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Canadian Institute
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Consensus Conference 2014

Toronto, Ontario • October 15 and 16

RETHINK
RENEW
RETIRE

*Evaluating priorities for
Canada's health indicators*





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Pre-Conference Survey Results





Introduction

- Purpose of the survey
 - To seek input from a wide range of stakeholders on priorities for health indicator development
 - To seek input on indicators that were proposed for retirement
- Duration of the survey
 - July 31 to September 11, 2014



Who was invited to complete the survey?

Group	Surveys Completed (N)	Response Rate
Conference participants	48	70%
Solicited stakeholders and clients (invited through direct email to complete the survey)	50	11%
Unsolicited respondents (completed survey through link on www.cihi.ca)	55	N/A
Total	153	N/A

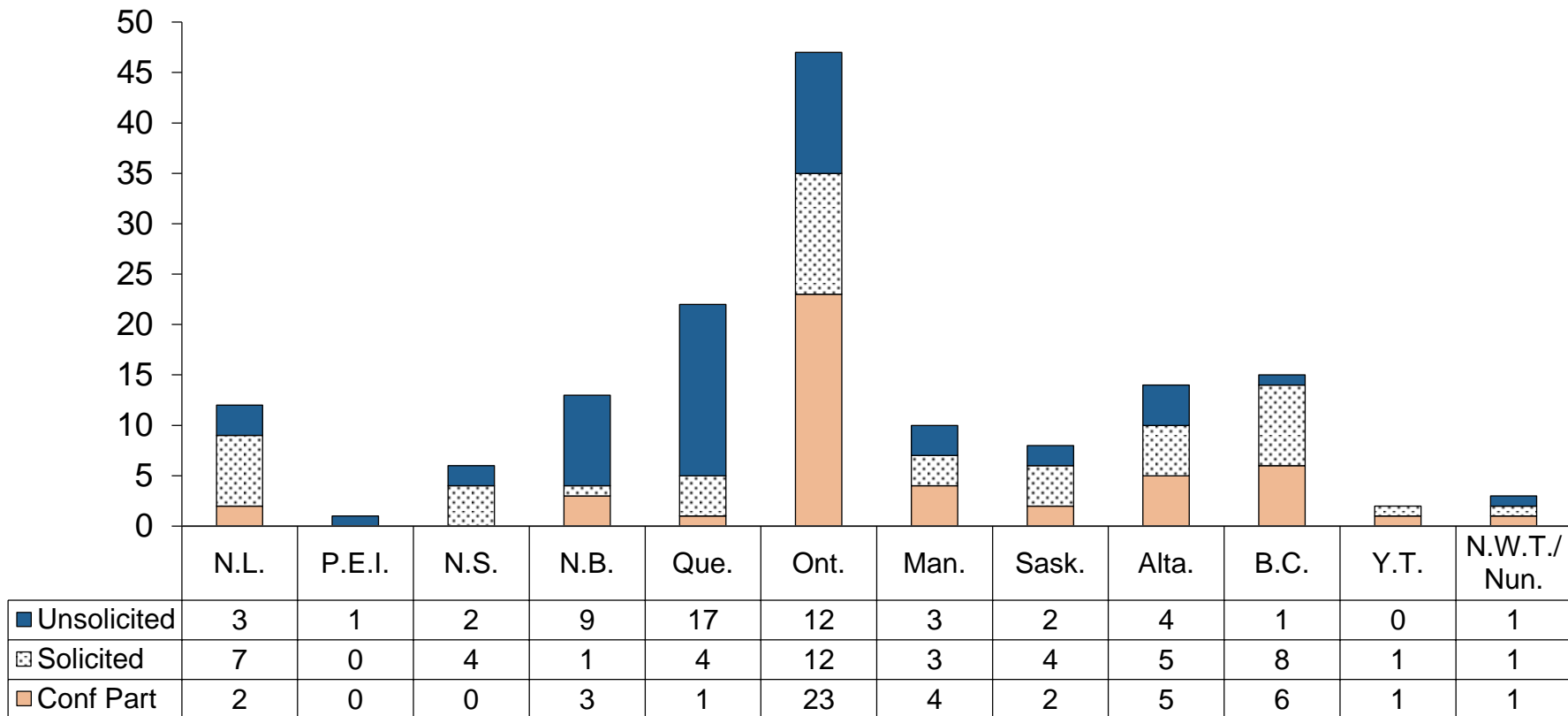


Survey participants: demographics

- Geographic location
- Workplace
- Role
- Experience

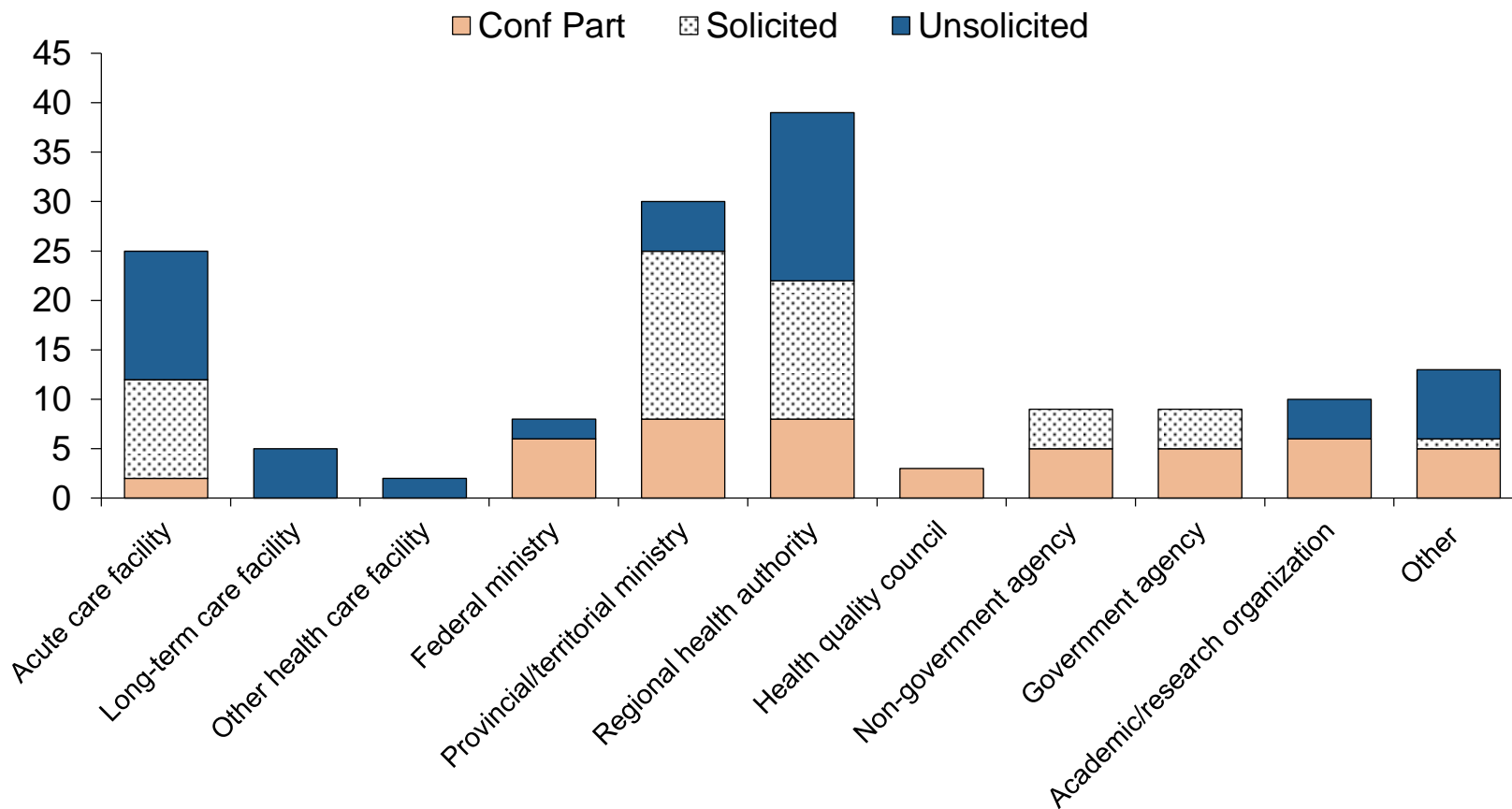


Geographic location



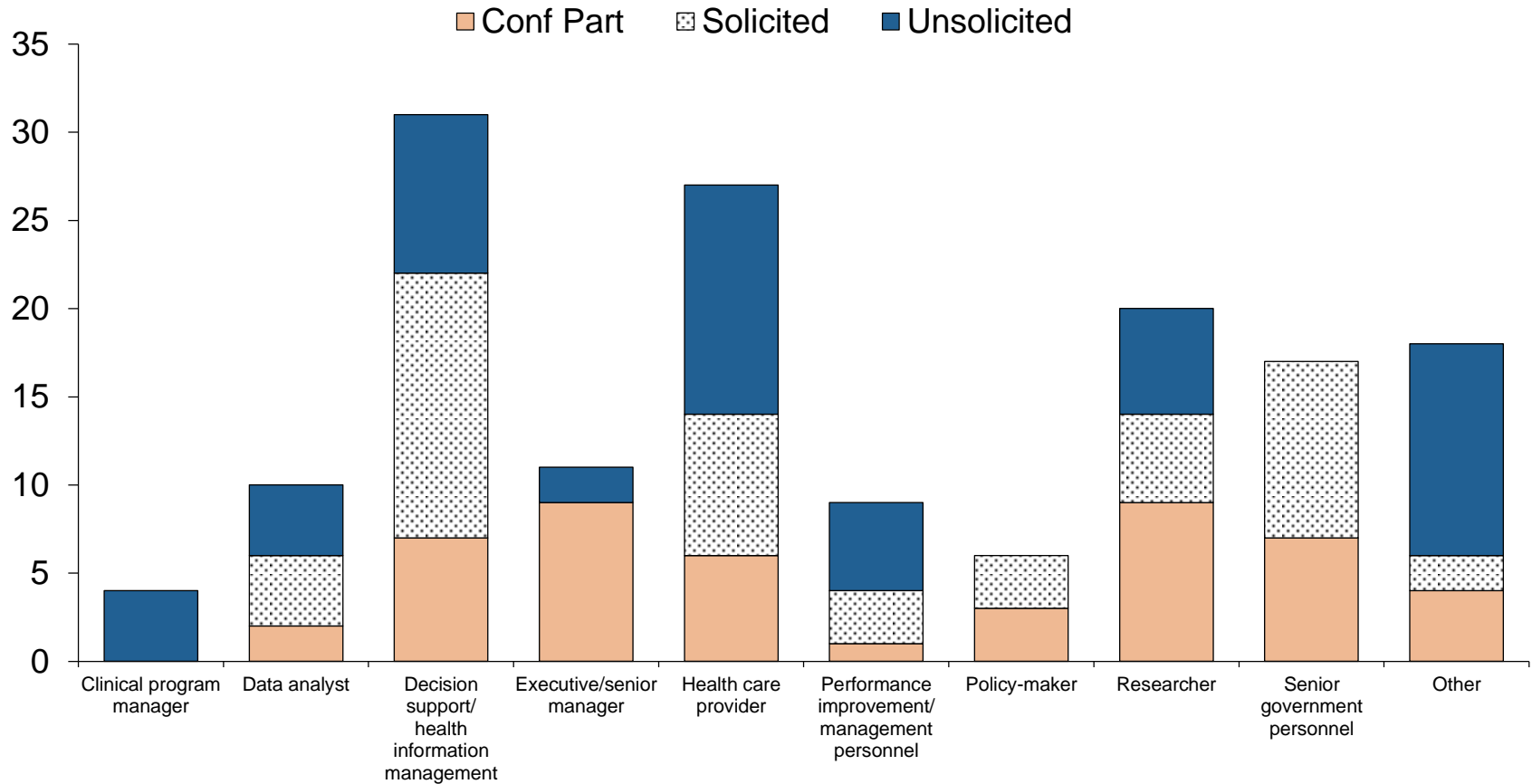


