

TWO DECADES OF CITIZEN & PATIENT ENGAGEMENT

LOOKING BACK

Matthew Mendelsohn

THE FUTURE

Will Falk



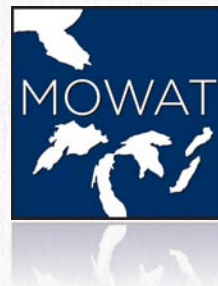
September 21, 2011

LOOKING BACK

THE PAST TWO DECADES OF CITIZEN
& PATIENT ENGAGEMENT

MATTHEW MENDELSON

Director, Mowat Centre

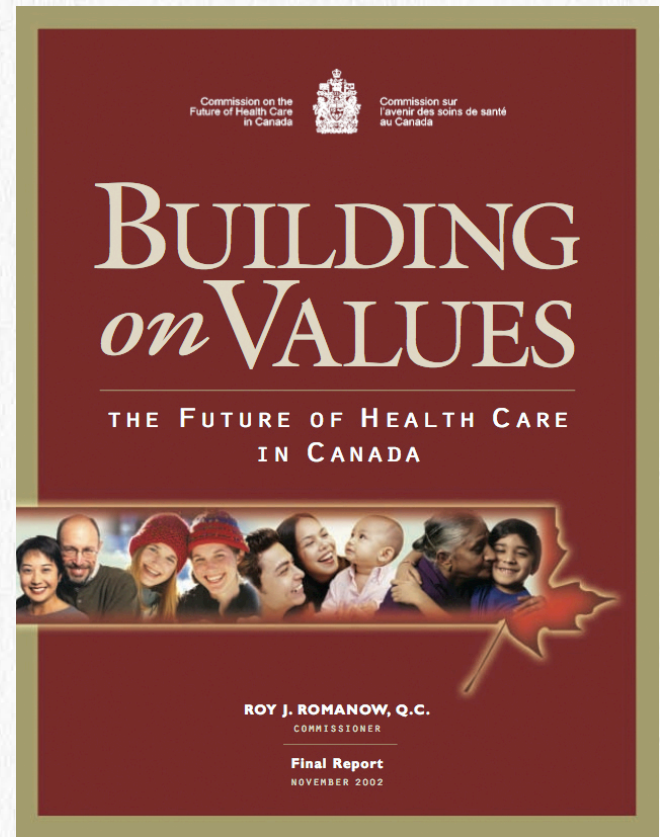


HEALTH CARE

CANADA'S NATIONAL TREASURE

Romanow Commission (2002)

- Popularizes notion that health care is a national treasure
- Regularizes the way we report on how Canadians feel about health care system
- Links pride in health care to Canadian identity
- Creates a baseline on citizen opinion on healthcare for Canadians



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[Alberta](#) > [Alberta Health and Wellness](#) > [Alberta Wait Times Reporting](#) > Wait Time Trends

[Wait Time Trends](#) [Specialist Search](#) [Procedures](#) [FAQs](#) [Privacy and Disclaimer](#)

Alberta Wait Times Reporting Website

Welcome to the Alberta Wait Times Reporting website. Albertans interested in treatment options can view wait time information on medical procedures and diagnostic tests and then discuss their treatment options with their health-care provider.

A Wait Time is the time between when a patient and [specialist] decide that a procedure or diagnostic test is required and the date the procedure or test is performed.

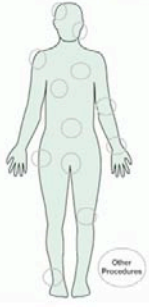
[Wait Time Trends](#) - [How do I search?](#)

Selection Criteria

Note: People who need emergency surgery or treatment receive it without delay. They are not entered or included in the wait time trends.

Step 1
Select a Procedure


Roll your mouse over a circled area to begin



Other Procedures

Step 2
Select a Service Area

Roll your mouse over a square to view facilities



Legend

- North Zone (Zone 1)
- Edmonton Zone (Zone 4)
- Central Zone (Zone 3)
- Calgary Zone (Zone 2)
- South Zone (Zone 5)

Step 3
Select Additional Parameters

Urgency

- I Urgent
- II Semi Urgent
- III Non Urgent
- I, II Combined
- I, II, III Combined

Trend By

- 90% Served
- 75% Served
- 50% Served
- 25% Served
- Average

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Alberta

www.waittimes.alberta.ca



Emergency Room Wait Times

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Emergency Room Search Results

Back

[Click here to see alternative options to ER care in your area](#)

*Please note that the ER information on this site is not real-time information and should not be used to assess the time you may spend in the ER today. If you believe you need immediate emergency care, please go to your nearest emergency room.

