HSPN Health System Performance Network

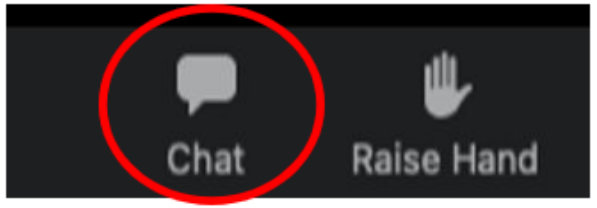
Performance Management for OHTs

HSPN Monthly Webinar

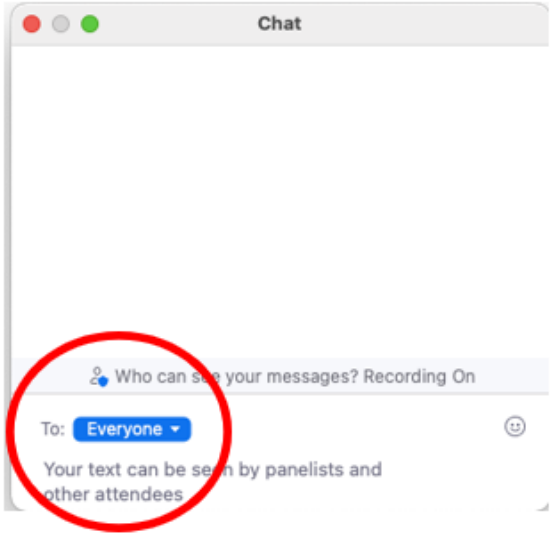
October 28, 2025

Welcome & thank you for joining us!

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



➢Open Chat



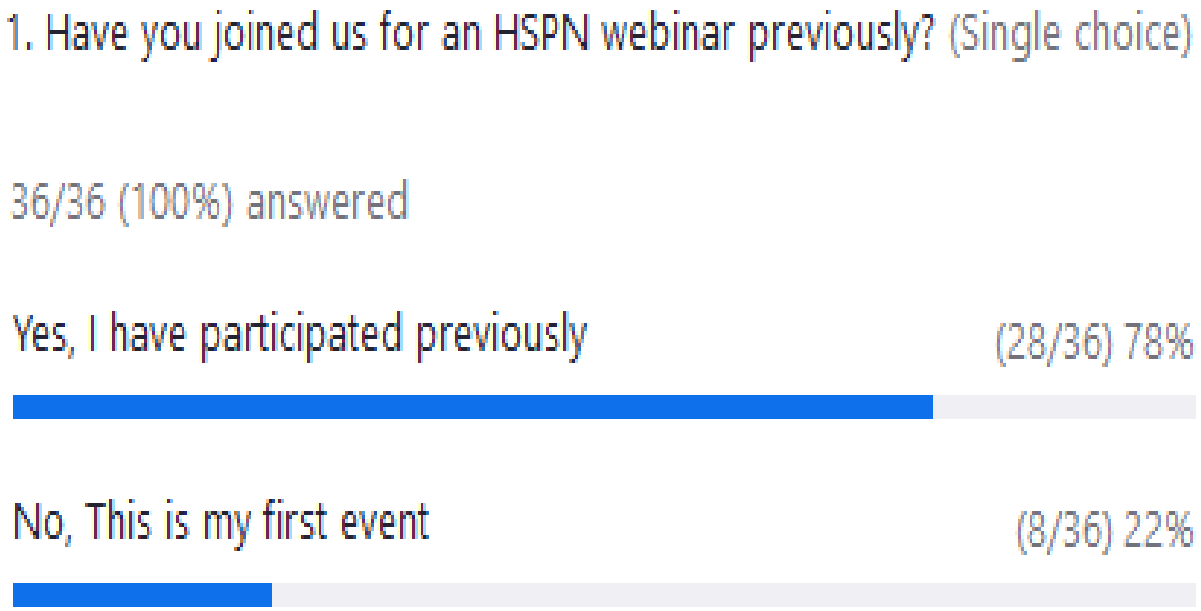
➢Set response to everyone

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 the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. 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.

Poll 1


1. Have you joined us for an HSPN webinar previously? (Single choice)
36/36 (100%) answered
Yes, I have participated previously
(28/36) 78%
No, This is my first event
(8/36) 22%

HSPN Health System Performance Network

Today's event
Performance Management for OHTs

Presenters

Vijay Kunaratnam
Research Associate
HSPN

Joslyn Trowbridge
Research Officer
HSPN

Walter Wodchis
Principal Investigator
HSPN

Victor Rentes
Post-Doctoral Fellow
HSPN

Kaileah McKellar
Co-lead OHT Evaluation
HSPN

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October 28, 2025

AGENDA

1. The OHT Leadership Survey indicated variability and opportunities for improvement in performance management
2. HSPN has been producing indicators to support performance measurement (one element of performance management) for OHTs
3. We studied how we could improve our performance measurement supports
4. We are supporting OHTs to build capability and capacity for performance measurement and performance management.

Capabilities for Performance Management in Ontario Health Teams:

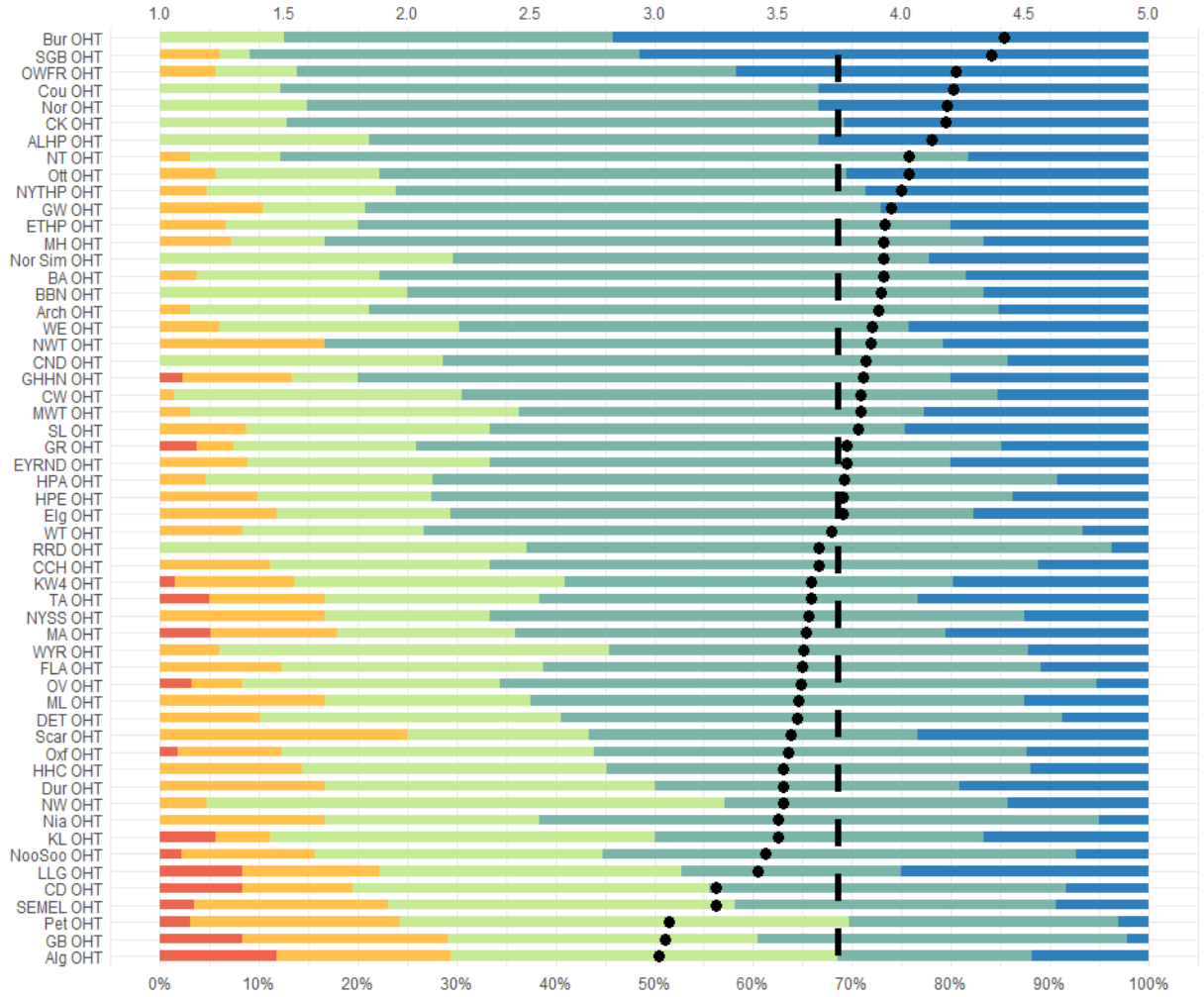
Results from the HSPN Ontario Health Team Leadership Survey

HSPN OHT Leadership Survey (2025)

Survey Population:

- All 58 OHTs invited to participate; 55/58 OHTs included
- Survey distributed to one ‘most involved’ individual from each ***member*** organization or individual in every participating OHT
- A survey invitation along with an REB-approved letter of information was distributed to all 1,557 individuals on March 3, 2025.
- 857 individuals responded to the survey for a total response rate of 55%. The average response rate across OHTs was 63% (range: 17% to 90%).

Shared Responsibility



2025 Overall Mean Score: 3.74

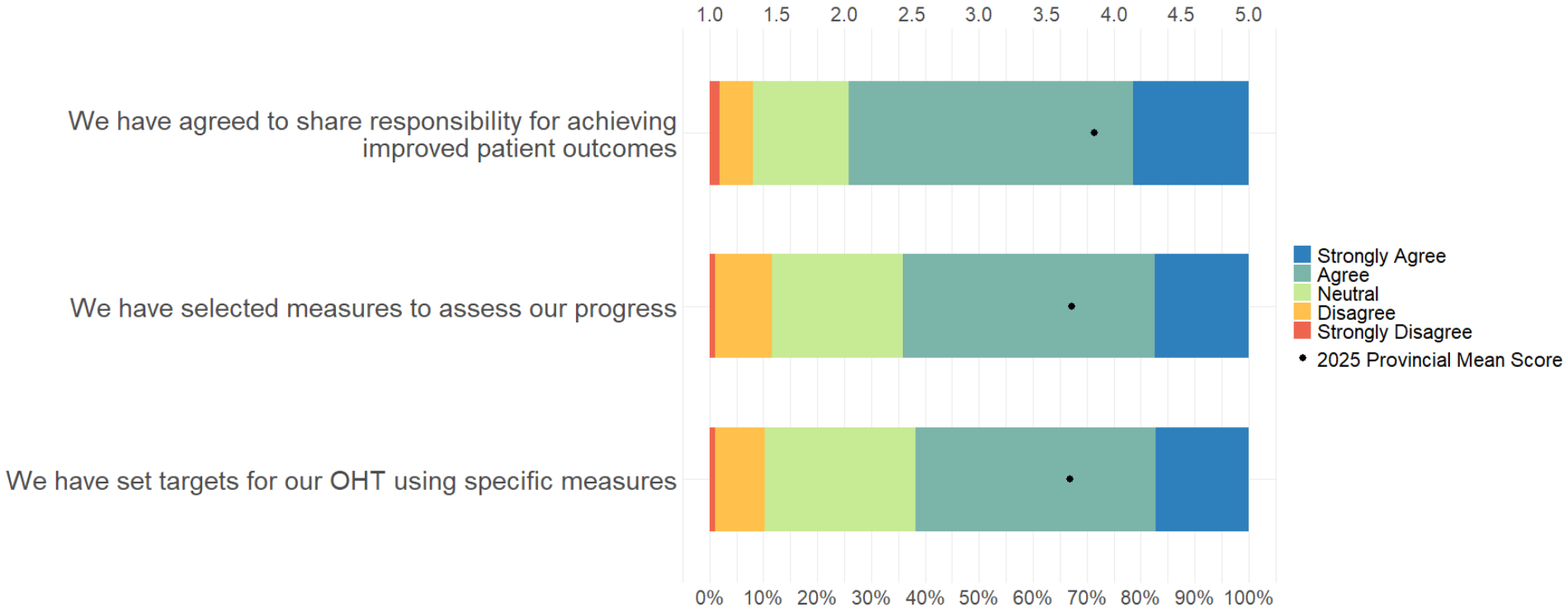
- There is relatively strong sense of shared responsibility with measurement and targets for OHT assessment.
- There were relatively more respondents selecting agree over other categories.

