

Health Quality Ontario Business Plan 2018-21

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1 Executive Summary

At Health Quality Ontario, we are committed to better health for all Ontarians. *Better Has No Limit: Partnering for a Quality Health System* is not just the title of our 3-year strategic plan, it also describes the journey we and our partners have committed to take to improve the quality of health care in Ontario. As the provincial advisor on the quality of health care, we see instances every day where health care professionals, patients and caregivers are working together to improve the health of people living in Ontario and the experience of patients. But there remain gaps in quality to be filled and impediments to better care which must be overcome.

[Quality Matters: Realizing Excellent Care for All](#), which provides a system vision for health quality in Ontario, defines quality care as: safe, effective, timely, equitable, patient-centred and efficient. Our Business Plan provides a path to continue on the journey to advance these six dimensions of quality with patients, health care providers and partners as we collectively work to improve Ontario's health system.

Leveraging our mandate, our engagement with patients and partners, our strategic plan and *Quality Matters*, the 2018-21 Business Plan describes the programs and activities we will focus on to advance health care quality in Ontario. Our focus for 2018-21 includes:

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 the availability of information to enable better decisions.

Reporting to the people of Ontario on how well the health system is performing and on in-depth quality issues. Creating customized reports and change ideas for physicians, primary care organizations and hospitals to improve quality.

3. Evaluating promising innovations and practices, and supporting broad uptake of those that provide good value for money.

Evaluating health technologies and funding models to inform decision-making for the government. Spreading and scaling evidence-based practice changes and identifying priorities for improvement. Leveraging Quality Improvement Plans as a core system enabler to advance quality. Creating connections through communities of practice to share ideas and accelerate opportunity for improvement and building capacity for improvement through skill development and leadership.

4. Engaging patients in improving care.

Ensuring all of our work is informed by patients. Creating 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.

Partnering across the health system, including the Local Health Integration Networks, 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.

2 Mandate and Strategy

2.1 Mandate

Ontario Health Quality Council, operating as Health Quality Ontario, is Ontario's advisor on the quality of health care. 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 in the Ministry of Health & Long-Term Care (Ministry). Health Quality Ontario looks to its annual Mandate Letter from the Minister of Health and Long-Term Care to identify additional priorities or changes to the organization's mandate in planning for the upcoming fiscal years. These are reflected in this Business Plan.

Who We Are

We are a scientifically rigorous group with diverse areas of expertise. We strive for complete objectivity, and look at things from a vantage point that allows us to see the forest and the trees. We work in partnership with health care providers and organizations across the system, and engage with patients themselves, to help initiate substantial and sustainable change to the province's complex health system.

What We Do

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 system. 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.

Why It Matters

We recognize that, as a system, we have much to be proud of, but also that it often falls short of being the best it can be. Plus certain vulnerable segments of the population are not receiving acceptable levels of attention. Our intent at Health Quality Ontario is to continuously improve the quality of health care in this province regardless of who you are or where you live. We are driven by the desire to make the system better, and by the inarguable fact that better has no limit.

2.2 Strategy

Our vision

Better health for every Ontarian. Excellent quality care.

Our mission

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

Our values

Collaboration, integrity, respect and excellence.

Our Strategic Plan

Better Has No Limit: Partnering for a Quality Health System. Health Quality Ontario'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 business plan aligns with all that is articulated in our strategic plan.

Our Priorities

1. Provide system-level leadership for health care quality.
2. Increase availability of information to enable better decisions.
3. Evaluate promising innovations and practice, and support broad uptake of those that provide good value for money.
4. Engage patients in improving care.
5. Enhance quality when patients transition between different types of settings of care.

In addition, we have identified three areas of focus: mental health and addictions care; palliative and end-of-life care; and primary care.

3 Environmental Scan

Health Quality Ontario conducted an environmental scan to assess the factors that could impact our business plan for 2018-21. The scan draws from [Quality Matters: Realizing Excellent Care for All](#) and considers the six dimensions of a quality health system that are highlighted above: safe, effective, patient-centred, efficient, timely and equitable. Variations in care across the health system highlight a required emphasis on equity in almost every area articulated below, and the scan draws on opportunities that would support improvement in equity and at least one other dimension.

Health Quality Ontario's Patient, Family, and Public Advisors Council were engaged to add insights to this scan and to the business plan as a whole, based on their experiences with the system. The areas identified by the Council for Health Quality Ontario to focus on included: care transitions, home and community care, long-term care and digital health. The Patient, Family and Public Advisors Council also emphasized the importance of continuing to ensure patient engagement plays a prominent role in the work of Health Quality Ontario and supporting the broader health system.

Our Health System

While Ontario's health system performs well in some areas, there are still gaps in quality of care. While some people in some parts of the province experience excellent outcomes, others do not. There are pockets of excellence throughout the province, however, as identified in Health Quality Ontario's yearly report, *Measuring Up*, many areas are performing poorly. That lack of consistent quality care across the province leads to significant consequences for patients, such as: difficulty accessing primary care; long wait times; challenges transitioning from one care setting to another, and inequitable variations in health care. It is known that for quality improvement initiatives to succeed, there must be support throughout the system to enable a culture of quality. This requires supporting this culture through purposeful change initiatives and practices.

Patient Engagement

Patients are gaining greater access to information about health system performance and how to address their health care. The availability of health related resources online created by the province, providers, patients, and health experts, alongside less structured or unverified content, continues to grow. This is creating an environment of greater transparency and opportunity for more comprehensive and patient-centred public reporting. Although this enables patients to become more knowledgeable and influence the care they receive, there is risk of too much information being available, and of varying information quality, suggesting a need to support patients in navigation.

Engaging patients in health care improvement at the direct care, organizational and provincial levels continues to gain momentum. For providers and system leaders, this is creating a higher demand for effective patient engagement practices, and creates the need to expand the capacity for patients and professionals to effectively engage.

Care Transitions

Our health system can address some of the most complex and specialized needs. As a result we have a system that heavily focuses on siloed specialists and specialty services targeting very specific interventions in people that in many cases are managing multiple health issues. The challenge arises in how patients navigate this system of providers, and how providers can better transition patients between services. For instance between hospital and home or to long-term care, or between

specialists and primary care. Often it is in these transitions that gaps in care arise and individuals have a poor experience of the health care system.

There are efforts underway both in Ontario and around the world to try to improve transitions for patients between providers and care settings. However, there does not exist a good articulation of what a high quality transition looks like, and we do not have a sense of whether as a system we are getting better at transitioning patients. Health Quality Ontario is looking to address this gap by developing a quality standard focused on transitions

Primary Care

There is a growing emphasis in Ontario on making primary care the central hub for patient's health needs – to become a true Medical Home, providing 'seamless care that is centred on individual patients' needs, within their community, throughout every stage of life, and integrated with other health services'¹. Recognizing the main point of contact of the health system for patients should be their primary care provider, patients want assurances that primary care providers have the appropriate resources, training, and support to deliver and coordinate the highest level of patient care. With shifts in how primary care is organized, and greater planning through the LHINs, there is opportunity to bring about improvement for transitions in care and supporting a central hub to meet patient's health care needs.

Home & Community Care

With the organization of home and community care services under the LHINs, there is a renewed opportunity for improvement to ensure patients are getting the right care, in the right place, at the right time, including making transitions for patients from hospital to home well-coordinated. Patients say that not only is there a lack of clarity on what services are available or how to access them, they are also confused about when they are eligible to get these services, and about the variations in the types of services that different providers offer. Over 650,000 people receive home care services in Ontario each year and this number is growing steadily. We know significantly more than ever before about what home and community care clients and their families need². The system now needs to be supported to deliver and to monitor progress toward the needed improvements. This is especially significant as unpaid caregivers are experiencing an increase in anger, distress, depression, as well as an inability to continue providing care³. It is important when monitoring the patient experience, the experience of unpaid caregivers is also taken into account.