To better understand the data on this website, please read the [Frequently Asked Questions](#) section.

To see definitions for this page, [click here](#).

Hospital Site	Approximate Distance (km)	Total Time Spent in Emergency Room (9 out of 10 patients)		Hospital Type
		Complex conditions requiring more time for diagnosis, treatment or hospital bed admission (Hours)	Minor or uncomplicated conditions requiring less time for diagnosis, treatment or observation (Hours)	
Provincial Target		3	4	
Provincial		10.8	4.4	
TORONTO WESTERN HOSPITAL (UNIVERSITY HEALTH NETWORK)	2	12.6	5.1	Teaching Hospital
HOSPITAL FOR SICK CHILDREN, THE	3	9.2	4.6	Paediatric Hospital
MOUNT SINAI HOSPITAL	3	12.1	4.3	Teaching Hospital
ST. JOSEPH'S HEALTH CENTRE	3	10.9	4.6	Very-High Volume Community Hospital
TORONTO GENERAL HOSPITAL (UNIVERSITY HEALTH NETWORK)	3	12.1	4.6	Teaching Hospital
ST. MICHAEL'S HOSPITAL	4	13.7	5.1	Teaching Hospital
SUNNYBROOK HEALTH SCIENCES CENTRE	9	16.0	4.9	Teaching Hospital
TORONTO EAST GENERAL HOSPITAL	9	11.9	5.1	Very-High Volume Community Hospital
HUMBER RIVER REGIONAL HOSPITAL - CHURCH STREET SITE	10	13.2	3.7	High-Volume Community Hospital
HUMBER RIVER REGIONAL HOSPITAL - FINCH STREET SITE	15	12.3	3.9	High-Volume Community Hospital
NORTH YORK GENERAL HOSPITAL	15	11.5	3.6	Teaching Hospital
TRILLIUM HEALTH CENTRE - MISSISSAUGA	18	11.7	4.4	Very-High Volume Community Hospital
WILLIAM OSLER HEALTH CENTRE - ETOBICOKE GENERAL HOSPITAL	18	18.9	4.1	Very-High Volume Community Hospital
SCARBOROUGH HOSPITAL, THE - GENERAL CAMPUS	19	10.5	4.7	Very-High Volume Community Hospital
SCARBOROUGH HOSPITAL, THE - BIRCHMOUNT CAMPUS	20	10.0	4.1	High-Volume Community Hospital
ROUGE VALLEY CENTENARY (ROUGE VALLEY HEALTH SYSTEM)	23	10.5	4.0	High-Volume Community Hospital
YORK CENTRAL HOSPITAL	25	10.6	3.9	Very-High Volume Community Hospital
CENTRE FOR ADDICTION AND MENTAL HEALTH	1	NS	NS	NA
TORONTO REHABILITATION INST - QUEEN ELIZABETH CENTRE	2	NS	NS	NA
PRINCESS MARGARET HOSPITAL (UNIVERSITY HEALTH NETWORK)	3	NS	NS	NA
SUNNYBROOK HEALTH SCIENCES CENTRE - ORTHOPAEDIC SITE	3	NS	NS	NA
CASEY HOUSE HOSPICE	4	NS	NS	NA
HOLLAND ORTHOPAEDIC & ARTHRITIC CENTRE (SUNNYBROOK HEALTH SCIENCE CENTRE)	4	NS	NS	NA
SALVATION ARMY TORONTO GRACE HEALTH CENTRE, THE	4	NS	NS	NA
TORONTO BRIDGEPOINT	6	NS	NS	NA
TORONTO RUNNYMEDE HEALTHCARE CENTRE	6	NS	NS	NA
HUMBER RIVER REGIONAL HOSPITAL - KEELE STREET SITE	7	NS	NS	NA
BLOORVIEW KIDS REHAB	9	NS	NS	NA
TORONTO REHABILITATION INSTITUTE - LYNDBURST CENTRE	9	NS	NS	NA
TORONTO WEST PARK HEALTHCARE CENTRE	9	NS	NS	NA
BAYCREST	10	NS	NS	NA
PROVIDENCE HEALTHCARE	13	NS	NS	NA
ST. JOHN'S REHAB HOSPITAL	16	NS	NS	NA

