

Table 4. Indicators and Tools

5c) What indicators and tools are used to monitor progress?

Hospital 1: Complex continuing care and acute care

- *Performance Measurement (Balanced Scorecard & Dashboard)* – hospital is currently enhancing its performance measurement framework and evaluating indicators for inclusion;
- *Accessibility Plan Implementation* – The Environment of Care Committee regularly monitors progress;
- *Client/Family Satisfaction & Compliment and Complaint Resolution* –
 - Client & Family Satisfaction Surveys – Findings from regular surveying and resultant improvement activities are managed through the Department of Quality, Safety and Risk;
 - Client/Family Compliment & Resolution – Office of the Ombudsperson tracks and trends at the unit level a variety of measures (e.g. type of issues raised, Ombudsperson interventions, resolution status, time to resolution, final recommendations);
 - Private Companion Concern/Complaint Resolution – Private Companion Office handles concerns about companions and tracks and trends the nature of complaints/concerns and resolution status;
- *Engagement Survey* – Findings from the annual employee/physician/volunteer engagement survey and progress on resultant corporate initiatives are tracked through the newly created Quality of Worklife Committee;
- *Program/Department Measures* – informally collected by individual programs/departments, examples of measures used to monitor access to and use of services by clients/families include:
 - Cultural Activities (e.g. # of participants, # of referrals, # of hours of direct counseling, numbers & size of support groups, etc.);
 - Translation Services (e.g. utilization of translator service); and
 - Client/Family Support (e.g. placement of client in optimal living environment, acquisition of funding and/or needed assistive device, # of meals on wheels delivered, etc.).

Although the hospital does not plan to collect new measures of equity at this time, it supports a focus on measurement by CRICH and the Toronto Central LHIN, as well as the work underway to develop equity indicators and systematically collect equity- and diversity-relevant data.

Hospital 2: Rehab

- % of clients indicating preferred language other than English
- % of registered clients requesting interpreter services

- # of interpretation requests by language per fiscal year
- Cost of interpretation services per fiscal year
- Type and amount of funding provided due to financial hardship per fiscal year
- Client demographic information by postal code, LHIN boundaries
- Tell Us What You Think survey results and feedback themes per fiscal year
- # of Issue Resolutions completed and overall Issue Resolution themes per fiscal year

Hospital 3: Complex continuing care and Specialty

Indicators and tools that we will be using to monitor progress include:

- _____'s Balanced Scorecard
- # and type of interpreter requests
- patient and staff feedback
- staff satisfaction surveys
- feedback obtained via our Patient Risk Monitor System – patient compliments and complaints
- organizational wide Health Promotion Self Assessment (based on WHO Health Promotion Hospital assessment and includes Health Equity indicators)

Hospital 4: Specialized Clinical care

- Balanced Scorecard – provides program breakdowns
- CEO Goals and Indicators related to equity and diversity
- Committee review and management of Accessibility plan
- _____-wide Quality Council indicators
- Assessment of client complaints/compliments through Empowerment Council and Client Relations Trend analysis
- Building evaluation tool re tracking and understanding interpreter requests
- Senior Management Quarterly Indicators

Hospital 5: Specialty

_____ uses data to formulate indicators at all levels of the organization. A Corporate Balanced Scorecard is produced regularly and is reviewed carefully by the Board of Directors; the indicators in this scorecard are fully aligned with the organization's Strategic Plan of 2007.

In addition to the above, _____ is committed to the development and implementation of a performance measurement system to demonstrate the success of the Day Health Program. The evaluation of the Day Health Program will focus on measuring the achievement of the key goals of the program. A Day Health Program Steering Committee will establish and

monitor a quality program that includes outcome measures. The following are the key performance measurements that will be considered:

- Number of registered clients;
- Number of visits/encounters;
- Percentage of satisfied clients;
- Percentage of clients who feel their health status has improved;
- Percentage of clients who feel their quality of life has improved;
- Number of clients who have been connected to primary health care resources;
- Number of times language services are used;
- Number of clients who report increased adherence to their medication regime;
- Number of clients who self-report improved substance use behaviour; and
- Number of partner organizations providing service with the Day Health Program.

