Ontario Health Care System Scorecard

Promoting Accountability, Improving Performance

Strategic Alignment Branch
Health System Strategy Division
Ministry of Health and Long-Term Care

February 23rd, 2011
Presentation Outline

- Challenges and Opportunities
- Scorecard Functions
- Performance Management and Measurement Framework
- Balancing the Indicators across Different Domains and Sectors
- Key Features of the Development Process
- Limitations and Challenges
- Main Uptake and Applications of the Scorecard
- Some Examples from the Report
- Opportunities for Filling the Gaps
Challenges in Ensuring that Diverse Health System Players Align with Ministry Priorities and Deliver Results

- An affordable health care system demands continuous improvements in efficiency and effectiveness.

- It is difficult to maintain accountability for expenditures and results in a system in which authority is devolved and decision-making is widely dispersed.

- It is difficult to drive government priorities and right changes through a complex adaptive system, such as the health care system.
Accountability and Alignment in Ontario’s Health Care System

Health Care System

Ministry of Health and Long-Term Care

Public Health Units
Primary Care Providers
Hospitals, CCACs, LTCs, CHCs, CSSs, MHA

LHIN Level

Healthier People
Encouraging Self-Care
Preventing Illness and Injury

Healthier Communities
Improving Access to Health Care
Responding to the Needs of Diverse Communities

Healthier System
Ensuring Smarter Health Care Spending
Enabling and Facilitating Innovation
Providing High-Quality Care, Everywhere

Performance Measurement

Health Care System Scorecard

LHIN Level Indicators

Provider/Service Level Indicators

Accountability

Strategic Directions/Priorities

Strategic Alignment

Strategic Alignment

Strategic Alignment

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Accountability Relationships in Ontario’s Health Care System

Ministry of Health & Long-term Care

- Ministry-LHIN Accountability Agreements (M-LAA)
- Service Plans
- Public Health Standards
- Business Plans/MOUs
- Family Health Teams
- Local Health Integration Networks (LHINs)
- Programs & Services Funded Directly
  - Primary Health Care Providers
  - Independent Health Facilities
  - Provincial Programs
  - Ambulance Services
  - Laboratories
  - Provincial Drug Programs
- MOHLTC Agencies Funded Directly
  - Cancer Care Ontario
  - OHQC
  - Ontario Agency for Health Protection and Promotion
  - E-Health Ontario
  - HealthForce Ontario
  - Trillium Gift of Life Network

Ministry of Health & Long-term Care (MOHLTC):
- Sets provincial strategy, standards and targets
- Provides funding for LHINS, MOHLTC agencies and other healthcare service providers.

Local Health Integration Networks (LHINs):
- Local health authorities, responsible for strategy and funding at regional level.
- Programs and Services Funded Directly:
  - Funding for physicians and programs, such as provincial laboratories, that are funded as directly as transfer payment recipients.
- MOHLTC Agencies Funded Directly:
  - Responsible for undertaking defined activities on behalf of the government, such as managing organ donation programs or developing health-related IT infrastructure.
- Public Health Units:
  - Responsible for implementing public health programs at a local level
- Family Health Teams:
  - Provide multi-disciplinary family health care services to a defined population
Considerations and Opportunities for Improving the Quality of Health Care

- Establishing clear accountability to help focus efforts and investments on the achievement of specific outcomes is crucial in improving health care at the organizational and health system level.

- We need the tools of modern controllership (reporting and evaluation of results) as a mechanism for accountability to align LHINs and providers with ministry priorities and focus on results.

- There is some evidence that a scorecard based on strategy is a useful tool for improving system performance management & accountability.

- System participants have an appetite for performance expectations that are clear, actionable, authoritative and scientifically rigorous to drive their performance.
Health Care System Scorecard Function (1)

To align performance at various levels of the system with ministry priorities

- It acts as the principal means for translating and operationalizing strategy into understandable and actionable terms.
- It communicates the strategy with the front-line institutions/providers and helps them understand their contribution to the achievement of system goals.
- It facilitates the refinement and validation of strategies by providing feedback and learning for robust strategy and priority setting.
Health Care System Scorecard Function (2)

To support stronger accountability through multiple levels of the system and to central agencies

- It guides and facilitates the establishment of accountability measures, targets, and meaningful performance objectives for institutions and providers accountable to the ministry.
- It is a tool for driving focus on ministry priorities down into the system by cascading indicators.
- It shows where challenges lie and when performance improvements are needed.
Audiences based on the Primary Purpose: Accountability and Alignment

