

HQO Business Plan

2016-17 to 2018-19

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1 Introduction

1.1 About Health Quality Ontario

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

Our task is to create a shared understanding of quality as it relates to health care and to support the many thousands of providers in the system to improve quality care. We take the best available evidence and, following a set of key performance indicators known as the Common Quality Agenda, apply it to our mandated areas:

- Monitor and report on how the health system is performing
- Provide guidance on important quality issues
- Assess evidence to determine what constitutes optimal care
- Engage with patients and give them a voice in shaping a quality health system
- Promote ongoing quality improvement aimed at substantial and sustainable positive change in health care

We seek to objectively understand Ontario health care from multiple perspectives and to transform data into knowledge and action. This is all in the service of helping health care providers do the best possible job, helping patients receive the best possible care, and helping caregivers receive the best possible support.

1.2 Strategic Plan

Health Quality Ontario recently completed a strategic plan that sets the broad goals behind the activities outlined in this business plan. The strategic plan identifies five strategic priorities that will be our focus over the next three years. These priorities are the result of in-depth consultations with many partners across Ontario's health system and reflect what we learned about their needs to advance health care quality. Our five strategic priorities are to:

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

The strategic priorities are informed by the six dimensions of high-quality care as identified by the Institute of Medicine (IOM), namely: safety, effectiveness, a focus on patients, timeliness, efficiency, and equity. The IOM approach reflects a shift in the quality of care from the responsibility solely of individual providers and institutions to a system responsibility.

In addition to these priorities, we have identified three areas where our work can make a particularly significant difference in the quality of health care delivery:

1. Mental health and addictions care;
2. Primary care; and
3. End-of-life care.

There is broad agreement within the field that these “areas of focus” are aligned with the emerging needs and trends in health care and have significant room for improvement. Each one cuts across HQO’s strategic priorities, requiring a cross-sector perspective and approach. Going forward, they will have a greater presence in the key indicators that make up the Common Quality Agenda.

We have also identified three essential activities, our “core enablers,” that make it possible for HQO to successfully deliver on its strategic priorities. These core enablers are (1) working with others; (2) communicating our work; and (3) functioning as one.

By making progress on our strategic priorities and focus areas over the next three years, and by being faithful to our vision, mission, and values, we can make important strides toward better health through excellent quality care.

1.3 Alignment with Quality Matters

The hundreds of thousands of people who work in Ontario’s health system are united by a common goal. We may arrive with different skills and from different places, but we are all committed to providing the highest quality of care. The people who rely on our health system expect nothing less.

As the provincial advisor on health care quality, HQO has a responsibility to advance high-quality care with a strong sense of purpose and urgency. To this end, HQO has launched Quality Matters, an initiative intended to bring everyone in the health system — providers, administrators, academics, policy-makers, patients, and the public — to a shared understanding of what quality in health care means and reach a shared commitment to take action on common goals.

Quality Matters recognizes that improving the quality of health care means achieving better health outcomes and better patient experiences in a sustainable manner. Quality is not a goal to be reached and rested upon, it is a principle of boundless improvement, a determination by every member of the health care system to engage patients and the public, redesign the system to support quality care, help professionals and caregivers thrive, ensure technology works for all, support innovation and spread knowledge, monitor performance with quality in mind and build and maintain a quality-driven culture. A health system with a culture of quality is a just, patient-centred health system committed to relentless improvement.

To put these goals and principles into action, Quality Matters was developed with two key elements. The first element, Quality Is, sets out a vision of quality based on the belief that a strong quality agenda needs to be shaped by the experience and wisdom of patients, families, caregivers, and the public. The second element, Realizing Excellent Care for All, begins the process. It lays out a framework that advances the quality agenda by harnessing all our energies. Intended to inspire action, it builds the case for a provincial quality framework and

offers a set of principles, domains of quality, and key factors and activities that we need to instill quality at the core of our health system.

1.4 Building on Our Strengths

With an eye towards building on the lessons of our recent work, HQO will continue to focus its efforts to bring greater clarity and change to the health care system. Highlights of our work in the past year include:

- Development of a new strategic plan that sets out our vision for better health for every Ontarian, and our mission to bring about meaningful improvement in health care.
- Initiating a program to develop quality standards. These are concise sets of evidence-based recommendations focusing on areas that have been identified as high priority for improvement. Our quality standards include clinically defined populations (e.g., adults with schizophrenia), service areas (e.g., pre-operative testing) and health system issues (e.g., patient-provider communications). The primary purpose of quality standards is to clearly define what high-quality care should look like in a way that can be measured, emphasizing areas where there is a large gap between current practice and optimal care. Each quality standard will be accompanied by a set of quality indicators that can be used to measure improvement.
- Building on our framework for quality improvement, we collaborate with partners and “clinical champions,” who are dedicated to quality improvement to bring about change both locally and provincially. Results of these collaborations include Quality Improvement Plans, Health Links, and the implementation of the National Surgical Quality Improvement Program in Ontario.
- Expanding the scope of our public reporting with a theme report series that focuses on topic areas related to the Common Quality Agenda with an eye towards helping policy-makers and regulators gain a better understanding of the health of Ontarians and the progress being made in the system.
- Enhancing our online public reporting platform to offer more local information across sectors. We also created an information-gathering platform to enable personalized reporting by providers and the public. The information gathered informs targeted, practice-based quality improvement for primary care and long-term care physicians.
- Serving as a policy advisor in areas such as out-of-hospital procedures and the *Quality of Care Information Protection Act*. We acted as a neutral facilitator to build consensus and help create practical action plans for the system in areas of heightened policy complexity.
- Broadening our communications program to reach and engage with our audiences using a variety of channels: media relations, digital communications, social media, and partner communications.
- Shaping a strategy to educate health care providers in how equity affects the quality of care experienced by patients and developing diagnostic tools that enable them to understand the equity of the services they provide to patients.
- Releasing Excellence through Evidence, a clear, explicit plan to focus, communicate and increase the impact of our evidence-based recommendations and standards of care. It sets three-year goals to serve as a roadmap, guiding the development of our evidence-based recommendations, health technology assessments and quality standards.

1.5 Environmental Scan

To ensure that our planning is based on the best available evidence, an environmental scan has been conducted that looks at efforts locally, nationally and internationally to transform and improve health care delivery and bring quality into every system-patient interaction. The following summarizes the key findings of the scan.

1.5.1 Evolving Models of Evidence Development, Appraisal and Recommendations

Trends in the evidence appraisal and health technology assessment community point to a growing need for broad-based, flexible models for developing and implementing evidence-based recommendations. The British government's recent review of the National Institute for Health and Care Excellence identified opportunities for improvement in working with partners to enhance alignment and implementation of its standards, engaging patients and partners more broadly and benchmarking its performance against international comparators. Similar themes are outlined by the Canadian Agency for Drugs and Technologies in Health in their three-year strategic plan, which aspires to deliver value to the health care system, expand their reach to improve receptivity for evidence and set the standard to champion evidence.

The evidence challenge for Canada, accentuated by the Canadian Institutes of Health Research's withdrawal of funding from Cochrane Canada, will be to synthesize an increasingly large body of evidence into recommendations and standards that are scientifically objective, broadly accepted and include the perspectives of patients and the public while partnering effectively to link evidence to implementation and value for money.

One of the main ways HQO is meeting the evidence challenge for health care is by working with system partners to develop quality standards for areas of the health care system that have been identified as high priority for improvement.

1.5.2 Public and Patient Engagement

The Ontario government's Patients First strategy requires that health care organizations be more flexible and responsive to the needs of the public and patients. Patient engagement has been identified as a vital step in meeting this requirement. Reaching out to patients and using their experiences to improve care at an organizational, regional and system-wide level, including co-designing health care services with health professionals and their organizations will allow the system to more accurately reflect the needs and desires of patients. Health Quality Ontario has responded to the call for more patient engagement in two ways. We are increasing the active involvement of patients, families and members of the public in our own work, including moving to create a Patient, Family Advisory Council and broader network. We are also offering tools and resources to health care organizations and patients to help them work together to improve Ontario's health system.

