Health Quality Ontario

Let's make our health system healthier

2018 - 2019

ANNUAL REPORT

Ontario

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Message from the Board Chair and Interim President and CEO

Over the past year, Health Quality Ontario has worked with our partners to continue initiatives to improve health care quality in Ontario. These efforts are documented in this annual report.

Health Quality Ontario fulfilled its legislated mandate to report to the public on how the health system is performing and where the gaps lay, to find the best evidence of what works, and to translate it into concrete standards and improvement tools that health care professionals and organizations can put into practice. Throughout, Health Quality Ontario partnered with patients to ensure its efforts were relevant to their experiences and needs.

The year's highlights include:

- The release of our 12th yearly report (*Measuring Up 2018*) on how the health system is performing and one of the most highly visited items on our website. It was also cited throughout the first interim report of the Premier's Council on Improving Healthcare and Ending Hallway Medicine
- An 83% increase of visits to our online public reporting of wait times for surgeries, diagnostic imaging and time spent in the emergency department (provided in partnership with Cancer Care Ontario and CorHealth Ontario)
- The provision of tailored, confidential data to physicians about their practice with recommendations for improvements. Sent to family physicians, physicians practicing in long-term care homes, surgeons, and general medicine physicians across Ontario
- The implementation of several provincial quality improvement initiatives, such as the Surgical Quality Improvement Network's campaign that reduced post-surgical infection rates by 27% among participating hospitals
- The spread of the Patient Oriented Discharge Summary (PODS) to 25 hospitals, resulting in 80,000 patients using the tool at discharge to ensure smoother transitions from hospital to home
- The finalization of 8 quality standards (including for mental health conditions such as schizophrenia, anxiety disorders and obsessive-compulsive disorder) and the fostering of implementation efforts across the system
- The conducting of 16 health technology assessments – rigorous reviews of the evidence that look at the benefits, harms, value for money and affordability of medical innovations – such as for internet-delivered cognitive behavioural therapy for major depression and anxiety disorders

A value for money audit of Health Quality Ontario and how it was carrying out its legislative mandate was released in the Auditor General of Ontario's annual report in December 2018. The report included 12 recommendations directed at Health Quality Ontario, the Ministry of Health and Long-Term Care and other partners. The Auditor General's conclusions from the report were:

> *"We found that HQO monitors and reports on the quality of health services, develops clinical care standards, and makes evidence-based recommendations to the Ministry of Health and Long-Term Care about which health-care services and medical devices should be publicly funded. However, HQO has had difficulty demonstrating its impact on the health system because the Ministry and others are not acting on HQO's recommendations and advice … As long as HQO's recommendations remain optional for health-care providers, Ontarians may not obtain the full benefit from HQO's work."*

The introduction of new legislation, *Bill 74 (The People's Health Act),* in the latter part of the fiscal year set the stage for the transfer of multiple provincial agencies (including Health Quality Ontario) into one health care agency called Ontario Health. Several of the objects of the new act focus on improving quality care in the province such as measuring system performance, quality improvement, clinical quality standards and patient engagement. On March 8th the Orders of Council for the Health Quality Ontario Board of Directors were revoked, and an Ontario Health Board of Directors was appointed for Ontario Health and for the existing agencies yet to be transferred.

Moving forward, the mandate of Ontario Health provides many opportunities to build on the work showcased in this report.

Bill Hatanaka
Chair, Board of Directors
Ontario Health

Anna Greenberg
Interim President and CEO
Health Quality Ontario

Health System Performance

Measuring Up, Health Quality Ontario's 12th yearly report on the health of Ontarians and how the health system is performing was tabled in the legislature in November, in keeping with our legislative mandate. It showed how hospital overcrowding is both a symptom and a source of cascading pressures throughout the system. Measuring Up generated more than 10 million media impressions and 20,000 digital interactions. It was also cited throughout the first interim report of the Premier's Council on Improving Healthcare and Ending Hallway Medicine.

