residing in most vs least deprived areas (quintile):
Q1 (high % in least deprived areas) · Q2 · Q3 · Q4 · Q5 (high % in most deprived areas)

Note: Dashed line reflects total population (crude) average in year

Ratio of risk-adj Deaths in hospital in deprivation Q5 v Q1 , according to OHT
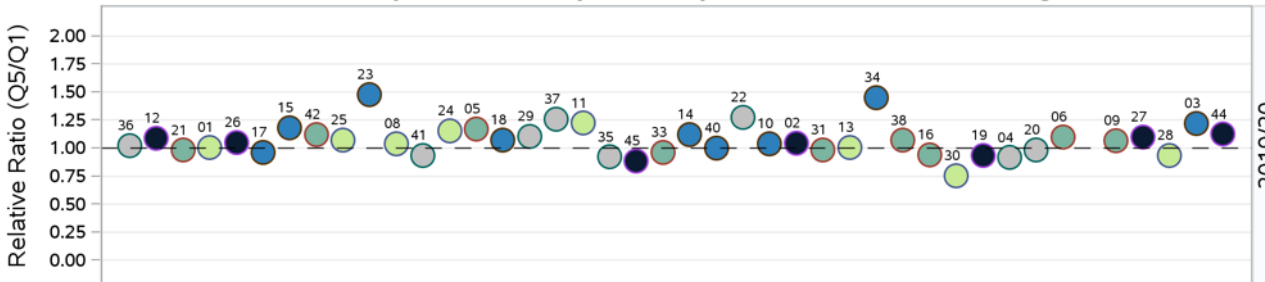
Note: Dashed line reflects null value (no difference between Q5 and Q1). OHTs with small Ns (numerator or denominator) are suppressed.

Variability across OHTs

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54

Unplanned ED visits in the last 30 days of life

Mean: 54.8%
Range: 49.0-62.3%

Weak correlation with deprivation

Low variability across the OHTs
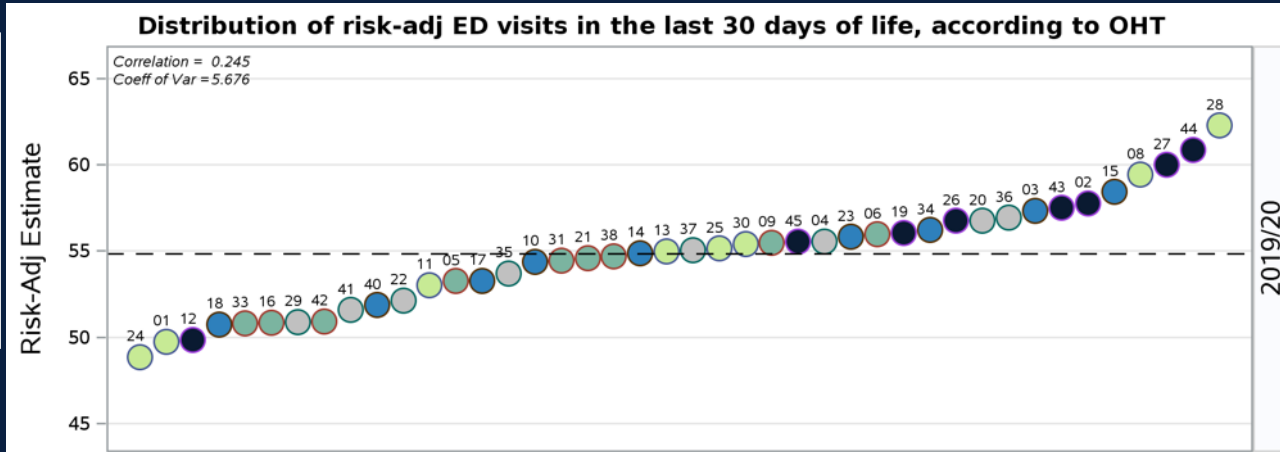
Distribution of risk-adj ED visits in the last 30 days of life, according to OHT

Correlation = 0.245
Coeff of Var = 5.676

Ratio of OHTs attrib pop of decedents residing in most vs least deprived areas (quintile):
Q1 (high % in least deprived areas)　Q2　Q3　Q4　Q5 (high % in most deprived areas)

Note: Dashed line reflects total population (crude) average in year

Ratio of risk-adj ED visits in the last 30 days of life in deprivation Q5 v Q1 , according to OHT
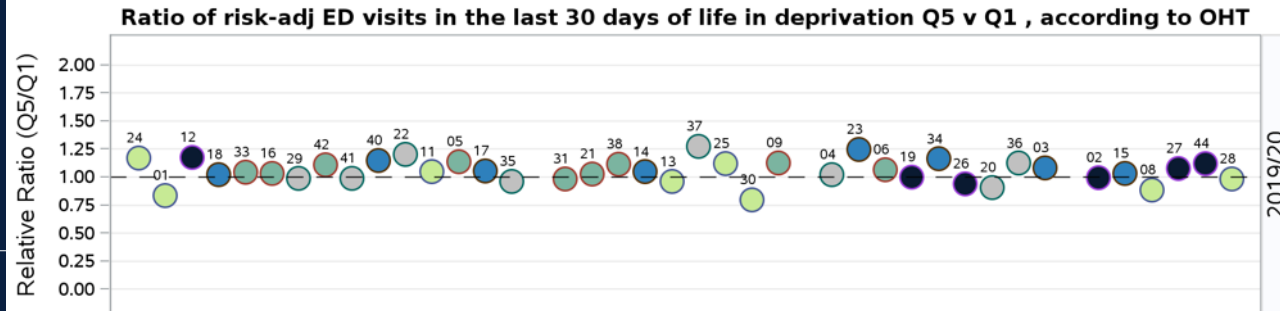
Variability across OHTs, but no large deviations from 1

Note: Dashed line reflects null value (no difference between Q5 and Q1). OHTs with small Ns (numerator or denominator) are suppressed.

Palliative physician home visits, last 90 days o...

