QUALITY STANDARDS

Dementia: Care in the Community

Technical Specifications

2024 UPDATE

Ontario Health

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How to Use the Technical Specifications

This document provides technical specifications to support the implementation of the *Dementia* quality standard. Care for people with dementia is a critical issue, and there are significant gaps and variations in the quality of care that people with dementia receive in Ontario. Recognizing this, Ontario Health released the quality standard to identify opportunities that have a high potential for quality improvement.

This document is intended for use by those looking to implement the *Dementia* quality standard, including clinicians working in regional or local roles.

This document has dedicated sections to describe the following:

- Indicators that can be used to measure progress toward the overarching goals of the quality standard as a whole
- Statement-specific indicators that can be used to measure improvement for each quality statement within the quality standard

Indicators may be provincially or locally measurable:

- Provincially measurable indicators: how we can monitor the progress being made to improve care at the provincial level using provincial data sources
- Locally measurable indicators: what you can do to assess the quality of care that you provide locally

The following tools and resources are provided as suggestions to assist in the implementation of the *Dementia* quality standard:

- The *Getting Started Guide* outlines the process for using quality standards as a resource to deliver high-quality care; it contains evidence-based approaches, as well as useful tools and templates to implement change ideas at the practice level
- Our Spotlight Report highlights examples from the field to help you understand what successful quality standard implementation looks like

Measurement to Support Improvement

This document accompanies Ontario Health's *Dementia* quality standard. The Dementia Care in the Community Quality Standard Advisory Committee identified 5 overarching indicators to monitor the progress being made to improve care for adults with dementia living in the community in Ontario. Some overarching indicators are provincially measurable (well-defined or validated data sources are available), and some are measurable only locally (the indicators are not well defined, and data sources do not currently exist to measure them consistently across health care teams and at the system level).

The *Dementia* quality standard also includes statement-specific indicators that can be used to measure improvement for each quality statement in the quality standard.

Additional information on measuring indicators can be found in the *Quality Standards Measurement Guide*. The measurement guide also includes descriptions of data sources that can be used to support quality standard indicators that are measured consistently across health care teams, health care sectors, and the province.

Equity Considerations

Ontario Health is committed to promoting health equity and reducing disparities, and encourages collecting data and measuring indicators using equity stratifications that are relevant and appropriate for your population, such as patient socioeconomic and demographic characteristics. These may include age, income, region or geography, education, language, race and ethnicity, gender, and sex. Please refer to Appendix 3, Values and Guiding Principles, in the quality standard for additional equity considerations.

Quality Standard Scope

This quality standard addresses care for people with dementia living in the community, including the assessment of people suspected to have dementia or mild cognitive impairment. The quality standard focuses on primary care, specialist care, hospital outpatient services, home care, and community support services. It also provides guidance on support for care partners of people with dementia.

This quality standard does not apply to care provided in an emergency department or hospital inpatient setting or to people living in long-term care homes, nor does it address specific aspects of palliative care for people with dementia.

For a quality standard that addresses care for people with dementia and the specific behaviours of agitation or aggression who are in an emergency department, admitted to a hospital, or in a long-term care home, refer to *Behavioural Symptoms of Dementia: Care for People in Hospitals and Long-Term Care Homes*.

For a quality standard that addresses palliative care, refer to *Palliative Care: Care for Adults With a Serious Illness*.

Cohort Identification

For measurement at the provincial level, people with dementia living in the community can be identified using administrative data. For local measurement, people with dementia living in the community can be identified using local data sources (such as electronic medical records or clinical patient records).

Cohort Identification Using Administrative Data

To identify people with dementia for the provincially measurable indicators in this quality standard, the Discharge Abstract Database (DAD), the Ontario Health Insurance Plan (OHIP) Claims Database, and the Ontario Drug Benefit (ODB) program database can be used. Please refer to the measurement guide for more information on these databases.

