

Benchmarking in Long-Term Care Reporting – Health Quality Ontario’s Collaborative Process

INTRODUCTION

- ❖ Health Quality Ontario (HQO) reports to the public about the quality of the 635 long-term care (LTC) homes in Ontario which care for 76,000 LTC residents. HQO started public reporting of LTC quality indicator results in January 2010 with 73 homes volunteering to be included on the HQO public reporting LTC website. By 2012, all 635 homes were included in the HQO LTC public reporting website.
- ❖ Four indicators are reported at the home-level on HQO’s website (Table 1)¹. These indicators are designed to measure the safety and effectiveness of care delivered by LTC homes and were selected by an expert panel to be publicly reported. By reporting provincial-level and home-level results, LTC homes are able to compare their results with their past performance, other homes’ results and the provincial average. Although making these comparisons is important and can be useful, alone they do not inform a home on whether or not they are providing high quality care. Benchmarks are a tool to identify what constitutes high-quality care and provide a marker of high-performance. Prior to 2012, benchmarks had not yet been identified for the four home-level indicators publicly reported on HQO’s website.

OBJECTIVES

- To improve public reporting and better support quality improvement in Ontario’s LTC sector, HQO aimed to:
- ❖ Establish aspirational benchmarks for Continuing Care Reporting System (CCRS) LTC quality indicators through an evidence-informed consensus building process
 - ❖ Report benchmarks publicly alongside home-level indicator results
 - ❖ Engage the sector throughout the process of identifying and reporting benchmarks
 - ❖ Support the sector and public in the understanding of and use of benchmarks to inform quality improvement

APPROACH (Figure 1)

- ❖ HQO used an evidence-informed consensus building process to identify benchmarks that would be evidence-based and data-driven, agreeable to major stakeholders, catalysts for quality improvement, and indicators of high quality care. This process was adapted from previous studies² and was reviewed by the LTC Advisory Group Subcommittee on Benchmarking³.
- ❖ Upon identification of the benchmarks and prior to reporting them on HQO’s LTC Public Reporting website, HQO engaged with the sector directly and jointly with the Ontario Association for Non-Profit Homes and Services for Seniors and the Ontario Long Term Care Association to help homes better understand benchmarks and how to use them to support their quality improvement initiatives.
- ❖ HQO reported the aspirational benchmarks on the LTC Public Reporting website alongside home-level data and the provincial average in November 2013. Homes were provided an information package to help them answer any questions on variation of their results from the benchmark values.

What are benchmarks?
Benchmarks are markers of excellence to which organizations can aspire.

Figure 1: Process for identifying and reporting LTC quality indicator benchmarks

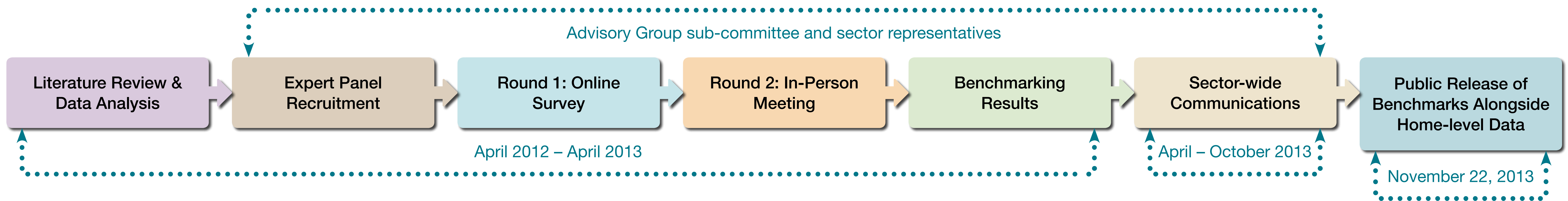


Table 1. Benchmark values for publicly reported home-level indicators and the distribution of risk-adjusted indicator results for Ontario long-term care homes in 2011/12*

Indicator	Benchmark	Ontario Rate Q4 2011/12	Ontario Facility-Level Distribution (Percentile) Q4 2011/12				
			10 th	25 th	Median	75 th	90 th
1. Percentage of residents in daily physical restraints	3%	13.9%	2.3%	6.1%	12.5%	20.9%	27.1%
2. Percentage of residents who fell in the last 30 days	9%	13.9%	8.5%	10.8%	13.7%	16.5%	18.8%
3. Percentage of residents whose bladder continence worsened	12%	19.4%	9.3%	13.6%	19.6%	26.7%	31.9%
4. Percentage of residents whose stage 2 to 4 pressure ulcer worsened	1%	2.8%	1.2%	1.9%	2.8%	4.0%	5.2%