Survey Items - At present in [OHT]:

We have agreed to share responsibility for achieving improved patient outcomes
We have selected measures to assess our progress
We have set targets for our OHT using specific measures

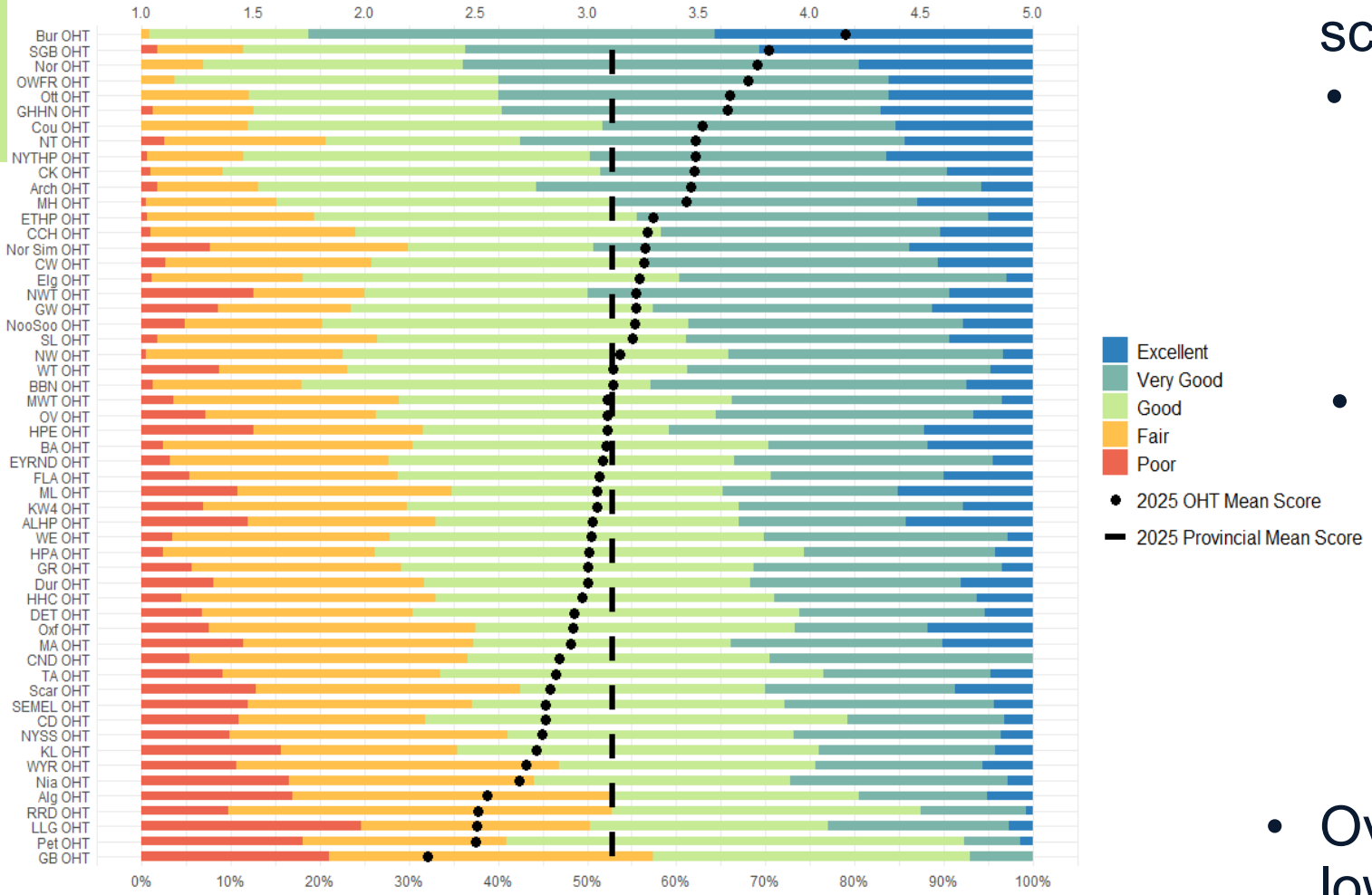
Only 2025 results available for this new scale.

Shared Responsibility



- Refers to the extent to which partner organizations can collectively commit to improving patient care outcomes and hold themselves accountable for their performance
- Mean scores range from 3.68/5 to 3.86/5.
- Between-OHT variability was low across all items (ICC=0.05 – 0.08).

Organizational Context



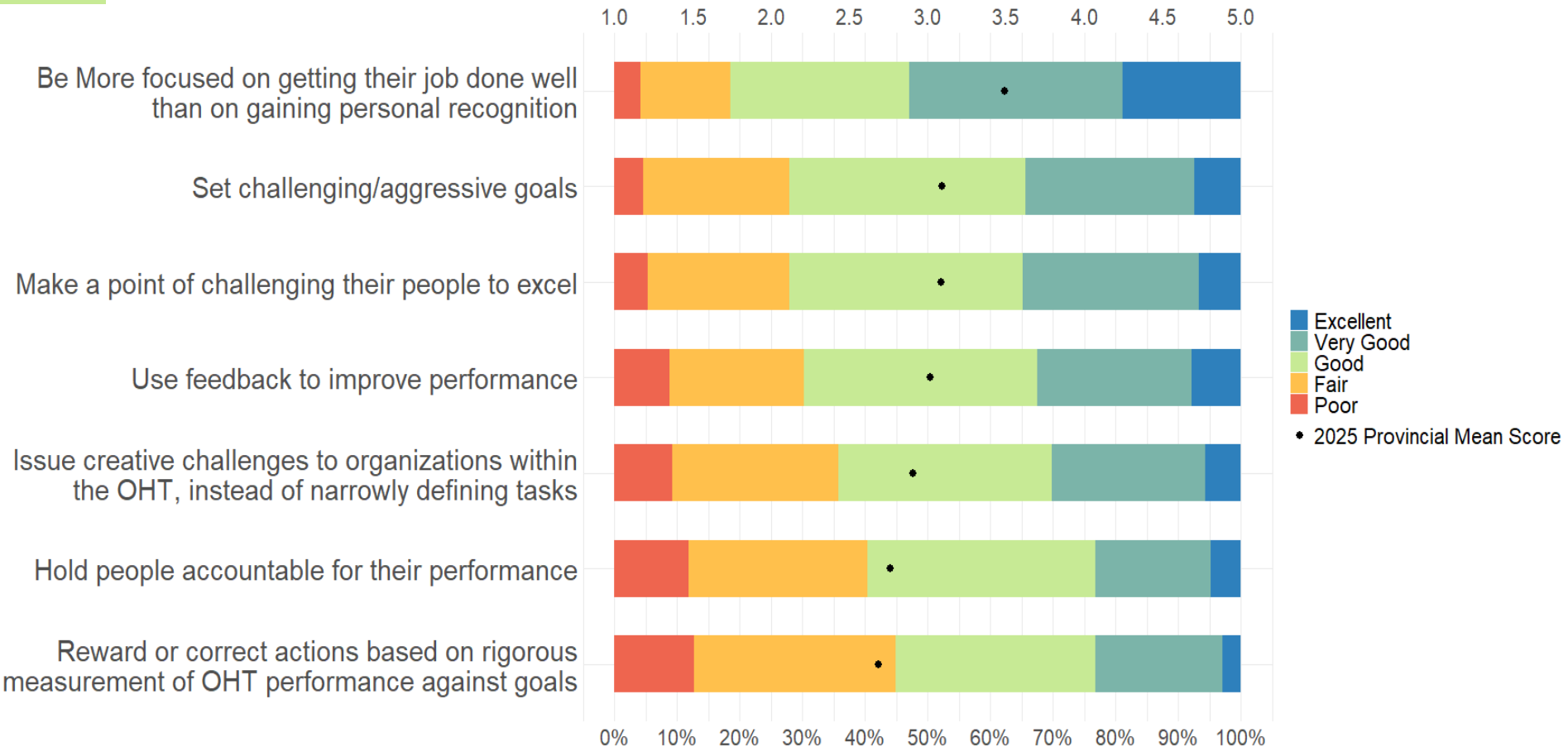
2025 Overall Mean Score: 3.11

- There were 16 items in this scale:
  - the performance management sub-domain focuses on setting clear expectations and encouraging ambition.
  - the social context sub-domain focuses on support and trust, which are key elements that foster psychological safety, collaboration, and adaptability.
- Overall, this domain had the lowest scores.

Organizational Context

- Ghoshal and Bartlett identify elements to embed within an organization a work ethic that induces value-oriented actions on the part of its members in furthering the interests of the organization as an end in itself. A strong organizational context promotes initiative, cooperation, and learning.
- This domain includes two sub-domains: performance management; and social context, using items adapted from Gibson and Birkinshaw's empirical research (2004). The ***performance management*** sub-domain (7 items) captures elements that promote discipline and stretch, including monitoring performance against clear expectations and accountability. The ***social context*** sub-domain (9 items) captures support and trust, which are key elements that foster psychological safety, collaboration, and adaptability.

Performance Management



- The performance management sub-domain focuses on setting clear expectations and encouraging ambition.

Mean scores range from 2.69/5 to 3.49/5.

Between-OHT variability was low across all items (ICC=0.05 – 0.09).

Discussion

There are opportunities to improve on performance management in OHTs.

So what?

What can be done to support OHTs to improve on performance management?

- High-value reliable indicator set (with equity)
- Performance intelligence, measurement and learning

Best Practices for Performance Management in Integrated Networks

Best Practices for Performance Management in Integrated Networks

Research Question:

- What does good performance management look like for integrated health care delivery networks?

Methods:

- Rapid narrative synthesis and AI-assisted literature review on best-practice evidence

Importance:

- Integrated care succeeds or fails on how well partners set shared goals, measure progress, learn together, and hold themselves accountable

Element	Description	Example practices
Shared outcomes framework	Co-produced, network-level performance framework that defines “what good looks like,” links structures to measurable outcomes, and assigns clear ownership and review routines.	Compact domains (access, clinical quality, patient experience, population outcomes, cost, staff wellbeing, service integration, equity); logic model/Theory of Change; owner per domain; scheduled reviews
High-value indicator set (with equity)	Few, purpose-fit indicators that capture service-trajectory integration (continuity, waits, handoffs) and population outcomes, are feasible to collect and share across organizations, and are auditable.	Time to first community contact post-discharge; avoidable ED use; ACSC admissions; PROMs/PREMs - each reported by neighborhood, income, ethnicity, etc.
Reliable data “plumbing” & performance intelligence	Timely, linked data and an analytic function that turns metrics into governance decisions.	Cross-setting data linkage (hospital, primary care, community); common definitions/denominators; monthly synthesis briefs for boards and network leads.
Routinized audit & learning cycles	Regular audit-and-feedback, benchmarking, and rapid-cycle tests embedded in joint governance and with frontline involvement to drive behaviour change.	Monthly performance huddles; comparative dashboards; PDSA cycles tied to outlier indicators; documented action logs and follow-up.

Element	Description	Example practices
Behavioral framing & frontline engagement	Make the link explicit between individual behaviours and network-level goals to support adoption.	Use behaviour-change frameworks in feedback, co-design run charts and checklists with teams, celebrate “bright spots” to reinforce desired behaviours.
Aligned accountability & incentives	Blend formal oversight with trust-building approaches; clarify roles, expectations, consequences, and incentives that reward joint results.	Public scorecards; co-owned metrics alongside mandated indicators; shared-savings/outcomes-based contracts spanning organizations; staged escalation (coaching → peer support → corrective actions).
Team support & capability	Coaching, data literacy, and improvement skills so frontline teams can act on signals.	Training on data interpretation; improvement coaches; dedicated team time for testing changes; communities of practice and peer learning sessions.

Overall:

- Avoid indicator proliferation; ensure instruments fit purpose and are validated; connect dashboards to decision routines; align incentives to controllable levers and case-mix; don’t overemphasize structural reorgs at the expense of feedback culture and shared accountability.

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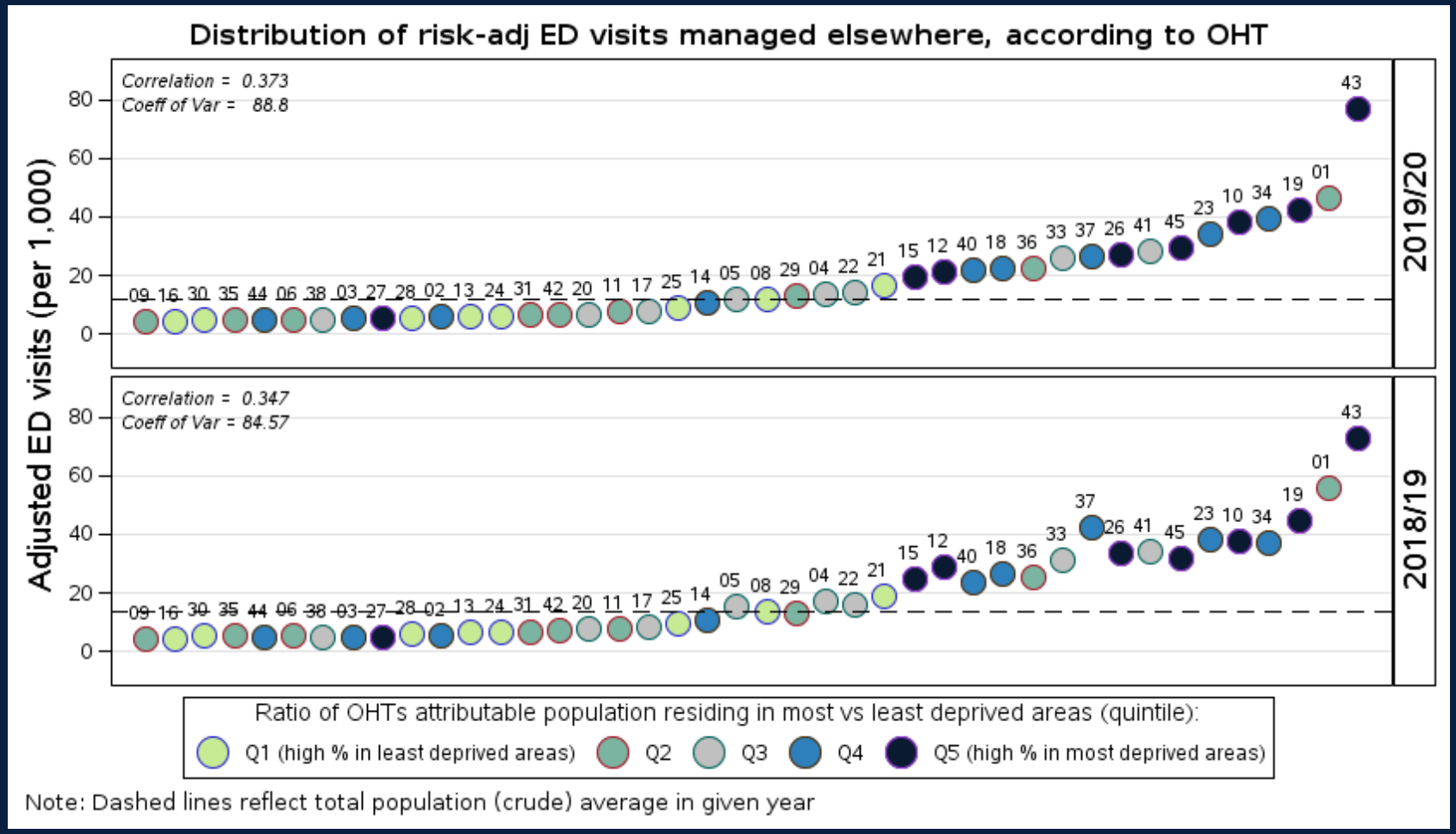
Circa 2021

HSPN Performance Measurement for Ontario Health Teams:

One Piece of the Puzzle

ED visits best managed elsewhere



Mean: 12.0 (was 13.6)
Range: 4.1 - 77.2

Correlation with deprivation	Variability across OHTs (same year)
Fair/Moderate ($tau_{2019/20}$=0.373)	Very high ($CV_{2019/20}$=88.8)

