

Health Quality Ontario Business Plan 2017-20

October 2016

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1 Executive Summary

At Health Quality Ontario, we are committed to better health for all Ontarians. Using our strategic plan as our guide, *Partnering for a Quality Health System*, we work with patients and providers across the system to improve the quality of health care for every Ontarian - because better has no limit.

As the provincial advisor on health care quality, we define the meaning of quality as it pertains to health care, and provide strategic advice so all the parts of the system can improve. We also analyze virtually all aspects of Ontario's health care. This includes looking at the overall health of Ontarians, how well different areas of the system are working together, and most importantly, patient experience. We then produce comprehensive, objective reports based on data, facts and the voice of patients, caregivers and those who work each day in the health system. As well, we make recommendations on how to improve care using the best evidence. Finally, we support large scale quality improvements by working with our partners to facilitate ways for health care providers to learn from each other and share innovative approaches.

Specifics about all that we will do over the next three years are contained in this 2017-18 to 2019-20 business plan and are grounded in our five strategic priorities. Some highlights within our five priorities include:

1. **Providing system-level leadership for health care quality:** developing Quality Standards where there are large variations in care or where there is a gap between the best possible care and the care currently provided, making recommendations on clinical care to the Minister to support high-quality patient care.
2. **Increasing availability of information to enable better decisions:** the provision of customized reports for physicians, primary care organizations and hospitals to improve quality and report on patient experience across care levels.
3. **Evaluating promising innovations and practices, and supporting broad uptake of those that provide good value for money:** the development and fostering of communities of quality improvement to generate and exchange knowledge and innovative ideas by health care professionals.
4. **Engaging patients in improving care:** the provision of tools and resources for patients, families, Ontarians at large, and health care professionals to build their capacity to effectively engage with one another to improve care.
5. **Enhancing quality when patients transition between different types or settings of care:** actively working with the Local Health Integration Networks, including at a sub-region level, to spread and scale practices through major efforts including Health Links, to encourage patient care that is closely integrated between primary, community and home settings.

Throughout this business plan, we have identified the programs and initiatives that we are currently planning for the next three years, which are grounded in the five strategic priorities listed above, and our mandate as the provincial advisor on health care quality. Complementing our priorities, we have highlighted three emerging areas of focus: primary care; palliative and end-of-life care; and mental health and addictions.

2 Mandate and Strategy

2.1 Mandate

Ontario Health Quality Council (OHQC), operating as Health Quality Ontario, is the provincial advisor on the quality of health care in Ontario. Our unique mission has its roots in the *Excellent Care for All Act, 2010*, which sets out the functions of Health Quality Ontario as a Board-governed provincial agency.

Our task is to create a shared understanding of quality as it relates to health care and to support the system to improve the quality of care for patients. Our mandate is to:

- Monitor and report on how the health system is performing.
- Provide guidance on important quality issues.
- Assess evidence to determine what constitutes optimal care.
- Promote ongoing quality improvement aimed at substantial and sustainable positive change in health care.

As we deliver on this mandate, we regularly engage with patients and caregivers, and give them a voice in shaping a quality health system

2.2 Strategy

Quality Matters: Realizing Excellent Care for All, a system vision for health quality in Ontario with a common language to define quality for the health care system, anchors our strategic plan. Our 2016-19 strategic plan, *Better Has no limit: Partnering for a Quality Health System* defines the strategic priorities to achieve our mandate and improve the quality of health care in Ontario. This strategic plan informs the priority-based programming included in our business plan.

Quality Matters: Realizing Excellent Care for All. Recognizing that every health care professional, patient, planner and policy maker wants to ensure excellent care for all, common language and goals are required to achieve sustained improvement. Through this report Health Quality Ontario defines what a high-quality health system is, articulates a vision for quality, highlights the principles to support a culture of quality, and provides the roadmap for how we achieve this vision in partnership with patients and professionals across the system. This report is intended to unite everyone in the pursuit of excellent health care for all in Ontario.

Better Has No Limit: Partnering for a Quality Health System. HQO's 2016-19 strategic plan is the result of in-depth consultations with many across Ontario's health system and reflects what we heard is needed to advance health care quality. Our 2017-18 to 2019-20 business plan aligns with all that is articulated in our strategic plan.

Our Values. We achieve our strategic plan in collaboration with the health system, patients and caregivers, and government through our lived values: Collaboration, Respect, Integrity and Excellence. Our values guide all of the work we do within Health Quality Ontario, and together with our partners.

Definition of a High-Quality Health System

A health system that delivers world-leading safe, effective, patient-centered services, efficiently and in a timely fashion, resulting in optimal health status for all communities

Vision for Quality

Ontario's health system is world-leading in delivering the best outcomes across all six dimensions of quality. Our health care system is just, engages patients and families, and is relentlessly committed to improvement.

Our Vision

Better health for every Ontarian. Excellent quality care.

Our Mission

Together, we work to bring about meaningful improvement in health care.

What We Do

Health Quality Ontario serves as the provincial advisor on health care quality.

We have been entrusted to:

Monitor and report on how the system is performing.

Providing guidance on important quality issues.

Assess evidence to determine what constitutes optimal care.

Engage with patients and give them a voice in shaping a quality health system.

Promote ongoing quality improvement aimed at substantial and sustainable positive change in health care.

Our Five Strategic Priorities

Provide system-level leadership for health care quality.

Increase availability of information to enable better decisions.

Evaluate promising innovations and practice, and support broad uptake of those that provide good value for money.

Engage patients in improving care.

Enhance quality when patients transition between different types of settings of care.

In addition, we have identified three areas of focus that build on our existing work in hospital, and long-term care, and that have a strong need for quality improvement – mental health and addictions care; palliative and end-of-life care; and primary care / community care.

3 Environmental Scan

After conducting an environmental scan, Health Quality Ontario has identified several environmental factors that impact our business planning and our strategic focus for 2017-20:

- New mandates and system restructuring arising from Patients First, related to primary care, home care and LHIN renewal
- The importance of engaging with health service providers and practitioners in work across our mandate and with our partners
- The evolving patient safety landscape in Ontario
- An increasing focus on palliative and end of life care across the health system, and by patients and caregivers
- Renewed health system strategies and priorities on health equity
- An increasingly large body of knowledge that needs to be synthesized into recommendations and standards of care
- The growing need for health care organizations to be more flexible and responsive to the needs of the public and patients
- The need for enhanced capacity in quality improvement across sectors, and as initiatives mature from early adoption to broader spread and scale
- A growing international and provincial shift towards open government and open data
- *The Journey Together: Ontario's Commitment to Reconciliation with Indigenous Peoples* describes how Ontario is working with Indigenous partners to address the legacy of residential schools, close gaps and remove barriers, support Indigenous culture, and reconcile relationships with Indigenous peoples. \$250 million will be invested over the next three years, including key investments in life promotion support and new mental health and addictions support

An assessment of these environmental factors, and the evolving government and system priorities around them, suggests that the five strategic priorities in Health Quality Ontario's Strategic Plan 2016-19 continue to be relevant in guiding our business plan. We have identified the following implications for Health Quality Ontario, resulting from these environmental factors:

- Potential changes through the proposed Patients First Act (2016) may result in an expanded mandate for Health Quality Ontario, and an increased need to build quality capacity and support for Local Health Integration Networks, primary care, home care and other sectors, including. In particular, the introduction of a committee to make recommendations concerning clinical care standards and performance measures.
- The need for enhanced quality improvement and performance reporting at the sub-regional levels within the Local Health Integration Networks (LHINs), including expanded support in enhancing quality across the home and community care settings, and supporting quality

improvement in primary care, with leadership by local clinical champions for quality improvement and physician engagement.

- An expanded focus on patient relations and engagement.
- The Open Government agenda will require Health Quality Ontario to continue our work in improving the accessibility and relevance of our online health system performance data and information to members of the public.
- The launch of the Ontario Palliative Care Network (OPCN) and increased investments in hospice services will help inform Health Quality Ontario's work in palliative and end-of-life care.
- Health Quality Ontario will need to continue to be responsive to ongoing Ministry priorities as outlined in the recent September 2016 Mandate Letter from the Premier to the Minister of Health and Long-Term Care, especially focused on the implementation of the Patients First Action Plan, including patient safety, health equity and chronic pain management (including use of opioids).

We have considered these implications and our strategic plan in describing how we will move our current and future programs forward in 2017-20, in the following section.

4 Programs and Activities

To achieve our strategic priorities and meet our mandate, this section describes our current programs and activities, plus our planned future activities to deliver on Health Quality Ontario and government priorities, as we continue to work with our partners to advance a quality health system.

Strategic Priority # 1: Provide system-level leadership for health care quality

4.1.1 Quality Standards

The purpose of Quality Standards is to provide concise, easy-to-understand sets of recommendations, based on the best available evidence. They help patients and families to know what to expect and ask for in their care, health care providers to know what care they should provide, and health care organizations to measure, assess and improve performance in caring for patients with the referenced conditions.

Health Quality Ontario's distinct approach leverages its key functions of evidence, reporting and quality improvement to include evidence recommendations, associated indicator(s), implementation plans and adoption supports. These statements typically have 5-15 recommendations, differ from clinical practice guidelines, professional standards and accreditation standards and instead provide a single view of quality that is the same for patients, health care providers and health care organizations. The standards will serve as an important platform for quality improvement in Ontario and will be communicated widely to heighten awareness for them and to inspire action.