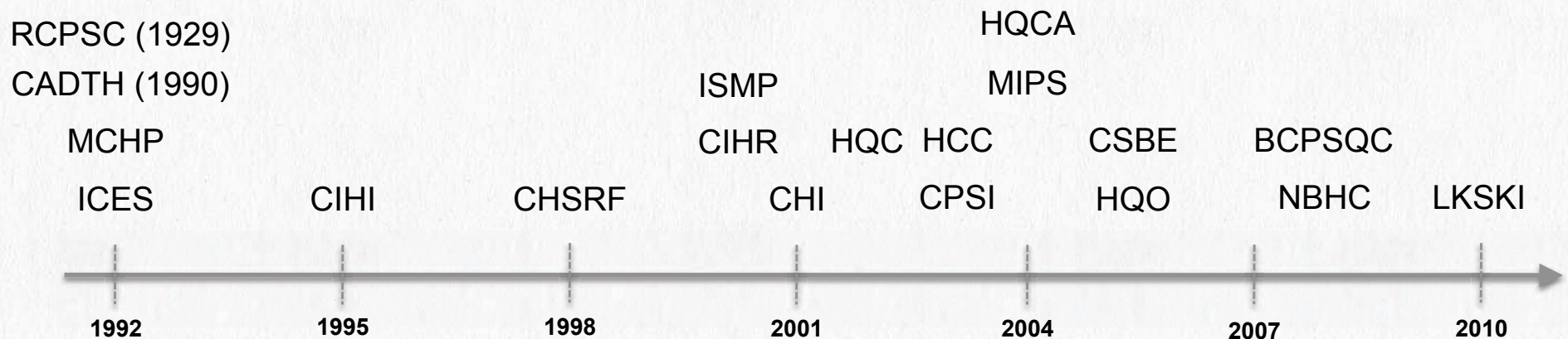
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Ontario
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TRANSPARENCY ON QUALITY

A new emphasis on quality created an “alphabet soup” of organizations that report and comment on quality



First academics, then journalists and policy makers, and ultimately citizens and patients begin to receive health quality information

REPORTING TO THE PUBLIC

As part of Access to Care, the Ontario government mandate public reporting starting in 2008

Ontario Patient Safety Indicators and Public Reporting:

- ✓ Clostridium difficile (C. difficile)
- ✓ Methicillin-resistant Staphylococcus aureus (MRSA)
- ✓ Vancomycin-resistant Enterococci (VRE)
- ✓ Hospital Standardized Mortality Ratio (HSMR) – mortality rates
- ✓ Rates of ventilator-associated pneumonia
- ✓ Rates of central line infections
- ✓ Rates of surgical site infections
- ✓ Hand hygiene compliance among health care
- ✓ **Surgical Safety Checklist Compliance**

QUALITY REPORTING TO CITIZENS: ECFA INDICATORS

Service Excellence

Indicator	Baseline	Current Quarter (Q4)	Previous Quarter (Q3)	Target
Would you recommend this hospital to friends & family? (Acute Inpatient) QIP	61.3%	56.1%	64.6%	67.4%
Did you feel you were treated with dignity & respect? (Acute Inpatient) QIP	79.8%	74.3%	77.2%	80.0%
		Current Month (June)	Previous Month (May)	
How well did the doctors & nurses explain things to you? (ED)** QIP	51.0%	60.0%	*	56.1%
		2010		
Staff Satisfaction with Communication QIP	53.6%	53.6%		59.0%

* Using Site B data only, with sample size of 68 for Mar to May 2011, results was 30.9%.

*Note that the ED patient satisfaction results represent both sites in the month of June.

Effectiveness

Indicator	Baseline	Current Month June	June ytd	Target
HSMR_Q3_F1011 QIP	78	76	n/a	68-88
30 Day Readmission Rate for selected CMGs to ANY facility_Q2 F1011 QIP	15.6%	15.3%	n/a	(14.0-17.2%)
ALC Days % of Total Days_May2011_Corp* QIP	9%	7.0%	8.1%	8.1%
ALC Days % of Total Days_May2011_Sites*		Site B:6% Site A: 9%	Site B:6.6% Site A: 10%	
Acute Typical Length of Stay (LOS)_May2011*	3.60	3.83	3.88	3.42
Post Admit Urinary Tract Infection(UTI)/1000 Patient Days_May2011* QIP	1.14	1.03	1.13	0.86
Venous Thromboembolism Prophylaxis NEW	69.0%	79.0%	76.0%	79.0%
Total Margin (Operating Surplus Deficit) QIP	1.27%	n/a	1.96%	1.57%
Staff Cost/ Patient Day	\$1,139.00	n/a	\$1,125	\$1,182
Cost per weighted case	Under Review			