To identify people who had a diagnosis of dementia during a hospitalization, records from DAD can be used. The following are the inclusions from the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada* (ICD-10-CA):

- F00: Dementia in Alzheimer's disease
- F01: Vascular dementia
- F02: Dementia in other diseases classified elsewhere
- F03: Unspecified dementia
- G30: Alzheimer's disease

To identify people who had a diagnosis of dementia during a primary care visit (for the provincially measurable indicators in this quality standard), OHIP claims records can be used. The following are the inclusions from the *International Statistical Classification of Diseases, Injuries, and Causes of Death, Ninth Revision* (ICD-9):

- 290: Senile dementia
- 331: Other cerebral degenerations

To identify older adults (aged 65 years and older) who are prescribed drugs specifically to treat dementia (for the provincially measurable indicators in this quality standard), ODB database records can be used. Drugs can be identified using the drug identification number (DIN) system created by Health Canada. The following drugs are the standard therapeutics prescribed for dementia:

- Donepezil
- Galantamine
- Rivastigmine

The case definition for identifying patients with dementia in the health administrative data in Ontario is adapted from Jaakkimainen et al. Sensitivity and specificity are documented in the original research article.

- A person is included in this dementia in the community cohort if they had any of the following:
  1 hospitalization code, 3 physician claim codes at least 30 days apart in a 2-year period, or
  1 prescription filled for a dementia-specific medication

The date of diagnosis is the date of hospital or physician visit at the first documentation of dementia diagnosis, whichever comes first. Excluded are people under 40 years of age and those living outside of Ontario. Once a person is identified as having dementia, they are considered prevalent until death or emigration from Ontario, whichever comes first.

Overarching Indicators That Can Be Measured Using Provincial Data

Indicator 1: Rate of emergency department visits for people with dementia living in the community

Description

Indicator name: Rate of emergency department visits for people with dementia living in the community

Directionality: Lower is better

Measurability: Measurable at the provincial level

Dimension of quality: Effectiveness

Quality statement alignment:

- All quality statements

Calculation

Denominator

Total number of people with dementia living in the community

The algorithm used to identify people with dementia living in the community consists of any of the following[a]:

- 1 hospitalization record from the Canadian Institute for Health Information (CIHI) DAD with a dementia-related diagnosis
- At least 3 physician claim records at least 30 days apart in a 2-year period from the OHIP database with a dementia-related diagnosis
- 1 prescription drug reimbursement record for dementia medications funded by the ODB (donepezil, galantamine, or rivastigmine)

Numerator

Total number of admissions to the emergency department among people in the denominator

Exclusions

- Invalid OHIP number
- Patients who are not Ontario residents

- Sex not recorded as male or female
- Records with an invalid date of birth
- People aged < 40 years or > 105 years
- Emergency department visits that are planned, prescheduled, or anticipated as part of the regular course of treatment

Method

Numerator ÷ Denominator

Data Sources

DAD, National Ambulatory Care Reporting System (NACRS), ODB, and OHIP

Limitations

This indicator cannot demonstrate if emergency department visits for people with dementia living in the community were appropriate. It does not capture emergency department visits in which care could be best managed elsewhere, nor underlying reasons for the emergency department visit (e.g., lack of community support or care, housing, other non-dementia-related conditions, health factors).

People with dementia living in the community can be identified via the algorithm developed by Jaakkimainen et al.[a] The algorithm has a sensitivity of 79.3%, a specificity of 99.1%, a positive predictive value of 80.4%, and a negative predictive value of 99.0%.

Some challenges of using administrative data to study dementia include the following:

- Not all people with dementia living in the community can be identified from health administrative data (underdiagnosis)
- People with dementia who do not have a physician diagnosis or dementia-specific drug recorded in Ontario's administrative data will not be counted
- People who have mild cognitive impairment or who lack a formal physician diagnosis will not be counted
- Timeliness of administrative data available

Comments

Dementia is often not the main diagnosis upon admission to an emergency department. Consequently, it may not always be documented in the health record.

[a]Jaakkimainen RL, Bronskill SE, Tierney MC, Herrmann N, Green D, Young J, et al. Identification of physician-diagnosed Alzheimer's disease and related dementias in population-based administrative data: a validation study using family physicians' electronic medical records. J Alzheimers Dis. 2016;54(1):337-49.