Mean: 28.2%
Range: 12.9-38.3%

Weak correlation with deprivation

High variability across the OHTs

Distribution of risk-adj Palliative physician home visits in last 90 days of life, according to OHT

Correlation = -0.3
Coeff of Var = 20.32

Ratio of OHTs attrib pop of decedents residing in most vs least deprived areas (quintile):
- Q1 (high % in least deprived areas)
- Q2
- Q3
- Q4
- Q5 (high % in most deprived areas)
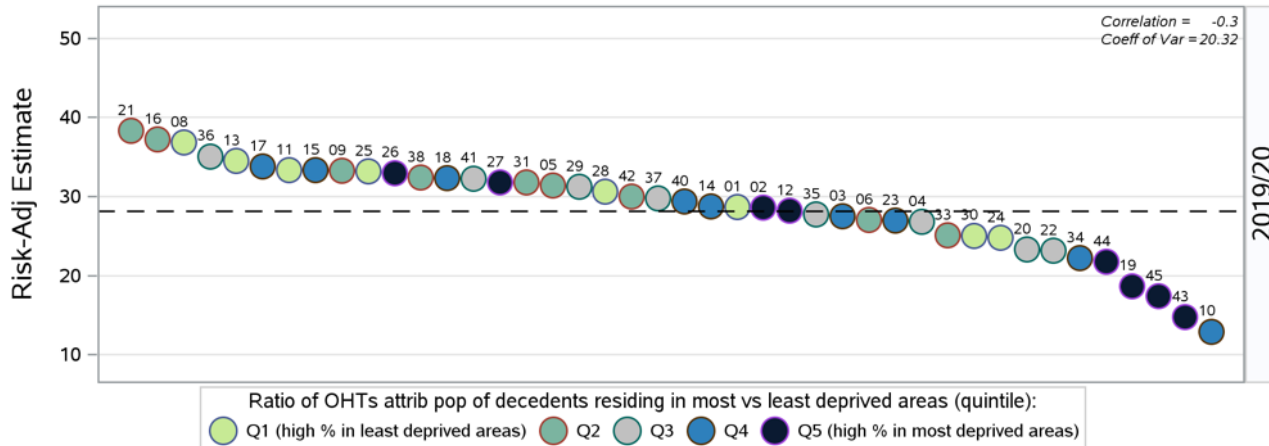
Note: Dashed line reflects total population (crude) average in year

Ratio of risk-adj Palliative physician home visits in last 90 days of life in deprivation Q5 v Q1, according to OHT
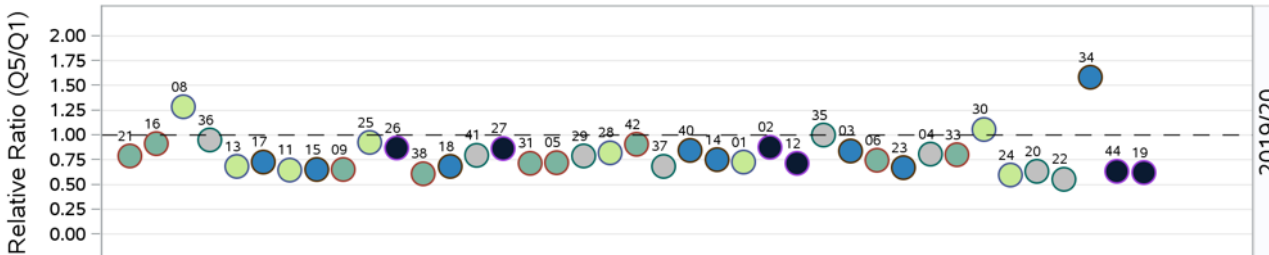
Note: Dashed line reflects null value (no difference between Q5 and Q1). OHTs with small Ns (numerator or denominator) are suppressed.

Outcome is less frequent* in Q5 (than Q1) in most OHTs

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Ontario Palliative Care Network (OPCN) Reports

HSPN OHT Evaluation Webinar

April 27, 2021

Ontario Health

What is the OPCN and its Mandate?

A partnership of community stakeholders, health service providers and health systems planners responsible for the development of a coordinated, standardized approach to the delivery of hospice palliative care services in Ontario.

The **Ontario Palliative Care Network (OPCN)** is funded by the Ministry of Health

Be a principal advisor
to government for quality, coordinated, hospice palliative care in Ontario

Be accountable
for quality improvement initiatives, data and performance measurement and system level coordination of hospice palliative care in Ontario

Support regional implementation
of high-quality, high-value hospice palliative care

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OPCN Provincial Governance and Engagement Structure
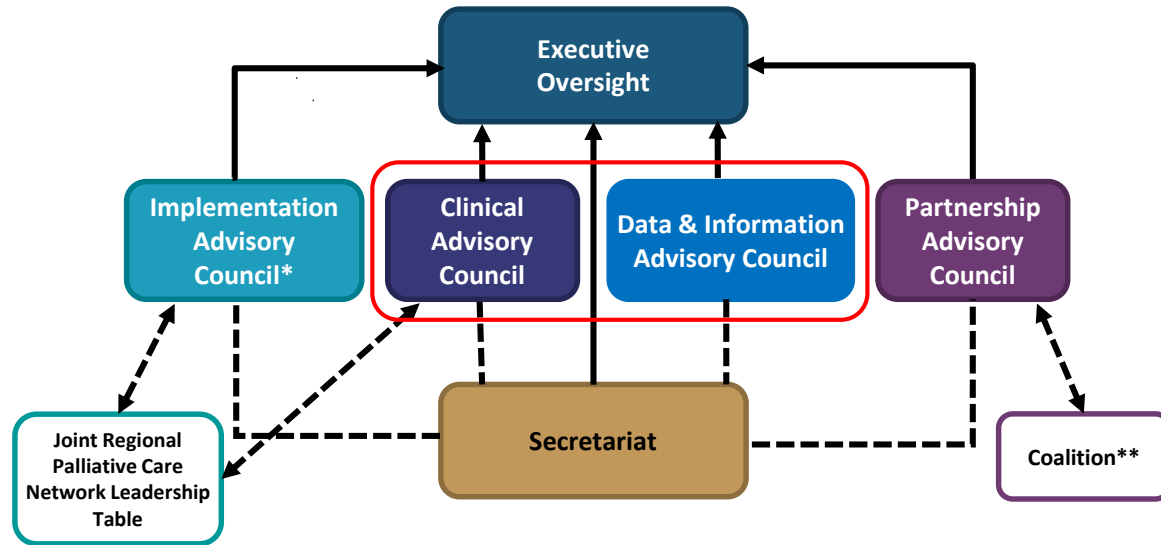
* **Implementation Advisory Council** is currently on pause.

