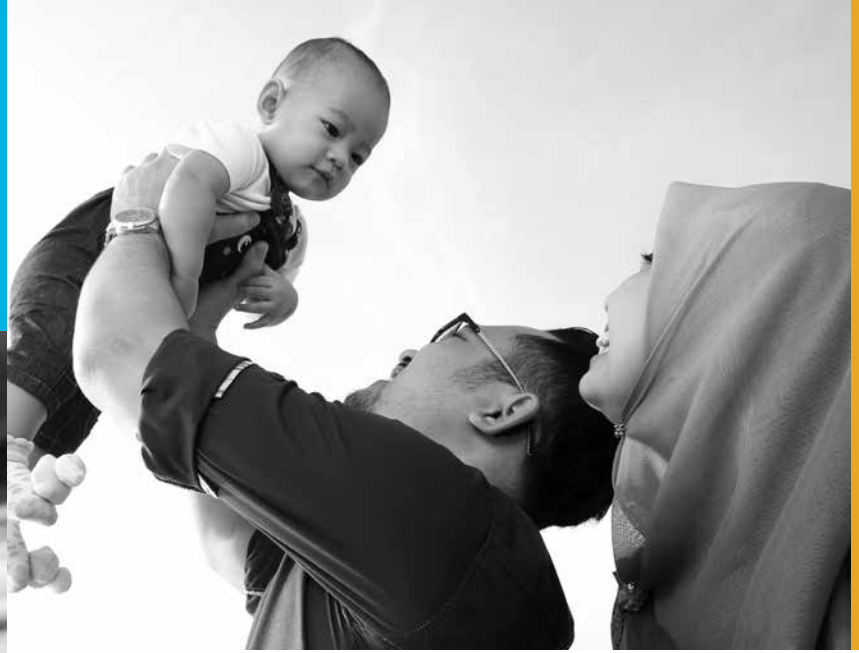

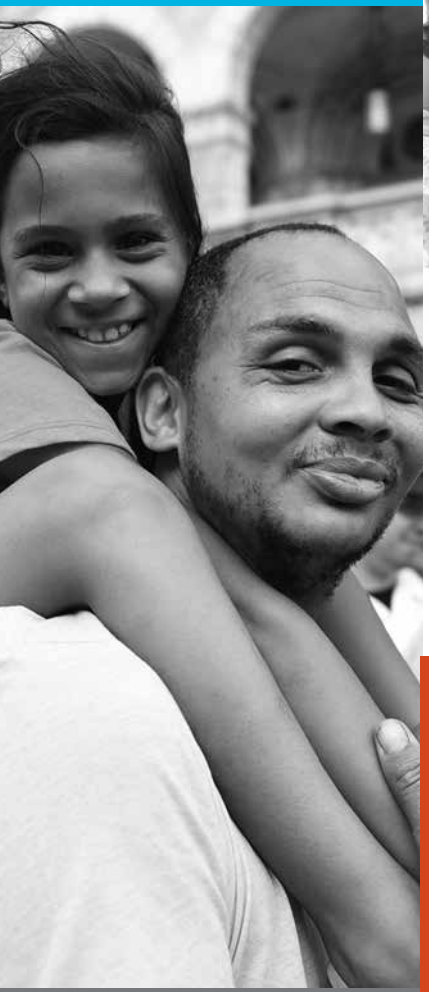

Quality Matters: Realizing Excellent Care for All

Ontario
Health Quality Ontario

Embrace Health System Quality.

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Quality in Our Health Care System: What Does it Look Like Today?

Quality in Our Health Care System: What Does it Look Like Today?

Ontario is rich in health care knowledge. The province is served by thousands of highly-educated health care providers and researchers, has the benefit of a comparatively well-resourced system, and is built on a foundation of commitment to providing access to all its residents. Relative to other Canadians, Ontarians fare well in terms of access to care and level of satisfaction with that care.

