

Quality of Healthcare in Canada: Potential for a Pan-Canadian Measurement Standard



COMMENTARY

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ABSTRACT

Saskatchewan has embarked on a journey to transform the quality of its healthcare. Through our experiences, we have learned many lessons that could be useful to the development of a pan-Canadian system of measurement aimed at bettering care. However, measurement in isolation is insufficient to achieve improved healthcare. The system needs to be linked to a common improvement agenda. Creating a systematic approach to improvement is only possible through developing the capacities of leaders and front-line staff, by alignment through a common purpose, by focusing on value from the perspective of the customer and by creating measures backed by best practice that are transparent and accountable.

MEASUREMENT IN ISOLATION is insufficient to achieve improved healthcare. The past decade has seen a growing focus on the quality of healthcare worldwide. A discernible sign of this movement has been increased attention on measurement for the purposes of accountability and quality/performance improvement within

and among organizations, regions and nations. Within Canada, there have been measurement initiatives led by governments, national agencies such as the Canadian Institute for Health Information, hospitals, other healthcare delivery organizations, academic researchers and health quality councils.


In general, the stated aim of these various measurement initiatives has been to provide information needed to stimulate and help to sustain improvements and accountability in healthcare. However, by and large, few of these initiatives have been able to deliver important and sustained improvements. The shortcoming of many measurement initiatives is that they have not been linked to a systematic approach to healthcare improvement, including the development of capacity and capability for quality/performance improvement among the people who run the health system and deliver care.

Currently, Canadian provinces are approaching quality individually and at differing paces within their own jurisdictions, rather than through a pan-Canadian strategy (Sutherland et al. 2012). This functions as both a benefit and a challenge to creating one Canadian standard of measurement for quality. It can be seen as a benefit because provincial governments have finally begun to see the value of measuring health quality; but it is a challenge in the sense that differing health systems are not measuring the same things to the same extent, which makes comparisons of data quite difficult.

Although a pan-Canadian approach to health quality has not largely been formally undertaken, work has occurred involving great collaboration with the health system and its partners in Saskatchewan through quality initiatives such as Lean, Accelerating Excellence, and Quality as a Business Strategy. The next step in the quality journey is to establish pan-Canadian measurements, one standard that provinces can adhere to rather than overwhelming our partners with indicator chaos. Leadership is important to further advance the quality agenda, as are creating value for the customer and ensuring accountability and transparency of the agreed-upon measures.

The only way to motivate health systems

to address their shortcomings and to influence them to improve is to get them to think



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of the patient as a customer of the health system. Similarly, improved accountability and transparency to the patient through quality measures will inform the customer of the reality of healthcare. An informed customer should demand more of the health system, further influencing quality improvement by the health system.

Why Quality? From the Perspective of the Customer, It Creates Value in the System

Michael Porter, a professor at Harvard Business School, argues that “value [as defined by the customer] should define the framework for performance improvement in health care” (2010); he continues: “Rigorous, disciplined measurement and improvement of value is the best way to drive system progress. Yet value in health care remains largely unmeasured and misunderstood” (2010: 2477). Although great strides have been made in advancing the quality agenda in Saskatchewan through Lean and other quality initiatives, there has yet to be a consistent set of measures created that all parties agree on and adhere to. The need for quality measurement will become even more pressing as we continue on our quality journey as “proper measurement of outcomes and cost is the single most powerful lever for improving health care delivery.” (Porter 2010: 12).

From the patient’s perspective, value has become an increasing priority in

Saskatchewan since 2009, when the Patient First review documents were released (Dagnone 2009). These reports made several recommendations that influenced the system's transformation from a provider-centred system to one with more of a customer focus. Creating value from the perspective of the customer feeds into and supports the Triple Aim approach – a positive patient experience, better health outcomes and sustainable costs (Institute for Healthcare Improvement 2007).

Quality Journey in Saskatchewan: Creating a Systematic Improvement Approach

The Saskatchewan Ministry of Health has been embarking on the quality journey through Lean since 2008. The goal has been to empower employees to innovate and change work processes that did not produce value for patients, families, residents, clients and those who provide services (Florizone 2011). Through our Lean efforts, we aim to create and maintain an unwavering focus on the patient, enhance the quality of care and safety of patients and employees, lower costs, increase productivity, increase patient satisfaction and raise employee morale.

In 2009, the ministry, regional health authorities and the Saskatchewan Cancer Agency agreed to a common approach for ensuring quality through the use of the Lean methodology province-wide. There are now approximately 150 Lean teams across the health system that are actively pursuing quality improvements.

Two other provincial quality initiatives are having remarkable impacts on the health system in Saskatchewan. Releasing Time to Care (RTC) is a Lean-based patient-centred initiative that improves safety, quality, staff satisfaction, patient experience and the amount of direct care time for patients. RTC is now implemented in 90% of medi-

cal and surgical acute care wards throughout the province and is also being spread to emergency departments, long-term care and mental health wards. Another provincial quality initiative is Clinical Practice Redesign (CPR), led by the Health Quality Council (HQC). CPR focuses on improving patient experiences and health outcomes through heightened efficiency and improved access, as well as through increased provider and staff satisfaction. Although these quality initiatives are remarkable, consistent measurement based on best practices is lacking, leaving a void in our quality journey.

Filling the Quality Measurement Void

Within the health system, HQC has attempted to fill the quality measurement void by launching Quality Insight in 2007 and subsequently creating its website, Quality Insights Online (<http://www.qualityinsight.ca/>), in 2011. Quality Insight is a provincial initiative supporting health quality measurement guided by a working group (Teare et al. 2011). The group is committed to transparency, which is evident in its website, which displays reports on over 100 indicators of quality within the health system (Teare et al. 2011). The site is intended to be a “one-stop shop” for system quality and performance measurement.

