



DATC's Accountability and Performance Measurement Project

Presentation to The CQI Network

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Durham Access To Care (DATC)

- The Community Care Access Centre for Durham Region with a catchment area which stretches from Lake Ontario in the south to Lake Simcoe in the north. It is immediately east of Metro Toronto with a population of 0.5 million
- 19,000 clients served in 2001/02
- 180 staff
- 18 contracted service provider agencies



DATC's Mission

To provide simplified access to high quality community health services in cooperation with our partners

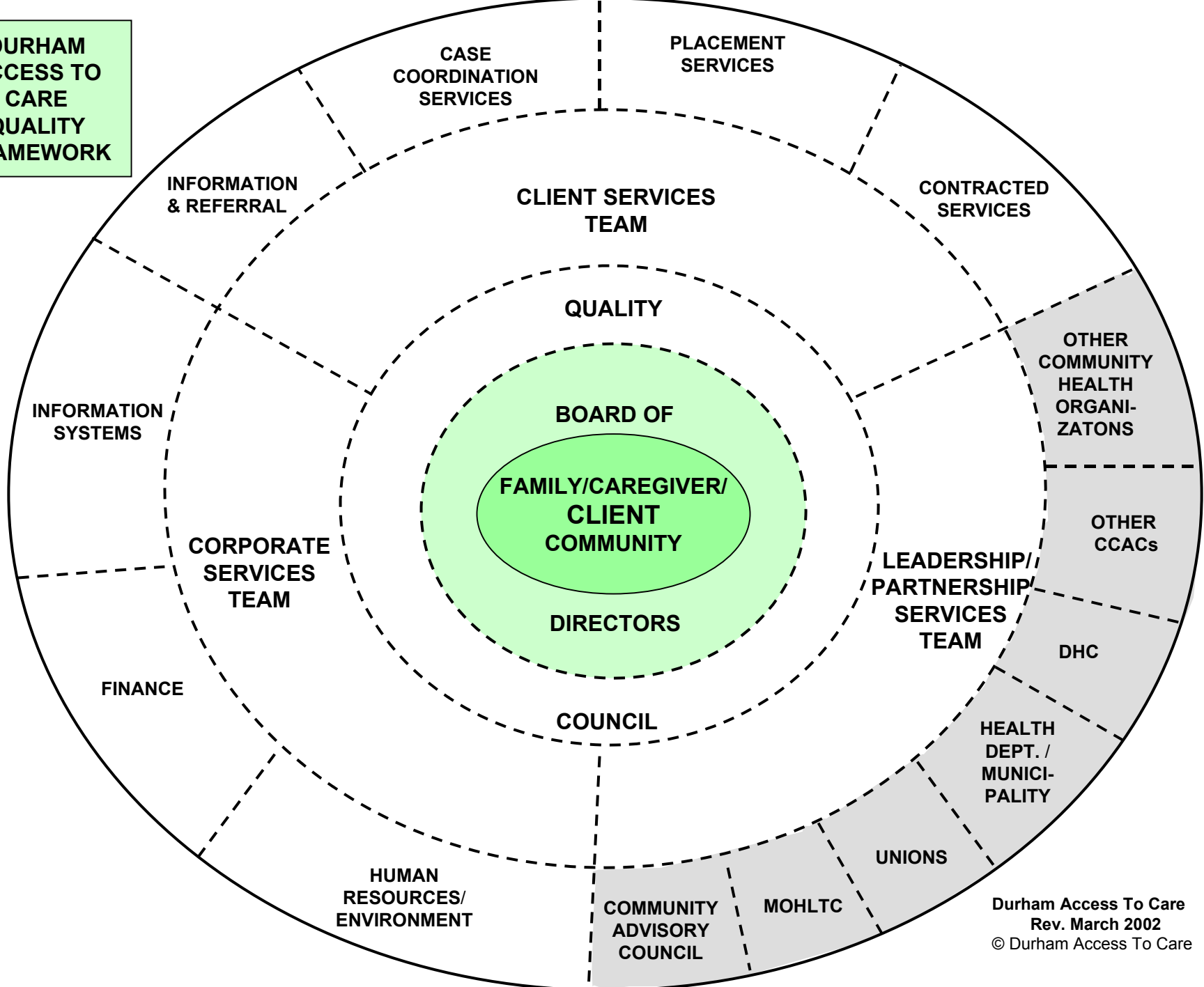


DATC's Quality Framework and the Development of Indicators

The Quality Framework has been the basis for ensuring all components of the organization are focused on continuous quality improvement.

