Update

Health Results Team (HRT)
Information Management
Ministry of Health and Long-Term Care

Produced for our partners and information management stakeholders across the health care sector.

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Health Care Professionals Making an Impact on the Quality and Availability of Health Information

by Adalsteinn Brown,
Information Management Lead, Health Results Team

I am pleased to once again update you on a number of developments related to Ontario's **Information Management Strategy**.

The strategy has a steadfast goal of producing better data. To that end, we continue to launch and expand initiatives focused on making tangible advancements to the quality of data produced in the health system – the basis for evidence-based decisions.

In striving towards this goal, we are fortunate to benefit from the knowledge and expertise of many dedicated health care professionals across the system, our partners in this effort. In this update, I would like to highlight and recognize **how nurses are significantly contributing to improving health information**, in a way that will not only benefit the patients that they serve, but also their profession.

You will also find out how the **Ontario Case Costing Initiative** is expanding across the province. This initiative gives us the ability to identify and assess the true cost of medical procedures and services received by individual patients in hospitals.

Milestones

- Start of data collection on nursing-sensitive health outcomes across two Local Health Integration Networks
- 41 health care facilities now part of the Ontario Case Costing Initiative

The HOBIC Initiative: Better Information, Better Care, Better Outcomes

Many Ontario patients view nurses as being at the centre of good health care. Yet, we are currently limited in our ability to measure the impact of that care. The same is true of other disciplines, such as occupational therapy, pharmacy and physiotherapy.

From the perspective of these health care professionals, information about health outcomes is integral to improving the quality of care that they provide to patients, clients and residents, on a daily basis.

Starting this fall, through the **Health Outcomes for Better Information and Care (HOBIC)** initiative, Ontario nurses in two areas of the province, Hamilton Niagara Haldimand Brant and North Simcoe Muskoka, will begin to close this critical information gap by collecting and recording health outcomes in a standardized way.

Initially, HOBIC will focus on the nursing profession. In later years, it will target other disciplines, including occupational therapists, pharmacists and physiotherapists, in a variety of health care settings.

The implementation of this initiative across the province in the coming years will be significant on a number of fronts. First and foremost, it will empower clinicians to get the best results for their patients, clients or residents.

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The HOBIC Initiative *continued...*

The more they know about how people are reacting to different interventions, the better they can manage their care. As a result, the condition of individual patients, clients and residents will improve. Over time, the overall quality of care provided will also improve.

Second, historically Ontario has collected administrative, financial and clinical-type data, but this is the first time that we are collecting patient-centered information. Once it is abstracted onto databases, this new information will be invaluable, at both a unit and organizational level, not only for evaluating the effectiveness of care provided, but also for health care planning activities.

In their own words – What an early adopter site had to say about HOBIC

"In the fast-paced world of health care, we as registered nursing staff often do not have the opportunity to reflect on the outcomes that patients derive from our care. We are missing an integral step in our practice: the actual evaluation of how effective our plan of care has been. With the help of the HOBIC initiative, we will be able to evaluate and compare our resident health outcomes to derive the best possible patient-centered, evidence-based, and outcome-focused plan of care possible. This new ability to analyze our resident outcomes and benchmark our data will also allow for sharing across the entire continuum of care to support nursing decision-making and demonstrate nursing effectiveness.

We are looking forward to being one of the HOBIC early adopters and playing a role in filling this important information gap."

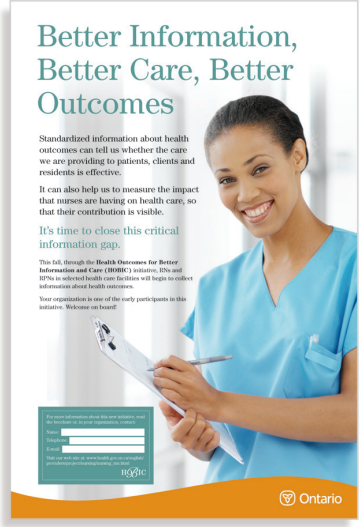
***Tricia Swartz** RN BScN CRN(c)*
Acting Director of Care
Woods Park Care Centre (early adopter site)

The implementation of this initiative across the province in the coming years will be significant on a number of fronts. First and foremost, it will empower clinicians to get the best results for their patients, clients or residents.

Third, at a health system level, HOBIC will be vital to setting benchmarks for performance, planning, resource allocation, and research.

At the end of the day, it will make the contribution of trusted health care professionals visible, because we will be able to accurately assess the impact that they have collectively on patient/client/resident health outcomes.

Implementation of HOBIC will occur in stages over three years. The province-wide collection of information on nursing-sensitive health outcomes will begin this fall in 26 early adopter sites in selected facilities in the acute care, complex continuing care, long-term care and home care sectors.



