Health Quality Ontario

Let's make our health system healthier

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An overview of

Quality Matters

Realizing Excellent Care for All

A health system in Ontario that is safe. Effective. Patient-centred. Timely. Efficient. And equitable.

Here's how Ontario can get there.

Health care quality. It's a challenging concept.

But when quality is experienced, it is unmistakable.

When a patient receives the right treatment, at the right time, and in the right setting – that is health care quality.

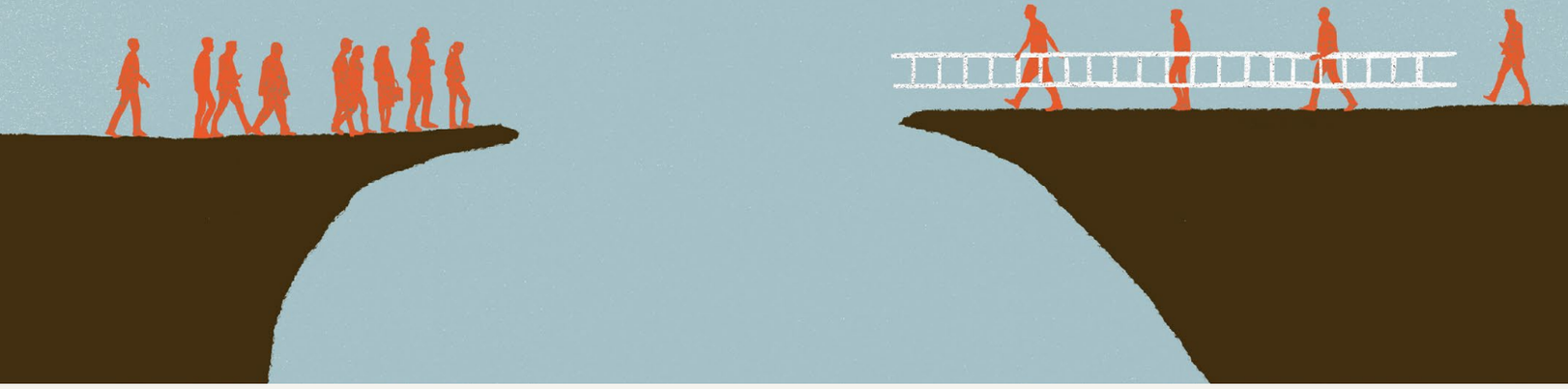
When health care providers in different settings are able to work together in the best interest of the patient – that is health care quality.

When system funders and institutions have the information they need to make good policies – that is health care quality.

But – how well do these aspirations stack up against reality?

Various surveys have shown that roughly three-quarters of Ontarians give the health system high marks, which mostly reflects their positive interactions with their own care provider. Indeed, there are legions of health care professionals who deliver excellent care, who develop new ways to treat patients, and who reach out to vulnerable populations underserved by the health system.

Ontario has no shortage of committed champions making a difference.



But from higher ground, a different view appears.

Recently, a number of studies were published on the state of the Ontario health system: the Price-Baker report on patient care groups, the Donner report on home and community care, the Baker-Axler report on high-performing health systems, Auditor General assessments of Community Care Access Centres and Local Health Integration Networks, and numerous reports from Health Quality Ontario, notably *Measuring Up*.

From these reports emerges a health system that is not equitable nor sustainable.

There is a pattern of gaps in health care, gaps that carry significant negative consequences for patients: difficulty accessing primary care; long waits for specialty care; critical safety events in health care institutions; poor access to medically necessary prescription medicine. Variations in care that, by any measure, are frightening to contemplate and that have tragic consequences for patients.

Given this evidence, the unmistakable conclusion is that the Ontario health system works well for some people, with some conditions, treated in some institutions, at some points in time.

That's situational quality, not systemic quality.

Situational quality has been the rule ever since quality management processes—similar to those that re-cast the auto industry, among others—were applied to the Ontario health system beginning in the 1980s. Initially, quality was seen through the lens of structure, process, or outcome. The issue, at first, was appropriateness—appropriateness of both a service and the setting in which care was provided. In response, institutions began reengineering processes of care and undertook Continuous Quality Improvement programs.

In time, a broader case for quality, encompassing additional dimensions of quality, started to coalesce.

The safety dimension arose in reaction to challenging situations such as *C. difficile* outbreaks. Patient experience—particularly how easily people move through the health system and have access to information—and equity—why certain patient populations are chronically underserved, for example—were now acknowledged as important elements of health system quality.