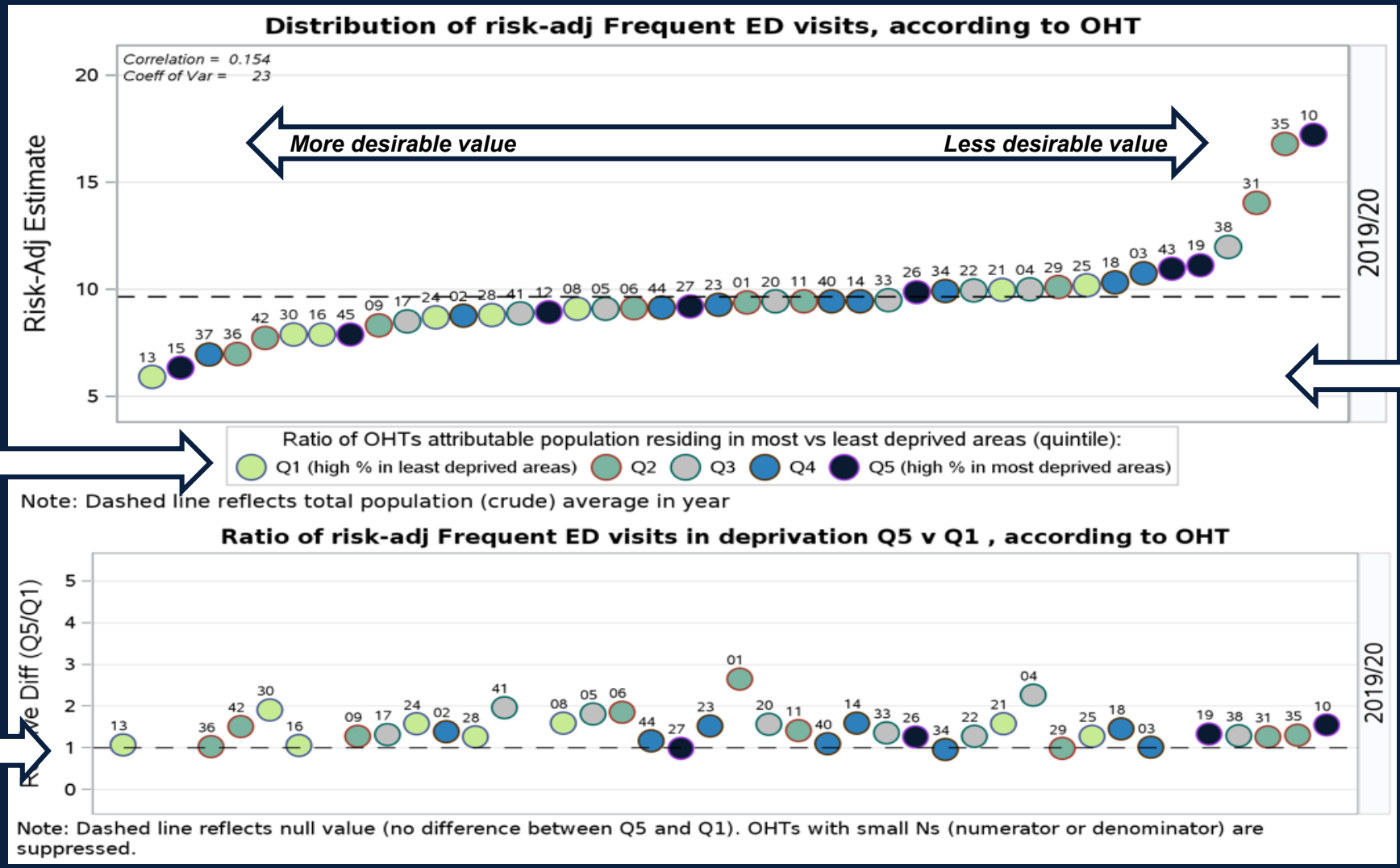
*Indicator based on MOH definition**

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 ranked/ordered according to their performance in **2019/20*. The same ordering is applied in the bottom panel.*

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.

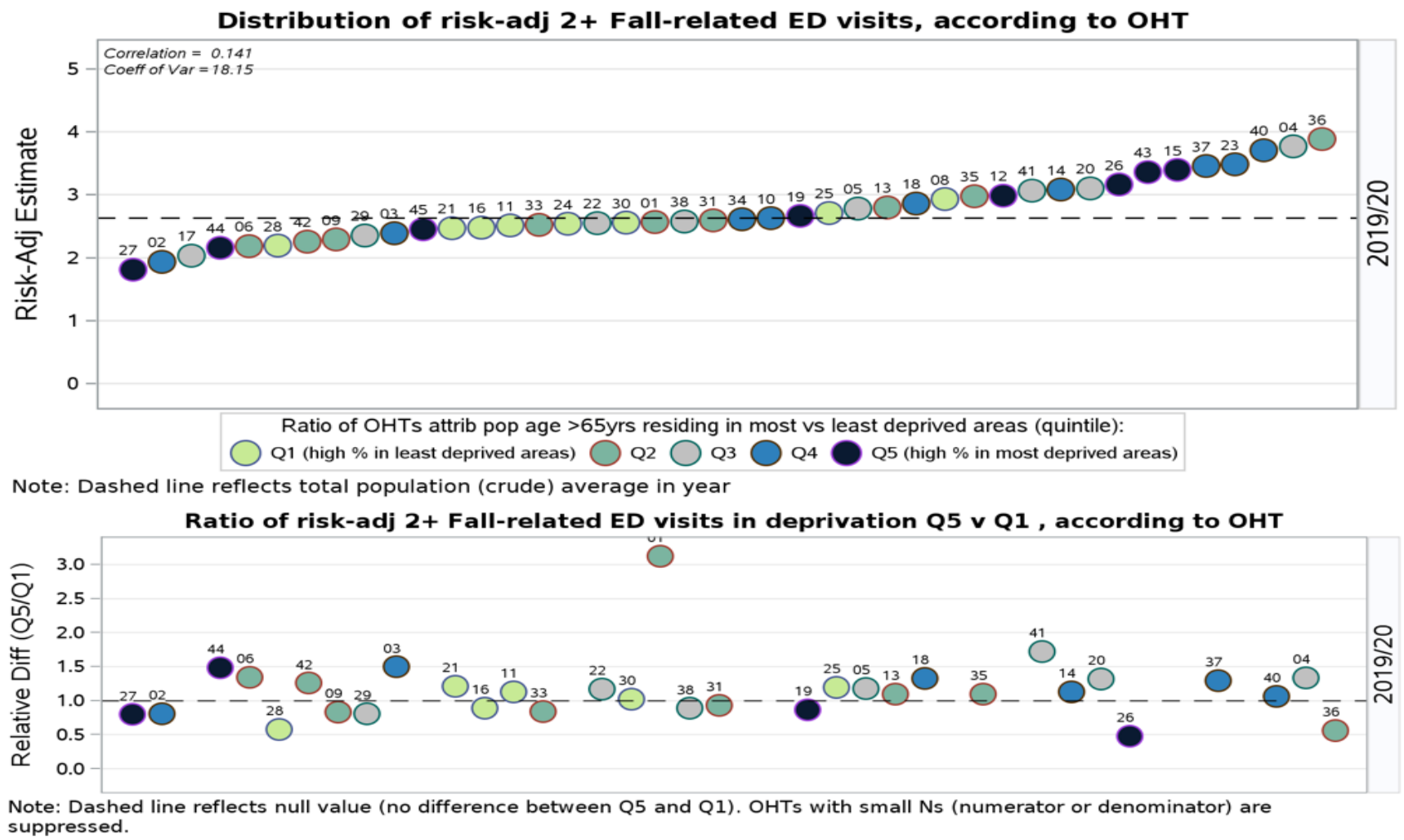
Outcome is higher in Q5 (than in Q1) in almost all OHTs

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 OHTsx*



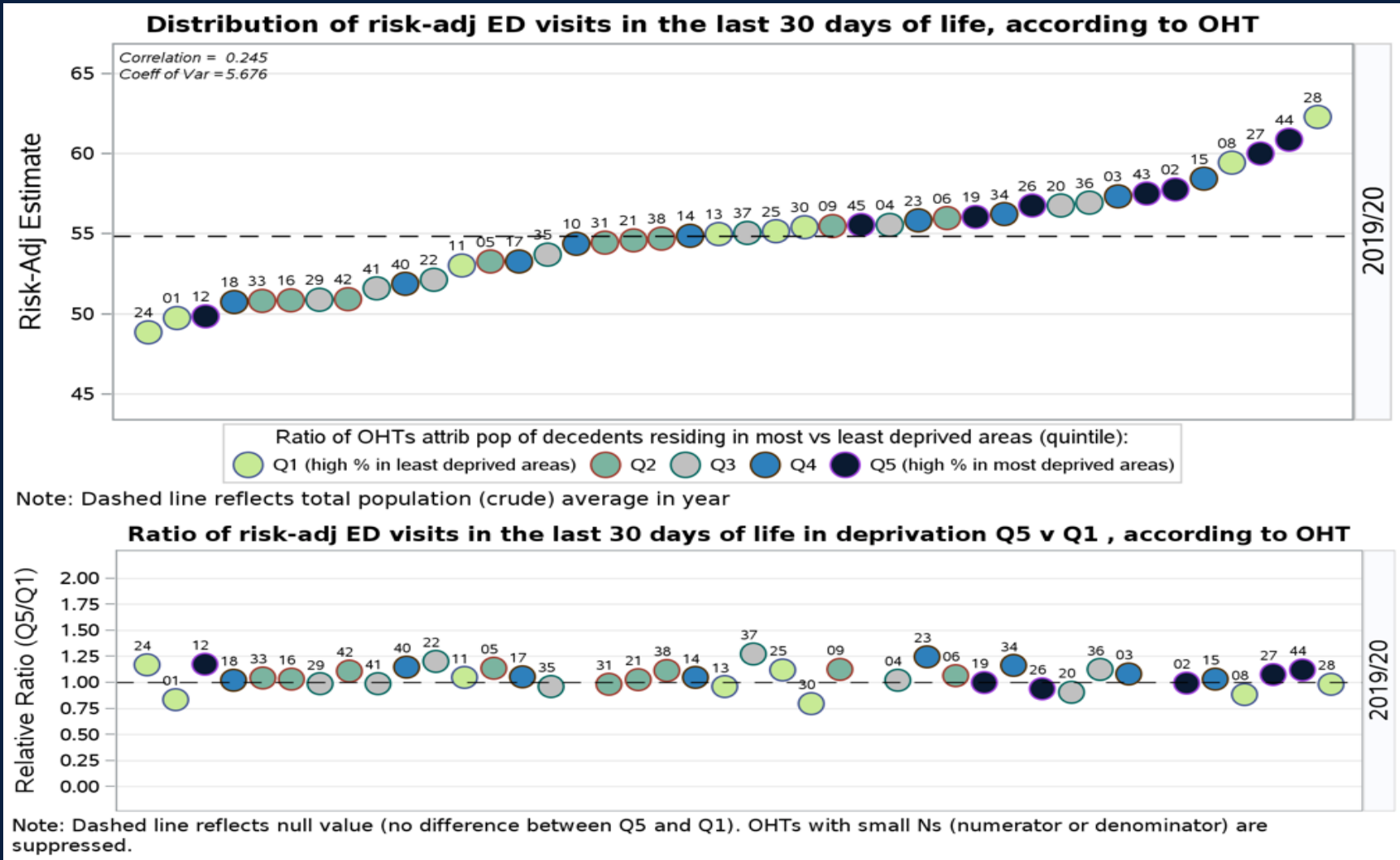
Variability across OHTs

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*



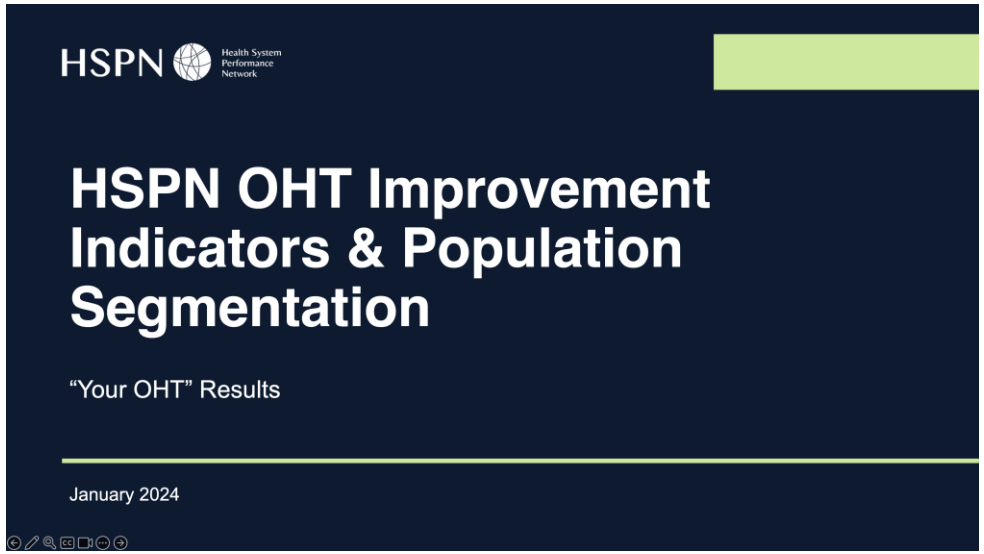
Variability across OHTs, but no large deviations from 1