Digital Health

At least 8 out of 10 physicians use electronic medical records (EMR) in their daily practice⁴. There will only be an upward progression over time. EMRs can lead to greater standardization of care, consolidating patient information in a single portal and improving communication between providers. Providing patient access to information in EMRs also allows patients to better understand their care and how to manage their conditions. There have been challenges in implementing these systems across various providers, and often the products themselves do not give providers or patients the solutions they seek. But as providers become savvier with these tools and the information it can provide, they will seek mechanisms to better manage their practices and patient care improvements.

¹ <http://patientsmedicalhome.ca/>

² The Expert Group. (2015, March). Bringing Care Home

³ Health Quality Ontario. (2016). The Reality of Caring: Distress among the caregivers of home care patients

⁴ eHealth Ontario. (2015, September 10). Oversight of all EMR programs transition to Ministry of Health and Long-Term Care

Digital health also offers the promise of embedding evidence-based practice into tools that are used at the point of care. This is a growing focus in projects such as digital order sets.

Implications for Health Quality Ontario

An assessment of these factors, and the evolving government and system priorities around them, suggests that Health Quality Ontario's Strategic Plan 2016-19 continues to be relevant in guiding our business planning efforts. Our 2018-21 business plan considers the implications highlighted above as it articulates the programs and activities Health Quality Ontario will continue, expand or propose for the next three years.

4 Programs and Activities

To achieve our strategic priorities and meet our mandate, this section describes our current programs and activities, plus our proposed plan of future activities which can be delivered on if the appropriate resources are received by Health Quality Ontario.

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

4.1.1 Quality Standards

Quality standards outline what high-quality care looks like. They focus on conditions where there are large variations in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive. They also are based on the best available evidence and are created in partnership with patients, families and health care providers. They are designed to help:

- patients, families and caregivers know what to ask for in their care;
- health care providers know what care they should provide;
- health care organizations measure, assess and improve their performance in caring for patients; and
- health system planners create the environment for health care professionals and organizations deliver quality care.

Health Quality Ontario leverages its many aspects of its core mandates to deliver its quality standards program, which includes patient guides, evidence-based clinical guides, information briefs with data on the variations in care, associated indicator(s) for ongoing monitoring, tools and resources for quality improvement, and recommendations for system adoption.

Health Quality Ontario established the Ontario Quality Standards Committee, a committee of Health Quality Ontario's Board of Directors, to provide governance oversight to the quality standards program. Under the guidance of inaugural chair, Dr. Chris Simpson, the committee's objective is to improve outcomes and reduce unwarranted variation in care quality through a more coordinated provincial approach to clinical care standards.

These standards typically have 5-15 statements to 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, to inspire action and help ensure the highest-quality care possible.

Each Quality Standard is accompanied by a summary of results for key indicators that demonstrate why the Standard is needed, including highlighting unwarranted variations in care. These Information and Data Briefs typically include an infographic and a supplementary data table (e.g. provincial, by LHIN, by sub-region or by facility) where available. These measures can be tracked to continue to report on changes to variation.

Recommendations for Adoption (RFAs) accompany each Quality Standard, outlining what is needed at a system level to implement the standard as a whole, and also include specific implications for

individual statements. The Recommendations for Adoption are informed by the Ontario Quality Standards Committee, and are developed after extensive consultation with topic specific Expert Panels, provider organizations, associations, clinicians, and patients from across the province, and with the Ministry of Health and Long-Term Care. A set of resources to support implementation, delivery of clinical care and quality improvement are also made available.

Activities for 2017-18

- Initiation of three quality standards as components of the Ministry's opioid strategy and the national joint statement of action to address opioids. Two standards provide guidance on the safe prescribing for acute and chronic pain and the third provides guidance on the management of opioid use disorder.
- Deliver eight Quality Standards for 2017-18, include a strong emphasis on home and community care, women's health and a continued focus on mental health.
- The Ontario Quality Standards Committee will implement its approved terms of references and accomplish its mandate.

Proposed Plan for 2018-19

- Deliver eight to ten quality standards with an emphasis on mental health, musculoskeletal care, cardiac care, chronic pain management and palliative care.

Health Quality Ontario will continue to work with partners to ensure robust support for the Quality Standards recommendations for adoption. Linkages with clinical leadership at the LHIN and sub-region levels, the Ministry, 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) is to increase the capacity for quality improvement across the health system. Key objectives include:

- Increasing capacity across the province, particularly in areas and with groups where the need for improvement and transformation was prioritized.
- Setting up IDEAS as a sustainable provincial program.
- Advancing a common quality improvement language and approach.

Activities for 2017-18 & 2018-19

- Implementation of a Blended Delivery model that incorporates e-learning with classroom learning and applied project work to improve access and reach from across the province.
- Continued engagement and support of several thousand IDEAS graduates in the Alumni Program.
- Delivery of the annual Alumni event, Quality Improvement and Patient Safety Forum (QIPSF)

- Train 150 graduates in the Advanced Program and 1,000 graduates in the Foundations Program
- Continued alignment of IDEAS to support quality improvement priorities across the system, such as through topic-specific cohorts.

4.1.3 Equity

Equity, as a dimension of quality, is supported by Health Quality Ontario and is embedded in all the work we do. We define Health Equity as “*allowing people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are.*” A high-quality health system recognizes and respects social, cultural and linguistic differences. “Equity” should not be confused with “equality.” Equality refers to the division of resources into equal parts so that everyone gets the same. In contrast, equity involves people getting the resources they need. It is this philosophy that underpins a health equity approach.

By bringing an equity lens to health and the health care system, Health Quality Ontario recognizes that health is not distributed equally and some people may need more or different services than others in order to be healthy. Health care equity is a sub-set of health equity that focuses on the health system’s ability to provide equitable health care.

With this context, Health Quality Ontario’s equity program focuses on several priority populations, including those referenced in Bill 41 *Patients First Act, 2016*: Indigenous, Franco-Ontarians, Newcomers, and those with Mental Health & Addictions challenges. The objectives of the equity work include:

- Aligning Health Quality Ontario’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.

Activities for 2017-18

- Continue to engage with programs across Health Quality Ontario to prioritize embedding health equity in their products and services.
- Continue to focus on education and training for everyone who works at HQO and the Board. This year’s training focuses on Indigenous Cultural Safety Training and the application of health equity impact assessment tools.
- Helping partner organizations in the development of a Northern Ontario Health Equity Strategy, which includes ongoing engagement across the north with individuals, communities, organizations, and government, and hosting a summit with over 100 individuals across northern Ontario to validate findings from the initial engagement process.
- Continuing to support the Health Equity External Advisory Committee to support Health Quality Ontario in aligning its efforts with other health system partners to advance health equity.
- Work with stakeholders both in and beyond the health system in the development of a population health approach for an integrated health system.

Proposed Plan for 2018-19

- Support the Northern Ontario Health Equity Strategy's primary recommendation: the development of a Northern Ontario Health Equity Network, and continue to be an integral partner moving forward. The Northern Ontario Health Equity Network will be an intersectoral network of public and community stakeholders across Northern Ontario. The Network will be led by a steering committee comprised of LHINs, public health units, stakeholders outside of health, and community-based partners, with the aim of moving forward on initiatives aimed at improving health equity in the north.
- Include Mental Health & Addictions as a strategic area of focus for the Northern Ontario Health Equity Network and other internal Health Quality Ontario equity work.
- Continue embedding principles of equity throughout all of Health Quality Ontario's work efforts.
- Conduct consultation with stakeholders to inform the recommendations for intersectoral action and collaboration required to apply a population health approach for an integrated health system.
- Develop an organization-wide approach for an Indigenous Engagement Plan.
- Through the Equity Advisory Committee consider the needs for Ontario's Franco-Ontarian, newcomer, Indigenous and other priority populations.