We continued to **publicly report Ontario wait times** for surgeries, diagnostic imaging and emergency room visits on our website in collaboration with Cancer Care Ontario and CorHealth Ontario. In 2018-19, there were 267,491 visits to our wait times data, an 83% increase from the previous year. The most popular searches were for knee replacement, gallbladder and breast cancer surgeries. The wait times data is updated monthly. We also publicly reported on the delivery of primary care, home care, long-term care and patient safety.

3,178 (35% of) family physicians, 230 (93% of) executive directors in community health centres and family health teams, and 440 (55% of) long-term care physicians registered for ***MyPractice* Reports**. These reports provide confidential data about a physician's practice, including their opioid prescribing (for family doctors) and antibiotic prescribing patterns (for long-term care physicians). The reports also provide comparative data about their peers for added context, along with concrete steps to support improvement. By the end of the fiscal year, we also attracted 83 (25% of) hip and knee surgeons to voluntarily sign up for a new *MyPractice* Report focused on opioid prescribing. Currently, we are only able to send these reports to physicians who learn about them and sign up on our website. Health Quality Ontario is working with the Ministry of Health and Long-Term Care to make it easier for all practicing physicians to access these reports and use the quality improvement tools that accompany them.

Prioritizing what matters: Health Quality Ontario and the Ontario Hospital Association worked together to stop excessive measurement in hospitals by shrinking the number of indicators by about a third - to ensure that investment and efforts to measure and report performance indicators in hospitals support better patient outcomes and are aligned with Ontario's health system strategy. In addition, Health Quality Ontario provided leadership and secretariat support to an alliance of organizations to reduce the number of performance reports they share with primary care providers to improve patient care. Until now, these reports were produced independently and in an uncoordinated fashion. Thanks to our combined efforts instead of seven separate reports, they are collaborating on a joint report with a first release planned later this year.

Measuring patient experience: Health Quality Ontario worked with patients, clients and caregivers (including members of its Patients, Family and Public Advisors Council) and others to develop tools to more accurately capture what patients think of the care they receive, both in specific sectors and as they experience transitions in care. This includes redesigning the surveys to measure the experiences of people using home care and of their family caregivers – and changing the questions to better reflect what's important to the client and caregiver. The new home care surveys will be tested in four regions, with future plans to expand to the entire province.

Health System Quality Improvement

Health Quality Ontario supported 1,064 organizations (hospitals, primary care organizations, long-term care homes and community care services) in establishing their 2018-19 **quality improvements plans (QIPs),** which are their public commitments to meet certain quality improvement goals. Leading up to the 2019-20 QIPs, we worked with system partners to streamline the number of indicators and encouraged organizations to focus on key issues that align with government priorities and patient needs - such as hallway health care and transitions in care, mental health, palliative care and opioids use. We also began plans to support lower performing organizations (those performing below the provincial average on priority indicators) and encouraged organizations to work together to develop collaborative QIPs that advance integrated patient care.

In 2018-19, Health Quality Ontario in partnership with the Council of Academic Hospitals **advanced the spread of proven care** across Ontario with:

- 50 rapid access clinics for patients with hip and knee problems that got up and running by March 31st, ensuring 41,612 patients are now getting the right treatment, faster
- 46 rapid access clinics providing addiction medicine to patients across the province, getting them faster access to the treatment they need while reducing emergency department visits and the stigma patients experience when they seek care
- The spread of the Patient Oriented Discharge Summary (PODS) to 25 hospitals, resulting in 80,000 patients in 2018-19 using this tool at discharge to ensure smoother transitions from hospital to home. Plus, 46 other organizations (e.g., hospitals and family health teams) joined a PODS Community of Practice to learn about the tool and how to effectively use it with patients so that the practice is sustained

In 2018-19, the development of a robust Community of Practice came together with the creation of the **General Internal Medicine Quality Improving Network,** bringing general medicine physicians and care teams together to review data about their practice compared to peers and learn new ways to improve their patient care, reduce variation in care and address provincial priorities such as hallway health care. The program is also putting data in the hands of 135 general medicine physicians at 7 hospital sites about their practice patterns, while also giving them collective data about their peers for added context. General internal medicine accounts annually for about 40% of emergency department admissions to hospital, 25% of hospital days and 20% of total admissions to hospital. Between 2010 and 2017, admissions to general internal medicine increased by 56%.