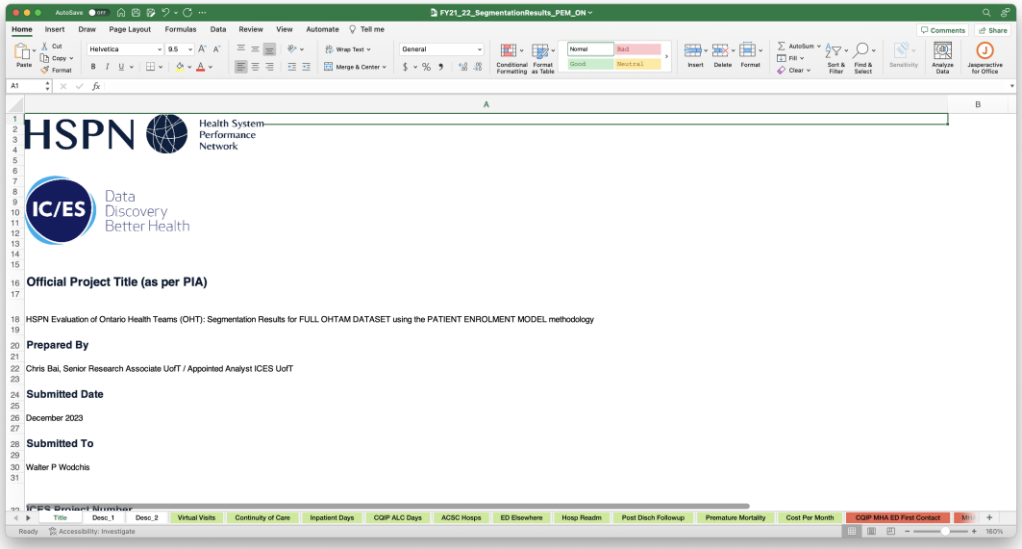
Circa 2024

Engaged Improvement

HSPN Performance Measurement for Ontario Health Teams:

1 Powerpoint Presentation & 3 Excel Spreadsheets





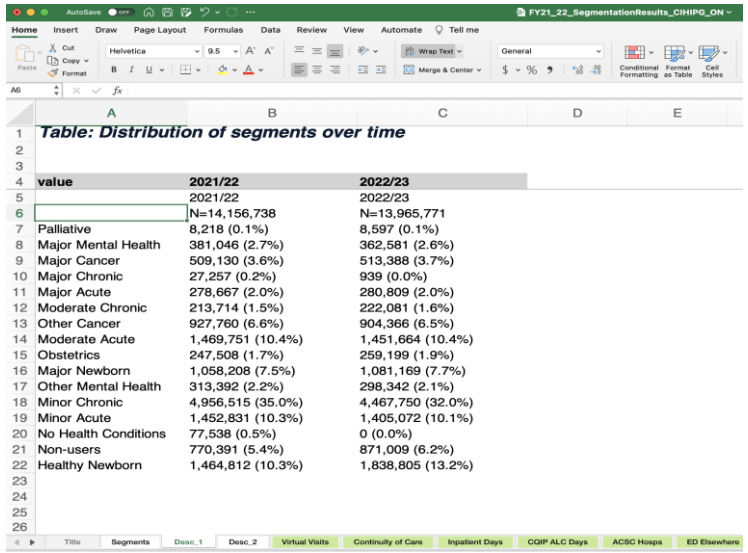
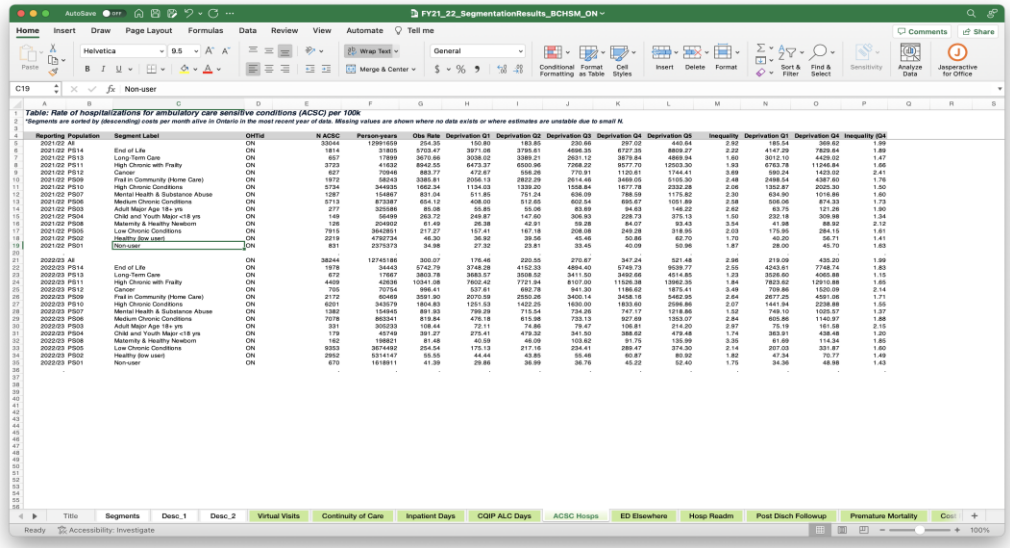


Table: Distribution of segments over time

value	2021/22	2022/23
	2021/22	2022/23
	N=14,156,738	N=13,965,771
Palliative	8,218 (0.1%)	8,597 (0.1%)
Major Mental Health	381,046 (2.7%)	362,581 (2.6%)
Major Cancer	509,130 (3.6%)	513,388 (3.7%)
Major Chronic	27,257 (0.2%)	939 (0.0%)
Major Acute	278,667 (2.0%)	280,809 (2.0%)
Moderate Chronic	213,714 (1.5%)	222,081 (1.6%)
Other Cancer	927,760 (6.6%)	904,366 (6.5%)
Moderate Acute	1,469,751 (10.4%)	1,451,664 (10.4%)
Obstetrics	247,508 (1.7%)	259,199 (1.9%)
Major Newborn	1,058,208 (7.5%)	1,081,169 (7.7%)
Other Mental Health	313,392 (2.2%)	298,342 (2.1%)
Minor Chronic	4,956,515 (35.0%)	4,467,750 (32.0%)
Minor Acute	1,452,831 (10.3%)	1,405,072 (10.1%)
No Health Conditions	77,538 (0.5%)	0 (0.0%)
Non-users	770,391 (5.4%)	871,009 (6.2%)
Healthy Newborn	1,464,812 (10.3%)	1,838,805 (13.2%)



How to use this report - 1

This report contains two main sections:

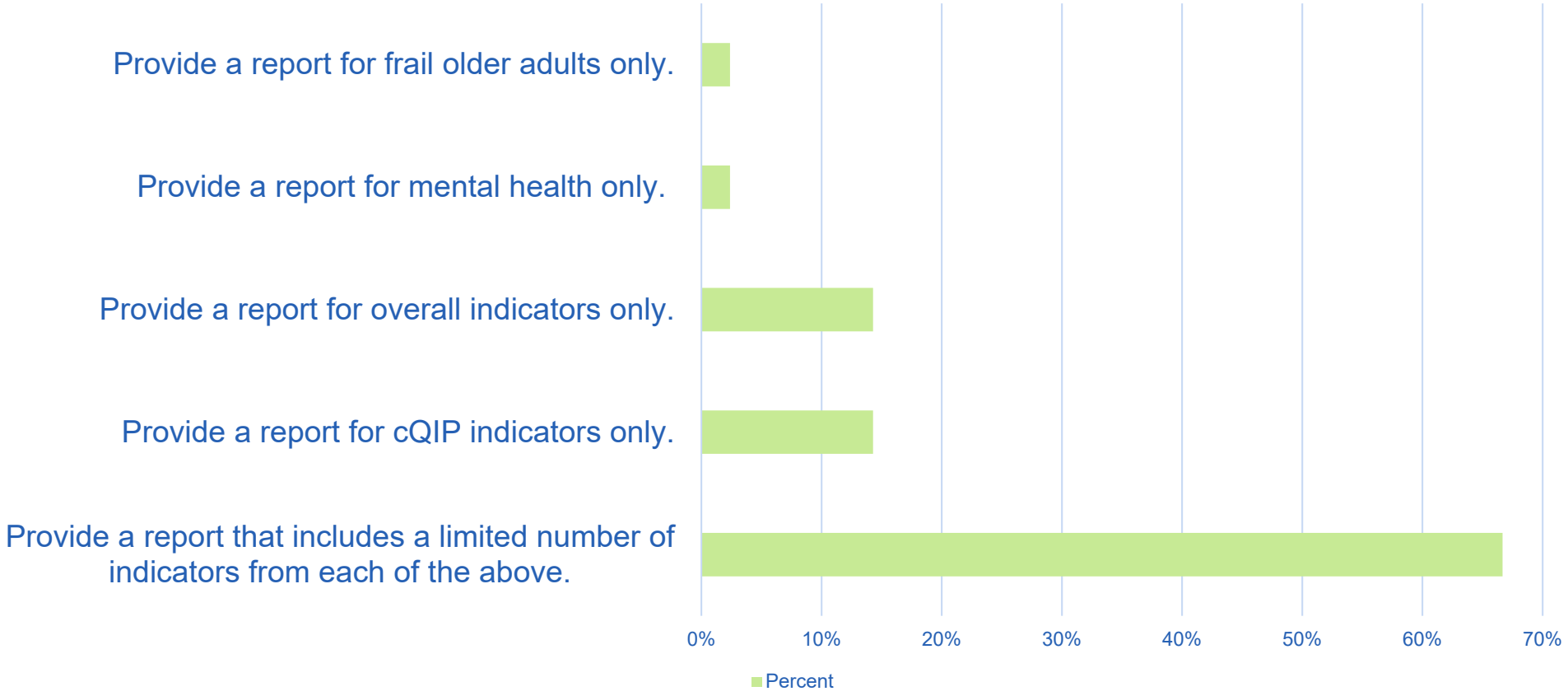
Part 1: The first section provides your OHT's ranking on 10 overall OHT improvement indicators and 5 improvement indicators for 3 common target populations (mental health, frail older adults, and end of life/palliative care).

Part 2: The second section provides your OHT results for 12 indicators stratified by 4 useful sub-groupings (material deprivation, primary care model, CIHI Pop Health Grouper and BC Health System Matrix). The 12 indicators were identified as being most important to OHTs at this time.

How did we select 12 indicators for this report?

- Surveys were distributed to an OHT representative identified by the OHT evaluation lead contact as *best suited to answer a survey about the HSPN Improvement Indicators.*
- A total of 56 OHTs were invited of whom, 42 responded (75%).
- Most respondents held positions as (executive) director of the OHT or OHT operations or lead for analysis or population health.
- For the selected indicators, at least 25% of OHTs selected the indicator as top 2 of 10 from overall indicators or at least 40% of OHTs selected the indicator as top 2 of 5 from population-specific indicators.

Do you think it would be better to have a report that provides full set of indicators for one of the existing sets or should we create a report that selects a few indicators from different existing sets of indicators?



Comments

“Is it possible to have a report for each of those 5 reports? As OHTs continue to shift towards population health management, we have expanded from our first priority population (palliative care) to include all three available there (MH&A and older adults) as well.”

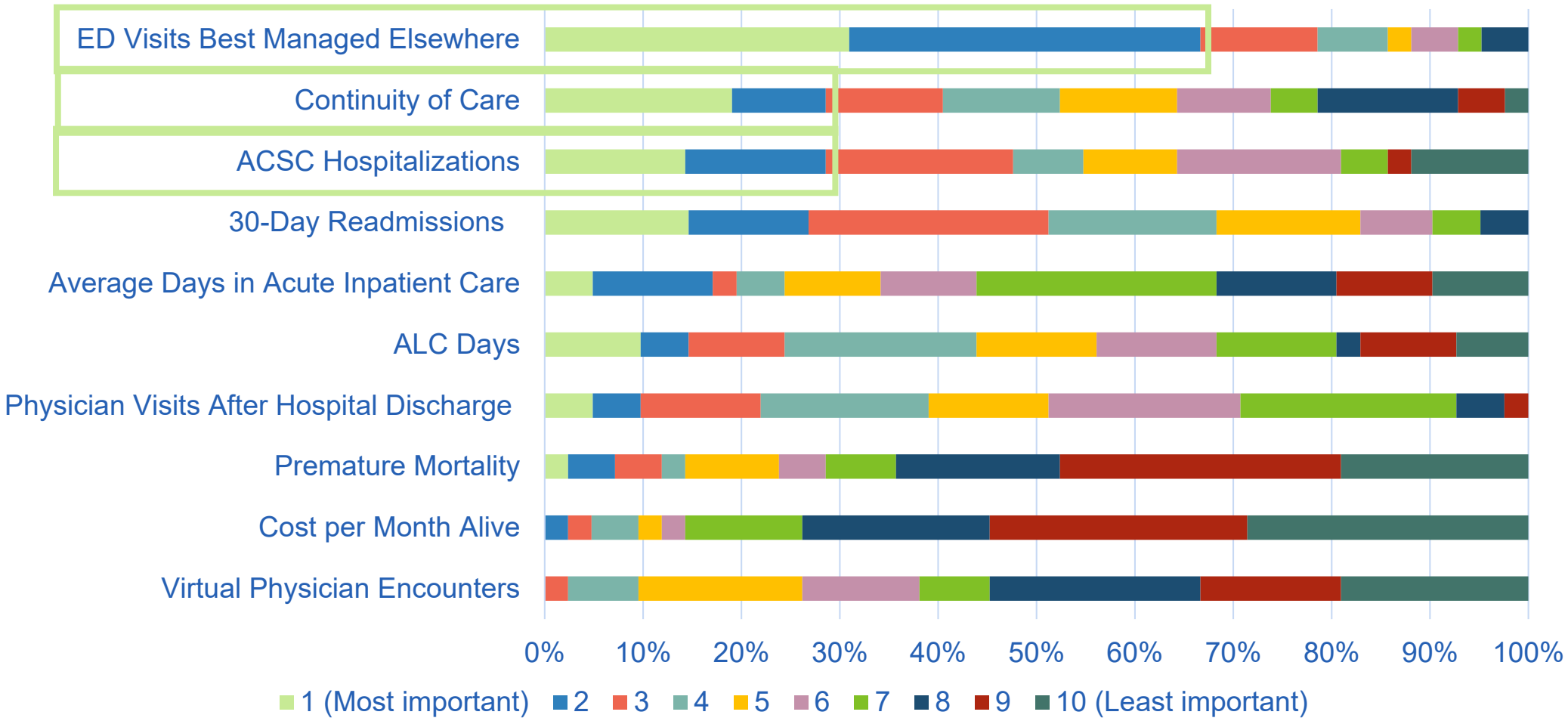
“These reports help to inform the starting point of how we’re performing, and where we might need to focus on for each of these priority populations.”

“The reports provide added value over the excel files, as not everyone can analyze large quantities of data …I recognize that the knowledge of both how to analyze the data in the excel files and the knowledge with which to interpret what the data means and how to use that, is a competency that may not be widely available across OHT organizations.”