* YTD values are May2011 YTD

Comparison to Target	Comparison to last reporting period
At or Better than Target	Favourable Trend
Slightly Below Target ≥ 0.1 - 5%	Unfavourable Trend
Needs Improvement > 5%	Consistent

Access

Indicator	Baseline	Current Month June	June ytd	Target
90th Percentile ED LOS - Admits QIP	31.62 hrs	30.3	36.3	28.5
90th Percentile ED LOS - CTAS 1,2,3 QIP	9.15 hrs	8.2	8.6	8.2
90th Percentile ED LOS - CTAS 4,5	4.43 hrs	4.2	4.2	4.0
90th Percentile ED Time to PIA	4.55 hrs	4.1	4.4	4.1
90th percentile Consultant Resp Time to ED*	4.7 hrs	4.6	4.7	TBD
90th percentile Consultant Resp Time to ED by site*	Site B:4.2 Site A:4.9	Site B:4.8 Site A:4.5	Site B:4.5 Site A:4.7	TBD
% Fractured Hip Patients who have surgery within 48 hours QIP	67%	59%	58%	77%
Decision to Admit to Time to Inpt Bed	23.68 hrs	23.5	27.9	21.3

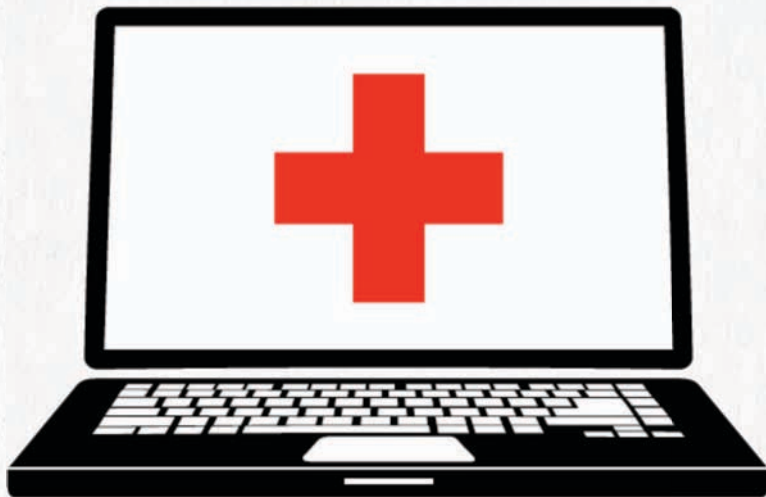
Safety

Indicator	Baseline	Current Month June	June ytd	Target
Falls for Complex Continuing Care Residents per 1000 Patient Days	6.7	7.4	*6.98	6.1
Medication Incidents/1000 Patient Days	2.7	3.0	*2.49	2.5
Antibiotic Administration	96%	95%	95%	95%
SHN: Ventilator Acquired Pneumonia_Apr to Jun 2011	0.0	0.60	*0.6	3.0
SHN: Central Line Infection_Apr to Jun 2011	1.17	0.85	*0.85	1.0
Hand Hygiene BEFORE Contact QIP	Site A 81% Site B 60%	69% 50%	70% 60%	Site A 80% Site B 66%
Avoid New Pressure Ulcers	Under Review			2.60%
Surgical Safety Checklist	99.97%	99.9%	99.8%	96%
Clostridium Difficile Infection (CDI)/1000 pt days	0.37	0.23	*0.28	0.34
MRSA Bacteremia/1000 pat days	0.00	0.04	*0.05	0.02
VRE Bacteremia/pat days	0.00	0.00	*0	0.00

*Ultimate stretch goal is zero. 2011/12 represents continuous improvement target or evidence based information.

BEYOND GOVERNMENT

Government and health sector advancements happened behind a backdrop of ever-expanding information about health and disease for patients

