Building a Core Set of Quality Measures for Children and Youth in BC



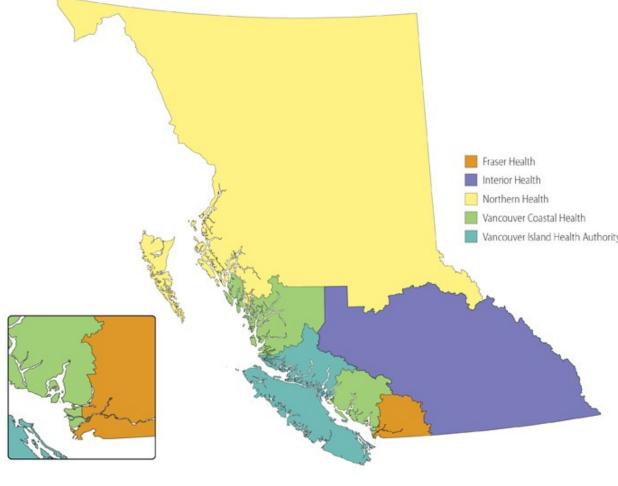
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BACKGROUND

- ~ 1 million Children and Youth
- 5 Regional &2 ProvincialHealth

Authorities



Source: https://www2.gov.bc.ca/gov/content/health/about-bc-s-health

Need for

- Shared timely data
- Standardized & relevant quality measures

Aligned with a learning health system approach, developing a provincial pediatric core set of quality measures is foundational to shared learning and quality improvement.

Child Health BC (CHBC) is a BC Provincial Health Improvement Network, bringing together clinicians, leaders, Indigenous partners and patient & family partners to collaboratively identify, plan and implement system wide improvements to care.

METHODS

- Identify gaps in care: patient and provider experience interviews & literature review
- 2. Identify valid relevant quality measures: International database search.
- 3. Prioritize focus areas and potential relevant quality measures: Expert Group
- 4. Identify core measures: Modified Delphi for each focus area with provincial participants
- 5. Measure Testing: Provincial data definition standardization & testing of quality measures.

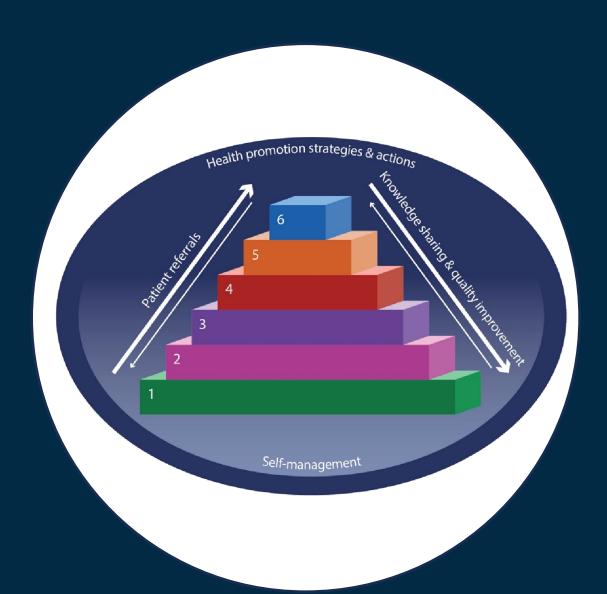
PATIENT PARTNERSHIP INVOLVEMENT

- Journey mapping to understand gaps in care
- Selection of core quality measures
- Development of quality improvement actions