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 roadmap for health quality.
- Testing early-stage quality initiatives that have an intersection with government policy, legislation or regulation.

Activities for 2017-18

- Further the recommendations in [Quality Matters: Realizing Excellent Care for All](#) by aligning Health Quality Ontario initiatives with key actions set out in the report.
- In collaboration with a group of Ontario hospitals, develop a business case for a provincial patient safety learning system. The proposed system would enable 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.

Proposed Plan for 2018-19

- Implementation of the Ontario Patient Safety Learning System (OPSLs) once approved;
- Continue to promote alignment with Quality Matters inside and outside the agency.

4.1.5 Clinical Leadership

The establishment of a network of Clinical Quality Leads in collaboration with the LHINs was important to supporting quality improvement activities. The leads play an important role in establishing regional priorities for quality, enabled by the work of the Regional Quality Tables. This cross-sector group identifies opportunities to improve quality in alignment with the LHINs and their clinical leaders, and informs and supports provincial efforts for quality improvement. The network of clinical leaders provide

leadership to advance quality locally, including supporting the implementation of quality standards, and other quality improvement efforts that will address population needs. It is envisioned that leadership roles will continue to advance quality within the regions, both as an element of senior clinical leadership and more directly to support implementation.

Activities for 2017-& 2018-19

- Clinical Leaders provide feedback on Quality Standards, in particular the recommendations for adoption, including for those related to opioids, as quality standard adoption was prioritized for focus in several LHINs.
- Hosting an annual clinical leadership forum to build knowledge and connections among the clinical leadership in Ontario advancing quality and transformation.
- Advance priority quality issues in each region as determined by the regional quality table and LHIN leadership
- Hosting regional quality sessions in collaboration with the LHINs, and Health Quality Ontario/LHIN joint clinical leadership.

4.1.6 Health Quality Transformation

Health Quality Transformation is Health Quality Ontario's annual conference for patients, caregivers, health providers and system leaders. It is the largest conference on health care quality in Canada. Its overarching goal is to fuel an exchange of ideas to achieve better health outcomes and experiences for all Ontarians

Activities for 2017-18 & 2018-19

- Enhanced focus on the quality of health care in the north, through new regional breakout sessions in Sudbury and Thunder Bay and that will be broadcasted live in Toronto.
- Building on the focus of patient engagement in previous years, Health Quality Ontario 2017 will increase the number of patient, family and caregiver advisors to inform the conference's content, along with more breakout sessions focussing on patients and caregivers.
- Continue to bring thought leadership on quality to Ontario.
- Support the advancement of [Quality Matters: Realizing Excellent Care for All](#)
- Promote [Change Day Ontario](#)

4.1.7 Change Day Ontario

Change Day was reported in other jurisdictions to be a positive and impactful way of fostering a positive change culture. Individuals, patients and organizations feel energized to engage in small acts of change that collectively led to large scale improvement in healthcare and health care experiences for patients, caregivers and providers.

Activities for 2017-18 & 2018-19

- Partnering with Associated Medical Services (AMS) to bring the Change Day movement to Ontario.

- Learnings from Change Day will be shared not just across Ontario but with Change Day leaders in British Columbia, Alberta and the United Kingdom
- Evaluation results of [Change Day Ontario](#) will guide future campaign planning.

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 the public and people working in the health system 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.

Activities for 2017-18

- Redesigned System Performance webpages, introducing new user experience, indicators and data refreshes in a more timely way.
- Shorter format for Measuring Up report, with enhanced supplementary online data table and sub-regional reporting where available
- Wait times for surgery and diagnostic imaging, and access to emergency departments reported on our online system performance reporting
- Specialized reports about: health and healthcare inequities in northern Ontario; the scale and types of opioid prescriptions; opioid prescribing patterns; and improving surgery care for patients through the National Surgical Quality Improvement Platform (NSQIP) program.

Proposed Plan for 2018-19

- Produce two to four specialized reports
- Continue to produce Information and Data Briefs to support Quality Standards
- Begin shifting Measuring Up 2018 towards a digital format, which will continue to reflect new advances in measurement in Ontario such as patient-centred measures or data collection at LHIN sub-region level, to support drill down capabilities and analysis.
- System Performance webpages will continue to evolve to include new indicators and improved user experience for both public and system audiences based on user-needs testing, to optimize the value of the information to the audience.
- Continue development of comprehensive, cross-sector public reporting of patient experience measures

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. To date, Health Quality Ontario's efforts include primary care practice reports, long-term care practice reports and hospital/specialist performance series reports.

Activities for 2017-18

- My Practice: Primary Care Report will be enhanced with a new opioid content section and introduction of a LHIN sub-regional report.
- Increase the distribution of regularly updated practice reports to physicians working in primary care and long-term care.
- Partner with peer organizations to streamline reporting of performance data and better coordinate quality improvement supports, both at the primary care practice and individual clinician level.

Proposed Plan for 2018-19

- Continue to enhance and evolve all practice, specialist and organization reports. Increasing the reach and use of the reports with our current audiences, expanding the audiences of the reports (e.g. new specialist groups and other health professions), expanding the topics (e.g. antibiotic prescribing in long-term care, post-emergency department and post-surgical opioid prescribing, Choosing Wisely indicators) and further improving ideas featured in the reports.
- Coordinate and align our work with partners in primary care practice reporting and supports. Working towards these goals will align with Health Quality Ontario priorities (e.g. Quality Standard topic alignment) and those of our partners in primary 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 (HTA)

Health Quality Ontario is 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, medical devices and genetic tests. 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, and through its subcommittee, the Ontario Genetics Advisory Committee, makes recommendations on whether individual genetic tests 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.

Activities for 2017-18

- Complete twelve Health Technology Assessments

- Participate 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.
- Establish the Ontario Genetics Advisory Committee (OGAC), start two Health Technology Assessments related to genetic tests in 2017-18 to be completed in 2018-19

Proposed Plan for 2018-19

- Continue to produce approximately twelve HTAs
- Produce additional genetic testing HTAs to support the new Prenatal Screening Ontario program, and increase capacity for additional genetic HTAs in subsequent years with new resources to meet increasing demand

4.3.2 Ontario Payment Innovation Collaborative (OPIC)

The Ontario Payment Innovation Collaborative (OPIC) supports the design, implementation, and evaluation of innovative payment models in Ontario. The collaborative includes key stakeholder groups, such as the Ministry, Institute for Clinical Evaluative Sciences, Health System Performance Research Network, Ontario SPOR Support Unit Evaluation Group, etc.

Activities for 2017-18

- Provide support to the ministry with respect to the design and evaluation of bundled funding models for hip and knee replacement
- Produce and deliver a progress report on OPIC

Proposed Plan for 2018-19

- Be ready to announce the first model(s) it will test and will have a plan for conducting the evaluation in the following fiscal year.
- Support a community of practice to support quality improvement efforts and implementation for sites participating in the new model.
- Begin to function as a true collaborative with health care provider associations, with a view to introducing and evaluating multiple evidence-informed payment models that are better aligned with high quality care

4.3.3 Quality Improvement: Strategy, Program Delivery, and Clinical Improvement & Informatics

The purpose of the Quality Improvement programs are to support and foster quality improvement across the health system in the following 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.
5. Leveraging and optimizing digital health assets as an enabler to quality care delivery.

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 Quality Improvement community to support improvement;
- Support implementation of evidence and emerging practices such as Quality Standards or Quality-Based Procedures as well as other innovative practices; and
- Foster a culture of quality and quality improvement across the health system.
- Embed provincial standards and requirements for use in hospital information systems (HIS) and other digital health systems.

