February/March 1997

JPPC HIGHLIGHTS

Benchmarks Are Us

RECOGNIZING the need to supply hospitals with more comparative data, the JPPC has created a working group to begin examining financial and statistical indicators that highlight best practice. These benchmarks are intended to enhance operational practices in hospitals.

Consistent with comparative tools such as the Ministry of Health's Planning and Decision Support tool and the JPPC's How Do you Compare series, the financial and statistical best practice patterns across Ontario hospitals will be highlighted in these reports. The reports will identify top percentile performers and provide detailed hospital-specific data. In order to highlight best practice indicators, the working group is requesting input from all hospitals. Please fax your suggestions to Alexandra Flatt at (416) 360-1570. It is anticipated that the complete package will be available to all hospitals free of charge on diskette by the summer.

Exploring New Horizons

HY ELIASOPH has decided to pursue a new opportunity with the Ontario Hospital Association (OHA). Hy has been with the Joint Policy and Planning Committee for the past four years. His tenure at the JPPC has provided him with the unique opportunity to participate in and contribute to hospital and health reform in Ontario. In his new position at the OHA, Hy will be responsible for hospital relations/operations and health policy. His positive contributions are sincerely appreciated and we wish him success in his new endeavors.

New Workload Reporting Framework

IN the late fall of 1996, the Canadian Institute for Health Information (CIHI) introduced a Generic Workload Reporting Framework. Due to changes in health service delivery such as program management and the creation of multidisciplinary teams, a need was identified to develop a standardized workload recording and reporting framework. This framework supports reporting of patient-related services provided under a program management model where health service workers from a variety of disciplines report to a single manager.

This framework applies to the following health service disciplines: Nursing, Ambulatory Care, Audiology, Speech Language Pathology, Child Life Therapeutic Recreation, Clinical Nutrition, Occupational therapy, Physiotherapy, Pastoral Care Psychology, and Social Work.

In order to assist Ontario hospitals with the conversion of current workload measurement systems, a multi-disciplinary team was formed. This committee will ensure that all

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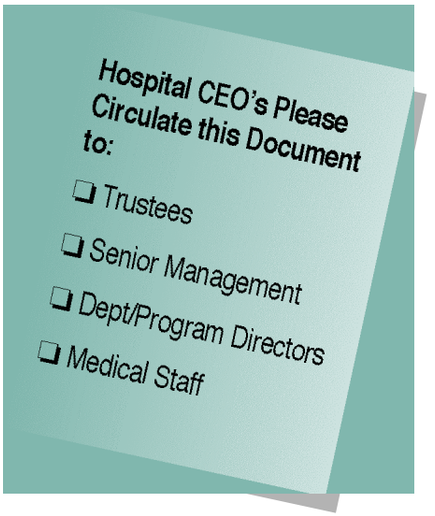

New Workload Reporting Framework *...continued from front*

disciplines use a common approach to workload issues. Each discipline also formed small working groups to develop a resource document. These will distributed to hospitals in early April 1997 to allow a full year for implementation of the generic framework.

Reporting under the Generic Framework is OPTIONAL for fiscal year 97/98.

This means that workload data reported using this generic framework can be reported to CIHI to assist hospitals understand reporting requirements once the framework is mandated.

*For further information regarding this framework, please send your questions by facsimile to **Donna Thomson** at (416) 360-1570.*

Steering Toward Utilization

DURING the JPPC's re-organization of its committees, the Utilization Management Sub-Committee and the Planning and Decision and Support Committee were merged to form the Utilization Steering Committee. The role of the Utilization Steering Committee is to facilitate communication and promote integration between three utilization working groups. The working groups will examine utilization issues related to: 1) Reporting and Systems (will include PDST & Population needs based indicators), 2) Non-Acute Hospitalization Project (Adult and Peadiatric), and 3) Service Integration.

The Reporting and Systems working group is working toward a new release of the Planning and Decision Support Tool (PDST) using 1995/96 data. After considerable debate, the working group decided to release this new version of the PDST on CD-ROM. Thus, users will require a 486 computer with at least windows 3.1 and a CD-ROM to sufficiently run the software. This version is not a lotus based software like previous versions of the tool but will be a self-executable file using royalty free components of Microsoft Access (i.e., user does not require additional software). However, in order to view the source tables, a data base version will also be included on the CD-ROM for users with MS-Acess. The newest release of the PDST is scheduled to be released to hospitals by early Spring, 1997.

The Service Integration working group is currently discussing projects within three areas: ALC patients, Referrals and Rehabilitation. The focus of each project area will be to support utilization strategies that result in a more efficient and effective integrated health care system.

*For further information regarding the Utilization Steering Committee's initiatives, please contact **Nizar Ladak**.*

TO REACH THE
JPPC

PHONE: (416) 360-1510 FAX: (416) 360-1570

E-MAIL: jppc@interlog.com WEB SITE: http://www.jppc.org/

Non-acute Hospitalization Project

THE Non-Acute hospitalization project is an initiative that took place over the last year involving 98 Ontario hospitals. The purpose of the project was to examine non-acute admissions in Ontario hospitals and identify alternative types of care for these patients. The study also provided participating hospitals with comparative information regarding the percent of non-acute utilization and experience with a tool designed to assess non-acute utilization.

The final report of the Non-Acute Hospitalization Project will be released in mid April. The project is divided into two phases. Phase 1 involves using the ISD-A tool in a retrospective chart review. Phase 2 involves applying the tool concurrently on selected patient charts. The final report, to be released soon, is based on the retrospective phase of the study which sampled 8 adult medical and surgical diagnoses from 1995, using InterQual's ISD-AC (1996 version) tool. The JPPC will be organizing an information session in conjunction with the release of comparative reports to the 98 hospitals participating in the study (date and location to be announced).

The completion of the concurrent phase of the study has been extended to June, 1997. Fifty (50) hospitals are participating in the concurrent phase. The two phases of the study have helped to refine the ISD tool to enhance its applicability in Ontario.

*For further information, please contact **Natalie Rashkovan** at 416-360-1510, ext. 223 or 416-360-1570 (fax).*