Workplace



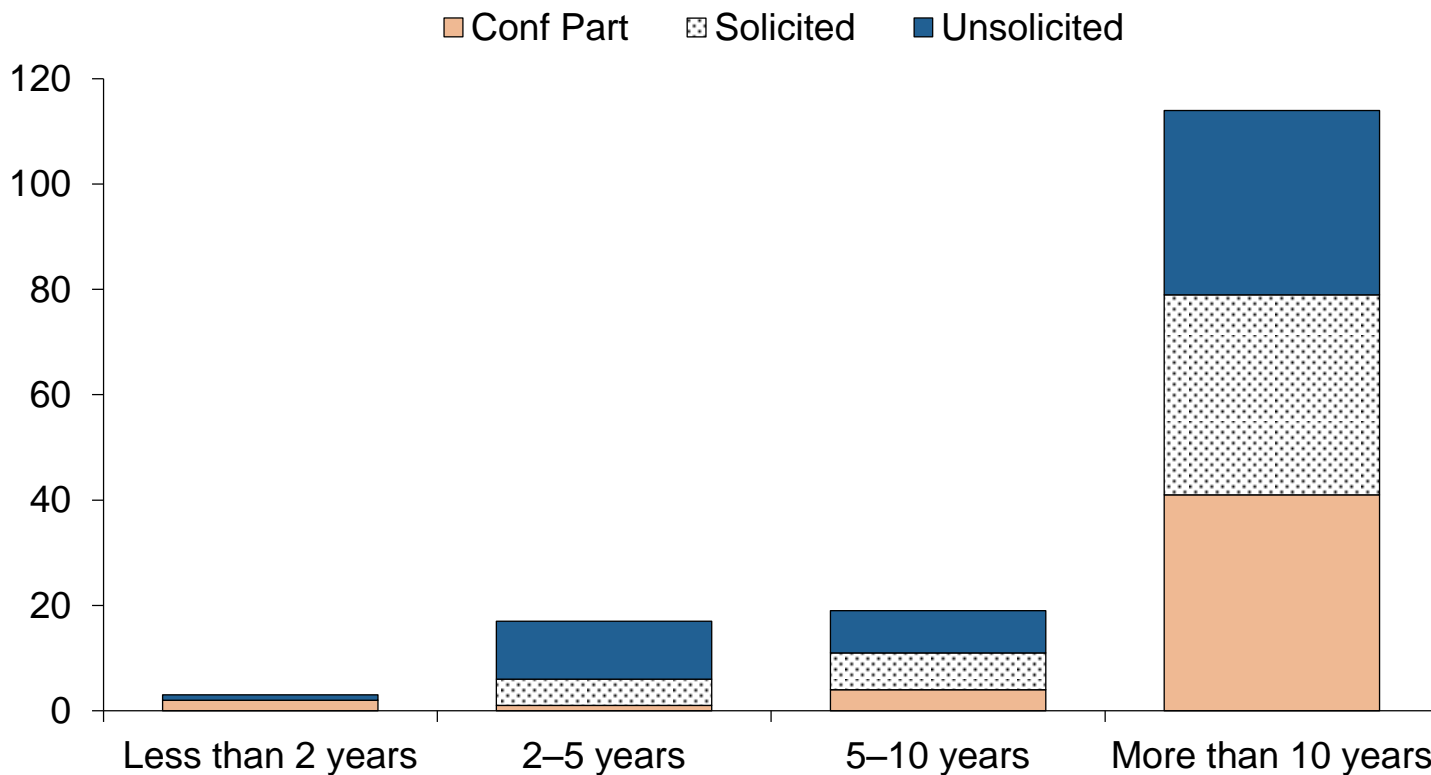


Role





Years of experience in health care





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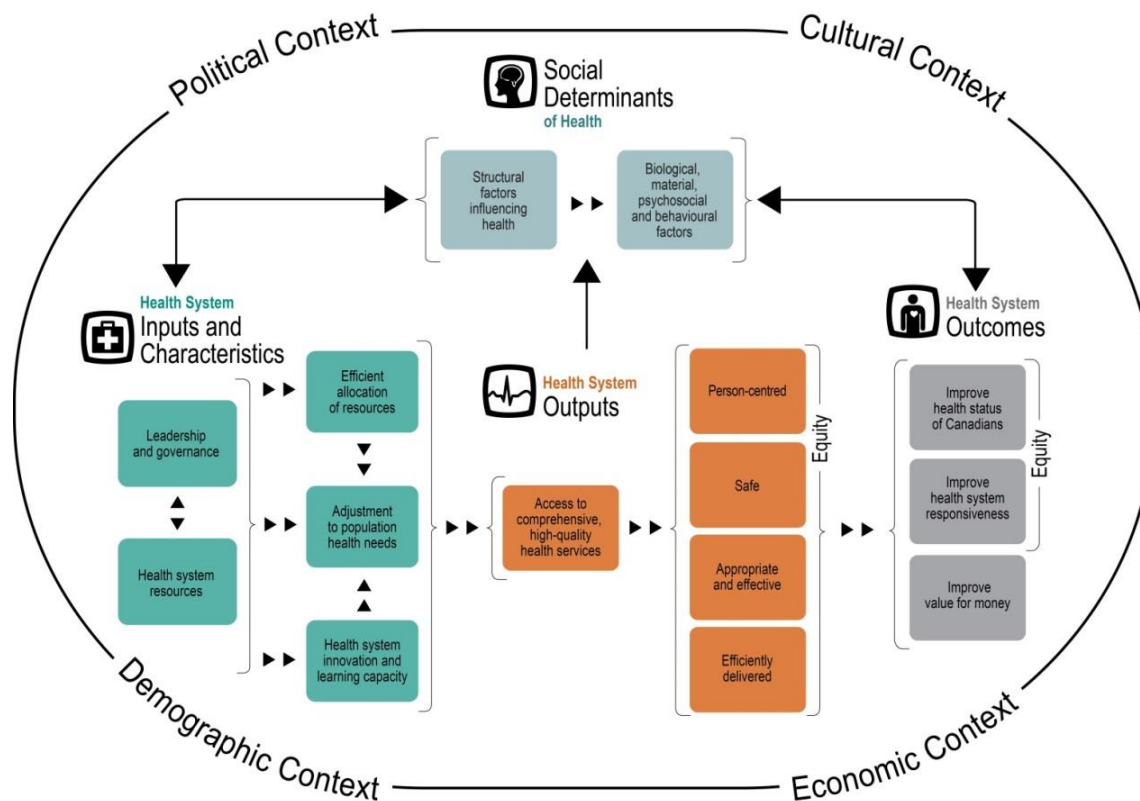
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Survey Results: Setting Priorities for Indicator Development





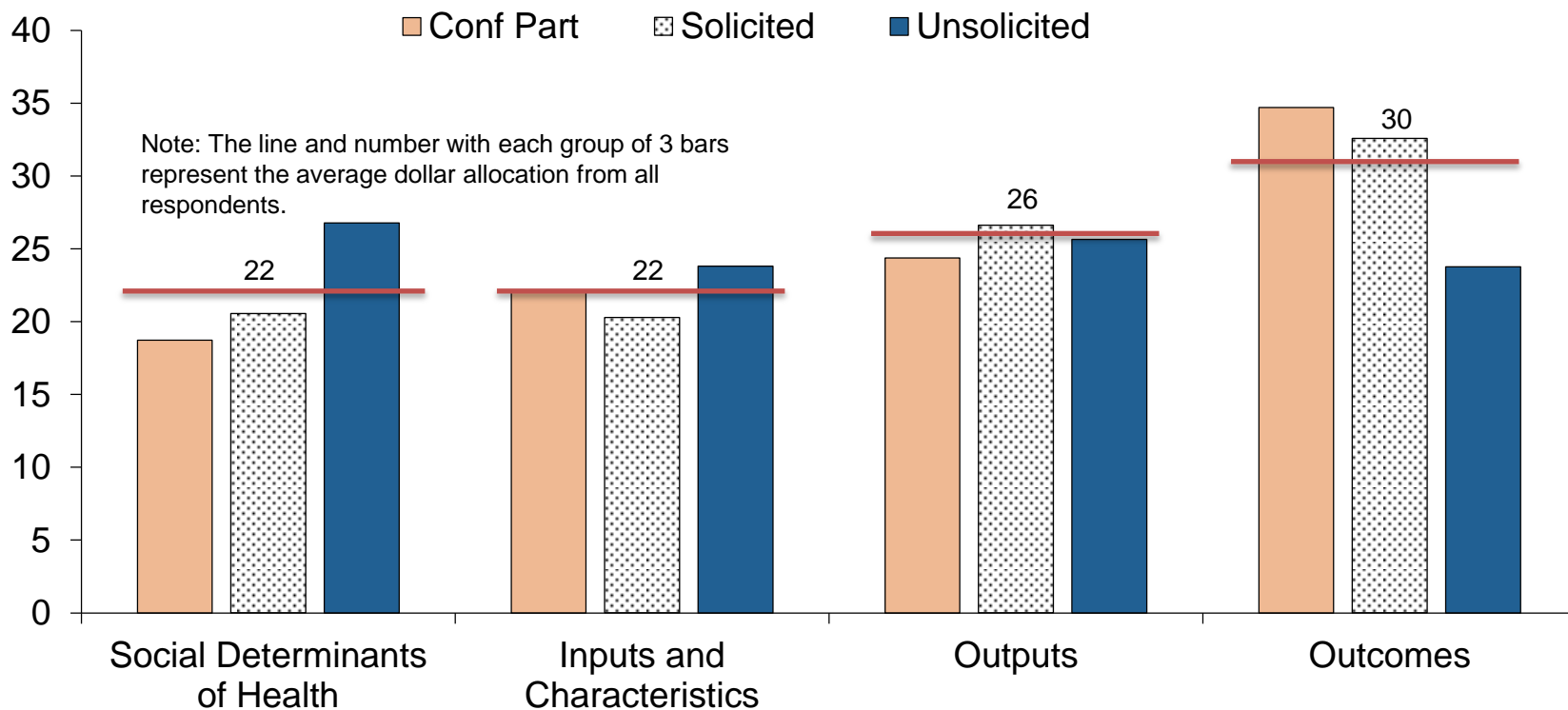
Respondents were asked to allocate a development budget across HSP framework quadrants and across dimensions within quadrants





How have our stakeholders ranked priorities for indicator development across the HSP quadrants?