Activities for 2017-18

- Receive and analyze more than 1,000 **Quality Improvement Plans** submitted from acute care, primary care, homecare, and long-term care organizations, including more than 30 multi-sector organizations.
- Produce a series of reports and webinars based on observations and trends including sector specific highlights and cross sector reports on topics such as workplace violence prevention and trends over time including 14 snapshot reports of LHIN specific data.
- Support an increased emphasis on improving a culture of workplace safety in the QIPs through the creation of a new mandatory indicator in the QIPs.
- Conduct an evaluation of the Quality Improvement Program to evaluate the evolution and impact of the program and provide recommendations for the future.
- Through the **Adopting Research Through Improved Care (ARTIC)** program, fund and support one major spread and scale project related to Patient Oriented Discharge Summaries (PODS) and complete two projects to improve integration of care between providers related to mental health and addictions.
- ARTIC will also be used to support the provincial spread for centralized intake and referral and improved pathways for low back pain (ISEAC model) and hip and knee care.
- Launch Health Quality Ontario's open online practice platform, called **Quorum** 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.
- Maintain an ongoing focus on surgical quality improvement with the hospitals that are active members of the Surgical Quality Improvement Network. Leverage the **National Surgical Quality Improvement Platform (NSQIP)** to support the provision of comparable data for improvement.
- Holding the 3rd Ontario Surgical Quality Conference, where a collaborative provincial campaign to improve surgical site infection rates in Ontario is launched.
- Support the implementation of the Ministry's **opioids strategy**, and quality standards with the development of focused practice report and series of supports offered to providers with partners including the Centre for Effective Practice, Ontario College of Family physicians, Ontario MD, and several others.
- Release the **Choosing Wisely Canada** and Health Quality Ontario "*Spotlight on Leaders of Change: Implementing Choosing Wisely Canada Recommendations in Ontario to Improve Quality of Care*" Report

- Establish and host the Choosing Wisely Ontario Steering Committee to advance an Ontario collaborative strategy.
- Continue to ensure Choosing Wisely Canada recommendations are factored into the evidence base for quality standards where relevant and appropriate.
- Initiate a program to support facilities in implementing a **diagnostic imaging peer review program** and establish the provincial-level supports.
- Provide ongoing leadership for the **Emergency Department** return visits program, including the release of a report analyzing and reporting on actions being taken to improve through this program.
- Continue supporting a focus on the adoption of **Quality Based Procedures** in coordination with the Ministry, other provincial agencies and the LHINs, and to this end, held a Clinical Quality Retreat to emphasize the focus on clinical adoption.
- Continuing the **Excellence through Quality Improvement Program (E-QIP)**, with Addictions & Mental Health Ontario, Canadian Mental Health Association, the provincial government, to promote and support quality improvement in the community mental health and addictions sector.
- Support provincial efforts to improve patient relations.
- Develop and implement innovative practices for transitions of care, coordinated care management, and mental health and addictions to better support patients with complex conditions through a health links approach to care. This includes embedding related provincial standards into digital care coordination tools, for example the Client Health & Related Information System (CHRIS).
- Host Provincial Quality Rounds, to discuss important topics related to quality and also connect the community.
- Following the recommendations from the March 2017 Leadership Forum on Quality and Digital Health, Health Quality Ontario will lead, in collaboration with the Ministry, the development of a maturity model/scale to assess hospital information system clinical adoption and outcomes.
- Collaborate with the Ministry on renewing hospital information system sustainability as it relates to advancing a model for clinical standards and outcomes, and a provincial framework for Master Service Agreements.

Proposed Plan for 2018-19

Many of the large-scale programs listed above will continue. Areas that will be ramped up further include:

- Reviewing and executing upon recommendations from the **Quality Improvement Plan** evaluation.
- Supporting onboarding of at least one new sector onto the QIP Program.
- Continuing to share insights and observations from the Quality Improvement Plans through reports and by profiling teams on Quorum
- Initiating subsequent phases of MSK Strategy implementation through **ARTIC** to improve access to hip and knee surgery, and better care for low back pain
- Launching an ARTIC project to support implementation of Quality Standards.
- Evaluating the impact of primary care memory clinics in Ontario.

- Continuing the implementation, adoption and improvement approach to support Quality Standards, particularly through engagement of the regional clinical network and quality tables with the LHINs
- Maintaining and expanding access to additional hospitals for the Ontario Surgical Quality Improvement Network (ONSQIN) and **NSQIP** where possible. Continue to support and monitor impact of the provincial campaign to reduce surgical site infections
- Explore how Health Quality Ontario can better support quality improvement efforts in hospital-based **General Internal Medicine** programs, including appropriate evaluation of practices, opportunities for improvement and convening a network/community of practice.
- Continuing to support the implementation of the Ministry's **opioids strategy**.
- Health Quality Ontario would coordinate the implementation of a continuing professional development model for appropriate opioid prescribing for all prescribers and dispensers.
- Expanding efforts and reach of quality improvement in **primary care**. Broadly disseminating primary care practice reports and supporting primary care leadership at LHIN and sub-region levels. Working with Clinical Leaders, use the primary care practice reports to provide support to LHIN sub-region to support improvement with an emphasis on pain management and optimizing prescribing of opioids
- Further developing and supporting quality improvement through communities of practice in long-term care, **Quality Based Procedures** through QBP Connect, Integrated Funding Models program, Health Hubs program
- Fostering continued growth of Health Quality Ontario's online communities of practice platform, **Quorum**.
- With the community mental health sector, continue to build capacity and allow the **Excellence through Quality Improvement Project (eQIP)** program to continue.
- Maintaining momentum to support implementation of **Choosing Wisely Canada** recommendations and contribute to the national program as the Ontario lead organization.
- Working with partners (i.e. Ontario MD, OTN and others) and the MOHLTC, address current quality gaps and variation in the health care system by embedding standardized clinical content, optimising the use of provincial digital health assets such as hospital health information systems, primary care electronic medical records and other assets to develop a multi-year plan that designs a digital environment that embeds clinical standardization in digital technologies.

Strategic Priority 4: Engage patients in improving care

4.4.1 Patient Engagement

Patient Engagement at Health Quality Ontario is focused on supporting patient, caregiver and public engagement to improve the quality of health care in Ontario - because meaningful patient engagement is linked to better patient experiences, patient outcomes, improved safety and greater efficiency. Plus, involving users of the health system in efforts to improve quality is simply just the right thing to do.

It's an exciting time for patient engagement in Ontario. The demand for engagement is high and the desire to do it right is apparent. For example, we're seeing the desire for more engagement across the different sectors (as seen through the Quality Improvement Plans). The Local Health Integration

Networks are now legislated to each create a Patient Family Advisors Council. And, the Minister of Health and Long-Term Care is creating his own Patient and Family Advisory Council to guide him on strategic issues. In addition, new accreditation requirements are putting a spotlight on patient and family engagement in organizations across the province.

Health Quality Ontario's patient engagement program has both internal and external key objectives:

- 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 to improve care

Activities for 2017-18

Internal:

- Regular engagement with Health Quality Ontario's Patient, Family and Public Advisors Council about strategic issues related to Health Quality Ontario's work.
- Active engagement of our broader Patient Advisor Pool as we continue to embed patient advisors in our daily Health Quality Ontario work across all strategic priorities and areas of focus, for example through advisory committees, discussion groups, surveys and more.
- Maintaining the ongoing requirement to involve and engage patients in the 1,040 organizations that develop annual Quality Improvement Plans.