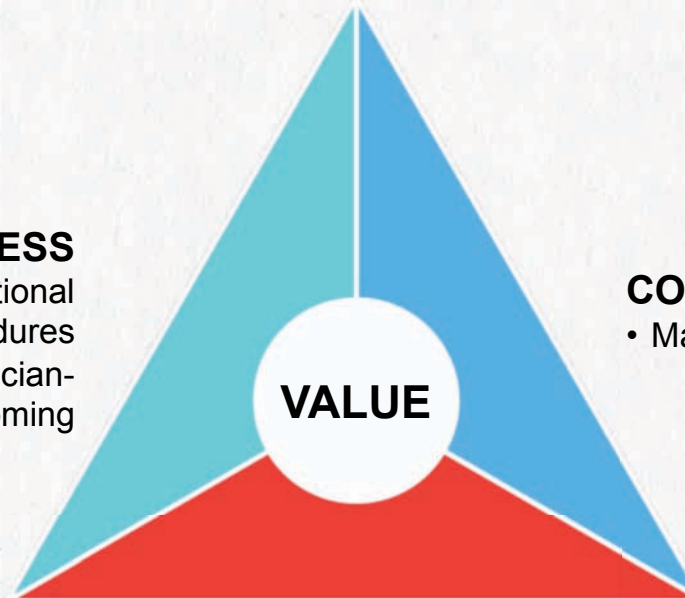


- Google Flu Trends
- cancer.ca
- heartandstroke.com
- Diabetes and Me
- headlice.org
- adam.com
- WebMD
- Wikipedia

TODAY'S CITIZEN

Today's citizens have access to information and are able to make informed decisions

- ACCESS**
- Full transparency on institutional wait times & acute care procedures
 - ER in implementation, physician-level forthcoming



- COST**
- Mass LBP Citizen Reference Panels

- QUALITY**
- 8 indicators
 - ECFA in first year of implementation
 - Better access to disease information



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THE FUTURE

THE NEXT DECADE IN CITIZEN & PATIENT ENGAGEMENT

WILL FALK

Executive Fellow in Residence, Health Policy & Public Sector Transformation, Mowat Centre



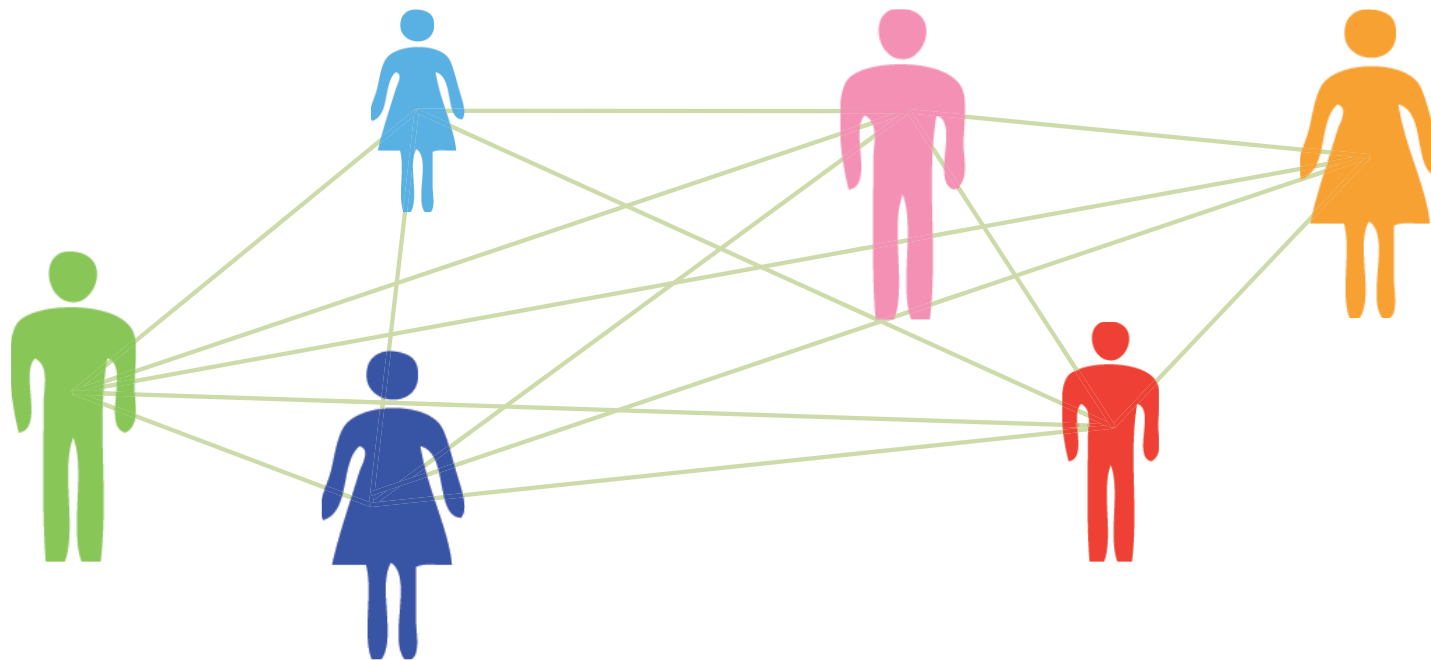
VIRTUALIZATION IN INSTITUTIONS

Growing prevalence of virtualization in Ontario's health institutions is changing how patients engage