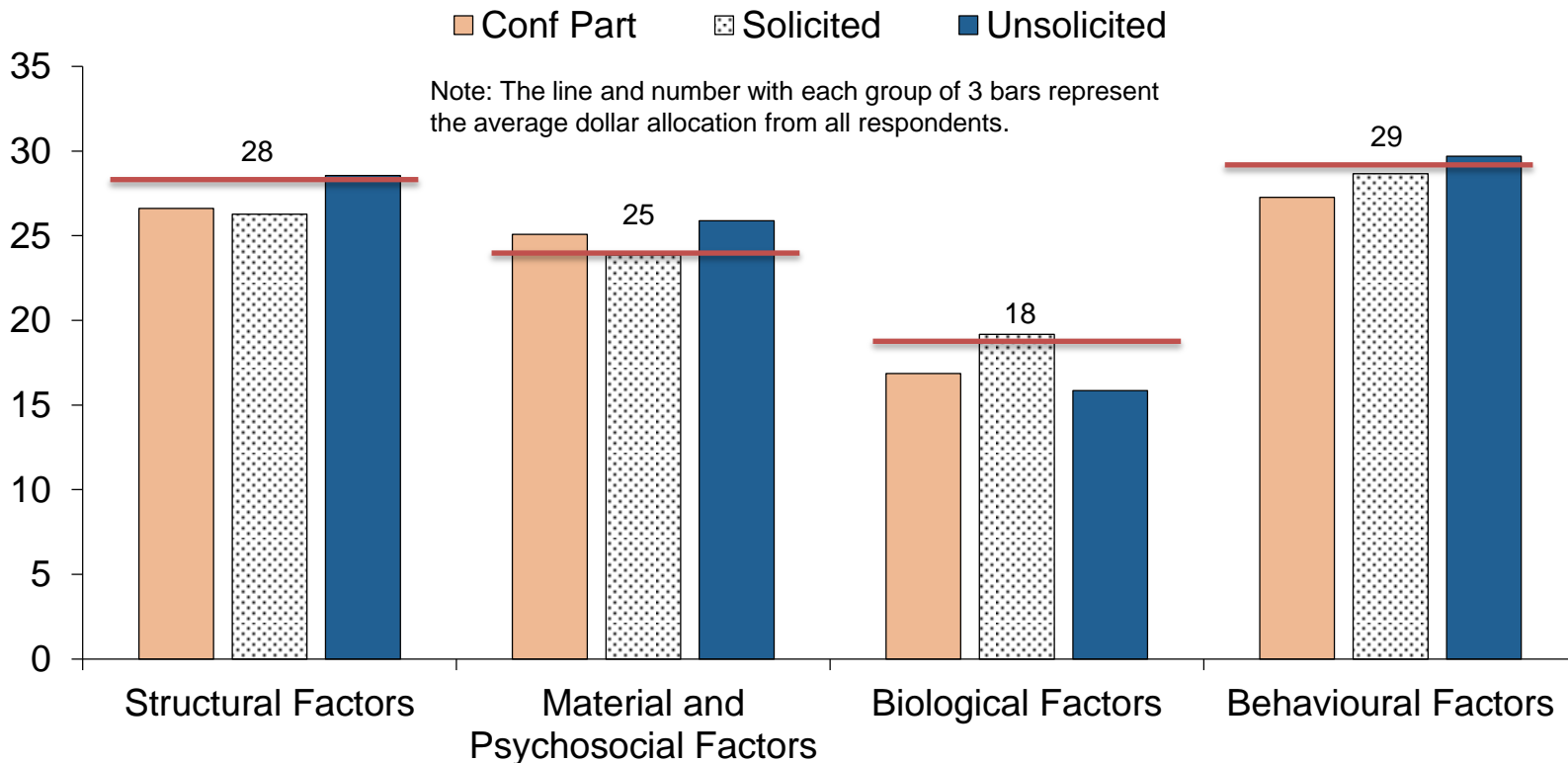
Average Dollar Allocation to Quadrants





How have our stakeholders ranked priorities for indicator development across dimensions within the SDOH quadrant?

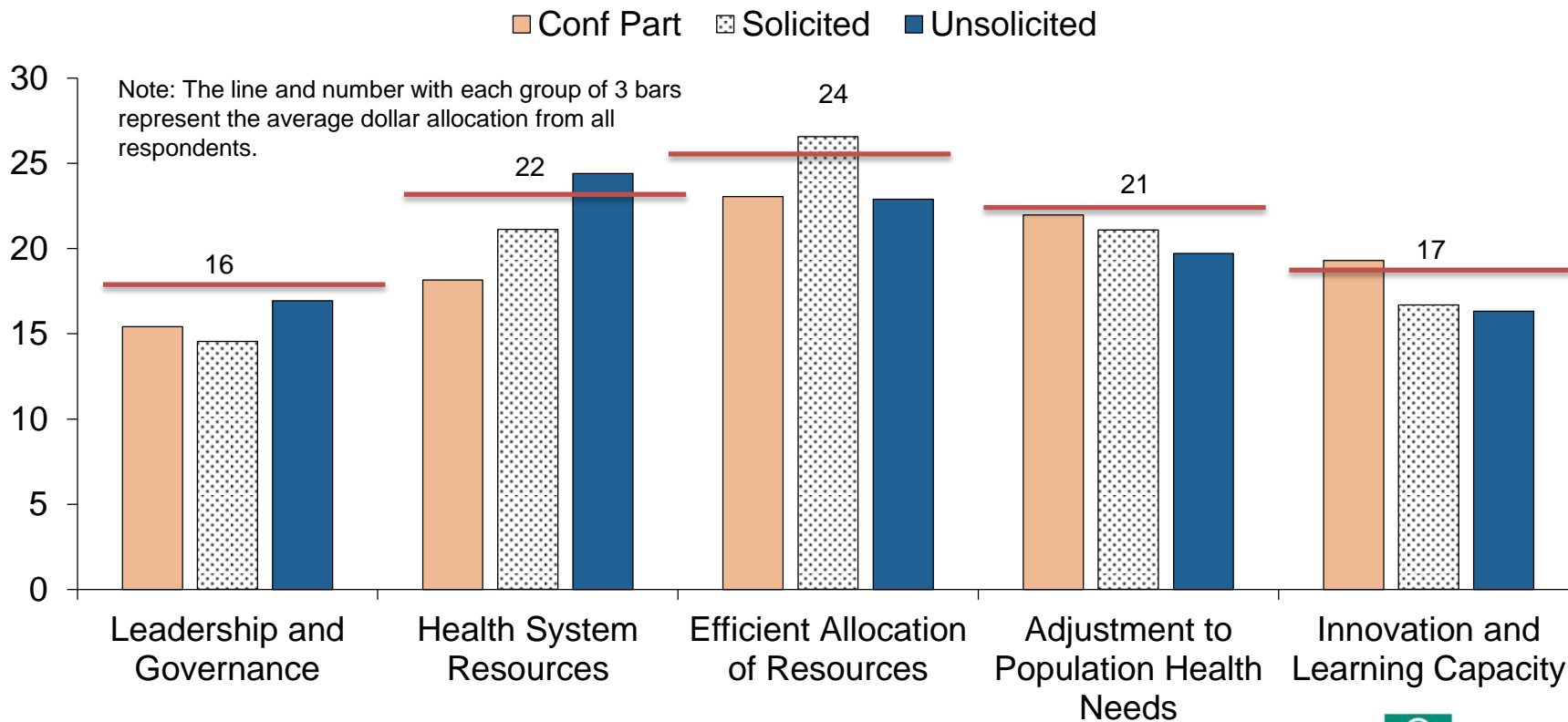
Average Dollar Allocation to Dimensions





How have our stakeholders ranked priorities for indicator development across dimensions within the **Inputs and Characteristics** quadrant?

Average Dollar Allocation to Dimensions

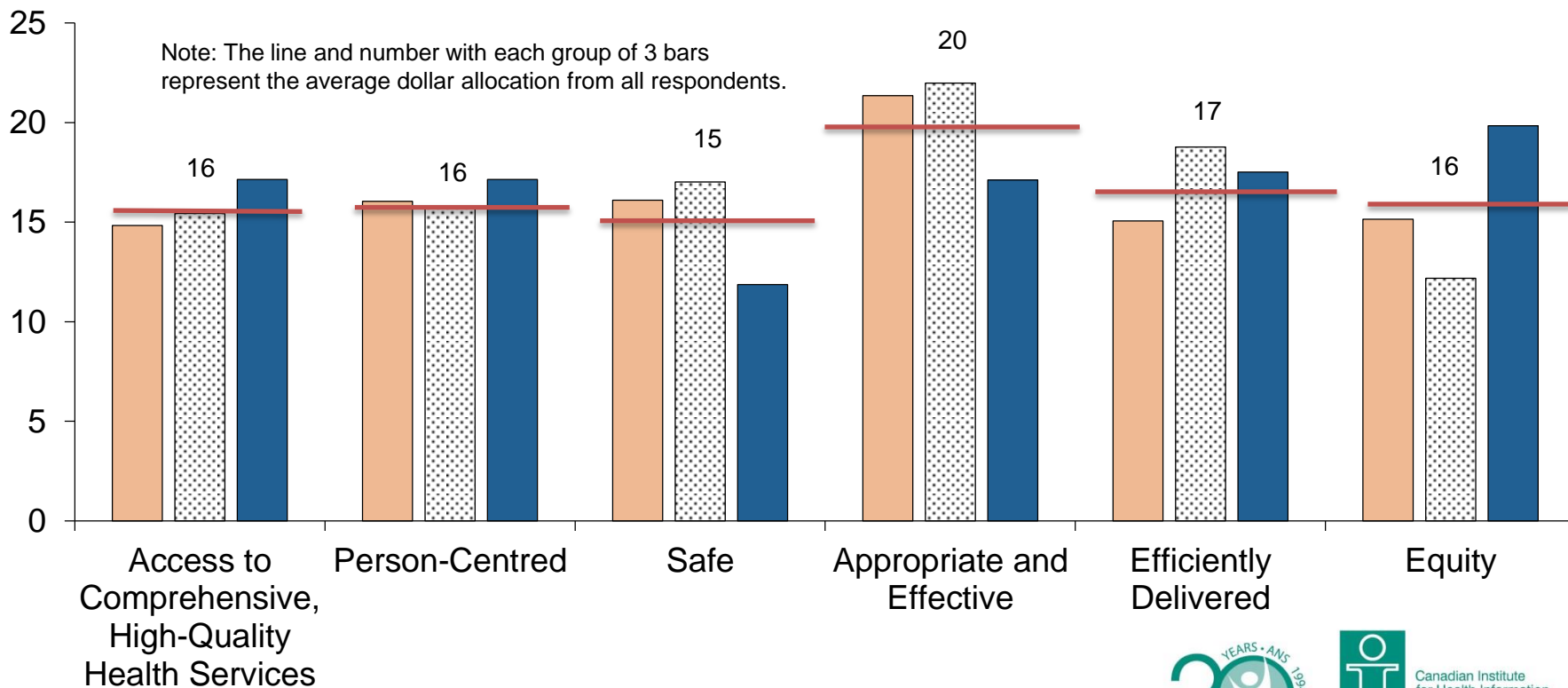




How have our stakeholders ranked priorities for indicator development across dimensions within the **Outputs** quadrant?

