



2013-2014
Health Quality
Ontario Annual
Report



Ontario

Health Quality Ontario

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Message from HQO's Board Chair & President & Chief Executive Officer

Health Quality Ontario (HQO) is pleased to present our 2013-14 Annual Report. This marks the third year that HQO has operated under its broadened mandate.

As the province's advisor on quality, HQO has a mandate that is unique in the world; with responsibility for Evidence Development and Standards, Continuous Quality Improvement and Health System Performance Monitoring and Reporting. While our mandate may be wide in scope, our success in the future will be measured by our ability to focus and partner with the system; not only to deliver on our mandate for the benefit of the people of Ontario, but also to address the continually evolving priorities within the health system and support the achievement of our common goals over the long term.

In the past year, HQO has made significant strides in a number of areas, delivering reports and analyses to support system-wide improvement, working with community Health Links and hosting a number of well-received knowledge transfer and exchange events.

It has been an important year of strategic renewal at HQO. In addition to the work highlighted throughout the report, HQO began developing a number of key strategies, including:

- Patient, Public and Caregiver Engagement Strategy that will inform both what we do and how we do it
- Communications Strategy to keep our partners and the public well informed
- Knowledge Transfer and Exchange Strategy to enhance the uptake of evidence-based best practices
- Health System Performance Reporting Strategy to ensure we monitor and report on what matters
- Quality Improvement Plan (QIP) Strategy to support the system in using the QIPs as a real lever for transformation.

These strategies will define our approach moving forward as we work to effectively and efficiently support the health system, our partners, and the providers who deliver care to Ontarians every day.

We also began the important work of building the key internal structures and processes that will support our goal of continually improving the health of Ontarians – work that will continue into the 2014-15 fiscal year. This includes the recruitment of our senior team, the development of a new robust financial management and procurement system, a Human Resource Strategy to attract and retain the best talent, as well as web and IT enhancements. We also initiated an internal policy review to ensure compliance with the best practices in governance and with government directives. These efforts will ensure appropriate use of public funds and provide a solid foundation for a successful future.

After a year of significant accomplishment, HQO is well positioned to move forward on its commitment to support the health system achieve the goals of continuous, sustainable improvement; goals we share with patients, providers, system leaders – and all Ontarians.



Dr. Andreas Laupacis
Chair, Board of Directors



Dr. Joshua Tepper
President and Chief Executive Officer

Organization Overview

Health Quality Ontario (HQO) works in partnership with Ontario's health care system to support a better experience of care, better outcomes for Ontarians and better value for money. Health Quality Ontario's legislated mandate under the *Excellent Care for All Act*, 2010 is to monitor and report to the people of Ontario on the quality of their health care system, support continuous quality improvement, and promote health care that is supported by the best available scientific evidence.

Vision

A health care system that is sustainable, improves continually and uses evidence to optimize population health and provide excellent care for all Ontarians.

Mission

A catalyst for quality, an independent source of information on health evidence, a trusted resource for the public.

Values

- Transparency
- Passion
- Innovation
- Learning
- Integrity
- Collaboration

Transformative Objectives

- Accelerate the use of evidence to deliver demonstrable improvements in the quality of health services
- Drive a culture of quality, value and accountability throughout the health system in Ontario
- Forge partnerships and advance integration among the distinct components of the health system

Overarching Aim(s)

- Better outcomes, better experience, better value for money

Our Roles

- Focus the system on a common quality agenda: Establish priorities, goals and targets, and mobilize system leadership around a common agenda to maximize impact for Ontarians.
- Build evidence and knowledge: Generate or access the evidence and knowledge needed to provide quality care and improve population health, including funding recommendations that set expectations for quality.
- Broker improvement: Develop the tools and supports needed to accelerate the adoption of evidence-based best practices. Foster the development of quality improvement capacity in the system.
- Catalyze spread: Guide, support and collaborate within the system to spread knowledge about best practices, measurement tools, and implementation strategies. Embed best practices into standards.
- Evaluate progress: Demonstrate accountability by providing timely and relevant health system monitoring, measurement and reporting. Assess progress and report to the public.

By building on evidence, highlighting opportunities for quality improvement and reporting on outcomes to the people of Ontario, we will also develop a broad coalition of stakeholders - from health care providers, system leaders, government, partners, patients and the public - to recognize, support and commit to the importance of a quality focus in improving our health care system and ensuring its sustainability for future generations of Ontarians.



Monitoring & Reporting on the Quality of the Health Care System

Ontarians want a sustainable public health care system that helps people stay healthy and delivers excellent quality care when they need it. HQO supports transparency and accountability through objective monitoring and reporting on health system performance.

The Common Quality Agenda

HQO is leading an initiative called the Common Quality Agenda to help focus Ontario's health system by identifying a set of priority performance indicators. Indicators in this initiative fall into two categories: indicators with sector-specific accountabilities, where the responsibility for improvement rests within a single sector; and indicators with a shared accountability for improvement where improvement is dependent upon more than one sector.

Yearly Report on the State of Ontario's Health System

Health Quality Ontario fulfills part of its mandate under the Excellent Care for All Act, 2010, and helps maintain transparency and accountability within Ontario's health system by reporting to Ontarians each year on the quality of health services being delivered in the community, hospitals and other facilities, such as long-term care homes. In 2013, HQO's Yearly Report (previously known as Quality Monitor) highlighted a selected set of performance indicators that reflect successes and areas for improvement under four mandated areas: access to publicly funded health services, health human resources, consumer and population health status, and health system outcomes. Starting in 2014, Health Quality Ontario will use the Common Quality Agenda set of indicators to form the basis of its yearly report.

Public Reporting Online

HQO's online public reporting currently features information on the quality of care in the long-term care, home care and acute care sectors. Some indicators are reported at the level of individual organizations (e.g., hospitals or long-term care homes).

In 2013-14, HQO added rigorously established benchmarks to four of our publicly reported long-term care indicators (worsening pressure ulcers, worsening incontinence, daily restraint use, and residents who fall) and nearly doubled traffic on the site to almost 4,000 visitors in the month following these changes. This work was recognized at the 2013 Canadian interRAI Conference where HQO was presented with an Innovation Award for Integration: Advancing Quality Care Across the Continuum.

