Better Measurement: For Patients’ Sake

Improving patient care by removing barriers to effective performance measurement

A Timely Discussion Paper

Quality Insight Working Group: Paper #1
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This paper is authored by the Quality Insight Working Group (QIWG). QIWG is comprised of representatives from the Health Regions, the Saskatchewan Cancer Agency, and the Ministry of Health. Coordinated by the Health Quality Council (HQC), QIWG serves two major functions:

1. To guide the monitoring and reporting work mandated in HQC’s legislation, and,
2. To develop strategies to enhance measurement use for system improvement.

The members of QIWG are senior leaders, managers and analysts, and offer a broad set of perspectives on measurement, from data collection to performance management. Our experience is that there remains a lot of work to be done, and it cannot be done by us alone. We hope this paper is the beginning of an ongoing discussion about a resource vital to the sustainability of our system: measurement.
Introduction

In 2009 the province of Saskatchewan released the Patient First Review: For Patients’ Sake – a culmination of 4000 Saskatchewan citizens’ experiences with the health system. The review indicated that Saskatchewan residents want a patient- and family-centred health system that provides care that is equitable, coordinated, convenient, timely, communicative and comprehensive.¹

This health system is within reach.

High-performing health systems have shown us that to provide unparalleled quality of care, system leaders and providers need access to the right information to make decisions. The purpose of this discussion paper is to share a vision of what an effective measurement system can offer, and describe some of the work that needs to be done to get there.

QIWG (kwig)

The Quality Insight Working Group (QIWG) met for the first time on October 21, 2008, brought together by a desire for better quality measurement practices to inform decision-making and support quality improvement. Members come from the health regions, the Saskatchewan Cancer Agency, the Ministry of Health, and the Health Quality Council (HQC).

As stated in its team charter, QIWG’s purpose is:

“To create a system a of measurement and reporting on quality of care that is valued b and trusted by health care providers, managers, and leaders, and is used to improve the quality of care across Saskatchewan.”

QIWG’s first step was to select a comprehensive quality measurement framework. The group decided on an adaptation of a model developed by the Organization for Economic Co-operation and Development² and called it the Quality Insight Framework (see Appendix A).

Using the Framework as a guide, each QIWG member compiled a list of indicators currently being used in their home organization. These lists were then compiled by HQC into a “master list” that provided insight into the current state of measurement in Saskatchewan. This process uncovered variability in how measures are defined, used and understood, and highlighted gaps in access to information about quality.

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¹ “System” includes a measurement framework; a slate of indicators aligned with common strategic aims across the provincial health system; and a reporting process and products.

² “Valued” means that the system is considered useful by the key audiences – it provides information aligned with their needs and purposes (e.g., QBS, accreditation, accountability, etc.), is actionable/functional, and provides relevant comparators.
The Patient First Review (PFR) and the Saskatchewan Surgical Initiative (SSI)

As QIWG was laying the groundwork to improve provincial measurement practices, the Patient First Review came to a close. The Review recommended “that the health system take immediate action to improve Saskatchewan patients’ surgical experiences, from initial diagnosis through to recovery, through an aggressive, multi-year, system-wide strategy that is reported to the public with clear targets and regular updates”.3 Following this recommendation the Ministry of Health struck the Saskatchewan Surgical Initiative and assigned an Executive Sponsor Group (ESG) to lead it over the next four years. The work of the ESG will include articulating aims of the Initiative and identifying how its success will be measured.

QIWG recognized that to have the greatest impact on health care improvement we needed to align our efforts with the SSI in the short-term. In November, 2009, the ESG designated QIWG to guide the development of the measurement system for the SSI.

Our Vision…

In November 2009, QIWG began to develop an initial slate of indicators that will reflect the broad system-level objectives of the SSI, across the four strategic planning pillars of the Ministry of Health – Health of the Population; Health of the Individual; Providers; and Sustainability. These indicators will be monitored at the system level to ensure that the SSI objectives are being met.