The development of indicators is DATC's logical next step with its Quality Framework.

**DURHAM
ACCESS TO
CARE
QUALITY
FRAMEWORK**





DATC's Audiences/Stakeholders for Accountability and Performance Measurement

DATC's primary audiences are:

- Durham Community
- Board of Directors
- Ministry of Health and Long-Term Care
- Staff
- Service Providers
- Canadian Council on Health Services Accreditation (CCHSA)



Steps In Developing Indicators

1. Leadership and Partnership Core Services Team:

- ⊗ Reviewed context for indicator development including key issues for DATC
- ⊗ Identified the framework for DATC indicators (balanced scorecard)
- ⊗ Refined key components, definitions and how to state an indicator
- ⊗ Agreed to criteria for determining an indicator
- ⊗ Refined the reporting format



Steps in Developing Indicators (cont.)

- ☉ Identified critical aspects of care/service where indicators should be developed for the organization as a whole and which team should develop them
- ☉ Decided each Core Team should develop a maximum of 10 to 15 indicators and each Functional Team at a minimum should develop 2 indicators



Steps in Developing Indicators (cont.)

2. Each Functional Team:

- had educational session on indicator development
- identified critical aspects of care/service where indicators should be developed
- developed draft indicators according to established format

3. Leadership and Partnership Core Services Team reviewed draft indicators and addressed any questions which arose



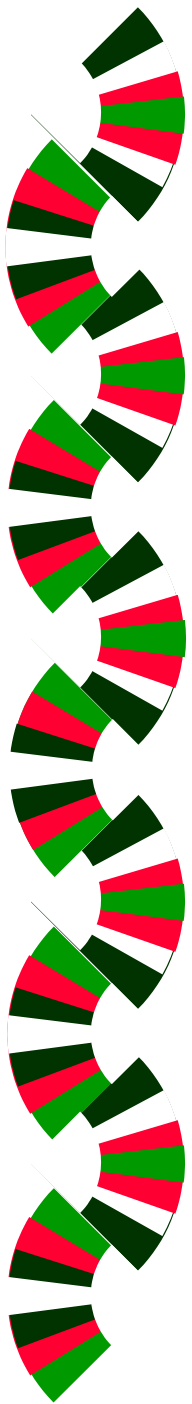
Steps in Developing Indicators (cont.)

4. Each Functional Team

- collected data for their indicators
- met to review/revise their indicators based on data collected /issues identified

5. Leadership and Partnership Core Services Team:

- reviewed all draft indicators based on any issues (e.g. resource requirements)
- will establish/clarify the priority of the indicators within organization



Steps in Developing Indicators (cont.)

6. The Executive Director will take the Accountability and Performance Measurement System to the Board of Directors for approval.



Results

- I. Draft indicators have been developed which are:
 - ▶ staff driven
 - ▶ based on critical aspects of care/service for each functional team
- II. A Balanced Scorecard for DATC as a whole has been adopted
- III. A Reporting Format has been developed
- IV. A format for graphing results has been established



Examples of Draft Leadership/Partnership Indicators

% of DATC clients who were satisfied overall with DATC services

% of Corporate Governance standards met by DATC board

% of partners satisfied with Community Advisory Council

of complaints, compliments and inquiries concerning client services

% of staff who express overall satisfaction with the workplace

% of DATC staff who report they understand new legislative requirements

% of DATC staff who report understanding of best practices provided at DATC education sessions