Despite these advantages, it is clear to many who work in our health care system and to those who depend on it that the system's quality falls short of our aspirations. Expected outcomes are not consistently achieved. There are wide and unexplained variations in health care delivery. Patients frequently have dissatisfying and potentially dangerous experiences with the system and do not feel part of the solution.

Patients frequently have dissatisfying and potentially dangerous experiences with the system.

Consider these conflicting outcomes that illustrate where health care quality falls short:

- More than 90 percent of Ontarians have a primary care provider they can see regularly. Yet more than half report they are not able to see their provider the same day or next day when they are sick. Ontarians and Canadians reported the worst access to same and next day appointments among the 11 countries in a 2013 Commonwealth Fund survey.
- There are variations in health outcomes and access to care depending on where people live, according to the Health Quality Ontario report *Measuring Up.* Ontarians living in the north, for example, have much higher rates of obesity and smoking and twice the rate of premature avoidable death than those living in other parts of the province. It is hardly surprising that there is a five-year difference in life expectancy between the north and the healthiest region in the province.
- Patients often have trouble receiving care across the different parts of the health system and at transition points. According to *Measuring Up,* on a typical day in Ontario one in seven hospital beds designated for acute care is occupied by a patient well enough to receive care in another setting but unable to access it. More than half of patients who were treated in a hospital for conditions requiring follow-up do not see a doctor within seven days of leaving hospital.

Our health care system largely functions as it did 40 years ago when patient needs and our ability to address challenges were vastly different. Over the decades, the health care needs and expectations of Ontarians have matured; the role of family caregivers and the pace of development of new technologies, drugs, and other interventions have also rapidly increased. Yet the organization of health care has undergone very few adjustments to keep up. Yawning gaps have opened between various parts of the system. We are held back by the legacy of funding decisions that support programs and services from a different time.

Most importantly, we do not have a system that has quality care as its explicit core value. There is neither a common understanding of what defines high quality across individual health services and the system nor a road map to get from the status quo to the desired future. There is tremendous opportunity to strengthen links across parts of our system and build widely accepted and measurable quality goals. If together we can get this right, we can have the quality health system we deserve.

Moving Forward: The Need for a Provincial Quality Framework

Moving Forward: The Need for a Provincial Quality Framework

What does it mean to "improve the quality of health care"? It means achieving better health outcomes and better patient experiences in a sustainable manner. This involves refining processes with an eye towards greater efficiency, easier navigation, faster and smoother adoption of innovation, and smarter resource allocation. It also means paying attention to all of the patients in our province, regardless of ethnicity, income, or place of residence and making sure that health care is organized according to *their* needs, not the habits and history of our health care system.

By this definition, we know Ontario's health care system is capable of better performance. We are already seeing it. Local innovations are evidence of ingenuity and a changing culture that values quality. These improvements make our system more responsive to patients' needs and have led to better outcomes. Yet they also expose a key weakness in the Ontario health care system: without a common operational framework for defining and focusing on quality across the board, quality initiatives remain uncoordinated with limited impact. The Health Council of Canada put its finger on the challenge:

> "Many leaders said that at the start of their efforts, quality improvement was typically a collection of piecemeal work in the province, often driven by well-intentioned champions. These efforts typically led to "islands of innovation" and "pockets of leadership" but lacked a coherent, coordinated approach."
>
> *— Health Council of Canada, in Which way to quality? Key perspectives on quality improvement in Canadian health care systems (2013)*

Imagine what could be accomplished by adopting a more coordinated and systematic approach to improving quality across all life stages, all diseases and conditions, along the entire continuum of care — from prevention, treatment of acute illness, management of chronic conditions, to end-of-life care — and across the province. If we could transform the parts of our health care system into a true system, all Ontarians would benefit from a consistent level of high quality care. Islands of innovation would come together into consistent excellence.

Building a pervasive culture of quality in our health care system does not happen without a coherent and widely accepted framework. This framework must:

- Act as a touchstone for policy makers and funders as they set priorities and plan for the system;
- Serve as a guide for clinicians, managers, and health system leaders in the planning and delivery of care and services; and
- Resonate with patients and their families, building their confidence in the health care system's commitment to improvement.

