

Performance Measurement Journey: *Is there light at the end of the tunnel?*

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VHA HOME HEALTHCARE

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Presentation Overview

- Introduction to VHA Home HealthCare & Ontario's Home Care Sector
- Accountability and Performance Measurement
- VHA's Performance Measurement Journey (2000-2009)
- *Value-Add* Performance Measurement

About VHA Home HealthCare....

- Founded in 1925 (*formerly Visiting Homemakers Association*)
- Not-for-profit home care provider of nursing, rehab, personal support & homemaking services
- > 90% of business is government-funded (CCACs)
 - Remainder are United Way, other grant funded programs, and fee for service
- Over 16,000 clients serviced in 2008 *
- 1600+ employees / service providers

* *Excludes Rehab clients—new Rehab division integrated in July/09*

Ontario's Home Care Sector

- 1996—Dramatic changes made: Managed competition introduced
- For-profit and NFP provider agencies required to compete for business (RFP-process)
- Community Care Access Centres (CCACs) established as home care purchasers, coordinators and quality monitors
- 2007—health system changes led to transformation of 42 CCACs into 14

Demand for Accountability

- All health sectors experienced increased demand for accountability—home care sector had most rapid increase with least resources
- **CCAC RFP & accreditation processes**—key drivers of Performance Measurement (PM)

Increased Accountability Demands

Enhanced Performance Measurement

Improved Accountability



CCACs' Increased PM Requirements

- RFP process aims for best quality @ best price
- CCACs monitor key performance indicators — provincial templates implemented recently
- Allows for benchmarking & performance comparisons across organizations
- Home Care performance soon to be included in Ontario's Health System Public Reporting system (Nov. 2009)

Accreditation Canada

- Accreditation body for largest # of health care organizations for over 50 years
- 2001--Accreditation Canada (*formerly Canadian Council on Health Services Accreditation/CCHSA*) began AIM program (AIM=Achieving Improved Measurement)
- 2007—Qmentum Accreditation Program introduced—further enhanced PM expectations

Defining Performance Measurement

- *Performance measurement is the process whereby an organization establishes the parameters within which programs, investments, and acquisitions are reaching the desired results.*

[www.wikipedia.org]

- *Performance measurement (PM) - The process of developing measurable indicators that can be systematically tracked to assess progress made in achieving predetermined goals...*

[www.ichnet.org/glossary.htm]