Average service intensity for personal support

% of occurrences which are high risk

% of community case managers with caseloads greater than 120

% of expected deaths pronounced at home by DATC nurse service providers



The Balanced Scorecard for the indicators for DATC as a whole

A balanced scorecard using the Canadian Council on Health Services Accreditation's quality dimensions as the headers for each of the quadrants was adopted:

- ⊙ responsiveness
- ⊙ system competency
- ⊙ client/community focus
- ⊙ work life

Example of Draft Indicators in Balanced Scorecard



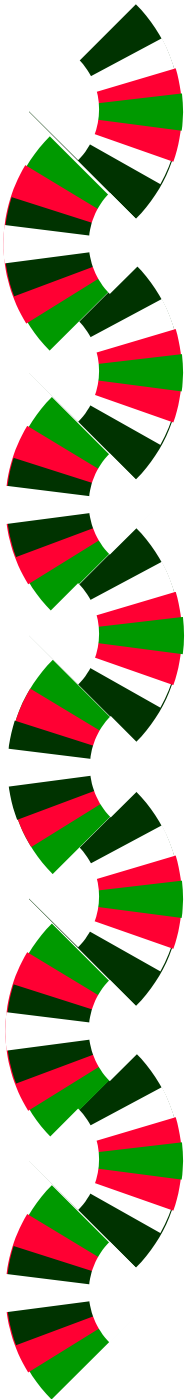
<p><u>Responsiveness</u></p> <p>% of expected deaths at home pronounced by DATC nurse service providers</p>	<p><u>Client/Community Focus</u></p> <p>% of clients' initial MOHLTC's treatment goals met</p>
<p><u>System Competency</u></p> <p>% of total expenditures for administration</p>	<p><u>Work Life</u></p> <p>% of learning plans completed</p>



Sample Reporting Format

The reporting format and terminology are based on the work of others including:

- ☉ Benson, D. *Measuring Outcomes in Ambulatory Care*. Chicago: American Hospital Association, 1992.
- ☉ Halton-Peel District Health Council. *Guidebook for the Evaluation of the Quality of Services provided by Community-Based Long-Term Care Agencies*. Mississauga: Halton-Peel District Health Council, 1999 (written by Mary Davies)
- ☉ Canadian Council on Health Services Accreditation. *AIM Achieving Improved Measurement*. Ottawa: Canadian Council on Health Services Accreditation, 2002.



DATC Functional Team Indicator Reporting Form (DRAFT)

Fiscal Year:

Functional Team:

Critical Aspect/Area of the Service:

Objective:

INDICATOR:

Relevant Definitions:

Data Source		Timeframe	
Calculation of Results			
Target	Threshold for Action		Result



DATC Functional Team Indicator Reporting Form (DRAFT) (continued)

Graphing of Results:

Factors Affecting Achievement of Target

Quality Improvement Strategies

Relevant DATC Objective(s):

Relevant DATC Standard and/or Criterion:

Relevant CCHSA Standard and/or Criterion:

Relevant CCHSA Quality Dimension:

Relevant CCHSA Quality Descriptor:



DATC Functional Team Indicator Reporting Form (DRAFT)

Fiscal Year: 2002/03

Functional Team: Leadership and Partnership

Critical Aspect/Area of the Service: Integration
(Population Health)

Objective: to develop/implement service delivery models
to optimize client care to targeted populations

INDICATOR LP11: % of expected deaths pronounced at
home by DATC nurse service providers

Relevant Definitions:

Integrated:

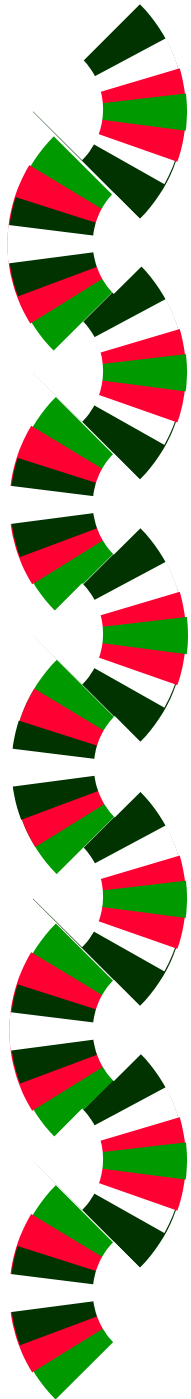
Population Health:

Expected Death at Home:



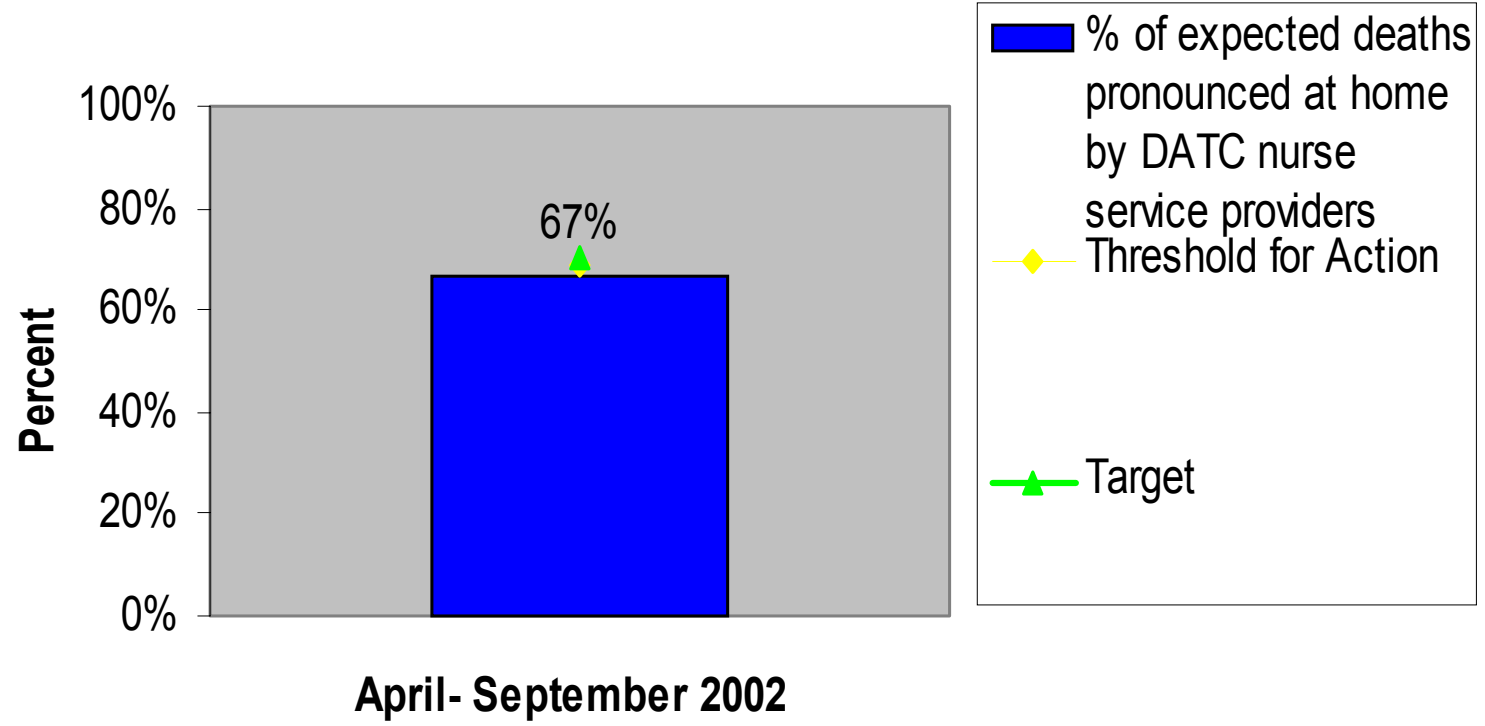
Data Source	Timeframe
Patient Master Index (PMI)	Semi-annually
Calculation of Results	
$\frac{14 \text{ (\# of expected deaths pronounced at home by DATC nurse service providers)}}{21 \text{ (total \# of expected deaths at home)}} \times 100$	