The Health System Quality Framework is made up of a number of elements: a **definition** of quality grounded in the core dimensions that focus on improvement; a **vision** that guides the setting of goals; and **principles** to help with decision-making. The following section presents these elements in greater detail.

Health System Quality Framework: Putting the Pieces in Place

Health System Quality Framework: Putting the Pieces in Place

Ontarians rely on the support of the health care system to get a strong start on life, to stay healthy by preventing chronic illnesses or detecting disease early, to recover after an acute illness or injury, to live well with a chronic condition, and to receive individualized and appropriate end-of-life care.

Health services should be provided, to the greatest extent possible, when and where the patient needs them. This includes the individual's home when appropriate, in the community (for instance in a primary care setting or community clinic), or in an institution such as a hospital, nursing home, hospice, or rehabilitation centre. No matter where health services are provided or who provides them, these services are part of the health care system. Ontarians should expect and be able to rely on high standards of quality care.

Defining Quality

Currently there is no widely accepted singular definition of a quality Ontario health system. The preamble of the *Excellent Care for All Act* (ECFAA), enacted in 2010, moves us closer to a common definition by articulating these areas of focus: *"A high quality health care system is one that is accessible, appropriate, effective, efficient, equitable, integrated, patient centred, population health focussed, and safe".*

Health Quality Ontario (HQO) has, in the past, employed a definition that includes nine slightly different dimensions of quality. Although these dimensions are important, driving towards a pervasive culture of quality requires a more streamlined operational definition of quality. In order to focus on key areas, the definition used by the Institute of Medicine (IOM) serves us better. The IOM defines six aims of quality care: safe, effective, patient-centred, timely, efficient, and equitable. This definition reflects the shift from viewing quality of care as the responsibility of individual providers and institutions to a system responsibility. It is a definition that focuses foursquare on improvement.

The IOM definition offers a number of advantages. It widely overlaps with definitions used by other groups in Ontario and in other jurisdictions, thus ensuring the ability to benchmark and set targets against these jurisdictions. Indicators are available to measure quality in these dimensions, and these indicators are affected directly by health service provider activities. The six dimensions offer a focussed way to engage clinicians, administrators, providers, and patients in our health care system. And they allow for nuanced meanings that speak to patients and providers, as Table 1 shows.

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.

Table 1: Defining elements of quality care

Element	Patient meaning	Provider meaning
Safe	I will not be harmed by the health system.	The care my patient receives does not cause the patient to be harmed.
Effective	I receive the right treatment for my condition, and it contributes to improving my health.	The care I provide is based on best evidence and produces the desired outcome.
Patient centered	My goals and preferences are respected. My family and I are treated with respect and dignity.	Decisions about my patient's care reflect the goals and preferences of the patient and his or her family or caregivers.
Efficient	The care I receive from all practitioners is well coordinated and efforts are not duplicated.	I deliver care to my patients using available human, physical, and financial resources efficiently, with no waste to the system.
Timely	I know how long I have to wait to see a doctor or for tests or treatments I need and why. I am confident this wait time is safe and appropriate.	My patient can receive care within an acceptable time after the need is identified.
Equitable	No matter who I am or where I live, I can access services that benefit me. I am fairly treated by the health care system.	Every individual has access to the services they need, regardless of his or her location, age, gender, or socio- economic status.

Setting a Vision for Quality

When building a culture of quality in health, a coherent vision acts as the North Star. The vision below references the six defining elements of quality discussed in the previous section. While the defining elements lay out the working parts of a high-quality health care system, the vision is an aspirational statement about the health care system we want.

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.

Establishing Principles to Support a Culture of Quality

On the journey to building a culture of quality in Ontario's health care system, each step will need to be tested against a set of guiding principles. Here are seven guiding principles to keep front and centre.