In 2018-19, we also put data in the hands of surgical teams in 29 hospital sites across Ontario about their infection rate patterns, plus worked with them to take informed evidence-based steps to reduce their rates. By the end of the year, there was a 27% reduction in post-surgical infections amongst participating hospitals. These hospitals are members of the **Ontario Surgical Quality Improvement Network** which is supported by Health Quality Ontario. This network provides them with data about their infection rates

along with other indicators, and in comparison with 700 hospitals around the world for added context. The network drives common change among surgical teams across Ontario.

As we neared the end of the year, we prepared 46 hospitals sites within the Surgical Quality Improvement Network (and representing 76% of adult surgeries in Ontario) to begin their next collaborative quality improvement effort that launched on April 1, 2019 – to reduce the number of opioids they prescribe to patients upon discharge while continuing to help patients effectively manage their post-surgical pain with other treatment options.

To help clinicians navigate the challenging landscape of pain management, Health Quality Ontario provided leadership and secretariat support to 13 organizations across the province to provide a coordinated program of evidence-based tools and supports to family doctors, nurse practitioners and other primary care clinicians, to help them manage their patients' pain, including the appropriate use of opioids. Frontline clinicians received comparative practice-level data, mentorship for challenging pain cases and academic detailing services to review current practice and find opportunities for improvement. In addition, a hub of evidence-based pain management supports was made available on the Health Quality Ontario website mid-way through the year and generated 5,963 page views.

In 2018-19, we worked with hospitals and their emergency departments to help them conduct audits to investigate patients' **emergency department return visits** that led to an admission. We then summarized the audits from all 80 hospitals (who receive 84% of all emergency department visits in Ontario) to share how efforts are unfolding across the province and what hospitals could learn from each other.

Health Quality Ontario initiated a **Diagnostic Imaging Peer Learning Community**, a program supporting radiology teams in Ontario hospitals to implement peer learning programs for imaging services. The program is based on recommendations laid out in Health Quality Ontario's expert panel **report** on diagnostic imaging quality and aligns with guidelines from the Canadian Association of Radiologists.

We also managed Ontario's **Choosing Wisely** campaign as part of a broader partnership with Choosing Wisely Canada and other jurisdictions. The work encouraged widespread adoption of strategies by hospitals, primary care providers and long-term care homes to talk with patients about reducing unnecessary tests and treatments. In addition, we launched the Diving into Overuse in Hospitals Toolkit with the Ontario Hospital Association and Choosing Wisely Canada, supporting hospitals to implement Choosing Wisely recommendations.

We supported change management through **IDEAS (Improving and Driving Excellence Across Sectors)**, a province-wide quality improvement training program that was up to 9,230 graduates by the end of 2018-19 (including 148 physicians and 410 nurses) across both its advanced and introductory programs and applied learning projects. In 2018-19, it created targeted cohorts on palliative care, mental health and bundled care pathways for hip and knee replacements.

Health Quality Ontario supported knowledge-sharing and thought leadership across the system through **Health Quality Transformation**, the largest Canadian conference on health care quality. It took place in Toronto, London, Ottawa, Sudbury and Thunder Bay enabling 2,475 attendees to share ideas, network

and get inspired on how to improve patient care. 88% of delegates reported they were very satisfied/satisfied with the conference and 80% reported they would take at least one idea or concept from the conference and put it into practice.

Enhancing the quality of health care and patient safety was once again the focus of this year's **Quality Improvement Patient Safety Forum** of 622 frontline health care providers who gathered to build skills and learn about practical innovations for improving health care quality. This was a joint conference of Health Quality Ontario, the hospital-based Centre for Quality Improvement for Patient Safety, the University of Toronto and the Institute for Clinical Evaluative Sciences.