Yet small-scale, incremental change to existing health processes—which marked the first wave of quality health care initiatives—simply will not get us to where we need to be.

"The unmistakable conclusion is that the Ontario health system works well for some people, with some conditions, treated in some institutions, at some points in time."

This realization has compelled governments to create agencies that would advance quality improvement in a more strategic, system-wide fashion.

And in Ontario, the *Excellent Care for All Act*, passed in 2010, created what is now Health Quality Ontario.

Still, it has been tough to move from situational quality to systemic quality.

Attitudes have been changing, but they have been changing for the past 20 years.

The fact that there is not more to show for all the good intentions is understandable: a health system encompasses not only the "moving parts" such as hospitals and long-term care institutions or patients, providers, and funders, but also the spaces between these parts—how they fit together and support one another. In those spaces live behaviours, habits, professional affiliations. Incentives and disincentives. Knowledge flows. Accountabilities.

Undeniably, these are significant challenges.

Ontario does 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, with patients at the core.

If, together, we can get this right,
we can have the quality health system we deserve.

What does it mean to improve the quality of health care?

It means improving population health, delivering high-value health care and enhancing both patient and provider experience.

It means paying attention to all of the patients in our province – this includes patients in hospitals, residents in long-term care homes, their families and their informal caregivers - regardless of ethnicity, income, or place of residence. And it means making sure that health care is organized according to *their* needs, not the habits and history of our health care system.

And so, we ask the question that serves as the origin of this work:

How can we unremittingly move toward quality, systematically and meaningfully?

The fact that the province's health system does not have one unified response is the reason Health Quality Ontario convened the System Quality Advisory Committee several years ago.

And in 2015, through the work of this committee, Health Quality Ontario introduced a first step – a common framework for quality.

Quality Matters was an attempt to create a common playbook for advancing quality in the provincial health care system.

First, it defined the culture of a high-quality health system according to six dimensions, advanced by the Institute of Medicine:

Safe. Effective. Patient-Centred. Efficient. Timely. Equitable.

And it supported these dimensions with a vision for quality. An aspirational statement about the health care system we want. This is our North Star.

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.

Finally, it offered a set of guiding principles in recognition of the fact that a health system with a culture of quality is many things.

What is the best version of the Ontario health system?

1. It is focused on improving quality across these six dimensions.

A health system that is safe, effective, patient-centred, timely, efficient, and equitable – for all sectors, and in a way that reflects the patient journey.

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

It is concerned with preventing illness just as much as with treating illness.

3. It is accessible to all.

Regardless of who you are or where you live.

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

It is re-imagined in partnership with patients, working towards common goals.

5. It achieves a balance among competing priorities.

Recognizing the needs to address both quick wins and longer-term goals that are harder to achieve.

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

But focuses resources for greatest impact.

7. It requires fundamental change.

And supports transformational leaders by removing barriers to innovation and improvement.

> “***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.”

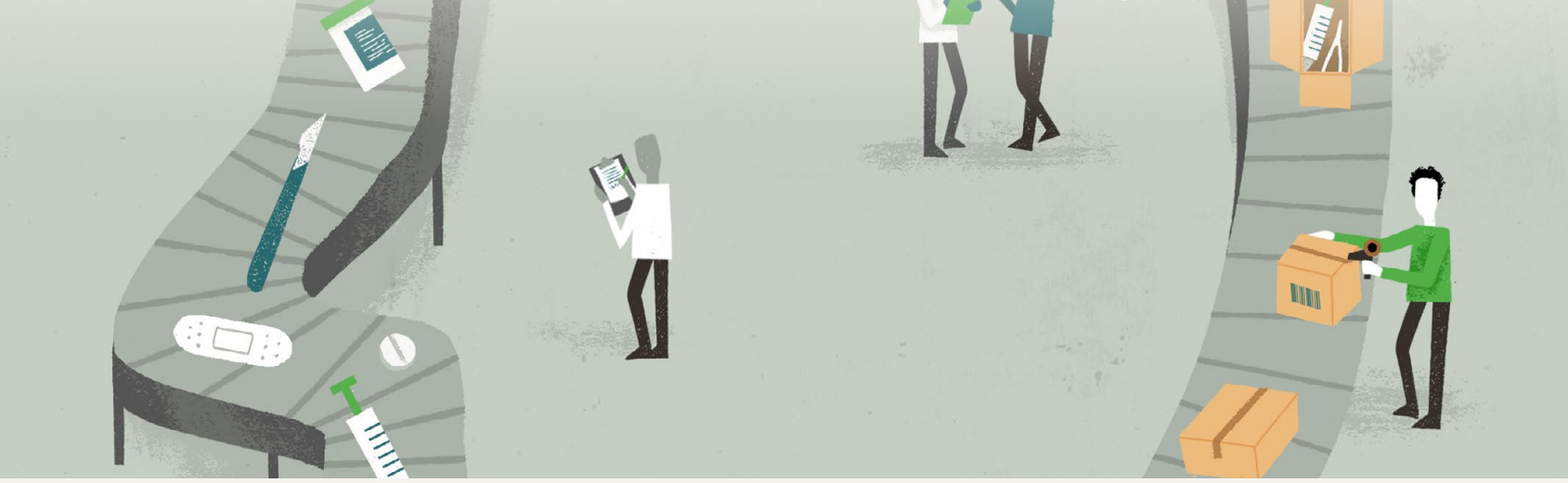
Alongside this common playbook, an argument:

That it’s not acceptable to simply acknowledge the importance of a quality health care system.

The ‘how’ was still needed.

And so the System Quality Advisory Committee and its three working groups looked deeper into issues of delivering quality care, understanding quality, and fostering a culture of quality.

Their considerations and recommendations are presented here to Health Quality Ontario, as an addition to their preliminary framework.



Delivering Quality Care:

The quality of a health system is most keenly felt at the point of delivery.

According to the committee, three key dimensions are often cited as points of vulnerability for Ontario's health care system: alignment, accountability, and leadership.

They are the three foundational pieces that support the delivery of quality health care.

And so, to bring quality to health care delivery, the committee offers the following goals:

- System-wide alignment with the Quality Matters framework improves population health, delivers high-value health care and enhances both patient and provider experience.
- Clear articulation of who is responsible for what in the delivery of health services ensures patients fully benefit from high quality care as defined by the Quality Matters framework.
- Resolute leadership is focused on improving everyone's quality of care.

Understanding Quality Health Care:

How do we measure? And for whom?

At its root, health system measurement is about caring for patients. Continual improvement rests on the best available data and evidence.

Today, no one doubts the value of measurement and reporting on health care quality. The challenge has been to get better at measuring quality in a way that is relevant, useful, and actionable to improve care for patients.

While measurement has evolved, it is difficult to determine whether or not the quality of the health system has kept pace.

And so, why do we measure? And for whom?

According to the committee, we do so to hold people and institutions accountable, drive improvement, and provide information with which to make informed decisions.

The committee saw measurement as a key objective for understanding quality care, with equity being seen as an essential element of every quality measure.

To this end, the committee offers the following goals:

- Measurement efforts support a relentless commitment to improvement.
- Strategic measurement and reporting enhance transparency and promote quality.
- Indicators reflecting shared responsibility for care are widely used across the health system.
- Equity is central to every quality measurement and reporting exercise.
- Quality measures meaningful to patients are consistently collected and widely shared.

Attitudes and habits:

What does a culture of quality mean for a health system?

Well-intentioned quality improvement initiatives rarely hit the mark when they clash with the attitudes and habits – the culture – of the people who must carry them out.

This has been shown in countless industries, and is certainly true in health care.

According to the committee, a cohesive culture that focuses multiple groups on a shared vision and goals and that can adapt to changing environments is often hard to nurture.

The committee felt a goal should be that patients, caregivers, and providers are committed to a culture of quality that is fueled by continuous learning from experience of those who provide and receive care.

They also felt there should be a system-wide culture of quality with an unyielding commitment to improvement.

To this end, the committee offers the following goals:

- Patients, caregivers, and providers are committed to a culture of quality that is fueled by continuous learning from experiences of those who provide and receive care.
- A system-wide culture of quality with an unyielding commitment to improvement.

What now?

If the goal is a system where patients come first, each of us must take responsibility for moving this work forward.

> "One of the greatest challenges we face is not a lack of passion, intellect, or even resources. Our greatest challenge remains a lack of alignment and accountability in the system."

This report offers several concrete recommendations to advance the quality agenda in Ontario.

But a report alone can only take us so far.

The goals and recommendations found in the full report call on health care stakeholders from providers to the Ministry of Health and Long-Term Care and Health Quality Ontario itself to work together.

Fortunately, many of the pieces are already in place. Successful initiatives in various parts of the system show the way. The committee feels its recommendations are actionable, measureable, and achievable and do not require a significant influx of funding.

We must continue to move this conversation forward with a structure and sense of urgency. It is within our grasp.

Together and in time, we will realize the promise of excellent care for all.