1.5.3 Public Reporting and Data-Driven Journalism

There is a growing international trend towards open government and open data. Health care has generally been a laggard rather than a leader in making quality data more broadly available. Many of the major changes

in the last decade have come not from health care providers or administrators but from academic or non-profit groups (such as the 100,000 lives campaign from the Institute for Healthcare Improvement). Further evidence of this trend can be seen in the data-driven journalism of ProPublica.¹ ProPublica is attempting to change the nature of public reporting by using the large quantities of data that until recently were only available to governments to inform the public in a consumer-friendly reporting format. For instance, its report on prescribing practices in Medicare was based on a review of billions of prescriptions written by over 1.6 million physicians. Its recent surgical scorecard offers the public a freely available surgeon-level searchable database. ProPublica plans to leverage open data for public reporting, partnering with the search engine Yelp to present information in a format that members of the public already use to research and review services.

Despite these advantages, it is worth noting that ProPublica's methods have been strongly criticized by numerous academic experts. The implication for HQO is that we must continue to be extremely vigilant about our performance reporting methodology, in particular our provider-level reporting. Through our public reporting and communications strategies, we will work with a variety of partners including academics to use health care data to provide accurate and timely reporting that supports the public's strong interest in the quality of our health care system.

1.5.4 Ontario Government's Strategy for the Health Care System

Patients First

Patients First is the Ontario government's high-level view of how the health system will transform, to put people and patients first by improving not just their health outcomes but also their experience of care within and across the health care system. The plan has four building blocks:

- Access: Improve access – providing faster access to the right care.
- Connect: Connect services – delivering better coordinated and integrated care in the community, closer to home.
- Inform: Support people and patients – providing the education, information and transparency they need to make the right decisions about their health.
- Protect: Protect our universal public health care system – making decisions based on value and quality, to sustain the system for generations to come.

Through our new strategic plan and our business plan, HQO will ensure that our activities and priorities align to the priorities of Patients First. In Patients First, 'Access' and 'Connect' contain two very important themes. The first is a shift in the locus of care (from institutions to communities). The second is a shift in the focus of care (from acute to chronic). These two shifts are some of the key reasons why in our new strategy we have chosen our emerging areas of focus (mental health, palliative and end-of-life care, and primary care). We chose to add these areas to our focus to help foster improvements in areas where there are significant opportunities for quality improvement and coordinated care as well as alignment with the strategy.

Health System Innovation

¹Pro Publica Inc. (www.propublica.org).

Innovation in health care is a major driver of transformation. At the provincial level, Ontario has created the Office of the Chief Health Innovation Strategist (OCHIS), advancing a key recommendation of the Ontario Health Innovation Council. We will work closely with OCHIS and other partners (e.g., MaRS EXCITE) to ensure that innovative technologies that provide good value for money have a pipeline into the Ontario health care system.

At the federal level, the Naylor Report (Unleashing Innovation: Excellent Healthcare for Canada) has raised the question as to whether the health care system in its current form, without the far-reaching innovation that has characterized other industries in recent decades, can continue to provide high-quality, patient-centred care at a sustainable cost. The report recommends a new level of partnership between the federal and provincial governments, with a proposal for a Healthcare Innovation Agency of Canada (HIAC), which would consolidate staff from the Canadian Foundation for Healthcare Improvement, the Canadian Patient Safety Institute, and, after a transition period, Canada Health Infoway. The Agency would administer a Healthcare Innovation Fund of \$1 billion annually, designed to scale and spread innovation within and across provincial health care systems. At this time, however, the Naylor Report has only provided recommendations and the federal government has not indicated which if any recommendations would be adopted.

2 Key Risks

Based on the key trends and changes taking place in our environment, as well as the strategy we've set for ourselves, several system-level and organizational risks have been identified.

1) Risk of the health care system not realizing the benefits of improvement at a broad scale or over the long term

Health care organizations and systems have difficulty in moving beyond local improvement and sustaining significant improvement at a large scale, as highlighted in the Naylor Report (Unleashing Innovation: Excellent Healthcare for Canada). This is due to a variety of reasons, including an approach driven by a desire or need to show improvement over the short term, even though behaviour typically changes over longer horizons; misaligned financial incentives between providers, funders and patients; a “not invented here” mindset that can resist improvements made in other health care systems; lack of effective deployment of technology to scale improvement; and a culture that is so mindful of “bad” risks (e.g. relating to legal liability) that it is often reluctant to take on “good” risks for the benefit of the system (e.g. changes to systems and processes). Changing this approach will call for the engagement of providers and patients in the quality agenda together with alignment of objectives, resources and accountabilities, requiring significant institutional change for a sustainable outcome.

Implications for HQO: As a provincial agency, HQO produces a wide range of evidence-based standards, quality improvement approaches, patient engagement supports and other resources whose success is defined by widespread adoption and spread by health service providers, professional associations and other partners. If the system continues to face challenges in sustaining large-scale improvement, then HQO's effectiveness could be called into question.

Mitigation: This risk is complex and no one approach or organization is likely to provide a complete solution. However, an important foundation for improvement is to build and develop a shared understanding of what the health care system needs from a quality perspective (as HQO is currently doing through Quality Matters); develop broad-based standards of care that are increasingly linked to funding (through Quality Standards); connect health care leaders and professionals with each other as they focus on patient-centred improvement (through capacity-building initiatives such as IDEAS and primary care strategies such as Health Links); and report on outcomes for the system as a whole (by advancing the Common Quality Agenda through our Public Reporting yearly report and theme reports). This carefully coordinated set of changes will contribute to a culture of quality and spirit of cooperation across the health care system, driven by the need for us to improve together for the patients and the public we all serve.

2) Risk of patients, families and caregivers feeling the healthcare system is not reflective of their perspectives, needs and experiences

There is a lack of system experience in engaging patients as active partners and there are a variety of risks associated with this. Driven by changes in society and technology, patients increasingly expect to be informed, active contributors to their own health. They are increasingly unwilling to accept outdated communications systems, long waiting times and poorly coordinated services. Yet while patients demand more from the system, they also contribute more, whether in their willingness to offer their advice on health system planning, their knowledge and experience of care as patients or the increasingly rich data they hold on their own health care. Without engaging patients, we and our partners run the risk of investing substantial resources in changes that are not felt to be improvements by those actually using the system.

Implications for HQO: Supporting the Patients First strategy, HQO has made patient-engagement a foundational priority in improving the health care system. Yet engaging patients as true partners is new to many health care systems, including Ontario's. Currently, there are islands of patient engagement activity in isolated pockets of the system. The challenge is to define the best practices to actively engage patients and their families, encourage uptake by providers, organizations, patients and families, and foster the spread of patient engagement throughout the system.

Mitigation: HQO will actively foster its Patient, Family and Public Advisors Program to ensure our own work accurately reflects the needs of patients, plus we will create tools and resources reflecting best practices in patient engagement. We will also work with system partners to develop standards for patient engagement as well as patient relations. In addition, we will support the Office of the Patient Ombudsman, a government initiative which we will house and support and which over time will provide complementary insights into concerns of patients and the public and contribute to enriching our work with providers. Health care, in common with other people-based industries, will experience sustained but positive pressure from its customers, which will help the system work together and provide better service. Health Quality Ontario's work will be designed to help the system work constructively with patients.

3) Fiscal climate and approaches to quality

There is a risk in the current fiscal climate, with rising service volumes and competing priorities in the context of reduced overall funding growth, that quality-related initiatives might be perceived by some in the health care system to be "nice-to-have" rather than "must-have". Given the relative emphasis currently placed on finding ways to reduce costs in the system, HQO may be challenged to keep the system focused on quality.

Implications for HQO: If quality is not seen as part of the system's or an organization's core business, then it could be "crowded out" by other priorities.

Mitigation: Our new strategic plan establishes priorities and areas of focus where we can help improve quality the most, while the agency is aligned with government priorities such as Quality-Based Procedures and Health Links. We will work with system partners to establish a strong role for quality in improving value for the system and patients, not simply reducing costs.

4) Risk of missing opportunities for improvement when change initiatives are not based on sound evidence and implemented without strong evaluation plans

As shown in other health care systems, there is substantial variation in the quality and outcomes of services delivered for patients with the same conditions and same levels of health, despite many change initiatives designed to improve care. A large part of this variation is caused by existing or new care practices that are not based on strong evidence standards or broad, robust plans to evaluate the change from the patient's perspective across the breadth of the health care system.