- **Primary Audience**: MOHLTC policy and decision makers, LHINs policy and decision makers, and health system program planners.
- **Secondary Audience**: hospitals and other health care organizations administrators, health system researchers; MOHLTC agencies, health care providers, and professional associations
- **Tertiary Audience**: the general public

Scope and boundaries based on the Primary Purpose: Accountability and Alignment

- The MOHLTC and the entities that are accountable to MOHLTC, either directly or indirectly.
- The health care system, not the health system as broadly defined; as such, it relates to the provision of health care by MOHLTC and other entities accountable to it.
Health Care System Scorecard
Performance Measurement and Management Framework

Strategic Learning Feedback

Setting Strategies
- Strategic Directions and Priorities
  - Government priorities, Platform Commitments

Implementing Programs/Initiatives
- Performance Indicators
  - (Structure – Process – Outputs)
  - Theory/Hypothesis of Cause and Effect Relationship

Results
- Performance Indicators
  - (Short/Long Term Outcome, Impact)

Lag indicators
Lead indicators
The Framework Promotes Alignment and Accountability across the Health Care System

MOHLTC
Health Care System Scorecard

Strategies/Policies
Healthier Ontarians, Ontario, and System

Implementation
Performance Indicators (Structure – Process – Outputs)

Results
Performance Indicators (Short/Long Term Outcome, Impact)

Strategic Learning

Guiding Development of Indicators in other Levels of Health Care System

Entity Accountable to MOHLTC
Accountability Agreements

Programs/Initiatives
Healthier Ontarians, Ontario, and System

Implementation
Performance Indicators (Structure – Process – Output)

Results
Performance Indicators (Short/Long Term Outcome, Impact)

Strategic Learning

ALIGNMENT

Other Factors

Attribution Chain
Adoption/Aggregation
Adaptation
Composing/Decomposing
Health Care System Scorecard Development Process

A Healthier Ontario by 2020

Healthier People
- Preventing Illness and Injury
- Promoting Healthy Living
- Encouraging Self-Care
- Improving Access to Health Care

Healthier Communities
- Responding to the Needs of Diverse Communities
- Building Vibrant and Green Communities
- Ensuring Government is Working Together
- Enabling and Facilitating Innovation

Healthier System
- Responding to the Needs of Diverse Communities
- Ensuring Government is Working Together
- Ensuring Smarter Health Care Spending
- Providing High Quality Care, Everywhere
- Building Vibrant and Green Communities
- Encouraging Self-Care
- Improving Access to Health Care
- Preventing Illness and Injury

Program selection process based on consultation with Deputy Minister’s Office, Steering Committee, and defined criteria

Indicator selection process based on the defined criteria by the Technical Expert Panel

Literature Review
- Delphi Method

Rating and Ranking

Indicator validation process based on consultation with the Program Areas

Scorecard

Mapping indicators to selected programs

Program and Indicator Gap Analysis (1)

Indicator Gap Analysis (2)

Indicator Validation

Indicator validation process based on consultation with the Program Areas
**Programs and Initiatives Selection Criteria**

- **Related to the provision of health care:** the indicator relates to the provision of healthcare by the Ministry or bodies accountable to it.

- **Ongoing programs and initiatives of the MOHLTC**

- **Relevant:** any of the following conditions
  - Platform commitments
  - Strategic directions (Operational Plan)
  - Minister’s priorities
  - Opportunity for improvement

- **Reflective of high burden and high prevalence events**

```
Program/Initiative

Related to provision of health care by MOHLTC and entities accountable to it?

Yes

Relevance?

Yes

High burden/prevalence?

Yes

Included

No

Not Included

No

Ongoing programs and initiatives of the MOHLTC?

Yes

Relevance?

Yes

High burden/prevalence?

Yes

Included

No

Not Included

No

Ongoing programs and initiatives of the MOHLTC?

Yes

Relevance?

Yes

High burden/prevalence?

Yes

Included

No

Not Included

No

```

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Indicator Selection Criteria

- **Validity:** the indicator measures what it is meant to measure with respect to the targeted phenomenon.

- **Opportunity for Improvement:** the indicator addresses areas where performance improvement is likely to have significant impact on the outcomes.

- **Sensitive:** how significantly the indicator detects changes in the targeted phenomenon it is measuring.

