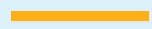


QUALITY STANDARDS



Insomnia Disorder

Technical
Specifications

FEBRUARY 2025



Ontario
Health

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How to Use the Technical Specifications

This document provides technical specifications to support the implementation of the [Insomnia Disorder](#) quality standard. Care for people with insomnia disorder is a critical issue, and there are substantial gaps and variations in the quality of care that people with insomnia disorder 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 *Insomnia Disorder* 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 *Insomnia Disorder* 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 *Insomnia Disorder* quality standard. The Insomnia Disorder Quality Standard Advisory Committee identified 3 overarching indicators to monitor the progress being made to improve care for adults with insomnia disorder in Ontario. The committee did not identify any provincially measurable indicators because provincial data sources on care for insomnia disorder are limited, as is the ability to identify people with insomnia disorder. When data sources or methods are developed that can accurately identify people with insomnia disorder, the committee will reconsider provincial measures of success for this quality standard.

The *Insomnia Disorder* 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 [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 it 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 adults aged 18 years or older who have insomnia disorder (also known as chronic insomnia). Insomnia disorder is defined as distress or daytime impairment that lasts 3 or more months, and that is associated with 1 or more of the following: difficulty initiating sleep, difficulty maintaining sleep, or early morning waking with difficulty returning to sleep, despite adequate opportunity for sleep. This quality standard applies to all health care settings. It does not include care for people whose sleeping difficulty is better explained by a different sleep disorder.

The quality standard includes 5 quality statements. They address areas identified by the Insomnia Disorder Quality Standard Advisory Committee as having high potential for improving the quality of care in Ontario for people with insomnia disorder.

Overarching Indicators That Can Be Measured Using Only Local Data

You might want to assess the quality of care you provide to people with insomnia disorder. 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.

Indicator 1: Percentage of people who report that their sleep has improved after treatment of their insomnia disorder

- Denominator: total number of people with insomnia disorder
- Numerator: number of people in the denominator who report that their sleep has improved after treatment
- Potential data source: local data collection via patient survey

Indicator 2: Percentage of people with insomnia disorder and taking insomnia medication who report that their medication was prescribed based on a documented discussion with their clinician

- Denominator: total number of people with insomnia disorder and taking insomnia medication
- Numerator: number of people in the denominator who report that their medication was prescribed based on a documented discussion with their clinician
- Potential data source: local data collection via patient survey

Indicator 3: Percentage of people who report improved quality of life after treatment of their insomnia disorder

- Denominator: total number of people with insomnia disorder
- Numerator: number of people in the denominator who report improved quality of life after treatment
- Potential data source: local data collection via patient survey and patient-reported outcome measures such as the EQ-5D

Statement-Specific Indicators

The *Insomnia Disorder* 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

Percentage of people suspected of having insomnia disorder who receive a comprehensive assessment to inform diagnosis

- Denominator: total number of people suspected of having insomnia disorder
- Numerator: number of people in the denominator who receive a comprehensive assessment to inform diagnosis
- Note: see quality statement 1 for a definition of *comprehensive assessment*
- Data source: local data collection

Quality Statement 2: Individualized, Person-Centred, Comprehensive Care Plan

Percentage of people with insomnia disorder who have a documented care plan

- Denominator: total number of people with insomnia disorder
- Numerator: number of people in the denominator who have a documented care plan
- Data source: local data collection via electronic medical records

Percentage of people with insomnia disorder and a care plan who report that the care plan is reviewed regularly (i.e., at least every 2 months until the insomnia disorder has improved, then at least annually until it has resolved)

- Denominator: total number of people with insomnia disorder and a care plan
- Numerator: number of people in the denominator who report that the care plan is reviewed regularly (i.e., at least every 2 months until the insomnia disorder has improved, then at least annually until it has resolved)
- Data source: local data collection, including electronic medical records and patient surveys

Percentage of people with insomnia disorder who report that their clinician always or often involves them in decisions about care for their insomnia disorder

- Denominator: total number of people with insomnia disorder
- Numerator: number of people in the denominator who report that their clinician always or often involves them in decisions about care for their insomnia disorder

- Note: a validated survey question that can be used to inform local data collection is available in the Canadian Patient Experiences Survey: “Were you involved as much as you wanted to be in decisions about your care and treatment?” (response options: Never, Sometimes, Usually, Always)
- Data source: local data collection via patient surveys

Quality Statement 3: Management of Insomnia Disorder in People With Comorbidities

Percentage of people with insomnia disorder and comorbidities who receive timely treatment for their insomnia disorder

- Denominator: total number of people with insomnia disorder and comorbidities
- Numerator: number of people in the denominator who receive timely treatment for their insomnia disorder
- Note: see quality statement 3 for a definition of *timely treatment*
- Data source: local data collection, including electronic medical records and patient surveys

Quality Statement 4: Cognitive Behavioural Therapy for Insomnia

Percentage of people with insomnia disorder who have timely access to cognitive behavioural therapy for insomnia (CBT-I) as first-line treatment

- Denominator: total number of people with insomnia disorder
- Numerator: number of people in the denominator who have timely access to CBT-I as first-line treatment
- Note: see quality statement 4 for a definition of *timely access*
- Data source: local data collection, including electronic medical records and patient surveys

Quality Statement 5: Pharmacotherapy

Percentage of people with insomnia disorder and taking insomnia medication who report that their medication was prescribed based on a documented discussion with their clinician

- Denominator: total number of people with insomnia disorder and taking insomnia medication
- Numerator: number of people in the denominator who report that their medication was prescribed based on a documented discussion with their clinician
- Data source: local data collection, including electronic medical records and patient surveys

Looking for More Information?

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

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