Primary Care Performance Measurement

Health Quality Ontario has been working in partnership with key stakeholders to develop a comprehensive primary care performance measurement framework that will help support quality improvement, performance monitoring and public reporting.

Primary Care Practice Reports

In partnership with the Institute for Clinical Evaluative Sciences (ICES), HQO has developed a prototype Primary Care Practice Report. The report uses administrative data for each individual physician's practice to provide information about practice demographics, service use patterns, chronic disease prevention and management, and the health status of the practice population. When made available more broadly, physicians will be able to use these reports to better plan and monitor the impact of quality improvement efforts.

Primary Care Patient Experience Survey

Health Quality Ontario has been working with system partners to develop a primary care patient experience survey that primary care providers will be able to use to measure patient experience. Work to date includes an extensive environmental scan, key informant interviews, consultation with major stakeholders, and preliminary testing of the survey instrument.



Continuous Quality Improvement

As the province's advisor on quality, Health Quality Ontario is committed to accelerating quality improvement across the health system. HQO supports quality improvement across Ontario by facilitating change and assisting in the development of organizational Quality Improvement Plans (QIPs) in all sectors, providing focused, expert assistance as well as an evidence-informed integrated quality improvement curriculum that addresses the needs of cross-sector teams.

Quality Improvement Plans

Quality Improvement Plans (QIPs) are tools that enable organizations to communicate their quality improvement goals and help them focus their efforts on key health system priorities. Supporting organizations in the development of robust QIPs in all sectors is a key activity for HQO. This past year was the third year of hospital QIP submissions and the first year of submissions from interdisciplinary, team-based primary care organizations. Although not mandatory, 14 Community Care Access Centres (CCACs) as well as over 90 long-term care homes voluntarily submitted QIPs (Mandatory reporting for CCACs begins in 2014-15, and in 2015-16 for long-term care homes).

To facilitate the development and submission of effective QIPs, HQO launched an improved QIP Navigator, which allows organizations to enter and save data as it becomes available throughout the year and includes assistance in the form of guides, videos, tools, and other resources. The new and improved QIP Navigator was released in conjunction with HQO's new Quality Improvement Planning web page, bringing the strengths of HQO's previous QIP online offerings together to form one comprehensive and easily accessible page.

Health Quality Ontario also provided comprehensive analyses of the primary care and acute care QIPs submitted in the previous year in two reports which include best practices and ideas for improvement, innovations and successes to foster learning in the sectors.

Quality Improvement Programs

Health Quality Ontario is transitioning to a system oriented and regional approach to support Community Health Links and the uptake of best practices in Ontario more generally. The current model features dedicated quality improvement specialists who will work with system stakeholders to build cross-sector alliances focused on improving health system performance and effectiveness by facilitating adoption, scale and spread of innovative, evidence-based best practices. This year, regional specialists worked with 33 Health Link communities, supporting them through the bestPATH initiative and other quality improvement programs, such as HQO's Advanced Access, Efficiency and Chronic Disease Management initiative for primary care.

Advanced Access, Efficiency and Chronic Disease Management, HQO's primary care quality improvement initiative, has successfully trained 636 providers across Ontario. These providers learned how to implement change concepts and evidence-informed care that will enable them to improve the patient experience for Ontarians. The intent was to take what was learned through these efforts and transition to a model that will enable support for a larger number of providers. That transition has begun, including how it can be embedded in the work to support the community Health Links as well as work with partner organizations in primary care to extend its reach.

Residents First, HQO's five year (2009-2014) long-term care quality improvement initiative has strengthened the sector's capacity for ongoing quality improvement so that long-term care residents can achieve the best possible quality of life. This year, HQO, in partnership with the Canadian Patient Safety Institute offered day-long sessions of the Effective Governance for Quality and Patient Safety program to over 100 leaders in long-term care homes and CCACs. During the duration of the program, 3,604 individuals were trained and 614 long-term care homes participated in the program, representing more than 95% of all long-term care homes in the province. Program elements from each of these initiatives are currently being incorporated into HQO's new regional model and will continue to be an important part of our quality improvement work.

Improving & Driving Excellence Across Sectors (IDEAS)

IDEAS is a provincial applied learning strategy designed to enhance quality improvement capacity, delivered in a partnership between HQO, the University of Toronto's Institute for Health Policy Management and Evaluation and ICES. Launched in the fall of 2013, over 80 IDEAS participants attend nine days of seminars while executing a quality improvement project within their respective organizations. During the execution of their applied projects, participants are supported by HQO's quality improvement advisors.



Quality Compass

As part of HQO's knowledge transfer and exchange strategy, Quality Compass is a comprehensive, evidence-informed searchable tool to support leaders and providers improve health care performance in Ontario. Quality Compass is centred around priority health care topics with a focus on best practices, change ideas linked with indicators, targets and measures, and tools and resources designed to bridge gaps in care and improve the uptake of best practices. This web-based repository is contextualized to Ontario with examples of effective implementation and success stories.

Champions Network

Health Quality Ontario's Champion Network is an effective mechanism for improving, sustaining and spreading quality improvement in Ontario. In the 2013-14 fiscal year, HQO's Champion Network was comprised of 36 champions – Champions are clinicians who are advocates for quality, providing peer support, personal experience and quality improvement knowledge, enabling others to make changes that lead to sustainable improvement. The Champions Network augments and complements HQO's quality improvement initiatives to increase reach, catalyze spread and improve the uptake of evidence-based practices.

Care Coordination

Working in collaboration with Health Link clinicians, project managers, LHIN representatives, and government partners has led to the creation of a care coordinator tool that was shared with providers in 2013. To further improve care planning HQO, in partnership with government stakeholders, has created a transitional care planning guide, which outlines a set of principles and practices to improve the consistency and efficacy of transitional care planning. The guide promotes a patient-centred approach, enhanced communication and the timely coordination of resources.