Average Dollar Allocation to Dimensions

■ Conf Part
 ▣ Solicited
 ■ Unsolicited



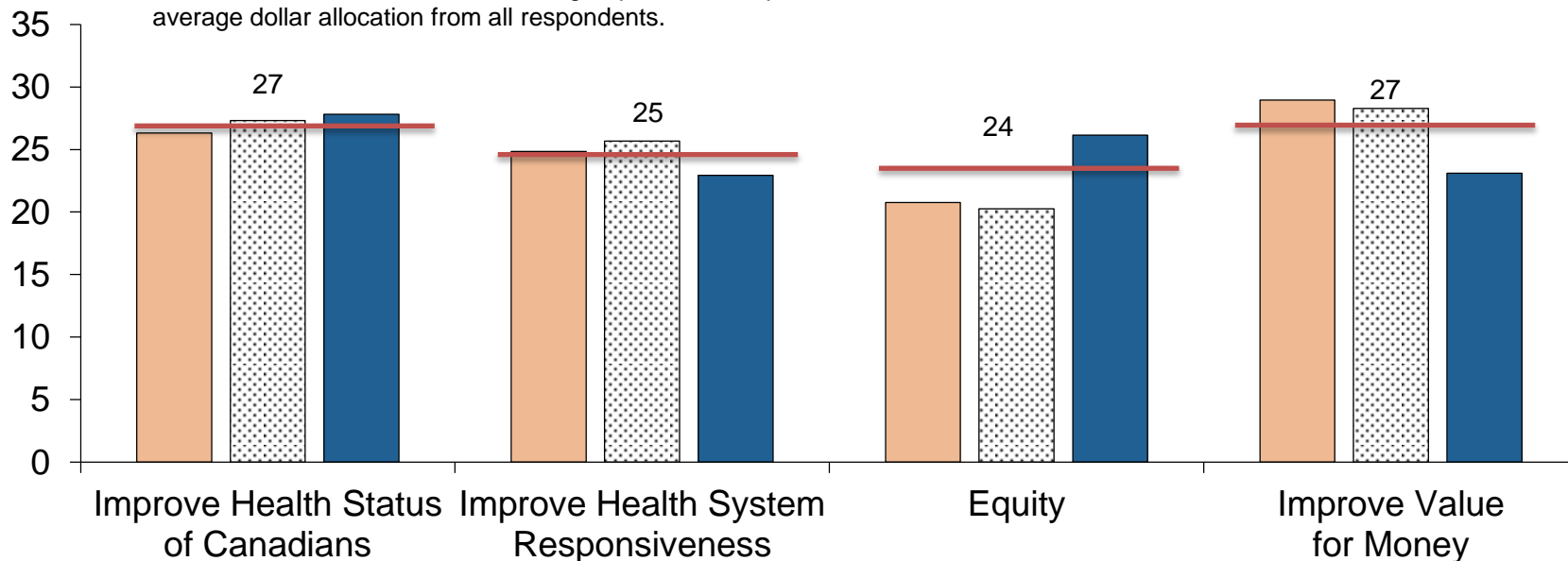


How have our stakeholders ranked priorities for indicator development across dimensions within the **Outcomes** quadrant?

Average Dollar Allocation to Dimensions

■ Conf Part ■ Solicited ■ Unsolicited

Note: The line and number with each group of 3 bars represent the average dollar allocation from all respondents.





What **priority areas** (e.g., sectors of care, population groups) were identified for future indicator development work?

Most frequent mentions included

- Community services and their outcomes (primary care, mental health care, long-term care, home care)
- Seniors, frail elderly (including utilization of services)
- Mental health, substance abuse, addictions (including access to services, child/youth mental health)
- Aboriginal/First Nations health and patient needs (urban and northern/rural focuses both mentioned)
- Continuity of care, transitions, coordination, integration within and outside of health care (with mentions of northern and remote areas)
- Patient safety, complications and adverse events, associated mortality, prescription drug use
- (In)appropriate care, identifying waste
- High users and complex patient populations
- Child health and childhood development



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Survey Results: Indicator Retirement



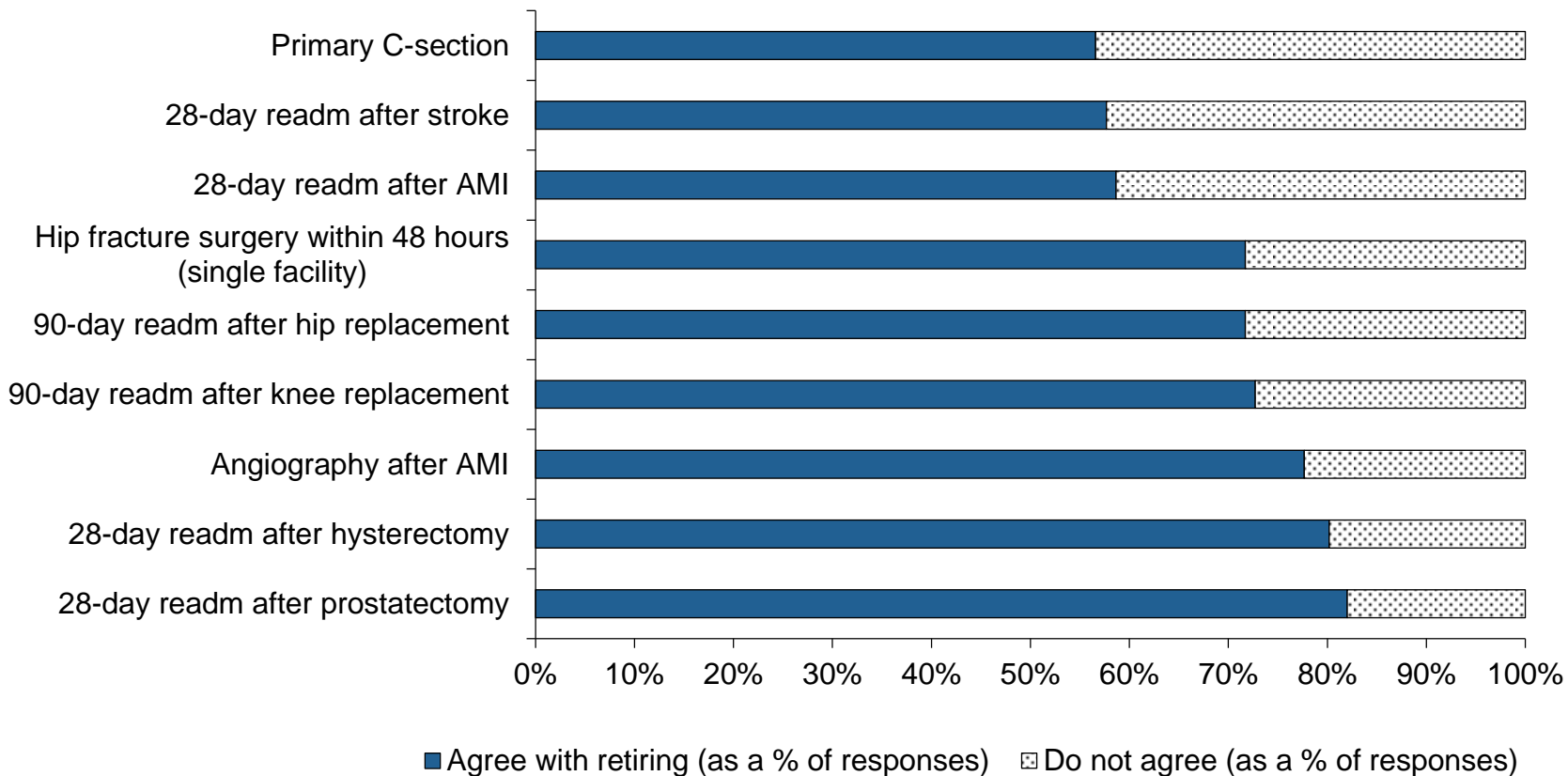


Indicators proposed for retirement

Health Indicators	Financial Indicators
<ul style="list-style-type: none">• 28-day readmission after hysterectomy• 28-day readmission after prostatectomy• 90-day readmission after hip replacement• 90-day readmission after knee replacement• 28-day readmission after stroke• 28-day readmission after AMI (facility-based)• Use of coronary angiography following acute myocardial infarction• Primary Caesarean section rate• Hip fracture surgical procedures performed within one facility (48 hours)	<ul style="list-style-type: none">• Total margin• Current ratio• Information systems expense as a percentage of total expense• Average age of equipment• Labour rate adjusted cost per weighted case• Unit-producing personnel (UPP) worked hours for patient care functional centres as a percentage of total worked hours• Total worked hours for patient care functional centres as a percentage of total worked hours• Nursing inpatient services UPP worked hours per weighted case• Nursing inpatient services total worked hours per weighted case• Diagnostic services UPP worked hours per weighted case• Diagnostic services total worked hours per weighted case• Clinical laboratory UPP worked hours per weighted case• Clinical laboratory total worked hours per weighted case• Pharmacy UPP worked hours per weighted case• Pharmacy total worked hours per weighted case

