Information Management News

Health Results Team for Information Management (HRT-IM)

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"The combined expertise of HSIP and MOHLTC analysts will be key as the new Local Health Integration Networks (LHINs) begin to plan for the integration of health services in their communities."

Steini Brown, Lead, Health Results Team, Information Management

Inside

THE INFORMATION MANAGEMENT (IM) Strategy is anchored on a set of guiding principles. They are:

- Build on existing strengths inside and outside the Ministry of Health and Long-Term Care (MOHLTC);
- Reduce the impact of change on providers and government;
- Use technology as an accelerator, not a solution;
- Maintain the transparency of the change process; and
- Integrate information management reforms into existing structures.

In this issue of *Information Management News*, you will see how we are adhering to these principles. You will be introduced to the Health System Intelligence Project (HSIP), a new initiative designed to complement and enhance existing analytical capabilities within the MOHLTC. The combined expertise of HSIP and MOHLTC analysts will be key as the new Local Health Integration Networks (LHINs) begin to plan for the integration of health services in their communities.

You will read about the Provincial Health Planning Database, a dependable resource for population and clinical data that is being augmented under the IM Strategy, and the Health Outcomes for Better Information and Care. This initiative builds on the success of the Nursing and Health Outcomes Project, whose scope has now been broadened, as part of the IM Strategy.

Finally, you will find out more about a new data quality improvement initiative and a report that will be a foundation for further data quality improvement initiatives across the province.

These initiatives and others that are underway, and the progress we have achieved so far, are a testament to how much can be accomplished by leveraging existing strengths and by actively engaging the health care community.

I look forward to our continued collaboration in effecting change.

Best regards,

Adalsteinn D. Brown

The Health System Intelligence Project: *Supporting the LHINs*

WITH THE NEW LOCAL HEALTH Integration Networks (LHINs) poised to begin the process of local health system planning, access to health system data, information and analytical resources will be critical.

To support them in carrying out this important function, the HRT-IM created the Health System Intelligence Project (HSIP).

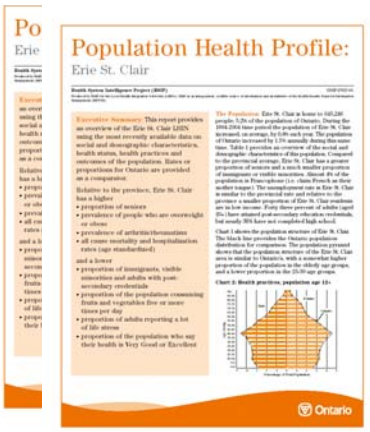
The project is designed to work in concert with MOHLTC experts to ensure that the LHINs are provided with the analytical supports they need for their data- and information-intensive planning activities. HSIP complements and augments existing capacity within the MOHLTC.

HSIP consists of a team of health system experts retained by the HRT-IM to provide:

- sophisticated data analysis;
- interpretation of results;
- orientation of new staff to health system data analysis issues; and
- training on new techniques and technologies pertaining to health system analysis.

So far, HSIP has completed the first in a series of LHIN-specific reports. These are designed to provide the kind of detailed, relevant and timely analysis that is essential in assessing local health needs and in planning to meet those needs. The first reports profile population health. The next two will deal with health services utilization and socio-demographic determinants of health.

HSIP Population Health Profiles



The *Population Health Profile* reports include an overview of the latest available data on social and demographic characteristics, health status, health behaviours and outcomes by LHIN geographic region. They also provide insight into how specific LHINs compare to the provincial average in a number of areas associated with general population health status.

The *Population Health Profile* reports were presented to the LHIN CEOs on August 22nd at an Orientation Session held in Toronto, and have been made available on the Information Management section of the MOHLTC web site at www.health.gov.on.ca. The next two reports will also be made available broadly.

HSIP is also developing a health planning toolkit primarily for use by the LHINs and other health system planners. The toolkit will comprise eight modules, each providing useful information, advice and resource material related to a specific aspect of health system planning. The first three modules, slated for release in the fall, will offer guidance on the planning process, assessing needs, and evidence-based health planning.■

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The Data We Need: *Provincial Health Planning Database*

A SINGLE SOURCE OF PATIENT-focused, integrated data will greatly facilitate the analytical work that is required in providing health system planners and decision-makers with an accurate read of the health status of the population.

