The Fraser Institute

Hospital Report Card

by Mark Mullins, Rena Menaker, and Nadeem Esmail

Ontario 2006

XIII. Hospital Responses

THE FRASER INSTITUTE

The Fraser Institute
Hospital Report Card: Ontario 2006

by Mark Mullins, Rena Menaker, and Nadeem Esmail

XIII Hospital Responses

Contents

Data Tables and Appendices of the Hospital Report Card

The Fraser Institute

Our vision is a free and prosperous world where individuals benefit from greater choice, competitive markets, and personal responsibility. Our mission is to measure, study, and communicate the impact of competitive markets and government interventions on the welfare of individuals.

Founded in 1974, we are an independent research and educational organization with offices in Vancouver, Calgary, and Toronto, and international partners in over 70 countries. Our work is financed by tax-deductible contributions from thousands of individuals, organizations, and foundations. In order to protect its independence, the Institute does not accept grants from government or contracts for research.

For media enquiries, please contact our Communications Department via 604.714.4582 or communications@fraserinstitute.ca.

The authors of this study have worked independently and opinions expressed by them are, therefore, their own, and do not necessarily reflect the opinions of the members or trustees of The Fraser Institute.

Editing and design: Kristin McCahon and Lindsey Thomas Martin

Image for covers: © Rubberball / Rubberball Productions Collection

3M and APR are trademarks of 3M, used under license in Canada.

ISSN 1911-1142 The Fraser Institute Hospital Report Card. Ontario.

Date of issue: September 2006

Acknowledgments

The authors would like to acknowledge Dr. Stephen Easton, Brett Skinner, and Dr. Michael Walker for providing internal peer review and Mark Smith, Director, Population Health Research Unit, Faculty of Medicine, Dalhousie University, for providing external peer review. We would also like to thank all those involved in the production and release of this study including Kennedy Hong, Melissa Holoday, Kristin McCahon, Wendy Mills, and Suzanne Walters. Additionally, we want to thank Ian Vaculik for performing the background research that is incorporated into this publication.

We had technical advice and assistance from a number of people at the following organizations: Long Nguyen and Laurie Sproule at 3M Canada; John Ticki and Marla Hanson at the Canadian Institute for Health Information; and Bruce Ellis, Jeffrey Geppert, and Jeff Schoenborn at the Agency for Healthcare Research and Quality. Lastly, we would like to thank all the hospitals that participated in validating their data and providing feedback.

During the validation phase of the Fraser Institute's *Hospital Report Card,* hospitals that agreed to be identified in the *Report* were sent the results of their performance across both Inpatient Quality Indicators and Patient Safety Indicators. The hospitals had the opportunity to review their results and provide comments about their data and their quality efforts.

1 London Health Sciences Centre

We have had an opportunity to review the indicators and have a few comments:

Laparoscopic Cholecystectomy Utilization Rate (QI 23) In this report, only inpatient cases are included. This isn't a true representation of our Laparoscopic Cholecystectomy Utilization since most of our cases are done on a Day Surgery basis. According to the most recent CIHI/Hay calculations, LHSC has a rate of 72% (04/05 draft) and a rate of 93% (03/04). This is a very big difference from the rate of 32–50% that appears in your report.

Failure to Rescue (PSI 4) Although LHSC appears within the population rate, we question the use of this indicator as a patient safety indicator since it includes patients that are DNR, oncology, and palliative patients.

Birth Trauma Injury to Neonate (PSI 17) 2002 was the first year LHSC used ICD-10. There was a mis-interpretation in the ICD-10 guidelines regarding birth trauma that was rectified halfway through 2003. According to the most recent CIHI/Hay (04/05 draft), we have zero cases of birth trauma injury to neonate.

Michelle Joyner, Quality & Performance Specialist

2 Norfolk General Hospital

In observing the report and referencing the technical appendices from the ARHQ website, we found it very difficult to specifically validate certain values especially across multiple years, indicators, and coding modules. All Ontario hospitals currently code/abstract with ICD-10-CA/CCI. Prior to Fiscal 2002, coding was either ICD-9-CM or, in our situation, ICD-9 and [we] therefore found the values in the technical report difficult to compare. Unfortunately, we do not have translation tables to make this process any easier.

The language used in the technical report was also US orientated and we therefore had a few problems in relating it to the Ontario structure, especially for details beyond the ICD-9-CM codes. With some of the questionable values, we attempted to translate some of the codes manually with

the old codes of ICD-9 as per the description of the codes printed in the technical report, but found this resource intensive within the short time frame for response.

With that, we have managed to review the report as best we could with the limitations we have. We do realize that this is the first year for this report in Ontario, in which you are mimicking the US version and that you do hope to adapt to the current coding module of ICD-10-CA/CCI in the next year. For us, this modification would be beneficial, [as would an extended] time frame for optimal validation/verification.

Starr Phibbs, Health Records Coordinator

3 Rouge Valley Health System

The following are the results of the data verification for Rouge Valley Health System.

Esophageal Resection mortality rate (QI 8), Pancreatic Resection mortality rate (QI 9), Abdominal Aortic Aneurysm (AAA) Repair mortality rate (QI 11), Hip Replacement mortality rate (QI 14) In all these cases the numerator and denominator are matching to your numbers. Hip Fracture mortality rate (QI 19), Pneumonia mortality rate (QI 20) and Laparoscopy utilization (QI 23) are matching closely as well.

Acute myocardial infarction (AMI) mortality rate (QI 15) and Congestive heart failure (CHF) mortality rate (QI 16) The numerators are almost matching (difference of few cases in some cases). The denominators are different in both sections. For AMI mortality rates, ICD10 codes are not provided, so this may explain the difference. In cases of CHF mortality rates, our numbers are always less by about 10% during all periods.

Percutaneous transluminal coronary angioplasty (PTCA) Mortality rate (QI 30) The numerator and denominator are matching.

Foreign body left during procedure (PSI 5) In most cases the numbers match. The numbers are so low that is difficult to challenge them. In some cases DRG numbers are referred in the technical guide instead of CMGs, making it difficult to calculate (for example in PSI 2 [Death in low mortality DRGs]). Most of the obstetric cases data are provided to 2002 and 2003 period where ICD10 data are being used. We could not match them due to time restraint.

Ken Kuganesan, Utilization Coordinator