Key Accomplishments for 2016-17

- Quality Standards to date have included a strong emphasis on mental health, including the development of draft standards for schizophrenia, major depression and behavioural symptoms of dementia.
- An invitation to key system partners has also gone out with the draft standards to invite support, which will be helpful for dissemination, implementation and adoption.
- These three mental health standards have been targeted for release in October 2016.
- Additional Quality Standards that will be developed this fiscal year include: heavy menstrual bleeding and hip fracture.

Implementation Plan for 2017-18

In 2017-18 we plan to deliver on a number of Quality Standards with an emphasis on home and community care. These include:

- Wound care:
 - Pressure ulcers
 - Diabetic foot ulcers
 - Venous/mixed leg ulcers
- Dementia care
- Schizophrenia care
- Palliative care (in partnership with the Ontario Palliative Care Network)
- Opioid prescribing for pain
- Opioid use disorder
- Vaginal birth after C-section (Acute care) (in partnership with the Provincial Council for Maternal and Child Health)

Approximately eight standards are also targeted to commence in 2017-18. These standards will be delivered in 2018-19 or early 2019-20.

Health Quality Ontario will likely establish a provincial committee to make recommendations on quality standards, support a more coordinated provincial approach to standards prioritization, development, implementation and measurement, and will utilize additional levers (e.g., Minister/LHIN directive, partnerships, etc.) to support implementation.

Performance reporting on Quality Standards will include:

- Health Quality Ontario aims to produce an Information and Data Brief to demonstrate why a given Quality Standard is needed, including highlighting unwarranted variations in care. Using the key outcomes and process measures associated with a given Quality Standard, the Data Brief includes provincial, LHIN, sub-region and facility-level performance results where available.
- In some cases, Health Quality Ontario will produce an in-depth specialized report to support the need for a Quality Standard. This would include key indicators, in-depth interpretation of findings, and patient, caregiver and provider stories relevant to the Quality Standard topic.
- In addition to the above, Health Quality Ontario intends to use a variety of reporting tools from its yearly report, to online reporting, to audit and feedback reporting to support the adoption and implementation of Quality Standards.
- For indicator reporting beyond the launch of the Quality Standard, and given the diverse range of indicators, Health Quality Ontario analyzes the indicators for each Quality Standard to

determine the most appropriate reporting vehicle for each indicator, rather than using a single "one size fits all" reporting vehicle.

Implementation, Adoption and Quality Improvement related to Quality Standards will include:

- The development of a robust implementation plan that will provide recommendations at the level of the standard as well as specific statements identifying what is needed to advance implementation of the standard and reduce variation through quality improvement. The plan will identify key audiences that need to be engaged and will include:
 - Policy recommendations where required, including consideration of funding for new services and/or initiation of a Health Technology Assessment, or potential legislative requirements.
 - Identification of various levers that could be used to support advancement of the standard including contracts, and use of the Quality Improvement Plan.
 - Identification of partners that could assist with implementation and what would be expected of them (e.g., other provincial agencies, colleges, education programs, accreditation bodies, or LHINs).
 - Regional contextualization of the plan, where needed, given local circumstances and availability of resources.
 - Planned set of resources to support implementation and quality improvement.
 - Opportunities for large scale quality improvement interventions and supports to advance the standard (i.e., using the practice reports to provide information to providers, using ARTIC as a means to support spread and scaled of proven interventions to meet the standard, or other strategies as appropriate).
 - Suggested approach to monitoring the use of the standard.
- It is envisioned that the implementation plan will be a key product for the Committee to discuss and inform. The plan will summarize requirements to implement the standard as a whole as well as include specific implications for individual statements. The plan will be developed with input from the Topic Specific Expert Panels involved in development of the standards, with strong support from the Health Quality Ontario team and partners, including the Ministry where appropriate.
- The committee will inform necessary adjustments to the plan, confirm proposed timelines and roles of partners, and identify opportunities for the LHINs to support the plan.
- A set of resources will be provided to support implementation and quality improvement. These resources help to enable the implementation plan described above. They will be introduced in a phased approach, tailored to each standard. The set of resources will consider the audiences most impacted by the standard and what is required to engage and support implementation within those given audiences. The following are some examples of what will be included in this set of resources:
 - A Basic Standards Getting Started Guide. Each standard will include a basic guide to support use and interpretation of the standard by the field.
 - Development of clinical pathways to support use of the standards, including a practical, task oriented view of the care identified by the standard, as well as tools, assessments and resources to support care.
 - Standardized order sets or recommendations to embed elements of the standards into clinical systems.
 - Decision Aids to support patients and providers in understanding the standards.
 - Specific approaches to supporting education, through partnerships.
 - Other services offered by partners.

Health Quality Ontario will work with partners to ensure robust support for the Quality Standards implementation plan. Linkages with clinical leadership at the LHIN and sub-region levels, the Ministry of Health and Long-term Care, engagement of expert panels, and consultations with anticipated audiences for the standards will be important to support adoption.

The full spectrum of these activities will enhance the quality of care for Ontarians, reduce variations in care where they exist at local and regional levels, and ensure the recommended standards become part of the patient experience.

4.1.2 Improving and Driving Excellence Across Sectors

The purpose of Improving and Driving Excellence Across Sectors (IDEAS), a learning and development program, is to increase leadership and quality improvement capacity to advance the quality agenda. Key objectives include:

- Increasing this capacity across the province, particularly in areas where the need for improvement and transformation has been prioritized.
- Setting up IDEAS as a sustainable provincial program.
- Advancing a common QI language and approach to delivering high-quality care.

Key Accomplishments for 2016-17

- Establish a Blended Delivery model to expand reach.
- Deliver the annual Alumni event and continued evolution of the Alumni Program and its alignment with the provincial QI strategy.
- Established partnership agreements with the Institute of Health Policy, Management and Evaluation and the Institute of Clinical Evaluative Sciences.
- Train up to 200 individuals in the Advanced Program and up to 2,000 in the Foundations Program.

Implementation Plan for 2017-18

The Ministry has confirmed continued funding (although at a reduced rate) for IDEAS for an additional year.

Our continued planned activities for 2017-18 are to establish a sustainability model for IDEAS with the support of partners and the Ministry while continuing to deliver the Foundations IDEAS program to up to 2,000 participants, the Advanced program to up to 200 participants, the IDEAS Alumni event and continued evolution of the Alumni Program to support system transformation.

4.1.3 Equity

The focus of the Equity program is to support health care professionals in bringing an equity lens to how they plan, deliver and evaluate care for all patients. Key objectives include:

- Aligning HQO's health equity efforts with other national, provincial and regional efforts.
- Raising awareness that equity is an essential dimension of quality.
- Engaging patients, caregivers, and the public to improve health equity.

- Increasing the availability of information to enable better decisions relating to health equity.

Key Accomplishments for 2016-17

- Publicly launched HQO's Health Equity Plan (2016-2019).
- Developed and started to implement an HQO integrated implementation plan, supported by a Health Equity External Advisory Committee.
- Developed and started to implement an internal capacity plan focused on education and training for HQO staff.
- Worked with our partners in northern Ontario, hold a Health and Healthcare Equity summit to develop a plan for this region.

Implementation Plan for 2017-18

In 2017-18 we plan to continue developing a health equity knowledge exchange hub and continue embedding equity in all programs and areas of activity across Health Quality Ontario.

Our future planned activities to enhance equity include the continued development of our Northern Health and Healthcare Equity plan that will focus on rural remote communities, the francophone, Indigenous peoples and individuals living with poverty. We will be working alongside our partners in the Northeast and Northwest LHINs, as well as engaging with public health units, the federal government, and community agencies supporting mental health and addictions and poverty reduction.

4.1.4 Provincial Quality Strategy and Policy

Key objectives of this area of activity are:

- Aligning and guiding system policy changes to the quality agenda.
- Advancing a system strategy for health quality.
- Testing early-stage quality initiatives that have an intersection with government policy, legislation or regulation.

Key Accomplishments for 2016-17

- Established a data collection, analysis and dissemination strategy as part of a pilot system to support safer patient care. This enables hospitals to share learnings from reviews of critical incidents and never events to reduce the impact and frequency of critical incidents in acute care across Ontario's hospitals.
- Released the final chapters of Quality Matters, a series of reports from the System Quality Advisory Committee intended to unite the goals of the health care system around a single vision and roadmap for quality.
- Designed and implement a new committee at HQO to provide recommendations on Quality Standards.
- Saw passage of a new Quality of Care Information Protection Act (linked to the Health Information Protection Act) that was informed by an HQO-supported advisory panel. Among other improvements, the new Act includes measures to support greater transparency to patients and families who experience critical incidents in hospitals.
- Submitted a report to the Ministry with recommendations for modernizing the Healing Arts Radiation Protection Act.

- The Ministry endorsed HQO's report on quality oversight in non-hospital medical clinics, expressing support for its recommendations and the intention to examine options to put its principles into action.

Implementation Plan for 2017-18

Our planned activities for 2017-18 include the successful implementation of the new committee to make recommendations concerning clinical care standards, complete the detailed model for the Ontario Patient Safety Learning System by delivering a business case for provincial implementation, and continue to promote alignment with Quality Matters inside and outside the agency.

Future enhanced activities include supporting provincial implementation of Diagnostic Imaging peer review, with implementation options ranging from making available a toolkit to hospitals through partnership, to providing operational management support on clinical adoption, to deploying on-the-ground coaches to move early adopters through communities of practice to full provincial implementation and spread.

4.1.5 Ontario Change Day

Another initiative to lead health care quality is Ontario Change Day. Change Day is a proven initiative that has been shown to successfully engage individuals, patients and organizations in change efforts. Originally designed and adopted in England in 2013 by the National Health Service, and founded on social movement theory, Change Day fostered a culture within which individuals, patients and organizations felt empowered through constructive action by creating positive energy and resilience for change across the health system.