Target	Threshold for Action	Result
70%	69%	67%



Leadership/Partnership Indicator #11

% of Expected Deaths at Home Pronounced by DATC Nurse Service Provider





Factors Affecting Achievement of Target:

Quality Improvement Strategies:

Relevant DATC Objective(s): to develop/implement service delivery models to optimize client care to targeted populations

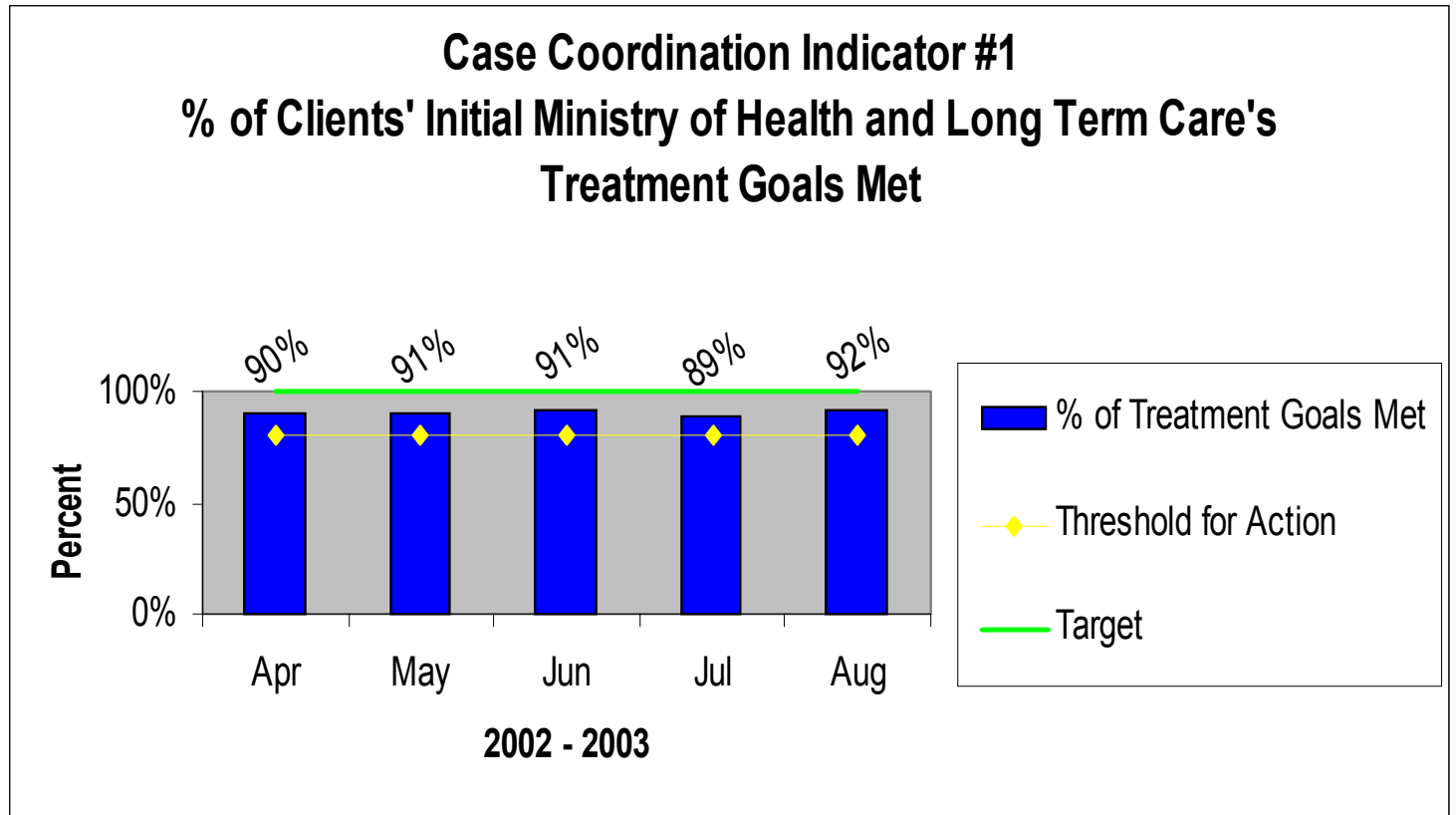
Relevant DATC Standard and/or criteria: 3.2 Leadership/Partnership Services Team on an ongoing basis supports the continuum of service delivery through a variety of initiatives