We held 4 **Quality Rounds** this year that thousands of frontline health care professionals attended virtually. These are our province-wide accredited knowledge-exchanges on key health care issues. Topics this year included how big data will revolutionize health care and the family of Greg Price sharing their son's tragic story as a case study of falling through the cracks.

Quorum grew as an active online community dedicated to quality improvement that transcends geographical, professional and organizational boundaries. In its second year, there were 39,722 visits on average per month of members across the province (a 31% increase from last year) sharing knowledge and ways to deliver efficient, timely and evidence-based care.

Health Quality Ontario supported the second annual **Change Day in Ontario** in partnership with Associated Medical Services Healthcare. This initiative was part of the global Change Day movement of empowering people within the health system to make positive changes – big or small – through making pledges and taking actions to improve compassionate quality care. This year there were 8,965 pledges across the system (a 49% increase from last year).

We facilitated the release of the **Northern Ontario Health Equity Strategy** to effectively and efficiently deliver safer and more effective care in the North. It includes the work of 150 organizations and 300 Northern health leaders and representatives from First Nations, urban, rural, remote and francophone communities and is the first-ever cross-sectoral strategy by the North.

Quality Standards

Quality standards set out what the evidence defines as quality care for important health conditions. They are intended to be used not only by clinicians and patients, but also as a foundation for evidence-based health system improvement.

In 2018-19, we finalized 8 **quality standards** and posted an additional 4 draft standards for public feedback. Quality standards are based on the best evidence and decided upon by a volunteer committee comprised of patients, caregivers and frontline health care professionals.

Each one is accompanied by a patient guide to help patients ask informed questions of their health care providers. Each standard also comes with recommendations for system adoption and getting-started tools for clinicians and organizations. Further strategies to support clinical adoption of the standards were also

put in place, including encouraging organizations to anchor their quality improvement goals and programs (such as in opioids prescribing and pain management) in the relevant quality standard.

Throughout the year, 11 **clinical leads** across the province collaborated with clinicians in their regions to advance quality standards on the frontlines, while also providing data, evidence and tools to help health care providers and organizations put the standards into action.

We now have 20 finalized quality standards in our library, and they are one of the most popular destinations on our website. They are actively promoted through our various communications channels and leveraged throughout the system through our system-wide quality improvement efforts and programming, and through our clinical leads who are on the ground in regions across Ontario working with the frontlines to advance quality care.

In 2018-19, we generated 35,845 downloads and 38,239 unique visitors to our quality standards on our website. We also saw organizations proactively include quality standards in their annual quality improvement plans and create related clinical pathways, order sets and CME education tools.

Summary of 2018-19 evidence-based quality standards

Quality Standards Finalized in 2018-19 (in order of publication)	Why This Quality Standard Is Needed
Palliative Care Care for Adults with a Progressive, Life-Limiting Illness	Despite the clear benefits of palliative care, there are gaps in its delivery in Ontario, including access to palliative care services. In surveys of patients and caregivers, most say they would prefer to die at home. And yet, of the about 94,500 people who died in 2015/2016, 53.6% died in hospital. In 2015/2016, patients living in poorer neighbourhoods were less likely to receive palliative home care services in their last month of life (22.7%) than patients in the richest neighbourhoods (32.2%).
Vaginal Birth After Caesarean (VBAC) Care for People Who Have Had a Caesarean Birth and Are Planning Their Next Birth	Most pregnant people who have had a Caesarean birth can safely have a subsequent vaginal birth. But only about 4 in 10 eligible people in Ontario planned a vaginal birth after Caesarean in 2015/16. In the 2014/2015 fiscal year, the rate of repeat Caesarean births for Ontario was 83.3%. This varied a lot by region, ranging from 28.5% to 62.2%.