1. It is focused on improving quality.

The proposed framework for a high quality health-care system is about more than improving discrete services or outcomes. In order to have a system-wide impact, efforts to improve quality must have a broad focus, both in terms of the full range of quality dimensions and across sectors, to reflect the patient journey. Outside of the Excellent Care for All Act, the idea that the health care system is focused on continuous improvement is not usually reflected in public policy. Quality improvement has been seen as an issue of culture or structure relating to organizational dynamics; public policy, by contrast, has focused on processes that do not often translate into changes on the ground. System-wide change will require public policy to reflect the quality agenda.

2. It is about health, not just health care.

When we talk about the health care system, too often the focus is on taking care of people after they become ill. A health care system focused on quality must be concerned with preventing illness — through health promotion and illness prevention — just as much as with treating illness. It must acknowledge the importance of the many factors that shape an individual's health, and of adopting a "health in all policies" approach that takes into account health implications across sectors Although the health system remains focused on health care and population health interventions, it should look for opportunities to engage the broader social services system. Socioeconomic status, early childhood experiences, social support, and people's physical environment among other factors are important influences on individual well-being and health status. A health care system with quality as its focus will build alliances with other sectors in order to best serve the needs of patients.

3. It is accessible to everyone.

Our health care system must strive to meet the health needs of each resident of Ontario. Currently, the focus is on improving care for patients accessing the system. Meeting the health needs of those who cannot access the health care system as easily is often neglected. If we are to commit to continuous quality improvement, we must provide access for all regardless of how far patients live from where the services are provided, what language they speak, their health status, or other socio-demographic factors. Programs and initiatives must take into account issues of equity, address them where possible, and avoid contributing to barriers to access for marginalized populations.

4. It is responsive to the needs of the patient.

As we build a culture of quality, we need to re-imagine our health care system in partnership with patients and families. Patients and providers alike feel the effects of the disjointed nature of the health system. Communication between hospitals and primary care, for instance, continues to be a challenge to the detriment of patients and the frustration of their providers. We know that fewer than half of patients who need to see a primary care provider after leaving the hospital do so within seven days. Rates are particularly poor for mental health patients. True system integration, so long talked about, remains an elusive goal. At a mature state, our system should facilitate patient and provider roles so they could achieve common goals.

5. It achieves a balance among competing priorities.

Strategies for improving our health care system must consider safety and effectiveness, accessibility, and patient experience while also maximizing efficiency and equity. Although these priorities may appear to be in competition, it is not always the case. There are many examples in our health system that demonstrate how delivering higher quality care can actually contribute to more efficient operations or more equitable outcomes. Although some goals may take longer to realize than others, improvement efforts need not neglect one dimension at the expense of those that are harder to change or take longer to show improvement.

6. It does not depend on the infusion of new funding.

Neither the public nor elected officials are interested in allowing the health care budget to compromise the ability to deliver other public services. Indeed, the high per capita spending in Canada relative to other developed nations does not appear to have resulted in superior health status. With little or no new money invested, a re-allocation of existing resources is called for. Scarce financial and human resources need to be directed to the areas of greatest impact on patient outcomes according to the best evidence. Reducing medical errors, strengthening supports for health promotion, prevention, and screening, and improving care coordination are investments that can lead to better patient experiences and health outcomes and bigger system savings.

7. It requires fundamental change.

Making the leap to a system that puts quality first will require fundamental changes in how services are delivered and funded. Stimulating system-wide quality improvement will lead to challenges in the areas of governance, infrastructure, and funding among others. Policy initiatives such as the Patients First: Action Plan for Health Care have created an opportunity for the system to pursue a quality agenda by ensuring that, as the system evolves, it puts patients first, focuses on better outcomes, and is based on the best available evidence. Yet, where quality has been made the main focus, it has often been due to the extraordinary efforts of health professionals who go beyond their day-to-day responsibilities to advocate for a specific improvement. A health care system focused on quality should support these visionaries by removing the barriers that prevent improvements and innovations from spreading across the province.

Building a Quality System: What Must We Do to Make it Happen?