Indicator 2: Rate of hospitalizations for people with dementia living in the community

Description

Indicator name: Rate of hospitalizations for people with dementia living in the community

Directionality: Lower is better

Measurability: Measurable at the provincial level

Dimension of quality: Effectiveness

Quality statement alignment:

- All quality statements

Calculation

Denominator

Total number of people with dementia living in the community

The algorithm used to identify people with dementia living in the community consists of any of the following[a]:

- 1 hospitalization record from CIHI's DAD with a dementia-related diagnosis
- At least 3 physician claim records at least 30 days apart in a 2-year period from the OHIP database with a dementia-related diagnosis
- 1 prescription drug reimbursement record for dementia medications funded by the ODB (donepezil, galantamine, or rivastigmine)

Numerator

Total number of acute care discharges among people in the denominator

Exclusions

- Invalid OHIP number
- Patients who are not Ontario residents
- Sex not recorded as male or female
- People aged < 40 years or > 105 years
- Records with an invalid date of birth
- Records with an invalid admission date or time
- Records with an invalid discharge date or time

- Records with an admission category of elective/scheduled (L), newborn (N), cadaveric donor (R), or stillborn (S)

Method

Numerator ÷ Denominator

Data Sources

DAD, OHIP, and ODB

Limitations

This indicator cannot demonstrate whether hospitalizations for people with dementia living in the community were appropriate. It does not capture underlying reasons for hospitalizations (e.g., comorbidities).

People with dementia living in the community can be identified via the algorithm developed by Jaakkimainen et al.[a]

Some challenges of using administrative data to study dementia include the following:

- Not all people with dementia living in the community can be identified from health administrative data (underdiagnosis)
- People with dementia who do not have a physician diagnosis or dementia-specific drug recorded in Ontario's administrative data will not be counted
- People who have mild cognitive impairment or who lack a formal physician diagnosis will not be counted
- Timeliness of the administrative data available

Comments

[a]Jaakkimainen RL, Bronskill SE, Tierney MC, Herrmann N, Green D, Young J, et al. Identification of physician-diagnosed Alzheimer's disease and related dementias in population-based administrative data: a validation study using family physicians' electronic medical records. J Alzheimers Dis. 2016;54(1):337-49.

Indicator 3: Average length of stay in hospital for people with dementia living in the community

Description

Indicator name: Average length of stay in hospital for people with dementia living in the community

Directionality: Lower is better

Measurability: Measurable at the provincial level

Dimension of quality: Effectiveness

Quality statement alignment:

- All quality statements

Calculation

Step 1: Identify people with dementia living in the community.

The algorithm used to identify people with dementia living in the community consists of any of the following[a]:

- 1 hospitalization record from CIHI's DAD with a dementia-related diagnosis
- At least 3 physician claim records at least 30 days apart in a 2-year period from the OHIP database with a dementia-related diagnosis
- 1 prescription drug reimbursement record for dementia medications funded by the ODB (donepezil, galantamine, or rivastigmine)

Step 2: Calculate the length of stay for each person with dementia living in the community who stayed in hospital (i.e., length of time spent from date of admission to date of discharge).

Step 3: Apply the exclusion criteria below.

Step 4: Average the data (i.e., calculate the mean).

Exclusions

- Invalid OHIP number
- Patients who are not Ontario residents
- Sex not recorded as male or female
- People aged < 40 years or > 105 years
- Records with an invalid health card number
- Records with an invalid date of birth

- Records with an invalid admission date or time
- Records with an invalid discharge date or time
- Records with an admission category of elective/scheduled (L), newborn (N), cadaveric donor (R), or stillbirth (S)

Data Sources

DAD, OHIP, and ODB

Limitations

This indicator cannot determine the appropriate length of stay in hospital for people with dementia living in the community. Appropriate length of stay depends on several factors, including severity and conditions for the hospital stay, extent of care needed, and availability of resources elsewhere in the health system outside of the hospital that provide the type of care patients need, such as a long-term care home, home care, or community support services.

People with dementia living in the community can be identified via the algorithm developed by Jaakkimainen et al.[a]

Some challenges of using administrative data to study dementia include the following:

- Not all people with dementia living in the community can be identified from health administrative data (underdiagnosis)
- People with dementia who do not have a physician diagnosis or dementia-specific drug recorded in Ontario's administrative data will not be counted
- People who have mild cognitive impairment or who lack a formal physician diagnosis will not be counted
- Timeliness of administrative data available

Comments

[a]Jaakkimainen RL, Bronskill SE, Tierney MC, Herrmann N, Green D, Young J, et al. Identification of physician-diagnosed Alzheimer's disease and related dementias in population-based administrative data: a validation study using family physicians' electronic medical records. J Alzheimers Dis. 2016;54(1):337-49.