Evidence Development and Standards

Evidence has become increasingly important in Ontario's health policy and decision-making environment. Care across the province should be patient-centred, driven by a quality framework that promotes optimal outcomes and based on the best scientific evidence. Health Quality Ontario works with clinical experts, collaborators, panels and field evaluation partners to provide evidence about the effectiveness and cost-effectiveness of health technologies and services in Ontario.

Ontario Health Technology Advisory Committee

The Ontario Health Technology Advisory Committee (OHTAC), a standing advisory committee of HQO's Board of Directors, reviews the evidence and makes recommendations about the uptake, diffusion, distribution or removal of health interventions within the health system. This past fiscal year marked the 10th anniversary of OHTAC. Applying a unique decision determinants framework when making its recommendations, OHTAC considers the overall clinical benefit, value for money, societal and ethical considerations and economic and organizational feasibility of the interventions. HQO examined various topics and HQO's Board of Directors approved 28 recommendations. A full listing of recommendations made during 2013-14 are listed in the Compendium section of this report.

Single Health Technology Assessments

Single Health Technology Assessments are conducted when HQO evaluates the safety, efficacy, effectiveness, and cost-effectiveness of a single intervention in the context of Ontario's health care system. In the 2013-14 fiscal year, HQO completed five Single Health Technology Assessments, including:

- Brain Stimulation for Depression
- Hysteroscopy Sterilization
- Brain Stimulation for Epilepsy
- Trans-Catheter Aortic Valve Implantation
- Urea Breath Test or H-Pylori

MAPS Report

To track the diffusion of OHTAC-reviewed health interventions over time and by Local Health Integration Network (LHIN), HQO produces the Ontario Health Technology Maps Report. This year's report tracks the uptake of 21 HQO-reviewed medical and surgical procedures and laboratory tests. The results of this report have been used to facilitate changes in practice patterns to align care with evidence across the province.

Mega Analysis

Health Quality Ontario has expanded beyond single technology reviews to mega-analyses that examine and compare several, if not all, interventions for a disease or health state. This year, HQO completed two mega-analyses. Key topics include: end-of-life, and optimizing chronic disease management in the community (outpatient) settings – the first of its kind to develop a broad-based evidentiary platform to support a comprehensive approach to community-based health care services.

Condition	Type of review	Topic(s)
End-of-life	Evidence-Based Analyses	<ul style="list-style-type: none">• Determinants of place of death• Care planning discussions• Models of care• Education of patients, family and care providers• Effectiveness of CPR
	Rapid Review	<ul style="list-style-type: none">• Supportive interventions for informal caregivers
	Cost-Effectiveness Analysis-Budget Impact Analysis	<ul style="list-style-type: none">• Palliative Care Interventions: An Economic Literature Review and Cost-effectiveness Analysis



Condition	Type of review	Topic(s)
Optimizing chronic disease management in the community	Evidence-Based Analysis	<ul style="list-style-type: none"> • Discharge Planning in Chronic Conditions • In-Home Care for Optimizing Chronic Disease Management in the Community • Continuity of Care • Advanced (Open) Access Scheduling for Patients With Chronic Diseases • Screening and Management of Depression for Adults With Chronic Diseases • Self-Management Support Interventions for Persons With Chronic Diseases • Specialized Nursing Practice for Chronic Disease Management in the Primary Care Setting • Electronic Tools for Health Information Exchange • Health Technologies for the Improvement of Chronic Disease Management: • How Diet Modification Challenges Are Magnified in Vulnerable or Marginalized People With Diabetes and Heart Disease • Chronic Disease Patients' Experiences With Accessing Health Care in Rural and Remote Areas • Patient Experiences of Depression and Anxiety With Chronic Disease • Experiences of Patient-Centeredness With Specialized Community-Based Care
	Cost-Effectiveness Analysis-Budget Impact Analysis	<ul style="list-style-type: none"> • Optimizing Chronic Disease Management Mega-Analysis: Economic Evaluation

Appropriateness Initiatives

There is increasing recognition that inappropriate care, defined as overuse, underuse, or misuse of health care, is widespread and associated with high costs to the health system. To support the appropriate use of health care interventions, HQO formed the Appropriateness Working Group as a subcommittee of OHTAC. This year, HQO has completed the following appropriateness reviews:

Type of Review	Topic(s)
Evidence-Based Analyses	<ul style="list-style-type: none"> • Vitamin B12 deficiency • Prostate cancer screening • Imaging for dementia • Lipid Testing
Rapid Reviews	<ul style="list-style-type: none"> • Vitamin B12 testing in alopecia, neuropathy and fatigue • Pre-dental/pre-operative assessment • Bone mineral density testing • Diabetes frequencies of HbA1c (glycated haemoglobin) • Pre-operative cardiac testing-stress test • Pre-operative consultation • Pre-operative cardiac testing rest echocardiogram • Bone mineral testing in osteoporosis
Expert Consultations	<ul style="list-style-type: none"> • Folate Testing • Cataract Extraction • Parathyroid Hormone

Quality-Based Procedures

Health Quality Ontario also develops evidence-based best practices, standards and clinical handbooks for several quality-based procedures, a key element of health system reform. This year, HQO has completed three clinical handbooks on the following topics:

Condition	Product	Topic(s)
Hip Fracture	Clinical Handbook	<ul style="list-style-type: none"> • Hip Fracture
	Rapid Reviews	<ul style="list-style-type: none"> • Echocardiography • Interochanteric nails vs. sliding hip screws • Total hip arthroplasty vs. hemiarthroplasty • Intensity of rehabilitation • Pain management • Timing of surgery • Timing of rehabilitation • Location of rehabilitation
Hip & Knee Replacement	Clinical Handbook	<ul style="list-style-type: none"> • Hip & knee replacement
	Rapid Reviews	<ul style="list-style-type: none"> • AB laden bone cement • Intensity of rehabilitation for hip • Intensity of rehabilitation for knee • Local infiltration analgesia in hip and knee • Local vs. general anaesthesia • Bilateral knee replacement • Bone cement or no cement
Pneumonia	Clinical Handbook	<ul style="list-style-type: none"> • Pneumonia
	Rapid Reviews	<ul style="list-style-type: none"> • Atypical vs. typical • Mono vs. combination therapy • Timing • Duration • Criteria for switching from IV to oral • Urine antigen testing • Screening for respiratory syncytial virus/influenza and empirical antiviral treatment • Severity assessment tools

Five new Quality-Based Procedures projects were started in the 2013-14 fiscal year and are currently underway, including:

- Heart Failure in the Community
- Community-based Chronic Obstructive Pulmonary Disease
- Post-Acute Stroke
- Community Homecare Handbook for Short-Stay Post-Acute for Medial Discharge Populations
- Clinical Handbook for Knee Arthroscopy

Field Evaluations

Health Quality Ontario also produces systematic reviews of health interventions while its scientific collaborators conduct economic evaluations and field evaluations related to the reviews.