Implications for HQO: Without standards to define high-quality care, clinical practice will often fall back to existing, familiar patterns. Without a strong focus on the implementation and evaluation of these standards, initial enthusiasm will wane, will not result in a sustained change in how patients experience care and will make it difficult to gain traction with future changes. As changes in health care will be largely and increasingly based on evidence-based evaluation, HQO will apply the same rigorous standards of evaluation to our initiatives as we expect of other initiatives.

Mitigation: HQO is engaging broadly with the health care system to produce Health Technology Assessments, as well as develop Quality Standards for health conditions such as stroke or dementia that are characterized by wide variation in patient outcomes and experience. By working with partners to set care standards together with implementation and evaluation plans, HQO will contribute to reducing variation in patient outcomes and experience for a wide range of health conditions over the next three years.

5) Lack of easy access to data about quality

Data relating to health care quality are not easy to find, whether for health care providers wanting to benchmark their practice to their peers, or for members of the public wanting to see the quality of care provided by a health care institution. Data are often not directly about quality, are often insufficiently granular to be relevant to decision-making or local improvement efforts, and are scattered across a wide range of different sources. As a result, health care providers can miss out on opportunities to learn from their peers, and members of the public are not always fully informed when making care decisions.

Implications for HQO: If relevant data about quality are not widely available, then it will be hard for HQO to convince others of the need for improvement. A common position in health care is that "My patients are so different that I can't be compared to other organizations". HQO wants quality-related data to be widely available, so that health care providers can compare their patient processes, outcomes and experiences, while learning from each other how to improve.

Mitigation: HQO is focusing on expanding the scope of its public reporting to centralize access to health quality data through a single source; developing and expanding the access of other organizations to health care data through its Measurement Advancement initiative; and promoting the ability of health care professionals to compare their practices with each other through provider-level reports.

6) Public reporting creates a demand for quality improvement that could be difficult to meet

As HQO engages in more public reporting at all levels and in more parts of the system there will be more identified opportunities for improvement and expectations for HQO to support QI initiatives

Implications for HQO: Our reporting will result in more requests from the system for HQO to support improvement. These requests will need to be anticipated and prioritized, so that HQO is perceived not just as a reporting platform that calls for others to make changes but as a partner in supporting these changes.

Mitigation: HQO will proactively manage and anticipate topics that may result in increased pressure for the system and MOHLTC. Our approach is to anticipate areas that would create pressure to motivate improvement, and where possible, use our levers for quality improvement to effectively prepare to respond. The goal will be to maintain a positive approach to developing a culture of quality, but ensuring our focus is on key quality priorities.

3 Our Direction

3.1 Strategic Priorities

Our strategic plan identifies five strategic priorities. The priorities provide high-level direction to the organization with the expectation that the large majority of our activities will align to one or more of these priorities.

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

Providing high quality care is the goal towards which all health care systems strive. Every provider in the system should be committed to this goal and every patient expects us to continually strive to attain it and wants to help us achieve it. As the provincial advisor on the quality of health care in Ontario, we are uniquely positioned to provide system-level leadership in achieving this goal. This role in health care quality takes many forms. It involves identifying key focus areas, high-level approaches, priorities for action, timelines, and accountabilities. It involves leading the development and implementation of a quality framework for Ontario and an operational definition of health care quality. It involves serving as a trusted resource, rapidly responding to system and practice-level quality challenges as they arise and proactively providing advice in key areas of identified need.

Over the next year, we will²:

- Build on our work in Quality Matters to present a clear definition and vision for quality and articulate areas where the health care system, working together, can advance quality in Ontario.
- Work with others to build capacity for quality improvement through initiatives such as Provincial Quality Rounds which is a structured series of presentations on quality, similar to medical or surgical rounds, for a provincial audience.
- Establish a strong foundation for quality improvement through Regional Quality Tables and the linked Provincial Quality Improvement Council. The Tables bring together health quality leaders from 14 regions across the province, while the Council connects the leaders to share and sustain improvement at a system level.
- Continue to work together with alumni from the Improving and Driving Excellence Across Sectors (IDEAS) program and other quality improvement training programs, to build further leadership capacity for quality at the system level.
- Develop quality standards that are accepted across the system where there has been wide variation in clinical practice, patient outcomes and patient experience. Each quality standard will consist of a small set of recommendations, accompanied by measures that can be used to monitor improvement. Working with health system partners, we will also develop plans to improve care based on these quality standards.
- In partnership with patients, families and caregivers, evolve the Common Quality Agenda, a set of key performance indicators selected in collaboration system partners and intended to focus efforts and mobilize system leadership towards the highest quality of care for Ontarians.
- Establish annual priorities for Quality Improvement Plans across acute care, home care, long-term care and primary care to drive system-wide focus on quality improvement.
- Offer advice to the Ministry of Health and Long-Term Care on how health care funding can best support high-quality care.

What the health care system will look like when we succeed together:

- Quality Matters, HQO's system framework for quality, is used by policy-makers and health system managers as a touchstone to select, plan and prioritize their quality efforts.
- Quality is advanced through partnerships and there is widespread awareness and alignment of HQO's work with partners.
- Standards for quality are broadly accepted and absorbed into practice across the health care system.
- Our health care system has a common language, core knowledge and skills to advance the provincial quality agenda, with leaders of all varieties contributing to quality improvement efforts across organizational and local boundaries, while sustaining improvement through strong networks of peers.
- Health service organizations are able to focus quality improvement efforts on key issues that will improve the health care system and patient care.
- Overall, the health care system is improved by leaders and influencers acting on information about the system's performance, using the best evidence and having the knowledge and capacity for quality improvement.

² Each year, HQO is required to submit an annual business plan for the next three fiscal years. The current submission is for the three fiscal years from 2016-17 to 2018-19. Although the planning cycle is for three years, we have the opportunity to make changes when we submit the plan each year.

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

Data is the cornerstone of quality improvement and critical to help patients make informed choices about their care. For information to be most useful, however, it needs to be timely, accurate, relevant, easily accessible, and understandable. An enormous amount of health system data is created each day. Health Quality Ontario adds value by prioritizing what should be measured to advance health quality and by helping people interpret and use the available data. By gathering data, we will have a better understanding of how health care varies. Variation can suggest that some Ontarians are getting poorer service than others or that some Ontarians are getting better access to services than others. Variation may also indicate that evidence-based innovations, guidelines, and standards are not consistently adopted or that barriers exist to equitable access.

Over the next year, we will:

- Evolve and evaluate the Quality Improvement Plan initiative so that it continues to be a driver for quality improvement including finalizing a strategy to update, add or retire indicators or areas of focus in alignment with the Common Quality Agenda.
- Develop an approach for integrating additional sectors into Quality Improvement Plans.
- Highlight and report on overall health system performance through our yearly report *Measuring Up* and through a series of theme reports issued throughout the year on topics that are of broad importance to the health system, including primary care, mental health and addictions, health equity, informal caregiver distress and palliative care.³
- Deliver more provider-level practice reports to individual health care providers to help them understand their practice in the context of their peers and support improvement efforts all the way from data analysis to implementation, with a particular emphasis on primary care as well as long-term care prescribing.
- Expand the scope of our online reporting to cover more sectors of the health system, and improve the experience of users accessing our performance information.
- Work with system partners to enhance the quality of health system data by identifying shared priorities to improve the timeliness, accuracy, and comparability of data for the benefit of all partners.

What the health care system will look like when we succeed together:

- Ontarians better understand their health system and the system's progress in meeting Ontario's goals and commitments.
- Monitoring and reporting of performance has a positive impact on clinical practice improvements at the point of care.
- Health service providers have easier access to the information they need in a timely and efficient manner.
- Our health care system will have better data quality, access to data and new measures that will advance the state of health system data in Ontario.
- Our health care system is served by comprehensive public and provider reporting to support quality improvement.

³ An example of which from last year was *Looking for Balance*, our theme report on anti-psychotic prescribing in long-term care homes.

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

To paraphrase Don Berwick, all improvement is change, but not all change is improvement. One of our roles is to assess the evidence for new services, technologies and improvement ideas, and support those that have the best potential to improve the quality of care in Ontario. Health Quality Ontario is well positioned to identify and assess a broad range of innovations and practices, while encouraging others to adopt those that foster quality care and good value for money. Increasingly, we will partner with organizations that do similar work to enhance our capacity in these areas.