Since 2013, a number of other countries including Australia, New Zealand, Norway, Denmark and the United States have participated in Change Day campaigns. In Canada, British Columbia, Alberta and Saskatchewan have all hosted Change Days and have reached out to other provinces including Ontario with the hope of creating a National Change Day in the fall of 2017, where multiple provinces would run a Change Day campaign culminating in a National celebration on the same designated date. Change Day requires a framework that provides sufficient structure to optimize collective impact, but not so much structure that innovation is stifled and individuals feel disempowered. While, a central coordinating body is essential to guide and move the campaign forward, engagement and mobilization through a distributive leadership approach is key. Equally important are structures that enable connections, relationships and knowledge exchange.

With its provincial mandate for advancing and supporting system improvement and its commitment to system engagement through partnerships, Health Quality Ontario is in an ideal position to take on the coordinating role. The provincial framework for quality, Quality Matters, provides a strategic framework for the campaign and at the same time, the Change Day campaign will provide a mechanism to advance the adoption of the elements identified in Quality Matters necessary to the achievement of a quality culture and high performing system. Priority areas of focus within Patients First will serve to inform the engagement and mobilization strategy for change efforts.

Strategic Priority # 2: Increase availability of information to enable better decisions

4.2.1 Public Reporting

The purpose of Health Quality Ontario's Public Reporting program is to provide decision-makers and Ontarians at large with information on how well the health system is performing, including how Ontario's performance compares to other provinces and countries. This includes a yearly report (*Measuring Up*) on the performance of the health system and the health status of Ontarians; specialized, in-depth reports on key health quality topics; and comprehensive online reporting of performance across sectors.

Key Accomplishments for 2016-17

- Redesigned system performance reporting. The new user experience and user interface will target both the public and health system audiences, and was co-designed with patient advisors.
- Incorporated wait times for surgery and diagnostic imaging, and access to emergency departments into our online system performance reporting.
- Created specialized reports about family doctors' perspectives on care coordination, palliative care at the end of life, emergency department care (patient access and experience), and health equity in Ontario.
- Launched information and data briefs to accompany Health Quality Ontario's Quality Standards.

Implementation Plan for 2017-18

Our planned activities for 2017-18 include producing four specialized reports; producing Information and Data Briefs related to Health Quality Ontario's Quality Standards; and releasing *Measuring Up 2017*, which will include online indicators reflecting the indicators highlighted in the Common Quality Agenda, a pre-determined set of indicators developed with experts from across the province to measure how Ontario's health system is performing.

Future activities to support Patients First and LHIN renewal includes a public sub-region scorecard of priority indicators (i.e. sector-based indicators, patient experience and integration measures); comprehensive, cross-sector public reporting of patient experience measures; and performance reporting through the collection, analysis and reporting of new patient relations measures across hospitals, home care, and long-term care homes.

4.2.2 Practice and Organizational Reporting

The purpose of Practice and Organizational Reporting is to provide data and improvement ideas to health care professionals and facilities about their own performance compared to their peers, and to highlight best practices to support improvement efforts to best meet the evolving health needs of their patients. This includes our Primary Care Practice Reports, our Long-Term Care Practice Reports and our Hospital Performance Series Reports.

Key Accomplishments for 2016-17

- Refreshed the primary care and long-term care practice reports, including more rapid releases and expanded distribution.
- Released new topics for the long-term care practice report (falls prevention and improved mobility) and preparation for new topic areas for primary care.
- Launched organizational reporting starting with a hospital performance report in partnership with Choosing Wisely Canada.

Implementation Plan for 2017-18

Our planned activities for 2017-18 are to continue to enhance and evolve these reports, including expanding the topics and related improvement ideas included in each to align with local improvement priorities. Scaling up primary care physician practice reports to quarterly refreshes, made available to all physicians and aligned with priority sub-region priorities. A distinct feature of Health Quality Ontario's implementation is our three-pronged approach spanning evidence, reporting and quality improvement. In particular the report enables health providers to understand how they are delivering care relative to their peers, plus our quality improvement efforts support the field with resources, guides and toolkits that enable leading practices to be more easily incorporated into clinical practice.

Future activities include sustaining primary care physician practice reporting at a provincial scale; supporting practice reporting with quality improvement consultation, guides and toolkits; and using practice reporting to contribute to improving home and community care.

Strategic Priority # 3: Evaluate promising innovations and practices, and support broad uptake of those that provide good value for money

4.3.1 Health Technology Assessments

Health Quality Ontario has been entrusted with the responsibility of making recommendations to the Minister of Health and Long-Term Care regarding the funding of health care services and medical devices.

- The Health Technology Assessment program develops reports that assess the clinical benefits and harms, value for money, patient preference and lived experiences for health care services and medical devices.
- The Ontario Health Technology Advisory Committee, a committee of Health Quality Ontario's Board of Directors, makes recommendations about whether individual interventions should be publicly funded or not.
- Recommendations and reports are publicly shared with the provincial government, health care organizations, clinicians, providers and patients in order to inform decision-making.

Key Accomplishments for 2016-17

- Completed approximately twelve Health Technology Assessments for 2016-17, including Intrathecal Drug Delivery Systems for Cancer Pain (and for non-Cancer Pain), Left Ventricular Assist Devices for Destination Therapy and Mechanical Thrombectomy in Patients with Acute Ischemic Stroke.

- Participated in the pan-Canadian HTA Collaborative led by the Canadian Agency for Drugs and Technologies in Health in order to develop a consistent methodology to carry out health technology assessments across Canada.
- Developed a collaboration with the Ministry of Health and Long-Term Care to facilitate a proposed transfer of the function of assessing genetic tests from the Ministry to Health Quality Ontario.

Implementation Plan for 2017-18

Our current work for 2017-18 is to produce approximately ten Health Technology Assessments. Our enhanced activities likely include establishing the Ontario Genetic Advisory Committee and, if established, producing approximately an additional two HTAs related to genetic testing.

Future enhanced activities will include developing a foundation on using evidence to inform health care system payment and delivery reforms, and conducting rapid evidence reviews to provide advice to the Ministry on topics that would be considered out of scope for the Ontario Health Technology Advisory Committee.

4.3.2 Quality Improvement Strategy & Program Delivery

The purpose of the Quality Improvement Strategy is to support and foster quality improvement across the health system in four main ways: 1) providing guidance on priorities for improvement, 2) using data and profiling practices that improve care, 3) creating connections through communities of practice to share ideas and accelerate opportunity for improvement, and 4) building capacity for improvement through skill development and leadership. Key objectives are to:

- Spread and scale evidence-based practice change.
- Leverage Quality Improvement Plans as a core system enabler to advance quality.
- Dynamically connect the QI community to support improvement.
- Support implementation of evidence and emerging practices such as Quality-Based Procedures and Quality Standards as well as other innovative practices.

Key Accomplishments for 2016-17

- Analyzed 1,040 Quality Improvement Plans submitted from acute care, primary care, homecare, and long term care organizations. Produced a series of reports based on observations and trends (four sector-specific reports and two cross-sector reports on equity and integration), as well as topic-specific webinars, such as palliative care.
- Launched requirements for the 2017-18 Quality Improvement Plans with increased emphasis on improving integration of care across sectors and sites of care, and supporting multi-sector Quality Improvement Plans.
- Funded and supported four major spread and scale projects to improve integration of care between providers through the Adopting Research Through Improved Care (ARTIC) program, related to mental health and addictions, expansion in access to memory clinics for dementia, and implementation of Choosing Wisely Canada recommendations through order sets.
- Launched an online environment to support the connection of the quality community; increase awareness about various QI projects underway, emerging published science, training and education; and enable teams across Ontario to connect with one another.

- Maintained an ongoing focus on surgical quality improvement with the 33 hospitals that are active members of the Surgical Quality Improvement Network. Leveraged the National Surgical Quality Improvement Platform (NSQIP) to support the provision of comparable data for improvement (benchmarking against 500+ hospitals across North America). All teams established plans for quality improvement, and in many cases achieved improvement.
- Achieved improvements with the long-term care sector (e.g., improvements to prescribing practices) using audit and feedback data through the practice report, targeted QI interventions, and supporting efforts through an established community of practice.
- Developed a new approach to supporting the implementation and improvement activities for Quality Standards. Launched Mental Health Quality Standards Implementation Plan, and Getting Started Guide and other QI resources for improvement for the three mental health standards.
- Launched an Emergency Department quality program, including receiving and analyzing results of Emergency Department Return Visit audits from over 70 hospitals.
- Brokered a cohesive approach to adoption of Quality Based Procedures in coordination with other provincial agencies and the LHINs, and launched QBP Connect, a community of practice to support implementation by accessing experts, data, tools and resources and the experiences of others.
- Supported the community of practice for the Integrated Funding Models teams and program, enabling support for teams implementing new pathways during transition from hospital to home.
- Ran the Excellence through Quality Improvement Program (E-QIP), focused on community mental health and addictions, which is an 18-month partnership project between Addictions & Mental Health Ontario, Canadian Mental Health Association, the provincial government, and Health Quality Ontario to promote and support quality improvement in the community mental health and addictions sector.

Clinical Leadership

- Important to supporting quality improvement activities has been the establishment of a network of Clinical Quality Leads in collaboration with the LHINs. The Leads play an important role in establishing Regional Quality Tables that serve as cross sector groups identifying the opportunities to improve quality within the LHIN, as well as inform and support provincial efforts for quality improvement. Maintaining a network of clinical leaders that are directly connected to Health Quality Ontario's work in quality is critical for implementing Patients First, increasing emphasis on Quality Standards, and effectively conducting local engagement in this work. This year, 12 Clinical Quality Lead roles were established across the LHINs. It is envisioned that leadership roles will continue to be required to advance quality within the regions, both as an element of senior clinical leadership and more directly to support implementation.