When there is insufficient evidence on the safety, effectiveness and/or cost-effectiveness of a health intervention, HQO may commission a field evaluation. The largest of its kind in the world, HQO's Field Evaluation Program funds and

evaluates promising health interventions in real-time clinical settings. The program is funded by HQO and designed to inform policy and funding decisions prior to making a long-term commitment. Field evaluation studies have significantly impacted policy and results have been published in peer-reviewed journals. Field evaluation partners are research institutes focused on multicentre clinical trials and economic evaluation, as well as institutes engaged in evaluating the safety and usability of health technologies. This year, HQO has commissioned or completed twelve field evaluations.

- Turning for Ulcer Reduction (TURN)
- Photoselective Vaporization of the Prostate (PVP)
- Robotic-Assisted Radical Prostatectomy (RARP)
- Pre-hospital Evaluation of Different Coronary Syndrome Treatment Strategies (PREDICT)
- Multiple IV Infusions (Phase 2)
- Diabetes Education Centres (Phase 2)
- Hyperbaric Oxygen Therapy for Non-Healing Ulcers in Diabetes Mellitus
- Pulmonary Rehab Clinics
- Pressure Ulcer Multi-disciplinary Teams via Telemedicine (PUMTT)
- Optimizing Chronic Disease Management in the Community HBOT
- Robotic Assisted Minimally Invasive Surgery (RAMIS)
- Optimizing Diabetes Care in Ontario using Chronic Disease Management Systems

Implementation Strategies

This fiscal year, nine implementation strategies were developed, including:

- Turning for Ulcer Reduction (TURN)
- Photoselective Vaporization of the Prostate (PVP)
- Optimizing Chronic Disease Management
- Electrical Stimulation for Epilepsy
- Chronic Obstructive Pulmonary Disease (Mega Analysis)
- Hysteroscopic Sterilization
- Community-Acquired Pneumonia
- Primary Hip and Knee Replacement
- Hip Fracture



Engaging our Partners

In fulfilling our role as the province's advisor on quality, HQO has initiated a number of projects and partnerships which bridge the gap between evidence and practice.

Health Quality Transformation

A day-long interactive conference for health system providers, partners and leaders, Health Quality Transformation is HQO's flagship event for promoting and sharing health system innovations and thought leadership. This past year's event featured more than 70 speakers, 13 unique breakout sessions and keynote speakers, Dr. Vincent Lam and Jeffery Simpson. The event was well attended by over 1,200 representatives from all sectors of Ontario's health system (500 more attendees than the previous year), and was very well received, with a 92% satisfaction score. The event also featured a breakout session dedicated to examples of patient- and family-engagement in action.

Sharing our Knowledge

Creating opportunities for knowledge exchange throughout the year is critical to the dissemination of best practices and the sharing of ideas. This year, HQO hosted an international learning experience with a diverse group of health representatives from the New Zealand health care system with the aim of exchanging knowledge while sharing the successes of HQO and Ontario's health care system.

Health Quality Ontario and Women's College Hospital also hosted a ground breaking conference for the health care system called "Failure: Facing It, Embracing It, Learning From It." The conference attracted more than 200 participants, representing all sectors of Ontario's health system, and was a success, with attendees reporting that they would take ideas they had learned and apply them in their own work settings.

Partnerships

Partnerships are the fundamental building blocks of HQO's strategy and our mandate to support transformational improvements in Ontario's health care system. Proactive and well-developed relationship management capacity is required to leverage system-partner expertise whenever possible, promote linkages across the system, and facilitate system integration. In the past year, HQO has developed and implemented an electronic customer relationship management platform to support our work in this area.

Health Quality Ontario has also created a Provincial Partnership Table to harness the collective expertise of health system stakeholders. Through its leadership, this table facilitates cross-sector collaboration and integration needed to establish an aligned, strategic direction for quality, health system efficiency and patient focused health care in Ontario.

Patient and Public Engagement

Health Quality Ontario recognizes that it cannot be successful in the delivery of its mandate without focused and purposeful engagement with patients, caregivers and the public. To ensure that these perspectives are reflected in our work, HQO has undertaken the development of a patient/public engagement strategy. Input and feedback is being sought from an advisory committee, which includes patient representatives. Consultations with the Panorama Panel, a standing panel of 32 Ontario residents who help the Change Foundation in its work to improve the patient/caregiver experience, have also been held to ensure reach to as many people as possible.

Extending our Reach

HQO is increasingly using social media to reach both health system and public audiences. In addition to launching Quality in Focus, HQO's external newsletter for health system stakeholders, in the past year HQO launched its Twitter handle and a CEO Blog. In addition to our day-to-day, corporate social media strategy, HQO's Twitter strategy for conferences is to virtually share the proceedings with our online audiences. These successful strategies and valued content has led to a readership of over 1,300 followers.

Financial Performance

Health Quality Ontario's 2013-14 approved budget of \$34 million was comprised of base funding of \$29.38 million to support its core activities and additional project funding in the amount of \$4.61 million to support initiatives such as Residents First, Advanced Access & Efficiency and Chronic Disease Management, and IDEAS, an applied learning strategy to enhance the quality improvement and change leadership capacity needed in Ontario to lead system transformation.