External:

- Meetings and consultations with the Resource Development Advisory Group, an advisory committee of 26 members (13 patients and 13 professionals representing provincial and national organizations) to guide our system-facing patient engagement work, and to help co-design and spread our learning tools.
- Additions to our online hub of patient engagement tools and resources from around the world.
- The creation of additional tools and resources to fill in gaps to what is currently available. Including a guide on engaging patients on patient safety issues (developed in partnership with the Canadian Patient Safety Institute), a tool on how the Ontario health system works to educate patients who want to become patient advisors in their own communities, and a resource to support better evaluation of patient engagement.
- Quarterly regional training series delivered both face-to-face and online.
- Responding to external requests for advice on patient engagement and to access our Network of patient advisors for external engagement opportunities.
- An environmental scan on ways to engage with marginalized communities and the creation of a synthesized toolkit of available resources.
- An environmental scan on what is currently taught about patient engagement in health professional education programs and opportunities to expand patient engagement education.
- Exploring the development of an Online Community for patient advisors to connect and learn from one another.

Proposed Plan for 2018-19

- Expand Health Quality Ontario’s Patient Engagement Training and Resource Development Program with a wider range of new patient engagement learning resources as well as monthly online and in-person training events.
- In partnership, support the development and launch of an academic curriculum on patient engagement that can be embedded into degree programs for health professionals such as medicine, nursing and health administration programs.
- Launch an Online Community for patient and family advisors, to connect and learn from one another.
- Expand patient engagement support through QUORUM.
- Exploratory work in prep for the launch of an annual one-day conference solely dedicated to patient engagement, to bring together health professionals, patients and caregivers for mutual learning and exchange.
- Exploring the potential for a Provincial Patient Advisors Network – potentially consolidating Health Quality Ontario’s Patient Network and other networks into a province-wide patient advisors network – to support organizations who do not have in-house capacity to support their own patient networks.
- Continue expectations that organizations involve patients in their quality improvement efforts and goals articulated in the Quality Improvement Plan. Share examples of effective strategies through Quorum and the Insights series of reports

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 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:** Seeing the expansion of 79 to 84 active Health Links teams, 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.
- **Innovative Integrated Models of Care:** Supporting patients as they transition throughout the system.
- **Spread and Scale:** Funding and supporting a major spread and scale project related to Patient Oriented Discharge Summaries (PODS) through the ARTIC program.

Activities for 2017-18

- Maintain the health links community of practice with monthly sessions to share, promote and exchange best practices.
- With the Health Links Clinical Reference Group, refresh the content of the Coordinated Care Plan (CPP) to reflect most current innovative practices and feedback received from front line

providers and patients. Support the integration of the CPP into technology solutions that enable coordinated care with the Ministry and LHINs.

- Health Links Leaders' Summit with over 300 leaders involved in health links focussed on the future of health links given the development of sub-regions.
- Quarterly performance reports to each LHIN for all active Health Links within the LHIN including quarterly discussions within the LHIN on emerging practices and results.
- Improving effective transitions and care coordination across hospitals, home care, long term care and primary care sectors as a priority for the Quality Improvement Plan. Analysis of the QIPs indicates an increasing focus on this priority issues across all sectors.
- Quality standard focused on transitions of care.
- Two CIHR Embedded Scientists with research programs related to measuring transitions of care and understanding the trajectory of care for patients identified as having complex conditions and circumstances. Both programs of research are designed to be integrated into the work of Health Quality Ontario, creating new opportunity to ensure evidence is guiding our efforts, and inform the focus of research based on our knowledge and strategic direction in this area.
- With select LHINs and organizations, pilot a collaborative Quality Improvement Plan approach, including a focus on the sustainability of the 2016-17 pilot and spreading to other LHINs. This is designed for organizations to commit to joint goals for advancing issues such as effective transitions in a formal and coordinated way.
- Support a focus on quality in integrated care models such as Integrated Funding Models and Rural Health Hubs by hosting community of practice for both initiatives.

Proposed Plan for 2018-19

Our planned activities for 2018-19 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. This work includes:

- Leveraging the work of Health Links to translate the quality standard into practice through the sub-regions of the LHINs.
- Expanding the pilot of the collaborative QIP to two or three additional LHINs/sub-regions to bring a quality improvement focus across sectors to improving care as patients transition between care environments
- Expanding the collection of data related to the impact of a Health Links approach to care, introducing new measures for collection and quarterly reporting.
- Identifying opportunities for improvement in transitions as a priority focus of the work of the Regional Quality Tables and programs in the LHINs.
- Continuing to enhance measurement and reporting of patient experience with transitions in care

5 Risks

The health care system continues to focus on quality improvement and patient experience. This is an exciting time and provides momentum for Health Quality Ontario's mandate. With the breadth of areas across our mandate, and the high demand for the programs and initiatives, there are several risks to be mitigated to ensure effective delivery and advancement of the quality agenda.

5.1 Ensuring a Common Approach to Quality

Risk:

With an increased focus on quality from across the system and a high interest from providers, organizations and system leaders, there is risk of fragmentation on how the system advances quality without a unifying vision and practical approach to health quality.

Mitigation:

Health Quality Ontario's mandate and strategic plan provide the responsibility and direction on ensuring there is leadership and a sound approach to advancing quality in Ontario. *Quality Matters* addresses this through providing a system vision for health quality in Ontario, which we will advance over the next three years. Examples of how we will implement *Quality Matters* includes *the* annual Health Quality Transformation conference, which brings together close to 3,000 participants each year, in addition to a number of other targeted forums throughout the year, which collectively focus on spreading the common quality agenda throughout the province. Health Quality Ontario's digital strategy is another means by which we will advance *Quality Matters*, by continuing to increase the provincial reach and impact of products and information focused on health care quality.

5.2 Building Capacity for Quality Improvement

Risk:

The growing interest in Quality Improvement and the specific draw on capacity resources to train individuals, spread and scale improvements, and create the tools for adoption is reaching a tipping point as organizations continue to accelerate their quality improvement efforts.

Mitigation:

Health Quality Ontario is continuing to shift its quality improvement efforts to focus on large scale efforts that have greater reach across the province. For example, Health Quality Ontario's digital QUORUM environment builds communities of practice on specific topics and draws participation across the province, which helps build capacity across providers. In collaboration with the University of Toronto, IDEAS is another example which focuses on training individuals in quality improvement and continues to bring the graduates together, particular through an annual conference – the Quality Improvement & Patient Safety Forum. Regional Quality Tables are a third example, focused on building capacity at the local LHIN level across the province, supported by Health Quality Ontario's Quality Improvement team and Clinical Leadership.

5.3 Demand for Genetic Testing Evidence

Risk:

The application for genetics in diagnostics and therapy continues to increase. There is a growing demand for increasing the number of genetic technology assessments conducted each year, to help ensure appropriate clinical evidence and efficient use of limited public resources are in place.

Mitigation:

Health Quality Ontario established the Ontario Genetics Advisory Committee and began work on evaluating genetic tests using its approach to health technology assessments in 2017/18. With the increased demand, capacity for what could be achieved will need to be carefully monitored and planned. As part of this Business Plan, a steady increase in the number of genetics tests that could be evaluated is proposed.

6 Resources

Realigning resources to efficiently deliver our mandate

Through changes to the *Excellent Care for All Act* over the past few years, and introduction of the *Patients First Act*, Health Quality Ontario has an expanded mandate to respond to the changing needs of government and the health system. With the privilege of a renewed and expanded mandate, Health Quality Ontario continues to adapt and shift our teams to meet new priorities, and to examine how we can improve our productivity to take on new deliverables.