In 2008, HQC also launched Accelerating Excellence, a multi-level program to rethink, redesign and renew healthcare, using the highest-performing health systems in the world as models. Accelerating Excellence has focused on four key drivers of health system transformation: developing leadership for quality; engaging clinicians in improvement; building the capability of health teams to improve care; and building the measurement system needed to provide feedback and accountability.

A component of Accelerating Excellence was a collaborative leadership learning

program called Quality as a Business Strategy (QBS). This program engaged senior leadership teams from all regional health authorities, the Saskatchewan Cancer Agency, the Ministry of Health, HQC and many other healthcare-related organizations in a two-year journey consisting of six learning workshops and intervening action periods. In all, more than 250 health system leaders were involved. These leaders were equipped with tools and approaches to

- establish and communicate the purpose of their organization,
- view their organization as a system,
- design and manage a system for gathering information to improve,
- develop a plan for improvement integrated with regular business planning and
- manage individual and team improvement activities.

Although designing and managing an information system (i.e., measurement and reporting) was one of the topics, capability in each of the listed areas is crucial to the effective design and use of measurement.

These initiatives have been a step in the right direction in establishing standards for quality measurement, while educating on the value to the customer and engaging leaders in a transparent way. The next step in the journey is to take all we have learned and collaborate with other provinces to create a national standard.

Developing Capability for Leadership and Front-Line Staff to Support Measurement for Quality

Having a clear and shared purpose and staying true to it over the long term are vital for success. An important development during the QBS experience was that leaders of health organizations across Saskatchewan agreed to put the patient first and act as a unified

system with a common purpose. This has led to the health system undertaking a shared approach to system-wide strategy planning, prioritization and deployment. This shared purpose has given new impetus and focus for development of a common set of metrics that can be used to measure progress on achievement of the shared goals.

Viewing each healthcare organization and its inter-relationships in service of patients system-wide has also led to different thinking about what is required of measurement. The health system needs information to meet the needs of different hierarchical levels of organization and decision-making from strategic (boards and senior leaders) to tactical (programs) to transactional (points of care). It also requires careful attention to different information needs at various levels of health system. Most national initiatives focus primarily on the strategic level; but if these measures do not cascade all the way down to the patient-provider interface, then only a limited impact on improvement will result.

Information and measurement cannot be siloed – simply measuring performance within a particular process or healthcare organization or sector. We have begun to develop measurement systems and a capability to measure the quality of the longitudinal journey of patients as their health needs are dealt with in different areas of the system (e.g., primary care, emergency, acute care and continuing care). Looking at the entire healthcare continuum from the perspective of the patient is not only more valuable to the healthcare system aiming to improve, but it also provides more value to the patient.

Learning opportunities and capacity also need to be created in order for front-line staff to measure for improvement. Transparent measures focused on improvement created and backed by front-line staff are key as staff are more engaged to improve quality than if they

were not involved in the process. This allows for a sense of ownership in the process, as well as creating measures that have meaning for providers, leaders and patients.

Transparency and Accountability of Measures

Transparency and accountability of measures feed into creating value from the patient's perspective. Customers of the health system cannot be expected to make informed choices about their care unless they have as much information as possible. We must not only measure and publish measures related to safety but also find better ways to capture patient satisfaction and other indicators. There is also a need to educate the intended audience on how to use and interpret the measures released to them.

As quality measures become more transparent, there is an added incentive for the health system to improve. Becoming more transparent and accountable also creates a sense of competition for healthcare providers to offer the best service possible. This was seen in a project involving physician patterns in ordering tests. Some physicians were ordering substantially more tests than their counterparts were. Once a comparative chart displaying ordering patterns was released to all physicians and they could view each other's data (education on best practices was also provided), behaviours profoundly changed for the positive.

Conclusion

In order for a pan-Canadian strategy to be successful, shared priorities using cascading measurement from the top down to the patient-provider and from the bottom up are needed. Engaged leadership coupled with informed front-line staff and patients must occur prior to decision-making in order for quality improvement to occur. There is a need for collaborative development and shared

sense of "ownership" in the measurement system by the health system. Measures must also be transparent and accountable to both providers and our ultimate customer – the patient. All of these pieces together are crucial to the creation of a sustainable pan-Canadian measurement system.

Although Canadian provinces are approaching quality improvement individually and at differing paces within their own jurisdictions, rather than through a pan-Canadian strategy, there has been talk of creating a pan-Canadian acute care patient experience tool to help hospitals identify performance improvement activities. Although these discussions are in the preliminary stages, this is a positive step in moving forward the quality agenda. A pan-Canadian tool would not only allow hospitals to compare results nationally but would also serve as a tool to enable comparability with patient experience data internationally. It would help us to identify good performances and to learn from past experiences. It would also open the door to other collaborative opportunities to improve care.

If the shift toward quality is as important as we say it is, perhaps a single institution accountable for measuring and reporting on quality on a pan-Canadian basis needs to be created. It is hoped that this would curb what has been described as indicator chaos: the fact that governments and other organizations are asking our partners for an ever-increasing number and variety of measurement improvement indicators; this is distracting them from, rather than aiding in, quality efforts (Teare et al. 2011) and, in turn, not creating value in the eyes of the patient.

Measurement, leadership, staff and patient engagement and quality improvement capability are tightly intertwined elements that feed off each other to create synergies for health system transformation. Therefore, to be optimally useful, any national healthcare

quality/performance measurement initiative will need to build on and purposefully interact with these other elements of transformation at local and provincial levels.

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All around us, people are at work leading change in healthcare. All of these leaders have a journey of experience from which they have learned (and are learning!) lessons.

- Paul Batalden, *Editor*