As a transitional year, HQO continued to integrate and adapt to our new organizational structure in 2013-14 and faced some personnel challenges. HQO underwent two CEO transitions over the year and, consequently, deferred hiring some senior management positions. In addition, we experienced higher than normal personnel turnover in the first eight months of the fiscal year, which impacted program delivery to some degree and resulted in temporary vacancies over the course of the year. While these challenges did not significantly impact HQO's deliverables, it did impact how programs were delivered and resulted in lower than expected salary and operating costs.

Health Quality Ontario identified a significant operating surplus at the end of the second quarter, and after a number of discussions with the Ministry of Health and Long-Term Care, returned \$5.142 million of anticipated surplus funds from the 2013-14 operating budget to ensure funds could be reallocated to other areas of need in the health system.

With the return of funds, HQO operated on the basis of an annualized revised forecast of \$28.85 million, against which HQO accumulated an actual spend of \$29.27 million by the end of the year. When measured against the revised forecast, HQO had a slight net overspend for the year of \$420 thousand or 1.46% of the revised forecast.

Moving forward into 2014-15, HQO has strengthened its financial management capability through the:

- Elimination of third party delivery of our financial management system and implemented a new, in-house financial management reporting system that will provide real-time and accurate reporting
- Implementation of new management procedures, tools (e.g., corporate scorecard) and accountabilities that will allow for greater line-of-sight on fiscal matters at the branch level
- A reconstituted Audit and Finance Committee with mandated independence with the financial skills and experience to oversee the integrity of the financial management, reporting and risk management of the organization.

Detailed financial information can be found in the Audited Financial Statements at the end of this report.

Governance

Health Quality Ontario operates under the oversight of a board that consists of between nine and 12 members appointed by the Lieutenant Governor in Council, including the designated chair and vice-chair. The *Excellent Care for All Act*, 2010, specifies a skill mix to be considered. All members work for the board on a part-time basis.

Board membership for the 2013-14 fiscal year is listed below along with their terms:

Board Member	Term
Andreas Laupacis (Chair)	June 12, 2013 to June 11, 2016
Marie E. Fortier (Vice-Chair)*	May 4, 2011 to May 2, 2014
Richard Alvarez	January 4, 2011 to January 3, 2017
Tom Closson	August 15, 2012 to August 14, 2015
Faith Donald	January 27, 2010 to August 17, 2014
Jeremy Grimshaw	August 18, 2011 to August 17, 2014
Shelly Jamieson	October 23, 2013 to October 22, 2016
Andy Molino	April 16, 2008 to April 15, 2014
James Morrissey	April 10, 2013 to April 9, 2016
Tazim Virani	May 17, 2011 to May 16, 2014

*Marie E. Fortier served as Acting Chair from August 18, 2012 to June 11, 2013.

Conclusion

Looking back on the past year, we are proud of our many accomplishments. The strategic investments made in building our organization will have a lasting effect that will lay the groundwork for future success.

By incorporating a strong patient and public voice into the work we do, we will ensure that we create changes that engage patients in the provincial quality agenda.

As the province's advisor on quality, we have an ambitious agenda and are working to structure ourselves to execute on it. A key component of our success will stem from our ability to work and share our knowledge and information with our partners from across Ontario's health care system.

Health Quality Ontario will continue our work in these areas to create the transformation that patients, providers and the public deserve and expect. We are deeply committed to achieving our shared goal of better care, better health and better value.

Compendium: Summary of 2013-14 Evidence-Based Recommendations

To meet requirements under HQO's Accountability Agreement with the ministry, below is a summary of all the evidence-based recommendations made to the ministry or health system during 2013-14. Complete details are available on our website (www.hqontario.ca).

- Chloride Testing in Community-Based Laboratories
- Aspartate Aminotransferase Testing in Community-Based Laboratories
- Periodic Health Examinations
- Folate and Folic Acid
- Parathyroid Hormone
- Vitamin B12 and Cognitive Function
- The Appropriate Use of Neuroimaging in the Diagnostic Workup of Dementia
- Preoperative Consultation
- Preoperative Cardiac Stress Tests
- Preoperative Resting Echocardiography for Non-cardiac Surgery
- Transcatheter Aortic Valve Implementation (TAVI) for the Treatment of Aortic Valve Stenosis
- Deep Brain Stimulation for Treatment-Resistant Depression
- Photoselective Vaporization for the Treatment of Benign Prostatic Hyperplasia
- Electrical Stimulation for Drug-Resistant Epilepsy
- Carbon-13 Urea Breath Test for Helicobacter Pylori Infection in Patients with Uninvestigated Ulcer-Like Dyspepsia
- Hysteroscopic Tubal Sterilization
- Robotic-Assisted Minimally Invasive Prostatectomy
- Optimizing Chronic Disease Management in the Community (Outpatient) Setting (OCDM)
 1. Discharge Planning
 2. In-Home Care
 3. Continuity of Care
 4. Advanced (Open) Access Scheduling
 5. Screening and Management of Depression
 6. Self-Management Support Interventions
 7. Specialized Nursing Practice
 8. Electronic Tools for Health Information Exchange
 9. Health Technologies
 10. Aging in the Community



ONTARIO HEALTH QUALITY COUNCIL
o/a HEALTH QUALITY ONTARIO

FINANCIAL STATEMENTS
March 31, 2014

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INDEPENDENT AUDITOR'S REPORT

To The Board of Ontario Health Quality Council o/a Health Quality Ontario:

We have audited the accompanying financial statements of Ontario Health Quality Council o/a Health Quality Ontario, which comprise the statement of financial position as at March 31, 2014, and the statements of operations, and cash flows for the year then ended, along with a summary of significant accounting policies, related schedules, and other explanatory information. The financial statements have been prepared by management based on the financial reporting provisions established by the Ministry of Health and Long-Term Care and the Canadian Public Sector Accounting Standards.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation of these financial statements in accordance with Canadian Public Sector Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal controls relevant to the entity's preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

60 Torlake Crescent, Toronto, Ontario, M8Z 1C2
Telephone and Fax - 905-566-7333 | Toll Free: 1-866-749-9228
www.loftusallen.com



INDEPENDENT AUDITORS' REPORT *continued*

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Ontario Health Quality Council o/a Health Quality Ontario as at March 31, 2014 and the results of its operations and its cash flows for the year then ended in accordance with the Canadian Public Sector Accounting Standards.