- **Content Validity:** the indicator looks at aspects of performance at the system-level and whole domain, and not at just a specific aspect OR there are parallel indicators that examine the same issue from multiple components of the system.

- **Unidirectional or Potential Target:** the indicator implies a unidirectional performance objective and/or readily lends itself to target setting.
Feasibility Assessment

Data Feasible

Data Not Feasible

Indicator Available

Recommend Indicator Development and Data Collection

Indicator Not Available

Recommend Indicator Development

Selected Performance Indicator

Currently Available Data?

Yes

Timely Data?

Yes

Accurate Data?

Yes

Final Scorecard Indicators

Feasible Indicator

Recommended indicators

Feasible but not High Quality Information

No

No

Recommend Data Collection

No

Yes

No
Assessment of Final Set of Indicators

- **Balanced**: the set of indicators are balanced primarily across
  - MOHLTC strategic directions and key government priorities
  - OHQC’s attributes of high-performing healthcare systems

- **Parsimony**: the set of indicators is comprehensive but concise, using as few indicators as possible

- **No overlap**: the set of indicators captures what matters with no overlap
## Gap and Balance Analysis: Mapping of Indicators to the Ministry Operational Plan Priorities and to the Attributes of High-Performing Healthcare Systems

<table>
<thead>
<tr>
<th>Strategic Direction</th>
<th>Healthier People</th>
<th>Healthier Communities</th>
<th>Healthier System</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priorities</strong></td>
<td>Supporting People at Home and Encourage Self-Care</td>
<td>Preventing Illness and Injury</td>
<td>Improving Access to Health Care Across Ontario</td>
</tr>
<tr>
<td><strong>Attributes</strong></td>
<td>Accessibility</td>
<td>Appropriately-resourced</td>
<td>Efficiency</td>
</tr>
<tr>
<td></td>
<td>Home Care Wait Time</td>
<td>Home Care Wait Time</td>
<td>Home Care Wait Time</td>
</tr>
<tr>
<td><strong>Equity lens</strong></td>
<td>Home Care Wait Time</td>
<td>Home Care Wait Time</td>
<td>High-Acuity ED Patients Wait Time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Low-Acuity ED Patients Wait Time</td>
</tr>
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<td><strong>Attributes</strong></td>
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</tbody>
</table>

Equity lens was applied to all of the indicators with relevant variable.
## Gap and Balance Analysis: Mapping of Indicators to the Ministry Operational Plan Priorities and to the Sectors/Services

### Strategic Direction

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Healthier People</th>
<th>Healthier Communities</th>
<th>Healthier System</th>
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<tbody>
<tr>
<td>Supporting People at Home and Encourage Self-Care</td>
<td>Healthier People</td>
<td>Improving Access to Health Care Across Ontario</td>
<td>Responding to the Needs of Diverse Communities</td>
</tr>
<tr>
<td>Hospitals/Acute Care</td>
<td>In-Hospital Fractures as Results of Falls</td>
<td>Cancer Surgery Wait Time</td>
<td>Percentage ALC Days ALC Days</td>
</tr>
<tr>
<td>Long-term care</td>
<td>LTC Fractures</td>
<td>LTC Home Wait Time</td>
<td>LTC ED Visits LTC Residencies MAKLe Scores LTC Fractures</td>
</tr>
<tr>
<td>Community Health Centers</td>
<td>STI Rate</td>
<td>Mental Health and Substance Abuse Repeat ED Visits</td>
<td></td>
</tr>
<tr>
<td>Community Support Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palliative Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complex Continuing Care</td>
<td>Acute and Complex Continuing Care Hospitals Patients with Pressure Ulcers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Health Teams</td>
<td>Attached Ontarians</td>
<td>Mental Health and Substance Abuse Repeat ED Visits</td>
<td></td>
</tr>
<tr>
<td>Public Health Units</td>
<td>STI Rates MMR Vaccination Rate DPT Vaccination Rate Polio Vaccination Rate</td>
<td>MMR Vaccination Rate DTP Vaccination Rate</td>
<td></td>
</tr>
<tr>
<td>Mental Health and Addiction</td>
<td></td>
<td>Mental Health and Substance Abuse Repeat ED Visits</td>
<td></td>
</tr>
<tr>
<td>Emergency Department</td>
<td>High-Acuity ED Patients Wait Time Low-Acuity ED Patients Wait Time Admitted Patient Wait Time Mental Health and Substance Abuse Repeat ED Visits</td>
<td>Mental Health and Substance Abuse Repeat ED Visits</td>
<td></td>
</tr>
<tr>
<td>Primary Health Care</td>
<td>STI Rate Pap Smear Rate FOBT Rate Mammography Rate MMR Vaccination Rate DPT Vaccination Rate Polio Vaccination Rate HbA1c Check in Diabetic Patients Eye Exam in Diabetic Patients LDL-C Check in Diabetic Patients</td>
<td>Attached Ontarians Mental Health and Substance Abuse Repeat ED Visits</td>
<td>Pap Smear Rate Mammography Rate FOBT Rate Healthy Birth Weight HA1c Check in Diabetic Patients Eye Exam in Diabetic Patients LDL-C Check in Diabetic Patients Hospitalization Rate for Ambulatory Care Sensitive Conditions</td>
</tr>
<tr>
<td>System Level (Applicable to more than one sector)</td>
<td>Health Care Workers Work-Related Injuries</td>
<td>Satisfaction with Health Care Confidence in Health Care System Percentage ALC Days ALC Days</td>
<td>Mental Health and Substance Abuse Repeat ED Visits Satisfaction with Health Care Confidence in Health Care System</td>
</tr>
</tbody>
</table>