Over the next year, we will:

- Assess new and existing health technologies and, with the advice of the Ontario Health Technology Advisory Committee (OHTAC), make recommendations about which technologies should be publicly funded.
- Explore new areas for evidence-based assessment, including genetic testing and models of funding.
- Continue to evolve the Quality Improvement Plan initiative by developing a strategy to update, add or retire indicators aligned with the Common Quality Agenda.
- Continue to leverage the Adopting Research To Improve Care (ARTIC) program as a provincial platform supporting the spread of research evidence into routine health care practice across all sectors in support of provincial priorities.
- Develop a quality improvement digital platform, enabling providers to obtain tools and resources relating to best practice and to learn from each other in applying this in their own work.
- Deliver on our commitment to support large scale quality improvement efforts in the areas of surgical quality improvement (such as the National Surgical Quality Improvement Program), long-term care prescribing and primary care.
- Work closely with OCHIS and other partners (e.g., MaRS EXCITE) to ensure that innovative technologies that provide good value for money have a pipeline into the Ontario health care system.
- Report to the field on insights and observations from their Quality Improvement Plans through communities of practice and the new regional quality tables, to accelerate the adoption and spread of best clinical practice from the local level to the system level.

What the health care system will look like when we succeed together:

- Recommendations on new technologies regularly help inform provincial funding decisions about the best health interventions for Ontarians.
- Innovative models of care are routinely identified and broadly shared.
- Promising research is adopted quickly into practice to drive quality care.
- Best practices and tools in quality improvement are spread and adopted across the province.
- Best practices in surgical quality improvement are standardized and adopted in all hospitals across Ontario and result in better surgical outcomes.
- Health quality leaders exist in each region and are working towards a common and shared vision for quality to improve alignment and coordination of regional and provincial initiatives.

Strategic Priority 4: Engage patients in improving care

Patient engagement is critical for identifying both gaps in care and opportunities to design health care services in the most effective, efficient, and equitable way. Above all, it is the right thing to do and reinforces the principle that the health care system exists not just *for* patients but *with* them. In addition, there is a growing body of evidence that shows how learning from users of health care services can improve many aspects of quality including, safety, patient experience, and outcomes. Health Quality Ontario views patient, family, and public engagement as central to supporting quality improvement in health care. We will develop new resources for providers and patients. Furthermore, pockets of Ontario's health system are doing great work in this area and HQO will contribute by encouraging the scale and spread of patient engagement best practices across the system.

Over the next year, we will:

- Conduct online and off-line provincial and regional training events for professionals, organizations and patients, families and members of the public on how to effectively engage with each other.
- Curate, develop (in partnership with patients and providers), disseminate and encourage uptake of tools and resources to foster the acceleration and spread of proven engagement practices.
- Provide guidance and support to organizations in the hospital, long-term care, community care and primary care sectors on how to involve patients in the development of their Quality Improvement Plans.

What the health care system will look like when we succeed together:

- Patients, families and members of the public are actively engaged in the work of HQO and other health organizations, to ensure our activities are relevant to the needs of the public.
- Best practices and knowledge resources are widely shared, fostering the acceleration and spread of ways for professionals, patients, families and members of the public to engage with and learn from each other.
- Health system leaders place a high priority on the needs and perspectives of patients, as reflected in their Quality Improvement Plans.

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

Many patients require care that crosses health care sectors or settings. This can create risks to high quality care as these transitions occur. Patients may be pleased with the care they receive from individual health care providers, but have a poor overall experience due to the lack of coordination among different providers. This lack of coordination is often experienced most of all by patients with complex chronic conditions who require frequent contact with different health care providers. The greater the number of care providers and care settings that patients have to deal with, the greater the chance that their care will not be "handed off" properly from one setting to another, meaning that patient follow-up tests or appointments are missed and their course of care is delayed or compromised.

Over the next year, we will:

- Emphasize integration of care, using Quality Improvement Plan priorities as an opportunity to help advance complementary, cross-sector improvement efforts, especially in areas that are characterized by a high level of patient transitions.

- Working with the LHINs and Regional Quality Tables, promote common goals for health service providers in their regions, including reporting on integration of care through the Insights to Quality Improvement series.
- Support Health Links and the LHINs through data collection and reporting, while systematically evaluating and identifying promising practices and supporting improvement through communities of practice for health service providers.
- Connect leaders from across different Health Links through a series of annual leadership summits, helping leaders share best practices in coordinating care for complex chronic patients.
- Support spread and scale of proven integration practices through ARTIC.
- Include in quality standards, where appropriate, expectations about the care that patients should receive as they transition between care settings.

What the health care system will look like when we succeed together:

- Health system leaders work together to emphasize cross-sector improvement goals, bringing greater accountability and visibility of patient experience through transitions within health care system.
- Local Health Integration Networks (LHINS), with the support of HQO, are able to focus on provincial quality priorities and help local health care providers to learn from each other and improve where they can make the most difference for patients.
- Care for complex chronic patients is well coordinated between different health service providers, so that Health Links and other local improvement networks are positioned to succeed and patients experience more responsive care.
- Health service providers, through standards of quality care, have a shared understanding of best practices as patients transition between care settings.
- Patients with mental health and addictions, who often go through many transitions of care, see a much higher quality and experience of care.

3.2 Areas of Focus

HQO's strategic plan identifies three areas of focus. These areas – mental health and addictions care, primary care and end-of-life care – are characterized by wide gaps between patient expectations of care and how care is actually delivered, together with wide variation in the quality and effectiveness of care. As an agency, we will greatly increase our focus in these exceptionally important areas, while continuing to work on major initiatives such as ARTIC and NSQIP that are more hospital-focused. The areas of focus cut across our strategic priorities and our organizational structure to highlight where the combined effect of our work can make a particularly significant difference to the health care system.

Mental Health and Addictions Care

Patients with mental health conditions typically experience worse physical health than those without mental health conditions. These patients need more care from more parts of the system than other patients, experience greater inequity and are more likely to suffer from long-term chronic conditions. Improvements in mental health and addictions care will help patients who need it the most, while offering the opportunity for better management of chronic conditions and improved system integration.

In 2015-16, HQO began work in several areas related to mental health and addictions. This work is aligned with system needs, the government's Open Minds, Healthy Minds strategy and the work of the provincial Mental Health and Addictions Leadership Advisory Council. Initial areas for our work included adding two new mental health indicators to the Common Quality Agenda and in our annual report Measuring Up, as well as initiating work on the development of three quality standards. The topics for the quality standards are aligned with priorities for the Quality Based Procedures funding mechanism, and are in the areas of depression, schizophrenia and dementia with agitation or aggression. Three expert advisory groups, each with patient and caregiver representatives, have been named to support the development of recommendations and indicators for each quality standard.

Over the next year, we will:

- Engage with mental health and addictions providers, patients and families around HQO's enhanced contribution in this area, with a view to scoping and defining our work in mental health and addictions monitoring and reporting, evidence-based recommendations and quality improvement.
- Explore including mental health-related priority indicators in the Quality Improvement Plans in the hospital, community, primary care and long-term care sector
- Focus on developing the capacity of the mental health and addictions sector to engage in quality improvement activities through IDEAS.
- Evaluate new and existing diagnostic tests, treatments, and innovative practices related to mental health, and make evidence-based recommendations that support the use of those that provide good value for money.
- Produce three quality standards related to mental health in the first year of the business plan, and at least one quality standard related to mental health in the following two years.

Primary Care

Primary care is the most common entry point to the health care system for patients. The timeliness of primary care practices in seeing patients, the quality of the care they provide, the quality of the experience they offer and their effectiveness in connecting patients with the services they need across the system – all this is one of the biggest influences in shaping patient perceptions of how well the health system is meeting their needs.

Over the last few years, HQO has developed an important base to understand the quality of primary care and support quality and practice improvement. Important components include the Primary Care Performance Measurement Framework, primary care practice reports and patient experience survey. As changes to primary care are being pursued across the health system, quality is an important emphasis. This will involve a shift in our efforts to support and motivate quality and practice improvement across the sector, and importantly, to increase the level of public reporting to understand the impact of improvement to the health system.

