

Standardizing Clinical Outcomes Across the Health Care Continuum



Peggy White, RN, MN -Program Manager
Ginny Odette, RN, MA - Regional Coordinator

Session Overview

- Driving forces, purpose and background to HOBIC
- Progress to date
- Approach to implementation
- Common challenges
- How the information is being used
- Future directions

Driving Factors

- Lack of information to inform decisions regarding patient care
- Lack of information for nurse managers to evaluate the impact of resource changes on patient outcomes and examine the quality of care provided
- Nursing essentially invisible in terms of databases
- Need for information to support nursing's accountability

Purpose

- Standardize the assessment, documentation and collection of clinical outcomes reflective of nursing practice
- Demonstrate contribution to patient care reflective of nursing practice
- Development of a database to support research and decision-making

Clinical Outcomes – Reflective of nursing (nursing-sensitive outcomes)

- “Those that are relevant, based on nurses’ scope and domain of practice, and for which there is empirical evidence linking nursing inputs and interventions to the outcomes” (Doran 2003)
- Enable understanding of the effect of nursing care on health status and capture the contribution that nurses make to the clients, residents, patients, or communities
- Outcome indicators focus on how patients, and their conditions, are affected by their interaction with nursing staff. (Doran, 2003)

Background

- Nursing Task Force established to recommend actions needed to improve nurses’ work life & retention of staff, & to increase recruitment of students into nursing careers

Recommended:

- Development of an information system that reflects nurses’ contribution to patient care:
 - responsive to the needs of the healthcare consumer
 - based on performance standards that provide high quality outcomes
- Originally established in September 1999 as the Nursing and Health Outcomes Project in response to these recommendations
- Over the last four years its broader potential has been recognized and the scope of the initiative has been expanded – Health Outcomes for Better Information and Care

Process for Selecting Outcomes

- Expert Panel
- Review of literature on concept of patient outcomes
- Familiarization with research
- Consultations with nursing stakeholders
- Critical appraisal of health outcomes research- concept definition, valid and reliable measure and empirical evidence linking the outcome to some aspect of nursing (indicator/intervention).

Pilot Projects - 6 months in field

- Acute care, long-term care, complex continuing care and home care
- Nurses trained on standardized assessments -admission, quarterly and discharge
- Quantitative, qualitative, longitudinal data collected
- Assess the feasibility, utility, quality, costs associated with collection of health outcomes
- **Conclusion:** it was possible to collect high quality, reliable information on nursing-sensitive patient outcomes as part of routine nursing assessments

HOBIC Health Outcomes for Better Information and Care

AC/HOBIC Measures	LTC/CCC/HOBIC Measures
<ul style="list-style-type: none"> • Functional Status: ADL & Bladder Continence • Symptom management: Pain, Fatigue, Dyspnea, Nausea • Safety Outcomes: Falls, Pressure Ulcers • Therapeutic Self-care • Collected on admission & discharge 	<ul style="list-style-type: none"> • Functional Status: ADL & Bladder Continence • Symptom management: Pain, Fatigue, Dyspnea, Nausea • Safety Outcomes: Falls, Pressure Ulcers • Collected on admission, quarterly, client condition changes, & discharge

A suite of clinical concepts that can be collected systematically and standardized across the health care system

HOBIC Health Outcomes for Better Information and Care

HOBIC sites by LHIN as of September 30, 2009

HOBIC Health Outcomes for Better Information and Care

Implementation Status - Ontario

	AC / CCC	LTC	Home care providers
LIVE at Sept. 2009	39	110	
Projected sites by March 31, 2010	64	144	3

To date over 5,940 RNs, 3,776 RPNs and 6,776 PSW have received HOBIC education

HOBIC Health Outcomes for Better Information and Care

Guiding Principles

- Integrate outcomes capture with existing nursing assessments - avoid duplication
- Maximize electronic capture through existing systems
- Provide access to information for nurses, healthcare managers, researchers and ministry planners
- Provide scalability for future parameters such as nursing interventions and additional measurable outcomes
- Strategy to support sustainability – working with colleges and universities to incorporate education about HOBIC in nursing programs



Working with Organizations

- HOBIC team works with IT leads in organizations to create a solution for electronic collection of HOBIC measures
- Recruit resource from each organization to work with HOBIC coordinator to plan for the implementation
- Activities
 - Complete funding and education applications forms for HOBIC funding
 - Develop educational plan
 - Complete data sharing agreement privacy
 - Complete implementation plan
 - Provide staff training
 - Post-implementation review and follow-up



Common Challenges & Opportunities

- Decision to participate in HOBIC when there are other priorities that need to be met within limited budgets
- **HOBIC is able to provide funding for screen building, interface cost and some devices and training which helps to relieve the implementation costs**



Challenges and Opportunities *continued*

- Availability of point of care technology
- **The IT funding support provided by the HOBIC helps organizations address this challenge – devices, wireless connections, web-based solution for smaller acute care sites**



Challenges and Opportunities *continued*

- Using HOBIC information as an integrated approach to patient care
- **Clinicians using HOBIC measures for a few months have found the information accessible and useful. They are referring to it and beginning to use this information in evaluating the impact of the care provided**