** **Quality Hospice Palliative Care Coalition of Ontario (Coalition)** is comprised of provincial associations and academic centres e.g. Hospice Palliative Care Ontario, Ontario Caregiver Coalition, Ontario Long Term Care Association, Palliative Pain and Symptom Management Consultants Network and academia among others. The Coalition's primary mandate is to act as an advocate for quality hospice palliative care for all Ontarians. Hospice Palliative Care Ontario is the secretariat coordinating the work of the Coalition.

OPCN Reporting Products

- OPCN produces three reports to support planning and quality improvement of hospice palliative care and demonstrate the impact of implementing the OPCN Action Plan.

Reporting Product	Purpose	Reporting Timeline	Reporting Lag
System Level Measures Report	**Accountability** Measure progress of the OPCN Action Plan system level measures against LHIN and provincial targets	Annually	9-12 months
Performance Summary Report	**Quality Improvement** Guide QI activities based on performance of system level measures and supporting measures, peer comparison and sub-region assessment	Quarterly	3-6 months
Regional Profiles Tool	**Planning** Support palliative care capacity planning based on service utilization metrics	Annually	12+months

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System Level Measures

- Four System Level Measures have been identified to measure progress on "moving the mark" on hospice palliative care in the province.

1

% of caregivers of decedents who received palliative care services who were invited to respond to a CaregiverVoice survey

2

% of community dwelling decedents who received physician home visit(s) and/or palliative home care in the last 90 days of life

3

% of decedents who had
a) 1 or more ED visits *or*
b) 2 or more ED visits in the last 30 days of life

4

% of decedents who died in hospital*

* Other locations of death will continue be reported, but are not system level measures

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Measuring Performance and Informing the System

Palliative Home Care in the Last 90 Days of Life

30.7%   31.5%   33.3%   34.3%   35.2%   35.7%   35.4%   39.1%   41.3%

35.5%   35.1%

FY1112   FY1213   FY1314   FY1415   FY1516   FY1617   FY1718   FY1819   FY1920

One or More ED Visits in the Last 30 Days of Life

56.0%   55.4%   55.8%   56.1%   54.9%   54.2%   54.1%   54.1%   53.7%

52.4%   50.2%

FY1112   FY1213   FY1314   FY1415   FY1516   FY1617   FY1718   FY1819   FY1920

Death in Hospital

56.8%   55.8%   55.6%   55.4%   53.5%   52.0%   52.0%   51.8%   51.4%

50.9%   48.6%

FY1112   FY1213   FY1314   FY1415   FY1516   FY1617   FY1718   FY1819   FY1920
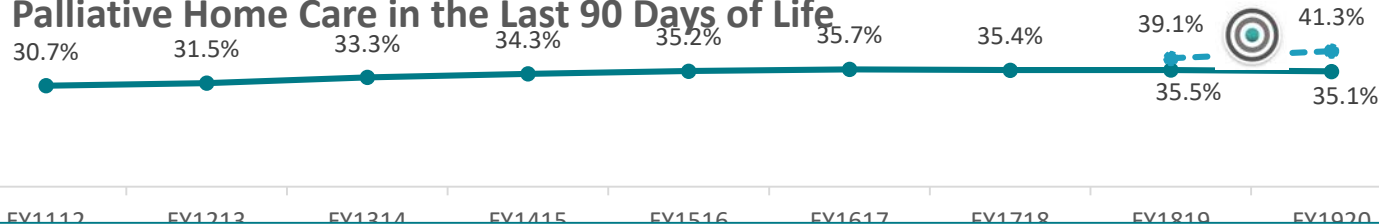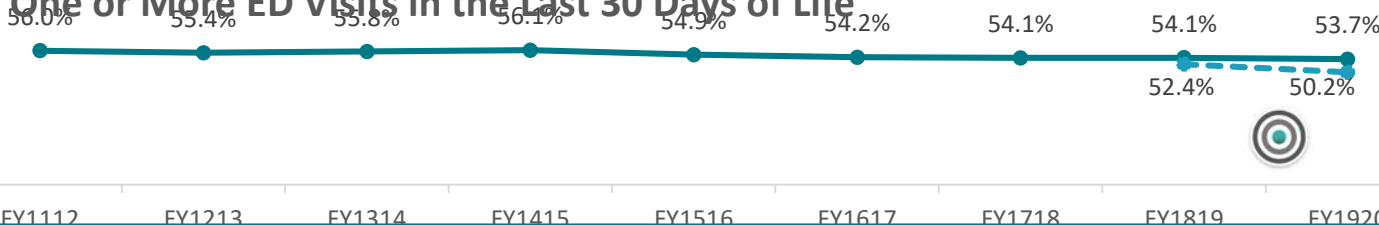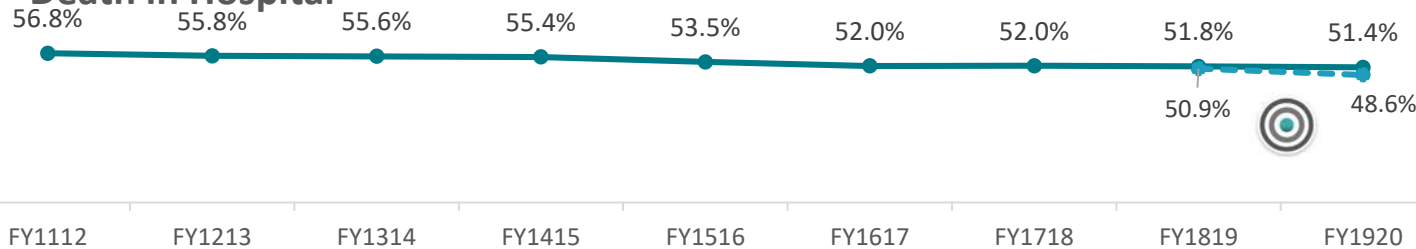
System level measures from SLMR (May 2021)

