OHQC Ontario Health Quality Council

The quality of the publicly funded health system in Ontario is the responsibility of every Ontarian. It's your health and your health system. To watch and report on how it's doing, the province appointed the **Ontario Health Quality Council** in September, 2005. Our mandate is to keep people in Ontario informed about the state of our province's publicly funded health system.

This brochure gives highlights from our first report. We will release a report every year, that looks at whether people can get the health services they need when they need them, if we have the right mix of workers in the system and enough of them, the health of the Ontario population overall and whether the health system is getting the results it's aiming for. Another part of our task is to help the publicly funded health system to keep improving its performance.

The Ontario Health Quality Council is an independent agency, created under Ontario's **Commitment to the Future of Medicare Act**. Our vision is to be **"a trusted, independent voice dedicated to improving the health and healthcare of all Ontarians."**

This report looks at issues that affect the quality of our publicly funded health system. It's information that will help all of us in Ontario to understand our health care better, to ask questions about it and to make our views on it known. Our involvement will make the health system more accountable to us and help it to keep getting better.

Ontario










The arrows on the front cover represent the Model for Improvement.* The cycle breaks down change into manageable steps that can be tested and measured.

Step 1: PLAN
Identify changes needed to make improvements and how to measure them.

Step 2: DO
Make the changes.

Step 3: CHECK
Review whether there's been improvement.

Step 4: ACT
Make more changes based on what you learned.

* The Model for Improvement was first published in 1992 by Langley, Nolan et al in The Improvement Guide: A Practical Approach to Enhancing Organisational Performance.

We all want to know how well Ontario's health system is performing. For this report, we put the question this way: What are the attributes of a high-performing health system for Ontario? We answered that a high-performing health system is **safe, effective, centred on the patient, accessible, efficient, equitable, integrated, has appropriate resources and is focused on population health**.

Our next step was to consult research and many other sources to find reliable ways of measuring each attribute, "indicators" of quality that we could report to you. An indicator is a numerical measure of progress toward a goal. Unfortunately clinical information is not collected routinely, so we get a limited view of health system performance this way.

We also looked into five topics to report on how Ontario's health system could be improved and to find out what is being done in each of these areas:

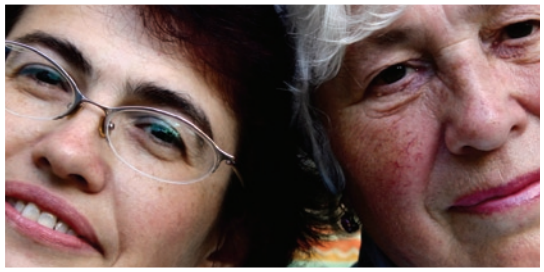
- Understanding and improving access to health care
- Getting the right number and mix of people working in health care
- Spreading the use of proven knowledge and best practices
- Transforming delivery of health services
- Using e-health to transform Ontario's health system

We used all of this information to assess each attribute. You can see the results in the **Quality Update** inside this brochure.

Our conclusion? We believe **investing in e-health** — using information technology to manage health, arrange, deliver and account for care, and manage the health-care system — will do the most to improve all the attributes of a high-performing health system. E-health includes creating electronic health records for all patients, health-information management systems and telehealth — the use of technology to deliver care at a distance. Better, more widespread and integrated use of technology will mean:

- Improved decisions about care
- More effective diagnosis and treatment
- Fewer medical errors
- Greater patient safety
- Increased efficiency
- Better access to services
- Better research on both care and how to run the system
- Information to support continuous quality improvement







Once you've looked at the **Quality Update** inside, you'll probably be wondering....

What Does It All Mean?

We've found Ontario's health system is performing well relative to other parts of Canada. The overall health of Ontarians is improving and we are making progress in getting the results we want from health care. But in some notable respects the system needs more work — in places, a lot more work. We're paying more attention to co-ordinating and integrating delivery of health services. That's good. But inadequate information is limiting our ability to continuously improve quality, monitor performance and report on it. That's not good. There is, however, intensifying focus on improving the health-information system. That too could be good.