**Equity lens was applied to all of the indicators with relevant variables.**
Key Features of the Development Process (1)

- Performance measurement framework based on strategic directions promotes optimal system alignment

- Sharper focus on strategic goals and linkage to priority programs, as the context, results in stronger approach to attribution

- Balancing the needs of the ministry leadership with the need for scientific rigor

- Focusing on the key priorities of the ministry addresses the needs of policy/decision-makers

- Indicators only for care provided by entities accountable to MOHLTC
Key Features of the Development Process (2)

- Consultations with internal (director-level steering committee) and external health system players was key to securing buy-in from stakeholders.

- Rigorous scientific approach and critical technical expertise provided by External Expert Panel (Health System Performance Research Network) ensured credibility of the product.

- Indicator feasibility assessment conducted in the late phase of the project to allow for indicator and data gap analysis.

- Final validation of indicators with ministry program areas/experts, and external stakeholders.
Ontario’s Health Care System Scorecard

- A set of 38 evidence-based performance indicators based on strategic directions set out in the Operational Plan

- Finalized in August 2010

- Contains a set of process, output and outcome measures that tracks progress against ministry priorities/objectives to ensure that strategic objectives and expectations are fulfilled

- A dynamic tool which evolves in response to emerging priorities and changing environment (continuous improvement)
Information Provided in the Scorecard

- Relevant strategic priority, program, attribute of high performing healthcare system, sector and data source

- Trend analysis shows our progress against targets/benchmarks

- LHIN level analysis of the indicators provides comparative information and evidence for local performance improvement planning by learning from best practices

- The equity lens applied to indicators provides information for making decisions to address health care inequities
Limitations and Challenges

- Poorly articulated or absence of health care system strategies
- Availability of and access to timely and accurate data
- Political implications of the indicators
- Time needed for populating indicators with data
- Satisfying different mandates and interests of various internal branches and divisions across the Ministry, as well as external stakeholders
- Obtaining agreement on specific set of indicators between Technical Expert Panel and program areas
Main Uptake and Applications of the Scorecard

- Strengthening accountability to central agencies
- Guided the selection of the re-negotiated Ministry-LHIN Performance Agreement (MLPA) indicators
- Guiding the development of “An Integrated Approach to LHIN Performance Measurement and Management”
How Performance Measurement Can Help Better Manage Performance

<table>
<thead>
<tr>
<th>Change in Performance Over Time</th>
<th>Level of Performance Compared to Target or Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Change</td>
<td>Good</td>
</tr>
<tr>
<td>Improving</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Worsening</td>
<td>Poor</td>
</tr>
</tbody>
</table>

- **No action**
  - LTC Residents' MAPLE Scores
  - Hip and Knee Replacement Wait Time
  - Confidence in Health Care System
  - Hospitalization Rate for Ambulatory Care Sensitive Conditions

- **Needs attention**
  - Breast Cancer Screening Rate
  - Cervical Cancer Screening Rate
  - Colon Cancer Screening Rate
  - Nurses Working in Their Profession