A critical success factor of program evaluation will be the ability to make connections with and utilize the expertise of researchers and evaluators. As noted earlier, partnerships at _____ will extend beyond clinical care wherever possible. The Day Health Program will build and collect a large set of data from which numerous measures can be generated. In collaboration with partners, areas of interest including mental health, housing retention and use of harm reduction strategies will be studied.

Hospital 6: Specialty

To measure performance and monitor progress _____ uses its own balanced scorecard. The _____ Scorecard is an integrated framework for describing and translating strategy through key performance indicators (KPIs) in four balanced perspectives. One of the quadrants is dedicated to measuring indicators associated with patients and families. The Scorecard is seen as a valuable tool to measure the impact of quality improvement initiatives related to health equity.

As part of our current Strategic Directions Renewal process we are examining all indicators.

Hospital 7: Acute

Progress is monitored by the Diversity & Human Rights Committee, Risk Management, AODA Committee, Social Work, Patient & Family Centred Care Committee, Corporate Quality Committee and the Patient Safety Steering Sub-Committee, through patients complaints management, patient satisfaction survey, Diversity & Human Rights complaints management, incident reporting, union grievances, accessibility plan implementation, balanced scorecard, patient compliments and interpreter requests. In addition, all _____ Hospital managers are held accountable for these policies and procedures, and mandatory training is provided for all healthcare providers. _____ Hospital has also gathered feedback from staff and patients regarding our policies, procedures and standards through the Made

in _____ Competencies community consultation and the Diversity in the Work Environment research project.

Hospital 8: Sub-acute

_____ uses a balanced scorecard framework to measure its performance. Key performance indicators in patient satisfaction, quality of care, utilization, and system integration are monitored closely at all levels of the organization. With the new strategic plan, there is a dedicated focus on patient flow, and on treating patients based on their needs and our ability to meet them. Particular attention will be paid to increasing the number of patients we serve, and the proportion of them that return home after their course of treatment.

The _____ Community Centre conducts regular client satisfaction surveys, which include specific questions about access to the services, both in terms of convenience and physical ease of access.

Hospital 9: Complex continuing care

Given that _____ is planning for new operations in the new facility, measurement tools such as balanced scorecards are being reviewed and as appropriate updated to incorporate goals in areas such as health equity. That said the Hospital is in the process of incorporating incident management software that will in part capture and monitor patient and community complaints.

Hospital 10: Community and Specialty

Specific equity performance indicators have not been developed or tracked. Existing data that might be developed into equity-relevant indicators include:

- **Interpreter Service Requests** are tracked utilizing a database system -- 7 years of tracking. All requests are entered including those that are not met.
- **Patient Relations:** Patient complaints and compliments are tracked through a database.
- **Patient Satisfaction:** _____ participates in the NRC Picker survey of patient satisfaction. Results currently are not analyzed by language or ethno-racial population group.
- **Accessibility Assessments:** As part of accountability under the *Ontarians with Disabilities Act* (ODA), _____ retained an external Accessibility Consultant to conduct an Accessibility Audit of the facility. The Audit was completed in April 2007 and outlined comprehensive recommendations to identify, remove and prevent accessibility barriers related to the built environment. One of the main tasks of the

Accessibility Working Group established under the AODA will be the identification and monitoring of a variety of barriers to access.

- **Census Tract (CT) Coding of Hospital Visit and Discharge Data:** Geomapping and linking hospital visits and discharges to CT enables the hospital to profile clients according to the characteristics of the census tracts in the absence of client demographic data to determine who is using hospital services.

Hospital 11: Acute

Indicators and tools include:

- Patient Affairs Feedback Data.
- Staff and patient satisfaction surveys.
- National Research Corporation (NRC) Picker.
- Community Advisory Panel feedback.
- Balanced Scorecard for Homeless Populations.
- Interpretation Services Data, User and Interpreter feedback.
- Hospital Utilization Records.
- Census Data.
- National awards and recognition.

Hospital 12: Critical care

_____ has a comprehensive Strategic Balanced Scorecard that helps the Senior Leadership Team and Board of Directors monitor all goals and objectives set throughout the organization. A 'user-friendly' version of this scorecard is available on the Hospital's website www._____.ca. The web version features easy-to-read graphs and information about the progress against goals and objectives. Many areas on the scorecard have helpful videos featuring Sunnybrook experts explaining the rationale for the objective and how the organization is tracking against achieving the goal.