Comments

“Hence, we will likely have to select the last option, a report with a limited number of indicators, in order to be sure we’re looking at the insights for all of our target populations. However, that option makes us wonder what analysis will not be available in this combined report, which the detailed reports have provided additional insights for. Perhaps if there was guidance on the types of additional information that could be analyzed using the excel files, that might help OHTs know what is available to them with self-run analysis.”

Please rank order the 10 overall indicators from highest (1) to lowest (10) priority usefulness for your OHT.



HSPN

Top Chosen Indicators:

Total Population	MHA	CQIP	Older/Frail Adults	Palliative & End-of-Life Care
1. ED Visits best managed elsewhere 2. ACSC Hospitalization 3. Physician Continuity of Care	1. Frequent (4+ ED visits for MHA) 2. Repeat ED visit for MHA (within 30 days) 3. ED as first point of contact for MHA	1. ALC 2. Cervical Cancer Screening 3. Breast Cancer Screening	1. Repeat fall-related ED visits among those identified as frail	1. Proportion of decedents with home care visits in last 90 days of life 2. Proportion of decedents with 1+ ED visit in last 30 days of life

Stratification / Segmentation

- For the top chosen indicators, we report on the OHT-specific results by four Stratifications or four ways to Segment the population:

    1. Neighbourhood Material Deprivation Quintile
    2. Primary Care Patient Enrolment Model
    3. CIHI Pop Grouper Health Profile Categories (HPCs)
    4. BC Health System Matrix Segments

Poll 2

1. Are you aware of and using HSPN Performance Reports (Single choice)

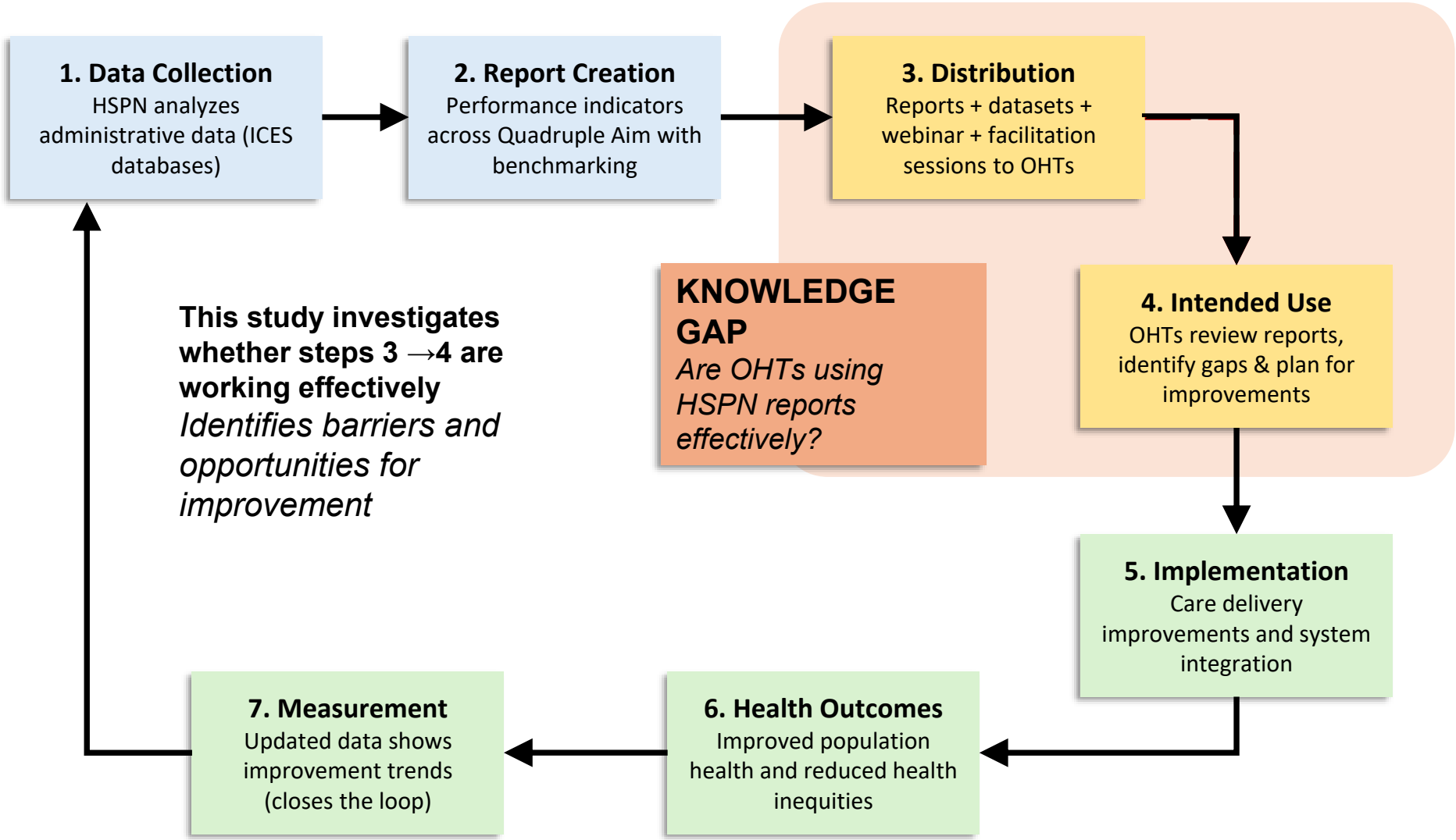
33/33 (100%) answered

I didn't know of the HSPN Performance Reports	(13/33) 39%
I know about HSPN Performance Reports, but don't need these performance data	(5/33) 15%
I know about HSPN Performance Reports and need the performance data but struggle to use them	(9/33) 27%
I know of and am using HSPN Performance Reports	(6/33) 18%

Performance Management for Ontario Health Teams:

A Formative Study of Performance Indicator Utilization

Learning Cycle for Ontario Health Teams



Framework for Formative Evaluation

Audit & Feedback (A&F)

- Widely used quality improvement strategy
  - Provide health professionals with quantitative summaries of their clinical performance when treating specific groups of patients
  - Entire process: selecting a clinical topic on which to improve, collecting and analysing population-level data, producing and delivering a quantitative summary of clinical performance, and making subsequent changes to clinical practice

- Other names include:
  - Clinical performance feedback
  - Performance measurement
  - Quality measurement
  - Key performance indicators
  - Quality indicators
  - Quality dashboards
  - Scorecards
  - Report cards
  - Population health analytics

Brown et al; Ivers et al; Boaden et al; Scrivener et al; Freeman et al; Dowding et al; Brehaut et al; Colquhoun et al; Grimshaw et al

Audit & Feedback (A&F): Best Practices

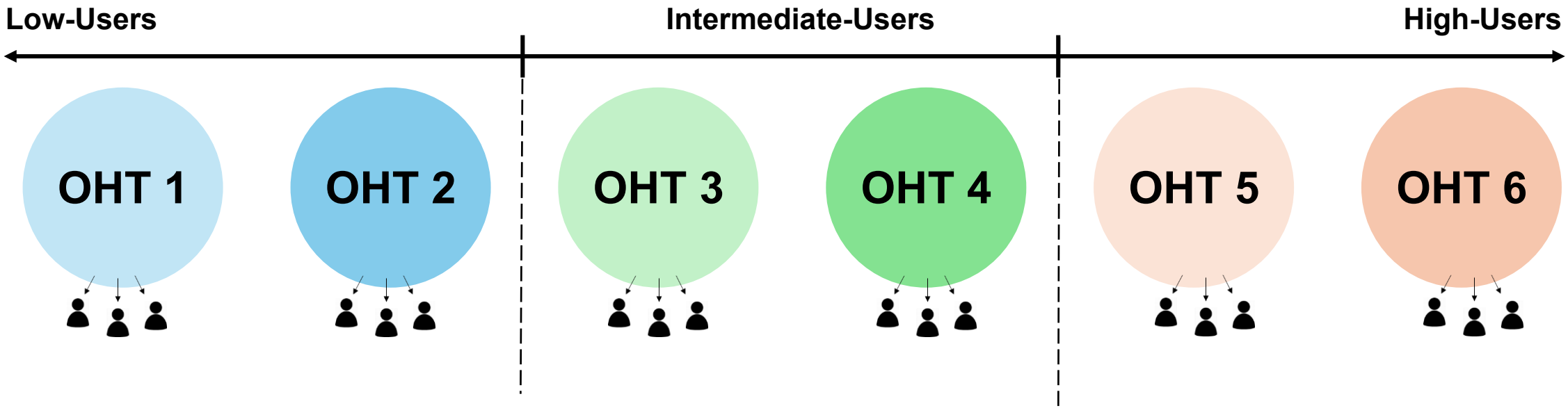
Nature of the data available for feedback	1. Provide multiple instances of feedback 2. Provide feedback as soon as possible and at a frequency informed by the number of new patient cases 3. Provide individual rather than general data 4. Choose comparators that reinforce desired behavior change
Feedback display	5. Closely link the visual display and summary message 6. Provide feedback in more than 1 way 7. Minimize extraneous cognitive load for feedback recipient
Delivering the feedback intervention	8. Address barriers to feedback use 9. Provide short, actionable messages followed by optional detail 10. Address credibility of the information 11. Prevent defensive reactions to feedback 12. Construct feedback through social interaction
Nature of the desired action	13. Recommend actions that are consistent with established goals and priorities 14. Recommend actions that can improve and are under the recipient's control 15. Recommend specific actions

Brehaut et al. Practice Feedback Interventions: 15 Suggestions for Optimizing Effectiveness; Ann Intern Med. 2016;164:435-441.

Methods

- We selected 6 OHTs with 3 broad categories of low, intermediate and high-capacity in report utilization (i.e., based on perceived capabilities to use indicator reports)
  - Sampling based on assessments conducted by HSPN after facilitation meetings with OHTs
- Target sample was for 3 interviews with key representatives from each of 6 OHTs
  - 1 Executive Director
  - 1 Implementation/Working Group Lead
  - 1 Data Analyst/Evaluation Lead

OHT Sampling



3 interviewees per OHT:

- 1 Executive Director
- 1 Implementation/Working Group Lead
- 1 Data Analyst/Evaluation Lead

OHT categorization based on internal assessments by HSPN

Interview Participants

OHT ID #	Utilization Capacity	Interviewed Roles
OHT 1	High	1. Strategic Implementation Lead 2. Strategic Initiatives Specialist 3. Senior Population Health and Analytics Consultant
OHT 2	High	4. Executive Director 5. Quality Improvement and Operations Lead 6. Project Manager 7. Evaluation/Pop Health Analyst
OHT 3	Intermediate	8. Executive Director 9. Implementation Lead 10. Population Health and Quality Improvement Lead
OHT 4	Intermediate	11. Implementation Lead 12. Research Associate
OHT 5	Low	13. Executive Director 14. Project Manager 15. Community Integration Lead 16. Digital Health Lead
OHT 6	Low	17. Executive Director 18. Transformation Lead

Legend

- Executive Director
- Implementation Lead
- Data Analyst/Evaluation Lead

Interview data collection and analysis

- Interview questions pertained to how reports are used and what are the main utilization barriers within OHTs
  - *To what extent does your OHT make use of the indicator report?*
  - *Who uses the reports? (i.e., committees, leaders, evaluation leads)*
  - *For what purposes?*
  - *What are the most useful indicators? Why?*
  - *What are the least useful indicators? Why?*
  - *What are the main factors that hinder your ability to translate insights into action?*
  - *Do you have suggestions for how to improve reporting activities and products?*
- Interviews conducted approximately 6 months after indicator report distribution to OHTs

Framework for Thematic Analysis of Interview Transcripts

Audit and Feedback (A&F) components

Feedback variables

- Indicator selection
- Data collection and analysis methods
- Feedback display
- Feedback delivery

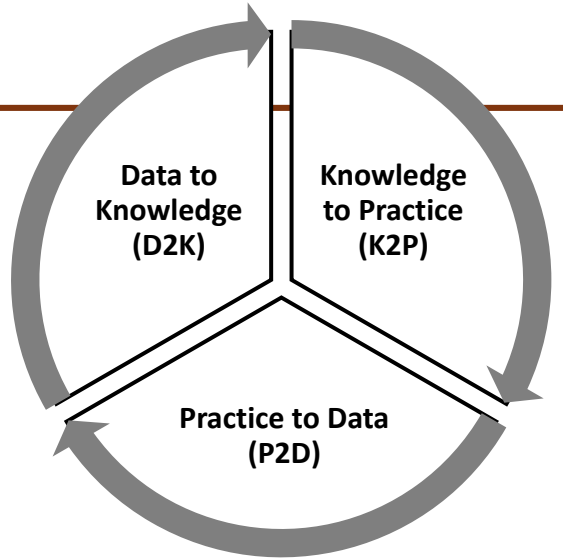
Recipient variables

- Health professional characteristics
- Behavioral response

Influence…

Context variables

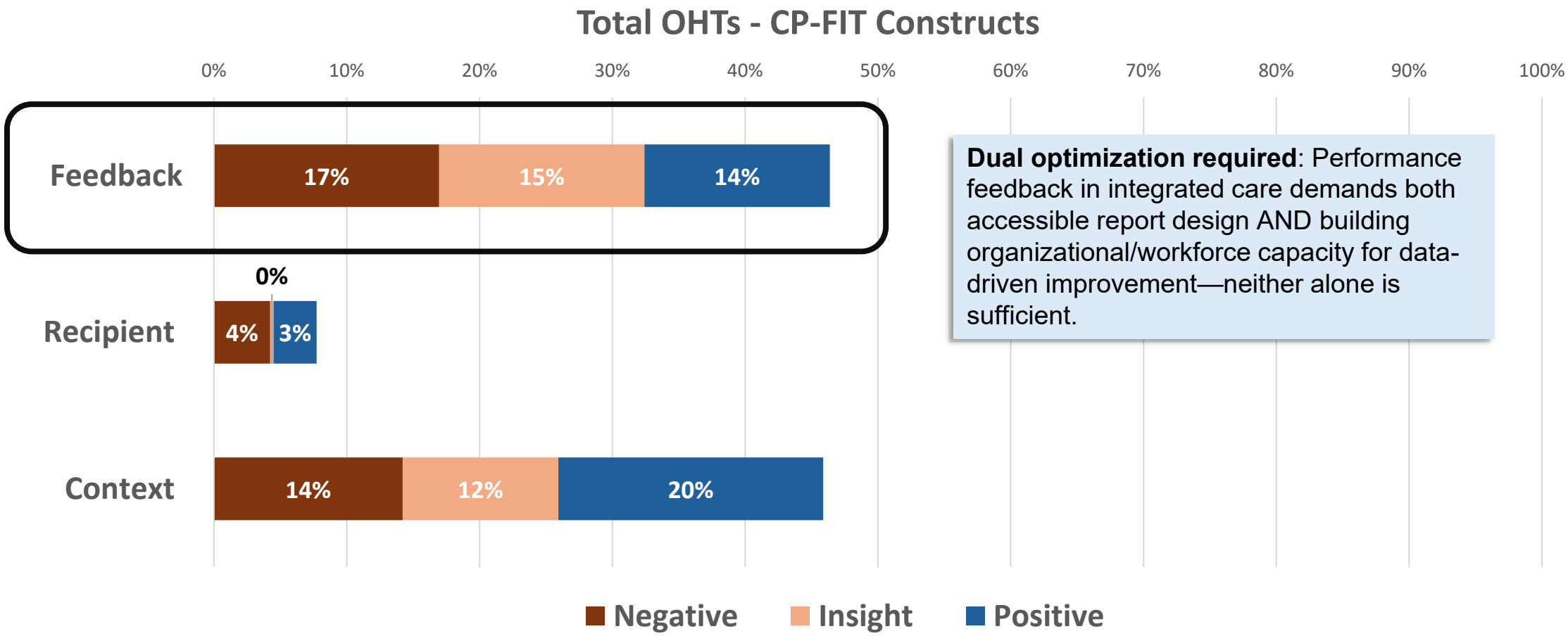
- Organization or team characteristics
- Patient population
- Co-interventions
- Implementation process