Building a Quality System: What Must We Do to Make it Happen?

The delivery of high quality health services depends not only upon operationalizing the definition of high quality and the principles of a quality system but on harnessing key social and material assets. Here are a number of key factors that go into the building of a culture of quality.

Engage patients and the public

If our health care system had been designed with patients front of mind, we would not have the system we have today. Patient perspectives can be powerful enablers of change. For patients, being heard can influence their level of satisfaction with the health care system and may affect their health outcomes (Baker, CFHI August 2014). What is meaningful engagement? How can patients best be kept at the forefront of decision making and system design? How can we effectively share health system information with patients in easy-to-understand formats? What do patients value? How do we reach those who are the most difficult to reach, ensuring no perspective is marginalized?

Evolve into the right structure

We have long wait times for consultations and treatments. Patients use crowded emergency departments for non-emergency care. These are signals that the design of our system does not support high-quality care. Setting a new path will involve changing the way the system is organized, accepting that resources will need to be realigned and investments prioritized differently than in the past. In what ways does the design of our health care system have an adverse effect on quality? Is accountability for quality built into all health care organizations? Do we have the right mix of services in the right place to serve the needs of different communities? Are the strategic priorities of health services providers aligned? This is where the quality framework can be a useful diagnostic to help identify areas where the design of the system is getting in the way of better quality. Although attention to quality does not include all health policy questions, we can make quality a critical lens that can identify health policy issues that need to be addressed.

Enable people to deliver the best care

At its core, health care is about people caring for people. Building a culture of quality will involve supporting the innate drive of health care providers to do the best they can for patients. It requires us to ask: Do all front-line staff have the knowledge, skills, and support to improve the care they provide to their patients? Is executive-level capacity being developed to provide effective leadership in all areas of the province? Are all health professionals working to their optimal scope of practice? Is the scope of practice comparable to other jurisdictions that are leaders in patient access, satisfaction, and health outcomes? Are we breaking down organizational silos and designing workplace environments that support the delivery of effective care? Are we helping our health professionals to work in inter-professional teams?

Ensure technology works for us

Information technology is one critical enabler to better and more coordinated care. But that involves placing quality first as we enable patients and clinicians to connect virtually, and use technology to support a better patient experience and better health outcomes. Quality also needs to be the key consideration as health information systems are leveraged to plan and deliver health services. How will the wealth of information be organized and shared to support our quality goals? Electronic health records provide a complete medical and personal history of the patient that can be shared securely with all health service providers and with patients. How do we ensure these records are designed to help deliver the best quality outcomes? What tools can be introduced to support better service provision and decision-making for health service providers? How do we know which tools provide the best quality returns on investment?

Support innovation and improvement

Innovation keeps us ahead of the curve and can support high quality in any aspect of the health care system. It can touch clinical practice, how care is organized, where care is delivered, and how care is purchased (such as when it is appropriate to pay for

outcomes rather than services). A high-performing health care system encourages and nurtures research and innovation and learns from other jurisdictions and even industries. Many of Ontario's areas of excellence within the health care system are the direct result of the creative and dedicated efforts of a small number of individuals with a passion for improving the system. How is innovation currently supporting quality in Ontario? Are there dynamics discouraging innovation or the system-wide spread of promising innovations? Do we have the right model in place to assess new innovations and to know which ones offer the most promise? Are there areas where a strong and coordinated provincial effort is needed to drive improvements?

Monitor performance

To know whether or not our health care system is moving in the right direction and to drive further improvement, we need to ask foundational questions: What is "good quality"? How do we choose the right goals and targets? Do we need to develop new indicators? Monitoring the performance of the system through the lens of quality demands attention on at least five fronts: one, articulating best practices that define a high quality health care system; two, identifying the most meaningful quality indicators and attaching clear performance expectations; three, collecting and analyzing data to measure performance against the indicators; four, reporting results in timely and transparent fashion in a way that stimulates improvement; and five, comparing results within Ontario to other jurisdictions and over time. That way, we can show both what is possible and the progress we are making.