Implementation Plan for 2017-18

Our planned activities for 2017-18 continue many of the large scale programs listed above. Areas that will be ramped up further will include:

- Launch the implementation, adoption and improvement approach to support Quality Standards.
- Maintain and expand where possible access to hospitals for the Ontario Surgical Quality Improvement Network and NSQIP.

- Expand efforts and reach of quality improvement in primary care. Broadly disseminate primary care practice reports and support primary care leadership at LHIN and sub-region levels. Use the primary care practice reports to provide support to LHIN sub-region Collaboratories to support improvement.
- Provide cross-sector analysis of Quality Improvement Plans and expand efforts to support collaborative Quality Improvement Plans and programmatic Quality Improvement Plans. Deliver a series of Insights to Quality Improvement reports to share information about progress in improvement and to spotlight ‘how’ organizations achieve improvement.
- Continue to emphasize Adopting Research To Improve Care (ARTIC) as a potential mechanism to support the use of Health Quality Ontario evidence-based recommendations, particularly related to integration of care.
- Further develop and support quality improvement through communities of practice in long-term care, Quality Based Procedures through QBP Connect, Integrated Funding Models program, Health Hubs program and evolving the online Quality Community platform.
- Complete E-QIP program focused on community mental health and addictions.
- Maintain momentum to support implementation of Choosing Wisely Canada recommendations and contribute to the national program as the Ontario lead organization.

Strategic Priority # 4: Engage patients in improving care

4.4.1 Patient Engagement

Patient Engagement at Health Quality Ontario is focused on increasing patient, caregiver and public engagement to improve the quality of health care in Ontario. Key objectives have both an internal and external focus:

- Internal: Rooting our own work at Health Quality Ontario in the values and experiences of those who use Ontario’s health system.
- External: Supporting patients and health care professionals, planners and system leaders to build their capacity to actively and effectively engage with each other.

Key Accomplishments for 2016-17

Internal:

- Engaged with the Health Quality Ontario Patient, Family and Public Advisors Council about strategic issues related to Health Quality Ontario’s work (e.g., public policy, public reporting, Quality Improvement Plans, a provincial approach to patient engagement, etc.).
- Drew on our broader Patient Advisor Pool to embed patient advisors in our daily work (e.g., through advisory committees, discussion groups).
- Began recruitment efforts to broaden representation of the Health Quality Ontario Advisors Pool, to ensure representation of patients from across Ontario, and where possible, from under-represented populations.
- Began an evaluation cycle of patient engagement work at Health Quality Ontario.

External:

- Created a provincial framework for patient engagement in Ontario.
- Submitted a report to the Minister of Health and Long-Term Care for a bold approach for patient engagement in Ontario.

- Working with our Patient, Family and Public Advisory Council, recruited and launched a Resource Development Advisory Group of patient advisors and health professionals (50:50 split) to advise Health Quality Ontario on the types of patient engagement learning resources that are needed to support system-wide adoption of patient engagement.
- Added enhancements to our online hub of tools and resources of best practices from around the world (additional tools, better navigation).
- Created checklists (for patients and for providers) on patient engagement best practices.
- Conducted four regional online and in-person educational sessions for patients and health professionals to build their capacity for patient engagement.
- Designed in partnership with patients, a patient engagement stream at our annual conference, Health Quality Transformation 2016, and co-designed with them the overall conference.
- Released an Insights to Quality Improvement report on how patients were involved in quality improvement activities and development of quality improvement plans across Ontario. This report was co-developed with patients.
- Saw a substantial increase in the reflection of patient engagement and involvement across the 1000+ organizations that submit quality improvement plans both in development of the plan itself and specific QI initiatives
- Launched a guide to support active involvement of patient and families in the development of quality improvement plans and organizational QI initiatives

Implementation Plan for 2017-18

Our activities for 2017-18 will include:

Internal:

- As a result of successful engagement, increase the frequency of regular Health Quality Ontario Patient, Family and Public Advisors Council meetings (to consult with patients, families and members of the public about strategic issues related to Health Quality Ontario's work). In addition, work in partnership with them to co-design a tool for patients who want to become patient advisors in their own communities, to educate them about how the Ontario health system works.
- Active management of our broader Patient Advisor Pool as we continue to embed patient advisors in our daily Health Quality Ontario work (e.g., through advisory committees, discussion groups). In 2017-18, expected work will continue in health technology assessments, quality standards, public reporting, quality improvement initiatives, and public policy, reflecting the work highlighted in the pages above in these areas.
- Data gathering and analysis measuring the process and impact of our patient engagement work at Health Quality Ontario, and sharing our efforts and learnings of patient engagement measurement with the system, for them to potentially use for their own patient engagement efforts.
- Maintain an ongoing requirement to involve and engage patients in the 1,040 organizations that development Quality Improvement plans.

External:

- Meetings and consultations with the Resource Development Advisory Group, creating alignment across sectors and amongst patients about the engagement tools, training and resources we should create to help build capacity within the system for patient, professionals and organizations to effectively engage.

- Continuing to add tools and resources of best practices from around the world to our online hub.
- The addition of four new patient engagement learning resources for patients and providers (to continue to help fill in the gaps that do not exist).
- The delivery of four online and in-person regional training events on patient engagement.
- Patient stream at Health Quality Transformation and co-design with patients in the overall design of the conference.

Future enhanced activities include engaging more with under-represented populations; putting in place engagement initiatives that are in alignment with the traditions, knowledge and healing cultures of First Nations, Métis and Inuit Peoples; engaging with the academic and learning community in Ontario to influence the curriculum of health professionals; creating an online community for patients wanting to become advisors; hosting a full-day province-wide conference dedicated solely to patient engagement; creating a wider range of new patient engagement learning resources; developing even more online and in-person training events; and establishing formal international links in patient engagement and joint activities.

All of these specific activities align with recommendations made to the Minister of Health and Long-Term Care for a provincial approach to patient engagement in Ontario.

Strategic Priority # 5: Enhance quality when patients transition between different types or settings of care

4.5.1 Quality Improvement Strategy & Program Delivery

A number of our Quality Improvement activities are aimed at those patients with multiple complex conditions that would benefit from better coordinated care as their needs span a number of care providers and sectors. Key objectives are focused on:

- Health Links: providing leadership, expertise and resources to increase the rate of progress and standardization of evidence-based best practices and innovations.
- Primary Care: developing and sustaining a comprehensive strategy to support and motivate quality improvement and practice improvement in primary care on a large scale.

Key Accomplishments for 2016-17

- Provided core supports to Health Links, seeing the expansion from 49 to over 82 active Health Links teams:
 - Delivered two extensive suites of best practices, tools and resources.
 - Delivered Health Links Leaders' Summit with over 280 leaders involved in Health Links in attendance.
 - Released quarterly performance reports to each LHIN for all active Health Links within the LHIN, and met with LHIN Health Links Leads to interpret findings and plan response. Reports included a supplement for other several Health Links related indicators for mental health care at the sub-region level.
 - Provided QI support regionally by actively working with the LHINs to improve care through Health Links.

- Quality Improvement Plans – Collaborative QIPs
 - In 2016-17, HQO is collaborating with select LHINs and organizations to pilot a collaborative QIP approach. This is designed for organizations to commit to joint goals for advancing issues such as effective transitions in a formal and coordinated way.

Implementation Plan for 2017-18

Our planned activities for 2017-18 are to continue our efforts in our current areas, noting that work carried out on Health Links is paving the way for the integration of primary, community and home care in the proposed LHIN sub-regions. Our planned activities for 2017-18 include:

- Conduct a review of the coordinated care plan template and make recommended adjustments to the content based on user experience and the identification of practices that should be available for strong coordinated care management.
- Release additional resources related to innovative practices specifically focused on mental health.
- Maintain an active and engaged Community of Practice for Health Links Leaders, which will include hosting the annual Health Links Leadership Summit. The scope of this event may expand given the planned changes through Patients First.
- Increase the focus on engaging primary care to support quality improvement. Health Quality Ontario will shift its focus to supporting leaders in engaging with primary care providers more generally.
- Launching the Primary Care Collaboratories which are designed to support improvement efforts among primary care practices at sub-region levels, with particular emphasis on linking those not currently actively engaged in the quality agenda (defined by the requirement for QIP) and with those involved in QI to advance common quality goals. The program will bring together other partners in primary care that offer supports for quality improvement such as Association of Family Health Teams of Ontario's D2D program, OntarioMD Peer network and other programs in a coordinated way to support these teams.

5 Risks

The health care environment is transforming and we are implementing a number of programs to accelerate improvements in quality across the health care system. This brings with it both opportunities and considerations. Key risks for HQO are identified below.

5.1 Patients First and LHIN Renewal

Description: While Patients First opens up opportunities for Health Quality Ontario, it also creates risks in our capacity to take on substantial new work within existing resources, along with managing heightened and varied expectations in the system about our role in the Patients First and LHIN renewal agendas.

Mitigation: Work proactively with the Ministry of Health and Long-Term Care to understand, explore and appropriately resource our evolving roles in Patients First and LHIN renewal. To the extent possible, develop clear communications about our roles and activities related to Patients First, which can be shared with system partners and patients.