Learning cycles: data-driven learning and improvement

Adapted from Brown et al. (2019) Clinical Performance Feedback Intervention Theory (CP-FIT) Framework

Key Findings



Dual optimization required: Performance feedback in integrated care demands both accessible report design AND building organizational/workforce capacity for data-driven improvement—neither alone is sufficient.

Key Findings

Feedback

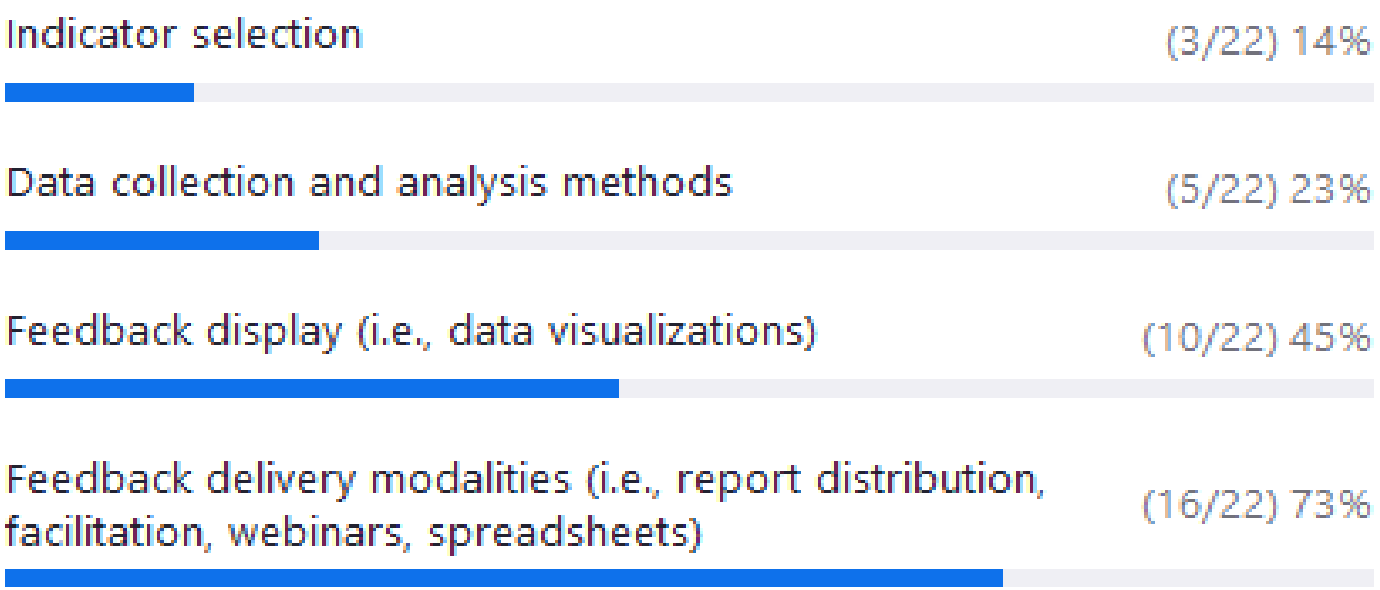
- **Indicator selection**
  - 1. Importance
  - 2. Controllability
  - 3. Relevance
- **Data collection and analysis methods**
  - 4. Conducted by recipients
  - 5. Automation
  - 6. Accuracy
  - 7. Exclusions
- **Feedback display**
  - 8. Performance level
  - 9. Patient details
  - 10. Specificity
  - 11. Timeliness
  - 12. Trend
  - 13. Benchmarking
  - 14. Prioritization
  - 15. Usability
- **Feedback delivery**
  - 16. Function
  - 17. Source knowledge and skill
  - 18. Active delivery
  - 19. Delivery to a group

Adapted from Brown et al. (2019) Clinical Performance Feedback Intervention Theory (CP-FIT) Framework

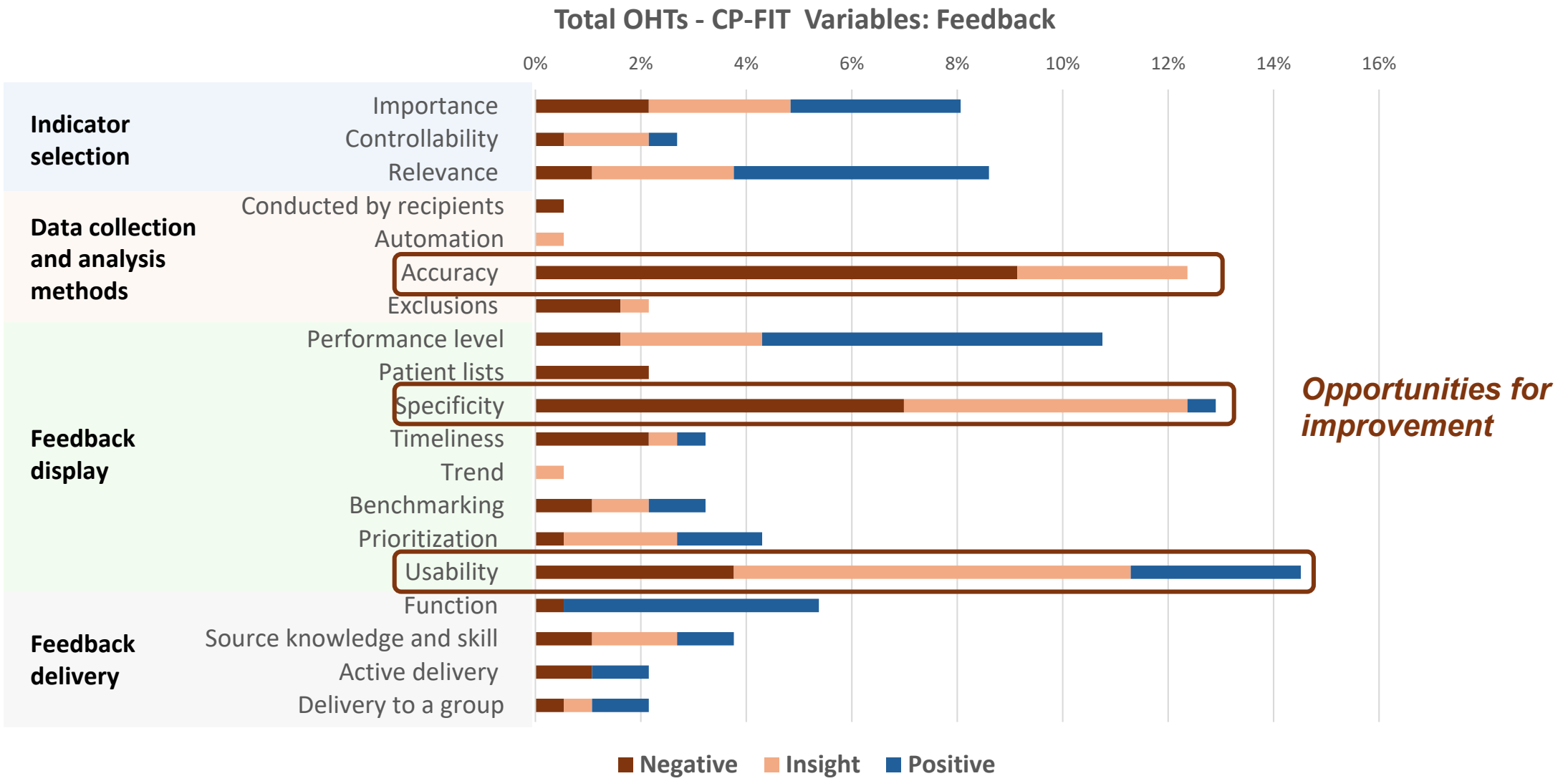
Poll 3

1. To you, what are the key opportunities for improvement in how HSPN designs and delivers performance indicators to OHTs? [select all that apply] (Multiple choice)

22/22 (100%) answered



Key Findings



Opportunities for improvement

Key Findings

Feedback

- **Indicator selection**
- **Data collection and analysis methods**
- **Feedback display**
- **Feedback delivery**

Accuracy: *reports use data* ***believed by recipients*** *to be a true representation of their clinical performance*

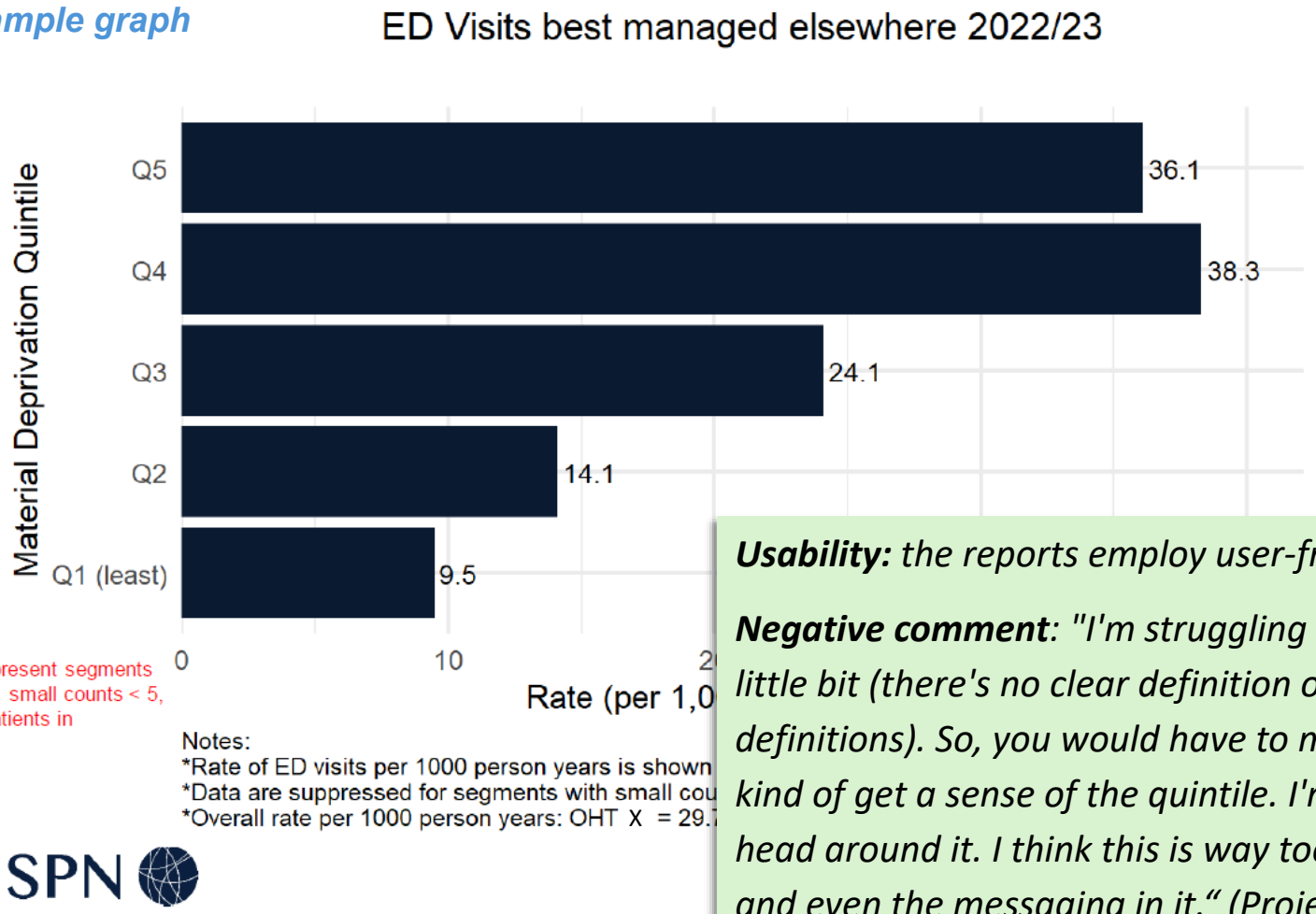
Negative comment: *"The 1st thing that happens when you show data is everybody says: 'the data is wrong'. If I go and I talk to our primary care around continuity of care... You get a lot of questions about where this is coming from. How did you figure this out? What's going into determining cost per month? For what? For the attributed population? How much of that cost per month is being driven by long term care? And so, you can kind of get into some what I find to be relatively unhelpful rabbit holes." (Executive Director, OHT 5)*