Quality Standards Finalized in 2018-19 (in order of publication)	Why This Quality Standard Is Needed
Schizophrenia Care in the Community for Adults	Schizophrenia is a severe, chronic mental health condition that usually begins in late adolescence or early adulthood. In Canada, about 1 in 100 people have schizophrenia. There are significant gaps in the quality of care that people with schizophrenia receive in Ontario: only 25% of people discharged from a schizophrenia- or psychosis-related hospitalization receive the recommended follow-up visit with a physician within 7 days; people hospitalized for schizophrenia have a high rate (12.5%) of readmission within 30 days of discharge; and rates of emergency department visits for schizophrenia varied widely across the province, in the 2012/13 fiscal year.
Chronic Obstructive Pulmonary Disease Care in the Community for Adults	More than 1 in 10 people in Ontario have COPD. From 2008 to 2011, people with COPD accounted for 24% of hospitalizations, 24% of emergency department visits, 21% of ambulatory care visits, 30% of home care services and 35% of long-term care residence places. COPD is the second-most common reason for hospitalization in Ontario, after childbirth. In 2011, the total economic burden of COPD in Ontario, comprising direct and indirect costs, was estimated to be $3.9 billion (direct health care costs alone were estimated to be $3.3 billion).
Osteoarthritis Care for Adults with Osteoarthritis of the Knee, Hip or Hand	In 2011, 13% of Canadians were affected by osteoarthritis. Over the next 30 years, osteoarthritis will affect 1 in 4 Canadians. In 2001, people in Ontario with osteoarthritis reported a quality of life 10% to 25% lower than those without osteoarthritis, and they incur health care costs two to three times higher.
Heart Failure Care in the Community for Adults	In 2015 in Ontario, roughly 250,000 people had diagnosed heart failure, or about 1.8% of the province's entire population. Heart failure is one of the five leading causes of hospitalization and 30- day readmissions, and the most common cause of hospitalization for people over age 65.

Quality Standards Finalized in 2018-19 (in order of publication)	Why This Quality Standard Is Needed
Low Back Pain Care for Adults with Acute Low Back Pain	An estimated 80% of adults experience an episode of acute low back pain at least once in their life. Most low back pain episodes improve with initial primary care management, and without further investigations or referral to specialists. Evidence shows that 90% of low back pain is not caused by serious underlying injury or disease that requires MRIs, CT scans, medication, surgical referrals or opioid prescriptions. In Ontario, there is considerable regional variation in the use of diagnostic imaging for low back pain. The total cost for spinal imaging, including x-ray examination, CT scanning, and MRI was estimated to be $40.4 million in 2001/2 and increased to $62.6 million in 2010/11—a 55% increase over 10 years.
Glaucoma Care for Adults	Glaucoma is estimated to affect more than 400,000 Canadians. Four in 10 people with glaucoma haven't had an eye exam in the past year and the percentage of people with glaucoma who had an eye exam in the past year varied across Ontario's regions. People with glaucoma aged 18 to 64 were the least likely to have had an eye exam in the past year.

Quality Standards Drafted in 2018-19 (posted for public feedback)	Why This Quality Standard Is Needed
Early Pregnancy Complications and Loss	It is estimated that approximately 20% of pregnancies end in miscarriage, and nearly 80% of miscarriages occur in the first trimester. More than 28,000 emergency department (ED) visits were for early pregnancy complications or loss in Ontario in 2014/15. Over half of EDs without access to an early pregnancy clinic agreed that patients returned to the ED frequently because there was no adequate follow-up available.
Anxiety Disorders	In Ontario, 2.5% of adults have experienced generalized anxiety disorder which can lead to significant distress and impairment. About 35% of people in Ontario with anxiety disorders or addiction have their first health system contact for these conditions in the emergency department, which means these individuals had not accessed mental health or addictions services from a physician prior.