Relevant CCHSA Standard and/or Criterion: Leadership and Partnerships 1.4 There is evidence that the governing body and managers use the information they collect about health status, needs, capacities and priorities to address needs.

Relevant CCHSA Quality Dimension: Responsiveness

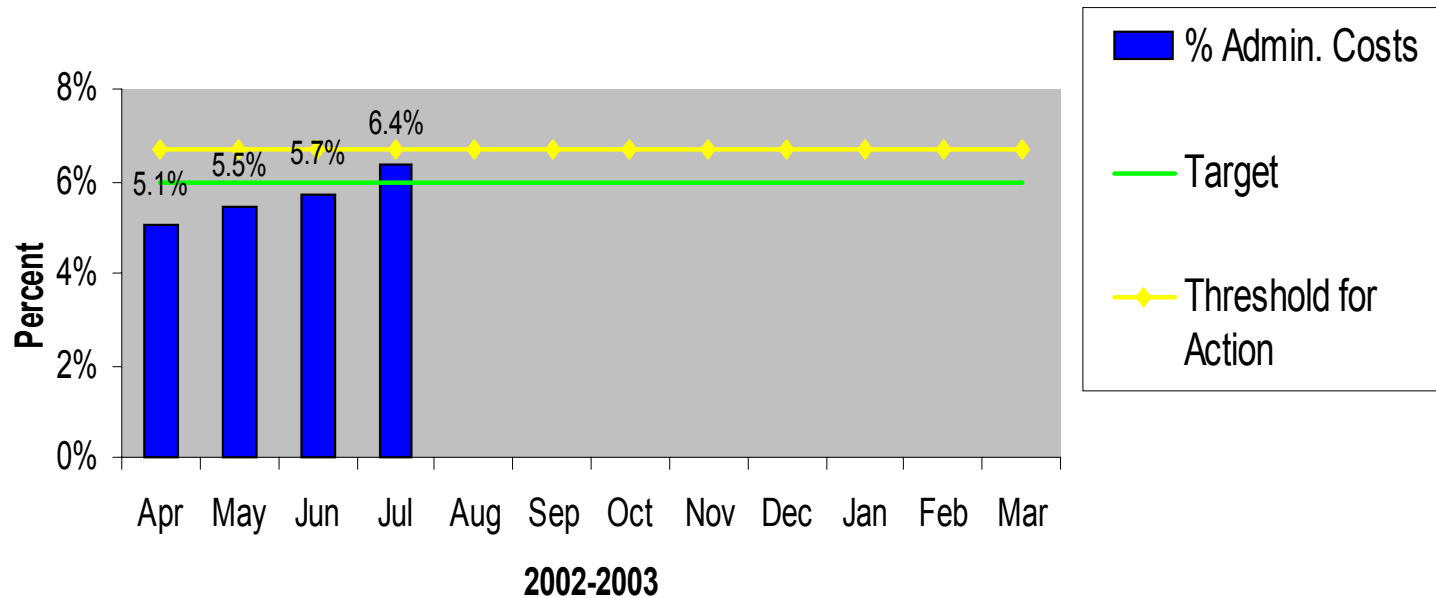
Relevant CCHSA Quality Descriptors: Availability