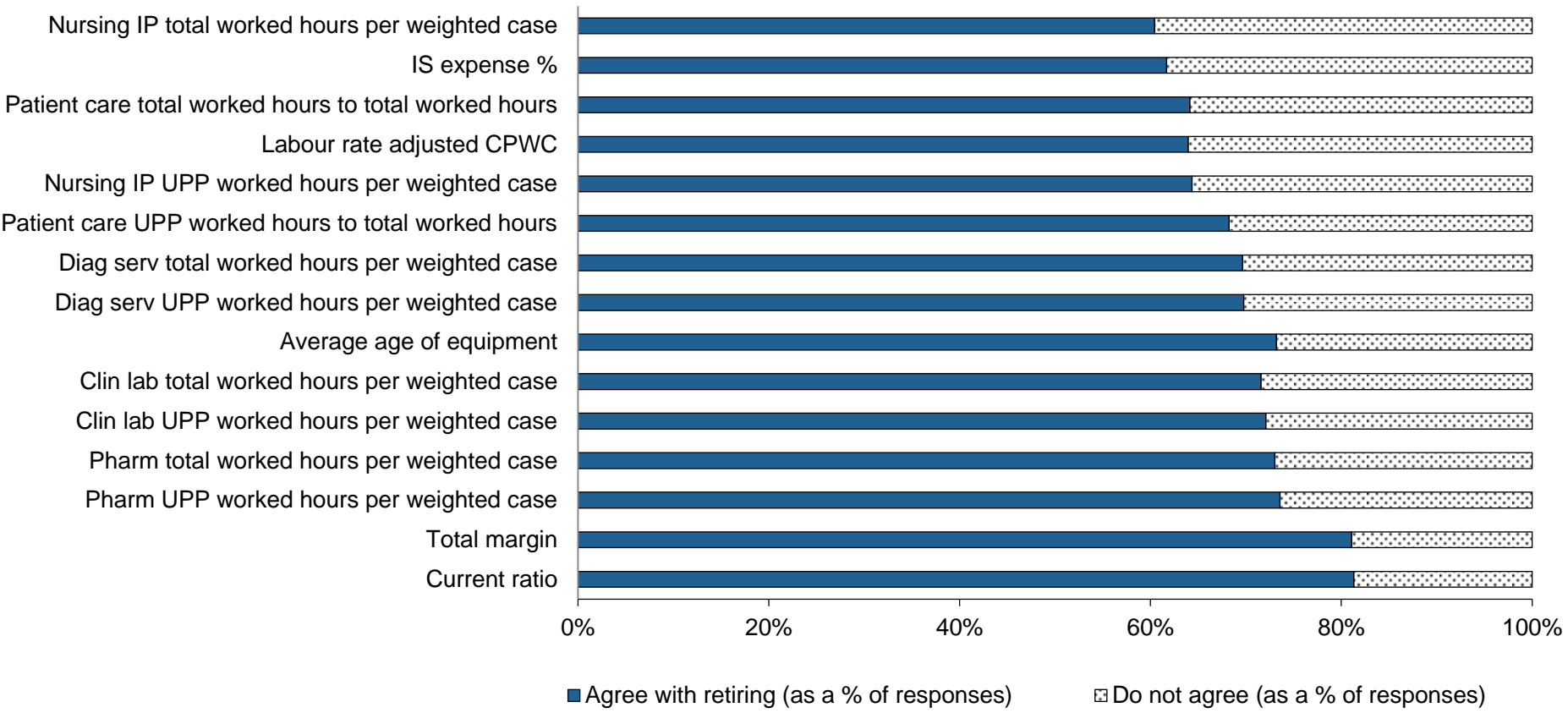


Health indicator retirement (as a percentage of responses)





Financial indicator retirement (as a percentage of responses)





Survey participants who said they were unable to assess the indicators

- Overall, unsolicited respondents had the highest **unable to assess** rates and solicited respondents the lowest

	Conf Part	Solicited	Unsolicited
Health indicators	31%	25%	52%
Financial indicators	45%	29%	54%



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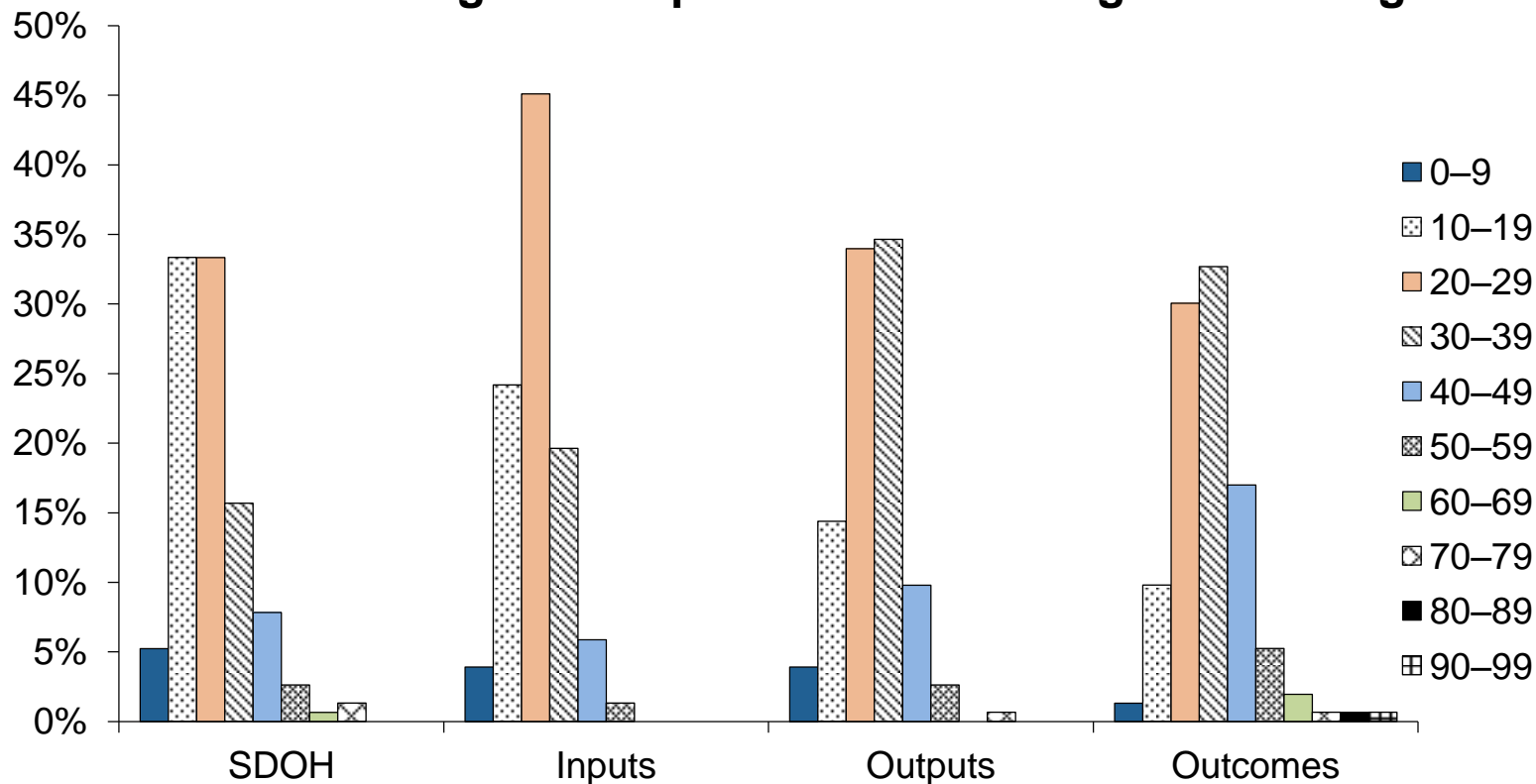
Appendix: Frequency Distribution of Allocations