Over the next year, we will:

- Initiate a comprehensive strategy to support and motivate quality improvement / practice improvement in primary care on a large scale (all primary care, regardless of funding or delivery model), leveraging existing networks, partnerships and the firm foundation that has already been established within the sector.
- Expand the use of data for practice improvement by increasing the availability of comparable data at the individual practice level to inform primary care practices about quality and practice improvement

(Personalized Practice Reports and/or Electronic Medical Records) and use the content of reports and indicators to drive practice improvement, yearly targets and impact.

- Advance the measurement of patient experience at the practice level, including gaining perspectives on access to care.
- Encourage practice improvement in primary care, including through existing HQO Advanced Access methodologies and tools.
- Through partnerships, explore available opportunities with organizations like the Ontario College of Family Physicians, OntarioMD, and projects such as ECHO, IDEAS and Choosing Wisely Canada to build capacity and knowledge for improvement
- Build on the use of the Quality Improvement Plans to ensure emphasis on both improvement in primary care and importantly, improvement in system integration.
- Explore the opportunity to expand to include all of primary care, and at minimum, release one Insight for Quality Improvement report per year to spotlight activity in primary care.
- Improve system integration by identifying standards and important intersections for primary care with other priority areas such as mental health, palliative care, working through Health Links to support improved care for patients with these and other complex needs.

End-of-Life Care

Many Ontarians would prefer to spend their final days in their own homes, yet Ontario's rates of hospitalization near the end of life are higher than in many other jurisdictions. The aging population and growing numbers living with advanced illnesses emphasize the importance of improving palliative care. HQO has recently produced a set of evidence-based recommendations in the area of end-of-life and palliative care. These recommendations speak to the importance of team-based care given the complexity of palliative patient needs; caregiver support and education given the critical role informal caregivers play; the importance of advance care planning and the recognition that such care planning requires a culture change that enables conversations about death and dying to take place; and public information about care options such as cardiopulmonary resuscitation.

Over the next year, we will:

- Incorporate end-of-life indicators into the Quality Improvement Plan strategy to help focus sector and system attention on areas for improvement.
- Publish theme reports and online data reporting on key palliative care and end-of-life issues to help build public and professional awareness and inform decision-making and action.
- Partner with Health Links and others to identify and implement improvements including adoption of the recommended standards.
- Partner with the Ontario Palliative Care Network and other organizations to align our efforts and offer our expertise to establish system performance measures, identify and implement system improvements including the adoption and spread of best practice standards in palliative care.

3.3 Emphasis on Equity

Among the dimensions of high-quality care (such as safe, effective and timely care), equity is a dimension that is often overlooked but that makes a significant difference to system-level outcomes and patient experiences.

HQO will strengthen its focus to provide system-level leadership to reduce inequities in accessing quality health care. We also will increase the availability of information to enable better decisions to achieve equity in health care quality locally and provincially; promote and evaluate promising innovations and practices to reduce health inequities relating to quality care; engage patients, caregivers and the public in the planning and execution of HQO's health equity activities; and build effective partnerships to enable a more equitable health care system for all Ontarians. Core activities include providing strategic and operational leadership, and oversight, of HQO's health equity plan as it relates to accessing quality care across the sectors.

Over the course of this business planning cycle, HQO will:

- Provide reports and other products to help inform public policies to reduce health inequities relating to quality of care in the province.
- Engage in partnerships whose collaborative work will help to reduce health inequities when it comes to accessing quality health care.
- Provide tools and other products to health service organizations, enabling them to recognize how equity affects quality and experience of care.

4 Core Enablers

We have identified three essential activities, or core enablers, that will make it possible for HQO to successfully deliver on its strategic priorities and areas of focus. The enablers are both externally and internally oriented.

Enabler 1: Working with others

Partnership is a key cornerstone for how we do our work. Health Quality Ontario has always worked with system leaders but is now extending our partnership efforts to actively engage a much broader group of health system stakeholders through a variety of formal and informal strategies at every level of our work. By engaging clinicians and other health care providers, researchers, academics, ministry, other governing bodies and organizations as we work, we believe that the results will be more relevant and meaningful and our capacity to achieve impactful results will be increased.

We also know that patients, caregivers and the public are crucial partners and that the real opportunity comes with integrating and responding to their voices at the point of care, in the design and governance of services and in the policy decisions that shape our health care system. It is no longer sufficient to talk about "patient-centered" care. Patients, caregivers and the public must be full partners with us in the shaping of policies and programs. We are committed to investing in innovative new approaches to engaging this important partner group and spreading successful initiatives across the province.

Partnership is fundamental to our success. It is through the development and nurturing of strong relationships that promote collaboration, shared goals and collective impact that we will deliver on our mandate and achieve the health care system we all aspire to.

Over the next year HQO will:

- Routinely and respectfully engage patients, the public and other partners in meaningful ways at all levels and aspects of our work;
- Ensure that our standards and quality improvement practices are informed by the perspectives, experiences and expertise of patients, the public and other partners
- Establish formal partnership agreements to support the achievement of shared goals
- Work to increase our own internal capacity and the system’s capacity to effectively partner
- Monitor and evaluate the effectiveness of our partner engagement

Enabler 2: Communicating our work

HQO aims to help the system improve but does not deliver care itself. Our success depends on a wide range of partners using the products and services we develop. In order for this to happen, partners have to associate HQO with quality and receive updates about quality in ways that work for them. Communications is a critical enabler for others to know about quality and work together with us and each other in advancing the quality agenda.

HQO has multiple audiences, including health care professionals across all disciplines, health quality champions and patients, their families and the public who want to know about the path we are setting for health care quality, and about our findings, recommendations, and quality improvement initiatives. As a result, our external communications will be timely, clear, meaningful, motivating and engaging in order to build enthusiasm for our strategic initiatives and to generate discussion about what quality means throughout the health system. We will craft communication pieces that others can use with their own communities to discuss quality issues in the health care system. We will also use multiple channels, engaging groups via digital communications, social media, events, conferences, and media relations. These channels will help us share and listen⁴.

Over the next year, we will:

- Work collaboratively with our partners to provide them with communications assets and messaging about our findings and work that they can leverage within their communities and social networks.
- Create communication opportunities through a renewed digital offering and social channels.
- Share our news through traditional and social media, including updates and announcements of HQO’s products, reports and other resources that will help the system focus on quality.

Enabler 3: Functioning as “One”

HQO has a complex and multifaceted mandate with a remarkable group of individuals who have a highly varied set of skills and experiences. To realize our full potential we must be a cohesive organization and aligned in our efforts.

The culture within HQO will foster an nimble, innovative, dynamic, collaborative way of working. We will be comfortable with ambiguity and make timely and values-based organizational decisions. The goal is to have a

⁴ Further details on our approach to Communications can be found in the Appendix section on our Strategic Communication Plan

culture in which we see ourselves as committed to a shared vision, mission, and sense of purpose⁵.

Over the next year, we will:

- Expand our corporate performance scorecard from foundational measures on organizational health, to include measures on the three core enablers outlined above together with output and outcome measures relating to our five strategic priorities.
- Engage all members of the organization in defining and establishing a high-performing culture that is aligned with our values and brand, including a focus on performance development and learning plans.
- Create a learning environment that supports the development of knowledge, skills and contributions.
- Continue to enhance corporate-wide information and decision-making tools and platforms to support the organization to manage, plan and work effectively.
- Continue to support our current state of full compliance with government policies and directives.

5 Our Resources

As a provincial agency that advises on but does not deliver health care services, HQO is committed to improving system quality in a cost-effective manner by working with partners who can bring their leadership, influence and significant scale to advance and accelerate the most promising improvements in health care. HQO is committed to responsible fiscal management, which includes rigorous financial controls and thoughtful deployment of productivity enhancements through technology and human resources systems. As a result, we tracked very closely to our 2015-16 approved budget of \$35.7 million. At the same time, we significantly increased our reach through quality initiatives in Health Links, Quality Improvement Plans and primary care; initiated an ambitious program of Health Technology Assessments and quality standards; scaled up our reporting through theme reports and provider-level reports to physicians; and engaged over 100 patients to advise on quality issues for HQO and our partners. The combination of our partner-enabled business model, responsible fiscal management and highly skilled workforce means that that we can have an impact on a big system, despite being a relatively small agency. Our consolidated budget is outlined in the following table.

