

Health Quality Ontario Evaluates Health System Performance *Finds About One-Third of Measurements Are Improved and More Than Half Are Unchanged*

Toronto, ON — October 14, 2015 — In order to improve, we must know how we're doing. *Measuring Up* is a yearly report produced by Health Quality Ontario (HQO) that looks at the health of Ontarians and how our provincial health system is performing. Released today, this year's report shows that over the past four to 10 years, 13 key performance indicators demonstrate improvement, 20 indicators show no change and two have deteriorated.

Measuring Up uses the Common Quality Agenda, a set of indicators developed with experts across the province, to see how the quality of care is changing in Ontario — how each local health integration network (LHIN) region is performing, and how our province compares with the rest of Canada and other countries.

Results for indicators that have stayed the same include physician follow-up after hospital discharge and eye exams for patients with diabetes.

Patients with heart failure, chronic lung disease, or a mental illness or addiction who are admitted to hospital should see their family doctor within a week after discharge; this ensures their care is coordinated and there is good communication among both providers and patients. Data show that 44%, 36% and 30% of these respective patient groups have a follow-up visit with their doctor within a week of leaving hospital, and these percentages have been static for the past five years.

Of Ontario adults with diabetes, one third do not have regular eye examinations that can prevent diabetes-related blindness.

There are also examples of flat results that are not always a bad sign. In some instances, the growing size and complexity of Ontario's population mean that consistent results might represent progress – for example, wait times for cancer surgeries and hip and knee replacements. More people in need of these procedures are getting them each year and although wait times have remained steady or improved, more cases are completed within the provincial targets.

In another example, even though Ontarians who enter long-term care homes are frailer and have more complex health, the rates of falls and pressure ulcers have stayed about the same. "In such cases, maintaining a steady performance could be a good thing," explains Dr. Joshua Tepper, President and CEO of Health Quality Ontario. "Yet in other areas we aren't seeing enough progress."

Also in *Measuring Up*, we are seeing differences in the quality of care Ontarians receive depending on where they live.

For several of the indicators, results vary quite a bit by location:

- In the North West LHIN region, just over a quarter of patients with heart failure had a follow-up visit with a physician within a week of leaving hospital; in the Central West LHIN region, more than half such patients received this care.
- The rate of hospital use for medical conditions that can be managed in other care settings ranged from 146 per 100,000 people in the Central LHIN region to 404 per 100,000 people in the North East LHIN region.
- About 64% of the North Simcoe Muskoka LHIN region's patients with complex needs started receiving personal support services within five days (the provincial target), compared with more than 90% of similar patients in the Erie St. Clair, Central West, and Mississauga Halton LHIN regions.

Looking at indicators that demonstrate improvement, *Measuring Up* indicates progress in healthy lifestyles, potentially unnecessary hospital use and the number of health care providers per 100,000 people.

Fewer Ontarians are smoking (down from 21% in 2007 to 18% in 2013), and more of us are physically active (inactivity is down from 50% in 2007 to 45% in 2013).

Over the past decade, the rate of people admitted to hospital for medical conditions that can be better managed in another care setting has decreased by one third (233 admissions per 100,000 people in 2013–2014 versus 341 admissions per 100,000 in 2003–2004).

The number of family doctors and specialists per 100,000 people has increased from 93 to 107, and 85 to 93 respectively between 2005 and 2013. The number of nurse practitioners and registered practical nurses per 100,000 people has increased from 4.7 to 15.2, and 195 to 261 respectively.

Also, unchanged over the past two years, most home care patients (84% - 94%) receive their services within five days (which is the provincial target).

Two areas where performance has deteriorated involve distress among informal caregivers and admissions to long-term care homes from hospital.

One third (33%) of family members and friends who cared for loved ones at home reported that they felt distressed or had been unable to continue providing this care. Four years ago, 16% of informal caregivers reported feeling this way.

In the past five years, the average wait for patients to move from hospital into long-term care homes increased to 69 days in 2013–2014 from 49 days in 2008–2009. (By contrast, for patients waiting to move from home into long-term care, the average wait time is now 116 days, which is 74 days shorter than it was five years ago.)

While indicators and results are key components of *Measuring Up*, Dr. Tepper is quick to point out that the report is not just about data.

“These numbers represent people — Ontarians such as Christa, who shares with us her experience with diabetic retinopathy, and Janice, who suddenly found herself in the role of caregiver when her husband’s dementia progressed.”

Theirs and many other stories of patients, families and providers are woven throughout the report and “remind us that we don’t track results for the sake of it. We do it so that we can figure out how to make the system better for all Ontarians.”

We need to understand why some indicator results are not budging, are deteriorating or are varied in different parts of the province so that we can improve our health system.

“What’s important now is that we work together — patients and families, professionals, policy makers and experts — to learn from each other and share innovations,” states Dr. Andreas Laupacis, Health Quality Ontario Board Chair. “We must take the information in *Measuring Up* and use it to zero in on what we can do better to ensure that *all* Ontarians receive the excellent-quality care we know is achievable.”

To download the report, visit <http://www.hqontario.ca/>.

ABOUT HEALTH QUALITY ONTARIO

Health Quality Ontario (HQP) is the provincial advisor on quality in health care. HQO reports public on the quality of the health care system, evaluates the effectiveness of new health care technologies and services, and supports quality improvement throughout the system. Visit www.hqontario.ca for more information.

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For more information, or to book an interview, contact: Jessica Verhey, Senior
Communications Advisor, Health Quality Ontario, 416-770-1898 Jessica.Verhey@hqontario.ca