FY 2011/12 to FY 2019/20

2018 and 2019 targets

*Additional measure related to caregiver experience is not yet available

Performance Summary Report (PSR)

System-Level Measure 1: CaregiverVoice survey rate

CaregiverVoice Survey Response Rate

Positive responder rate for level of support

Caregiver support at time of death

Satisfaction with the overall care received

Preparing caregivers for journey to EOL

Satisfaction of caregiver involvement

Supportive and bereavement services

Responsibility for healthcare decisions

Caregiver distress

Early identification of palliative needs

Timely access to community care

System-Level Measure 2: Home visits in last 90 days

Palliative home visits in last 90 days

Physician home visits in last 90 days

Discharged home with support

Palliative homecare deaths in acute settings

Palliative ALC Wait Time

System-Level Measure 3: ED visits in last 30 days of life

ED visits after discharge from acute palliative care

System-Level Measure 4: Hospital deaths

Died in preferred place

2+ acute admissions in last 30 days

Days spent at home in last 6 months

Location of death

Legend		
System Level Measure (SLM)	Measurable	Data not available

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Performance Summary Report- An Example

Physician Home Visits in Last 90 Days

Percentage of patients who had a physician home visit in last 90 days

- 05 - CW - Bolton-Caledon - % Physician home visits
- 05 - CW - Bolton-Caledon - % Physician home visits (Interim Methodology)
- 05 - CW - Dufferin - % Physician home visits
- 05 - CW - Dufferin - % Physician home visits (Interim Methodology)
- 05 - CW - North Etobicoke Malton West Woodbridge - % Physician home visits
- 05 - CW - North Etobicoke Malton West Woodbridge - % Physician home visits (Interim Methodology)

Interim Methodology refers to adjusted methodologies that use only the data sets available on a quarterly basis; not the data sets that are made available yearly.
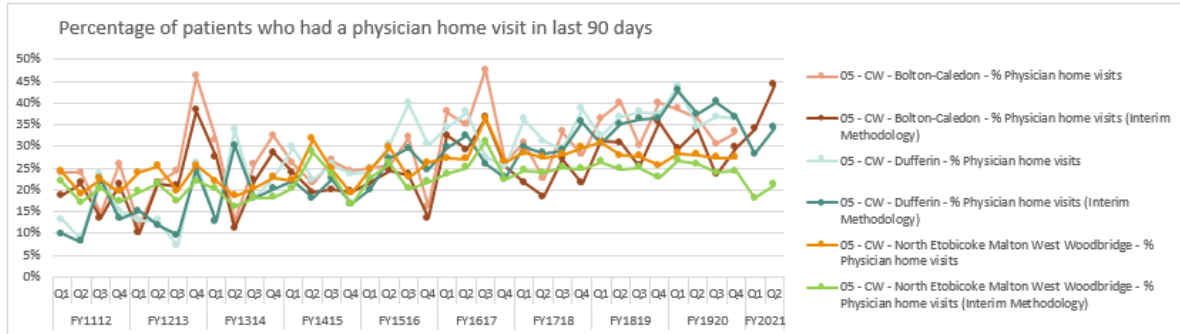
This measure is derived using OHIP billing codes and therefore excludes nurse practitioner visits. Please see the Technical Appendix for more details.

- Ability to compare by Region and sub-region

- Data available from FY2011/12 through FY2020/21 Q2

- Some interim data present until data available from all sources

- Can review data in tables and charts

	FY1718				FY1819				FY1920			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
% Physician home visits												
05 - CW - Bolton-Caledon												
Numerator				9						10		
Denominator				32						26		
Rate	30.77%	22.50%	33.33%	28.13%	36.36%	40.00%	30.23%	40.00%	38.46%	36.36%	30.56%	33.33%
05 - CW - Dufferin												
Numerator				40						50		
Denominator				104						114		
Rate	36.27%	31.25%	29.41%	38.46%	32.35%	36.80%	37.89%	37.40%	43.86%	34.38%	36.80%	36.44%
05 - CW - North Etobicoke Malton West Woodbridge												
Numerator	78	69	79	75	85	71	80	78	75	65	77	79
Denominator	273	252	281	253	276	255	288	304	264	231	281	288
Rate	28.57%	27.38%	28.11%	29.64%	30.80%	27.84%	27.78%	25.66%	28.41%	28.14%	27.40%	27.43%

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Regional Profiles Tool

- Measures in the Regional Profiles tool provide location of death and health system utilization information for decedents as follows:

1. Home Setting
   - Case Management Services
   - Personal Support Workers (PSW) and HM Hours
   - Nursing Visit Services
   - Occupational Therapy Services
   - Home Service Visits
   - Physiotherapy Services
   - Palliative Nurse Practitioner Visits
   - Home Service Visits – Age 0-18
   - Physician Home Visits

2. Hospital setting
   - Alternative Level Care (ALC) Days
   - Complex Continuing Care (CCC) Stays
   - Emergency Department (ED) Visits (overall and by time window)
   - Inpatient Hospital Days

3. Location of death
   - Deaths in hospital
   - Deaths in home
   - Deaths in Long Term Care (LTC)
   - Deaths in CCC
   - Deaths in ED
   - Deaths in hospital (LTC residents)

4. Other
   - Visiting Hospice Service Visits
   - Physician Palliative Visits in LTC

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Regional Profiles Tool- An Example

Regional Profile	Regional Comparison	Map	Additional Measures

Note: *numerator and denominator counts less than 5 have been rounded up to 5 to prevent identification of individuals and to comply with data sharing agreements between OH CCO and health information custodians. When making comparisons, please note the unit of measurement (e.g. average hours, average visits, percent).*

1. Region of Interest (Maximum 1 Region)

04 - HNHB - Burlington	04 - HNHB - Haldimand Norfolk	04 - HNHB - Hamilton
04 - HNHB - Niagara	04 - HNHB - Niagara North West	05 - CW - All LHIN Sub-Regions
05 - CW - Bolton-Caledon	05 - CW - Bramalea	05 - CW - Brampton