Frequency distribution of allocations across HSP quadrants

Percentage of Respondents Allocating Dollar Ranges



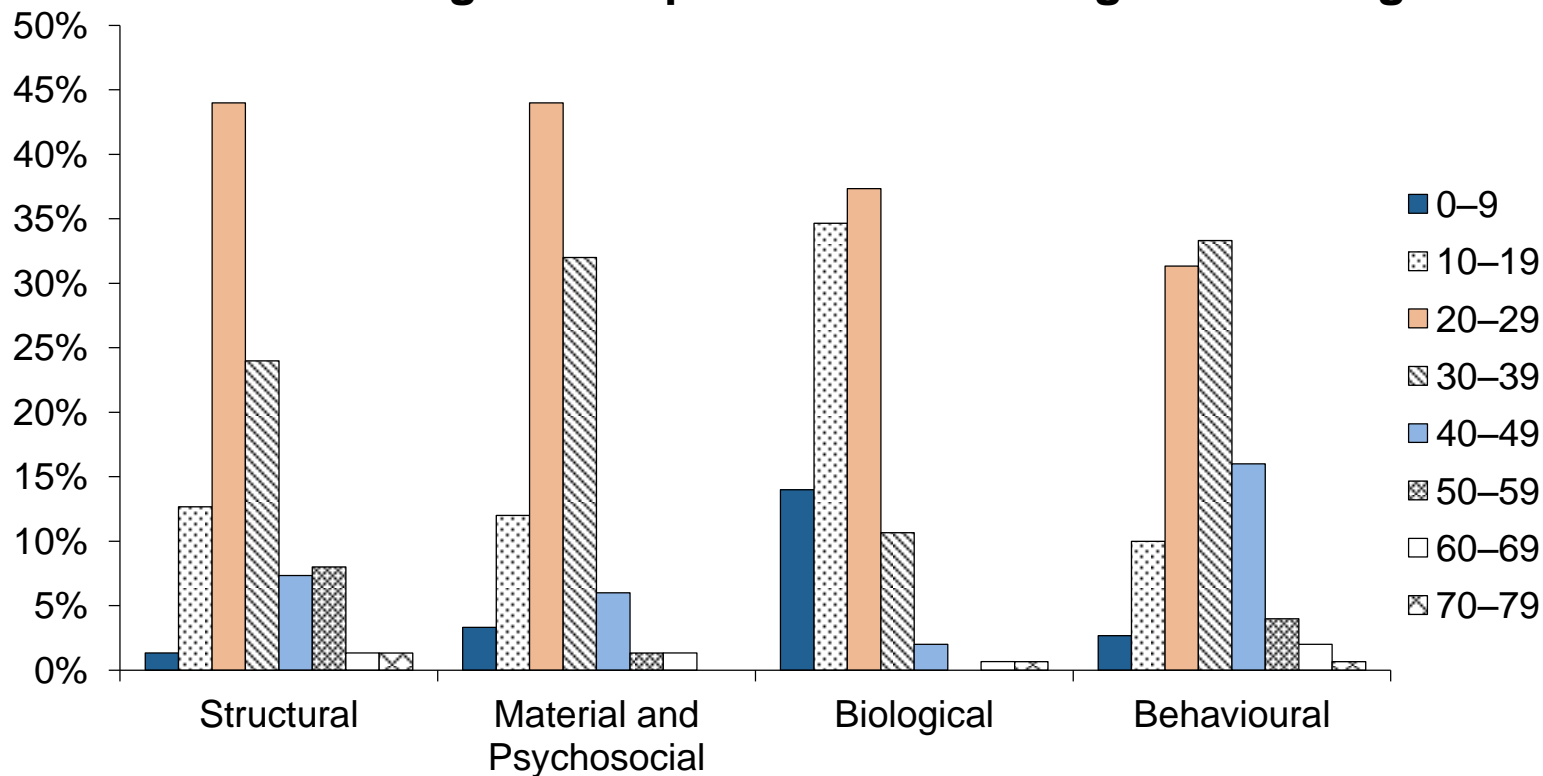
Note: Even allocation across all quadrants is \$25.





Frequency distribution of allocations across SDOH dimensions

Percentage of Respondents Allocating Dollar Ranges

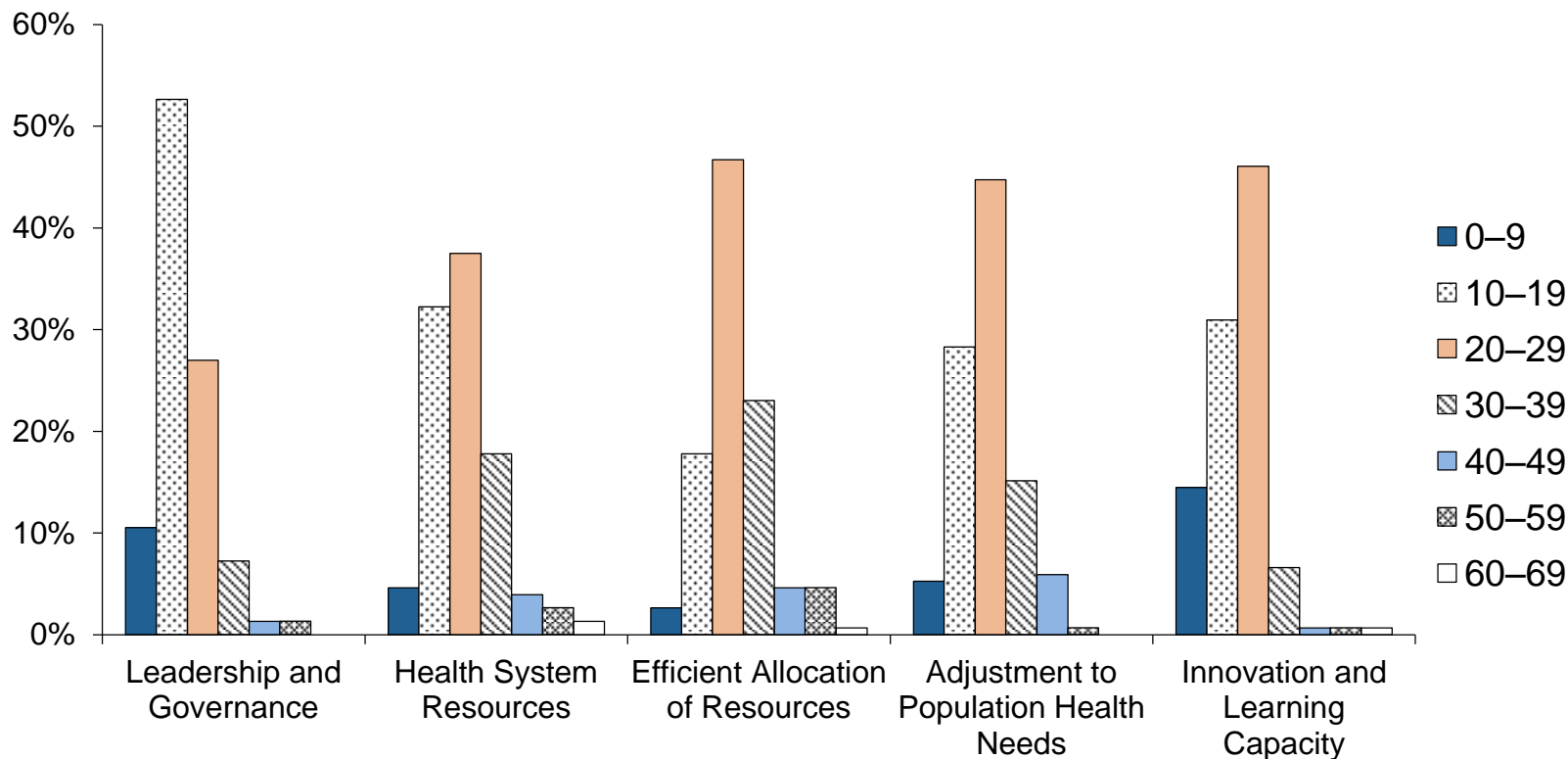


Note: Even allocation across all dimensions is \$25.