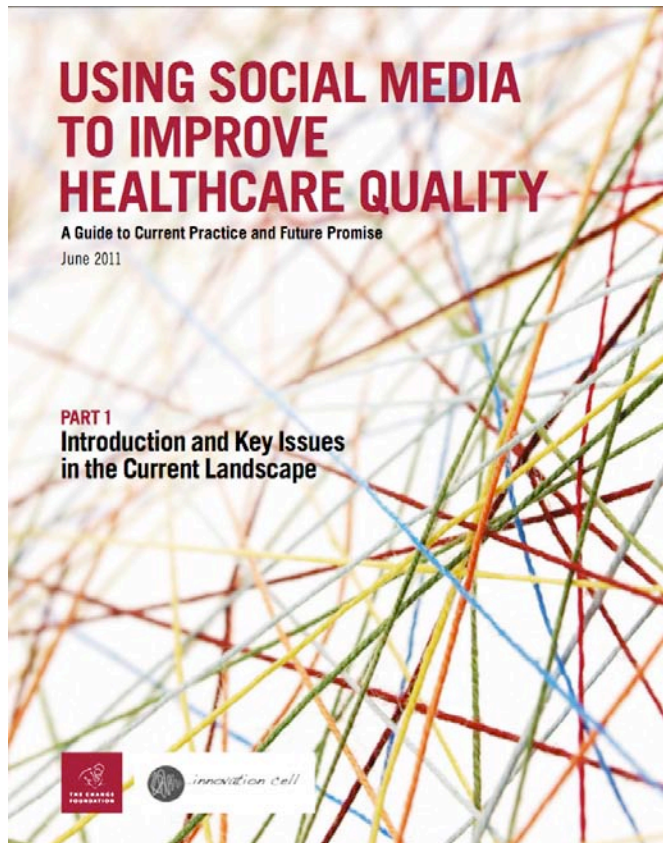
VIRTUALIZATION OF PATIENT NETWORKS

Patients are increasingly using social networks to share experiences



Patients Like Me is a data-driven social networking health site that enables its members to share condition, treatment, and symptom information in order to monitor their health over time and learn from real-world outcomes.





“Social media in healthcare holds substantial promise, including the construction of valuable information sprung from collaboration, patient-to-patient social supports, and more sustained and collaborative patient-provider relationships across the continuum of care.”

