

# Acute Care Hospitals: Priorities & Accountability

Seija Kromm PhD (c)  
Approaches to Accountability  
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### Research team:

- Raisa Deber, G. Ross Baker, Walter P. Wodchis, Adalsteinn Brown, Nancy Kraetschmer

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- Ontario Hospital Association

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## Outline

- Strategic Priorities Survey
- Survey population
- Early Results
- Next steps

## The Survey

- Survey follows 2004 version
  - Retained section about strategic priorities (more concise).
  - Added five questions about accountability and reporting requirements.
  - Feedback from individuals working in acute care hospital sector.
  - Pilot

## The Survey

- 2011 version includes sections about:
  - Performance and accountability reporting
  - Who is involved in development of strategic priorities
  - Importance of identified issues
  - Demographics, LHIN, hospital size
- Distribution methodology:
  - Initial pre-notice by email
  - postal mail distribution
  - mail reminder
  - email reminder with link to PDF copy
  - phone call(s) with fillable PDF option

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## Population Surveyed

- Characteristics
  - Number of CEOs: 116
  - Number of respondents: 46 (39.7%)
  - Response rate by LHIN varied: 16.7 – 100%
    - Responses received from at least one acute care hospital per LHIN.
  - Response rate by type of hospital:
    - Teaching: 61.5% (8/13)
    - Community (≥ 100 beds): 52.2% (24/46)
    - Community (< 100 beds ): 24.6% (14/57)

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## Response Rate

- Literature on organizational response rates:
  - Suggested benchmark of 35 – 40%
- Current response rate because of great partners in this study!

## Early Results

### Themes:

1. Focus
2. Duplication of requirements
3. Changing requirements
4. Unintended results
5. Scarce resources

## Early Results

### Theme 1: Focus

#### Respondents said:

- *Measurement and reporting is not well coordinated and handled on an organization-wide basis. Need to be more focused and selective and give permission to spend more time on the "vital few" measures.*
- *Ontario needs to articulate the responsibilities of MOHLTC, CCO, HQO, LHINs and sundry special purpose task forces in a coherent way. At present there is excessive structure and no coherent agenda. One of the consequences is multiple siloed information requests to hospitals.*

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## Early Results

### Theme 2: Duplication of Requirements

Reporting to MOHLTC, CCO, HQO, LHINs, and others

#### Respondents said:

- *Increasing reporting requirements is necessary but there is a complete lack of integration of systems and requirements. Subtle and not so subtle differences in data definitions results in a completely inefficient system.*
- *We are uploading the same files to multiple areas.*
- *Consistency of indicators to address the same issue is a problem.*

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## Early Results

### Theme 3: Changing Requirements

#### Respondents said:

- *The Ministry/LHIN have continued to evolve/refine their definitions and reporting requirements from year to year. This does create challenges in comparing performance year over year when the definitions are continually changing.*
- *Performance and accountability reporting requirements are increasing rapidly without a corresponding increase in budgets to allow for this.*

## Early Results

### Theme 4: Unintended Results

#### Respondents said:

- *The myriad of funding formats with legislated reporting and audit requirements increases red-tape but does little to promote enhanced accountability.*
- *We are our own worst enemies... since we spend more time trying to work around system requirements than doing the desired activity. Think of the possible innovation we could get if we used this energy constructively.*

## Early Results

### **Theme 5: Scarce Resources**

#### **Respondents said:**

- *As a small hospital we are resource challenged!*
- *Our funding goes to provide care - areas like data support have to be secondary.*
- *Smaller hospitals ... have the same reporting requirements... as larger community and teaching hospitals but given our financial means we do not have the same infrastructure or manpower to focus on performance and accountability reporting making it very difficult to remain abreast of what is required.*

## Early Results

### **Scarce Resources (cont'd):**

- *Data extrapolation can be arduous - our systems are not fully integrated - organization size impacts analysis and extrapolation of small IS/IT, Health Records.*
- *As a very small hospital, everyone wears many hats. The more demands placed on existing HR, the less time available to collect data.*
- *Funding only permits us to capture and report the data, we don't have staff with the needed time and knowledge to analyze the data.*

- *Performance and accountability reporting is essential with tax payer dollars. It is vital that attention be given to the hospitals who are millions of dollars in deficit - the longer it continues the worse shape our health care system will be.*

## Next Steps

- Increase response rate
  - “too busy”
  - “not a priority”
  - “only participate in OHA surveys”
  - “Feel like all I do is fill out surveys”
- More analysis
- Interviews