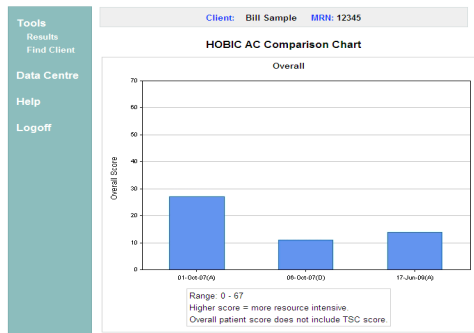
Providing Access to HOBIC Database

- Real-time data base housed at Institute for Clinical Evaluative Sciences
 - Nurses can go in and view individual patient information, i.e. admission and discharge HOBIC scores

Providing Access to HOBIC Database

- Managers have access to
 - Mean Indicator by Unit
 - Mean Indicators (composite) by Diagnosis & Age
 - Mean Indicators by Diagnosis & Age (detailed)
 - Patient Detail by Encounter
 - Percentages per Question on Admission & Discharge
 - Mean Indicators over time
 - Submission Report
 - Graphing Feature

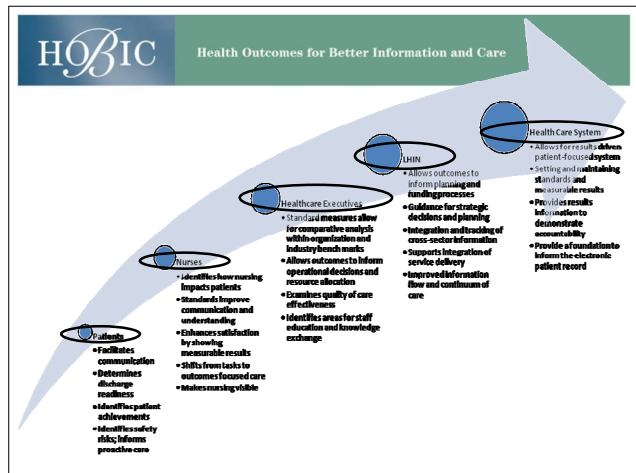
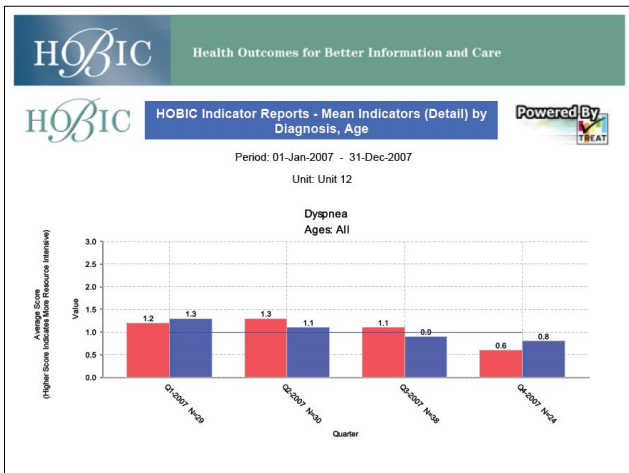
The screenshot shows the HOBIC authentication interface. It includes a header with the HOBIC logo and the text 'Health Outcomes for Better Information and Care'. Below the header is a navigation menu with options: Tools, Results, Find Client, Data Centre, Help, and Logoff. The main content area is titled 'Authentication' and contains three input fields: 'User ID:', 'Password:', and 'Organisation ID:'. A 'Log On' button is located below the input fields.



HOBIC HOBIC Indicator Reports - Mean Indicators Over Time **Powered By** TREAT

	1-Jan-2009 - 26-May-2009				1-Jan-2008 - 01-Jan-2009			
	n	A1	A2	+/-	n	A1	A2	+/-
Overall Patient Score	176	10.8	7.4	-3.4	58	9.3	7.8	-1.5
ADL Composite	194	6.6	4.7	-1.9	64	4.5	4.0	-0.5
a) Bathing	217	1.4	1.1	-0.3	68	0.8	0.9	0.1
b) Personal hygiene	222	1.3	1.1	-0.2	70	0.8	0.9	0.1
c) Walking	228	1.3	0.9	-0.5	72	1.1	0.8	-0.3
d) Transfer toilet	224	1.3	0.8	-0.5	72	0.8	0.6	-0.2
e) Toilet use	222	1.0	0.6	-0.4	72	0.7	0.6	-0.1
f) Bed mobility	247	1.1	0.7	-0.3	76	0.6	0.6	0.0
g) Eating	235	0.6	0.5	-0.1	70	0.3	0.3	0.0
Bladder Continence	241	0.4	0.3	-0.1	76	0.3	0.4	0.1
Pain Scale	215	0.9	0.6	-0.3	65	1.1	1.0	-0.2
Pain Frequency	216	0.7	0.5	-0.2	66	0.9	0.8	-0.1
Pain Intensity	216	2.3	1.2	-1.0	65	3.0	2.3	-0.6
Fatigue	247	1.4	1.0	-0.4	76	1.2	0.9	-0.3
Dyspnea	246	0.8	0.5	-0.2	76	0.8	0.5	-0.2
Nausea	247	0.3	0.1	-0.2	76	0.3	0.2	-0.1
Falls	243	0.6	0.5	-0.1	74	0.3	0.3	0.0
Most Severe Pressure Ulcer	244	0.1	0.1	-0.0	75	0.0	0.1	0.1