Nurture cultural change

Achieving a "quality first" health system will require a significant shift in the culture of health care in Ontario to become a more patient-centred system in which patients are co-designers. The broader adoption of inter-professional teams, so important in developing quality health services, will compel clinicians to learn to work in different ways. Accountability in Ontario's health care institutions is already moving to focus on outcomes relating to quality rather than just financial obligations, thanks to provisions of the ECFAA. But there should be no illusion: successfully introducing solutions that require collaboration and trigger change across traditional organizational and professional boundaries is always challenging. The system can manage the tensions by agreeing on common quality priorities and recognizing professional and personal needs of service providers. Going forward, key questions will be: What are promising models, tools, or strategies for embedding quality into the culture of our health care organizations? How do we balance accountability for quality with building a culture of quality? And how will we know we are succeeding?

Next Steps

Next Steps

Our current system does not have a culture of quality that embraces continuous improvement. It lacks a common vision, definition, and set of principles to understand what a culture of quality would look like. This paper provides a framework to guide our thinking and actions. It reflects the commitment of Health Quality Ontario to move this conversation forward with a structure and sense of urgency.

HQO has established a System Quality Advisory Committee (SQAC) to articulate a common language and understanding of health care system quality that can be used by all professional and administrative groups, patients, and Ontarians at large. This important advisory group is made up of committed and passionate experts who have demonstrated a keen understanding of what it takes to build a quality health care system and how to make it happen.

Over the coming months, SQAC and its three working groups will prepare reports on creating, supporting, and refining the keys to quality health care in Ontario. HQO will seek feedback on the committee's findings with the goal of developing a widely supported plan of action.

In the end, it is not acceptable to simply acknowledge the importance of a quality health care system or identify gaps that need to be closed. Action must be taken to address our shortcomings.

Fortunately, many of the pieces are already in place. Successful initiatives in various parts of the system show the way; achieving a consistently high level of cancer care across Ontario is one inspiring example of what we can expect elsewhere. The province's intensive research cluster generates a wealth of insight second to none.

We must find a way to learn from our successes and harness these assets, to scale up the innovations so that all Ontarians can benefit during each and every one of their interactions with the health care system.

It is within our grasp. Together and in time, we will realize the promise of excellent care for all.

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System Quality Advisory Committee Terms of Reference

I. Background:

To assist in fulfilling its mandate as the provincial advisor on quality, HQO has established a System Quality Advisory Committee (SQAC), led by Dr. Adalsteinn Brown, to guide the development of a provincial plan for health system quality. The System Quality Advisory Committee is made up of experts who have demonstrated a commitment to keeping quality at the core of their professional activities and who have knowledge of what it takes to build a quality health care system and experience in making it happen.

Over the coming months, SQAC and its three working groups will prepare reports on creating, supporting, and refining key enablers for a high quality health care system in Ontario. HQO will seek feedback on the committee's findings with the goal of developing a widely supported plan of action.

A strong foundation for this plan already exists through a number of thoughtful and excellent contributions to the field of quality. Such resources include the Ministry of Health and Long-term Care (MOHLTC) sponsored report *Quality by Design* (2008) which lays out a number of important characteristics of high performing systems. Reports from expert committees, advisory bodies and councils, and researchers have provided further guidance on how to consider the highest quality care across clinical areas, different health professions, and various sectors within our healthcare system.

The System Quality Advisory Committee's goal is to draw on this body of knowledge to present a concise definition and vision for quality in the province, and to clearly articulate the areas where collective action and focus are required to advance a quality agenda. This work will enable HQO and health system leaders to collectively embed quality as a core value in the health care system. At the same time, HQO will be communicating how and why health care quality matters to Ontarians.

The Committee has already set out a system framework for quality and identified three major areas for further examination by working groups. These terms of reference will guide the role and work of the Committee and its working groups.