2. Service Category
- Hospital
- Physician
- Setting of death

3. Time Frame
- Last 30 days of life
- Last year of life

4. Fiscal Year
- 2018/19
- Trend

5. Compare by
- Chronic Conditi...
- None
- Palliative Flag

View Data

Profile of Service Use in the Last 30 Days of Life by Decedents from CW - All LHIN Sub-Regions

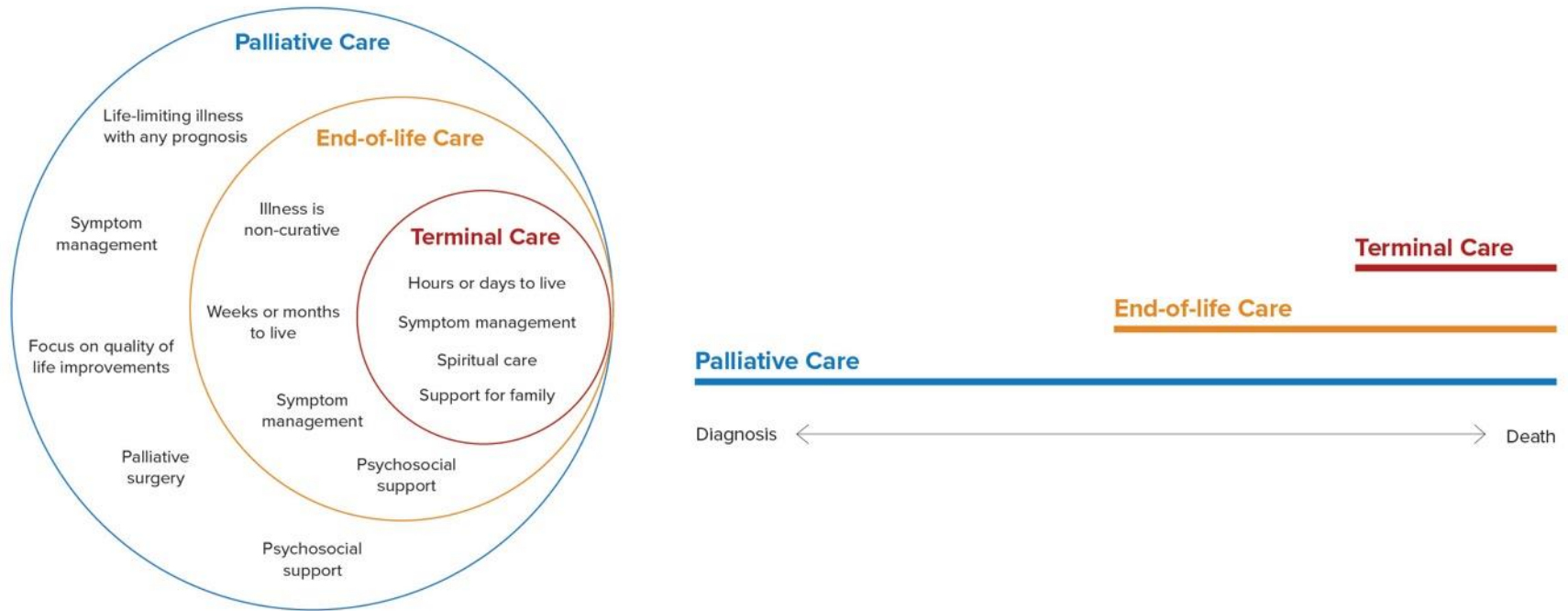This report was generated on Apr 20, 2021

CW - All LHIN Sub-Regions		Historical Data							Selected Fiscal Year, 2018/19		
		Trend	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	Value	Numerator	Denominator
Setting of death											
Percent											
Percent of decedents who died in home/residential hospice	Cancer		30.24	31.75	34.77	38.08	34.20	35.105263	35.11	667	1,900
	CHF		17.42	16.39	18.27	24.06	20.93	22.730574	22.73	313	1,377
	COPD		21.21	23.64	23.21	30.33	26.78	30.043384	30.04	277	922
	Dementia		11.70	13.10	15.59	17.59	18.58	17.788462	17.79	222	1,248
Percent of decedents who died in LTC	Cancer		7.56	6.84	6.90	6.04	5.97	6.3684211	6.37	121	1,900
	CHF		11.80	11.17	12.47	10.30	12.35	10.748003	10.75	148	1,377
	COPD		12.12	11.82	12.97	9.71	11.90	9.4360087	9.44	87	922
	Dementia		41.70	42.94	40.98	38.80	39.69	38.38141	38.38	479	1,248
Percent of decedents who died in CCC	Cancer		4.32	4.27	4.32	4.16	3.10	3	3.00	57	1,900
	CHF		2.30	2.93	2.60	2.59	2.48	1.5976761	1.60	22	1,377
	COPD		3.76	3.30	3.30	2.80	2.02	2.7114967	2.71	25	922
	Dementia		3.20	2.42	2.65	3.11	2.37	1.6025641	1.60	20	1,248
Percent of decedents who died in ED	Cancer		3.18	2.93	2.05	2.61	2.93	2.8947368	2.89	55	1,900
	CHF		4.06	3.48	4.94	3.93	3.84	4.647785	4.65	64	1,377
	COPD		4.97	4.32	4.21	2.90	2.87	4.989154	4.99	46	922
	Dementia		3.20	2.42	1.76	3.28	2.46	3.2852564	3.29	41	1,248
Percent of LTC residents who died in hospital	Cancer		27.88	32.53	31.79	31.01	31.61	30.857143	30.86	54	175
	CHF		43.61	45.54	40.98	44.73	35.18	44.981413	44.98	121	269
	COPD		41.52	43.78	38.71	44.25	32.12	40.410959	40.41	59	146
	Dementia		29.92	28.16	28.06	29.29	29.52	27.75264	27.75	184	663
Percent of decedents who died in hospital (acute IP, rehab, MH facility)	Cancer		54.70	54.21	51.96	49.11	53.80	52.631579	52.63	1,000	1,900

Decedent Cohort Methodology

- OPCN reports utilize the decedent patient population or cohort and reflect back on palliative care services and health care utilization in the last year of life or close to death (e.g., in last 90 days of life).