As we plan for 2018-2021, we continue to redirect resources and focus our productivity to effectively deliver on the priorities defined in our strategic plan. Some examples include:

- Over the past few years, HQO has fundamentally adjusted its approach to supporting quality improvement (QI) from providing direct one-to-one support to organizations through coaching (through initiatives like Advanced Access and Residents First) to large scale efforts 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.
- In addition, Health Quality Ontario was able to expand Quality Improvement efforts to support key initiatives like the Emergency Department Return Visits Program, Integrated Funding Model Pilot and others, within existing resources.
- As a major cross-organization program, Quality Standards represents a critical program to support improved quality care that is aligned with mandate. Health Quality Ontario developed this program through deliberate calibration of resources, and leveraging alignment with existing work efforts where possible.
- Health Quality Ontario supports clinical leadership roles across the province who work in partnership with the Local Health Integration Networks (LHINs) as part of their renewed focus on quality under *Patients First*. Health Quality Ontario enabled the critical support these clinical leaders provide to regional quality tables and local health planning from within existing resources.
- To aid in the delivery of initiatives important to advancing quality in health care, Health Quality Ontario has partnered with other organizations to pool resources and expertise that continue to stretch how more can be delivered with existing resources. For example, partnering with Associated Medical Services to deliver Change Day, and the Strategy for Patient-Oriented Research to advance Patient Engagement activities.
- Our accelerated approach to producing Health Technology Assessments and OHTAC recommendations is enabling a faster response to new requests.
- Across our Health System Performance work, we have successfully scaled up from production of a large and comprehensive yearly performance report to dissemination of a variety of products through realignment of existing resources. A key example includes our collaboration with the Cabinet Office Digital Team and Ministry of Health and Long-Term Care, for the launch of Ontario.ca/Health and HQO's Wait Times site. This evolution of the Wait Times site, and coordination with the broader provincial Digital Strategy was managed within existing

resources for 2016-17 and 2017-18, while delivering improved access to information for Ontarians.

- In addition to the above, Health Quality Ontario is building its digital strategies across all of its products and programs to support economies of scale and productivity which also help increase reach. Digital forums are now implemented with IDEAS and QUORUM. Across Health Quality Ontario's corporate services, internal efficiencies are also being realized through the implementation of online expense management, learning management and human capital systems. These efficiencies allow Health Quality Ontario to continue delivering more on within existing resources.
- Health Quality Ontario also continues to achieve 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.

Building on our 2017-2020 Accountability Agreement our proposed budget for 2018-19 is \$39,878,995 for base and one-time budget of \$16,334,400. This budget is proposed to account for the baseline activities identified in our business plan plus the full set of proposed new activities.

We recognize that the changes to the *Excellent Care for All Act*, whereby Health Quality Ontario was given the ability to receive, retain and use revenue outside of the Consolidated Revenue Fund, may impact our total resource needs. As the potential for revenue is designed to be exclusively on a cost-recovery basis, however, we have not assumed any additional net revenues beyond government funding for 2018-19.

Table 1: Total Proposed Consolidated Budget Request for 2018-19 to 2020-21

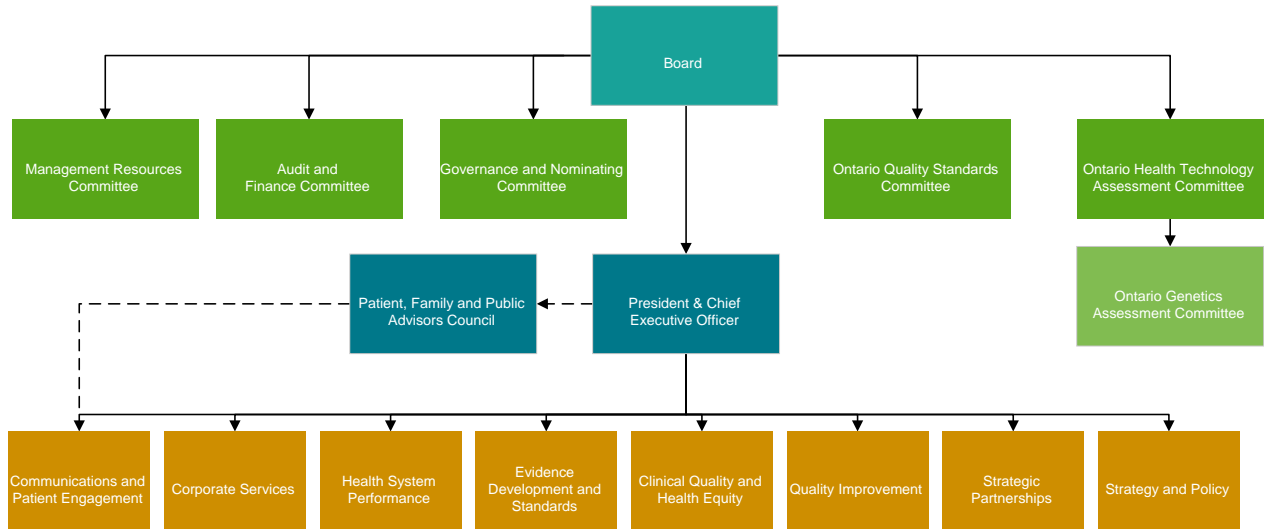
EXPENDITURE CATEGORIES	APPROVED BASE & PROJECT FUNDING			PROPOSED ADDITIONAL FUNDING REQUESTS			TOTAL PROPOSED		
	2018-19	2019-20	2020-21	2018-19	2019-20	2020-21	2018-19	2019-20	2020-21
Total Salaries, Wages & Benefits	29,242,695	29,671,625	29,671,625	-	-	-	29,242,695	29,671,625	29,671,625
Total Direct Operating Expenses	8,870,835	8,941,905	8,941,905	977,535	259,525	252,110	9,848,370	9,201,430	9,194,015
Total Payment to Organizations	787,930	787,930	787,930	-	-	-	787,930	787,930	787,930
Total Projects & Additional Funding Requests	6,006,700	5,305,000	-	10,327,700	6,320,300	9,966,840	16,334,400	11,625,300	9,966,840
TOTAL PROPOSED BUDGET	\$ 44,908,160	\$ 44,706,460	\$ 39,401,460	\$ 11,305,235	\$ 6,579,825	\$ 10,218,950	\$ 56,213,395	\$ 51,286,285	\$ 49,620,410
Total Proposed Budget for Patient Ombudsman	3,296,045	3,296,045	3,296,045	568,744	568,744	568,744	3,864,789	3,864,789	3,864,789
TOTAL ENTITY BUDGET	\$ 48,204,205	\$ 48,002,505	\$ 42,697,505	\$ 11,873,979	\$ 7,148,569	\$ 10,787,694	\$ 60,078,184	\$ 55,151,074	\$ 53,485,199

Note: Details for Patient Ombudsman are found in Section 8 of this plan

7 Operations

7.1 Organizational Structure

The following figure illustrates HQO’s organizational structure.



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. Potential Board candidates are recommended 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*
Tom Closson	August 15, 2012	August 14, 2018*
Shelly Jamieson (Vice Chair)	October 23, 2013	October 22, 2019*
Stewart Kennedy	June 17, 2015	June 16, 2018
Bernard Leduc	January 4, 2017	January 3, 2020
Julie Maciura	April 2, 2014	April 1, 2020*
Angela Morin	November 19, 2014	November 18, 2017
James Morrissey	April 10, 2013	April 9, 2019*
Camille Orridge	May 3, 2017	May 2, 2020
Dorothy Pringle	May 17, 2017	May 16, 2020
Rick Vanderlee	July 22, 2015	July 21, 2018

* Re-appointed for a second term.

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.

7.2.4.1 Ontario Genetics Advisory Committee

The Ontario Genetics Advisory Committee (OGAC) is a standing sub-committee of OHTAC. The Ontario Genetics Advisory Committee advises on the clinical utility, validity and value for money of new and existing genetics and genomic tests in Ontario. A recommendation is then made on which tests should be publicly funded.

