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## **CONTEXT**

Ontario's Health Links (HLs) initiative was announced in December 2012 to improve the coordination of care provided to patients with the most complex healthcare needs. Palliative and end-of-life populations may be of particular interest to HL leaders because these patients frequently access multiple health care providers across many sectors, resulting in high costs.

## **OBJECTIVES**

In this report, we measure the baseline performance of HLs using health administrative data focusing specifically on palliative care and end-of-life populations.

## **METHODS**

We studied two populations: 1. a palliative cohort that included all Ontarians with a valid health card discharged home after an acute care hospitalization indicating that the patient was palliative; and 2. an end-of-life cohort that included all decedents in 2012. We calculated and report on 7 performance indicators including 3 specific to patients who received palliative hospital care and 4 indicators specific to end-of-life care. Health Link performance for each indicator was compared to the provincial average and stratified according to unique HL characteristics, including their degree of rurality, material deprivation, type of lead organization and Local Health Integration Network (LHIN).

## **FINDINGS**

A total of 8,950 palliative discharges were identified among Ontarians in fiscal year 2012. For measures of end-of-life care, 91,130 Ontarian decedents were identified in 2012. Large variations in HL performance specific to palliative care and end-of-life care were observed. For both palliative care and end-of-life care indicators, pockets of high (and low) performance – where one HL consistently performs well (or poorly) – were observable. For many indicators, particularly end-of-life indicators, HLs within each LHIN had similar performance indicating strong LHIN-level variation across the province.

## **CONCLUSIONS**

Across 67 geographically defined HLs, we found substantial variation in performance for seven indicators of palliative care and end-of-life care. The significant variation in performance for palliative and end-of-life care across HLs suggests existing differences in the level and quality of such care across the province and indicates that there is room for improvement across many HLs. We found that much of the variation in HL performance appeared at the LHIN rather than at the HL level suggesting that opportunities to improve palliative care should be undertaken across entire LHINs. Findings from this work create a baseline portrait that can be used for future benchmarking of performance.

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