



 **What if you find yourself in evidence wasteland?**

A six step program to using your data better.

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Agenda

- Healthcare managers as Information Stewards
- Background/Experience
- 'Evidence Wasteland'
- Using health/healthcare data better
- How it can work: an example from Providence
- The Providence Balanced Scorecard

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Thoughts on being an information steward

Pithy thoughts, nonsequiturs (from me...)

- Get the Right Information: and organize it
- Become an Expert: know your numbers
- Be the Messenger: and be prepared to be shot.
- Develop and Use Judgement

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Cardiac Care Network: The Good

- Culture of Quality:
 - Only public sector org to win the National Quality Institute Canada Award of Excellence in 2001
 - “Driven by Data, Consensus, and Concern”
 - “Go Where the Data Takes Us”
 - Data quality audits, 30+ page monthly stats reports
 - Culture of dedication to data quality and good outcomes
 - A model for wait list management system

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Providence Healthcare: The Bad

- Culture of Intuition
 - Past history of an informal approach
 - Expansion and changing patients made this obsolete
 - based on individual skills/knowledge, rather than collective/cultural norms
 - TONNES of data
 - No information, no evidence, no reporting
 - Variable/unknown data quality
 - No structured performance measurement.
 - Lapsed research, quality, risk, pt safety, UM
 - (see “Evidence Wasteland” later...)

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Hamilton HSC: The Ugly

- Culture of Inconsistency
 - Pockets of evidence-based practice
 - Merger of 4 distinct cultures
 - All history lost
 - Value of data not understood or fit into bigger picture
 - With strong leadership, they began to wrestle it into shape
 - Established 'Financial Planning' group, that would be called Decision Support today
 - Performance Monitor – precursor to Balanced Scorecard

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What do you do if you're in 'Evidence Wasteland'

Do What's Easy!

- Easy 'low hanging fruit' gets buy-in and begins culture changes
- Usually administrative/process indicators (cost per patient/day, sick days, etc.)
- Get some data on the table – even if it's 'wrong'
 - It creates the appetite for more
 - It drives data quality improvement
 - Clinician intuition is often scarily accurate
 - *But not always!*

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Do It Quickly

- As in, start the five year process of change quickly
- Senior Management focus is time-limited
 - in a strategic project (like developing a Balanced Scorecard), you have **4 months** before they lose interest or step in

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But Don't Forget What's Important

- Always work to improve the data, information, and understanding of important indicators
- These are indicators that can drive major improvements to quality of care.
- Usually clinical and other outcome indicators
- This is the real pay-off, and takes years to become good at

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Change the Culture

- Look to the culture
 - create new expectations
 - demand justification for decisions.
 - Start modelling the change yourself
- Get leaders to model the new culture
 - Everyone always says this – because it's true!!

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Know Your Numbers

- The devil is in the details
- Know the nuances of your numbers!!
 - Increasingly, you're going to be held accountable for what they say
- Example: Sick Days at Providence
- Set aside dedicated time to review performance

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"Informed decision-making comes from a long tradition of guessing and then blaming others for inadequate results."

Scott Adams

(Creator of Dilbert)



Using Your Data Better

~~A Twelve Six-Step Program~~

How to Use Health Data Better

- Step 1: Assess the cultural maturity of your organization/department/leaders
 - Providing detailed information to people before they are ready is **worse than useless**
 - Telltale signs of the ‘immature’ organization
 - Few reports
 - No-one quotes statistics or supporting evidence in meetings or in business plans (if there are any...)
 - Rapid-fire decisions – ‘fire-fighting’
 - Or, way too many indicators, not centrally managed or understood.
 - Cutting the ends off the roast

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How to Use Health Data Better

- Step 2: Do an inventory of data holdings
 - At a corporate level: major categories
 - Administrative/Clinical: DAD, MDS, NACRS, etc
 - Financial & Operational: GL, MIS,
 - Satisfaction
 - HR indicators
 - At a department level
 - Standard reports from Finance, HR, DS
 - Unit level Admin/clinical data
 - Dept-specific data being collected
 - Begin working on data quality immediately
 - I guarantee, you have more data than you realize

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“On two occasions I have been asked, ‘Pray, Mr. Babbage, if you put into the machine wrong figures, will the right answers come out?’ I am not able rightly to apprehend the kind of confusion of ideas that could provoke such a question.”