VIRTUALIZATION OF HOME



LOW COST ALTERNATIVES TO HEALTH SPECIFIC SYSTEMS



LOW COST ALTERNATIVES TO HEALTH SPECIFIC SYSTEMS

Next generation of devices

- 75% of US doctors now own an Apple device



26%

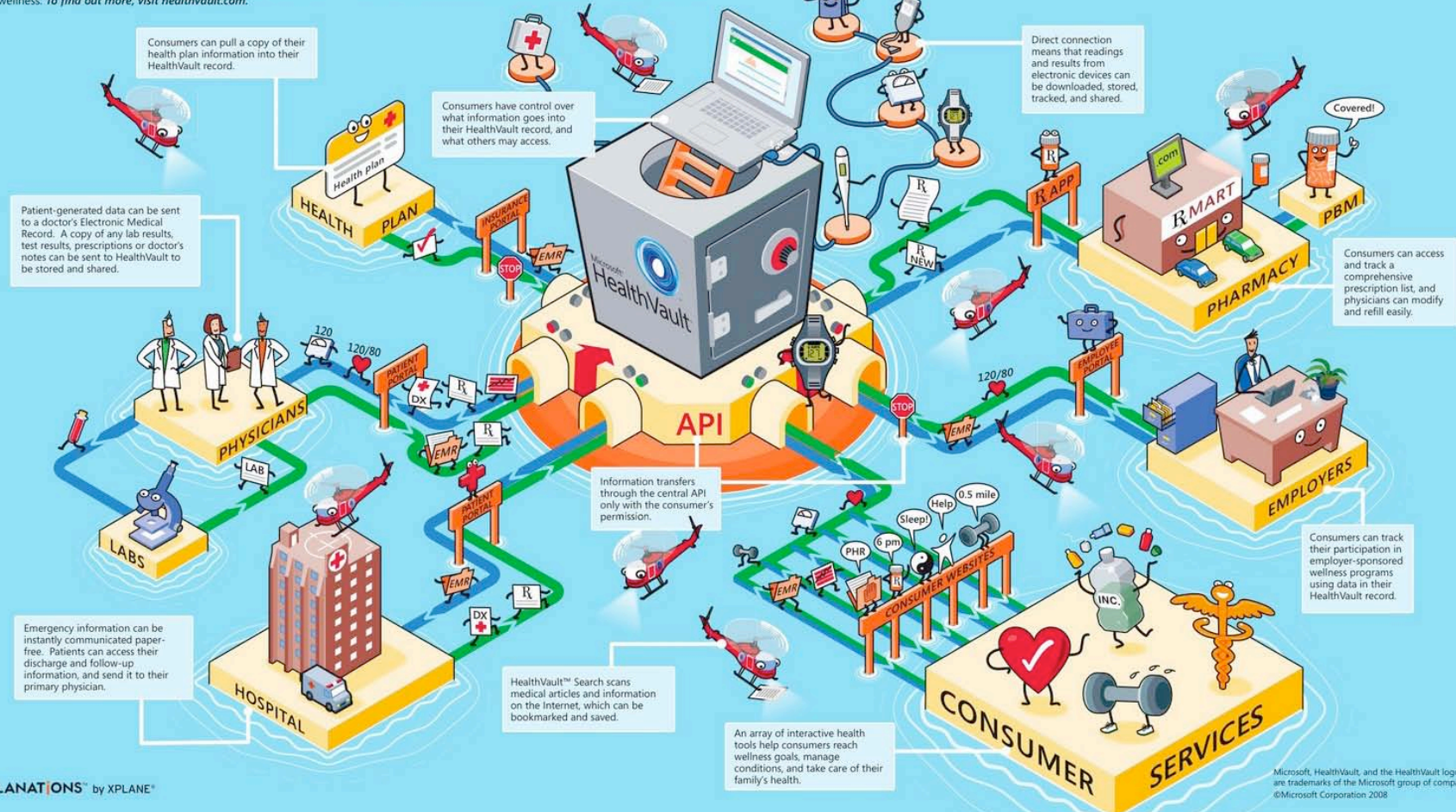
**Reduction in physical visits in first 18 months of
adopting virtual visits** (Kaiser Health Affairs, 2009)

DATA LIQUIDITY IS NOW POSSIBLE (AND LIKELY IN CANADA)

The Microsoft® HealthVault Future

Microsoft® HealthVault™ is a platform designed to put people in control of their health data. It helps them collect, store, and share health information with family members and participating healthcare providers, and it provides people with a choice of third-party applications and devices to help them manage things like fitness, diet, and health.

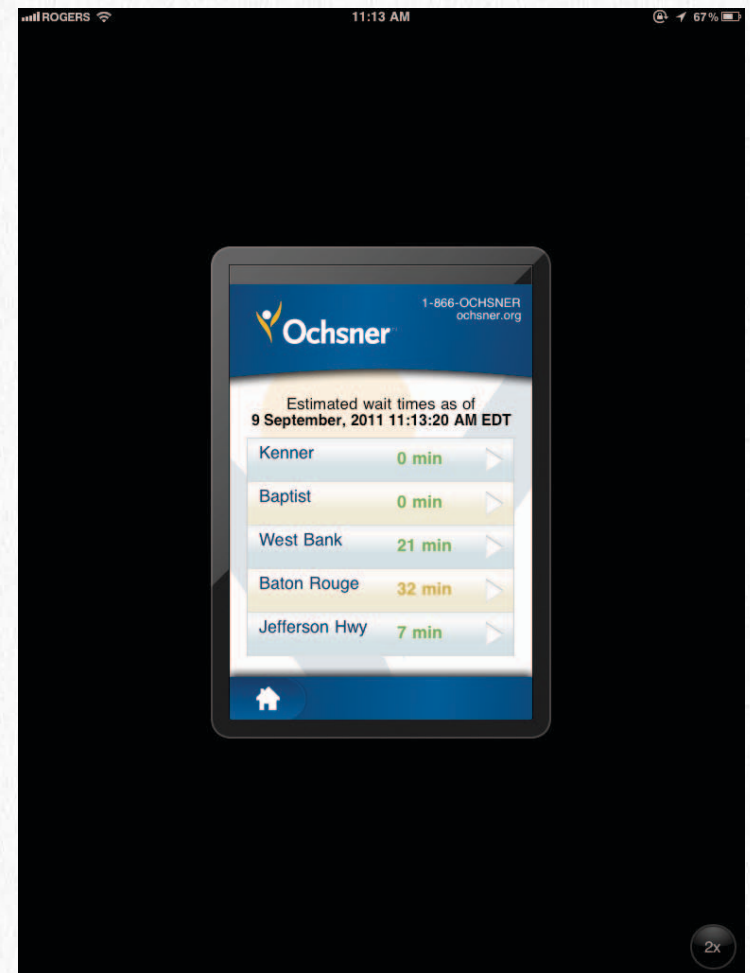
Microsoft has also developed HealthVault Search, a new intuitive Web search service that helps people discover answers to their health questions, learn more about topics important to them, confidentially store the information they discover, and act on that knowledge to improve their health and wellness. *To find out more, visit healthvault.com.*



