



## Indicator Chaos?

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## What is Known

- Health and healthcare are complex
- Measurement and action taken are fundamental to quality improvement, performance assessment, assurance and control



## Current State

- Multiple requests for reporting
  - From differing levels with in the health system
  - For differing purposes
    - Control, assurance, accountability
    - Improvement
  - Differing definitions
  - Differing degrees of accessibility of data
  - Differing degrees of analysis and interpretation
- We measure what we can



## The Future

- Reporting specific for purpose and context
  - Patient and Client
  - Clinical programme
  - Health Authority
  - Health system
  - Population

**HEALTH QUALITY MATRIX**

<p><b>Dimensions of Quality</b> <b>Dimensions of Care</b></p>	<p><b>Acceptability</b> Equitable care that is respectful to patient and family preferences, needs and values.</p>	<p><b>Accessibility</b> Care provided within a medically indicated time and in an appropriate setting.</p>	<p><b>Safety</b> Avoiding harm resulting from care.</p>	<p><b>Effectiveness</b> Care that is known to achieve intended outcomes.</p>	<p><b>Efficiency</b> Optimal use of resources to achieve intended outcomes.</p>
<p><b>Staying Healthy</b> Preventing injuries, illness, and disabilities.</p>	<p>1. Satisfaction with the HRAT</p>	<p>2. comprehensive immunization rate for HA staff (influenza, hepatitis -3. % "home" patients and those with chronic disease have supervised med programme</p>	<p>9. Admission rates</p>	<p>5. Admission rate for related s for tion status ion rate for n related ions in om the ty</p>	<p>7. Cost of hospitalization for medication related, influenza complications and falls from the community for patients in community care (&gt; 65?)</p>
<p><b>Getting Better</b> Care for acute illness or injury.</p>	<p>10 . Complaints related to medical services and/or outcome per 1000 treated patients  Responses 4 and 5 on PEP surveys</p>	<p>11. Time to transfer for rehabilitation, community care</p>	<p>15. Rate of harm for treatment programmes – diagnostic and system factors combined level 4 and 5 /patient treatment series</p>	<p>13. Percentage of patients treated using complete SHN bundles focus on a composite compliance indicator for MI, renal , ARO, falls</p>	<p>13. Percentage of patients treated using complete SHN bundles focus on a composite compliance indicator for MI, renal , ARO, falls</p>
<p><b>Living with Illness or Disability</b> Care for chronic illness or disability.</p>					
<p><b>Coping with End of Life</b> Care to relieve suffering.</p>					

Comprehensive immunization rates for HA staff

Rate of harm due to treatment and diagnosis

*Experience of Care*

*Outcome and Value of Care*

Health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO).

**HEALTH QUALITY MATRIX**

<b>Dimensions of Quality</b> <b>Dimensions of Care</b>	<b>Acceptability</b> Equitable care that is respectful to patient and family preferences, needs and values.	<b>Accessibility</b> Care provided within a medically indicated time and in an appropriate setting.	<b>Safety</b> Avoiding harm resulting from care.	<b>Effectiveness</b> Care that is known to achieve intended outcomes.	<b>Efficiency</b> Optimal use of resources to achieve intended outcomes.
<b>Staying Healthy</b> Preventing injuries, illness, disabilities.	1. Satisfaction with the care Annual screening rate for each programme	2. comprehensive immunization rate for HA staff (influenza, hepatitis "home" care patients and those with chronic disease have supervised med programme	9. Admission rates for low HRAT patients	5. admission rate for influenza related conditions stratified for immunization status 6. Admission rate for medication related complications in patient from the community	7. Cost of hospitalization for medication related, influenza complications and falls from the community for patients in community care (> 65?)
<b>Getting Better</b> Care for acute illness or injury.	10. Complaints related to medical services and/or outcome per 1000 treated patients Responses 4 and 5 on PEP surveys	11. Time to transfer for rehabilitation, community care	15. Rate of harm for treatment programmes – diagnostic and system factors combined level 4 and 5 /patient treatment series	13. Percentage of patients treated using complete SHN bundles focus on a composite compliance indicator for MI, renal , ARO, falls	13. Percentage of patients treated using complete SHN bundles focus on a composite compliance indicator for MI, renal , ARO, falls
<b>Living with Illness Disability</b> Care for chronic illness disability.	Time to next appointment for post treatment scheduled follow up				
<b>Coping with End of Life</b> Care to relieve suffering					

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## Future State

- Reporting specific for purpose and context
  - Patient and Client
  - Clinical programme
  - Health Authority
  - Health system
  - Population
- Data is derived from workflow rather than overlaid upon it
- Analysis is based on consistent definitions and methods