- Reports leverage methodologies from ICES, Ontario Health (Quality) and MOH

- The decedent cohort has no restrictions on age and contains Ontarians of all ages

- To assign a patient's home LHIN and LHIN sub-region at time of death, the postal code was assigned using the RPDB (Registered Persons Database) when available. A patient's postal code at time of death may not be in the same region as the care provider(s).

- The decedent cohort methodology is in contrast to a more "prospective" methodology whereby a patient is first captured as receiving a palliative approach to care.
    - More "real-time" data would be required to enable prospective methodology

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Clarifying Palliative and End-of-Life Care

From: Palliative Care in ON: Everything you need to know, Guides, 2019, Closing the Gap Healthcare, Accessed at: https://www.closingthegap.ca/palliative-care-in-ontario-everything-you-need-to-know/
To learn more about the difference between Palliative Care and EOL Care, see:
tip_feb_2021_palliativeapproach_eol.pdf (hpcconnection.ca)

Data Sources

- **The SLMR, PSR and RP Tool uses the following data sources:**
  - Health Shared Services Ontario (HSSO): Home Care Database (HCD)
  - Continuing Care Reporting System (CCRS): Long Term Care (LTC) and Complex Continuing Care (CCC)
  - Discharge Abstract Database (DAD)
  - National Ambulatory Care Reporting System (NACRS)
  - National Rehabilitation Reporting System (NRS)
  - Ontario Health Insurance Plan (OHIP)
  - Ontario Mental Health Reporting System (OMHRS)
  - Registered Persons Database (RPDB)

- **The Regional Profiles Tool uses an additional data source:**
  - Health Shared Services Ontario (HSSO): Home Care Database (HCD), RAI-PC, RAI-HC, RAI-CA

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Questions and Discussion

Poll 4
To what extent are you able to identify the population that could benefit from palliative care?

- **We have explicit criteria with real-time data to identify our palliative population**
- **We have agreed to explicit criteria but are having challenges to implement**
- **We are starting to define how we will identify our palliative population**
- **We don't know how to define our palliative population**
- **We are not focused on palliative patients at this time**

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Discussion Question & Engagement

What kind of information are you most interested in to help you identify and meet the needs of patients who would benefit from palliative care?

Use the chat to <mark>all panelists and attendees</mark> *to respond to this and ask questions*

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System Level Measure Report

Indicator	Description	Numerator	Denominator	Inclusions, Exclusions, Limitations
Caregiver Voice Survey Rate	N/A for May 2019	N/A for May 2019	N/A for May 2019	N/A for May 2019
Palliative Home Care	Percentage of decedents who received a physician home visit and/or palliative home care service visits in the last 90 days of life	Number of decedents who received at least one physician home visit or palliative home care service visit in the last 90 days of life	All decedents who were not institutionalized (i.e., community dwelling) in the last 90 days of life	Exclude: those institutionalized in the last 90 days of life; sudden death decedents
Emergency Department (ED) Visits	Percentage of decedents who had one or more unplanned ED visits in the last year of life	Number of unique decedents who had (a) one or more or (b) two or more unplanned visit ED in the last 30 days of life (Regional Profiles tool also includes last year of life)	All decedents who were not hospitalized in acute care for the last 30 days of life	Exclude: those who were in acute inpatient care for last 30 days of life; sudden death decedents
Hospital Deaths	Percentage of decedents who died in hospital	Number of decedents who died in hospital (acute, ED, CCC, inpatient rehab and inpatient mental health)	All decedents	Exclude: sudden death decedents *In open data reporting periods, the measure only considers acute hospital and ED

Note: pediatric deaths were included in the decedent cohort, however, it is known that the proportion is small.

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Regional Profiles Tool Indicators

Measure	Statistic	Description	Numerator	Denominator	Notes
Case Management Services	Percent	Percent of decedents who received case management services	Number of unique patients who received at least one case management service visit	Number of non-institutionalized decedents	Exclude decedents who were admitted to a facility for the duration under study (i.e. LTC, inpatient hospital, CCC, inpatient rehab, inpatient mental health)
PSW and HM Hours	Percent	Percent of decedents who received personal support worker and homemaking hours	Number of unique patients who received at least one personal support worker visit or one homemaking hour	Number of non-institutionalized decedents	Exclude decedents who were admitted to a facility for the duration under study (i.e. LTC, inpatient hospital, CCC, inpatient rehab, inpatient mental health)
Nursing Visits	Percent	Percent of decedents who received nursing visits	Number of unique patients who received at least one nursing visit	Number of non-institutionalized decedents	Exclude decedents who were admitted to a facility for the duration under study (i.e. LTC, inpatient hospital, CCC, inpatient rehab, inpatient mental health) Exclude "nursing shifts"
Occupational Therapy Visits	Percent	Percent of decedents who received occupational therapy visits	Number of unique patients who received at least one occupational therapy visit	Number of non-institutionalized decedents	Exclude decedents who were admitted to a facility for the duration under study (i.e. LTC, inpatient hospital, CCC, inpatient rehab, inpatient mental health)
Home Service Visits	Percent	Percent of decedents who received home service visits	Number of unique patients who received at least one home service visit (including all home services except "case management" and "placement services")	Number of non-institutionalized decedents	Exclude decedents who were admitted to a facility for the duration under study (i.e. LTC, inpatient hospital, CCC, inpatient rehab, inpatient mental health)
Physiotherapy Visits	Percent	Percent of decedents who received physiotherapy visits	Number of unique patients who received at least one physiotherapy visit	Number of non-institutionalized decedents	Exclude decedents who were admitted to a facility for the duration under study (i.e. LTC, inpatient hospital, CCC, inpatient rehab, inpatient mental health)
ALC Days	Percent	Percent of acute hospital stays with ALC days	Number of hospital discharges with at least one ALC day	Number of hospitalizations	
CCC Stays	Percent	Percent of decedents with CCC stays	Number of unique patients with at least one CCC stay	Number of decedents	
ED Visits	Percent	Percent of decedents with ED visits	Number of unique patients with at least one ED visit	Number of non-hospitalized decedents	Exclude decedents who spent the duration under study in acute inpatient hospital
Inpatient Hospital Days	Percent	Percent of decedents with inpatient hospital days	Number of unique patients with at least one inpatient hospital day	Number of decedents	
Physician Home Visits	Percent	Percent of decedents receiving physician home visits	Number of unique patients who received a home visit by a doctor	Number of non-institutionalized decedents	Exclude decedents who were admitted to a facility for the duration under study (i.e. LTC, inpatient hospital, CCC, inpatient rehab, inpatient mental health)
Physician Palliative Visits in LTC	Percent	Percent of decedents receiving physician palliative visits in LTC	Number of unique patients who received a palliative visit by a doctor in LTC	Number of decedents who had at least one LTC stay	
Case Management Services	Average	Average number of case management services	Total number of case management services	Number of unique patients who received at least one case management service visit	
PSW and HM Hours	Average	Average number of personal support worker and homemaking visits	Total number of PSW and HM hours	Number of unique patients who received at least one personal support worker visit or one homemaking hour	
Nursing Visits	Average	Average number of nursing visits	Total number of nursing visits	Number of unique patients who received at least one nursing service visit	Does not include decedents who received "nursing shifts"

