DATA TO DECISIONS 5.1: LHIN-SPECIFIC PERFORMANCE SUMMARIES

BACKGROUND: DATA TO DECISIONS

Data to Decisions (D2D) is a voluntary summary of performance of AFHTO members produced by AFHTO members. It shows performance on a small number of measures that members felt were meaningful and possible to measure. To learn more, go to www.afhto.ca/measurement/afhto-members-making-progress-on-primary-care-measurement.

AFHTO members are opening up to the idea of sharing their data. 43 teams chose to unmask themselves to their peers in D2D 5.1 – up from 36 in D2D 5.0, when we introduced this option. All 111 participating teams shared their LHIN, and 107 shared their LHIN sub-region. Teams are even starting to share their D2D data with patients on their websites and social media.

With increased openness come more and more opportunities for teams to work together and learn from their peers. In the North East LHIN region, teams are working together to get all 27 members to the same level in technical tools and training, so every person in the region can get the same quality care. Teams in the HNHB region are collaborating in their 2018 Quality Improvement Plans, with a common opioid indicator and a shared strategy to support their physicians. The 9 Erie St. Clair teams are sharing data about their improvement projects, so they can compare progress and learn from each other. The 21 Champlain LHIN teams are sharing their program-level data with one another.

All of this is built on a solid foundation of relationships. AFHTO's councils and committees have brought together members from all over Ontario for the past five years. These long-standing relationships are the basis of our collective improvement efforts. We're working with research partners to find out what team characteristics are enablers of high performance, and what we learn will help all teams get better at getting better. We're also partnering with other organizations to build leadership capacity in our teams – because we know leadership is as important as measuring when it comes to quality improvement.

Measurement is only the beginning. Our teams are proud that they've built measurement into their culture, but they're dissatisfied that this has not yet led to across-the-board improvement. They know measurement is the starting gate, not the finish line. D2D got started because AFHTO made it a strategic priority to demonstrate the value of team-based care. Now it's time to take on the improvement challenge in earnest.

LHIN-SPECIFIC PERFORMANCE

Table 1 (over) shows the average performance for all teams in each LHIN region on the core D2D 5.1 indicators. They are presented in descending order of patient priority. The full labels and definitions of the indicators are described in the D2D Data Dictionary which is available to members by clicking on the links in the table. Non-members may access an offline copy by contacting improve@afhto.ca.

Performance is highly affected by rurality, patient complexity, geographical dispersion, proximity to other services and many other factors. These characteristics must be taken into account in LHIN-to-LHIN comparisons to avoid the risk of comparing "apples to penguins!" Data is suppressed where fewer than six teams responded, except where those teams have expressly granted permission to share it.

Performance is changing over time. Some of this is due to changing numbers of teams participating in each LHIN. Please consider that when reviewing the data. Cells coloured in red indicate that the performance for an indicator in that LHIN has decreased since D2D 5.0 by 10% or more. Cells coloured in green indicate that performance has improved by the same amount.

DATA TO DECISIONS 5.1:
LHIN-SPECIFIC PERFORMANCE SUMMARIES

Indicator	1-Erie St. Clair	2-South West	3-Waterloo Wellington	4-HNHB	5-Central West	6-Miss-Halton	7-Toronto Central	8-Central	9-Central East	10-South East	11-Champlain	12-NSM	13-North East	14-North West	**All D2D Contributors**
Contribution: % of teams	73%	65%	100%	71%	80%	86%	62%	42%	80%	53%	33%	67%	63%	27%	**60%**
Rural: % of teams	36%	40%	44%	14%	Data Suppressed	14%	0%	0%	50%	13%	14%	Data Suppressed	56%	Data Suppressed	28%
SAMI score	1.08	0.95	0.91	1.07		1.08	1.13	1.10	1.10	1.06	0.99		1.04		1.04
Total healthcare system cost (adjusted for age/sex/complexity)	2542	2657	2556	2581		2553	2660	2350	2421	2407	2433		2575		2528
% of patients involved in decisions about their care as much as they want to be	87.1	86.7	85.1	94.3		92.7	91.5	88.1	92.8	84.9	92.6		91.6		89.8
% of patients who can book an appointment within a reasonable time	84.8	76.4	79.0	80.8		73.3	78.5	73.1	82.6	76.7	78.9		79.0		78.1
% of % of discharged patients with readmission < 30 days	4.3	6.3	5.6	6.0		5.6	6.5	4.9	6.1	6.0	5.8		6.6		6.0
% of visits to patients' regular primary care team	74.6	80.5	83.4	77.3		70.6	65.2	61.3	72.5	63.4	79.3		79.0		**75.1**
% of patients satisfied with courteousness of office staff	82.1	86.3	93.4	90.9		86.3	85.6	90.0	95.5	80.5	97.3		86.2		**88.2**
Diabetes Care (composite score)	67.0	75.5	67.6	72.2		60.9	72.1	66.9	68.0	65.3	64.2		66.5		**67.8**
% of eligible patients screened for colorectal cancer	71.4	69.8	66.1	69.6		75.4	71.8	77.4	70.6	61.8	73.7		71.5		**70.0**
%of eligible patients screened for cervical cancer	66.9	70.4	68.6	69.3		72.5	67.8	72.8	68.0	69.5	76.3		65.7		**68.5**
% of eligible children immunized according to the PHAC recommendations	47.0	77.3	57.8	71.7		76.0	63.3	67.8	63.8	69.8	85.5		59.1		**65.3**
% of patients able to get an appointment on same or next day when sick	54.9	45.6	60.1	61.4		48.0	53.8	51.8	57.5	53.5	57.7		31.9		**52.2**
Follow-up after Hospitalization - team based follow-up	37.3	58.8	89.4	77.5		93.1	77.4	77.6	57.1	No Data	No Data		44.0		**59.9**

LHIN-Specific D2D Data Summaries. Data as of D2D 5.1, March 8th, 2018. For more information contact improve@afhto.ca.