3. CCAC & other funder requirements

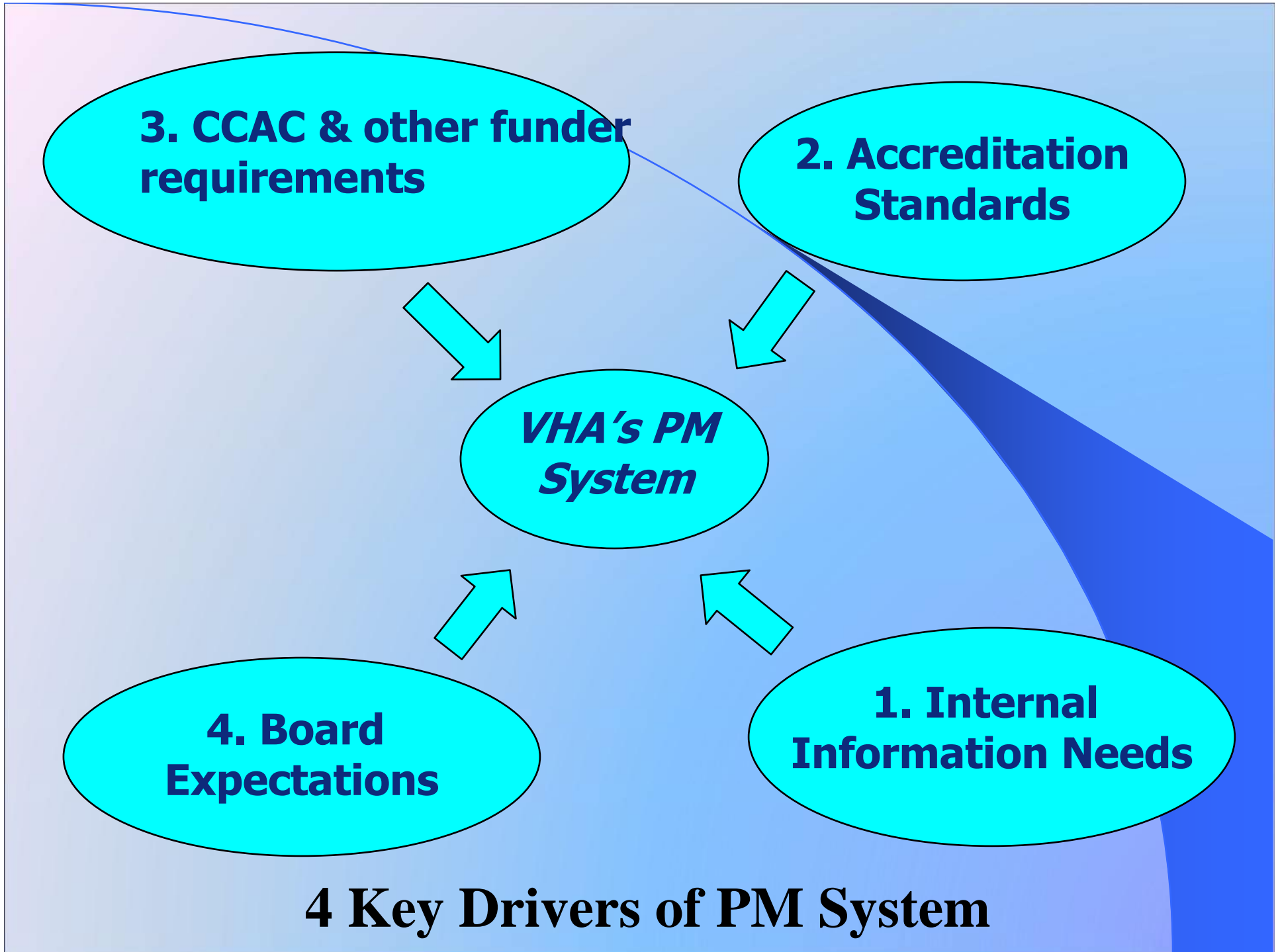
2. Accreditation Standards

VHA's PM System

4. Board Expectations

1. Internal Information Needs

4 Key Drivers of PM System



VHA's PM Journey 2000-2009: Internal Drivers

- To remain viable in competitive environment, must meet or exceed funder expectations and contract requirements
- Increased levels of reporting on quality and risk management performance required by Board
- Organizational culture shift to increased level of accountability and evidence-based decision making
- Commitment to CQI & striving for service excellence-
-becoming an "A+" Organization

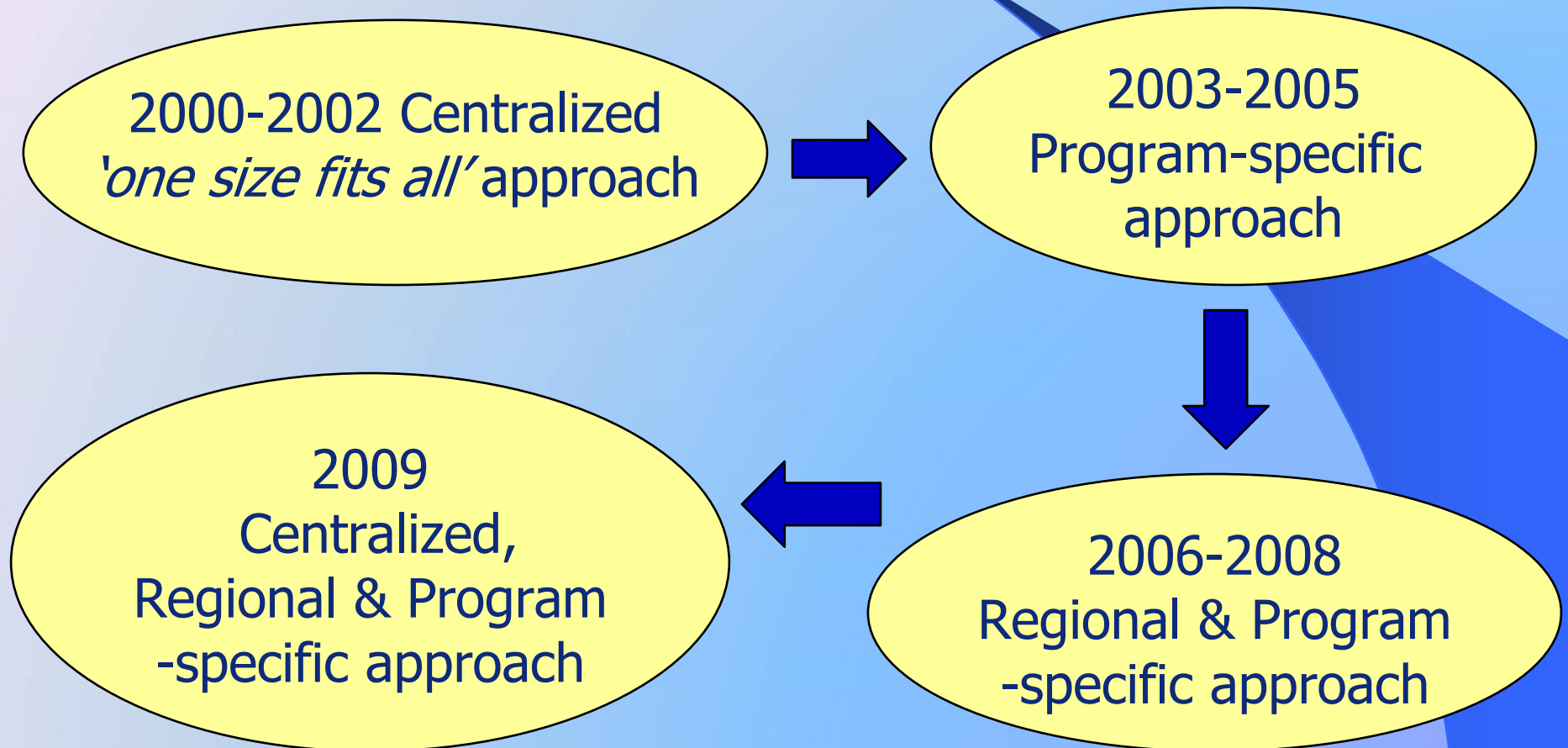
VHA's PM Journey 2000-2009: Accreditation Driver