7.2.5 Ontario Quality Standards Committee

Ontario Quality Standards Committee is set up to support patients, clinicians and health system experts in establishing and implementing clinical care standards. The standards addressed by the Committee focus on health conditions that would benefit from a coordinated provincial approach

7.3 Performance Measurement Plan

Health Quality Ontario measures its strategic and operational performance through a series of measures that are reported quarterly to the Board of Directors.

A consistent approach to measuring reach, usefulness and use of our information, tools and products is taken to measure the progress of our strategic plan. Additional measures are identified for key initiatives to show how our work is impacting the health system and populations that we serve. These measures will be reported on an as available basis, typically annually or semi-annually.

Performance data can be reported to the Ministry via Health Quality Ontario's quarterly corporate scorecard on request. Below are a sample of the available measures.

<u>Strategic Measure</u>	<u>Measure Type</u>
<i>Strategic Priority 1: Provide system-level leadership for health care quality</i>	
Number of downloads of Quality Matters report	Reach
Total number of Quality Standards page views and reports downloaded	Reach
Percent of HQO programs/projects that embed health equity	Use
Percent of organizations submitting a QIP that have reflected a focus on equity in their QIP	Use
Percent of respondents who indicate that they intend to use a Quality Standard to support quality improvement	Use
Total attendance at Health Quality Transformation	Impact
Percent of people who responded "very good" or "excellent" to "Overall, how would you rate your experience?" (HQT)	Impact
Total number of Quality Improvement and Patient Safety Forum (QIPSF) attendees	Impact
Percent of people who responded "very good" or "excellent" to "Overall, how would you rate your experience?" (QIPSF)	Impact
Percent of respondents from the Quality Improvement and Patient Safety Forum who indicated they were 'likely' or 'very likely' to implement or apply at least one QI idea or concept	Impact
<i>Strategic Priority 2: Increase availability of information to enable better decisions</i>	
Percent of Ontario Physicians with a Practice Report	Reach
Monthly System Performance webpage views	Reach
Percent of those surveyed who would recommend the reports to their colleagues	Usefulness
Number of public report downloads	Use
Total number of Measuring Up 2017 report downloads	Impact
Percent of those surveyed who would recommend the Measuring Up report to their colleagues	Impact
Percent of those surveyed intending to use information found in the most recent Measuring Up report in their work	Impact
Percent of report downloads (Audit and Feedback Reporting)	Use
Percent of those surveyed intending to use the report in their practices	Use

Strategic Measure	Measure Type
<i>Strategic Priority 3: Evaluate promising innovations and practices, and support broad uptake of those that provide good value for money</i>	
Total number of downloads of HTA reports	Reach
Number of targeted QI community who access QI products, platforms and events	Reach
Total number of IDEAS Alumni Webinar Series attendees	Reach
Total number of HTAs aligned with Ministry priorities	Usefulness
Percent of respondents who indicated that the overall quality of the [product/platform/event] was 'good' or 'very good' (QI)	Usefulness
Percent of respondents who indicated that the relevance of a [product/platform/event] was 'very relevant' or 'extremely relevant' (QI)	Usefulness
Percent of respondents who indicated they 'agreed' or 'strongly agreed' with the statement "This webinar met my learning needs at this time" (IDEAS)	Usefulness
Percent of OHTAC funding recommendations accepted by the Ministry	Use
Percent of respondents who indicated that they were 'likely' or 'very likely' to implement or apply at least one QI idea or concept	Use
Percent of people who say that developing QIPs is helping to build a quality driven culture	Impact
Percentage of organizations that are engaging patients or residents using a variety of methods (QIP)	Impact
Percent of organizations that improved on one priority indicator (QIP)	Impact
Percent of adults who have surgery in Ontario that are discharged from a NSQIP-ON participating hospital	Impact
Total number of Ontarians potentially impacted by the intervention (ARTIC)	Impact
Projected percent of patients who will benefit annually from the intervention (ARTIC)	Impact
Number of organizations achieving full implementation of the intervention (ARTIC)	Impact
Number of programs that are reporting improved patient outcomes (ARTIC)	Impact
Total number of IDEAS Advanced Learning Program Students graduated	Impact
Percent of respondents who indicated that they 'agreed' or 'strongly agreed' with the statement "Overall I am satisfied with the quality of the IDEAS Advanced Learning Program"	Impact
Percent of respondents from the IDEAS Advanced Learning Program who indicated they were 'likely' or 'very likely' to implement or apply at least one QI idea or concept	Impact
Percent of respondents from the IDEAS Alumni Webinar Series who indicated they were 'likely' or 'very likely' to implement or apply at least one QI idea or concept	Impact
<i>Strategic Priority 4: Engage patients in improving care</i>	
Monthly Patient Engagement webpage views	Reach
Percent of patient advisors who 'agree' or 'strongly agree' that the input provided through an engagement activity will be considered by the organizers	Reach
Proportion of organizations reflecting effective ways to engage patients in their quality improvement efforts in their QIP	Use

<u>Strategic Measure</u>	<u>Measure Type</u>
Percent of patient advisors who 'agree' or 'strongly agree' that the engagement activity will make a difference	Use
<i>Strategic Priority 5: Enhance quality when patients transition between different types or settings of care</i>	
Number of attendees who are part of a Health Links Community of Practice session	Reach
Cumulative total number of Health Link patients with a coordinated plan of care developed through the Health Link	Reach
Cumulative total number of patients with access to primary care providers	Reach
Percent of respondents who indicated that the overall quality of the Health Links Community of Practice session was 'good' or 'very good'	Usefulness
Percent of organizations that have chosen to focus on improving effective transitions in care in their QIP	Impact
Percent of respondents who indicated they were 'likely' or 'very likely' to implement at least one idea or concept from a Health Links Community of Practice session	Use

<u>Corporate & Operational Measure</u>	<u>Measure Type</u>
Accountability Agreement budget variance	Finance
Accountability base salary variance	
Accountability Agreement base direct operating expense variance	
Accountability Agreement project variance	
Projected year end spend	
Base administrative overhead	Human Resources
Total headcount	
Temporary positions	
Total vacancies	
Total turnover	Deliverables
Deliverables completed on-time	
Deliverables completed	Risk
Number of risks elevated	
Percentage of mitigation plans on target	Communications
Reach of communication assets	
Usefulness of communication assets	
Use of communication assets	Partnerships
Median total score from all completed Pulse Check Surveys from partners	
Median total score from all completed Pulse Check Surveys within Health Quality Ontario	

7.4 Human Resources Plan

7.4.1 Strategies and Values

In January 2015, the Board of Directors approved a three-year “Our People” strategy for the organization. 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, Behaviors, Culture and Employee Engagement
2. Simplify: Streamline our Human Resources Policies, Processes, Systems and Metrics
3. Grow: Implement new Performance Management, Learning and Development 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 greater 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.

7.4.2 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 is updating its executive compensation framework. The framework will ensure executive compensation remains aligned with the 50th percentile of the public sector market.

7.4.3. Collective Agreement

HQO has a collective agreement in place with AMAPCEO until March 2018 and is committed to working with its union partners to renew this agreement in 2018.

7.5 Staffing Plan

Current FTEs	Incremental Increase	Proposed FTEs 2018-19 through 2020-21
278	39	317

7.6 Strategic Communications Plan

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

Our communications will be designed to inform and engage diverse audiences 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

Our measures are captured in the Performance Measurement Plan above. We continue to evolve our measures to ensure they are relevant to how we communicate, for instance leveraging our digital data insights to refine our measures for reach, usefulness and use.

7.8 Digital and Technology Plan

7.8.1 Digital Strategy

We continue to take a progressive approach to our Digital Strategy to ensure it 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.