Implications for Health Quality Ontario: Given increased demand and constrained funding, Health Quality Ontario will need to follow a strong prioritization process to ensure that the right work is done at the right time to best support the provincial quality agenda. It will also be important to ensure that transformational programs continue to be based on objective and impartial evidence. We must continue to hold ourselves to account for activities and rigorously evaluate the impact of our work.

5.2 System Readiness

Description: Health Quality Ontario's work relies heavily on partners and other system stakeholders to support and adopt quality initiatives.

Mitigation: Continue to work with system partners to increase engagement in Health Quality Ontario's work, and to build capacity through both funding and communities of practices focused on implementing quality improvement initiatives.

Implications for Health Quality Ontario: Our role in key initiatives is dependent on the readiness of partners to engage in the work. Therefore, in some cases, Health Quality Ontario will need to take on the role of partner and system catalyst versus a full implementation role. This range of implementation options has been included in considering the additional resource requests in this business plan.

5.3 Resources for Health Quality Ontario's Support to the Minister's Mandate Letter

Description: The current economic climate poses an increasing challenge in securing appropriate resources for key priorities outlined in the Minister's Mandate letter outside of Patients First, with accompanying pressures for Health Quality Ontario to take on new initiatives and expand its work within existing resources. There is also risk of insufficient office space to meet current and future staffing needed to support the proposed set of expanded efforts for 2017-20.

Mitigation: As referenced in the Resources section, we are increasing our resources request to more fully support all initiatives outlined in this business plan. Health Quality Ontario is also working with the Ministry to secure additional office space to accommodate current staffing needs, and will continue to work closely with the Ministry and Infrastructure Ontario to identify ongoing space needs.

Implications for Health Quality Ontario: We will continue to look for efficiencies in how we deliver our current programs and activities, so that we can reallocate resources to address new government and system priorities. At the same time, Health Quality Ontario will continue to leverage its partnership model to find appropriate ways to partner with system stakeholders to execute quality initiatives.

6 Resources

Realigning resources to efficiently deliver our mandate

Health Quality Ontario has evolved significantly over the past three years to respond to the changing needs of government and the health system and implement an enhanced mandate. Through this evolution, and throughout fiscal 2016/17, we have continued to adapt and shift our teams to meet new priorities, and have enhanced our productivity to take on new deliverables within existing resources.

As we plan for 2017-2020, we continue to redirect resources and enhance productivity as we deliver on the priorities defined in our strategic plan:

- Over the last two years, HQO has fundamentally adjusted its approach to supporting quality improvement (QI) through large-scale efforts from a model of providing direct one-to-one support to organizations through coaching (through initiatives like Advanced Access and Residents First) to one focused on working with communities of practice, practice reporting strategies for the collection, transparent sharing and use of data, and tools/resources to aid implementation of effective QI strategies. Our work with Health Links and the LHINs are both examples of this change:
 - HQO is closely involved in discussions of Health Links, primary and home and community care. The work of the regionally based staff has evolved with this – what initially was a strong focus on health links only, has now evolved to have them supporting the regional quality tables, and other QI efforts within the LHINs.
 - HQO has developed a strong working relationship with the LHINs to connect quality efforts provincially and locally. The establishment of jointly appointed clinical quality leads, cross-sector focused quality tables and the support of an HQO QI Specialist in each region have been examples of this change.
- Large-scale QI initiatives now built on the experience and infrastructure of existing partner organizations such as the ARTIC program, a joint initiative between CAHO and HQO to spread evidence-based innovations at scale. An important element of this program is the ability to leverage the in-field leadership and experiences of those that have already achieved improvement in quality to guide others who are relatively new to the process.
- As we continue to adjust our focus and redirect efforts, we are evolving our Quality Improvement Plans (QIPs). This year, our efforts will focus on the provision of regional data to support the work of the Quality Tables, shorter QI insights reports, and adjusting our strategies to share information from the QIP. Given the evolution of the QIP to support sub-LHIN regions and potentially more organizations requiring a QIP, we are adjusting our approach to the QIP more generally, within our existing resources.
- Similarly, we are also redirecting efforts of our clinical adoption team to meet the increasing focus required to support Quality Standards implementation and adoption.
- In our Evidence Development and Standards work, we have evolved our new focus on Quality Standards and enhanced our work in Health Technology Assessments within existing resources through several strategic shifts:

- We have redirected funding research related to Health Technology Fund recipients, and have shifted economic evaluations into the organization to find efficiencies, which has enabled investment in other initiatives, such as Quality Standards. We have also substantially shortened the time it takes for us to complete a Health Technology Assessment and provide a recommendation to the Minister of Health and Long-Term Committee.
- We have redirected some efforts related to expert committees and OHTAC to reflect the changing needs of the health system, and the role of government or other partners.
- Similarly, we have redirected efforts related to developing clinical handbooks for Quality-Based Procedures and related rapid reviews.
- Across our Health System Performance work, we have also successfully scaled up from production of a large and comprehensive yearly performance report to dissemination of a diversity of products within our existing resources, for example:
 - We have streamlined the yearly report with a focused set of measures defined through the Common Quality Agenda, with the addition of 4-6 specialized reports per year, that go in-depth on key quality topics
 - We are increasing emphasis on web-based performance reporting across sectors, with the addition of home care, hospital patient safety, long-term care, primary care, wait times, and equity lenses to our work
 - We have expanded into practice and organizational performance reporting for primary care, long-term care and acute care.
- Finally, we continue to see administrative and operational efficiencies by shifting from contract and consultant to team-based resources, reducing infrastructure and overhead costs, and partnering with peer agencies to benefit from economies of scale in procurements.

Funding request including additional resources

As we adapt to changing government and health system priorities, and partner with health system providers and agencies to achieve our strategy and mandate, we have identified additional resources needed for the deliverables outlined in our business plan.

For 2017-18, our proposed budget is the same as the 2017-18 base budget of \$35,145,200 and one-time budget of \$4,400,000, identified in our 2015-18 Accountability Agreement. This budget is proposed to account for the baseline activities identified in our business plan. Delivering the full set of proposed new activities for 2017-18 will require an estimated increase of \$7.5 million in base funding, and \$5.4 million in one-time funding.

We recognize that the potential changes to the *Excellent Care for All Act*, whereby Health Quality Ontario is given the ability to receive, retain and use revenue outside of the Consolidated Revenue Fund, may impact our total resource needs. As this potential legislative amendment is still underway, however, we have not assumed any additional revenues beyond government funding for 2017-18.

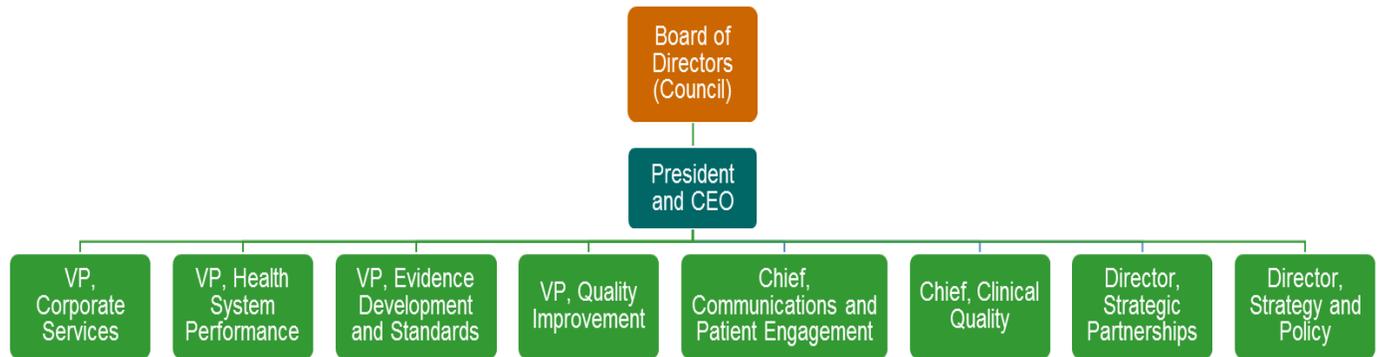
Table 1: Total Budget Request for 2017-20