Regional Profiles Tool Indicators

Indicator	Type	Description	Numerator	Denominator	Notes
Occupational Therapy Visits	Average	Average number of occupational therapy visits	Total number of occupational therapy visits	Number of unique patients who received at least one occupational therapy service visit	
Home Service Visits	Average	Average number of home service visits	Total number of home service visits (including all home services except "case management" and "placement services")	Number of unique patients who received at least one home service visit (including all home services except "case management" and "placement services")	
Physiotherapy Visits	Average	Average number of physiotherapy visits	Total number of physiotherapy visits	Number of unique patients who received at least one physiotherapy service visit	
ALC Days	Average	Average number of ALC days	Total days in ALC	Number of hospital discharges with at least one ALC day	
CCC Days	Average	Average number of CCC days	Total CCC days	Number of unique patients with at least one CCC stay	
ED Visits	Average	Average number of emergency department visits	Total ED visits	Number of unique non-hospitalized patients with at least one ED visit	Exclude decedents who spent the duration under study in acute inpatient hospital
Inpatient Hospital Days	Average	Average number of acute inpatient hospital days	Total inpatient hospital days	Number of unique patients with at least one inpatient hospital day	
Deaths in hospital	Percent	Percent of decedents who died in hospital (acute IP, rehab, mental health facility)	Number of unique patients who died in acute inpatient hospital, mental health facility or rehabilitation facility	Number of decedents	
Deaths in home	Percent	Percent of decedents who died in home/residential hospice	Number of unique patients who died in home or residential hospice	Number of decedents	
Deaths in LTC	Percent	Percent of decedents who died in LTC	Number of unique patients who died in long term care home	Number of decedents	
Deaths in CCC	Percent	Percent of decedents who died in CCC	Number of unique patients who died in complex continuing care	Number of decedents	
Deaths in ED	Percent	Percent of decedents who died in ED	Number of unique patients who died in emergency department	Number of decedents	
Deaths in hospital (LTC residents)	Percent	Percent of LTC Residents who died in hospital	Number of unique patients who died in acute inpatient hospital or emergency department and had a LTC stay preceding their final acute inpatient/ED visit	Numerator + Number of unique patients who died in LTC	
Palliative Nurse Practitioner Visits	Percent	Percent of decedents who received palliative nurse practitioner visits	Number of unique patients who received at least one palliative nurse practitioner visit	Number of non-institutionalized decedents	Exclude decedents who were admitted to a facility for the duration under study (i.e. LTC, inpatient hospital, CCC, inpatient rehab, inpatient mental health)
Palliative Nurse Practitioner Visits	Average	Average number of palliative nurse practitioner visits	Total number of palliative nurse practitioner visits	Number of unique patients who received at least one palliative nurse practitioner visit	
Home Service Visits - Age 0-18	Percent	Percent of decedents under age 19 with home service visits	Number of unique decedents under age 19 who received at least one home service visit (including all home services except "case	Number of non-institutionalized decedents under age 19	Exclude decedents over age 19 and those who were admitted to a facility for the duration under study (i.e. LTC, inpatient hospital, CCC, inpatient rehab, inpatient mental health)

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Regional Profiles Tool Indicators

Home Service Visits - Age 0-18	Average	Average number of home service visits for decedents under age 19	Total number of home service visits for decedents under age 19 (including all home services except "case management" and "placement services")	Number of unique decedents under age 19 who received at least one home service visit (including all home services except "case management" and "placement services")	Exclude decedents over age 19 and those who were admitted to a facility for the duration under study (i.e. LTC, inpatient hospital, CCC, inpatient rehab, inpatient mental health)
ED Visits Weekday	Average	Average number of weekday ED visits	Total weekday ED visits (Monday to Friday, 8:00 a.m. to 4:59 p.m.)	Number of unique patients with at least one weekday ED visit (Monday to Friday, 8:00 a.m. to 4:59 p.m.)	Exclude decedents who spent the duration under study in acute inpatient hospital
ED Visits Evening	Average	Average number of Evening/Overnight ED visits	Total evening/overnight ED visits (Monday to Thursday, 5:00 p.m. to 7:59 a.m.)	Number of unique patients with at least one evening/overnight ED visit (Monday to Thursday, 5:00 p.m. to 7:59 a.m.)	Exclude decedents who spent the duration under study in acute inpatient hospital
ED Visits Weekend	Average	Average number of weekend ED visits	Total weekend ED visits (Friday 5:00 p.m. to Monday 7:59 a.m.)	Number of unique patients with at least one weekend ED visit (Friday 5:00 p.m. to Monday 7:59 a.m.)	Exclude decedents who spent the duration under study in acute inpatient hospital
ED Visits Weekday	Percent	Percent of decedents with weekday ED visits	Number of unique patients with at least one weekday ED visit (Monday to Friday, 8:00 a.m. to 4:59 p.m.)	Number of non-hospitalized decedents	Exclude decedents who spent the duration under study in acute inpatient hospital
ED Visits Evening	Percent	Percent of decedents with evening/overnight ED visits	Number of unique patients with at least one evening/overnight ED visit (Monday to Thursday, 5:00 p.m. to 7:59 a.m.)	Number of non-hospitalized decedents	Exclude decedents who spent the duration under study in acute inpatient hospital
ED Visits Weekend	Percent	Percent of decedents with weekend ED visits	Number of unique patients with at least one weekend ED visit (Friday 5:00 p.m. to Monday 7:59 a.m.)	Number of non-hospitalized decedents	Exclude decedents who spent the duration under study in acute inpatient hospital
Visiting Hospice Service Visits	Average	Average number of visiting hospice service visits per individual served	Total number of visiting hospice service visits	Number of individuals who received a visiting hospice service visit	Reflects Ontario Healthcare Financial and Statistical System (OHFS) data from the MOHLTC's Health Data Branch Healthcare Indicator Tool (HIT); functional centre 7258265 - COM IH & CS - Visiting - Hospice Services; last updated Feb 2019