Ontario invests heavily in research, but we're not getting enough value back because we don't do well enough in adopting the good ideas research produces. Similarly, there are brilliant practical examples all over the province of improving how patients get care, which also need to be more widely adopted.

Does Ontario have a high-performing health system? Not in all its attributes, not everywhere, not yet. But the focus of health leaders on improving quality seems right and we seem to know what must be done to get there. Now it's up to all of us to help get it done.

Our vision is to be "a trusted, independent voice dedicated to improving the health and healthcare of all Ontarians."

OHQC Ontario Health Quality Council

The Quality Update on Ontario's Publicly Funded Health System

Attributes: Ontarians want their health system to be:	Evidence of improving performance	Evidence of need for improvement	Where we're going
Safe			
People should not be harmed by the care that is intended to help them.	Evidence shows a steady decrease in the number of patients who break a bone while in an acute care hospital or develop skin ulcers while in a chronic care hospital.	The target number for preventable adverse events[1] should be zero. A cross-Canada study suggests there were likely about 32,000 preventable harmful events in Ontario hospitals in 2004. Unfortunately, we can't accurately identify and count these events because health-care information systems don't consistently track them. This makes it difficult to determine how to reduce or eliminate adverse events. [1] Adverse event – an unintended injury or complication that results in disability, death or prolonged hospital stay that is caused by health care management rather than by the patient's underlying disease process.	Ontario's Patient Safety Task Force is to report in the spring of 2006 with possibilities for continuing improvements in care and safety which the quality council can monitor in the years to come. As patient safety measurement improves, we expect to see fewer medication errors and other harmful events.
Effective			
The best science and evidence should be used to make sure the care we give is the best, most appropriate possible. Innovations should also be based on best evidence, whether they are new ways of co-ordinating care, preventing disease, delivering service or using technology.	The Ontario health system is increasingly effective in successfully providing care, particularly for patients with cancer or those in need of care after a heart attack.	There are many effective guidelines for preventing long-term deterioration of health but they're not always followed. For example, only half of newly diagnosed diabetes patients receive recommended eye exams according to guidelines. There are many other ways the system fails to benefit from health research. Barriers to using new knowledge include lack of support for them and too little funding and time. Better health information management systems could help. The council will review evidence of effective ways to turn knowledge into practice for a future report.	The Wait Time Strategy of the Ministry of Health and Long Term Care is promising. Its model for improving performance and management of waits for five key surgical and diagnostic procedures uses coaching teams to put standardized best practices, performance targets and public performance reporting in place.

Patient-Centred

Patient-centred care respects the individuality, ethnicity, dignity, privacy and information needs of each patient and the patient's family. That respect should pervade the health system. Patients should be in control of their own care. Accountability to patients and their families should be high.

Surveys show a large majority of Ontarians believe our health system provides good or excellent care.

Some examples of services delivered in a patient-centred way appear in the report.

Fewer than half of hospital patients who are moved to long-term care go to their first choice of home. People in the community who must move into long-term care don't do any better: almost 40 per cent of them don't get to go to their first choice of home.

The newly-formed Local Health Integration Networks will be responsible for planning, integrating and funding local health services in 14 areas of the province. Working with both community members and local health providers to determine health-service priorities, they are to ensure decisions are made in the interests of patient care.

Family Health Teams are intended to give patients co-ordinated access to a number of primary health care services from a variety of team members, including their family doctor.

Accessible

Patients in need should get appropriate care in the most appropriate setting. We should keep trying to reduce waits and delays.

The report gives a number of Ontario-based examples of overcoming barriers to access, showing that with the right tools, information and incentives, care teams across the province are getting the job done.

According to the Canadian Community Health Survey, close to 1 million Ontarians do not have access to a regular family doctor. This may keep them from getting preventive care, such as screening and immunizations, and make it more difficult see specialists.