Basis of Accounting and Restriction of Use

Without modifying our opinion, we draw attention to Note 2 of the financial statements which describes the basis of accounting. The financial statements are prepared to assist the Ontario Health Quality Council o/a Health Quality Ontario to meet the requirements of their funding agreement with the Ministry of Health and Long-Term Care. As a result, the financial statements may not be suitable for another purpose. Our report is intended solely for Ontario Health Quality Council o/a Health Quality Ontario and the Ministry of Health and Long-Term Care and should not be used by other parties.

*Loftus Allen & Co
Professional Corporation*

Toronto, Ontario
June 18, 2014

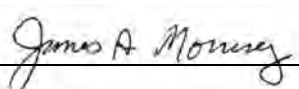
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60 Torlake Crescent, Toronto, Ontario, M8Z 1C2
Telephone and Fax - 905-566-7333 | Toll Free: 1-866-749-9228
www.loftusallen.com

STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2014
 (with comparative figures for 2013)

	2014	2013
FINANCIAL ASSETS		
Cash	\$ 1,912,187	\$ 11,042,721
LIABILITIES		
Accounts payable and accrued liabilities	2,331,845	2,216,953
Due to the Ministry of Health and Long-Term Care, <i>note 3</i>	-	8,825,768
	2,331,845	11,042,721
NET FINANCIAL (DEBT) ASSETS	(419,658)	-
NON FINANCIAL ASSETS		
TANGIBLE CAPITAL ASSETS		
Computer and equipment	424,124	315,295
Office furniture and fixtures	903,823	903,823
Leasehold improvements	1,637,490	1,227,930
	2,965,437	2,447,048
Less: Accumulated amortization	2,965,437	2,447,048
	-	-
ACCUMULATED (DEFICIT) SURPLUS	\$ (419,658)	\$ -

APPROVED ON BEHALF OF THE BOARD:

 Director

 Director

The attached notes are an integral part of these financial statements

**STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2014
(with comparative figures for 2013)**

	2014	2013
REVENUE		
Ministry of Health and Long-Term Care	\$ 33,993,498	\$ 32,205,400
IN-YEAR RECOVERY OF FUNDING BY THE MINISTRY OF HEALTH AND LONG- TERM CARE, note 8	(5,142,400)	-
	28,851,098	32,205,400
EXPENSES		
Enterprise Strategy and Operations * – Schedule 1	5,788,506	6,369,791
Integrated Program Delivery ** – Schedule 2	6,936,167	7,721,142
Strategic Partnership and Communications – Schedule 3	4,060,581	3,167,163
Health System Performance – Schedule 4	3,316,611	2,731,230
Evidence Development & Standards – Schedule 5	9,262,102	6,786,529
	29,363,967	26,775,855
EXCESS OF REVENUE OVER EXPENSES	(512,869)	5,429,545
INTEREST INCOME	93,211	102,892
(DEFICIT) SURPLUS	(419,658)	5,532,437
DUE TO THE MINISTRY OF HEALTH AND LONG-TERM CARE, note 3	-	5,532,437
(DEFICIT) SURPLUS	\$ (419,658)	\$ -

*** Enterprise Strategy and Operations:**

This branch encompasses the corporate governance function of HQO through the Office of the CEO and COO, provides the operational support such as Human Resources, Finance, IT and Organizational Development and drives the development and implementation of HQO's Strategic Plan, Business Plan, and Accountability Agreement through the Project Management Office.

**** Integrated Program Delivery:**

This Branch within HQO hosts a number of integrated and aligned quality improvement and capacity building programs, employing capabilities, tools and a knowledge base for high impact program design and execution to drive system level change. Expert resources are deployed in support of programs such as bestPATH, Advanced Access and Chronic Disease Management, Residents First, Behavioural Supports Ontario and Integrated Client Care Project – Palliative Care.

The attached notes are an integral part of these financial statements

SCHEDULE 1 ENTERPRISE STRATEGY AND OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2014
 (with comparative figures for 2013)

	2014	2013
BASE EXPENSES		
Salaries, Wages and Benefits		
Salaries and wages management	\$ 1,428,257	\$ 1,609,911
Salaries and wages non-management	753,356	677,519
Benefits	383,526	449,961
	2,565,139	2,737,391
Direct Operating Expenses		
Leases	903,533	947,980
Leasehold Improvements	397,274	-
Finance/payroll services	603,526	933,094
IT Support and telecom	740,900	876,911
Consulting, research and communications	254,423	272,633
Events, travel and staff development	138,503	142,896
Supplies and equipment	180,987	450,778
	3,219,146	3,624,292
	5,784,285	6,361,683
ONE TIME PROJECTS <i>Note 7</i>		
Access & CDM		
Salaries, wages and benefits	4,221	8,108
	\$ 5,788,506	\$ 6,369,791

The attached notes are an integral part of these financial statements

**SCHEDULE 2 INTEGRATED PROGRAM DELIVERY
FOR THE YEAR ENDED MARCH 31, 2014
(with comparative figures for 2013)**

	2014	2013
BASE EXPENSES		
Salaries, Wages and Benefits		
Salaries and wages management	\$ 531,109	\$ 519,200
Salaries and wages non-management	1,821,942	2,632,150
Benefits	414,767	651,063
	2,767,818	3,802,413
Direct Operating Expenses		
Payments to Organizations	106,924	90,000
Consulting, research and communications	440,185	339,041
Events, travel and staff development	453,792	101,348
	1,000,901	530,389
	3,768,719	4,332,802
ONE TIME PROJECTS <i>Note 7</i>		
Access & CDM		
Salaries, wages and benefits	1,325,903	1,575,738
Payments to Organizations	120,000	-
Consulting, research and communications	26,693	198,175
Events, travel and staff development	156,548	259,235
	1,629,144	2,033,148
Residents First		
Salaries, wages and benefits	898,002	1,043,568
Payments to Organizations	285,000	-
Consulting, research and communication	77,955	31,675
Events, travel and staff development	124,304	279,949
	1,385,261	1,355,192
IDEAS		
Salaries, wages and benefits	138,282	-
Consulting, research and communication	4,170	-
Events, travel and staff development	10,591	-
	153,043	-
	\$ 6,936,167	\$ 7,721,142