	1-Jan-2009 - 26-May-2009				1-Jan-2008 - 01-Jan-2009			
	n	A1	A2	+/-	n	A1	A2	+/-
Ther. Self-Care Composite*	242	3.8	4.0	0.2	75	4.3	4.2	-0.0
1. Meds: know which	242	3.6	3.8	0.2	74	4.1	4.0	-0.0
2. Meds: know purpose	241	3.6	3.8	0.2	74	4.1	4.1	0.0
3. Meds: able to take	242	4.0	4.2	0.2	74	4.6	4.6	-0.1
4. Symptoms: recognize	242	3.8	4.0	0.2	75	4.3	4.2	-0.1
5. Symptoms: understand	242	3.7	3.9	0.2	75	4.1	4.0	-0.1
6. Symptoms: control	242	3.7	3.9	0.2	75	4.0	3.9	-0.1
7. Symptoms: carry out activities	242	3.7	3.9	0.2	74	4.1	4.1	-0.0
8. Activities: maintain health	241	3.7	3.9	0.2	75	4.2	4.1	-0.1
9. Activities: know contact	242	4.2	4.3	0.1	75	4.5	4.5	0.0
10. Know contact emergency	242	4.3	4.4	0.1	75	4.7	4.7	-0.0
11. Activities: perform regular	241	3.8	4.0	0.1	75	4.2	4.2	0.0
12. Activities adjust per symptom	241	3.8	4.0	0.1	75	4.3	4.3	0.0



HOBIC Health Outcomes for Better Information and Care

Patients

- Facilitates communication
- Determines discharge readiness
- Identifies patient achievements
- Identifies safety risks; informs proactive care

Health Care System

- Allows for results driven patient-focus system
- Setting and establishing standards for results
- Provides a foundation to demonstrate accountability
- Provides a foundation to inform the electronic patient record

LHIN

- Allows outcomes to inform processes
- Guidance for strategic decisions and planning
- Integration and tracking of cross-sector information
- Supports integration of service delivery
- Improved information flow and continuum of care

Healthcare Executives

- Standard measures allow for comparative analysis within organization and industry benchmarks
- Allows outcomes to inform operational decisions and resource allocation
- Examines quality of care effectiveness
- Identifies areas for staff education and knowledge exchange

HOBIC Health Outcomes for Better Information and Care

Nurses

- Identifies how nursing impacts patients
- Standards improve communication and understanding
- Enhances satisfaction by showing measurable results
- Shifts from tasks to outcomes focused care
- Makes nursing visible

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- Setting and maintaining standards and measurable results
- Provides results information to demonstrate accountability
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Physicians

- Facilitates communication
- Determines discharge readiness
- Identifies patient achievements
- Identifies safety risks
- Identifies procedures

Nurses

- Facilitates care planning
- Impacts patients
- Standards improve communication and understanding
- Enhances satisfaction by showing measurable results
- Shifts from tasks to outcomes focused care
- Makes nursing visible

Healthcare Decisions

- Standardize care with the organization
- Industry benchmarks
- Allows outcomes operational decisions
- Resources allow
- Examines quality effectiveness
- Identifies areas education and exchange

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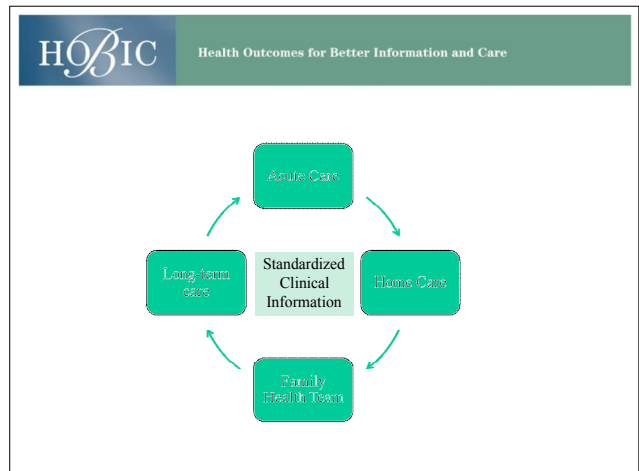
Future Directions

HOBIC Health Outcomes for Better Information and Care

Research

HOBIC Database

- HOBIC data for Chief Nurse Executives – Models of Care
- Predictability of HOBIC re: ALC status and LOS
- Link HOBIC data to D.A.D & other CPH databases. Follow patient from one sector to another
- Therapeutic self-care and 72 hour results



Standardized Information at the Point of Care

- Working with 2 LHINs/regions to examine approach, infrastructure, privacy issues related to sharing this suite of standardized clinical information as people move from one sector to another – portal
- Imagine the implications for practice of having access to longitudinal standardized clinical information in the management of chronic disease

For further information

www.health.gov.on.ca/hobic