Indicator 4: Alternate-level-of-care days for people with dementia living in the community

Description

Indicator name: Alternate-level-of-care days for people with dementia living in the community

Directionality: Lower is better

Measurability: Measurable at the provincial level

Dimension of quality: Effectiveness

Quality statement alignment:

- All quality statements

Calculation

Step 1: Identify people with dementia living in the community.

The algorithm used to identify people with dementia living in the community consists of any of the following[a]:

- 1 hospitalization record from CIHI's DAD with a dementia-related diagnosis
- At least 3 physician claim records at least 30 days apart in a 2-year period from the OHIP database with a dementia-related diagnosis
- 1 prescription drug reimbursement record for dementia medications funded by the ODB (donepezil, galantamine, or rivastigmine)

Step 2: Obtain the number of alternate-level-of-care (ALC) days for each person with dementia living in the community who stayed in hospital (from CIHI's DAD).

Step 3: Apply the exclusion criteria below.

Step 4: Average the data (i.e., calculate the mean).

Exclusions

- Invalid OHIP number
- Patients who are not Ontario residents
- Sex not recorded as male or female
- People aged < 40 years or > 105 years
- Records with an invalid date of birth
- Records with an invalid admission date or time

- Records with an invalid discharge date or time
- Records with an admission category of elective/scheduled (L), newborn (N), cadaveric donor (R), or stillbirth (S)

Data Sources

DAD, OHIP, and ODB

Limitations

This indicator relies on administrative health data to determine the number of ALC days for each hospital stay. Accuracy in measuring total ALC stay is dependent on correct data reporting. There may be differences in the definitions of when postacute care ends and when ALC begins between hospitals providing this data.

People with dementia living in the community can be identified via the algorithm developed by Jaakkimainen et al.[a]

Some challenges of using administrative data to study dementia include the following:

- Not all people with dementia living in the community can be identified from health administrative data (underdiagnosis)
- People with dementia who do not have a physician diagnosis or dementia-specific drug recorded in Ontario's administrative data will not be counted
- People who have mild cognitive impairment or who lack a formal physician diagnosis will not be counted
- Timeliness of administrative data available

Comments

ALC is defined by CIHI as a description used in hospitals to refer to patients who occupy a bed but do not require the intensity of services provided in that care setting.[b] Typically, this occurs while the patient is waiting to be discharged to a more appropriate care setting.

[a]Jaakkimainen RL, Bronskill SE, Tierney MC, Herrmann N, Green D, Young J, et al. Identification of physician-diagnosed Alzheimer's disease and related dementias in population-based administrative data: a validation study using family physicians' electronic medical records. J Alzheimers Dis. 2016;54(1):337-49.

[b]Canadian Institute for Health Information. Guidelines to support ALC designation [Internet]. 2020 [cited 2024 Jun 14]. Available from: https://www.cihi.ca/en/guidelines-to-support-alc-designation

Indicator 5: Average length of stay in the community for people with dementia

Description

Indicator name: Average length of stay in the community for people with dementia

Directionality: Nondirectional

Measurability: Measurable at the provincial level

Dimension of quality: Patient-centred

Quality statement alignment:

- All quality statements

Calculation

Step 1: Identify people with dementia living in the community.

The algorithm used to identify people with dementia living in the community consists of any of the following[a]:

- 1 hospitalization record from CIHI's DAD with a dementia-related diagnosis
- At least 3 physician claim records at least 30 days apart in a 2-year period from the OHIP database with a dementia-related diagnosis
- 1 prescription drug reimbursement record for dementia medications funded by the ODB (donepezil, galantamine, or rivastigmine)

Step 2: Calculate length of stay in the community for each person with dementia (i.e., time from dementia diagnosis to placement in a long-term care home or death).

Step 3: Apply the inclusion and exclusion criteria below.

Step 4: Average the data (i.e., calculate the mean).