- **Needs action**
  - MRI Wait Time
  - Infectious Syphilis Rate

- **Needs attention**
  - Hip and Knee Replacement Wait Time
  - Cardiac Bypass Wait Time
  - Colorectal Surgery
  - Gonorrhea Rate

- **Needs action**
  - CT Scan Wait Time
  - Satisfaction with Health Care
  - ALC Days

- **Needs attention**
  - Breast Cancer Screening Rate
  - Cervical Cancer Screening Rate
  - Colon Cancer Screening Rate
  - Nurses Working in Their Profession

- **No action**
  - High-Acuity ED patients Wait Time
  - Low-Acuity ED patients Wait Time
  - MRSA Rate

- **Needs action**
  - C. difficile Rate
Cascading Indicators to Strengthen Accountability and Alignment

Methods of Cascading

- **Adoption/Aggregation**: The indicator can be used in all levels, without modifications.
- **Adaptation**: The indicator can be used in other levels, using more specifications.
- **Attribution Chain**: Indicators that reflect an aspect of a logical chain of events in a hypothesized causal pathway.
- **Composing/Decomposing**: Compiling indicators into a single index.

**MOHLTC**

- ALC (% of Patients)
- ALC at LHIN Level (% of Patients)
- ALC at Hospital Sites (% of Patients)

**LHINs**

- ALC (% of Patients)
- ALC (% of Patients by Discharge Disposition)
- ALC at LHIN Level (% of Patients)

**Hospitals/Community**

- ALC (% of Patients) by Discharge Disposition, Patient Grouping (Medical, Surgical, Obstetrics)
- ALC (% of Patients) by Discharge Disposition and Patient’s Age and Sex
- 90th Percentile ALC Wait Time by Discharge Disposition

**Composite: Diabetes Care & Management Composite Indicator**

- Percentage of diabetic individuals who had at least one retinal examination within the past 2 years (age 18+)
- Percentage of diabetic individuals who had their HbA1c level checked within the past year
- HbA1c level less than or equal to 7%
- Percentage of diabetic individuals who had their low density lipoprotein level checked within the past year
- LDL-C less than or equal to 2.0mmol/L

**Long-Term Care Home Wait Time**
- Home Care Wait Time by Referral Source (Hospital vs. Community)
- Proportion of Long-Term Care Home Residents with High or very High MAPle Score (High Acuity) at admission
- Home Care Wait Time from Application to first Assessment and from First Assessment to First Service
- ED Wait Time for Admitted Patients
Health Care System Scorecard Indicators for Different Health Care Sectors

Hospitals/Acute Care
- Patient Safety
  - In Hospital Fractures as a result of Falls
  - Pressure Ulcers
  - MRSA Rates
  - VRE Rates
  - C. diff Rates
  - VAP Rates
- Wait Times
  - Cancer Surgery
  - Cardiac Procedures
  - Cataract Surgery
  - Joint Replacement
  - CT/MRI Scans
- Diabetic HbA1C check, Retinal Eye Exams, LDL-C Check
- ALC days and % ALC days

Long-Term Care Home
- Resident Safety
  - LTC Fractures
  - LTC ED Visits
- LTC Residents’ MAPLe Score
- LTC Wait Time

Community Health Centres
- Sexually Transmitted Infections (STI)
- Mental Health and Substance Abuse Repeat Emergency Visits

Complex Continuing Care Hospitals
- Pressure Ulcers

System Level
(applies to more than one sector)
- Lost Time Work Related Injuries for Health Care Workers
- Satisfaction with Health Care
- Confidence in Health Care System
- % ALC Days, ALC Days
- Mental Health and Substance Abuse Repeat Emergency Visits
- Working Nurses
- Ambulatory Care Sensitive Conditions-Hospitalizations
- LTC Residents’ MAPLe Score

Primary Health Care
- Sexually Transmitted Infections (STI)
- PAP Smear Rates
- FOBT Rates
- Mammography Rates
- Healthy Birth Weight
- Diabetic HbA1C check, Eye Exams, LDL-C Check
- Attached Ontarians
- MMR, DPT and Polio Vaccination Rates
- Mental Health and Substance Abuse Repeat Emergency Visits

Emergency Departments
- Wait Times
  - High Acuity
  - Low Acuity
  - Admitted Cases
- Mental Health and Substance Abuse Repeat Emergency Visits

Mental Health and Substance Abuse
- Mental Health and Substance Abuse Repeat Emergency Visits