A Graph of A Draft Indicator for Client/Community Focus Quality Dimension

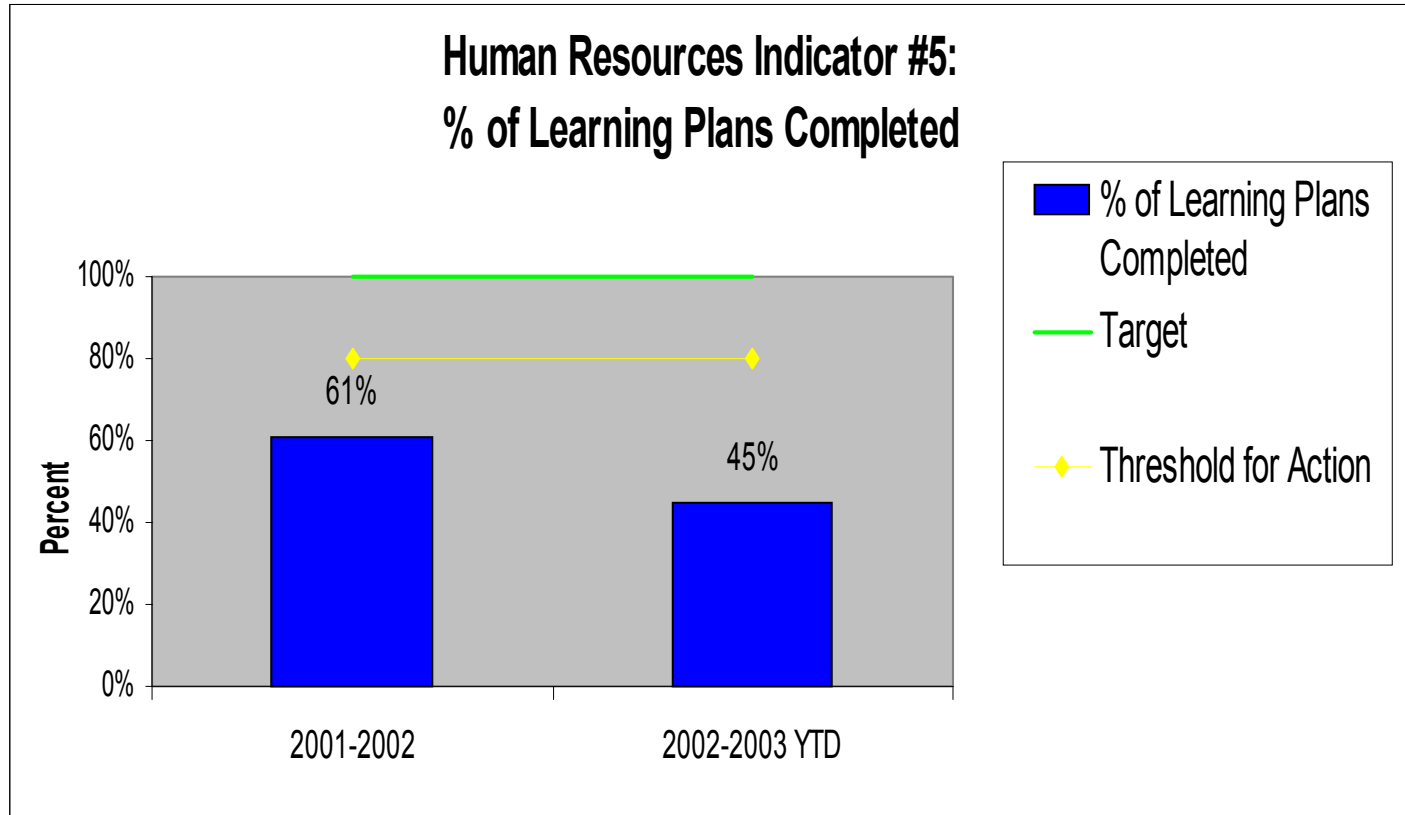


A Graph of A Draft Indicator for System Competency Quality Dimension

**Finance Indicator #2:
% of Total Expenditures for Administration**



Graph of A Draft Indicator for Work Life Quality Dimension





Next Steps

- Finalize indicators by April 1st, 2003
- Integrate indicators as an ongoing part of DATC's accountability and performance measurement process