

NWT Health and Social Services Performance Measurement and Reporting

NWT Health and Social Services

Performance Measurement and Reporting

Introduction:

Performance measurement can be defined as *“a systematic approach to collecting and analyzing information that allows an organization to measure and report on the achievement of its goals and objectives”*.

The Performance Measurement and Reporting System for health and social services is designed to achieve several objectives, including:

- Improved accountability for the achievement of desired goals and outcomes;
- Enhanced capacity to monitor and evaluate the effectiveness and efficiency of programs and services;
- Better management of resources and budget allocations;
- Improved business planning functions.

The GNWT requires that all departments incorporate performance measurement into their business planning processes, and it expects regular reporting on results. The NWT Health and Social Services System Action Plan, 2002-2005, calls for the introduction of a system-wide performance measurement and reporting system. Consequently, the system outlined in this paper is intended to apply both to the Department of Health and Social Services and to the Health and Social Service Authorities.

The performance measurement component of the system was adapted from the recent work of the Canadian Institute for Health Information (CIHI), and draws upon similar initiatives undertaken in other provinces and territories. Almost all provinces and territories have recently introduced similar systems, and the CIHI model has been adopted for national reporting. Appendix 1 provides a selected bibliography of articles related to performance measurement systems, including the CIHI source documents.

Principles:

The guiding principles underlying the NWT Health and Social Services Performance Measurement system include:

- Performance measurement is developmental, and subject to evaluation and modification;
- Performance measurement is a process, not an end in itself;

- Indicators selected for performance measurement must be relevant and useful for decision making;
- Indicators selected for performance measurement must be easily understood, standardized and reliable;
- Performance reporting must be balanced, credible and timely.

Performance measurement is a dynamic process. As system-wide goals and objectives change to meet new needs and issues, so do the results and outcomes expected of programs and services. If the performance measurement system is to remain relevant, it has to be able to respond to these changes.

Performance measurement and reporting forms an integral part of the Accountability Frameworkⁱ adopted by the health and social services system, and is reflected in the contribution agreements between the Department and the Health and Social Service Authorities.

The Performance Measurement System:

The performance measurement system is grounded in what has come to be known as a “population health approach” – a holistic approach that recognizes that health and well being is more than simply the absence of disease and distress, and recognizes that the causes of disease and distress extend well beyond the direct influence of health programs and social services. The system is organized around four primary dimensions within which performance measures are taken. These dimensions are:

- 1) **Population Health and Social Well Being** – reflecting measures of health and well being, and of illness, disease and disability within the population;
- 2) **Determinants of Health and Well Being** – reflecting non-medical determinants of health and well being, including such factors as personal behaviours, housing conditions, environmental factors, and others;
- 3) **Health and Social Service System Performance** – reflecting measures of system performance such as effectiveness and efficiency;
- 4) **Contextual Factors** – reflecting measures of the current operating environment, including factors such as demographics, community capacity, client expectations and others.

Together these dimensions allow for a broad-based performance measurement system. The dimensions deliberately extend well beyond the conventional

boundaries of the health and social services system, and this underscores the breadth of factors that influence health and well being.

Each dimension is subdivided into smaller domains, within which specific indicators and measures are selected. There are 20 domains in total, as outlined below.

Dimension 1: Population Health and Social Well Being

Well Being	Functional Status	Health/Social Conditions	Mortality
Measures of physical, social, mental and spiritual well being	Measures of functional limitations that arise as a consequence of health or social problems	Measures of injury and disease morbidity, social dysfunctions, and associated risk conditions	Measures of overall and disease specific mortality

Dimension 2: Determinants of Population Health and Social Well Being

Health Behaviours	Socio-Economic Conditions	Environmental Factors	Personal Resources
Behavioural risk factors associated with health/social problems	Social and economic factors linked to health status and social well being	Physical environmental conditions linked to health status and social well being	Social supports and family/community life factors that influence health and well being

Dimension 3: Health and Social Service System Performance

Acceptability	Accessibility	Appropriateness	Competence
Services meet the expectations of clients, providers and payers	Services are provided at the right time and in the most appropriate location	Services are provided according to established standards, by the most appropriate provider	Provider skills and competence match the service being provided

Continuity	Effectiveness	Efficiency	Safety
Service provision is uninterrupted and coordinated across programs, providers and levels of care	Services achieve desired results and outcomes	Results and outcomes are achieved in the most cost-effective manner	Risks of intervention and service environment are minimized

Dimension 4: Contextual Factors

Demographics	Human Resources	Needs/Expectations	Capacity
Age, sex and other characteristics of the population being served	Professional and administrative resources available to meet service needs	Client and other stakeholder expectations and need for services	Factors influencing the operational environment