⁵ Further details on our approach to Functioning as “One” can be found in the Appendix section on our Human Resources Plan

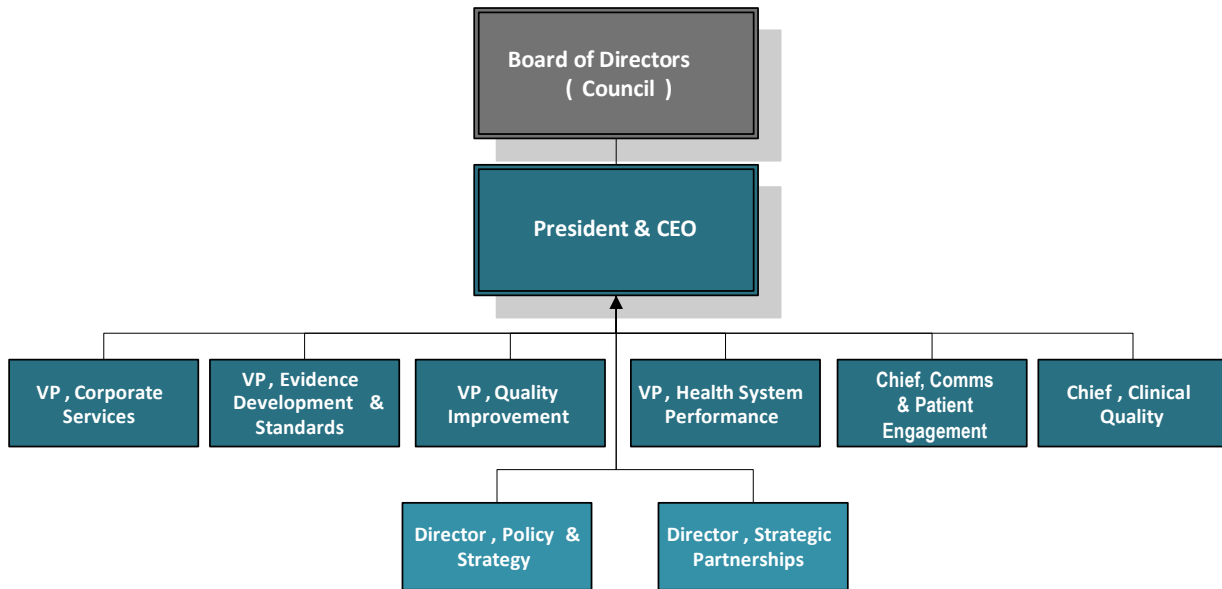
HQO PROPOSED CONSOLIDATED BUDGET FOR 2016-17 TO 2018-19

EXPENDITURE CATEGORIES	BASE REQUEST			PROJECTS REQUEST			TOTAL PROPOSED		
	2016-17	2017-18	2018-19	2016-17	2017-18	2018-19	2016-17	2017-18	2018-19
FTE	253.3	259.3	264.3	10.4	10.4	10.4	263.7	269.7	274.7
Salaries, Wages & Benefits									
Salaries & Wages Management	\$ 6,110,736	\$ 6,249,487	\$ 6,374,476				\$ 6,110,736	\$ 6,249,487	\$ 6,374,476
Salaries & Wages Non Management	16,641,717	18,407,151	19,192,384				16,641,717	18,407,151	19,192,384
Benefits	4,806,760	5,085,130	5,218,384				4,806,760	5,085,130	5,218,384
Total Salaries, Wages & Benefits	27,559,212	29,741,768	30,785,245	-	-	-	27,559,212	29,741,768	30,785,245
Other Operating Expenses									
Leases	1,641,395	1,655,338	1,811,653				1,641,395	1,655,338	1,811,653
Leasehold Improvements	350,000	1,200,000	200,000				350,000	1,200,000	200,000
Finance/Payroll Services	272,046	277,521	285,847				272,046	277,521	285,847
Board/OHTAC Per Diem & Meeting Exp	134,500	134,500	134,500				134,500	134,500	134,500
IT Support & Telecom	626,250	632,413	641,749				626,250	632,413	641,749
Consulting	1,223,769	1,235,307	1,244,047				1,223,769	1,235,307	1,244,047
Web IT Support & Enhancement	1,321,654	1,256,654	1,269,221				1,321,654	1,256,654	1,269,221
Research	1,004,291	1,026,084	1,031,230				1,004,291	1,026,084	1,031,230
Communications	1,004,179	1,005,791	1,030,499				1,004,179	1,005,791	1,030,499
Events	1,690,983	1,704,193	1,704,193				1,690,983	1,704,193	1,704,193
Travel	345,350	351,179	357,040				345,350	351,179	357,040
Staff Development	234,335	240,322	242,725				234,335	240,322	242,725
Supplies & Equipment	185,099	186,950	188,819				185,099	186,950	188,819
Projects and Payments to Organizations	-	-	-	7,277,795	6,218,513	5,075,244	7,277,795	6,218,513	5,075,244
Total Operating Expenses	10,033,851	10,906,250	10,141,521	7,277,795	6,218,513	5,075,244	17,311,646	17,124,763	15,216,765
TOTAL PROPOSED BUDGET	\$37,593,063	\$40,648,018	\$40,926,766	\$ 7,277,795	\$ 6,218,513	\$ 5,075,244	\$44,870,858	\$46,866,531	\$46,002,010
Major Projects Include ARTIC, IDEAS, NSQIP, Community Mental Health and Addictions and Peer Review									

Appendix

6.1 Organizational Structure

HQO has made significant progress in establishing its senior leadership team. All Vice-President and Chief positions have been filled and are providing strong strategic leadership for the organization. The following figure illustrates the current structure of HQO’s senior leadership team.



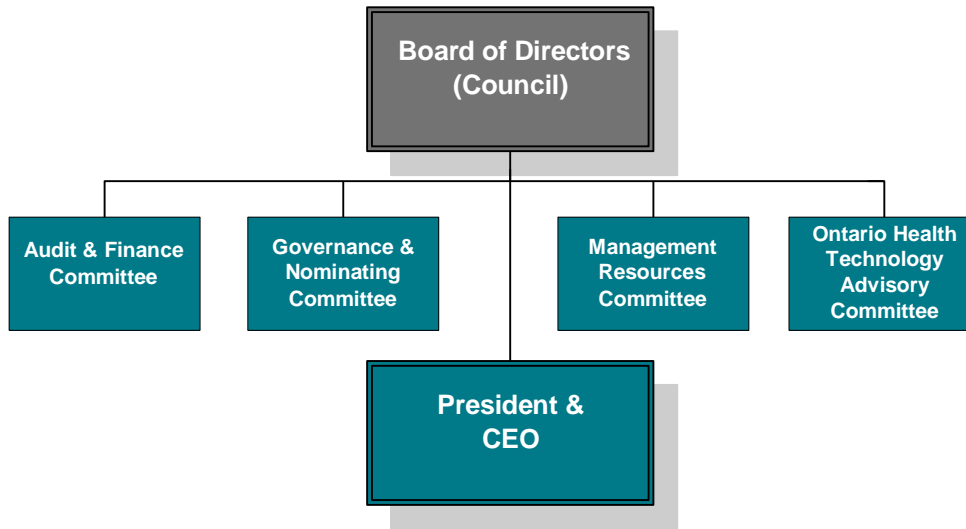
6.2 Governance

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

Board Member	Term	
Andreas Laupacis (Chair)	June 12, 2013	June 11, 2016
Marie Fortier (Vice Chair)	May 4, 2011	May 3, 2017*
Richard Alvarez	January 4, 2011	January 3, 2017*
Tom Closson	August 15, 2012	August 14, 2018*
Jeremy Grimshaw	August 18, 2011	August 17, 2017*
Shelly Jamieson	October 23, 2013	October 22, 2016
Stewart Kennedy	June 17, 2015	June 16, 2018
Julie Maciura	April 2, 2014	April 1, 2017
Angela Morin	November 19, 2014	November 18, 2017
James Morrissey	April 10, 2013	April 9, 2016
Rick Vanderlee	July 22, 2015	July 21, 2018
Tazim Virani	May 17, 2011	May 16, 2017*

* Re-appointed for a second term.