Community Care Access Centres
- Mental Health and Substance Abuse Repeat Emergency Visits
- Home Care Wait Time

Family Health Teams
- Attached Ontarians
- Mental Health and Substance Abuse Repeat Emergency Visits

Public Health Units
- Sexually Transmitted Infections (STI)
- MMR Vaccination Rates
- DTP Vaccination Rates
- Polio Vaccination Rates
Among non-admitted ER patients with high acuity CTAS (I-III), nearly 90% were treated within their respective targets. The proportion of admitted cases treated within their targets has remained stable since 2008-09. Recent data show that there are regional variations in wait time for admitted and non-admitted ER patients. Age specific data shows that a larger proportion of the admitted ER patients in the 5-9 age group were seen within their targeted time frame.
Access to surgical services has been identified as one of the provincial government’s major priorities, and data has been reported as early as 2005, but more systematically as of 2007-08. The 90th percentile wait times for joint replacement and for cataract surgery have decreased since Q1 2008-09. At the same time, wait times for cancer and cardiac bypass surgeries have remained relatively stable. Regional rates show strikingly different rates. Equity data for these indicators were not available.
Access to diagnostic services has been identified as one of the major priorities for the government of Ontario. Trend data is available from Q1 2007-08. The 90th percentile wait times for CT scan has dropped by 19 days since Q1 2007-08. However, the wait times for MRI have increased during the same period by 6 days. There are strikingly regional variations for CT scan and MRI. Equity data for these indicators were not available. The observed wait times for all indicators are above the provincial targets.
The appropriateness of Long-Term Care (LTC) home placements is assessed by the MAPLe score (a measure of acuity). Recent data shows that three out of every four Ontarians placed in LTC homes had a high or very high MAPLe score (high acuity). Further investigation is required for the remaining fourth of residents. There are regional variations in the observed placement rates. The percentage of those with higher acuity placed in LTC homes remained stable for those 64 years of age or younger and slightly increased for other age groups.
Strategic Priority: Improving Access to Health Care, Supporting People at Home and Encourage Self Care
Program/Strategy/Theme: Home Care Wait Times

Attribute of Quality Care: Accessibility, Efficiency
Sector: Community Care Access Centres
Data Source: Registered Person Database, Home Care Database

Figure 53: 90th percentile CCAC Service wait time by referral source (Fiscal Years 2007-08 to 2009-10)

At this time, there are no Provincial Target, nor comparable benchmarks.

Figure 54: 90th percentile total wait time (Application to First Service) by referral source by LHIN (Fiscal Year 2009-10)

Figure 55: 90th percentile wait time (Application to First Service) by referral source and Sex (Fiscal Years 2007-08 to 2009-10)

Figure 56: 90th percentile wait time (Application to First Service) by referral source and Age (Fiscal Years 2007-08 to 2009-10)

- Access to community care services through Community Care Access Centres (CCAC) is measured using wait time “from application to first assessment” and “from assessment to first service”. Among Ontarians who received in-home* CCAC services, those referred from hospitals had the shorter wait time when compared to those referred from the community. There are strikingly different regional wait time patterns. Female service recipients and those 75 years of age and older had longer wait times.

* Including: In-Home, Adult Day Care and Supportive Housing. Note: Wait times exclude case management services.
Repeat unplanned emergency visits impact the Emergency Department (ED) volumes and can contribute to overcrowding. It may also reflect that these patients are not getting the right kind of follow-up care after ED discharge. The rate of unplanned emergency revisits for mental health is stable at about 17% between fiscal 2006-07 to 2008-09 and increased slightly for substance abuse (22.4 to 23.7). Regional analysis of the data shows that a large proportion of the repeat emergency visits occur in the same LHIN as the patient’s LHIN. There are slightly different patterns of visits between females and males, and those in different age groups. Income data would be interesting to be included in future iteration of the scorecard.

*Community Health Centres, **Family Health Teams, ***NACRS
Reducing ALC days is a priority of the government of Ontario. ALC data show that the proportion of ALC patients in acute care hospitals has increased dramatically from fiscal 2004-05 to 2008-09. There are strikingly different regional ALC days rates. There is no difference in percent ALC days by sex. The percentage of ALC among older patients has increased steadily since 2004-05.