While system-level indicators support decisions on system-level strategic objectives, those objectives are only achieved through efforts at the front line. Improving the delivery of surgical care will require that the activities of health regions, facilities, wards, and practitioners are aligned with system-level goals.

In the same way that system leaders need measures of system performance to monitor progress on strategic objectives, health regions, facilities, wards, and practitioners need access to information relevant to their own context in order to improve quality of care. If front line activities are aligned with system-level objectives, improved performance on front line indicators will advance indicators monitored at the system-level.

QIWG envisions that all provincial initiatives, starting with the SSI, will align work and measures at the front line with strategic objectives and measures at the system-level. QIWG’s primary role, as a provincial network, will be to support the development, standardization and reporting of indicators at the system-level. We will also support standardization of measurement at the health region, facility, ward, and practitioner level.

QIWG is currently guiding the development of an online tool that will display SSI indicators in a manner that is readily accessible to health care providers and leaders as well as the public. The tool applies a balanced scorecard framework which incorporates the Ministry’s four planning pillars, and is informed by the Quality Insight Framework. A user-friendly display of SSI results is only the beginning. Building on what we learn in the context of the SSI, QIWG envisions an online environment that centralizes many of the disparate measurement activities in our system.
Imagine an information system, with only one password to remember, that enables the right people to get the right information at the right time. Imagine it contained information to support accountability relationships, accreditation, performance management and patient-centred care. Imagine health care teams and leaders seeing measured results of their decisions and work, thereby fostering a culture of improvement. This is our vision.

**Identifying the Barriers**

The *Patient First Review* concluded that areas of management support “such as: quality, performance management, [and] decision support … are not occurring at the level that they should, when compared to the needs of the respective organizations". The experience of QIWG members is consistent with this conclusion. Indeed, decision-support resource constraints significantly impact the ability of the health system to properly measure its performance.

Recall that QIWG members went through the process of identifying the quality indicators their organizations use. For some members this proved to be a challenge because the measurement activities that occur within their organizations are uncoordinated. For others the difficulty was that measures simply do not exist, or they are not reported with any regularity. The measures that do exist pertain largely to the acute care sector. As a result, we have some information about how well the system performs while trying to make patients better, but very little about how well it keeps people healthy in the first place.

It is the position of QIWG that if the current measurement infrastructure is not improved, reporting on quality and performance will continue to:

- contain indicators calculated from stale data, often over a year old;
- contain data that are highly variable in quality, consistency and completeness;
- fail to provide a comprehensive picture of the level of quality across our system;
- rely heavily on data that describe how busy the system is, not how well it is doing.

Currently, resource constraints result in a lack of capacity to: determine what data should be collected; keep data collection up-to-date; properly analyze data; and turn what data is collected into easily-interpreted, useful information. These realities manifest as barriers between the current state of quality measurement in Saskatchewan, and the compelling vision to which we strive.

**Next Steps**

Despite the barriers between the current measurement reality and the measurement vision, the Saskatchewan health care landscape offers many opportunities. By aligning the efforts of QIWG and the broader measurement community with the provincial commitment to improve the surgical experience, we believe that some first practical steps can be taken toward the vision.

In Saskatchewan, we are lucky: QIWG, with HQC support, has the knowledge, skills, and desire to create a system that can measure the impact of Saskatchewan health care and inform quality improvement decisions. With concerted effort it can be done in a
coordinated, timely manner, with the right data to build common indicators. There is even a made in Saskatchewan innovation\textsuperscript{c} that can provide this information to health system leaders, managers, providers, and staff.

In the near future QIWG will work with the ESG to determine what questions, if answered, would help monitor progress toward the aims of the SSI. QIWG’s role will then be to develop the indicators that answer these questions, complete with definitions and technical specifications. This work will include identifying which indicators can be developed using our current databases and which will require primary data collection.