Access to a range of health services continues to be a problem, in particular for the poor, immigrants, rural residents and aboriginals.

Family Health Teams are to provide better access to primary care. Their multidisciplinary teams are intended to enable health professionals to provide more appropriate care for a greater number of people.

The Wait Time Strategy is to reduce waits and increase access to cancer surgery, cardiac procedures, cataract surgery, hip and knee replacements and MRI and CT exams.

Local Health Integration Networks are intended to assess and address access problems in their communities.

Efficient

There should be continuing efforts to reduce waste, including waste of supplies, equipment, time, ideas, intellectual property and health information.

Ontario hospitals have shorter acute-care stays, use more day surgery and have lower costs per case than hospitals in most other provinces.

Ontario has produced effective, research-based best practices that use resources more wisely, such as the Ottawa Ankle Rules.

Almost 10 per cent of beds in Ontario acute-care hospitals hold patients waiting to move to other services. This is inefficient use of our most expensive health-care service.

There is some evidence resources are wasted due to lack of knowledge or use of proven best practices.

Accountability agreements between Local Health Integration Networks and health-care providers are intended to result in more responsible use of health-care resources.

Equitable

There should be continuing efforts to reduce disparities in the health of those groups who may be disadvantaged by social or economic status, age, gender, ethnicity, geography or language.

The report describes solutions for reducing some of the disparities in Ontario, such as using telehealth to reduce geographic isolation and access for first nations, or developing programs aimed at multilingual and multicultural communities.

The rate of death after stroke is more than 30 per cent higher for people living in the Kingston area than for people in York Region, although the Ontario Stroke Strategy is working to standardize care.

There are over 50 per cent more non-specialist doctors per person in Toronto than in the high-growth regions of York and Durham.

Research suggests some groups, in particular the poor, immigrants, rural residents and aboriginals face greater difficulties in getting care.

Performance data is to be reported for each Local Health Integration Network. This will make it possible to monitor equity across Ontario's geographic regions.

Integrated

The health system should set clear quality objectives for all health-service providers. The objectives should be aligned at the provincial, regional and local levels and each service-delivery organization should have to track them for accountability.

Patients can't always move easily and quickly when the type of care they need changes. Many patients must wait in hospital until other services such as home care, long-term care, or rehabilitation become available.

Local Health Integration Networks are to be responsible for planning, integrating and funding local health services in 14 different areas of Ontario. They will oversee and co-ordinate health services delivered by hospitals, long-term care facilities, community health centres, community support services and mental health agencies. Eventually they will provide funding and resources to local health providers.

Appropriately Resourced

The health system should plan for appropriately trained human resources; provide a safe and satisfying environment for their work and provide sufficient facilities, instruments and technology to support productive and effective patient care.

Compared to those in most other provinces, Ontario's health-care workers lose relatively few days of work to illness or disability.

Capacity to train physicians, nurses, midwives, and pharmacists, and to assess internationally educated health professionals has been expanded. The government has committed to further expansions through to 2009/10.

Ontario's health-care workers are 50 per cent more likely to miss work for illness or disability than workers in other sectors.

The number of health-care workers in Ontario has increased, but the rate does not match increased demand for health-care services from a growing and aging population.

Our aging population means we face both increased demand for health services, and a significant number of retirements in health professions, a threat to the capacity of the Ontario health system. Geographic distribution also remains a problem.

A senior official responsible for human resources in health was appointed to a two-year assignment starting in September 2005. The official reports to both the Ministry of Health and the Ministry of Training, Colleges and Universities. Progress will be reported in the Ontario Health Quality Council's 2007 report.

Focused on Population Health

There should be a determined effort to continuously improve the overall health of the population of Ontario.

Life expectancy for Ontarians is increasing. Population-health successes include reduced smoking rates, reduced impaired driving and more use of seat belts and bike helmets for children. Data on the province's Universal Influenza Immunization shows that seniors, who have the greatest risk of serious complications due to flu, are getting vaccinated.