In 2008/09, 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.

HOBIC recently won the **Amethyst Award for excellence in the Ontario Public Service**. Congratulations to the entire HOBIC team within the Ministry of Health and Long-Term Care for their hard work and dedication. The recognition is very much deserved.

For more information about HOBIC, go to: http://www.health.gov.on.ca/english/providers/project/nursing/nursing_mn.html.

The Ontario Case Costing Initiative: Accurate Patient Level Costs, Better Decisions

The **Ontario Case Costing Initiative (OCCI)** aims to improve the availability of case costing data, which attaches an actual dollar value to patients for medical procedures and services received within a range of hospital settings.

Having this kind of information on hand can help health care administrators to better identify and manage cost structures within their organizations. Without case costing data, these organizations cannot accurately pinpoint specific cost drivers related to most patient-based procedures and services.

Within the ministry, it provides us with the ability to calculate, through multiple funding formulas, which facilities are providing which procedures or services to patients and at what cost. Through various health care planning activities, we then use this evidence to identify resources and determine where these critical resources should best be directed.

Initially, only 12 Ontario hospitals were providing annual case costing data to the ministry. In May 2005, we invited hospitals across the province to join the OCCI. The goal was to add a representative mix of hospitals, including large and small community hospitals, children's hospitals, mental health facilities, chronic rehabilitation centres and institutions located in Northern Ontario.

The greater the diversity of hospitals – in terms of size, geographic coverage, patient mix, specialties, range of procedures – who participate in the OCCI, the more robust will be the available case costing data on which important funding, planning and organizational decisions are based at the provincial, local and individual organizational levels.

The response we received from hospitals and other health care facilities was overwhelming. In all, thirty-seven hospitals as well as four Community Care Access Centres (CCACs) submitted applications to become case costing facilities. The breakdown included 21 large teaching hospitals, nine chronic rehabilitation centres, six small hospitals and one children's hospital.

All 41 facilities were selected. This brings the new total of institutions participating in the OCCI to 53. The new organizations are currently being assessed for their readiness using the initiative's four milestones, which include examining the format and quality of information available. The OCCI will support the facilities throughout this process to ensure that they are equipped to provide high-quality information that complies with the needs of the case costing system.

Additionally, a software solution provided by the ministry will open the door for more hospitals, particularly smaller ones, to participate in the OCCI by removing significant upfront expenses required to establish and maintain a case costing system. The standardized software solution will also allow for patient costs to be allocated more consistently across the system.

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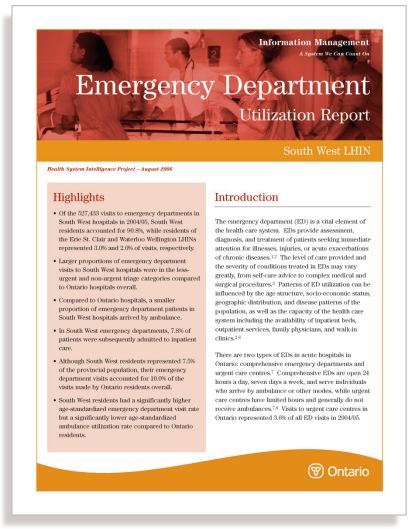
The ministry will be issuing a Request for Proposal (RFP) for a software vendor for the OCCI this fall. It is anticipated that the software system will be built and implemented within eight months' time. The new software system is expected to be fully functional in 2007.

The OCCI also aims to expand case costing to other health sectors to accurately track patient costs across the continuum of care. The inclusion of CCACs are a step in this direction. They will serve as a pilot to develop a case costing methodology specific to CCACs.

In the future, long-term care homes and community mental health centres are among other sectors that could be targeted for the OCCI.

The ultimate goal of the OCCI is to create an optimum environment for evidence-based decisions that support the delivery of high-quality patient care.



Coming Soon…

Emergency Department Utilization Reports by LHIN geographic area.

The reports, produced by the Health System Intelligence Project (HSIP), provide an analysis of patterns of emergency department utilization.

A variety of factors can impact on patterns of utilization, including age structure, socio-economic status, geographic distribution, and disease patterns of the population, as well as the capacity of the health care system (e.g., availability of inpatient beds, outpatient services, family physicians, and walk-in clinics). This kind of information is needed for local health care planning activities.

The development of these and other reports is part of the province's Information Management Strategy.

For more information

Write to HRTIM@moh.gov.on.ca, or call 416-212-4263. Visit the Ministry of Health and Long-Term Care's web site, Information Management section (for Health Care Providers) at: www.health.gov.on.ca.

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