Our 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 better enable our people, provide robust infrastructure, enhance data controls, improve our information and network security, and support our overall organization strategy.

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 and on July 4, 2016 the office opened 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 (HQO).

Since its start-up period and from the first year of operations, Patient Ombudsman (PO) has gained valuable experience and insight into the office's current operating environment. To provide an understanding of the future operating state for the office, PO initiated a strategic planning process in the summer of 2017 which engaged a broad array of stakeholders including patients and families. As well, the process of developing the office's first annual report provided valuable data which assisted in the planning and forecasting.

An outcome of that strategic planning process were five overarching goals and associated objectives that would guide the office over the next four years. These goals and objectives, along with the data from the annual report, have informed the development of the 2019-2021 operating budget.

Strategic Drivers

The following are the five overarching goals currently under consideration by PO leadership:

1. **IMPACT:** Demonstrate the value of the Patient Ombudsman as an influential change agent by driving measurable, systemic improvement to the delivery of healthcare in Ontario.
2. **LEADERSHIP:** Be recognized as a leader in patient complaint resolution, supporting a highly effective patient relations system in Ontario.
3. **EFFECTIVENESS:** Achieve operational excellence and be respected as an established, well managed organization that adheres to the highest professional and ethical standards.
4. **AWARENESS:** Drive an effective marketing, communications and brand awareness program to ensure top-of-mind recognition by all Ontarians.
5. **COLLABORATION:** Generate strategic collaborative partnerships with stakeholders to generate solutions and drive positive change.

8.1 Resources

The office's strategic plan forms the roadmap for achieving its strategic goals and objectives while enhancing productivity and effectiveness. To that end, PO has identified the need for additional funding and human resources primarily driven by the following:

- Demand for complaint intake, early resolution and investigation services resulting from increasing call and written complaint volumes;
- Desire for more proactive communications and engagement from patients and health sector organizations;
- Need for a patient-centered service model: fully accessible, digitally-enabled, comprehensive and responsive;
- Need for on-going investment in information and communications technology (ICT); and
- Demand for expanded data collection, analysis and reporting.

For 2018-2019, our proposed budget is an increase from the 2017-2018 base budget of \$3,296,045. Delivering the full set of proposed new activities for 2019 will require an increase of \$568,744 in base funding.

Included in this base funding request is the addition of 4 FTEs to the current approved 17 FTEs:

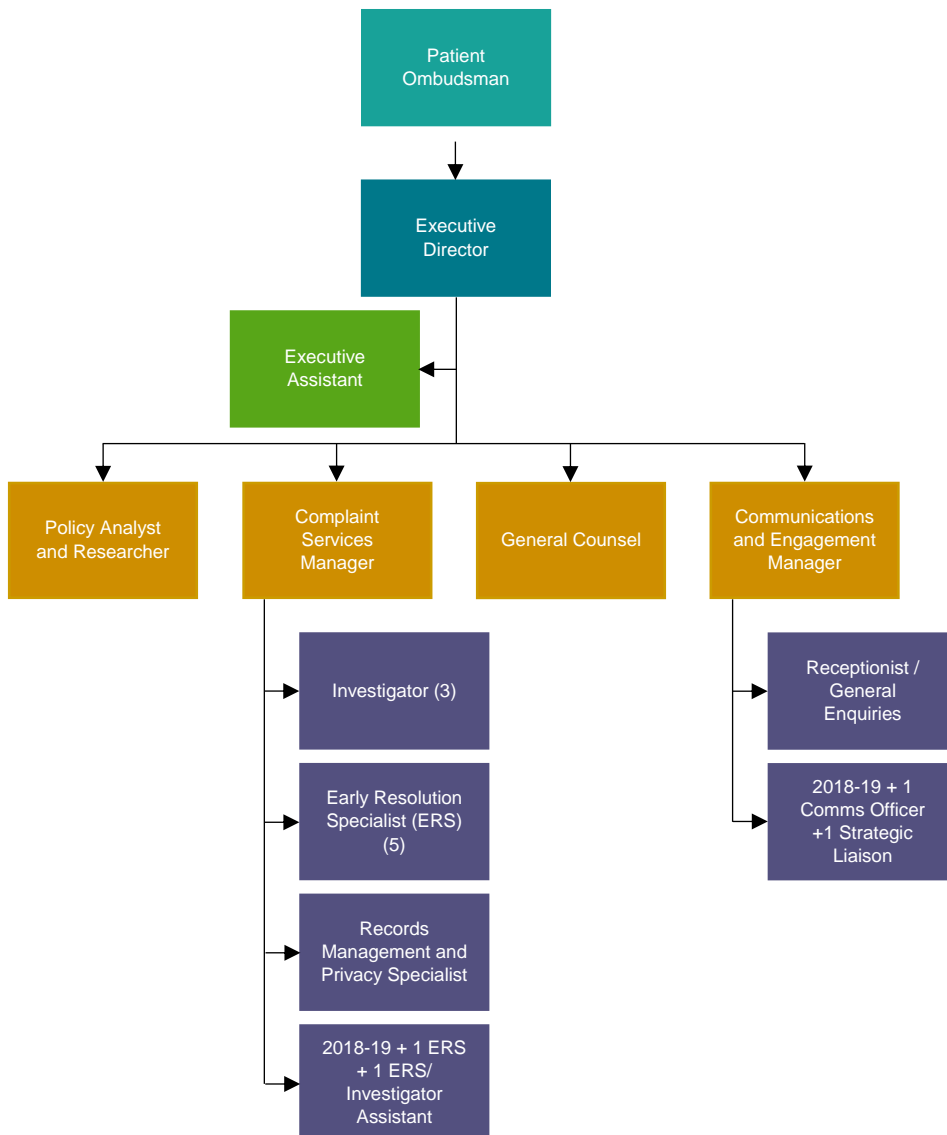
1. Communications Officer;
2. Strategic Communications and Stakeholder Engagement Liaison;
3. Early Resolution and Investigations Assistant; and
4. Early Resolution Specialist (ERS).

The proposed 2019-2021 operating budget for Patient Ombudsman are provided on the following page.

Table 1: Patient Ombudsman Proposed Budget, 2018-2021

Expenditure Categories	Base		
	2018-19	2019-20	2020-21
Total Salaries, Wages & Benefits	\$2,569,030	\$2,569,030	\$2,569,030
Total DOE	1,295,759	1,295,759	1,295,759
TOTAL PATIENT OMBUDSMAN BASE FUNDING	\$3,864,789	\$3,864,789	\$3,864,789

8.2 Operations and Resourcing Plan



9 Appendix

The glossary below provides a general listing of acronyms typically used by Health Quality Ontario, and may include acronyms not used in the 2018-2021 Business Plan.

Acronym	Definition
ARTIC	Adopting Research To Improve Care
CAHO	Council of Academic Hospitals of Ontario
CIHI	Canadian Institute for Health Information
CIHR	Canadian Institutes for Health Research
FTE	Full-Time Equivalent
HQO	Health Quality Ontario - see also OHQC (Ontario Health Quality Council)
ICES	Institute of Clinical Evaluative Sciences
IDEAS	Improving and Driving Excellence Across Sectors
LHIN	Local Health Integration Network
MOHLTC	Ministry of Health and Long-Term Care
NSQIP	National Surgical Quality Improvement Program
OGAC	Ontario Genetic Advisory Committee
OHQC	Ontario Health Quality Council- see also HQO (Health Quality Ontario)
OHTAC	Ontario Health Technology Advisory Committee
OPSLS	Ontario Patient Safety Learning System
OQSC	Ontario Quality Standards Council
QBP	Quality-Based Procedure
QIP	Quality Improvement Plans