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



6.2.1 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.

6.2.2 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.

6.2.3 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.

6.2.4 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, medical devices and other health care technologies. 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.

6.3 Human Resources Plan

In January 2015, the Board of Directors approved HQO’s “Our People” strategy. The strategy articulates a clear roadmap for developing and growing the foundation of HQO: our people. For 2016-17, HQO will be focused on the following three key strategies:

1. Values and Behaviors	
Objective	Key Activities 2016/17
<ul style="list-style-type: none"> Engage employees in defining and establishing a high performing culture that is aligned with our values and external brand 	<ul style="list-style-type: none"> Conduct employee engagement survey to establish baseline Identify key drivers that support employee engagement Identify areas for improvement and actions plans in collaboration with employees and leaders
Desired outcome <ul style="list-style-type: none"> A well-defined high-performing culture that holds employees accountable for modeling behaviours that support our core values 	

HQO’s core values:

Collaboration

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

Integrity

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

Respect

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

Excellence

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

2. Performance and Learning	
Objective	Key Activities 2016/17
<ul style="list-style-type: none"> Engage leaders in creating a learning environment that supports the development of employee knowledge, skills and contributions 	<ul style="list-style-type: none"> Implement a performance management process that focuses on goal setting, measuring performance, values-based behaviors and fostering development at all levels of the organization Establish a succession plan for leaders at all levels of the organization Develop a comprehensive approach to organizational development that fosters career growth and skill development at all levels of the organization
Desired Outcome <ul style="list-style-type: none"> Establish a robust performance management process that is the foundation for a comprehensive merit-based compensation strategy Establish the foundation for a leadership development program for various levels of the organization Foster a culture of learning and development by creating opportunities for skill development and career growth 	

3. Rewards	
Objective	Key Activities 2016/16
<ul style="list-style-type: none"> Establish a rewards and recognition program that is fiscally responsible and equitable 	<ul style="list-style-type: none"> Establish and implement a consistent job evaluation process Develop an annual salary review program that recognizes and differentiates between progression and merit
Desired Outcomes <ul style="list-style-type: none"> Support a high-performing culture by establishing a total rewards structure that recognizes and rewards performance and values-based behaviours. 	

Compensation Philosophy

HQO's compensation philosophy supports competitive pay on a cash compensation basis to recruit the necessary individuals from their market. Specifically, the compensation philosophy identifies:

- Comparator Market:** For many positions, talent can be recruited from general industry (public and private sectors). However consideration must be given to competitive compensation levels in the public sector for executive and senior professional roles and particularly to those organizations where there are direct competitors for specialty skill and experience from the health care sector.

- **Pay Positioning:** HQO generally targets the 50th percentile of the market for health care specialist roles as well as executive and leadership roles.

Notwithstanding the above, pay for all executive positions remains frozen, as per the legislative requirements of Bill 8, *Public Sector and MPP Accountability and Transparency Act, 2014*.

Collective Agreement

A four-year collective agreement from 2014 to 2018 has been concluded with AMAPCEO.

6.4 Accommodations Plan

Lease Summary

As of Oct 2015, HQO occupies three offices⁶:

1. **130 Bloor St. West, Toronto**, 10th floor (16,300 sq. ft.) with a lease expiry date of August 31, 2018. Current planning is not to renew this lease at its expiry. In preparation for the end of this lease, a Real Estate Options Analysis is being developed to determine options to relocate 130 Bloor St West staff ideally to consolidate all HQO staff into one contiguous space.
2. **1075 Bay St, Toronto**, 4th floor (3,445 sq. ft.) with a lease expiry date of April 30, 2020.
3. **1075 Bay St, Toronto**, 10th floor (6,492 sq. ft.) which is one contiguous office space made up of two leases; one with a lease expiry date of June 30, 2016 (2,016 sq. ft.) and the other with an expiry date of April 30, 2018 (4,476 sq. ft.).⁷

Lease #	Lease Expiry Date	Address	City	Floor(s)	Total Area	Seating Capacity
1	8/31/18	130 Bloor St West, 10 th floor	Toronto	1	16,300	106
2	4/30/20	1075 Bay Street, 4 th floor	Toronto	1	3,445	30
3	6/30/16 & 4/30/18	1075 Bay Street, 10 th floor	Toronto	1	6,492	52

Agency Totals		26,237	188
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The seating plan above allows for an average of 140 sq. ft. per worker, which is below the maximum allowance

⁶ Please note: Space required by the Office of the Patient Ombudsman has been excluded from this plan.

⁷ Infrastructure Ontario (IO) acts as the realty agent for HQO and holds all office space lease agreements on our behalf. IO is currently in the process of renegotiating all HQO leases at 1075 Bay St (10th and 4th floors) with the goal of combining them into one solo 5-year lease.

of 180 sq. ft. per seat required to be compliant with the MOI's Accommodation Space Policy.

Staffing Plan

	2015/16 Forecast	2016/17 Forecast
Office based staff *	207	224
Office based consultants, students, health professionals (non-staff) **	15	17
Home-based staff *	22	23
Total Headcount	244	264

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

** **Non-Staff** includes individuals who work as part of our integrated teams (e.g., consultants) as well as students and visiting health professionals

Overall, HQO is planning to increase office-based staff over the next three years, largely driven by:

- 1) Net new headcount focused on strategic initiatives aligned with government priorities (e.g., patient engagement, increased transparency through wait time reporting, clinical quality leadership, evidence based care)
- 2) Expanding output capacity aligned to HQO's mandate (e.g., Quality Standards, Health Technology Assessments, Public Reporting)
- 3) HQO has a strong desire to support the education of students and health professionals and a net increase in space provides more of an opportunity to find vacant seats to accommodate them temporarily

3-Year Portfolio Plan

Lease #	Lease Expiry	Address	City	Plans (Renew/Vacate/Replace)
1	8/31/18	130 Bloor Street West – 10 th floor	Toronto	Vacate (replace with lease at 1075 Bay, or other location).
2	4/30/20	1075 Bay Street – 4 th floor	Toronto	Combine onto one lease in 2015. Renew & increase leased space as it becomes available in the same building.
3	6/30/16 4/30/18	1075 Bay Street – 10 th floor	Toronto	

Key Accommodations Projects

Health Quality Ontario is currently looking at acquiring additional space to accommodate the workers expected to be hired through the remainder of 2015-16 along with anticipated growth throughout the three-year period covered by this business plan. A completed Space Review Checklist and Facilities Service Request were submitted to the MOHLTC prior to submission of this business plan requesting office space for an additional 25 workers. However, based on the updated program planning outlined in this business plan, HQO will revise this submission to include additional required seating (i.e., space for 34 workers in 2015/16 and 19 workers in 2016/17). This means that by the end of 2016/17, we will have a seat shortage of 53 seats, not 25 seats (i.e., the seat shortage has grown by 28 seats compared to our original submission).

HQO will work closely with the MOHLTC to bring this space into HQO's portfolio in time to meet the forecast seating demands. As new lease space is made available to HQO, further accommodation projects will be required to configure the new space to meet HQO's needs.

6.5 Internal audit

The Agency's Board has approved a plan for the 2016/17 fiscal year that HQO obtain internal audit services through a peer agency, while procuring a third-party consultant for advice on specific aspects of compliance.

6.6 Strategic Communications Plan

In keeping with the Mandate Letter from the Minister of Health and Long-Term Care (May 1, 2015), which reinforces the importance of public reporting to enhance health system transparency and our role as a system advisor on health care quality, we have many audiences – health care providers, system influencers, patients, families, members of the public, and others.

Although diverse, all of our audiences are priorities because of the nature of our work – and all of them require communications that informs and engages them about our findings, recommendations, quality improvement initiatives, and our recommended path for health care quality.

Communications for our audiences will be timely, clear, meaningful, and motivating in order to ignite: 1) buy-in for the strategic direction in health care quality, 2) awareness for our reports, recommendations and quality improvement actions 3) participation and feedback for HQO activities.

Below is an outline of our overall communications plan for 2015-16. Individual communications plans (and message narratives) will also be developed for HQO initiatives that are outlined in our 12-month calendar-at-a-glance (and as these activities unfold). In the meantime, below is our strategic approach overall for communications at HQO in 2015-18.