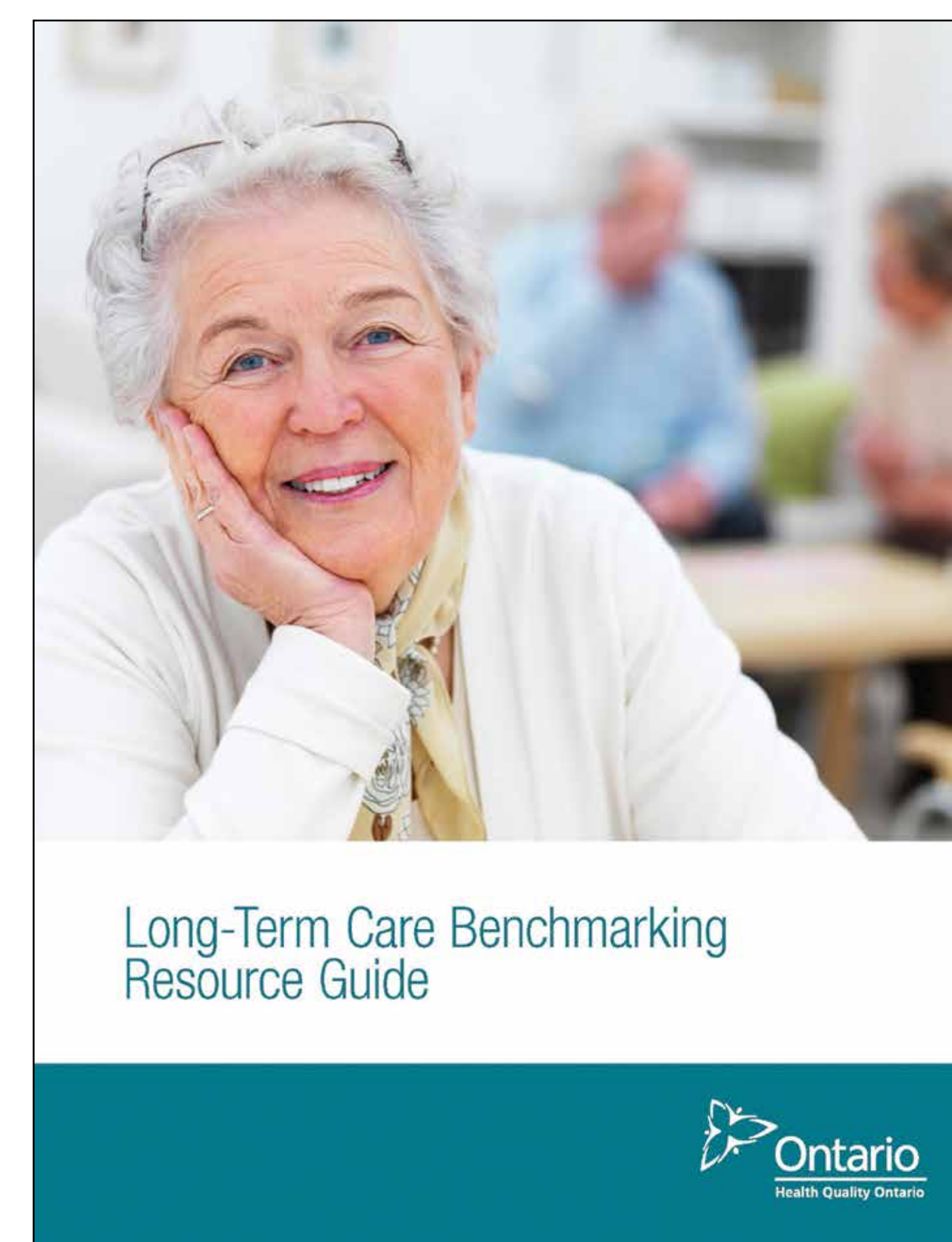
* Continuing Care Reporting System quality indicators provided to HQO by the Canadian Institute for Health Information (CIHI)

RESULTS AND DISCUSSION

- ❖ HQO brought together a group of Ontario-based LTC operators, clinicians, and researchers, who, through a structured, evidence and data-driven process, were able to come to consensus on a set of aspirational benchmarks for a select number of publicly reported CCRS LTC quality indicators (Table 1). These benchmark values represent high quality care for the selected indicators, and can be used to assist homes in setting targets for their quality improvement initiatives.
- ❖ The benchmark values were communicated to LTC homes in advance (Figure 1) of being publicly reported on HQO’s LTC Public Reporting website. A resource guide was developed to provide homes the benchmark values and tips on how benchmarks can be used as part of quality improvement programming. The release of this document was followed by a companion webinar, and both resources are posted on HQO’s website.
- ❖ A doubling in website traffic in the month when benchmarks were released shows the interest in the benchmarks. This project was awarded an innovation award at the Canadian interRAI conference for helping to advance quality care across the continuum. HQO is continuing to work with the sector to promote the understanding and use of the benchmark values in quality improvement efforts.

CONCLUSION

- ❖ This was the first time in Canada that aspirational benchmarks were established and publicly reported. The collaborative process with stakeholders and emphasis on evidence were key. Clear communications with LTC homes was also important in helping inform and prepare the sector ahead of public release. HQO recommends that the sector use aspirational benchmarks, quality improvement resources, and public reporting as tools to inform priority and target setting when undertaking quality improvement efforts.



Notes:

- ¹ Indicator definitions are consistent with the CCRS quality indicators developed by interRAI and released by CIHI
- ² References:
Hjaltadottir I, Hallberg IR, Ekwall AK. Thresholds for Minimum Data Set Quality Indicators Developed and Applied in Icelandic Nursing Homes. *Journal of Nursing Care Quality* 2012;27(3):266-276.
O’Reilly M, Courtney M, Helen E, Hassall S. Clinical Outcomes in Residential Care: Setting Benchmarks for Quality. *Australasian Journal of Ageing* 2011;30(2):63-69.
Rantz MJ, Petroski GF, Madsen RW et al. Setting Thresholds for Quality Indicators Derived from MDS Data for Nursing Home Quality Improvement Reports: An Update. *Journal on Quality Improvement* 2000;26(2):101-110.
- ³ Organizations represented on HQO’s LTC Advisory Group Sub-Committee on Benchmarking: Ontario Association of Non-Profit Homes and Services for Seniors, Canadian Institute for Health Information, Ontario Municipal Benchmarking Initiative, University of Waterloo, Specialty Care Inc., Ontario Long Term Care Association, Belmont House, Ministry of Health and Long-Term Care.
- ⁴ Two LTC Homes which presented in the LTC Benchmarking Informational Webinar: County of Lambton – North Lambton Lodge and The O’Neill Centre.

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