Quality Standards Finalized in 2018-19 (in order of publication)	Why This Quality Standard Is Needed
Obsessive-Compulsive Disorder	In Canada, one in 40 adults are affected by obsessive-compulsive disorder (OCD). Among children, OCD is more common in boys, but among adults, men and women are equally affected. Rates of treatment-seeking are estimated to be only about 14% to 56% in people with OCD, which suggests that OCD is underrecognized and undertreated. Access to health care services is a factor.
Chronic Pain	In 2011/2012, 6 million Canadians aged 18 or older reported chronic pain. In Ontario, chronic pain is estimated to consume 5% ($2.8 billion) of the publicly funded health budget. Chronic pain has been associated with depression, anxiety, loneliness, and suicide ideation and attempts.

Health Technology Assessments

As part of its legislated mandate, Health Quality Ontario conducted 16 **health technology assessments** in 2018-19, with 11 finalized, reviewed by the Health Quality Ontario Board and submitted to the Minister of Health and Long-Term Care with recommendations for or against public funding.

Health technology assessments are rigorous reviews that analyze the evidence and look at the benefits, harms, value for money and affordability of medical innovations, alongside patient preferences and societal and ethical values. Health Quality Ontario's health technology assessments are accompanied by recommendations on whether the health care technology or service should be publicly funded.

Each health technology assessment was carefully reviewed by our Ontario Health Technology Assessment Committee of evidence-based health care experts and patients.

Ontario's health technology assessments address the needs of millions of Ontarians. Below is a summary of which innovations were assessed, what the recommendation to the Minister was for each, and the status of each recommendation.

Health Technology Assessments 2018–19 (in order of publication)	Number of Ontarians Potentially Affected by the Recommendation
Management of Urinary Incontinence Electronic Monitoring Systems to Assess Urinary Incontinence **Recommendation:** Against funding due to a lack of evidence that these systems reliably improve incontinence, and high cost ***Status:*** *Under review by the Ministry of Health and Long-Term Care*	Urinary incontinence affects people of all ages, and its prevalence increases with age. This assessment examined an electronic monitoring system to assess urinary incontinence in persons who reside in a long-term care home. The total number of long-term care home residents with urinary incontinence eligible for an electronic monitoring system was estimated to be about 23,000 each year.

Health Technology Assessments 2018–19 (in order of publication)	Number of Ontarians Potentially Affected by the Recommendation
Treatment of Essential Tremor Magnetic Resonance–Guided Focused Ultrasound Neurosurgery for Essential Tremor **Recommendation:** For funding, for people with moderate to severe essential tremors that do not respond to medication ***Status:*** *Under review by the Ministry of Health and Long-Term Care*	Essential tremor (which is a brain disorder that causes uncontrolled shaking usually in the hands and forearms) is estimated to affect about 109,311 people in Ontario. Of these, about 30% (32,000) have a moderate to severe essential tremor. There are about 800 Ontarians with moderate to severe medication-refractory essential tremor who would be eligible for this neurosurgery.
Psychosis Disorders (Schizophrenia) Cognitive Behavioural Therapy (CBT) for Psychosis **Recommendation:** For funding, in people with a primary diagnosis of schizophrenia, including related disorders such as schizoaffective disorder ***Status:*** *Under review by the Ministry of Health and Long-Term Care*	The prevalence of schizophrenia among adults in Ontario aged 18 to 64 years is 11.5 per 1,000 people (about 130,000). This assessment examined cognitive behavioural therapy for treating psychosis in adults with a primary diagnosis of schizophrenia (including related disorders such as schizoaffective disorder). We estimate that about 8,100 people per year and about 42,000 people over the next 5 years could receive CBT for psychosis.
Sensorineural Hearing Loss Bilateral Cochlear Implantation **Recommendation:** For funding, in adults and children with severe to profound bilateral sensorineural (inner ear) hearing loss ***Status:*** *Under review by the Ministry of Health and Long-Term Care*	This health technology assessment examined bilateral cochlear implantation in adults and children with bilateral severe to profound sensorineural hearing loss. About 27 adults and 73 children with severe to profound bilateral sensorineural hearing loss would be expected to undergo bilateral cochlear implantation per year.
Heart Failure or Arrythmia Remote Monitoring of Implantable Cardioverter-Defibrillators, Cardiac Resynchronization Therapy, and Permanent Pacemakers **Recommendation:** For funding ***Status:*** *Under review by the Ministry of Health and Long-Term Care*	In Ontario, about 2,000 people received a new or replacement implantable cardioverter-defibrillator or cardiac resynchronization therapy device for heart failure or arrythmia, and about 6,000 received a new or replacement pacemaker. Between 25% (2,000) and 71% (6,400) of people who have a new or replacement implantable device would be expected to receive remote monitoring annually.