Currently, health system analysts often need to access multiple sources to get the data they need. The integration of data through the creation of a single, consistent platform is a key goal in improving the way we manage health system information. This platform would comprise authoritative information holdings and databases on which clients can depend.

Current users within the MOHLTC know they can count on the Provincial Health Planning Database (PHPDB) for standardized and accurate population and clinical data.

"There is really nothing out there like it, in terms of the extensiveness of population and clinical data," says Dr. Elizabeth Rael, Senior Epidemiologist with the MOHLTC's Public Health Division. "We use the PHPDB on a regular basis for ad hoc division queries. We find that it offers many useful features. For instance, the public health unit of aggregation is available as an attribute. In addition, code tables, which are crucial to understanding and interpreting the data, are provided. A user's guide is sent when new data is incorporated into the system. It's a really powerful tool."

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Health Outcomes for Better Information and Care

VALID, RELIABLE INFORMATION that is patient-centred, evidence-based, outcome-focused and comparable across all sectors is needed so that health care professionals and providers can plan for care and evaluate its effectiveness. It is also the basis for research that will enable us to gain a better understanding of the impact of disciplines, such as nursing, on patient care and health outcomes. At a system level, this kind of information is essential in planning for and allocating resources.

Currently, there is no standardized approach for collecting and organizing data and information on health outcomes for disciplines such as nursing, pharmacy, occupational therapy and physiotherapy.

Starting in 2006, as part of the Information Management Strategy, the province-wide collection of information on nursing-sensitive health outcomes will begin in selected facilities in the acute care, complex continuing care, long-term care and home care sectors. In 2007, collection will be expanded to pharmacy, occupational therapy and physiotherapy, for the same sectors, as well as for the primary care, mental health, public health and rehabilitation sectors. The final phase will involve the collection of standard information on staffing and quality of work life indicators for the four disciplines.

This initiative, known as the Health Outcomes for Better Information and Care (HOBIC), builds on the success of the Nursing and Health Outcomes Project (NHOP), launched in 1999 in response to the Nursing Task Force's recommendations. The task force recommended the establishment of performance standards to promote quality health outcomes, as well as the creation of health information systems to provide comprehensive and reliable data on nursing services.

"NHOP was groundbreaking in that, for the first time ever, we were able to capture the contribution that nurses make in caring for patients," says Dorothy Pringle, RN, Executive Lead for NHOP. "We now have a basis for improving quality of care for patients and work life for nurses."

In phase one of the project, a literature review was conducted and a set of evidence-based health outcome measures reflective of nursing was identified. In phase two, pilot studies were conducted in 16 acute care, long-term care, complex continuing care and home care settings to assess the feasibility of collecting outcomes information. Indicators of nurse staffing and quality nursing work environments were also identified.

Focus groups with nurses supported the use of information on health outcomes in their practice. A critical appraisal of the literature led to the publication of two books that are now required reading in graduate courses in Canada and the United States: *Nursing-Sensitive Outcomes: State of the Science* and *Quality Work Environments for Nurse and Patient Safety*.

"I am pleased to see the project progress to the next phase, and its scope broadened as part of the IM Strategy," says Sue Matthews, Chief Nursing Officer for the MOHLTC. "All this information will be invaluable in helping us strive, as a profession, towards continuous improvement in providing care. It will undoubtedly be the case for other disciplines, where scant information is currently available."■

Assessing Nursing Workload Measurement Data

REDUCING THE BURDEN OF DATA collection and reporting, and ensuring that we have the data we need, are key areas of focus for the HRT-IM.

Recent initiatives aimed at producing better data have targeted the elimination of paper reports and the collection of case costing data. The latest initiative, which is co-sponsored by the MOHLTC's Nursing Secretariat, involves nursing workload measurement.

Workload measurement data is currently collected by nurses across the province who work in hospitals, and is used for planning, budgeting and research purposes. It is required by the Canadian Institute for Health Information and the MOHLTC, and integral to both the Ontario Cost Distribution Methodology and case costing.