Communications objectives:

- **Awareness and action:** Igniting awareness of HQO's analysis of the health care system (and its various parts) and of HQO's recommended evidence-based actions moving forward.

- **Thought-leadership:** Positioning HQO as a trusted resource on the quality of Ontario’s health care system and on how to affect positive change.
- **Inspiration:** Inspiring quality improvement and helping to power the spread of best practices.
- **Partner engagement:** Working with partners across the system to leverage messaging about the quality agenda within their communities.
- **Patient engagement:** Echoing the Minister’s direction in his Patients First Action Plan, demonstrating that HQO is operating in patients’, families’ and the public’s best interests by ensuring HQO’s messages and communications efforts reflect their perspectives and experiences.

Target audiences:

Overall, our target audiences are:

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

Our strategic approach:

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

- Giving context and analysis (not just straight data) to our audiences 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 partner relations) to reach all audiences – from professionals to the public.
- Encouraging two way communication and participation in HQO activities

Tactics:

Working collaboratively with members of our audiences in our communications efforts

Working with partners across the system, we develop communications assets (such as website posts, infographics, etc.) for them to share with their communities about HQO announcements and projects.

Timing: Ongoing

Sharing our news through the media

We continue to share news about our reports, etc. through the media – issuing news releases when reports and activities are public such as *Measuring Up* (our yearly report on how the health system is performing) and other public reports (such as our themed reports).

Timing: Ongoing

Digital communications and social media

HQO is building a renewed digital offering to clearly deliver HQO messaging through digital and social channels; to stimulate engagement; and to ensure HQO digital properties meet all audiences' needs and expectations.

A revised website will be ready by April 1st 2016 that is user-friendly and easier to navigate. We will be testing it with various audiences before launch (patients, providers, etc.).

Along with the website, we will continue to build our social media program via Twitter, YouTube, etc. For the rest of 2016 to 2018, we will fuel traffic to the site via our social media program, e-marketing (Search, etc.) and offline communications tactics. Our digital, social media and e-marketing renewed efforts will be designed to optimize our reach to our audiences.

Timing: April 1, 2016 (completion of new website)

Measures of success:

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

Quantitative

- Number of media impressions
- Number of story placements
- Number of 3rd-party tweets and re-tweets
- Number of visits to HQO website
- Number of clicks / downloads
- Number of attendees at events
- Number of partners sharing HQO messages

Qualitative

- Feedback from partners, providers and the public about our communications efforts

6.7 Implementation Plan

Owner	Deliverable Description	Target Date
QI Adoption	Launch ED Revisit Program Implementation Guides	01-Apr-16
Corporate	Annual Attestation	01-May-16
Corporate	Develop implementation plans for Areas of Focus	30-Jun-16
Policy	Form Oversight Committee for SQAC	30-Jun-16
Communications	Annual Report	31-Jul-16
Policy	Determine Rollout Plan for SQAC	30-Sep-16
QI Program Delivery	Launch Critical Incident Database	30-Sep-16

Owner	Deliverable Description	Target Date
Communications	HQT 2016	20-Oct-16
Public Reporting	Release Measuring Up	20-Oct-16
Corporate	Business Plan	31-Oct-16
HTAs	Publish HTA Guidebook	31-Oct-16
QI Adoption	Release 4 Sector-Specific QIP Analysis Webinars	31-Oct-16
QI Program Delivery	April 2015 Cohort Actively Engaged in Data Sharing	31-Oct-16
Quality Standards	Publish Quality Standard Guidebook	31-Oct-16
Partnerships	IDEAS Alumni Event	21-Nov-16
Perf Measurement	Release Pilot Hospital Customized Report	30-Nov-16
QI Adoption	Release 2017-18 QIP Guidance	30-Nov-16
Patient Engagement	Develop Learning Resource for Patient Advisors	31-Dec-16
Policy	Develop Performance Indicators for SQAC	31-Dec-16
QI Adoption	Partner to develop pilot shared online environment	31-Dec-16
QI and Patient Engagement	Launch LTC & CCAC Tools / Refine Hospital Tools	31-Dec-16
QI Program Delivery	Initiate Broader Roll-Out Plan of SQIN	31-Dec-16
QI Program Delivery	Annual Health Links Leaders Summit	31-Dec-16
QI Program Delivery	Present Run-In Summary to Hospitals, Partners & MOH	31-Jan-17
Patient Engagement	Develop Provider Patient Engagement Tool	28-Feb-17
HTAs	Publish 12 OHTAC Recommendations	31-Mar-17
Patient Engagement	Deliver 4 Regional Training Events	31-Mar-17
Perf Measurement	Release LTC Provider Report	31-Mar-17
Perf Measurement	Release Hospital Data Collection Protocol	31-Mar-17
Perf Measurement	Pilot Primary Care Indicators	31-Mar-17
Public Reporting	Release Baseline HQ Index	31-Mar-17
Public Reporting	Release 5 Theme Reports	31-Mar-17
Public Reporting	Release 4 Bulletins	31-Mar-17
Public Reporting	Launch Centralized Online Public Report for 1 Sector	31-Mar-17
QI Adoption	Release 2 Cross-Sector QIP Theme Reports	31-Mar-17
QI Adoption	Initiate 2016-17 Projects	31-Mar-17
QI Program Delivery	Establish 14 Regional Quality Tables	31-Mar-17
QI Program Delivery	Deliver 8 Provincial Quality Rounds	31-Mar-17
QI Program Delivery	Deliver 2 Topics for QI Best Practice Networks	31-Mar-17
QI Program Delivery	Launch DI Peer Review Process	31-Mar-17
QI Program Delivery	Develop new QI Content for Topic Areas	31-Mar-17
QI Program Delivery	Establish Critical Incident Reporting Infrastructure	31-Mar-17
QI Program Delivery	Deliver 2 Suites of HL Priority Issue Resources	31-Mar-17
Quality Standards	Publish 5 Quality Standards	31-Mar-17
Corporate	Semi-Annual Risk Report	28-Feb and 31-Aug
Corporate	Quarterly Performance Reports	35 days after quarter end
Perf Measurement	Primary Care Provider Report Refresh	Quarterly
QI Program Delivery	Release LHIN Quarterly Reports	Quarterly

6.8 Office of the Patient Ombudsman

The Patient Ombudsman, when appointed, will report directly to the Minister of Health and Long-Term Care, while the Ombudsman's office will share some of its back-office functions with Health Quality Ontario. There will also be strategic alignment and learnings between the two bodies. An Interim Executive Director, reporting to the CEO, HQO has recently been hired. A plan for the Office of the Patient Ombudsman is currently being submitted to government, separately from this business plan.

6.9 Glossary

Acronym	Definition
AA	Accountability Agreement
AMAPCEO	Association of Management, Administrative and Professional Crown Employees of Ontario
ARTIC	Adopting Research To Improve Care
CADTH	Canadian Agency for Drugs and Technologies in Health
CAHO	Council of Academic Hospitals of Ontario
CCAC	Community Care Access Centre
CEO	Chief Executive Officer
CIHR	Canadian Institutes for Health Research
CQA	Common Quality Agenda
ECFAA	Excellent Care for All Act
ECHO	Extension for Community Healthcare Outcomes
FTE	Full-Time Equivalent
HL	Health Links
HQO	Health Quality Ontario - see also OHQC (Ontario Health Quality Council)
HTA	Health Technology Assessment
IDEAS	Improving and Driving Excellence Across Sectors
LHIN	Local Health Integration Network
LTC	Long-term care
MOHLTC	Ministry of Health and Long-Term Care
NICE	National Institute for Health and Care Excellence
NSQIP	National Surgical Quality Improvement Program
OHIC	Ontario Health Innovation Council
OHQC	Ontario Health Quality Council - the legal name of HQO (Health Quality Ontario)
OHTAC	Ontario Health Technology Advisory Committee
ON-NSQIP	Ontario - National Surgical Quality Improvement Program
OPO	Office of the Patient Ombudsman
QBP	Quality-Based Procedure
QCIPA	Quality of Care Information Protection Act
QIP	Quality Improvement Plans
SQAC	System Quality Advisory Committee
ON-SQIN	Ontario - Surgical Quality Improvement Network