Descriptions of the indicators selected within each domain, and the specific measures associated with each of the indicators, are contained in the tables presented in Appendix 2. Several examples are presented in the Table below:

<u><i>Example 1</i></u>	
Population Health and Well Being	(dimension)
Mortality	(domain)
Life expectancy	(indicator)
Average life expectancy at birth	(measure)
<u><i>Example 2</i></u>	
Health and Social Service System Performance	(dimension)
Accessibility	(domain)
MRI Wait Time	(indicator)
Number of patients waiting more than three weeks	(measure)

Performance indicators can take any one of the following forms –

- Input (e.g., budget, person-years)
- Process (e.g., wait-times, procedures)
- Output (e.g., clients assessed, reports filed)
- Efficiency (e.g., cost per unit)
- Client (e.g., ratings, complaints)
- Outcome (e.g., impacts, results)

The selection of specific indicators depends on particular information needs, which are driven business requirements. Indicators are drawn at three levels of analysis – community, region and territory – based primarily on availability. Small sample sizes, infrequent numbers of cases, and data collection limitations make it impossible to collect measures for most of the indicators at the community level, and for many at the regional level.

In total, the performance measurement system will capture in excess of 100 separate indicators. These indicators are drawn from a variety of sources, as described in Appendix 3, and are reported in a number of different formats, as described in the following section.

Performance Reporting:

The health and social services system meets its reporting obligations through the publication of regular and periodic reports. These include the following.

1) *NWT Health Status Report*

Published on a three-year cycle, beginning in 1999, this is a report on the health and well being of the NWT population. Indicators within the report include measures of population health and well being, major causes death, the prevalence of diseases, and measures reflecting the non-medical determinants of health and well being.

2) *NWT Health Services Report*

Published on a three-year cycle, beginning in 2000, this is a report on the utilization of health programs and social services by the residents of the NWT. Four major aspects of the health system utilization are reported: hospitals; health centers; physician services; and medical travel.

3) *Report to Residents of the Northwest Territories on Comparable Health and Health System Indicators*

Published on a two-year cycle, beginning in 2002, this report provides a comparison between the NWT and Canada in 14 broad areas of population health status, health outcomes and the quality health services. Each province and territory and the federal government publishes a comparable report, enabling federal-provincial-territorial comparisons.

4) *Canada Health Act Report*

This annual report, published in compliance with the Canada Health Act, provides a statistical analysis of insured health services in the NWT.

5) *Report of the Director of Child and Family Services*

This annual report, published in compliance with the Child and Family Services Act, provides a statistical analysis of child protection and family support services in the NWT.

6) *Results Reports*

Published on an annual basis and incorporated into the government-wide accountability report, these reports provide indicators, measures and targets associated with the major goals and objectives outlined in the Department's three-year business plan. The *Results Report* provides a selection of performance measures reflecting both core services and new initiatives.

7) *Socio-Economic Monitoring Reports*

As part of the socio-economic agreements with BHP Billiton and Diavik the GNWT publishes annual reports that include measures of health and well being in the communities impacted by diamond mining activity.

7) *Special Reports*

Each year the Department publishes one or more reports that provide an in-depth look at selected aspects of health conditions and social well being. Recent examples include:

Smoke Alarm: A Summary Report on Smoking in the NWT (2001)

Profile of Children and Youth (2001)

2000/01 Family Violence Statistics Report

Report on the Delivery of Alcohol and Drug Services in the NWT (2001)

Profile of NWT Seniors (2002)

Northwest Territories Cancer Statistics, 1992-2000 (draft)

NWT Injury Report (in preparation)

In addition, Health and Social Service Authorities are required to submit audited financial statements every year, and these are tabled in the Legislative Assembly. The Department's financial statements are also tabled in the Public Accounts.

Other performance reports include program reviews, audits and evaluations that are conducted periodically. Appendix 4 provides a summary chart of the full range of performance indicators reported on a regular basis by the NWT health and social services system.

Summary:

The performance measurement and reporting system reflects a systematic approach to measuring and reporting on the achievement of goals and objectives throughout the health and social services system in the NWT. Performance indicators are defined within four broad dimensions, which are further refined to include twenty specific performance domains. In total, the system will capture over 100 specific measures.

Performance measures are captured at three levels of analysis- community, region and territory – according to the availability of reliable data. The selection of indicators was determined primarily by their relevance and utility to program managers and decision makers. However, the indicator set remains flexible, and subject to modification as information needs and data availability change.

Reporting requirements are met through the release of a variety of reports, some published on an annual basis (e.g., business plan Results Reports), some every several years (e.g., NWT Health Status Report) and still others published periodically (e.g., Smoke Alarm). Taken together, these reports form a comprehensive picture of the performance of the health and social services system.

ⁱ Accountability Framework for the NWT Health and Social Services System, Department of Health and Social Services, GNWT, September 2002.