Information Management News

Health Results Team for Information Management (HRT-IM)

Produced monthly by the HRT-IM for our government, health care sector and research community partners and stakeholders.

Disponible en français.

Issue #4 – September 2005

"I cannot emphasize enough how instrumental our partners in the Ministry of Health and Long-Term Care (MOHLTC) and in the field are, and have been, in achieving results. Success is not possible without their continued participation and collaboration."

Steini Brown, Lead, Health Results Team, Information Management

Inside

SEPTEMBER MARKS THE ONE-YEAR anniversary of the Health Results Team. I am proud of what we and our Ministry of Health and Long-Term Care (MOHLTC) partners have accomplished so far in changing how we manage health information and in steering the system towards performance improvement.

To outline our major milestones: we have taken stock of and created a roadmap to Ontario's health information resources, an important first step in consolidating access to data; we have identified savings of three tonnes of paper reports produced by Ontario's Community Care Access Centres through data rationalization; we are on track to establishing Ontario's first Local Data Management Partnerships, a made-in-Ontario model for improving data quality; and we have mapped key strategies for the health system to contribute to more focused performance measurement.

As we move forward in our mandate, I cannot emphasize enough how instrumental our partners in the MOHLTC and in the field are, and have been, in achieving results. Our shared success is based on continued commitment and collaboration.

In this issue of *Information Management News*, I am pleased to introduce a new HRT-IM initiative that will contribute to building a system that emphasizes accountability and transparency. It involves the development of an accountability framework designed to clearly articulate what is meant by strong accountability in our health system.

I am also pleased to welcome Dr. Ralph Kern, as head of our Physician Documentation Expert Panel. His expertise and commitment will be of great value in identifying ways to improve the documentation that can lead to better data quality.

You will read about several activities in this issue that are putting us on the fast track towards improved access to better quality data.

These initiatives signal the start of another fruitful and rewarding year. I look forward to working with you as we continue to improve information management in our health care system.

Best regards,

Steini D Brown.

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Strengthening Accountability in the System

System renewal cannot happen without strenghtening accountability – at all levels. This requires designing and re-designing accountability mechanisms and processes to foster trust in the health care system.

Strengthening accountability means developing the policies and processes to ensure that data and measures flow along clear lines of reporting and responsibility to support continuous improvement of performance. This is the fourth and final area of focus in our comprehensive plan to manage information and performance.

In collaboration with its partners in the MOHLTC, the HRT-IM has developed a framework that will clearly articulate what is meant by strong accountability.

The accountability framework is essentially a checklist, for the purposes of:

- Managing accountability relationships in the health care system;
- Assessing the current state of accountability within the health care system by evaluating existing processes, mechanisms, and relationships;
- Informing system design as changes to the health care system are being proposed; and
- Assessing the impact of any new process, legislation, policy, or relationships on the attribute of accountability in the health care system.

The framework considers the following significant aspects of accountability:

1. ***Clarity of performance expectations with authority and capacity to act.***

   This means parties have authority for roles and responsibilities; the resources to fulfill their roles and responsibilities; and roles and reporting relationships are clear, explicit, and aligned.

2. ***Trust in priority-setting and negotiations.***

   This means goals and priorities are clear, limited, and identified as short and long term; and the process for negotiating measures and contracts is transparent.

3. ***Relevant, credible, and effective measurement systems.***

   This means performance measurement is comprehensive and is linked to system strategies; performance expectations are clearly articulated; and reporting is comprehensible, efficient, and aligned with audience needs and abilities.

4. ***Clear value of data.***

   This means the burden of data collection is not greater than the value of the data collected; data are of good quality; and processes for data reporting requirements and data protection are effective.

5. ***Results-based action.***

   This means the consequences for performance are appropriate and based on system priorities; and that parties have the capacity to improve performance.

A pilot assessment of the current state of accountability in three areas of the health care system is currently being undertaken, using the criteria and measures outlined in the accountability framework. These are:

- Community Care Access Centres;
- Acute care hospitals; and
- Alternative funding arrangements for academic physicians.

The assessment will include a documentation review as well as focus groups with representatives from provider organizations, associations, and MOHLTC program areas.

In addition, a rigorous analysis of the accountability framework will be undertaken this fall to ensure it is consistent, comprehensive, and relevant.

Results from the pilot assessments and on the applicability of the accountability assessment to other sectors will inform the work of the HRT-IM on performance management policies and processes. This involves the development of a policy framework to ensure that performance measures are linked to quality improvement and performance management activities across the health system.

For more information about the accountability assessment initiative, please contact Alison Blair at (416) 212-4433 or alison.blair@moh.gov.on.ca.■

Rationalizing Acute Care Reporting

THE MANY DEMANDS TO COLLECT and report data that are placed on health care facilities and agencies across Ontario can represent a considerable burden on resources.

According to a recent survey of a sample of 10 Ontario hospitals by the HRT-IM, and following consultations with organizations internal and external to government, there is agreement that there is significant reporting burden within the acute care sector.

Hospitals that were surveyed indicated that there were currently over 157 different data flows, including surveys, involving more than 40 separate organizations.

Not surprisingly, all 10 hospitals reported spending an inordinate amount of time preparing and submitting this information – hundreds of hours, in fact, for financial and statistical reporting.

The HRT-IM has been working with these organizations to identify opportunities for rationalization. For example, it has been found that similar data is being collected by various areas within the MOHLTC and other ministries. Ten of the 15 human resource surveys that hospitals complete are being conducted by the same organization. Hospitals have reported spending anywhere from four hours to 20 days, depending on the length of the survey.