II. Role:

Reporting to the CEO of Health Quality Ontario, the System Quality Advisory Committee (SQAC) will designate three working groups to consider the following areas of focus:

- Understanding Quality
- Building a Culture of Quality
- Delivering Quality Care

Working in close collaboration, the HQO strategy and policy team and the Committee will guide the inquiries of each of the Working Groups and will receive and review their reports. The Committee will share its overall recommendations in report form on what is required to advance the quality of health care in Ontario to the President and CEO of HQO.

The three key themes are:

1. Understanding Quality

- Engaging patients and the public
- Measuring and monitoring heath system performance

2. Building a Culture of Quality

- Leading and managing a quality-focused workforce
- Nurturing cultural change

3. Delivering Quality Care

- Supporting innovation and improvement
- Improving structural capacity
- Ensuring information technology and communications initiatives lead to better and more coordinated care

III. Responsibilities:

The Working Groups will begin meeting in May 2015. Each of Working Group is composed of individuals with specific knowledge and expertise to advise on the designated area of focus. Each Working Group has been tasked with examining their respective topics and clearly articulating, in the form of short reports, what is required to accelerate improved quality of care across our health care system.

Throughout this stage of its work, the committee and working groups will adhere to the previously agreed-upon principles of:

- Drawing on reports, tools, and reviews that are already available and giving preference to Ontario reports that are evidence-based;
- Ensuring that its conclusions can be translated into practical recommendations for the health care system;
- Demonstrating transparency by collecting and making available all source material;
- Providing open platforms for engagement; and
- Communicating clearly the vision and values behind its recommendations

Decision-making: Members will strive to make decisions by consensus.

Frequency of meetings and manner of call:
The System Quality Advisory Committee will meet regularly or as needed. The Chair reserves the right to call or cancel meetings, as appropriate. Meetings may be held in-person or via tele/video conference.

V. Communications:

Agendas are to be distributed approximately one week prior to meetings. Members may add agenda items through the chair. Deliberations of the Committee will occur under the Chatham House Rule.

Official discussion of the System Quality Advisory Committee with members of the media or at conferences or at other external events will only be done with the permission and coordination of HQO.

VI. Review of Terms of Reference:

The Committee has, per its original mandate, reviewed and agreed upon its terms of Reference, mandate, activities, and relevance of the SQAC. HQO will publish the work of the Committee in late 2015.

System Quality Advisory Committee Membership

The members of the Committee are:

- Adalsteinn Brown, chair (Director, Institute of Health Policy Management, University of Toronto)
- Ross Baker (IHPME, University of Toronto)
- Kaveh Shojania (Scientist, Sunnybrook Research Institute)
- Terry Sullivan (former head of Cancer Care Ontario (CCO), professor, chair of Public Health Ontario etc)
- Jack Kitts (President & CEO, The Ottawa Hospital)
- Dorian Lo (Executive Vice President, Pharmacy and Healthcare, Shoppers Drug Mart)
- Sarita Verma (Deputy Dean, Faculty of Medicine, University of Toronto)
- Mark MacLeod (Orthopaedic surgeon, former president of the OMA)
- Kirsten Krull (Vice President of Inter-Professional Practice and Chief Nursing Executive, Hamilton Health Sciences)
- Camille Orridge (CEO, Toronto Central LHIN)
- Rheta Fanizza (Senior VP, St. Elizabeth Health Care)
- Terry O'Driscoll (Chief of Staff, Sioux Lookout Meno Ya Win Health Centre)
- Charles-Antoine St. Jean (national partner, Ernst & Young, University of Ottawa Board)
- Tom Closson (former CEO of UHN and the Ontario Hospital Association)

Additional experts may be invited to participate in the Working Groups at the Chair's direction.

Attendance and member alternates:

To maintain continuity and consistency in discussion and group composition, members will strive to attend all meetings. If unable to do so, members are encouraged to provide written feedback if required. There will be no delegates.

Decision-making authority Chair: Adalsteinn Brown

It is within our grasp. Together and in time, we will realize the promise of excellent care for all.

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