When primary data collection is required, QIWG and HQC will help to integrate data collection methods into provider work flow, with an eye toward incorporating these processes into a future electronic health record. Where there is a lack of capacity we will work with health information management practitioners, health records staff, and HISC to build it. We are currently exploring ways to provide training to health system organizations for data analysis in an effort to build measurement capacity.

The catch? We can’t do this alone. We need the entire system to commit time, energy, and resources to make this a success. This is the opportunity for system leadership, with the support of QIWG and HQC, to address the barriers between the current state and our vision. Successfully connecting system-level measures with the front lines is not something that QIWG can do. Every region and service delivery organization has a different measurement infrastructure and skill set, and as a result there is no ‘one-size-fits-all’ solution to make alignment happen.

Fundamentally, measurement does not stand alone - it needs to be connected intimately with work at all levels of the system. The system needs diligence at the leadership level to set aims and provide resources that will facilitate the transformation we collectively seek. Without information to support and align frontline improvement with system-level objectives, system-wide improvement will not be possible.

Is measuring the performance of your organization a priority? If so, what are you willing to do to make measurement work for you?

\textsuperscript{c} The online reporting tool currently in development is based on the work of Saskatoon Health Region’s Long Term Care department.
References


Appendix A

Quality Insight Measurement Framework

Dimensions of Quality

<table>
<thead>
<tr>
<th>Health Care Needs</th>
<th>Effectiveness</th>
<th>Safety</th>
<th>Responsiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staying Healthy</td>
<td>Are we achieving desirable results and outcomes?</td>
<td>Are we avoiding adverse events?</td>
<td>Are we meeting citizens expectations?</td>
</tr>
<tr>
<td>Getting Better</td>
<td>Are our prevention and promotion efforts achieving desirable results and contributing to positive outcomes?</td>
<td>Are our prevention and promotion efforts being made without causing adverse events?</td>
<td>Are our prevention and promotion efforts meeting citizens expectations?</td>
</tr>
<tr>
<td>Living with Illness or Disability</td>
<td>Are the services we provide during the acute episode achieving desirable results and contributing to positive outcomes?</td>
<td>Are we providing care during the acute episode without causing adverse events?</td>
<td>Are the services we provide during the acute episode meeting citizens expectations?</td>
</tr>
<tr>
<td>Coping with End-of-Life</td>
<td>Are our efforts to manage illness and disabilities achieving desirable results and contributing to positive outcomes?</td>
<td>Are we managing illness and disabilities without causing adverse events?</td>
<td>Are our efforts to manage illness and disabilities meeting citizens expectations?</td>
</tr>
<tr>
<td></td>
<td>Are our efforts to help patients cope with end-of-life achieving desirable results and contributing to positive outcomes?</td>
<td>Are we helping patients cope with end-of-life without causing adverse events?</td>
<td>Are our efforts to help patients cope with end-of-life meeting citizens expectations?</td>
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Equity
Are we distributing health care and its benefits fairly amongst our citizens?

The Quality Insight Measurement Framework links the Dimensions of Quality with the continuum of Health Care Needs to identify the key questions that a measurement framework should answer. The set of process and outcome indicators that answers those key questions will provide a comprehensive view of health care quality in the province.

The Framework addresses the Effectiveness, Safety, and Responsiveness of the system over the continuum of Health Care Needs. It addresses Equity by determining where the system is more effective, safe, or responsive in providing care to one demographic group than another. Finally, the Framework addresses the Efficiency of the system by determining whether we are allocating resources properly between and within the Health Care Needs to achieve maximum benefits and results.

Health System Level

Macro System Level
...pertaining to whole organization—province, region

Mesosystem Level
...pertaining to major divisions within organization

Microsystem Level
...pertaining to front lines where clients interact with providers

It is important that attention is paid to both processes and outcomes. Process indicators help us evaluate the quality of the work we do so that we can identify actionable areas for improvement. Outcome indicators show us how our processes are influencing change to higher level health outcomes that are less actionable.