- **2000**: Initiated formal PM system in conjunction with 1st Accreditation survey
- 1 recommendation was to continue with this work
- **2003 & 2006** Accreditation surveys--under AIM Program—focus on measurement of results
- **2009** Survey under Qmentum Program in Nov—continued focus on PM --submission of national performance indicators

VHA's PM Journey 2000-2009: CCACs (& Other Funders) Driver

- Provider orgs work collaboratively with CCACs on better monitoring of key performance indicators (KPIs)
- As external requirements increased & became more standardized, variance between internal & external info needs reduced
- Performance monitoring & reporting requirements for non-CCAC programs sometimes even more intense

VHA's PM Journey 2000-2009: Developmental Phases of KPIs



VHA's PM Journey 2000-2009: Operations vs. Strategic PM

- Clarified & defined PM by managers vs. by Board—operations vs. strategic roles blurred at first
- Board strategic indicators-formal report since **2003** (Quarterly & Annual dashboards since **2005**)
- Indicators reviewed and approved in advance
- In **2008**, moved toward a larger proportion of narrative in addition to indicator results
- While strategic plan changes – many KPIs remain

VHA's PM Journey 2000-2009: Key Components

- Strategic indicator results reported to Board (*quarterly & annually*)
- Org-wide operational as well as program specific indicators monitored
- All managers part of PIWG—quarterly meetings to review performance results
- PM system regularly reviewed and revised—continues to be a “*work in progress*”
- Enhanced resources to build organizational capacity for PM, evaluation, QI and RM activities

Most recent developments

In past year:

- added IT solutions specialist, increased staff resources including new dedicated sr. manager
- Major efforts to better standardize processes
- Above developments, PM system maturity and increased standardization among our core funders (CCACs) have greatly helped the PIWG review and respond to performance issues

Challenges ...

- **Working with different CCACs & other funders**
–each with unique PM requirements including different definitions of *the same* KPIs
- Hospital-focused **Accreditation standards** –not all relevant to home care (can be a struggle to not get *‘lost in translation’*)
- The usual **workload** issues and **resource limitations**

Challenges ... (2)