EMERGENCY ROOM WAIT TIMES

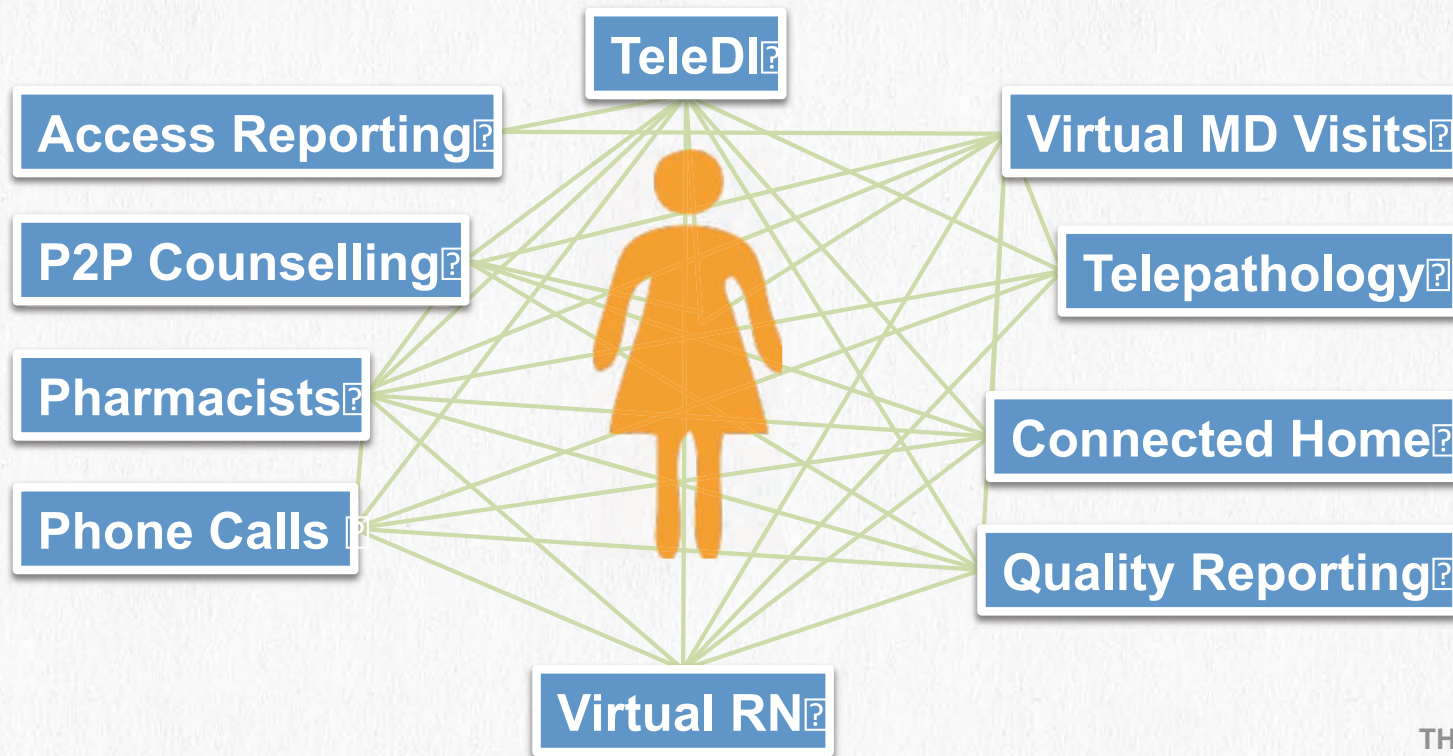
Health networks are developing mobile applications to communicate emergency wait times in many US and now some Canadian cities (Ottawa, Baton Rouge, Detroit)

- Next generation systems will see real time updating using 311 data
- Patients will have the information and partner with the health system by choosing sites of care



INTEGRATED SOLUTIONS

While these solutions will emerge as point solutions, patients and consumers will quickly bundle and integrate them as they organize their care





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