HQO PROPOSED CONSOLIDATED BUDGET FOR 2017-18 TO 2019-20									
EXPENDITURE CATEGORIES	BASE			PROPOSED ADDITIONAL FUNDING REQUESTS			TOTAL PROPOSED		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
FTE	269.0	269.0	269.0	51.7	85.0	103.8	320.7	354.0	372.8
Salaries, Wages & Benefits									
Salaries & Wages Management	5,856,235	5,856,235	5,856,235	120,000	338,280	578,272	5,976,235	6,194,515	6,434,507
Salaries & Wages Non Management	15,667,506	15,667,506	15,667,506	3,975,002	7,039,860	8,472,929	19,642,508	22,707,366	24,140,435
Benefits	4,458,982	4,458,983	4,458,983	677,496	1,375,613	1,722,331	5,136,478	5,834,596	6,181,314
Total Salaries, Wages & Benefits	25,982,723	25,982,724	25,982,724	4,772,498	8,753,753	10,773,532	30,755,221	34,736,477	36,756,256
Other Operating Expenses									
Leases	1,333,270	1,333,270	1,333,270	544,282	537,795	663,386	1,877,552	1,871,065	1,996,656
Leasehold Improvements	350,000	350,000	350,000	718,630	462,870	261,320	1,068,630	812,870	611,320
Finance/Payroll Services	272,046	272,046	272,046	200,000	223,391	229,798	472,046	495,437	501,844
Board/OHTAC Per Diem & Meeting Exp	134,500	134,500	134,500	5,000	5,000	5,000	139,500	139,500	139,500
IT Support & Telecom	616,250	616,250	616,250	214,071	135,886	110,857	830,321	752,136	727,107
Consulting	1,377,610	1,377,610	1,377,610	250,000	500,000	750,000	1,627,610	1,877,610	2,127,610
Digital Support & Enhancement	1,256,654	1,256,654	1,256,654	-	-	-	1,256,654	1,256,654	1,256,654
Research	739,091	739,091	739,091	120,000	162,000	194,200	859,091	901,091	933,291
Communications	1,122,969	1,122,969	1,122,969	359,000	493,800	601,680	1,481,969	1,616,769	1,724,649
Events	1,213,483	1,213,483	1,213,483	40,000	180,000	220,000	1,253,483	1,393,483	1,433,483
Travel	333,850	333,850	333,850	312,030	422,030	532,030	645,880	755,880	865,880
Staff Development	227,655	227,655	227,655	-	55,200	64,720	227,655	282,855	292,375
Supplies & Equipment	185,099	185,099	185,099	-	-	-	185,099	185,099	185,099
Projects & Payments to Organizations	4,400,000	-	-	6,037,043	8,816,613	7,005,218	10,437,043	8,816,613	7,005,218
Total Operating Expenses	13,562,477	9,162,477	9,162,477	8,800,056	11,994,585	10,638,208	22,362,533	21,157,062	19,800,685
TOTAL HQOPROPOSED BUDGET	\$39,545,200	\$35,145,201	\$35,145,201	\$13,572,554	\$20,748,338	\$21,411,740	\$53,117,754	\$55,893,540	\$ 56,556,941
1. Projects includes: IDEAS, LTC Anti-Psychotic Project and Payments to Organizations as Listed EXPENDITURE									
Note: Budget required to support the Office of the Patient Ombudsman is not included in the table above. A separate budget and funding request is being developed as part of the detailed planning currently underway									

7 Operations

7.1 Organizational Structure

The following figure illustrates the structure of HQO's Senior Leadership Team.



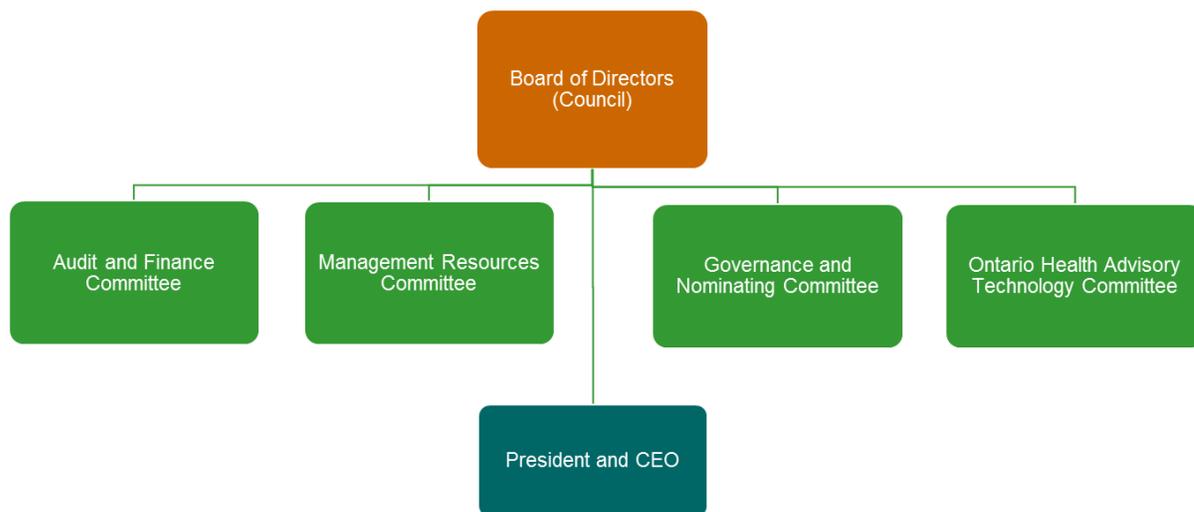
7.2 Governance

Health Quality Ontario's legislation specifies that the Council (or Board of Directors) shall consist of not fewer than nine and not more than 12 members appointed by the Lieutenant Governor in Council. The Board meets regularly throughout the year at the call of the Chair and, in any event, at least four times a year. New Board candidates are nominated for the Minister's consideration and are subject to approval by the Lieutenant Governor in Council. Current Board members are listed below, along with their terms:

Board Member	Term	
Andreas Laupacis (Chair)	June 12, 2013	June 11, 2019*
Marie Fortier (Vice Chair)	May 4, 2011	May 3, 2017*
Richard Alvarez	January 4, 2011	January 3, 2017*
Tom Closson	August 15, 2012	August 14, 2018*
Jeremy Grimshaw	August 18, 2011	August 17, 2017*
Shelly Jamieson	October 23, 2013	October 22, 2019*
Stewart Kennedy	June 17, 2015	June 16, 2018
Julie Maciura	April 2, 2014	April 1, 2017
Angela Morin	November 19,	November 18, 2017
James Morrissey	April 10, 2013	April 9, 2019*
Rick Vanderlee	July 22, 2015	July 21, 2018
Tazim Virani	May 17, 2011	May 16, 2017*

* Re-appointed for a second term.

The Board's work is supported by the following structure:



7.2.1 Audit & Finance Committee

The Audit & Finance Committee advises the Board on policies, performance and reporting related to HQO's finances, information technology, risk management and audit as set out in Board Policy.

7.2.2 Governance & Nominating Committee

The Governance & Nominating Committee develops and periodically reviews by-laws, including periodic review of the size and composition of the Board and supports the Board in fulfilling its commitment to, and responsibility for, good governance of the agency.

7.2.3 Management Resources Committee

The Management Resources Committee considers, monitors, oversees and makes recommendations to the Board related to HQO's human resources management, strategy and planning, CEO-related issues and periodically reviews the CEO's and HQO's performance targets.

7.2.4 Ontario Health Technology Advisory Committee

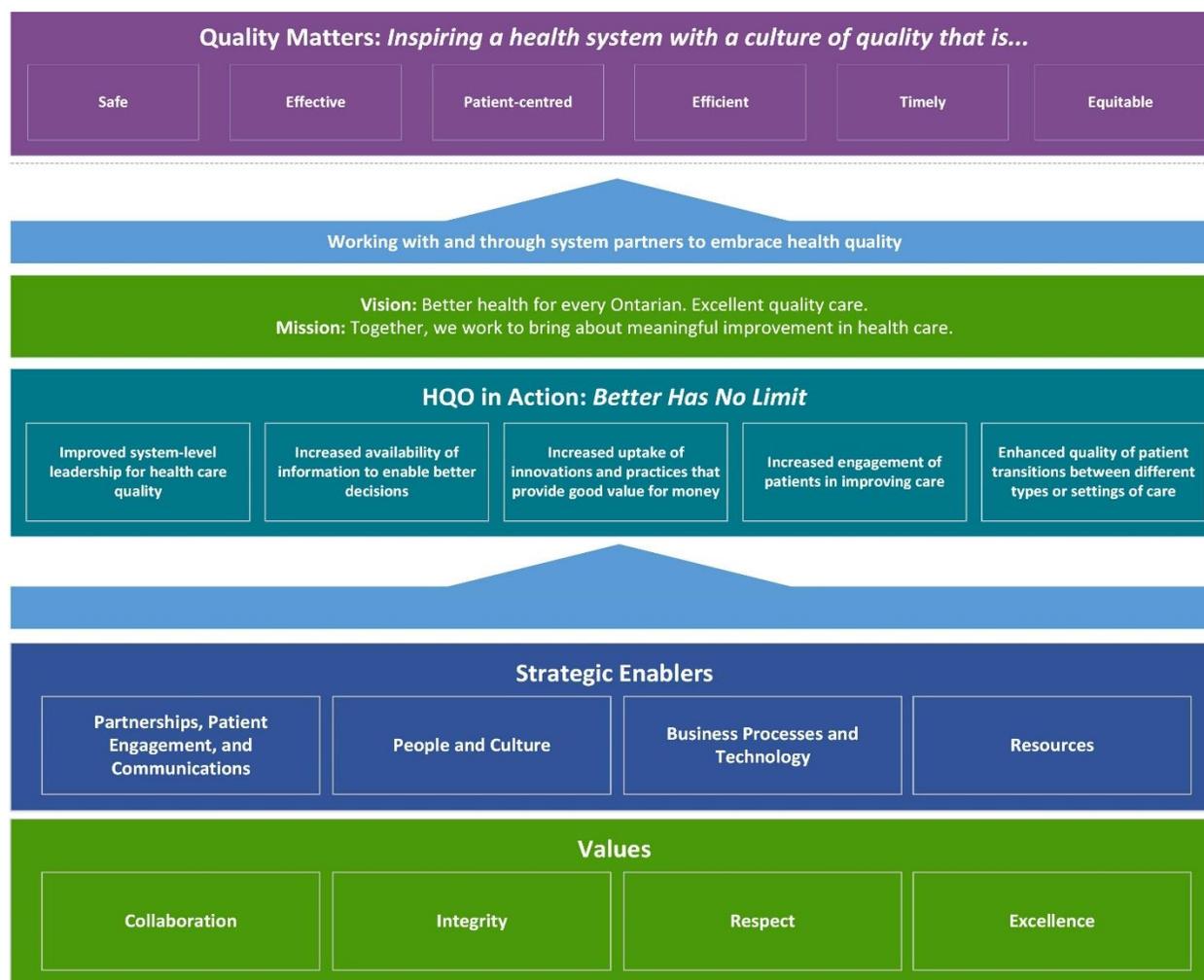
The Ontario Health Technology Advisory Committee (OHTAC) puts forth recommendations to the Board, based on evidence and taking into account implications for health system resources, concerning public funding for health care services and medical devices. OHTAC submits recommendations to the HQO Board, which then makes a decision on whether these recommendations are adopted by HQO and submitted to the Ministry.