Frequency distribution of allocations across **Inputs** and **Characteristics** dimensions

Percentage of Respondents Allocating Dollar Ranges

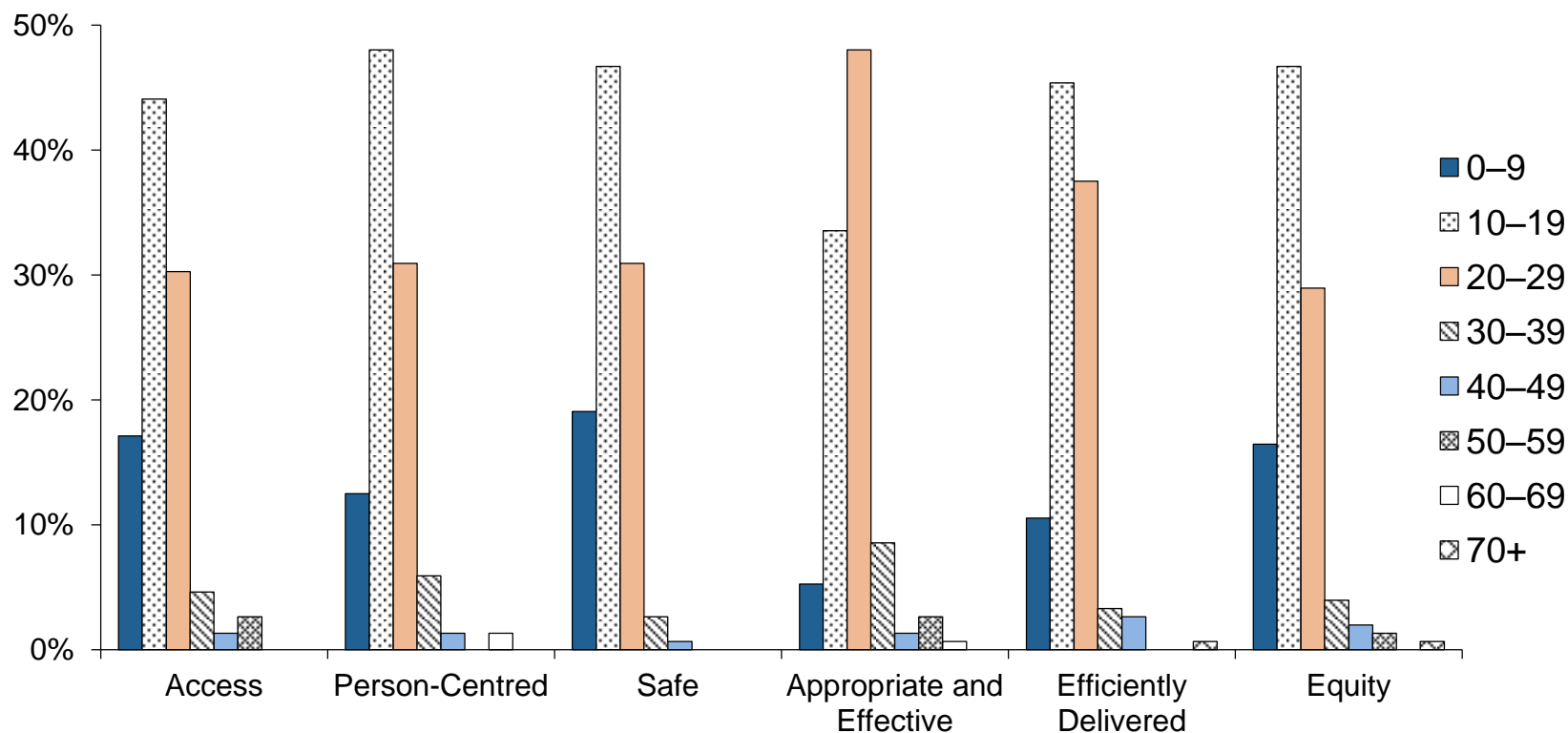


Note: Even allocation across all dimensions is \$20.



Frequency distribution of allocations across Outputs dimensions

Percentage of Respondents Allocating Dollar Ranges



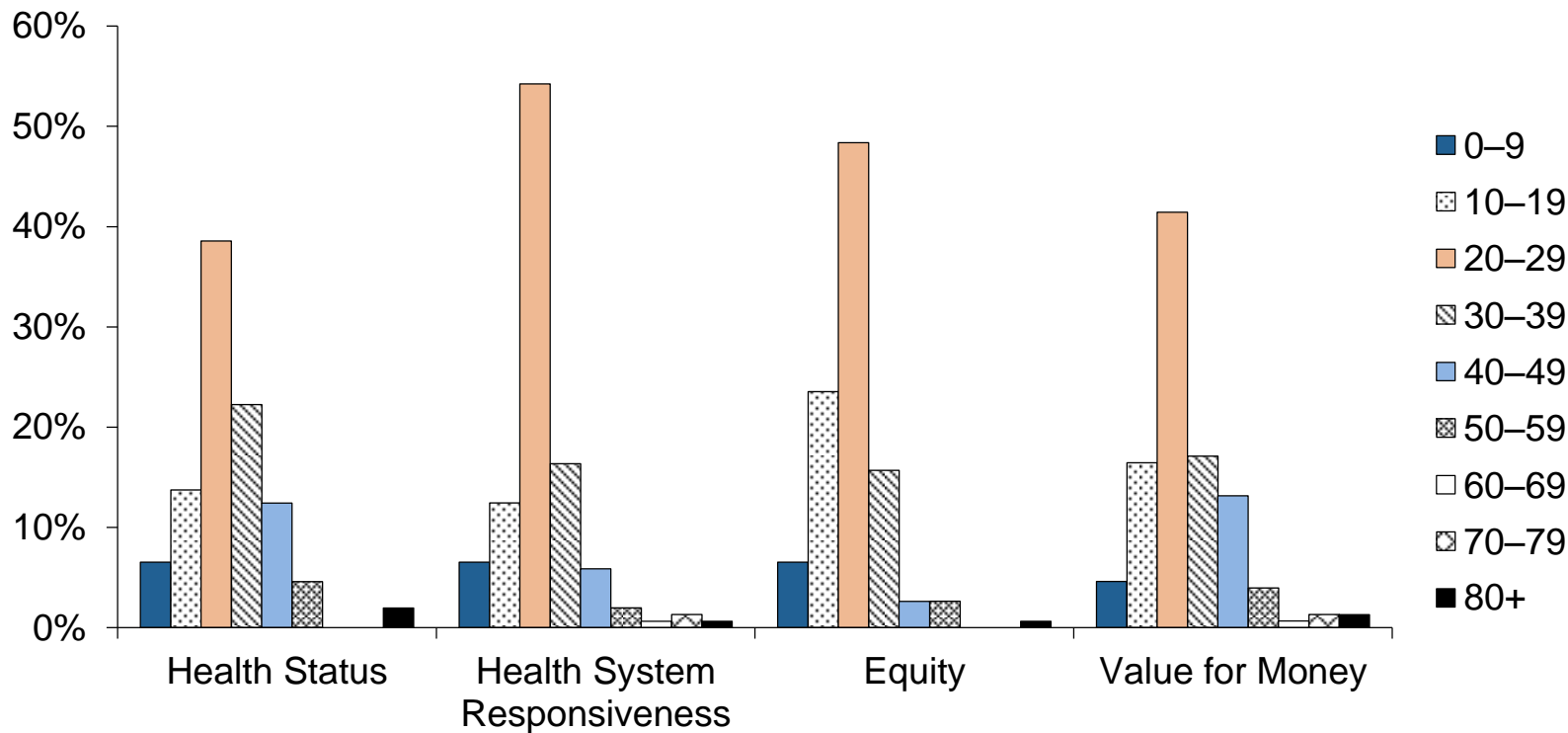
Note: Even allocation across all dimensions is \$17.





Frequency distribution of allocations across Outcomes dimensions

Percentage of Respondents Allocating Dollar Ranges



Note: Even allocation across all dimensions is \$25.