Recommendations for short- and long-term solutions are currently being developed.

For more information about this project, please contact Sandra Cotton at (416) 314-7608 or sandra.cotton @moh.gov.on.ca ■

Second Clinical Data Blitz in October

BUILDING ON THE SUCCESS OF THE first-ever clinical data blitz with Ontario hospitals, carried out in the spring of 2005, the HRT-IM will be conducting a second data blitz, starting in October.

The blitz will involve the identification of a key set of indicators for measuring the quality of rehabilitation and continuing care data submitted to the Canadian Institute for Health Information. This will be done in collaboration with the Hospital Report Research Collaborative, the Institute for Clinical Evaluative Sciences, the Canadian Institute for Health Information, the Joint Policy and Planning Committee, and the Ontario Hospital Association.

The datasets to be examined are the National Rehabilitation Reporting System and the Continuing Care Reporting System.

The objective of the blitz is to: increase the understanding of issues affecting the collection and reporting of data; increase awareness of the implications of inappropriate coding; identify ways to improve accuracy and efficiency in routinely collected data; advance consistency of coding and improve data quality; and encourage sharing of information between data users and collectors.

A data quality report will be circulated to participating facilities in October with requests to correct the data. Educational sessions for collectors of the data across the province will follow in November. For more information about this initiative, please contact Helen Whittome at (416) 212-4434 or helen.whittome@moh.gov.on.ca.■

Dr. Ralph Kern to Head Physician Documentation Expert Panel

DR. RALPH KERN, ASSISTANT PROFESSOR AT the University of Toronto and Neurology Program Director at Mount Sinai Hospital and the University Health Network, was recently appointed to lead the HRT-IM's Physician Documentation Expert Panel.

This panel of experts will evaluate and promote changes to hospital physician education packages, medical school curricula, and provincial policies related to chart completion, as well as identify other opportunities for improving chart documentation.

"Studies have repeatedly pointed to physician documentation as one of several important causes of low-quality clinical data," said Dr. Kern. "We believe these changes will help to improve the quality of data used for performance measurement, research and funding."

The creation of the expert panel is the first step in establishing Ontario's Local Data Management Partnerships, collaborative partnerships between health care providers, health information practitioners, LHINs, government agencies and health information associations. These partnerships are part of the provincial strategy for improving the quality and timeliness of data that is collected in the province. For more information about the Panel, please contact Akeela Jamal at (416) 212-2374 or akeela.jamal@moh.gov.on.ca ■

Building an Authoritative Source of Financial and Statistical Data

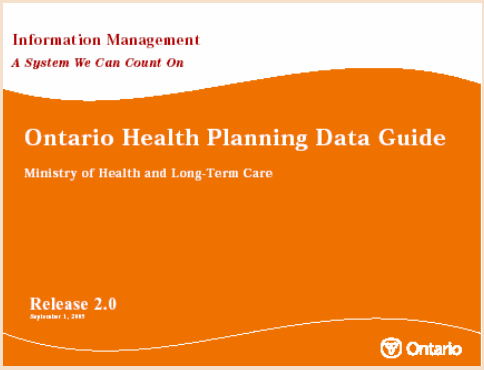
FINANCIAL AND STATISTICAL DATA is needed by the MOHLTC and its partners for decisions in areas such as funding methodologies, program transfers, inter-provincial billing rates, and the Ontario cost distribution methodology.

The Ontario Healthcare Financial and Statistical Reporting System (OHFS) is recognized by clients within government and in the field as a reliable source of financial and statistical health care data. Nationally, OHFS data has been acknowledged as the most reliable data for monitoring and evaluating health care expenditures – putting Ontario at the forefront of financial and statistical data collection and analysis.

Directly linked to the national standard guidelines for financial and statistical reporting (Management Information System, or MIS), the OHFS applies comprehensive business rules to ensure only top quality data is reported.

It is a comprehensive data repository consisting of millions of records. When used with reporting tools developed by the MOHLTC, the OHFS becomes a powerful source for dynamic data analysis, data aggregation, trend analysis and reporting on health care organizations, programs and services that would otherwise not be possible.

New Version of the *Ontario Health Planning Data Guide* Now Available…



To download a PDF version of the guide, go to the Health Care Providers' section of the MOHLTC web site at www.health.gov.on.ca, Information Management (under Transforming Health Care).

It permits the sharing with providers, stakeholders, and within government, of essential information and comparisons across multiple years. It is used to generate health care indicator tools for both the hospital and community sectors and is the sole source of data for the financial quadrant of the annual hospital reports.

Developed in 1994 by the MOHLTC's Finance and Information Management Branch, the OHFS has kept pace with the growing number of sectors that are MIS compliant. Currently, it contains complete information on all public hospitals, children's treatment centres and Community Care Access Centres. As community mental health organizations and long-term care homes become MIS compliant, their data will also be included.

Current clients include various program branches within the MOHLTC, the Joint Policy and Planning Committee, the Canadian Institute for Health Information, associations such as the Ontario Medical Association and the Ontario Hospital Association, and many research groups such as the Institute for Clinical Evaluative Sciences and the University of Toronto.

To support major system change initiatives, the OHFS is currently being modified and expanded. All data has been mapped to the new Local Health Integration Network (LHIN) boundaries, which means that all data can now be accessed based on LHIN geography.

As part of the HRT-IM's data rationalization activities, multiple sources of supplementary reporting are being eliminated. The OHFS has been identified as the authoritative source of budget, forecast, and actual data for every health care organization in Ontario.■

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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