There are areas where population health trends are not as promising. Notably, more young males are obese. Recent U.S. research raised the possibility that the impact of obesity may be so great it could reverse the trend to living longer. Sexually transmitted diseases are on the rise.

Establishing a Ministry of Health Promotion is intended to increase focus and action on improving the overall health of the population.

To improve all attributes of a high-performing health system for Ontario —

We Need E-health

E-health is a model of health care centred on the consumer, where stakeholders collaborate by using information technology to manage health, arrange, deliver and account for care, and manage the health-care system.

Regional and provincial projects underway include: the Ontario Laboratory Information System, public health information solutions, emergency room access to medication profiles, the Wait Time Information System, a regional diagnostic imaging system in Thames Valley and a Child Health Electronic Patient Record.

Most hospital corporations in Ontario have strategic plans for electronic patient records, aimed at improving their clinical information systems. Telehealth is relatively advanced in Ontario, and its governance and funding are being strengthened.

Early implementation of electronic health records is the single most important step toward a competent health-information management environment. Without it, Ontario cannot fully support continuous quality improvement. Ontario has not yet brought sufficient focus and urgency to its e-health efforts. The absence of a clear plan, appropriate governance, and requisite funding are concerns.

Introducing electronic health records could be sped up substantially with a stronger mandate for Canada Health Infoway, the national agency created by Canada's First Ministers when they agreed in September 2000 "to work together to strengthen a Canada-wide health infostructure to improve quality, access and timeliness of health care for Canadians."

Ontario is participating in the national implementation of e-health solutions including electronic health records and recently ordered an operational review of its Smart Systems for Health Agency.

Ontario hospitals are increasing their readiness to use electronic records and some large teaching hospitals are ready now.

The information management component of the Ministry of Health and Long Term Care Health Results Team is focusing on producing better data, supporting accountability and quality improvement through performance measurement, and supporting evidence-based decision-making.

OHQC Ontario Health Quality Council

Council Members

The Council has 11 appointed members. They come from all regions of the province and bring a diverse range of health and leadership expertise.

Laura Talbot-Allan
(Kingston)

Dr. Arlene Bierman
(Toronto)

Shaun Devine
(Waterloo)

Paul Genest
(Ottawa)

Victoria Grant
(Stouffville)
Council Vice-Chair

Raymond V. Hession
(Ottawa)
Council Chair

Zulfikarali Kassamali
(Toronto)

Dr. Raymond Lafleur
(Hearst)

Abbyann Day Lynch
(Toronto)

Lyn McLeod
(Thunder Bay)

Dr. Janice Owen
(Ilderton)

Administration

Angie Heydon
Chief Administrative Officer

About the Council

The Ontario Health Quality Council is an independent agency funded by the Government of Ontario through the Ministry of Health and Long-Term Care. The quality council reports directly to Ontarians on access to publicly funded health services, health human resources in publicly funded health services, consumer and population health status, and health system outcomes.

Our role is to enhance accountability to Ontarians by independently and objectively reporting on the quality of the health system and to help Ontarians better understand its underlying factors. Our goal is to provide Ontarians, government and professional bodies with relevant evidence-based information to help them make better decisions about the health-care system.

How are we doing?

Read the Complete Report

Visit our website **www.ohqc.ca** to download a copy of our First Yearly Report.

Feedback

We welcome your comments and will be visiting communities around the province to invite feedback. Visit our website at **www.ohqc.ca** to tell us what you think, and to see dates and locations for public meetings.

OHQC Ontario Health Quality Council

Ontario Health Quality Council
1075 Bay Street, Suite 601
Toronto, ON M5S 2B1

Telephone: 416-323-6868
Toll-free: 1-866-623-6868
Fax: 416-323-9261
Email: ohqc@ohqc.ca

www.ohqc.ca

Ontario