The attached notes are an integral part of these financial statements

**SCHEDULE 3 STRATEGIC PARTNERSHIP AND COMMUNICATIONS
FOR THE YEAR ENDED MARCH 31, 2014
(with comparative figures for 2013)**

	2014	2013
BASE EXPENSES		
Salaries, Wages and Benefits		
Salaries and wages management	\$ 349,526	\$ 445,992
Salaries and wages non-management	1,316,161	1,078,939
Benefits	313,613	306,653
	1,979,300	1,831,584
Other Operating Expenses		
Payments to Organizations	40,000	40,000
Consulting, research and communications	1,309,860	1,263,978
Events, Travel and Staff development	657,450	25,614
	2,007,310	1,329,592
	3,986,610	3,161,176
ONE TIME PROJECTS <i>Note 7</i>		
Access & CDM		
Salaries, wages and benefits	9,407	-
Residents First		
Salaries, wages and benefits	28,602	5,987
IDEAS		
Salaries, wages and benefits	35,962	-
	\$ 4,060,581	\$ 3,167,163

The attached notes are an integral part of these financial statements

**SCHEDULE 4 HEALTH SYSTEM PERFORMANCE
FOR THE YEAR ENDED MARCH 31, 2014
(with comparative figures for 2013)**

	2014	2013
BASE EXPENSES		
Salaries, Wages and Benefits		
Salaries and wages management	\$ 420,341	\$ 268,376
Salaries and wages non-management	1,353,244	1,045,292
Benefits	338,757	243,354
	2,112,342	1,557,022
Direct Operating Expenses		
Consulting, research and communications	999,600	742,921
Events and travel	65,326	190,115
	1,064,926	933,036
	3,177,268	2,490,058
ONE TIME PROJECTS <i>Note 7</i>		
Access & CDM		
Salaries, wages and benefits	64,700	112,368
Residents First		
Salaries, wages and benefits	74,643	128,804
	\$ 3,316,611	\$ 2,731,230

The attached notes are an integral part of these financial statements

SCHEDULE 5 EVIDENCE DEVELOPMENT AND STANDARDS
FOR THE YEAR ENDED MARCH 31, 2014
 (with comparative figures for 2013)

	2014	2013
BASE EXPENSES		
Salaries, Wages and Benefits		
Salaries and wages management	\$ 636,678	\$ 357,802
Salaries and wages non-management	2,711,850	1,863,299
Benefits	589,654	399,337
	3,938,182	2,620,438
Direct Operating Expenses		
Consulting, research and communications	477,485	39,536
Events, travel and staff development	142,453	43,164
Payments to organizations	4,703,982	4,083,391
	5,323,920	4,166,091
	\$ 9,262,102	\$ 6,786,529

The attached notes are an integral part of these financial statements

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2014
(with comparative figures for 2013)

	2014	2013
OPERATING TRANSACTIONS		
Cash received from:		
Ministry of Health and Long-Term Care	\$ 33,993,498	\$ 32,205,400
Interest	93,211	102,892
	34,086,709	32,308,292
Cash paid for:		
Enterprise Strategy and Operations	(5,434,569)	(6,110,883)
Integrated Program Delivery	(6,936,167)	(7,133,946)
Strategic Partnership and Communications	(4,060,581)	(3,043,400)
Health System Performance	(3,316,611)	(2,788,768)
Evidence Development and Standards	(9,262,102)	(7,160,104)
Repayment of funding, note 3 and note 8	(13,968,168)	-
	(42,978,198)	(26,237,101)
Cash provided by (applied to) operating activities	(8,891,489)	6,071,191
CAPITAL TRANSACTIONS		
Cash used to acquire tangible capital assets	(239,045)	(203,044)
Cash provided by (applied to) capital transactions	(239,045)	(203,044)
(DECREASE) INCREASE IN CASH	(9,130,534)	5,868,147
CASH, beginning of year	11,042,721	5,174,574
CASH, end of year	\$ 1,912,187	\$ 11,042,721

The attached notes are an integral part of these financial statements

1. THE ORGANIZATION

The Ontario Health Quality Council is an independent agency, created under Ontario's *Commitment to the Future of Medicare Act* on September 12, 2005.

The Council was granted the business name Health Quality Ontario (HQO) on February 15, 2011. This merged organization coordinates, consolidates and strengthens the use of evidence based practice initiatives and technologies, supports continuous quality improvement and continues to monitor and publicly report on health system outcomes. HQO's mandate includes the recommendation of evidence informed care, providing continuous support for the adoption of standards of care among health care providers, and monitoring and reporting on Ontario's health system performance. The consolidation of the health quality infrastructure will increase accountability, build synergies amongst existing programs and allow the agency to focus on the patient's entire care journey across all sectors. HQO's goal is to support a more efficient, patient centred health care journey.

Under the *Excellent Care For All Act* enacted June 3, 2010, HQO's mandate was expanded to:

- Recommend and help health care providers adopt evidence based standards of care and best practices;
- Monitor and report on quality improvement efforts across health care sectors; and
- Lead provincial efforts to improve safety, quality, efficiency, and the patient experience across all health care sectors.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of accounting

These financial statements are prepared by management in accordance with Canadian Public Sector Accounting Standards for provincial reporting entities established by the Canadian Public sector accounting board except as noted in 2 (b).

(b) Tangible capital assets

Tangible capital assets purchased with government funding are amortized 100% in the year of acquisition as long as the capital assets have been put to use. This policy is in accordance with the accounting policies outlined in the Ministry of Health and Long-Term Care (MOHLTC) funding guidelines. MOHLTC funding is completely operational and not capital in nature.

(c) Donated materials and services

Value for donated materials and services by voluntary workers has not been recorded in the financial statements. These services are not normally purchased by the organization and their fair value is difficult to determine.

