LHINCollaborative

HEALTH SYSTEM INDICATOR INITIATIVE

Communiqué November 2011

Health System Indicator Initiative

The Health System Indicator Initiative is a LHIN-led initiative that brings health system partners together to create awareness and alignment in our collective pursuit to establish a coordinated, system-based approach to indicator identification, development, maintenance, and reporting.

INTRODUCTION

This communiqué is the third in a series for phase 2 of the Health System Indicator Initiative (HSII) and is intended to provide an overview of progress achieved by the HSII against defined deliverables. These communiqués will be distributed to health system partners including health service providers, Ministry of Health and Long-Term Care (MOHLTC), Health Quality Ontario (HQO), Canadian Institute for Health Information (CIHI), Institute for Clinical Evaluative Sciences (ICES), Cancer Care Ontario (CCO) and Local Health Integration Networks (LHINs).

ASSESSING OPPORTUNITY GAPS

The Steering Committee[1] and Technical Working Group[2] continued to have discussions during the summer and fall to confirm the opportunity gaps within the LHIN Performance Indicator Framework for further development. Examples of opportunity gaps within the framework that were identified include: better measures of safety, person-centered care, equity, governance, integration and eHealth. The HSII groups will need to determine how to address these gaps as they consider indicators for development. As a start, alignment is being explored with HQO work on the core indicators of the hospital quality improvement plans in responding to the safety and person-centered care gaps.

[1] The Steering Committee has had two touch-point meetings (July 28 and October 6) and one in-person meeting (September 9) since the last communiqué.

[2] The Technical Working Group met on August 17, September 21, and October 27, 2011.

Ontario Local Health Integration Network

The Steering Committee also had the opportunity to provide feedback on the upcoming Orthopedic Scorecard to assess alignment with their efforts—a presentation to the committee was delivered by CCO.

SERVICE ACCOUNTABILITY AGREEMENTS: H-SAA INDICATORS

The HSII Steering Committee has had discussions on potential indicators for the next cycle of the Hospital Service Accountability Agreement (H-SAA) based on the opportunity gaps that have been identified and are being explored. The importance of moving towards system-based and outcome-focused indicators was highlighted during discussions. The Technical Working Group has supported the Steering Committee in its work by assessing the technical feasibility of these potential indicators, defining the technical specifications for the new indicators, and proposing methodology for target and corridor-setting. The potential H-SAA indicators will be brought forward to the All-Sector Consultation Team for further discussion and consultation prior to being presented to the provincial H-SAA Steering Committee.

TECHNICAL SPECIFICATIONS FOR EXISTING H-SAA AND M-SAA INDICATORS

Two sub-committees of the Technical Working Group have been busy late summer/fall working on updates to the technical specification documents for the existing indicators of the Multi-Sector Service Accountability Agreement (M-SAA) and H-SAA. Both documents will be shared with the field once finalized over the coming months.

Note that the new authoritative data source for community health centre (CHC) accountability indicator reporting will transfer from the MOHLTC to the Association of Ontario Health Centres (AOHC) effective April 1, 2012. Once this shift in reporting has occurred, further changes to the M-SAA technical specifications to reflect the new data source will be made.

ENGAGEMENT OF HEALTH SERVICE PROVIDERS

All-Sector Strategy Consultation Team

At their first meeting on August 24, the All-Sector Strategy Consultation Team[3] clarified their roles and responsibilities for phase 2. At the strategic level, they also provided feedback on the opportunity gaps identified. In addition, they provided guidance on the following:

- usefulness of the current accountability indicators,
- developmental indicators that should be priorities for development, and
- current indicators that could be moved to accountability status.

[3] The **All-Sector Strategy Consultation Team** includes senior health leaders who can work with the HSII Steering Committee members and other sector representatives to review and assess the listing of current and proposed indicators from a strategic lens.

Sector-Specific Technical Consultation Teams

During the review of the H-SAA and M-SAA technical specifications, the Sector-Specific Technical Consultation Teams[4] were consulted on the proposed changes. The teams that were consulted include those represented by the following sectors: hospital, CHC, community care access centre (CCAC), community support services (CSS), and community mental health and addictions (CMHA).

ESTABLISHING PROCESSES

The Technical Working Group is developing a decision/process flow map for moving indicators forward in the developmental life cycle.

In addition, the Technical Working Group established a mechanism to align with the Senior Friendly Hospital Strategy indicator development by designating a few members to act as leads to connect with the initiative. The following individuals have volunteered for this role: Cory Russell (South East LHIN), Brian Putman (North Simcoe Muskoka LHIN), Minnie Ho (ICES), and Michelle Rey/Rebecca Comrie (HQO).

NEXT STEPS

The HSII Steering Committee and All-Sector Strategy Consultation Team will continue to work towards finalizing the list of proposed H-SAA indicators that will be recommended to the provincial H-SAA Steering Committee. They will also identify the list of indicators that they will focus on for development in all the Service Accountability Agreements.

The Technical Working Group will finalize the updates to the technical specifications documents by the end of November. In addition, they will continue the work on the indicator developmental life cycle to develop processes and proposed timelines associated with the processes. They will also continue the work on the process/methodology for establishing targets and corridors.

For further Information, please contact:

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Stay informed about the Health System Indicator Initiative at www.lhincollaborative.ca.

*The **LHIN Collaborative (LHINC)** is an advisory structure formed to work at a provincial level to engage with and strengthen relationships among health service providers, their Associations and the LHINs collectively on system-wide health issues related to the LHINs' mandate.*

[4] **Sector-Specific Technical Consultation Teams** include sector representatives with the content knowledge that is required to assist the Technical Working Group to review and assess indicators from a technical aspect, including indicator usage and data quality.