The Nursing Workload Measurement Project is aimed at identifying cost-effective and efficient options for the collection and reporting of high-quality workload measurement data.

The project's scope of activity includes evaluating current workload measurement processes for quality and value; reviewing evidence and best practices related to collection and reporting; performing a cost benefit analysis at an organizational and provincial level; and soliciting feedback on key findings and options.

A number of interviews have already been conducted, and an expert panel will be convened in October.■

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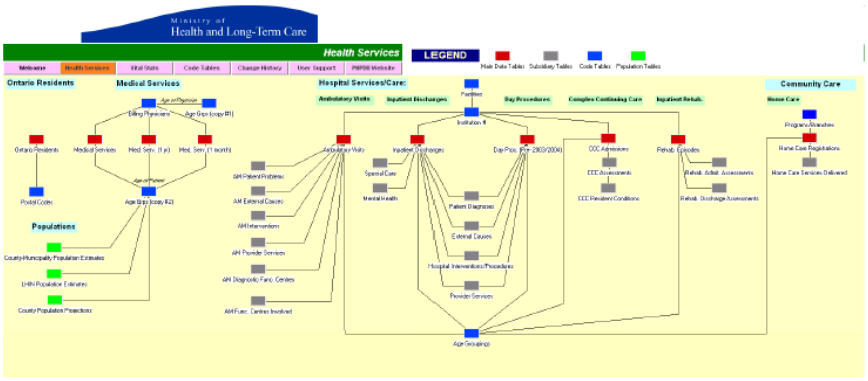
Provincial Health Planning Database



To view a full-size version of this image, go to www.health.gov.on.ca/transformation (Information Management section for Health Care Providers/Newsletters).

Developed by the MOHLTC's Health Data and Decision Support Unit, Knowledge Management and Reporting Branch, the PHPDB is now being augmented, as part of the Information Management Strategy, to include data from the community health sector and to enhance its functionality.

Additional functions, such as a LHIN geography table, will enable clients, like the Health System Intelligence Project (HSIP), to present results by LHIN.

The type of data that is included in the database is designed to help capture as much as possible the Ontario patient experience across the continuum of care. For example, it contains hospital inpatient admissions, emergency room visits, long-term care admissions, complex continuing care assessments and the various services patients receive through home care and rehabilitation.

Key search capabilities available to clients currently include: patient geographical location and LHIN, hospital location, admission and discharge date, emergency room triage levels, patient diagnoses and interventions, Case Mix Groups, Prospectively Adjusted Complexity Scores and Resource Intensity Weights.

One of the PHPDB's greatest advantages is that it incorporates features that are tailored to the needs of clients. For instance, the age of infants and newborns are pre-calculated in days, months and years so that analysts do not have to work through the complexities of making this calculation.

Two-hundred-and-fifty clients, such as HSIP and the Public Health Units, currently rely on the PHBDB for a variety of purposes, ranging from assessing and reporting on health system utilization to producing reports for policy and planning. LHINs are also expected to become major users of the PHPDB.■

In the next issue of IM News...

...look for more information about another reliable source of data – the Ontario Health Care Financial System (OHFS).

Data Quality Report in the Works

AS PART OF THE EFFORT TO produce better data, the HRT-IM is developing a comprehensive report that will present recommendations and identify further steps in the systematic improvement of the quality of health data in Ontario.

The report will consolidate and build on the team's findings related to gaps and limitations in data holdings, current practices in hospital Health Records/Health Information Management departments, clinical coding practices of Ontario's ten case costing hospital corporations – a study initiated by the MOHLTC's Finance and Information Management Branch – and the use of the Ontario Healthcare Reporting System.

Partners and stakeholders including representatives from the MOHLTC, health care provider organizations, health record professionals, and groups within the information management community, are involved in the identification of concrete, actionable recommendations.

The final report will be made available in the fall.■

Contact Us

Write to us with your comments or questions at HRTIM@moh.gov.on.ca, or to be added to our mailing list for *Information Management News*.

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