(d) Revenues and expenses

The deferral method of accounting is used. Income is recognized as the funded expenditures are incurred. In accordance with the MOHLTC guidelines, certain items have been recognized as expenses although the deliverables have not all been received yet. These expenses are matched with the funding provided by the Ministry for this purpose.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *continued*

(e) Measurement uncertainty

The preparation of financial statements in conformity with Canadian Public Sector Accounting Standards requires management to make estimates and assumptions that affect the reporting amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of the revenues and expenses during the period.

Estimates are based on the best information available at the time of preparation of the financial statements and are reviewed annually to reflect new information as it becomes available. Measurement uncertainty exists in these financial statements. Actual results could differ from these estimates.

3. DUE TO THE MINISTRY OF HEALTH AND LONG-TERM CARE

In accordance with the MOHLTC financial policy, surplus funds received in the form of grants are recovered by the Ministry of Health and Long-Term Care subsequent to the year end in which the surplus occurred.

	2014	2013
Excess revenue over expenses in 2012	\$ -	\$ 3,293,331
Excess revenue over expenses in 2013	-	5,532,437
Total repayable at year end	\$ -	\$ 8,825,768

4. LEASE OBLIGATIONS

There were three property leases in place during the fiscal year: the main location with a lease ending August 31, 2018, and a secondary location whose two leases will end June 30, 2016 and April 30, 2018. The net annual rent of the main lease is currently \$218,746 until March 31, 2015 and will subsequently increase to \$301,550 until August 31, 2018. The secondary leases' net annual rent is currently \$103,872. The annual net payments of the remaining rental premise during the next five years of the lease are estimated as follows:

2015	\$322,618
2016	\$405,422
2017	\$381,230
2018	\$373,166
2019	\$131,614

5. ECONOMIC DEPENDENCE

HQO receives all of its funding from the MOHLTC.

6. FINANCIAL INSTRUMENTS

Fair value – The carrying value of cash, accounts payable and accrued liabilities as reflected in the financial position approximate their respective fair values due to their short term maturity or capacity for prompt liquidation. The organization holds all of its cash at one financial institution.

7. ONE TIME PROJECTS

Advanced Access

Performed by the Integrated Program Delivery Branch, the project aims to optimize primary care service delivery through improvements in accessibility, continuity of care and office practice efficiency by primary care practitioners and their health care teams.

Key objectives of the project are to:

1. Improve access to primary care as evidenced by improvement in the Third Next Available Appointment (3NAV) (target 0 days)
2. Improve continuity so that patients will see their own primary care provider 85% of the time
3. Improve cycle time wherein the duration of a clinic visit will be 60 minutes or less
4. Improve Red Zone Time so that contact time with a clinical care team during a clinic visit will be 50% or more of the total cycle time

Residents First

Residents First is a quality improvement initiative to develop the Long-Term Care sector’s capacity for quality improvement so that each resident will enjoy safe, effective and responsive care that helps them achieve the highest potential of quality of life.

IDEAS

Improving & Driving Excellence Across Sectors (IDEAS) is a provincial applied learning strategy delivered through a collaborative partnership between Ontario’s six universities that have faculties of medicine and health sciences, Health Quality Ontario, the Institute for Clinical Evaluative Sciences and the Institute of Health Policy, Management and Evaluation at the University of Toronto. The aim is to build quality improvement capacity and leadership throughout the health system through this collaborative arrangement.

SUMMARY OF ONE TIME PROJECTS:

	2014	2013
Access & CDM	\$ 1,707,472	\$ 2,153,624
Residents First	1,488,506	1,489,983
IDEAS	189,005	-
Total	\$ 3,384,983	\$ 3,643,607

8. IN-YEAR RECOVERY OF FUNDING

The Ministry of Health and Long-Term Care conducted a financial reconciliation and review of HQO's second quarter results and determined that the current year's funding would be reduced by \$5,142,400.

9. PENSION PLAN

HQO is a participating employer in the Public Service Pension Plan (PSPP), a contributory, defined benefit pension plan which its membership base is made up certain employees of the provincial government and its agencies, boards and commissions. PSPP serves over 82,000 currently employed, retired and former provincial government employees.

Because PSPP serves many employees, and information is unavailable that segregates the assets, liabilities and pension obligations of the HQO versus those of other participating employees, HQO appropriately accounts for its involvement with this plan using defined contribution pension plan accounting.

According to PSPP's audited financial statements as of December 31, 2012, PPSP has approximately \$19 billion of net assets available for benefits, \$20.3 billion of pension obligations and a deficit \$1.3 billion as measured by Canadian Accounting Standards for Pension Plans. There were no changes in significant contractual elements of the PPSP during 2013.

HQO's employer contributions to this plan totaled \$931,385 (2013 \$963,991). These contributions represent current service costs, and were appropriately expensed as incurred.

10. COMPARATIVE FIGURES

The prior period's comparative numbers have been reclassified to reflect the current period's financial presentation.

**SCHEDULE OF OPERATIONS COMPARED TO BUDGET
FOR THE YEAR ENDED MARCH 31, 2014**

	ACTUAL	BUDGET
REVENUE		
Ministry of Health and Long-Term Care	\$ 33,993,498	\$ 33,993,498
IN-YEAR RECOVERY OF FUNDING BY THE MINISTRY OF HEALTH AND LONG-TERM CARE, <i>Note 8</i>	(5,142,400)	-
	28,851,098	33,993,498
EXPENSES		
Enterprise Strategy and Operations	5,788,506	10,369,535
Integrated Program Delivery	6,936,167	5,902,485
Strategic Partnership and Communications	4,060,581	3,765,988
Health System Performance	3,316,611	3,685,288
Evidence Development & Standards	9,262,102	10,270,202
	29,363,967	33,993,498
EXCESS OF REVENUE OVER EXPENSES	(512,869)	-
INTEREST INCOME	93,211	-
DEFICIT	(419,658)	-

ISBN 978-1-4606-4462-1 (Print)
ISBN 978-1-4606-4463-8 (PDF)

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Health Quality Ontario
130 Bloor Street West, 10th Floor
Toronto, ON M5S 1N5
Tel: 416-323-6868 | 1-866-623-6868
Fax: 416-323-9261

www.hqontario.ca