

Quality Improvement Plan Advisory Committee Terms of Reference

Background/Context:

With the introduction of the Excellent Care for All Act (ECFAA) in 2010, there has been an increased focus on quality and quality improvement (QI) across Ontario. Since that time there has been an increased development of capacity in quality improvement, and quality has become an important underpinning of our efforts in transformation across the system. Health Quality Ontario (HQP) has broadly set its future direction in quality as summarized below. The refreshed strategy signals a commitment to responding to emerging evidence and quality gaps identified through other efforts at HQO or other means, and places the Quality Improvement Plan (QIP) program as a central lever to engage health providers across the system in quality improvement.

HQP Approach to QI

Four Areas of Focus in QI:

1. Identify and plan for QI opportunities.
Respond to emerging evidence, quality issues. Fully utilize levers such as QIP as part of approach, evidence, and reporting.

2. Catalyze QI.

With partners enable large scale efforts to improve quality in measurable ways. Eg. NSQIP, Healthlinks support, QIP priority areas, ARTIC Integration of care.

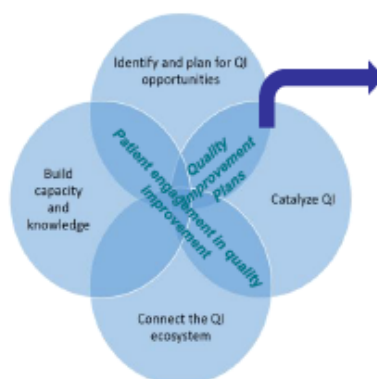
Use data and regular interactions through learning collaboratives, and Community of Practices to motivate improvement on common quality issues.

3. Connect the QI Community.

Establish both virtual and other ways to connect clinical and QI community.

4. Build capacity and knowledge in QI.

Currently focused on IDEAS, supporting board governance training.



Reports and use of Quality Improvement Plans (QIP) will serve an integral role to:

- Signal areas of importance for quality improvement
- Bring a common focus to important quality issues across sectors
- Provide information about trends, best practices and experience with change ideas back to providers.
- Use data as a support for communities of practice or collaboratives focussed on quality improvement

As of 2017/18, over 1000 organizations in Ontario submit QIPs, indicating their annual goals and public commitment to improve quality. Currently, these sectors include public hospitals, inter-professional primary care models (i.e., Family Health Teams, Community Health Centres, Aboriginal Health Access Centres, Nurse Practitioner Led Clinics), long-term care homes, and Community Care Access Centres. One of the most important opportunities with the QIP across these sectors is to inspire focus on quality issues that will require collaboration across multiple different settings to make improvements in system priority areas, such as indicators of system integration or management of complex chronic diseases or palliative care.

HQO's Accountabilities: The Ministry of Health and Long-Term Care (MOHLTC) holds responsibility for strategic policy related to advancing quality in the province, such as ECFAA and other regulations that have direct impact on quality and the use of QIPs. As Ontario's principal advisor on quality and the organization responsible for working with the health system to make improvements to quality, HQO holds responsibility to execute on a comprehensive program enabling implementation of this policy direction. Responsibilities include:

- Identifying and finalizing priorities for the QIP that align with provincial and system needs, specifically those focused on cross-sector collaboration and integration
- Reporting and using data from the QIPs to actively support improvement in the field and to provide strategic advice to the Ministry
- Leveraging HQO's functions and relationships to drive improvement in the field, linking to the areas of evidence development and standards, public reporting and align with existing QI initiatives
- Identifying and developing resources and strategies to support organizations in successfully developing and implementing their QIPs, working in partnership with other organizations, agencies, and associations whenever possible
- Ensuring patients are appropriately represented and engaged regarding the QIPs and QI initiatives
- Ensuring appropriate consultation with stakeholders regarding the development of the QIPs and QIP priorities, including building relationships with the LHINs and other partners

Mandate:

The Quality Improvement Plan Advisory Committee will provide strategic input and guidance to the direction of the QIP as an integral and embedded component of HQO's quality improvement strategy. The Committee will focus on guiding the evolution of the QIP and QI program to ensure its use as an effective lever for change, and a comprehensive and embedded program designed to support a culture of quality.

The mandate of the Committee will include:

- providing advice on annual priorities for the QIP, ensuring responsiveness to emerging evidence and supporting system wide quality improvement strategies
- developing strategies to position the QIP relative to other performance levers in the system to maximize benefits to quality, which may include recommendations related to developing supports for governance
- providing strategic advice regarding stakeholders and opportunities for alignment to ensure the QIP is an effective lever for change
- identifying opportunities to align or link the QIPs with existing or new opportunities, including the work of the LHINs and other emerging initiatives (such as programmatic QIPs)
- identifying the best mechanisms to feedback information to the field to create opportunity for organizations to benefit from lessons learned from successes and failures through the QIP.
- providing advice on the development of an evaluation framework for the QIP program as an integral element of quality improvement in Ontario
- recommending approaches to strengthen alignment (where appropriate) between the QIP and quality improvement strategies in Ontario, such as Health System Funding Reform (HSFR)

Membership:

The committee will include no more than 12-14 people. Membership will be comprised of individuals with expertise in quality improvement, lived experiences of care (i.e. patients and caregivers), and leadership insights from direct experience developing and using QIPs as part of a practice or organizational quality strategy.

Note: Membership is not designed to be comprehensive of all stakeholders with an interest in QIP. The committee will leverage the ability to link to other committees both within HQO and across the system as needed.

Proposed membership:

- 4-6 Executive or Practice leaders with responsibility for quality from each sector required to submit QIP
- 1-3 experts in quality improvement and evaluation
- LHIN representative responsible for QI through the HQO/LHIN agreement
- 1-2 members of the public with a recent experience of care
- Director, Health Quality Ontario Liaison and Program Development, Ministry of Health and Long-Term Care
- Chief, Clinical Quality, Health Quality Ontario
- Vice President, Quality Improvement, Health Quality Ontario (Co-Chair)

The Advisory Committee will be co-chaired by a member of the committee and the Vice President, Quality Improvement.

Term:

Committee members will normally be appointed for a two-year term, with option for renewal for one additional term. Initially, some one-year terms will be selected in order to provide for staggered rotation. Term beginning and end points will align with the fiscal year.

Support/Secretariat:

HQO will provide staff support to the Advisory Committee. HQO staff contributors to the meeting will include:

- Director, Quality Improvement Strategies and Adoption
- Manager, Quality Improvement Strategies and Quality Improvement Plans

*Other members of the quality improvement and HQO team more broadly will be invited for specific items as relevant

Accountability/Reporting Relationship:

The QIP Advisory Committee will provide advice to the Vice President, Quality Improvement. Accountability will be to the CEO, Health Quality Ontario, through executive membership.

Timing:

Meetings will take place on a bi-monthly basis starting in 2016. (Note that this replaces the previous practice of monthly meetings during the 2015-16 cycle.) Meetings will be held in person, with teleconference available as required. Minutes will be taken and shared within 2 weeks of the meeting date.

Reporting:

The work of this committee will be shared with relevant committees and groups, including the Regional Quality Tables.

Review:

Advisory group effectiveness and the Terms of Reference will be reviewed annually.