*Appropriately Resourced
**Indicator: 90th percentile Alternate Level of Care (ALC) days:** Number of days for 90 percent of the patients where a physician (or designated other) indicated that a patient occupying an acute care hospital bed no longer required acute care.

Strategic Priority: Improving Access to Health Care Services, Ensuring Smarter Health Care Spending, Improving Access to Health Care
Program/Strategy/Theme: Integration

**Attribute of Quality Care:** Integration, Efficiency, Access

**Sector:** System Level, Hospitals/Acute Care

**Data Source:** ALC Interim Upload Tool

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**At this time, there are no Provincial Targets**

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Equity data for this indicator are not currently collected and reported.

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ALC days are largely influenced by patients’ discharge disposition. Recent data show that ALC days for those waiting for placement in LTC homes and mental health care are the longest. There are notable regional differences in 90th percentile ALC days. Equity data for this indicator are not currently collected and reported.
Opportunity for Filling the Gaps (1)

- Enhancing capacity to conduct equity analyses for all indicators based on important variables
  - Limitation on the equity variables in not unique to the HCSS

Filling the gaps

- **Surgical/Imaging Wait Times:**
  - the time from referral to see specialist—This component of wait time is as important as the current wait time measure

- **Diabetes Strategy:**
  - The actual test results for HbA1c, blood pressure, and LDL
    - Data on these variables are not systematically collected at present time
    - Plans to include them as part of the BDDI have been discussed

- **HealthForceOntario Strategy:**
  - The employment gaps for all regulated health professionals for planning and resource allocation purposes

- **Patient Safety:**
  - Medication incidents resulting in death or harm,
  - Amenable mortality (causes of death considered amenable to health care).
  - In the LTC and Home care settings, many of the safety indicators have/will become more systematically available

- **eHealth:**
  - System level indicators related to eHealth and the use of electronic health records
Opportunity for Filling the Gaps (2)

- **Integration:**
  - Appropriate system level indicators for integration, specifically, care transitions indicators

- **Mental Health & Addictions:**
  - Emphasis on data collection and indicator development in the MHA community care sector.
  - Indicators relevant to integration of MH&A services into other primary care and community services (such as inpatient mental health patients in Ontario who received at least one community mental health service contact within 30 days of discharge)

- **Informal Caregiver Distress:**
  - One of the important indicators that have been under review by CIHI

- **Sustainability/Productivity:**
  - A major indicator gap, particularly those that can be used for accountability purposes

- **Public Drugs:**
  - System level indicators related to the publicly financed drugs

- **Maternal, Child & Youth Health:**
  - Vaccination rates for children 2 years of age or younger. Currently this data is not available in Ontario. Also, the infant mortality rate, for which the available data sources have not been accurate and complete in Ontario in recent years.

- **Primary and Ambulatory Care:**
  - Enhancement of data gathering in the primary and ambulatory care settings is essential to support assessments of chronic disease prevention and management strategy particularly around avoidable hospitalization and readmissions.
For further information, to provide your comments or to obtain a copy of the current Scorecard Report, please contact:

Sahba.Eftekhary@ontario.ca

Siamak.Tenzif@ontario.ca

416-326-6501
Accountability and Alignment Tools

These tools enable the Ministry to identify strategies that are most likely to lead to the greatest strategic success, and thereby improve efficiency in resource allocation.
Health Care System Development Process: Summary of the Steps

1. Health System Strategy
2. Choosing Priority Programs Based on the defined criteria
3. Mapping the indicators to Health System Strategy
4. Indicators selection based on defined criteria using modified Delphi technique
5. Literature review and Jurisdictional scan to build a pool of indicators
6. Short-listing of indicators based on goals and activities of the program
7. Indicators validation with program experts
8. Extensive internal and external consultation on and validation of methodology
9. Indicator gap analysis
10. Checking balance, overlap and parsimony
11. Population of indicators
12. Feasibility testing
13. Final Report
Collaborations and Consultations throughout the Project

- Project oversight and guidance provided by Director-level Steering Committee

- Consultations with internal and external health system players throughout the development process was key to securing buy-in from health system stakeholders

- Critical technical expertise provided by External Expert Panel (Health System Performance Research Network) for indicator selection process, which ensured the scientific rigor of the final product

- Final validation of indicators with Ministry program areas/experts and external stakeholders, which ensured internal buy-in and support

- Obtaining data from internal and external data holders for populating the indicators
Involvement and Engagement of Various Groups and Individuals in the Ontario Health Care System Scorecard