As well as the Balanced Scorecard, the Hospital gathers quantitative data from a number of sources such as Picker Data and ICES atlases that examine disparities in access to care. _____ receives qualitative data on its performance from community advisory committees as well as feedback from Patient Relations.

Hospital 13: Community

The Strategic Management System at _____ ensures performance measurement is incorporated in all that we do, from our Accountability Agreement with the LHIN to individual Learning Plans. In relation to our health equity and access measures, the following are

ways in which we monitor progress:

- Patient Satisfaction Action Team (PSAT) and all clinical managers closely monitor the results of our continuous patient satisfaction surveys. The overall survey results and individual dimensions of care, such as Respect and Communication, are regularly reviewed and shared publicly.
- Accessibility Plan – Action Plan progress updated annually, reported through central hospital committee (Performance Improvement Council) and to community (Community Advisory Council).
- Language Line Statistics are reviewed monthly and used to determine the languages that written material should be translated into.
- Progress on hospital priorities is monitored through the Balanced Scorecard, which is provided to the TEGH Board and all staff at TEGH and made available to the public on our website.
- Complaints through our Patient Relations Office are tracked based on the nature of the complaint or compliment and the time to resolution.
- Corporate Communications, Planning & Partnership monitors questions and complaints from community members and neighbours. Complaints and actions taken to resolve issues are reported regularly to the Neighbourhood Advisory Council.

Hospital 14: Sub-acute

Corporate balanced scorecard includes indicators for complaints/compliments.

Unit based (departmental) scorecards include patient/family feedback.

Indicators including interpreter utilization are under development for implementation as a corporate indicator in 09/10.

Accessibility Committee will renew their indicators, methods of collection and reporting, for completion 09/10.

Hospital 15: Rehab

- Balanced scorecard measures that are monitored at all levels, including front line managers and reported quarterly to the Board.
- Client perspectives are monitored closely and results of patient satisfaction surveys are reported quarterly to the Quality of Patient Care Committee of the Board. An analysis, taking a health equity approach, will be applied to determine whether or not there are cultural barriers from the clients' perspective.
- Domains in the rehabilitation survey that are important from a health equity perspective are 'client participation in decisions' and 'client centred education'
- The outpatient survey includes a question that is specific to cultural sensitivity and is administered in five different languages.
- Wait times for outpatient therapy is monitored closely in some programs such as the

Spinal Cord and Musculoskeletal Programs. Wait times for therapy can be up to three months. The problem of equitable access to outpatient care is highlighted in a research article by Cott et al (Barriers to Rehabilitation in Primary Health Care in Ontario: Funding and Wait Times for Physical Therapy Services. *Physiother Can.* 2007;59:173-183).

- Outpatient volumes are monitored closely for all programs and reported quarterly.
- Meeting the health needs of community dwelling frail elderly requires a system wide approach. We work with the Regional Geriatric Program and track and trend geriatric outpatient utilization, however, there are no volume targets and resources are limited.

Hospital 16: Acute

_____ has several indicators and tools to monitor progress:

- Performance Measurement provides _____'s programs with evidence-based data and analytical expertise to help plan services
- Employee and Labour Relations and Human Resources monitors and reports on staff complaints of inequity and discrimination in the workplace
- Interpretation and Translation Services reports statistics on the number of requests in each language, each site, and by department
- Department of Patient Relations tracks and reports patient compliments and complaints

Hospital 17: Rehab and complex continuing care

_____ intends to use a variety of indicators and tools to monitor the achievement of its health equity priorities including:

Frequency and nature of interpretation requests;
Frequency of and attendance at relevant orientation and education sessions;
Explicit references to health equity in corporate and operational policies, procedures and planning documents;
Patient and staff feedback through satisfaction surveys, comments and other tools that inform the annual Corporate Balanced Scorecard.

Hospital 18: Specialty

- Feedback from Community Advisory Panels
- Balanced scorecard for Board
- Patient Satisfaction