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How to Use Your Improvement Indicator Results

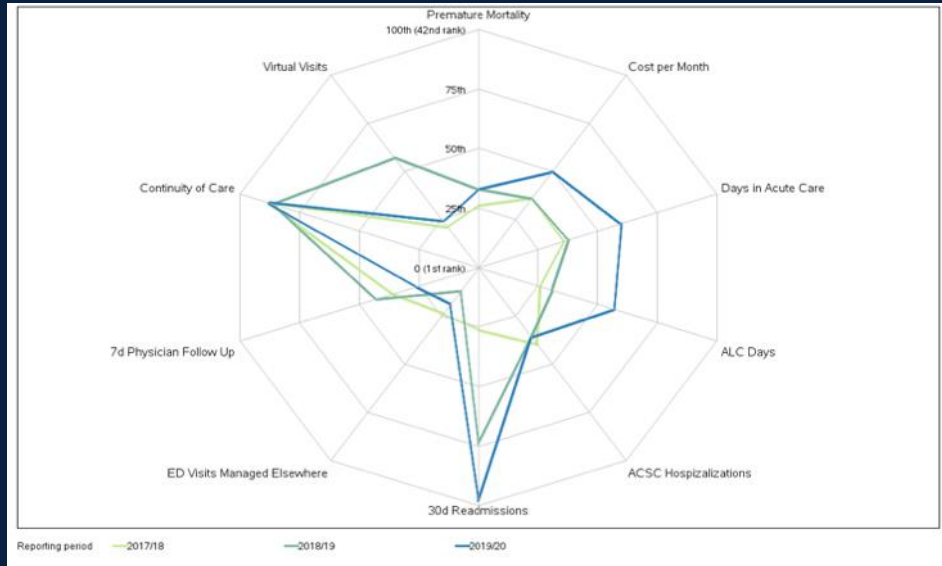HSPN

What will you have on measurement?

HSPN is providing 5 reports to OHTs with individual OHT-specific results:

1. Organizing for OHT Survey

2. Overall Improvement Indicator Report

3. Focus Report on Mental Health and Addictions

4. Focus Report on Older Adults/Frailty Measures

5. Focus Report on End-of-life Indicators
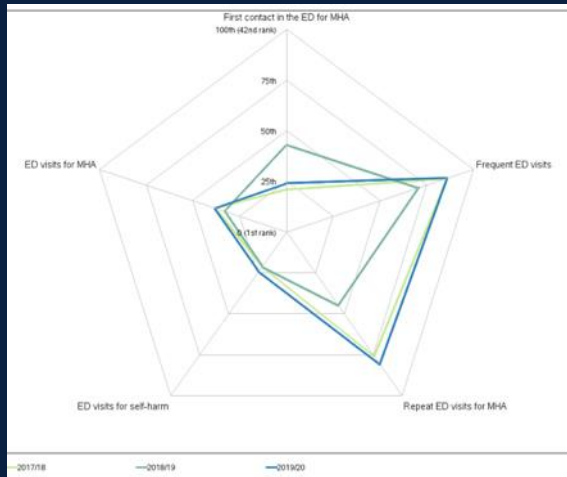
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We use 2 forms of "Spider Diagrams"

Organizing for OHTs Survey "Try to be BIG"…more is better	Indicator Reports "Try to be SMALL" … on target is better

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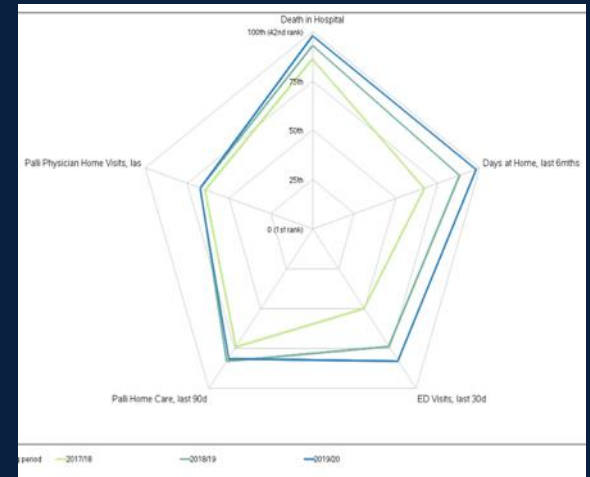# Think about your **opportunities for improvement**

Mental Health	Frail / Older Adults	End-of-Life / Palliative

Up Next:

HSPN Webinar Series

- 4th Tuesday of the Month: 12:00 – 1:30pm

Upcoming Topics:

- ✓ Population Health Management
- ✓ OHT Improvement Indicator Results: Overall & Population-specific
- Provider and Patient Surveys
- Population Segmentation in Ontario

… and more.

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Everyone is involved !

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Subscribe on YouTube!

Thank you!

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