Inclusions

- People with dementia living in the community who are admitted to a long-term care home
- People with dementia living in the community who die before admission to a long-term care home

Exclusions

- Invalid OHIP number
- People with dementia living in the community who are not Ontario residents
- Records with an invalid long-term care home admission date or time
- Records with an invalid dementia diagnosis date or time

- People aged < 40 years or > 105 years
- Death records that cannot be matched to Registered Persons Database (RPDB)

Data Sources

OHIP, DAD, ODB, Continuing Care Reporting System (CCRS), and RPDB

Limitations

People with dementia living in the community can be identified via the algorithm developed by Jaakkimainen et al.[a]

Some challenges of using this indicator include the following:

- The stage of dementia progression at diagnosis varies; if the dementia was diagnosed early, then a longer length of stay in the community indicates a better ability to remain in the community, whereas for late-stage diagnosis, it indicates a much longer wait before being admitted to long-term care

Comments

[a]Jaakkimainen RL, Bronskill SE, Tierney MC, Herrmann N, Green D, Young J, et al. Identification of physician-diagnosed Alzheimer's disease and related dementias in population-based administrative data: a validation study using family physicians' electronic medical records. J Alzheimers Dis. 2016;54(1):337-49.

Overarching Indicators That Can Be Measured Using Only Local Data

You might want to assess the quality of care you provide to your patients with dementia. You might also want to monitor your own quality improvement efforts. It could be possible to do this using your own clinical records, or you might need to collect additional data. We recommend the following potential indicators, which currently can be measured only using local data collection:

- Percentage of people with dementia living in the community and their care partners who each have optimized quality of life
  - Dimension of quality: patient-centred
  - Denominator: number of people with dementia living in the community, or number of care partners for people with dementia living in the community
  - Numerator: number of people in the denominator who have optimized quality of life (the word “optimized” is used because quality of life varies from person to person and depends on the stage of disease)
  - Data source: local data collection
- Percentage of people with dementia living in the community who are confident with self-care
  - Dimension of quality: patient-centred
  - Denominator: number of people with dementia living in the community
  - Numerator: number of people in the denominator who are confident about the care they provide for themselves
  - Data source: local data collection
- Percentage of care partners of people with dementia living in the community who are confident with their ability to work collaboratively with people with dementia to provide care based on their needs and preferences
  - Dimension of quality: patient-centred
  - Denominator: number of care partners of people with dementia living in the community
  - Numerator: number of people in the denominator who are confident about their ability to work collaboratively with people with dementia to provide care based on their needs and preferences
  - Data source: local data collection
- Percentage of people with dementia living in the community and their care partners who reported being satisfied or very satisfied with the care and services received in the community
  - Dimension of quality: patient-centred
  - Denominator: number of people with dementia living in the community, or number of care partners for people with dementia living in the community

- Numerator: number of people in the denominator who reported being satisfied or very satisfied with care and services received in the community
- Data source: local data collection

Statement-Specific Indicators

The *Dementia* quality standard includes statement-specific indicators that are provided as examples; you may wish to create your own quality improvement indicators based on the needs of your population. We recommend that you identify areas to focus on in the quality standard and then use 1 or more of the associated indicators to guide and evaluate your quality improvement efforts.

Quality Statement 1: Comprehensive Assessment and Diagnosis

Percentage of people suspected to have mild cognitive impairment or dementia who receive a comprehensive assessment

- Denominator: number of people suspected to have mild cognitive impairment or dementia
- Numerator: number of people in the denominator who receive a comprehensive assessment
- Data source: local data collection

Percentage of people with mild cognitive impairment who received a comprehensive reassessment within the past year

- Denominator: number of people with mild cognitive impairment
- Numerator: number of people in the denominator who received a comprehensive reassessment within the past year
- Data source: local data collection

Percentage of people with dementia who received a comprehensive reassessment within the past year

- Denominator: number of people with dementia
- Numerator: number of people in the denominator who received a comprehensive reassessment within the past year
- Data source: local data collection

Quality Statement 2: Interprofessional Care Team

Percentage of people with dementia living in the community who receive community-based dementia care from an interprofessional team with expertise in dementia care

- Denominator: number of people with dementia living in the community
- Numerator: number of people in the denominator who receive community-based dementia care from an interprofessional team, including at least 1 physician or nurse practitioner and at least 1 other health care team member, all with expertise in dementia care
- Data source: local data collection

Percentage of people with dementia who receive community-based dementia care from an interprofessional team with expertise in dementia care in which they and their care partners are integral team members

- Denominator: number of people with dementia who receive community-based dementia care from an interprofessional team with expertise in dementia care
- Numerator: number of people in the denominator who feel that they and their care partners are integral team members
- Data source: local data collection

Quality Statement 3: Individualized Care Plan

Percentage of people with dementia who have an individualized care plan that guides their care

- Denominator: number of people with dementia
- Numerator: number of people in the denominator who have an individualized care plan that guides their care
- Data source: local data collection

