
LIST OF DATA AND INDICATORS THAT THE HOSPITALS ARE COLLECTING OR STARTING TO COLLECT

ACUTE 1:

- mortality
- inpatient satisfaction
- operating room cancellation within 48 hours
- hospital acquired infection rates for C. Diff, MRSA and VRE
- ALC days
- ED length of stay by CTAS level
- key patient safety indicators such as medication and fall incidents
- preferred language at ED registration
- used advanced techniques like binary logistic regression to measure and monitor health equity
- Hospital's Performance Management Department has identified initial indicators that can be used to assess quality and access to care

ACUTE 2:

- the number of Aging and Veterans Complex Continuing Care residents with pressure ulcers and stages of ulcers
- active use of SPPICES (Stability/falls, Polypharmacy, Pain, Incontinence, Confusion (cognitive impairment), Eating & Nutrition, Skin breakdown) Screening Tool for general internal medicine patients 70 years or older
- morbidity and mortality rates for Aging and Veterans residents
- transfer rates to ED from Long Term Care
- delays in surgical interventions for hip fractures in geriatric patients
- number of colorectal cancer patients receiving surgical interventions
- assessment rates and wait times for surgery for patients with advanced arthritis referred for hip and knee arthritis
- development of new standards of care building on nationally accepted Perinatal and Gynecology standards
- percentage of critical transfers for high risk mothers to receive tertiary care.
- customer service surveys distributed to inpatients at discharge and spot audits of outpatients asking patients to rate their experience with service, their language of preference, race, ethnicity, age and gender

ACUTE 3:

- workforce census of employees
- completed a study of how employees from marginalized groups experience the Hospital work environment
- surveying other human rights offices to identify measure that will be reported internally and included in the balanced scorecard
- evaluation component of Hospital's Community Partnership Strategy
- Quality and Performance Measures for clinical centres
- demographic data of patient population for the clinical centres

- regular collection of metrics related to geriatric care and outcomes, such as,
 - urinary incontinence
 - urinary tract infections
 - dementia and delirium
 - decubitus ulcers
 - completed GIAP (Geriatric Institutional Assessment Profile) survey
 - Geriatric Emergency wait times based on age distribution
- Mental Health & Addiction volumes, length of stay, re-admissions
- ED patients transferred to CAMH
- number of mental health consults in the ED and per cent referred internal to Hospital Inpatient unit and occupancy on the mental health unit
- Tri-Hospital Patient Demographic Data Collection Project aims to develop a model for hospitals to gather patient socio-demographic data which will be linked to patient-level health data, pilot data collection in 3 hospitals in 3 different clinical areas, evaluate methods used, applicability of data collected, and the findings from linking data to health outcomes

ACUTE 4:

- prevalence of appropriate cervical cancer screening among Ontario immigrant women from all major geographic regions of the world and native-born women
- The Homeless Balanced Scorecard has now completed 1.5 years of gathering data that can be used in monitoring
- CRICH-recommended indicators related to age, ethnicity, income, sexual orientation and gender identity (among others) have been adopted for pilot use
- Quality improvement indicators

ACUTE 5:

- Intake forms and database revised to include information related to race, ethnicity and sexual orientation
- ED study of the use and pathway to care by different ethnic groups -- pilot project demonstrated that collecting ethnicity data in the ED is feasible; more than 90% of clients had their ethnicity recorded in their notes; demonstrated that the ethnicity of patients seen in ED represented the proportions of different ethnic groups in TC LHIN
- Performance indicators collected for CEO's Report Card
- Policy Education, Health Promotion Quality Council indicators related to health equity

ACUTE 6:

- percentage of (face-to-face) interpreter service requests that are met
- 6-month pilot measuring patient satisfaction among patients/families with limited English proficiency and who speak/read one of the following languages: simplified Chinese, traditional Chinese, Arabic, Tamil, Urdu, French and Spanish. The survey has been translated into these languages and is administered by NRC Picker

COMMUNITY 1:

- summary equity indicator being developed
- catchment neighbourhood level data
- project-related data
- geographic patterns of available census information compared to utilization data by patient geographic origin
- volume and classification of pediatric ED visits and admissions (pediatric emergency visits, clinic visits, inpatient admissions, day surgery)
- Forward Sortation Area (FSA) median and average income

COMMUNITY 2:

- monitors and publicly reports on progress in five priority areas identified in its
- Community Engagement Plan
- Language Line statistics
- completed an updated demographic profile of its service community and analyzed data that compared usage patterns with socio-economic status
- As a member of the Hospital Collaborative, will also take part in proposal to collect equity-focused baseline patient demographic data
- Data that the SeniorWise group monitors regularly includes
 - number of falls
 - number of employee incidents per age group
 - readmission rates with respect to age
 - measurement of the number and degree of pressure ulcers
- Two evaluations of the Coordinated Care Team (CCT) model have been completed to date, with data showing reduced infection rates, reduced patient falls, no incidents of post-admission pressure ulcers etc.
- Other key measures that are tracked and monitored by the Board of Directors include
 - Emergency wait times
 - surgery wait times
 - infection rates
 - readmission rates
 - patient satisfaction results

COMMUNITY 3:

- Inclusion of 6 customized questions in the NRC Pickers Patient Satisfaction survey focused on accessibility and equity considerations, including gender equity. The questions are:
 1. Were we able to talk about your health with you in a language that you could speak and understand? (yes/no)
 2. Were the printed health information and instructions we gave you written in a language you could read and understand? (yes/no)
 3. Did we provide your health care in a way that met with your own personal, cultural, spiritual and/or other needs? (yes/no – global) always/usually- MH
 4. Did we make you feel welcome, comfortable and safe to ask us for help? (yes/no)
 5. Was your care sensitive to you as a woman? (positive response = definitely, for the most part, somewhat)
 6. Did you feel the care you received took into consideration your family's needs/situation? (positive response = definitely, for the most part, somewhat)
- Centralized Registration Committee to link integration of the patient registration systems with the hospital's information management strategy and establishing data collection mechanism and protocol in collecting patient demographic data, including

- D.O.B.
- Address
- Age
- gender (including transgender)
- religion
- language
- ethnicity
- Women Recovering from Abuse Program (WRAP) has developed a tool that attempts to capture
 - Income
 - ethno-racial
 - education
 - other data on clients who are not being accepted into their program to examine barriers in screening processes and program criteria

SUB-ACUTE 1:

- Quality and Safety/ Risk Management Committee is measuring and monitoring the associated levels of risk related to the quality of care and safety of patients, residents, clients, staff, physicians and volunteers using the appropriate performance indicators
- Risk Management Operations Committee measuring and monitoring the levels of risk associated with Hospital's business operations using the appropriate performance indicators
- number of patients served
- number and percentage of patients returning home
- number of ALC patients awaiting placement
- From Stroke Rehabilitation program, a Community Health Navigator identifies individuals who live alone with limited family/friend support, those who live in remote/rural areas, and individuals who may be at risk of social isolation. Navigator follows the 'National Rehabilitation Reporting System (NRS) Follow-up Assessment' for data collection to assess patients' level of functioning, how they are reintegrating into home/community life, any readmissions to hospital.

SUB-ACUTE 2:

- quality, safety, human and financial indicators

COMPLEX CONTINUING CARE 1:

- Client related health equity outcomes are measured and monitored by use of the Operational Dashboard which is comprised of 35 clinical indicators and is updated quarterly. Two new indicators have been added:
 - Prevalence of Pain
 - Prevalence of Disruptive or Severe Pain
- Data is collected as part of the admission process, however is not at present quantified
- Socio-economic data e.g.
 - Gender
 - Status
 - living arrangements
 - financial information
 - eligibility for reductions in payment

COMPLEX CONTINUING CARE 2:

- mapping the existing system and data flow
- extracting basic information on the Hospital's patient population
- investigating what is possible to accomplish with existing information from clinical documentation and mandatory reporting (MDS and NRS assessments)
- Hospital's report identified the following highest at-risk issues related to health equity for Hospital's patient population:
 - Addictions and Mental Health;
 - Communication Challenges;
 - Poverty and Housing;
 - Cultural Diversity;
 - Social Isolation.
- CRICH/ICES conducting an equity-focused analysis of the demographic characteristics of patients in key departments at Hospital (using proxy data - neighbourhood level indicators)
- electronic audit was conducted using 2009 patient records to identify the extent of alcohol addiction as a co-morbidity within one unit's patient population. Through this process, challenges with extracting data on the prevalence of addictions from the electronic health record were identified and Hospital confirmed that the current documentation format used by members of the interprofessional team limits Hospital's ability to collect and analyze data for mental health and addictions.
- Also within the electronic record "Inclusion of a mechanism to better communicate behaviour issues related to cognitive impairment or underlying mental health conditions and the associated care plan is one improvement that will enable staff to provide improved quality of care.
- A number of deliverables being tracked through the Balanced Score Card that relate to health equity such as the development of a curriculum to support the new clinical model of care for patients with complex illness and progress.

COMPLEX CONTINUING CARE 3:

- information collected regarding patients served
- measures for the population of seniors at risk for wandering including new incident reporting procedures, thus enabling Hospital to gauge the performance of the new patient wandering prevention systems

- education and training data is monitored for each training initiative delivered in order to address the needs of seniors with behavioural disorders and medically complex seniors
- admissions data and trends at the program level

COMPLEX CONTINUING CARE 4:

- Considered a number of possible indicators, specifically those proposed in the CRICH document “Measuring Equity of Care in Hospital Settings.” A thorough review of the organization’s existing data collection to evaluate how/where it could capture health equity was conducted. The Hospital has committed to measuring and reporting on the following health equity related indicators:
 - Accessibility of Language Services: Monitoring availability and utilization of translation services;
 - Patient Satisfaction: Adding health equity related questions to the Hospital’s patient satisfaction surveys to help stratify results;
 - Pressure Ulcer Rates: Ongoing collection and reporting of data around pressure ulcer rates in Complex Continuing Care Services;
 - Health Equity Impact Assessment Tool Usage: formally introduced this Tool to evaluate all new initiatives and put a support mechanism in place to track its usage.

COMPLEX CONTINUING CARE 5:

- Performance is measured by a “Strategic Management System that includes Annual Operational Business Plans and a Balanced Scorecard. The balanced Scorecard includes a measurement via a third party of client satisfaction and service.

REHAB 1:

- Number of interpretation requests by language per fiscal year
- Number of clients requiring interpreter services (electronic health record)
- Language spoken in the home (electronic health record)
- Wait times and access
- Type and amount of funding provided to families to cover costs such as adaptive equipment and registration fees for specialized recreational programs due to financial hardship per fiscal year
- Client and family satisfaction through survey results and feedback themes
- Number of complaints and percentage of complaints addressed through revised transparent and accessible resolution process

REHAB 2:

- Steps being taken include:
 - 1) Improving the quality of information that is gathered upon admission related to non-English speaking patient, in order to be able to analyse outcomes for patients who require interpreter services; the hospital’s admission process will be updated to accurately identify the number of patients who do not speak English;
 - 2) Monitoring wait lists and waits time: the longest waits which can be more than 2 months are for specialized therapy such as for spinal cord injuries and patients requiring specialized equipment

prescribed in the augmentative and assistive communication clinics (AAC); the shortest wait times are for cardiac rehab and stroke at less than a month.

- 3) Follow up assessments have been implemented in the MSK (musculoskeletal) program and in the future it will be possible to evaluate outcomes for older patients, non-English speaking patients.
 - 4) Patient satisfaction results will be analysed by age group with particular attention on seniors.
- The Hospital is committed to developing longitudinal measures that will assess how well patients are doing post-discharge and the extent to which they can resume their lives and participate in society.