7.3 Performance Measurement Plan

Health Quality Ontario and its partners are committed to high quality care and ensuring long-term benefits to Ontarians. Health Quality Ontario drives towards that vision by executing on its three-year strategic plan and annual business plans. These activities are supported by our efforts to inspire collaboration, build enthusiasm and generate discussion about quality across the health care system.

Health Quality Ontario is committed to developing and implementing a performance measurement strategy that enables a thorough evaluation of performance and value of our work in relation to our mandate. In 2016/17 we developed a Strategy Performance Measurement Framework that maps how our programs and initiatives are driving short-term and long-term outcomes (see Figure 2).

Figure 2: Health Quality Ontario’s Strategy Performance Measurement Framework



Health Quality Ontario is using this framework to align the way that we measure performance across the organization. In 2016/17, we identified key outcome and output indicators that will allow us to measure the effectiveness of our strategy (e.g., reach, usefulness and use of our information and products). We will continue to refine these measures and develop appropriate targets throughout 2017/18. Performance data will be reported to the Ministry via Health Quality Ontario’s quarterly corporate scorecard.

7.4 Human Resources Plan

Strategies and Values

In January 2015, the Board of Directors approved HQO's "Our People" strategy. The strategy articulates a clear roadmap for developing and growing the foundation of HQO: Our people. HQO will continue to attract, engage, and retain the best talent, by focusing on four key strategic pillars:

1. Engage: Enhance our Values, Behaviours, Culture and Employee Engagement
2. Simplify: Streamline our Human Resources Policies, Processes, Systems and Metrics
3. Grow: Implement new Performance Management, Learning and Development, and Recognition Programs
4. Build: Optimize our Labour Relations, Employee Relations and Workforce Planning efforts

Supporting our first Human Resources strategic pillar, HQO's core values, as articulated in our strategic plan, are outlined below:

Collaboration

We foster strong partnerships and work with health care providers and patients to create positive and lasting change in the health system. We understand that diverse perspectives often contribute to better outcomes and working alone will not lead to success. We work as a cohesive organization because we know the different knowledge and skills across the organization are best used by working together.

Integrity

We demonstrate integrity by objectively analyzing and reporting on the performance of Ontario's health system and by producing evidence-based recommendations about how to improve health care in Ontario. We are transparent about our work to the health system, patients, the public, and government. We are honest with each other and see our missteps as opportunities to learn.

Respect

In our efforts to help improve the health system, we are considerate of the feelings, wishes, rights, roles, and traditions of those who interact with and work in the system. We listen to and learn from patients, their caregivers, and providers. Within our organization, we interact with each other respectfully and provide supportive feedback.

Excellence

We strive for excellence in everything we do, from producing robust and relevant reports and promoting new ideas to how we interact with our partners. Within our organization, we strive for excellence with enthusiasm by encouraging professional growth and continuous quality improvement through learning.

Compensation Philosophy

Health Quality Ontario's compensation philosophy supports competitive pay on a total compensation basis to support our recruitment and retention efforts. We will continue to assess and monitor the market as per established practices approved by the Board, and will continue to target the 50th percentile of the public sector market for all roles within the organization.

Per the September 2016 Treasury Board Secretariat Broader Public Sector Executive Compensation

Framework, established under the legislative requirements of Bill 8, *Public Sector and MPP Accountability and Transparency Act, 2014*, Health Quality Ontario will be updating and making public its executive compensation framework. The framework will ensure executive compensation remains aligned with the 50th percentile of the public sector market.

Collective Agreement

HQO has a collective agreement in place with AMAPCEO until March 2018 and is committed to building a strong relationship with our union partners.

7.5 Accommodations Plan

Lease Summary

As of October 2016, HQO holds leases at five office locations, with negotiations underway for a sixth location. HQO plans to release some of the existing space once the new space is available:

1. **130 Bloor St. West, Toronto**, 10th floor (16,300 sq. ft.) with a lease expiry date of August 31, 2018.
2. **1075 Bay St., Toronto**, 4th floor (3,445 sq. ft.) with a lease expiry date of April 30, 2020.
3. **1075 Bay St., Toronto**, 10th floor (6,492 sq. ft.) with a lease expiry date of July 1, 2021.
4. **700 Bay St., Toronto**, 24th floor (2,700 sq. ft.) which is leased on a month-to-month basis as temporary relief space.
5. **415 Yonge St., Toronto**, 6th floor (2,946 sq. ft.) which is leased on a month-to-month basis as temporary relief space.
6. **In Negotiation: 2 Bloor St. West**, 16th floor (8,409 sq. ft.) with a lease expiry date to be determined. This office space is under renovation, with planned occupancy in April 2017.

2016/17

Lease #	Lease Expiry Date	Address	City	Floor(s)	Total Area	Number of Seats
1	8/31/18	130 Bloor St. West, 10 th floor	Toronto	1	16,300	112
2	4/30/20	1075 Bay St., 4 th floor	Toronto	1	3,445	31
3	6/30/16 & 4/30/18	1075 Bay St., 10 th floor	Toronto	1	6,492	53
4	Month-to-month	700 Bay St., 24 th floor	Toronto	1	2,700	24
5	Month-to-month	415 Yonge St., 5 th floor	Toronto	1	2,946	31
Totals					31,883	251

2017/18

Lease #	Lease Expiry Date	Address	City	Floor(s)	Total Area	Number of Seats
1	8/31/18	130 Bloor St. West, 10 th floor	Toronto	1	16,300	112
2	4/30/20	1075 Bay St., 4 th floor	Toronto	1	3,445	31
3	6/30/16 & 4/30/18	1075 Bay St., 10 th floor	Toronto	1	6,492	53
6	TBD	2 Bloor St. West, 16 th floor	Toronto	1	8,409	52
Totals					34,646	248

The seating plan above allows for an average of 127 sq. ft. per worker in 2016/17 and 140 sq. ft. per worker in 2017/18, both of which are well below the maximum allowance of 180 sq. ft. per seat required to be compliant with the MOI's Accommodation Space Policy.

Currently, Infrastructure Ontario (IO) acts as the realty agent for HQO and holds all office space lease agreements on our behalf. As we get further guidance and clarity on the April 1, 2016 policy bulletin related to the Realty Directive, HQO may need to acquire additional resources or skill sets in order to assume further responsibility for realty acquisition and management.

Staffing Plan

	2016/17 Forecast	2017/18 Forecast
Office based staff*	238	292
Home based staff*	39	39
Total Headcount	277	331

***Staff** refers to headcount (i.e., seats required), not FTE as reported in the Budget

HQO is planning to increase office-based staff over the next three years. This growth is primarily driven by new and expanding initiatives aligned with government priorities, such as Patients First. Also we plan to return office-based staff who are currently participating in a work-at-home arrangement due to space constraints.

3-Year Portfolio Plan

Lease #	Lease Expiry	Address	City	Plans (Renew/Vacate/Replace)
1	8/31/18	130 Bloor St. West, 10 th floor	Toronto	Renew or vacate pending lease search
2	4/30/20	1075 Bay St., 4 th floor	Toronto	Renew or vacate pending lease search
3	6/30/16 & 4/30/18	1075 Bay St., 10 th floor	Toronto	N/A
4	Month-to-month	700 Bay St., 24 th floor	Toronto	Vacate (replace with lease at 2 Bloor St. West)
5	Month-to-month	415 Yonge St., 5 th floor	Toronto	Vacate (replace with lease at 2 Bloor St. West)
6	TBD	2 Bloor St. West, 16 th floor	Toronto	N/A

Key Accommodations Projects

It is anticipated that Health Quality Ontario will reach its current seating capacity by the end of 2016/17, including the current lease under negotiations for 2 Bloor St. West. Health Quality Ontario will therefore need to acquire additional office space in order to accommodate the workers expected to be hired in 2017/18, along with modest anticipated growth throughout the remainder of the three year period covered by this business plan. A Space Review Checklist and Facilities Service Request will be submitted to the Ministry, requesting office space for an additional 44 workers, in alignment with our proposed business plan. Additional budget to accommodate leasehold improvements and ongoing leasing costs for this new space is also included in our proposed three-year budget, using standard Infrastructure Ontario renovation rates, and current market lease rates.

7.6 Internal Audit Plan

The Agency's Board has approved a plan for the 2017-18 fiscal year that HQO obtain internal audit services through a peer agency, while procuring a third-party consultant for advice on specific aspects of compliance. Our internal audit focus for 2017-18 will focus specifically on the following key aspects of our operations, which reflect the most significant areas of financial expenditure:

- Cash Management
- Expenditure Management
- Payroll
- Procurement
- Transfer Payment Accountability
- Travel, Meals and Hospitality Expenses

In addition, the compliance review will assess Health Quality Ontario's adherence to all required directives as defined in our Memorandum of Understanding with the Ministry of Health and Long-Term Care.

7.7 Strategic Communications Plan

Health Quality Ontario's strategic plan identifies Communications as a core enabler for the organization to deliver on its strategic priorities.

Although diverse, all of our audiences are priorities because of the nature of our work – and all of them require communications that inform and engage them about our findings in our public reports; our recommendations in our health technology assessments; our quality standards; our quality improvement initiatives; and our recommended path for health care quality.