Percentage of people with dementia who have an individualized care plan that is reviewed annually

- Denominator: number of people with dementia who have an individualized care plan
- Numerator: number of people in the denominator who have an individualized care plan that is reviewed annually
- Data source: local data collection

Quality Statement 4: Named Point of Contact

Percentage of people with dementia who have at least 1 named interprofessional care team member who serves as their point of contact

- Denominator: number of people with dementia who receive care from an interprofessional care team
- Numerator: number of people in the denominator who have at least 1 named team member on their interprofessional care team who serves as their point of contact
- Data source: local data collection

Quality Statement 5: Education and Training for People With Dementia and Their Care Partners

Percentage of people with dementia who receive education and training on dementia and available support services

- Denominator: number of people with dementia
- Numerator: number of people in the denominator who receive education and training on dementia and available support services
- Data source: local data collection

Percentage of care partners of people with dementia who receive education and training on dementia and available support services

- Denominator: number of care partners of people with dementia
- Numerator: number of people in the denominator who receive education and training on dementia and available support services
- Data source: local data collection

Local availability of education and training on dementia for people with dementia and their care partners

- Data source: local data collection

Quality Statement 6: Education and Training for the Health Care Team

Percentage of health care team members who care for people with dementia and have received education and training in dementia care

- Denominator: number of health care team members who care for people with dementia
- Numerator: number of people in the denominator who have received education and training in dementia care
- Data source: local data collection

Local availability of health care team members who have received education and training in dementia care

- Data source: local data collection

Quality Statement 7: Access to Support Services

Percentage of people with dementia who have access to individualized support services

- Denominator: number of people with dementia
- Numerator: number of people in the denominator who have access to individualized support services
- Data source: local data collection

Percentage of care partners of people with dementia who have access to individualized support services

- Denominator: number of care partners of people with dementia
- Numerator: number of people in the denominator who have access to individualized support services
- Data source: local data collection

Percentage of people with dementia who have received support services that met their needs

- Denominator: number of people with dementia
- Numerator: number of people in the denominator who have received support services that met their needs
- Data source: local data collection

Percentage of care partners of people with dementia who have received support services that met their needs

- Denominator: number of care partners of people with dementia
- Numerator: number of people in the denominator who have received support services that met their needs
- Data source: local data collection

Local availability of support services for people with dementia and their care partners

- Data source: local data collection

Quality Statement 8: Care Partner Assessment and Support

Percentage of care partners of people with dementia who receive an assessment

- Denominator: number of care partners of people with dementia
- Numerator: number of people in the denominator who receive an assessment
- Data source: local data collection

Percentage of care partners of people with dementia who have received an assessment and are offered supports to address their individual needs

- Denominator: number of care partners of people with dementia who have received an assessment
- Numerator: number of people in the denominator who are offered supports to address their individual needs
- Data source: local data collection

Local availability of a comprehensive range of respite services for care partners of people with dementia that meet the needs of both the care partner and the person with dementia

- Data source: local data collection

Quality Statement 9: Safe Living Environment

Percentage of people with dementia living in the community who reside in a safe living environment that meets their specific needs

- Denominator: number of people with dementia living in the community
- Numerator: number of people in the denominator who reside in a safe living environment that meets their specific needs
- Data source: local data collection

Quality Statement 10: Access to Primary Care

Percentage of people with mild cognitive impairment who have visited their primary care clinician in the past 12 months

- Denominator: number of people with mild cognitive impairment
- Numerator: number of people in the denominator who have visited their primary care clinician in the past 12 months
- Data sources: OHIP Claims Database or local data collection

Percentage of people with dementia who have visited their primary care clinician in the past 6 months

- Denominator: number of people with dementia
- Numerator: number of people in the denominator who have visited their primary care clinician in the past 6 months
- Data sources: OHIP Claims Database or local data collection

Looking for More Information?

Visit hqontario.ca or contact us at QualityStandards@OntarioHealth.ca if you have any questions or feedback about this quality standard.

Ontario Health
500–525 University Avenue
Toronto, Ontario
M5G 2L3

Toll Free: 1-877-280-8538
TTY: 1-800-855-0511
Email: QualityStandards@OntarioHealth.ca
Website: hqontario.ca

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@OntarioHealth.ca
Document disponible en français en contactant info@OntarioHealth.ca

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