Usability: *the reports employ user-friendly designs*

Negative comment: *"They (frontline providers and people enacting change on the ground) want to be able to see something visually quickly and know: are we red, green, or yellow... like that kind of stuff because they're moving on to actually doing the work, not talking about doing the work." (Strategic Initiatives Specialist, OHT 1)*

2022/23 Rate of ED Visit best managed elsewhere by Material Deprivation Quintile

Example graph



HSPN

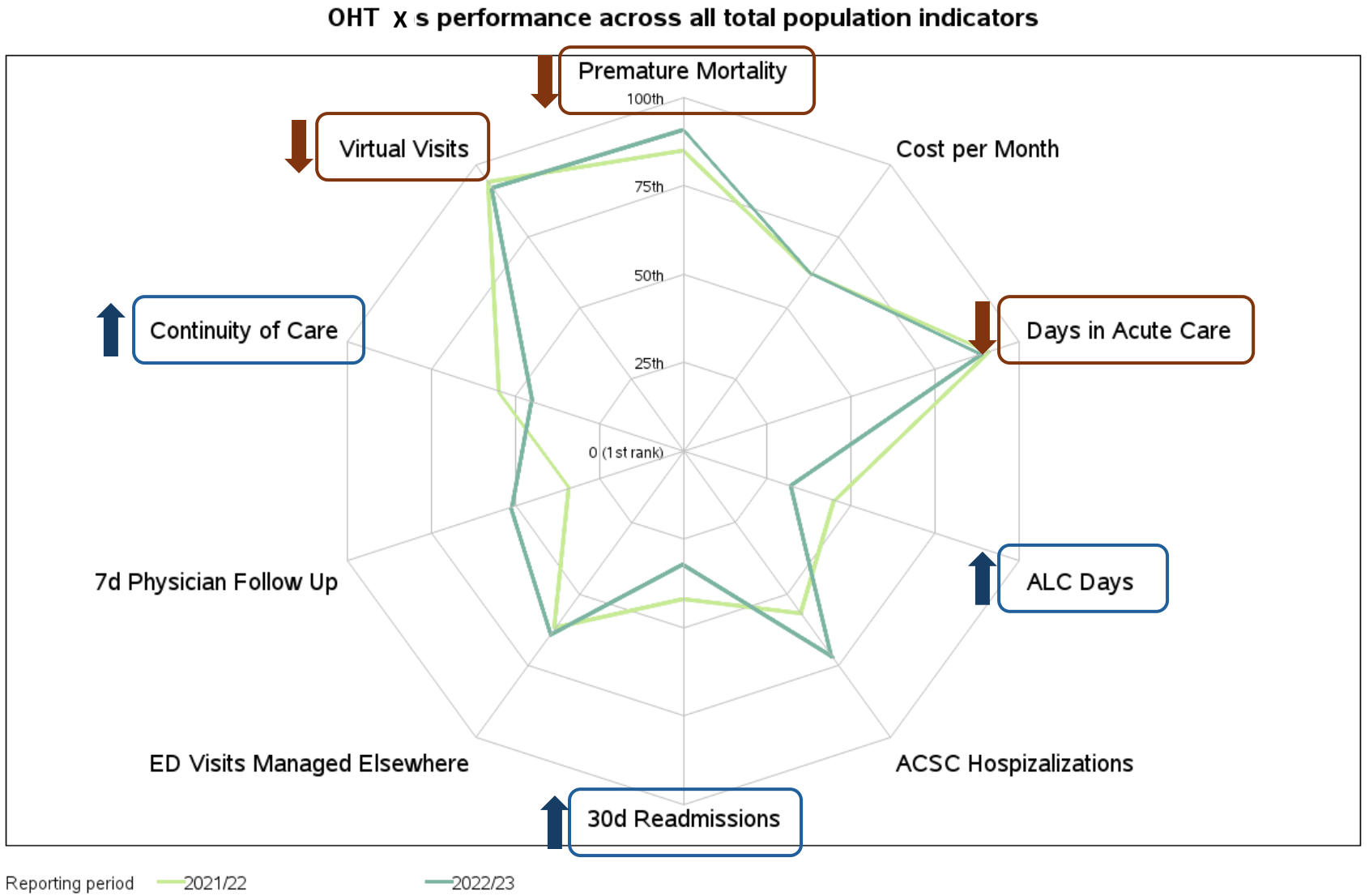
Horizontal axis presents rate of ED visits per 1000 person years that could be treated in alternative primary care setting.

- OHT and Ontario average indicated in figure footnote.

Usability: *the reports employ user-friendly designs*

Negative comment*: "I'm struggling with the Q1 (quintile 1) through Q5 a little bit (there's no clear definition of the 5 Quintiles; slide 17 presents definitions). So, you would have to match it to that proportion chart to kind of get a sense of the quintile. I'm still not even positive I have my head around it. I think this is way too complex: the way it's presented, and even the messaging in it." (Project Manager, OHT 5)*

Spider Diagrams for Total Population Indicators



Summary recommendations

Feedback (i.e., report design and distribution):

- Shorten reports and reduce complexity of data visualizations (i.e., green/yellow/red) to minimize cognitive load and improve usability (i.e., competing priorities within OHTs can be overwhelming and reduce capacity to analyze and interpret reports)

- Address data credibility challenges and source reconciliation (e.g., include CHC data, clarify indicator definitions)

- Provide self-contained slides (with interpretation instructions and indicator definitions next to data visualizations) to facilitate sharing of slides across committees

- Provide summary page with most important findings and indicators available “at a glance”, to peak user interest and facilitate interpretation

- Continue to provide (and continuously improve) Webinars and facilitation sessions to help with data interpretation

Summary recommendations

Context (i.e., OHT-related factors) and Recipient (i.e., individual users of the report)

- Highlight success cases of local initiatives and best practices in use of performance indicators from high-performing OHTs (e.g., strategic engagement with partners and community, work of operations/backbone teams)

- Continue to promote and facilitate effective use of external change agents (e.g., Impact Fellows, RISE coaches, consultants)

- Identify and prioritize infrastructure development challenges and existing solutions (i.e., performance and data management frameworks, best practices in patient engagement and equity analysis)

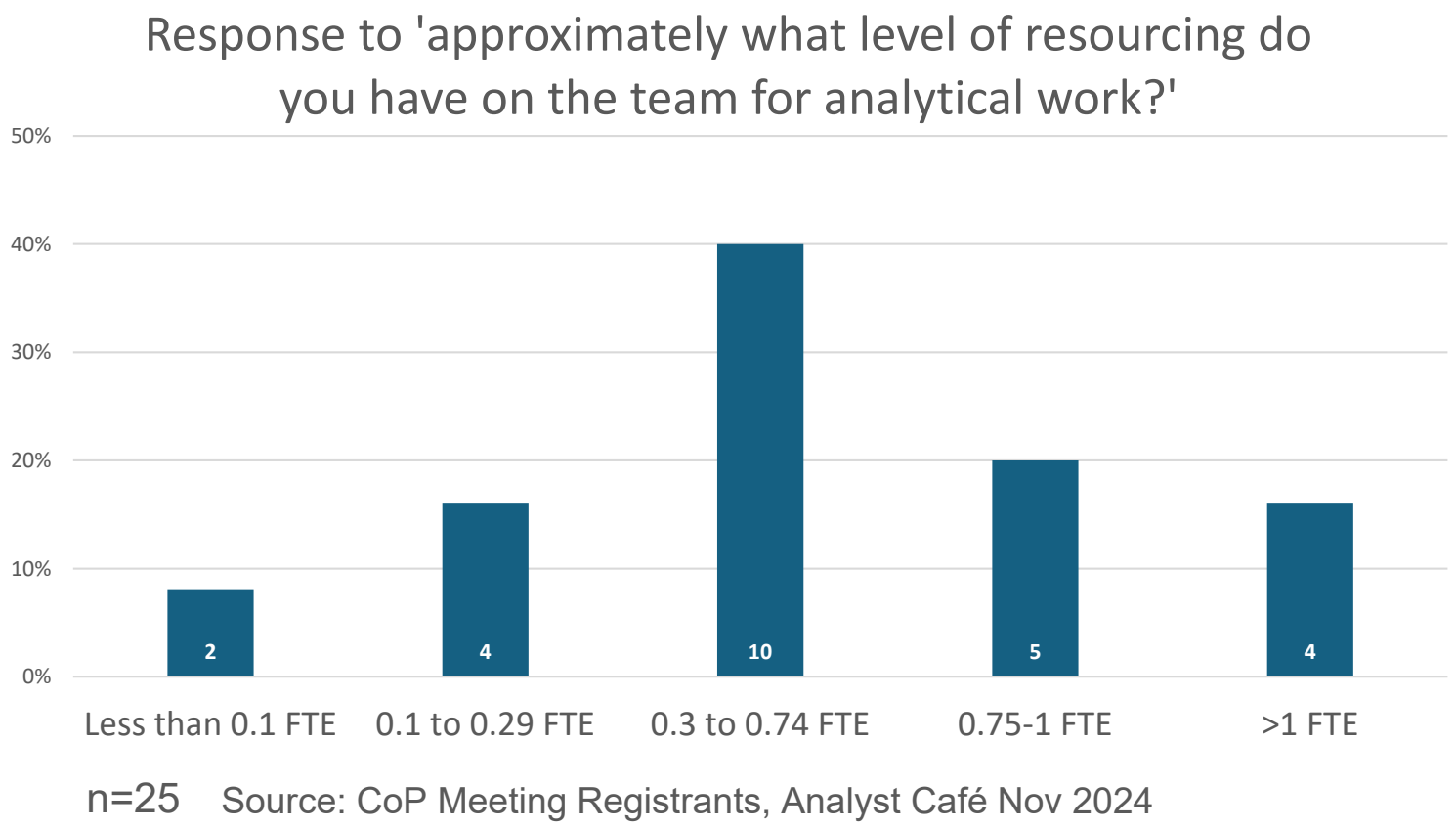
- Structured training mechanisms on data utilization, action planning, and implementation/knowledge translation

The Future

OHT Analytical Capacities:

Indicators from the HSPN Community of Practice Analyst Café

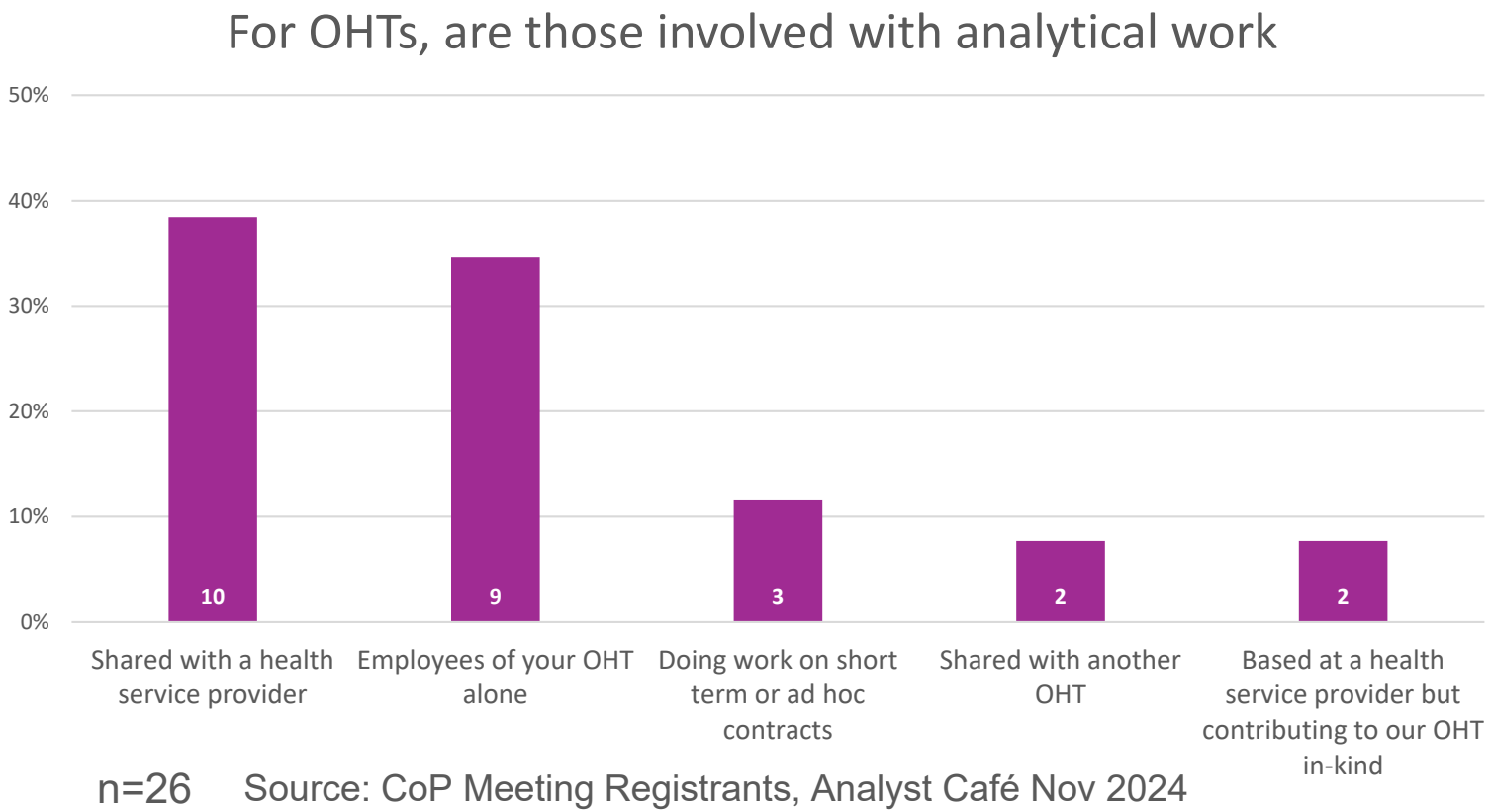
OHT Analytical Resources: Amount



n=25 Source: CoP Meeting Registrants, Analyst Café Nov 2024

- 60% of OHT that responded have less 0.75 FTE
- 16% have more than one FTE

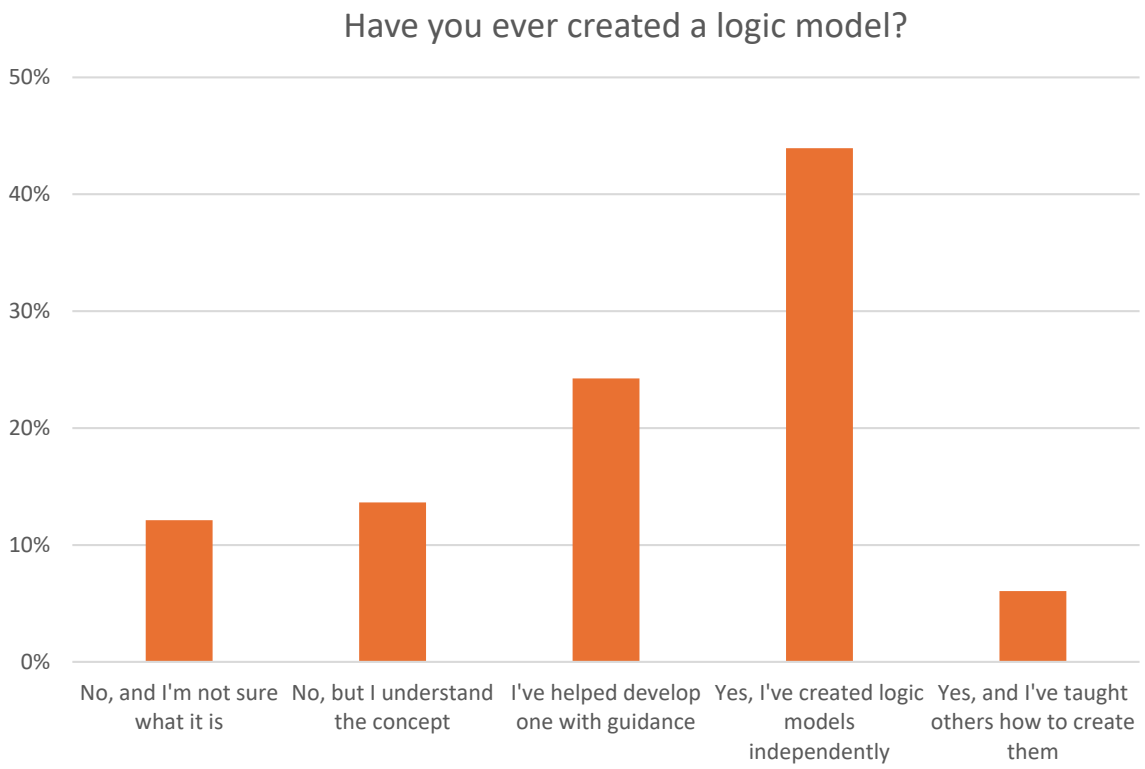
OHT Analytical Resources: Structure

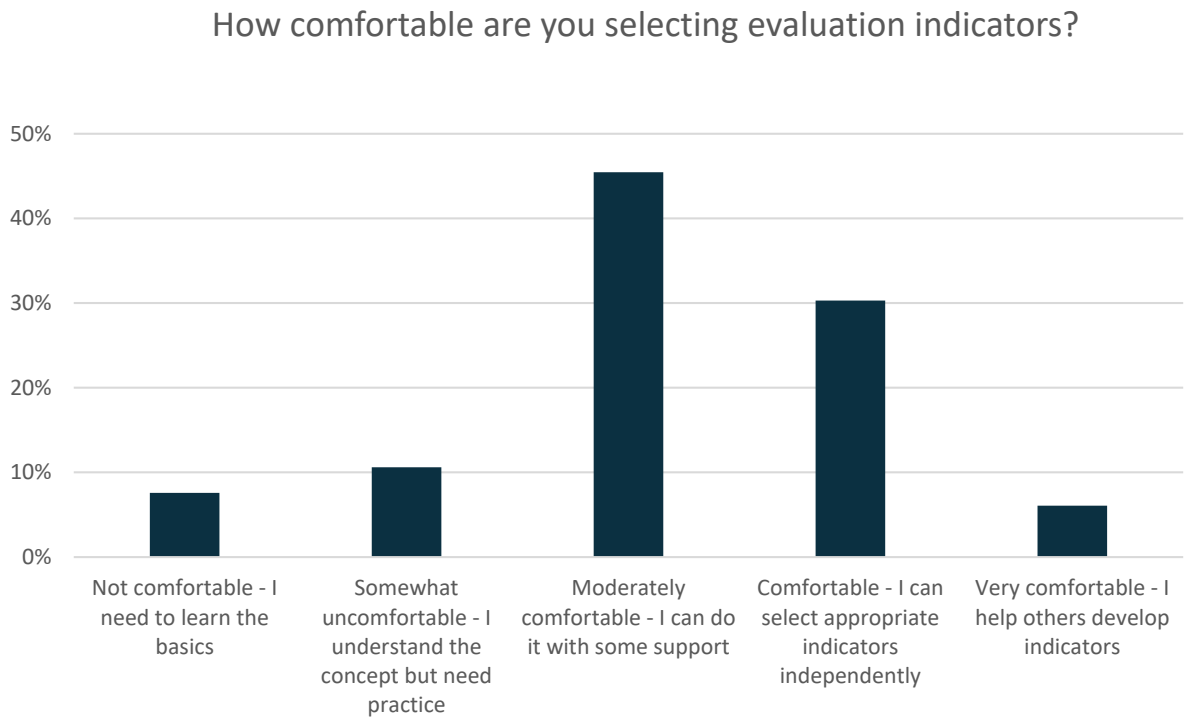


n=26 Source: CoP Meeting Registrants, Analyst Café Nov 2024

- Most analysts have shared employment with a health service provider (other organization)
- Many are OHT employees

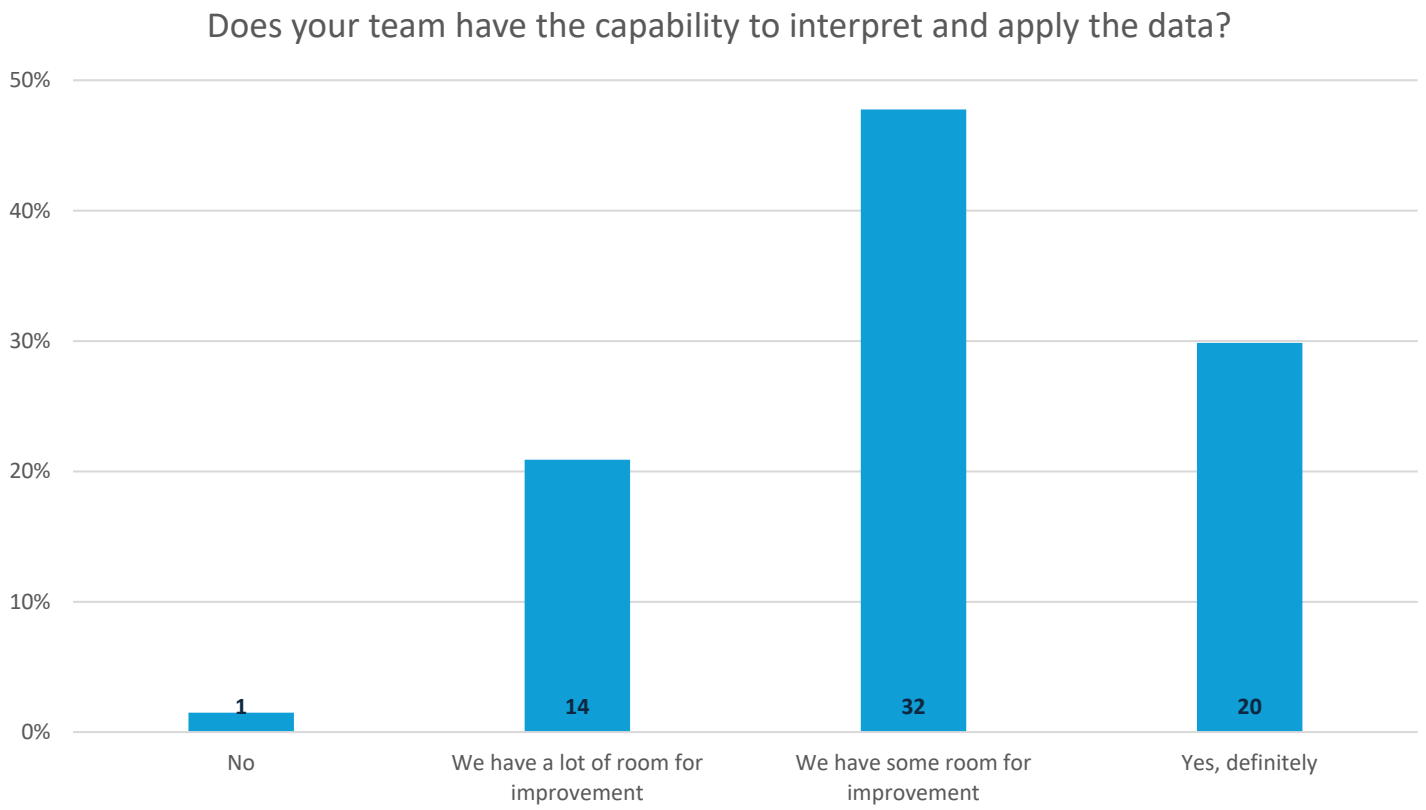
Self-rated Individual Capacity: Logic Models and Indicator Selection





n=66 (36 OHTs represented) Source: CoP Meeting Registrants, Evaluation 101 Sep 2025

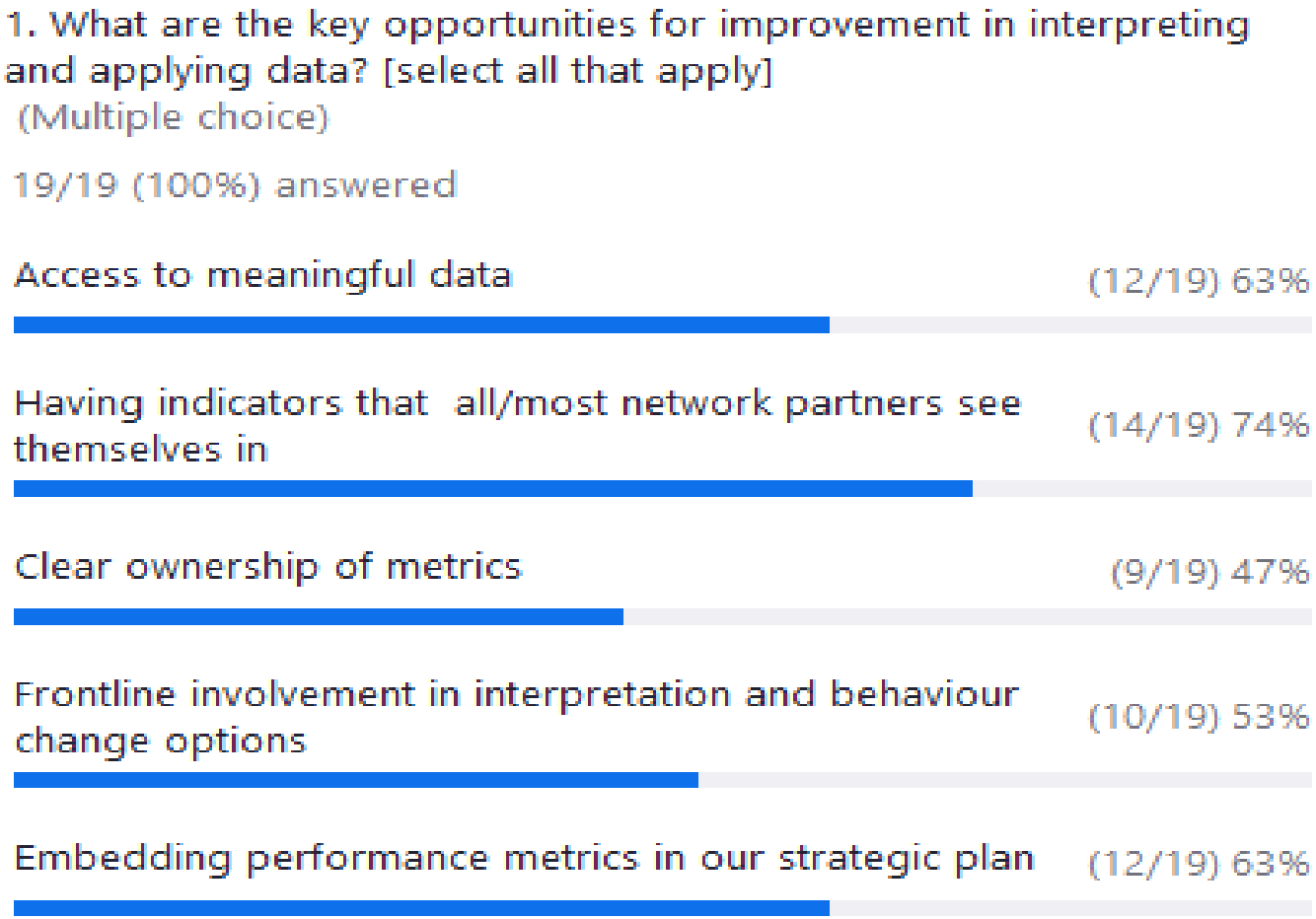
Self-rated Team Capability: Interpret and Apply Data



- Self-rated team capability is high
- 30% are confident in their capacity
- Almost 50% see some room for improvement
- 22% have a lot of room for improvement or no capability

n=67 (37 OHTs represented) Source: CoP Meeting Registrants, Analyst Café: OHT Data Dashboard Oct 2025

Poll 4


1. What are the key opportunities for improvement in interpreting and applying data? [select all that apply]
(Multiple choice)
19/19 (100%) answered
Access to meaningful data
(12/19) 63%
Having indicators that all/most network partners see themselves in
(14/19) 74%
Clear ownership of metrics
(9/19) 47%
Frontline involvement in interpretation and behaviour change options
(10/19) 53%
Embedding performance metrics in our strategic plan
(12/19) 63%

Discussion

What forms of supports over and above the reports and data available through Ontario Health would be useful to you?

Up Next

- HSPN webinar series
  - 4th Tuesday of the Month: 12:00 – 1:30 pm
  - January 22nd, 2026
    - Equity-Oriented Performance Measurement

THANK YOU!

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