Below is a summary of our objectives, target audiences, strategic approach and measures of success for communications at Health Quality Ontario. Individual communications plans and message narratives will be developed for specific initiatives that are outlined in our 12-month calendar-at-a-glance for each year, and as these activities unfold.

Communications objectives:

- **Awareness and action:** Ignite awareness of Health Quality Ontario's analysis of the health system (and its various parts) and of our recommended evidence-based actions moving forward.
- **Thought-leadership:** Position Health Quality Ontario as a trusted resource on the quality of Ontario's health system and on how to affect positive change.
- **Inspiration:** Inspire quality improvement and helping to power the spread of best practices.
- **Stakeholder engagement:** Work in partnership with stakeholder groups across the system to fuel messaging about the quality agenda within their communities.
- **Patient engagement:** Echo the Minister's direction in his Patients First Action Plan, demonstrating that Health Quality Ontario is operating in patients', families' and the public's best interests by ensuring Health Quality Ontario's messages and communications efforts reflect their perspectives.

Target audiences:

Overall, our target audiences are:

- Health care professionals across all disciplines and sectors (and the associations that represent them)
- Health system quality influencers and champions
- Patients, families and the public
- Governments
- Other (e.g. Canadian and international quality organizations, experts, others)

Our strategic approach:

Throughout all of our communications efforts to these audiences, we envision being guided by the following principles:

- Building clear narratives for our audiences that also include context and analysis (not just straight data) so they understand the "why" behind our messaging.
- Implementing multi-faceted and integrated communications tactics (e.g., media relations, digital communications and social media, and stakeholder communications) to reach all audiences – from professionals to the public.

Measures of success:

We will measure the success of our communications program through qualitative and quantitative measures. They include:

Qualitative measures

- Positive relations with key stakeholders, key opinion leaders, etc.
- The quality of messaging by our partners, system influencers, quality champions, the media, etc. in the sharing of our reports, recommendations and activities
- Anecdotal feedback from our various audiences

Quantitative measures

- Number of visits to Health Quality Ontario's website
- Number of clicks / downloads / shares (of reports)
- Number of re-tweets
- Number of attendees at events

7.8 Digital and Technology Plan

7.8.1 Digital Strategy

We launched a newly designed responsive website for HQOntario.ca at the end of 2015/16, and in 2016/17 built on this momentum with a new approach to modernize our Digital Strategy for Health Quality Ontario. The new strategy is designed to increase the value of our offering in the health sector by redefining the *what* and the *how* of working with data, and aligning these approaches with new practices and concepts that have emerged from the fast-pace of development in technological fields.

The new Digital Strategy describes four areas of change:

- 1) Platforms and Technology: How we store, organize, and analyze data.
- 2) Information Delivery: What we do with data, and how we provide it.
- 3) Project Execution and Resources: Enhancing efficiency and expanding service offerings.
- 4) Social Media and Engagement: Evolving how we leverage social media for engagement.

7.8.2 Information Technology Plan

Upon analysis of our current infrastructure, and with input from a Privacy Impact Assessment / Threat Risk Assessment conducted in fall 2016, the Information Technology plan will deliver several solutions to better enable our people, provide robust infrastructure and support our overall organization strategy. The plan will include enhanced management controls over our data, email, security, servers and our overall network infrastructure. In addition, our present back-end servers and hardware are nearing end of life, and so this new plan includes a request for funding in 2017/18 to acquire the needed hardware to modernize our infrastructure.

The new Information Technology Plan describes three areas of change:

- 1) Infrastructure: Enhancing our storage, networks, security and data management
- 2) Communication and collaboration: Enabling technologies to support our strategy to act as one.
- 3) Project Execution and Resources: Enhancing efficiency and expanding service offerings.

8 Patient Ombudsman

Effective July 1, 2016, the provisions in the *Excellent Care for All Act* (the Act) were proclaimed that established the Patient Ombudsman. The Patient Ombudsman's office opened on July 4, 2016 to receive written complaints. In accordance with the Act, the Patient Ombudsman is supported by the Ontario Health Quality Council, operating as Health Quality Ontario.

In 2016-17, Patient Ombudsman worked to acquire the resources necessary to operationalize its mandate, including developing a staffing model based on complaint volume assumptions, hiring staff, acquiring technology and permanent office space, and developing and implementing policies and processes. Patient Ombudsman undertook an initiative to develop its distinctive brand, including its mission statement, vision and values. Further, Patient Ombudsman initiated a number of engagement activities to connect with patients, caregivers and health sector organization officials and employees. The Patient Ombudsman established an objective to visit all local health integrated networks (LHINs) in the province during the year.

In 2017-18, the first full year that Patient Ombudsman will operate, it will continue to refine its structure and processes as it develops a greater understanding of the needs of those who access Patient Ombudsman, and the volume and nature of complaints. Patient Ombudsman will continue to meet with patients, caregivers and health sector organization officials and employees throughout the province. With the technology systems Patient Ombudsman acquired during its start-up year in 2016-2017, it will be a position to provide meaningful data on the nature of complaints to the Minister of Health and Long-Term Care through Patient Ombudsman's annual report.

8.1 Resources

Given 2017/18 will be the first full year of operations for Patient Ombudsman, the 2018/19 and 2019/20 forecasted budgets are provisional and will be reviewed with the Ministry of Health and Long-Term Care in advance of 2018-2021 business planning.

The proposed 2017-2020 operating budget for Patient Ombudsman are provided on the following page.

Patient Ombudsman Proposed Budget, 2017 - 2020

EXPENDITURE CATEGORIES	BASE		
	2017-18	2018-19	2019-20
FTE	17.0	17.0	17.0
Base Funding			
Salaries, Wages & Benefits			
Salaries & Wages Management	845,600	857,200	870,600
Salaries & Wages Non Management	948,850	973,600	994,300
Benefits	394,779	402,776	410,278
Total Salaries, Wages & Benefits	2,189,229	2,233,576	2,275,178
Other Operating Expenses			
Leases	175,200	175,200	175,200
Leasehold Improvements			
Finance/Payroll Services	41,600	41,600	41,600
Board/OHTAC Per Diem & Meeting Exp			
IT Support & Telecom	263,364	286,084	312,684
Consulting	115,000	115,000	115,000
Web IT Support & Enhancement			
Research	10,000	10,000	10,000
Communications	92,000	92,000	92,000
Events	11,000	11,000	11,000
Travel	61,620	61,620	61,620
Staff Development	48,600	48,600	48,600
Supplies & Equipment	44,360	44,360	44,360
Health Quality Ontario Corporate Support Services	244,072	249,520	254,820
	1,106,816	1,134,984	1,166,884
TOTAL PATIENT OMBUDSMAN BASE FUNDING	\$3,296,045	\$3,368,560	\$3,442,062

8.2 Accommodations Plan

Lease Summary

As of October 2016, Heath Quality Ontario holds one office space in support of the Patient Ombudsman, which supports current and planned staffing of 17 FTEs. This lease will continue to meet the needs for 2017/18. In 2020, the space will be evaluated to determine if it will be renewed or vacated pending a lease search.

Lease #	Lease Expiry Date	Address	City	Floor(s)	Total Area	Seating Capacity
6	6/30/20	393 University Ave., 18 th Floor	Toronto	1	4,725	17

Staffing Plan

	2016/17 Forecast	2017/18 Forecast
Office based staff	17	17

9 Appendix

9.1 Glossary

The glossary below provides a general listing of acronyms typically used by Health Quality Ontario, and may include acronyms not used in the 2017-2020 Business Plan.

Acronym	Definition
AHAC	Aboriginal Health Access Centre
ARTIC	Adopting Research To Improve Care
CADTH	Canadian Agency for Drugs and Technologies in Health
CAHO	Council of Academic Hospitals of Ontario
CCAC	Community Care Access Centre
CEO	Chief Executive Officer
CIHR	Canadian Institutes for Health Research
CMPI	Collaborative for Medicare Payment Innovation
CQA	Common Quality Agenda
CWC	Choosing Wisely Canada
ECFAA	Excellent Care for All Act
EDRV	Emergency Department Return Visit
FHT	Family Health Team
FTE	Full-Time Equivalent
HL	Health Link
HQO	Health Quality Ontario - see also OHQC (Ontario Health Quality Council)
HSP	Health service provider
HTA	Health Technology Assessment
ICCC	Integrated Clinical Care Council
ICES	Institute of Clinical Evaluative Sciences
IDEAS	Improving and Driving Excellence Across Sectors
IHPME	Institute of Health Policy, Management and Evaluation, University of Toronto
IO	Infrastructure Ontario
KTE	Knowledge transfer and exchange
LHIN	Local Health Integration Network
LTC	Long-term care
MHA	Mental health and addictions
MOHLTC	Ministry of Health and Long-Term Care
NSQIP	National Surgical Quality Improvement Program
OGAC	Ontario Genetic Advisory Committee
OHIC	Ontario Health Innovation Council
OHQC	Ontario Health Quality Council - the legal name of HQO (Health Quality Ontario)
OHTAC	Ontario Health Technology Advisory Committee

Acronym	Definition
OMA	Ontario Medical Association
ON-NSQIP	Ontario - National Surgical Quality Improvement Program
ON-SQIN	Ontario - Surgical Quality Improvement Network
OPCN	Ontario Palliative Care Network
OPSLS	Ontario Patient Safety Learning System
PO	Patient Ombudsman
QBP	Quality-Based Procedure
QCIPA	Quality of Care Information Protection Act
QIP	Quality Improvement Plans
QS	Quality Standard
TPA	Transfer Payment Agreement