Health Care System Scorecard
Human Resources

Internal Collaboration (MOHLTC)

Director Level Steering Committee
1. Strategic Alignment Branch (Chair)
2. Health Analytics Branch
3. Health System Strategy Branch
4. Health Data Branch
5. Performance Improvement and Compliance Branch
6. LHIN Liaison Branch
7. Public Health Practice Branch
8. Negotiations & Accountability Management Division

Core Project Team
1. Strategic Alignment Branch
2. Health System Performance Research Network (HSRN)

Internal Data Analysts
1. Health Analytics Branch
2. eHealth Liaison Branch
3. Public Health Protection and Prevention Surveillance Branch
4. Nursing Secretariat
5. Implementation Branch
6. Health Data Branch

Internal Advisors
1. Deputy Minister’s Office
2. Health Human Resources Strategy Division
3. Ontario Public Drugs Program Division
4. Internal Program Areas

External Collaboration

Technical Expert Panel
1. Health System Performance Research Network-HSRN
2. University of Toronto
3. Institute for Clinical Evaluative Studies
4. Li Ka Shing Institute
5. Central East Community Care Access Centre
6. Ontario Medical Association
7. Ontario Health Quality Council
8. Institute for Work and Health
9. Center for Addictions and Mental Health
10. Ottawa Health Research Institute
11. University of Waterloo
12. Central East Community Care Access Centre
13. University of North Carolina-Chapel Hill
14. Ontario Hospital Association
15. Toronto Rehabilitation Institute

External Advisors
1. Cancer Care Ontario
2. Ontario Association of Community Care Access Centers
3. Better Outcome Registry & Network Ontario (BORN Ontario)
4. Ontario Safety Association for Community & Healthcare

External Data Holders
1. Cancer Care Ontario
2. Ontario Association of Community Care Access Centers
3. Better Outcome Registry & Network Ontario (BORN Ontario)
4. Ontario Safety Association for Community & Healthcare
Consultation and Collaboration Goals of the Health Care System Scorecard

Purpose:
To generate buy-in and promote the adoption of the Health Care System Scorecard as an alignment tool

Planning Phase:
- To raise awareness and understanding of the purpose of the Health Care System Scorecard and the intended objectives of measuring performance in Ontario’s Health Care System
- To obtain input, feedback, and recommendation on the approach adopted to develop the scorecard
- To ensure major MOHLTC priorities are identified and captured in the scorecard

Implementation Phase:
- To ensure appropriate engagement and involvement of key policy-makers and stakeholders who will utilize the scorecard as a tool in aligning their strategies.
- To ensure a high level of rigor and accuracy in the final product
- To ensure that that product is available in formats that are usable and meet the needs of identified end-users.
- To ensure the needs of MOHLTC policy-makers and various stakeholders are addressed in the scorecard
- To ensure uptake and utilization of the scorecard both internally and externally
## Expert Panel Expertise Gap Analysis Based on the OHQC Attributes of High Performing Healthcare Systems

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<tr>
<th>Organization /Institution</th>
<th>Accessibility</th>
<th>Appropriately-resourced</th>
<th>Efficiency</th>
<th>Patient-centeredness</th>
<th>Effectiveness</th>
<th>Safety</th>
<th>Equitability</th>
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## Expert Panel Expertise Gap Analysis

Based on the Health Care Sectors/Services

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Example: Linking Strategic Directions, Priorities, Program and Initiatives in ER Strategy

- Strategic Direction: Healthier Communities
- Strategic Priority: Improving Access to Health Care
- Program Purpose: Reducing the total amount of time that patients spend in the emergency room
- Program Goals:
  - Reduce inappropriate demand for ER services
  - Improve processes within the ER
  - Increase the supply of services
- Program Initiatives:
  - Expanding Alternatives to ER Services
  - Increase Capacity and Improve ER Processes
  - Faster Discharge for ALC Patients
  - Measuring and Reporting Time Spent in ER

Source: http://www.health.gov.on.ca/transformation/wait_times/wait_mn.html
Indicator Selection Approach for Each Program/Initiative

Program Initiatives

Program Goals

Program Purpose

Strategic Priority

Strategic Direction

Structure/Process Indicators

Short-term outcome Indicators

Long-term Outcome Indicators

Technical Expert Panel

Questionnaires

Short List of Indicators for the program

Larger number of indicators than the final set