PROVINCIAL CHILD & YOUTH QUALITY MEASURES



Timely
Shared
Provincial
Data



Tiers of Service to

compare

results across

BC



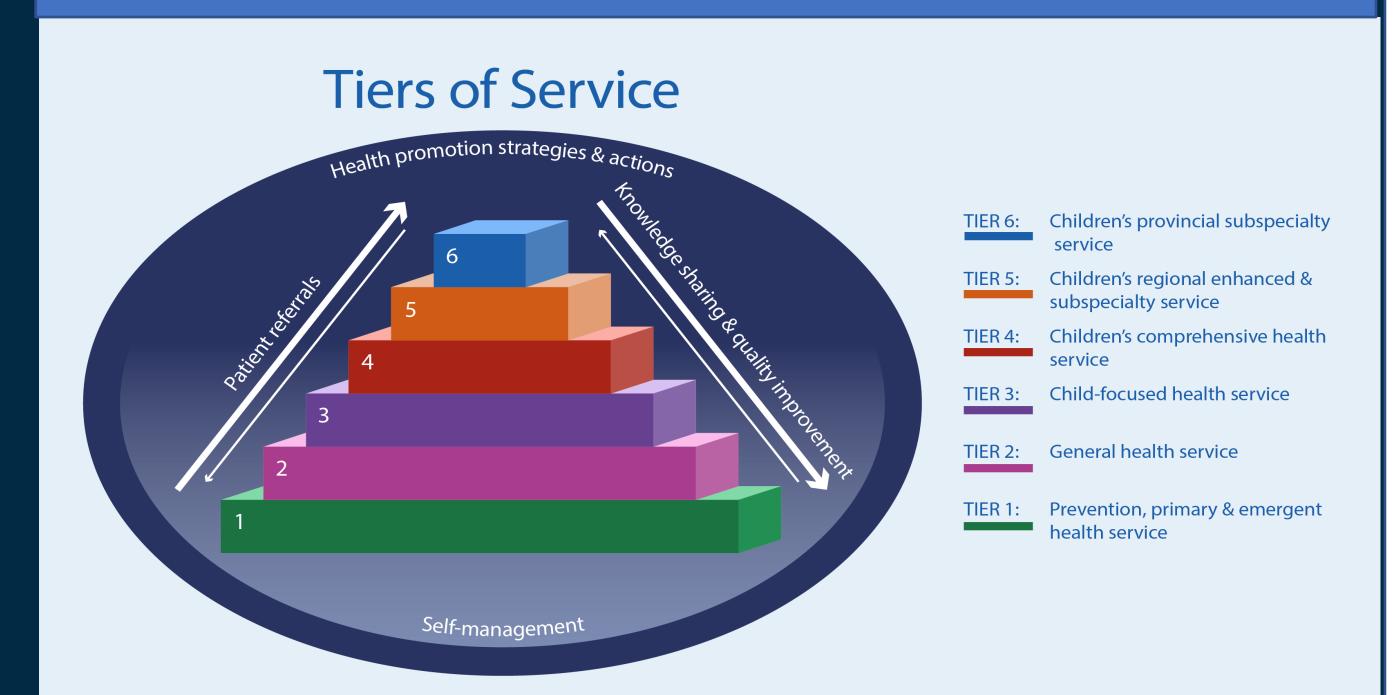
Agreement
on what is Important
to Measure



Collaborative Provincial
Child & Youth
Health Service Quality
Improvement

BC SYSTEM PLANNING Tiers of Service Approach

Provides the opportunity to share knowledge and develop provincial quality improvement with sites that have similar supports and services.





USAGE OF RESTRAINT & SECLUSION

Psychiatric Admission First 3 Days (CIHI)

Medical Tier Alignment

Mental Health Quality
Measure Selection Paper

QUALITY IMPROVEMENT ACTIONS

- ✓ BC Provincial Least Restraint Guideline
- ✓ Webinar: Debriefing After Restraint
- ✓ Least Restraint: Hierarchy of Safety



Child Health BC Tiers of Service

CORE QUALITY MEASURES

Selected to date for Focus Areas: Mental Health (MH) and Asthma (A)

- ☐ Satisfaction with support after discharge (MH)
- ☐ Seclusion & Restraint Events (MH)
- ☐ Emergency Department Visits (MH)
- □ Emergency Department Revisits (MH)□ Wait-time for Eating Disorder Services
- □ Patients with ≥ 1 course of oral corticosteroids, ED visits, Hospital admissions, PICU admissions
- Reliever medications dispensed/pt
- ☐ Patients with indication for daily controller medication prescribed daily controller medication
- ☐ Patients on reliever or no medication with poor asthma control who have treatment escalated
- Days of controller medication/ patient dispensed
- Pts with Written Asthma Action PlanVisits where asthma control/
- exacerbation risk discussed

 Primary care visits /patient for
- asthma in past 12 mos

 Spirometry in last 12 mos: 6-18 yr olds
- ☐ Referred to Asthma Clinic

DATA SOURCES

Child Health BC in partnership with all of the regional Health Authorities has developed a provincial Information Sharing Plan to support the sharing of pediatric data across the province. The Provincial Health Services Authority has developed an analytic and reporting platform that integrates and links Ministry of Health Data sets with PHSA and Health Authority requested data, to support system planning, quality improvement and program evaluation.

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- ¹ Child Health BC (CHBC),
- ² Provincial Health Service Authority;
- ³ Fraser Health Authority. In Collaboration with CHBC Quality Committee and CHBC Network Partners, inclusive of all Health Authorities in BC and BC Children's Hospital.