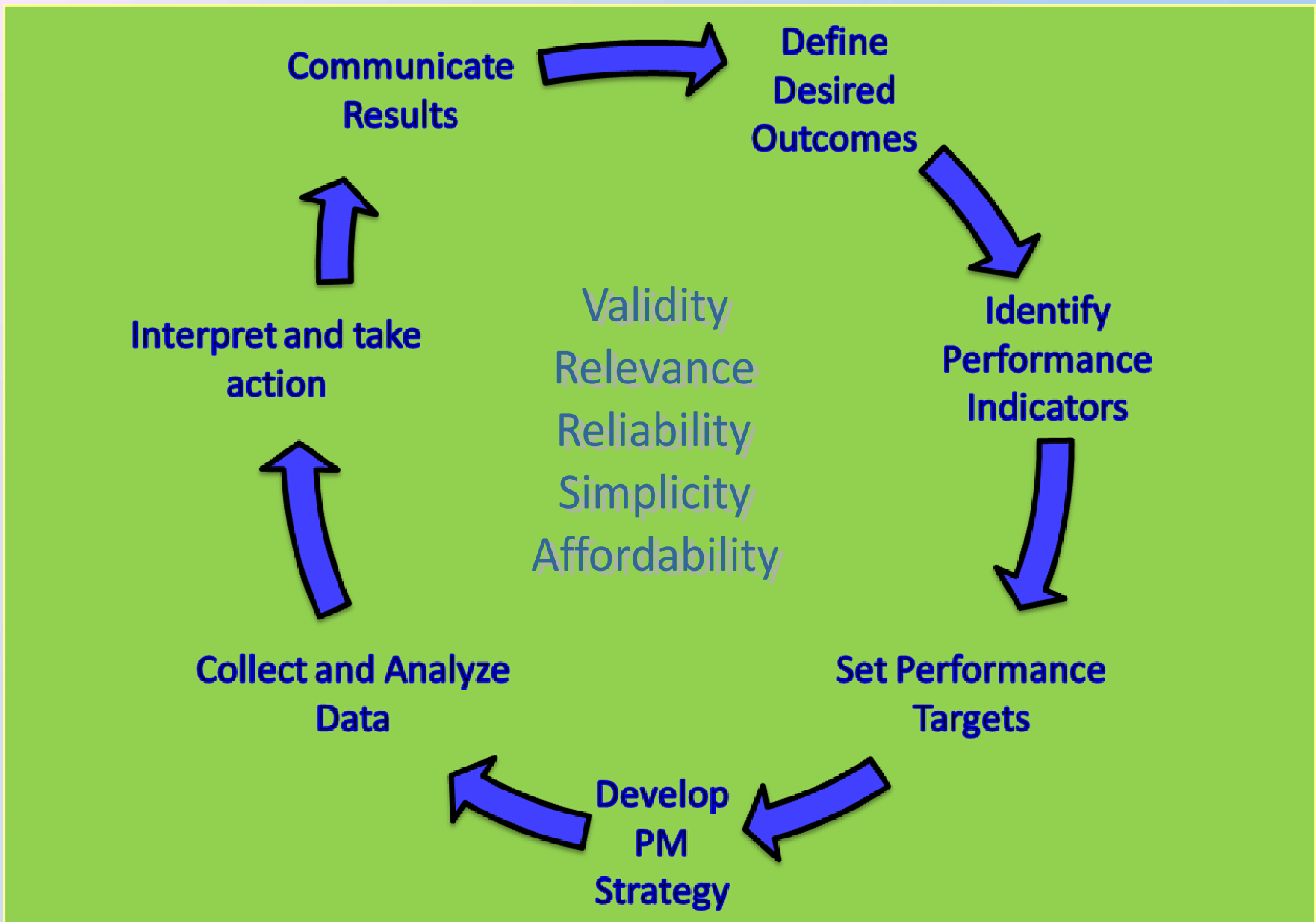
- IT and data integrity issues—leading to non-response *“this data can’t be right”*
- Sharing results within organization – geographically diverse front-line staff
- Barriers to cooperation and sharing within sector due to competitive environment

Key Learnings

- Patience, perseverance and appropriate resources—all needed!
- Need to focus on a restricted # of key indicators
- Data will likely never be perfect—'good enough' is worth taking action on
- Longitudinal data necessary to identify REAL trends, improvements and problem areas—don't misinterpret common variation to mean something more!

Key Learnings (2)

- Staff want to know about performance results & want to be involved in improving results
- Board members also want to perform their role well and appreciate performance results
- Educational resources are there to be used—excellent web-sites, networks & associations (e.g., www.qhn.ca ; www.pickereurope.org/index.htm ; www.evaluationontario.ca ; www.ihl.org/ihl)



PM Framework from: Final Report for *SW-CSS Performance Measurement Project* by Roland Kriening, Project Consultant medHR, March 2009

There is Light!

- Accountability and Performance Improvements
- Making sense, trusting and using the results increasingly
- Holding managers and staff accountable for the results
- Experiencing the excitement of ownership
- Seeing some return on PM investments and understanding the potential value of further investment in PM, evaluation, QI & RM

***But...there is no end to the
journey!***

*Continuous Quality Improvement is
about Performance Management
as much as it is about service
excellence and positive client
outcomes!*

Questions or Comments?

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Thank you!