With thanks to the following committee members and key informants:

SYSTEM QUALITY ADVISORY COMMITTEE MEMBERSHIP

The members of the Committee are:

- Adalsteinn Brown, Chair, Director, Institute of Health Policy, Management, and Evaluation, University of Toronto; Dalla Lana Chair in Public Health Policy
- Ross Baker, Professor, Institute of Health Policy, Management, and Evaluation, University of Toronto
- Tom Closson, former Chief Executive Officer of the University Health Network and the Ontario Hospital Association
- Rheta Fanizza, Senior Vice President, St. Elizabeth Health Care
- Jack Kitts, President and Chief Executive Officer, The Ottawa Hospital
- Kirsten Krull, Vice President, Quality and Performance; Chief Nursing Executive, Hamilton Health Sciences
- Dorian Lo, former Executive Vice President, Pharmacy and Healthcare, Shoppers Drug Mart
- Mark MacLeod, orthopaedic surgeon, former President of the Ontario Medical Association
- Terry O'Driscoll, Chief of Staff, Sioux Lookout Meno Ya Win Health Centre (participated until December, 2015)
- Camille Orridge, Senior Fellow, The Wellesley Institute
- Kaveh Shojania, Scientist, Sunnybrook Research Institute; Director, Centre for Quality Improvement & Patient Safety, University of Toronto
- Charles-Antoine St. Jean, National Partner, Ernst & Young, University of Ottawa Board
- Moira Stewart, Professor, Department of Family Medicine, Western University (participated until December, 2015)
- Terry Sullivan, Chair of the Canadian Agency for Drugs and Technologies in Health; Senior Fellow, Institute of Health Policy, Management, and Evaluation
- Sarita Verma, Deputy Dean, Faculty of Medicine, University of Toronto (participated until December, 2015)

Delivering Quality Care Working Group Membership

- Jack Kitts, Chair
- Kim Baker, Chief Executive Officer, Central Local Health Integration Network)
- Ed Brown, Founder and Chief Executive Officer, Ontario Telemedicine Network
- Dafna Carr, Chief Information Officer, Ministry of Children, Youth and Social Services
- Mark Dobrow, Associate Professor, Institute of Health Policy, Management, and Evaluation
- Alan Forster, general internist and Chief Quality and Performance Officer, Ottawa Hospital
- Pam Goldsilver, Patient, Caregiver, and Public Representative
- Kristin Krull
- Mark MacLeod

Understanding Quality Health Care Working Group Membership

- Kaveh Shojania, Chair
- Anna Greenberg, Vice President of Health System Performance, Health Quality Ontario
- Lianne Jeffs, Director, Nursing/Clinical Research, Nursing Administration, St. Michael's Hospital
- Annette McKinnon, Patient, Caregiver, and Public Representative
- Camille Orridge
- Charles-Antoine St. Jean

Fostering a Culture of Quality Working Group Membership

- Terry Sullivan, Chair
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- Connie Clerici, Chief Executive Officer, Closing the Gap Healthcare Group
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- Peter Donnelly, Chief Executive Officer, Public Health Ontario
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- Henry Lowi, Patient, Caregiver, and Public Representative
- Donna McRitchie, Medical Director Critical Care and Division Chief Surgery, North York General Hospital
- Jennie Pickard, Director, Strategic Partnerships, Health Quality Ontario
- Bruce Squires, Vice President of People, Strategy and Performance, the Children's Hospital of Eastern Ontario
- Margo Twohig, Patient, Caregiver, and Public Representative

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

- Decision-making authority Chair: Adalsteinn Brown

CASE FOR QUALITY KEY INFORMANTS

The following individuals were consulted as part of this work:

- Helen Bevan, Chief of Service Transformation, National Health Service, England
- David Blumenthal, President of the Commonwealth Fund
- Trey Coffey, Staff Paediatrician and Medical Officer for Patient Safety, The Hospital for Sick Children
- Michael Decter, former Deputy Minister of Health for Ontario and Cabinet Secretary in the Government of Manitoba
- Cathy Fooks, President and Chief Executive Officer, The Change Foundation
- Jean-Frederique Levesque, Chief Executive Officer at Bureau of Health Information, New South Wales
- Deb Matthews, Deputy Premier and former Minister of Health and Long-Term Care
- David Naylor, Canadian physician, medical researcher and former president of the University of Toronto
- Chris Power, Chief Executive Officer, Canadian Patient Safety Institute
- Eric Schneider, Senior Vice President for Policy and Research, The Commonwealth Fund
- Diane Watson, Chief Executive Officer, National Health Performance Authority, Australia

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