Charles Babbage

(19th century scientist: credited with inventing the analytical processes used in today’s computers)

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How to Use Health Data Better

- Step 3: Develop a framework and plan
 - The framework ensures that you take a big picture approach
 - This is a strategic decision – you have to pick a framework that people are comfortable with.
 - Basic frameworks these days take a balanced approach (like the balanced scorecard)

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How to Use Health Data Better

- Step 4: Develop indicators
 - Not too many!!!!
 - Ensure linkage to strategic direction/goals of the organization/department
 - If maintaining or improving performance does not bring you closer to your goals, then why do it or measure it???
 - E.g. Avg length of stay in LTC

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Choosing Indicators

- The Joint Policy and Planning Committee recommended the following criteria when selecting indicators:
 - Measurable
 - Readily Available
 - Simple to Understand
 - Material
 - Not Open to Manipulation

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Choosing Indicators

- JPPC document about choosing indicators that measure health status of populations
- It's just as true about choosing indicators for a balanced scorecard.
- Don't forget – Board members, senior managers, and PR all have to understand these indicators – make them simple!

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How to Use Health Data Better

- Step 5: Find Comparative Information/Benchmarks
 - There are **many** good resources for information, especially for hospitals
 - CIHI, MOHLTC, JPPC, ICES, Networks, DHC's (for another month...), other hospitals, OHA
 - Don't forget the literature
 - It seems to be a human imperative to re-invent the wheel every single time
 - Somebody has already done it – and written a paper about it.
 - If you've got one, use your library resources
 - It's amazing how often people don't do this!!

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How to Use Health Data Better

- Step 6: Set Internal Targets
 - Use your comparative data, benchmarks, internal goals/objectives, to set targets for EVERY indicator.
 - Don't be afraid to set the target at current levels – you can't improve everything at once
 - It's easy to explain away results in the absence of targets
 - There's a difference between explaining and explaining *away*
 - Targets are motivators!
 - Comparative data gets ignored ("it's not apples to apples", "it's not valid for us", etc.)

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How it Can Work

An Example in Transitional Care
from Providence Healthcare



"Quality means doing it right
when no one is looking."

Henry Ford

How it Can Work: An Example

- Transitional Care Unit in CCC hospital
 - Started operations, Aug 2003
 - Purpose: to take ALC patients from acute care/rehab/CCC who are awaiting placement in LTC
 - Environment caters to the population – appropriate staff:
 - Less staff, but the right kind
 - Staff know LTC in the area well and match patients well
 - Half-way between hospital and LTC
 - Very little data – no historical data, poor clinical data
 - Little/No knowledge of CQI at Providence

How it Can Work: An Example

- March 2004: Patient Satisfaction Survey
 - Indicator: % positive responses across 7 dimensions for 70 question survey
 - Results poor, particularly related to human dignity, interaction with staff, autonomy
 - Results were counter intuitive – the unit had:
 - high staff satisfaction,
 - good clinical outcomes (as far as we could tell),
 - excellent management,
 - experienced staff.

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How it Can Work: An Example

- May 2004: quality team set up
 - Root Cause Analysis (qualitative)
 - Social worker suggested that satisfaction may be low, because pts in this program are coming to terms with changes in their lives (moving to a nursing home, and not back home), and might more often be depressed than elsewhere
 - No evidence, but ‘rang true’, had face validity.
 - But they couldn’t prove it

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How it Can Work: An Example

- August 2004: Clinical Indicators
 - In order to provide evidence to support this hypothesis, unit asked Decision Support to provide unit detail on MDS indicators:
 - Incidence of Depression
 - Incidence of Depression without a Treatment Plan
 - For comparison to facility and provincial averages

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How it Can Work: An Example

- September 2004: Findings
 - This unit had twice the facility incidence of depression, and three times the provincial incidence
 - Pts with no treatment for depression were 97% of those who were depressed!
- November 2004: Action
 - Implemented Hospital Anxiety and Depression (HAD) scale
 - Routine consult with geriatric psychiatrist
- February 2005: Monitoring
 - We are monitoring all of these indicators, plus results of HAD scales, on an ongoing basis

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How it Can Work: An Example

- Lessons Learned
 - If you give data to front line staff, they will run with it
 - They are desperate to provide excellent care, and will drive improvements organically, *if they are properly supported in doing so.*
 - Improvements in health status of patients can result from a balanced scorecard approach
 - In this case, pt satisfaction results drove the generation of clinical indicators, which drove improvement
 - This problem was recognized, investigated, measured, and improved (we hope) by the interdisciplinary team on the unit – and in a place that doesn't know what CQI stands for...

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The Providence Healthcare Balanced Scorecard

Uses Hospital Report Quadrants

- **Patient/Resident/Client/Family Satisfaction:** This quadrant describes patients/residents/clients' and their families' perceptions of the care they received.
- **Financial Performance and Condition:** This quadrant describes the efficiency, productivity, and sustainability of the organization.
- **System Integration and Change:** This quadrant describes the processes and innovations used by Providence Healthcare to support quality improvement and its efforts to ensure that staff are provided with the tools and education required to provide excellent care.
- **Clinical Utilization and Outcomes:** This quadrant presents indicators of clinical processes and outcomes important in evaluating the quality of care, and indicators of internal processes related to the efficiency and utilization of services.

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