Health Technology Assessments 2018–19 (in order of publication)	Number of Ontarians Potentially Affected by the Recommendation
Hip or Knee Osteoarthritis Structured Education and Neuromuscular Exercise Program for Hip and/or Knee Osteoarthritis **Recommendation:** For funding ***Status:*** *Under review by the Ministry of Health and Long-Term Care*	In 2011, 13% of Canadians were affected by osteoarthritis. Over the next 30 years, osteoarthritis will affect 1 in 4 Canadians. The total number of people eligible to participate in this program would be about 36,825 in year 1 and 134,676 in year 5.
Leg Ulcer Recurrence Prevention Compression Stockings for the Prevention of Venous Leg Ulcer Recurrence **Recommendation:** For funding ***Status:*** *Under review by the Ministry of Health and Long-Term Care*	In Ontario among people over the age of 25, about 0.65 per 1,000 have an active venous leg ulcer. This is about 6,700 people. Between 4,900 and 22,600 people would be eligible for and use compression stockings.
Urinary Retention Intermittent Catheters for Chronic Urinary Retention **Recommendation:** For funding, of intermittent catheters for chronic urinary retention ***Status:*** *Under review by the Ministry of Health and Long-Term Care*	About 33,000 people in Ontario live with chronic urinary retention and use intermittent catheters as a result of spinal cord injury, multiple sclerosis, stroke, spina bifida, or other reasons. This health technology assessment examined intermittent catheters to manage chronic urinary retention.
Cervical Degenerative Disc Disease Cervical Artificial Disc Replacement Versus Fusion for Cervical Degenerative Disc Disease **Recommendation:** For funding ***Status:*** *Under review by the Ministry of Health and Long-Term Care*	About 9,700 adults in Ontario have symptoms of cervical nerve compression. About 184 to 196 people with one-level cervical degenerative disc disease and about 71 to 76 people with two-level cervical degenerative disc disease would be eligible for cervical artificial disc replacement each year.

Health Technology Assessments 2018–19 (in order of publication)	Number of Ontarians Potentially Affected by the Recommendation
Major Depression and Anxiety Disorders Internet-Delivered Cognitive Behavioural Therapy for Major Depression and Anxiety Disorders **Recommendation:** For funding ***Status:*** *Under review by the Ministry of Health and Long-Term Care*	Approximately 11% of people in Canada will have major depressive disorder at some point in their life, and 6% will have generalized anxiety disorder. **Mild to moderate major depression** The total number of people with mild to moderate major depression expected to be treated with iCBT over the next 5 years is around 98,000. **Anxiety disorders** The total number of people with anxiety disorders expected to be treated with iCBT over the next 5 years is around 160,200.
Genetic Prenatal Screening Test for Chromosomal Anomalies Noninvasive Prenatal Testing for Trisomies 21, 18, and 13, Sex Chromosome Aneuploidies, and Microdeletions **Recommendation:** Against funding for pregnancies at average-risk of trisomies 21, 18, and 13, and sex chromosome aneuploidies; continue funding for pregnancies at high-risk only ***Status:*** *Under review by the Ministry of Health and Long-Term Care*	This health technology assessment examined using non-invasive prenatal testing (NIPT) for pregnancies at average-risk for trisomies 21, 18, and 13, sex chromosome aneuploidies, and microdeletions. About 140,000 to 150,000 average-risk pregnancies are expected to occur in Ontario over the next 5 years.

In the spring of 2018, Health Quality Ontario started developing a streamlined process to use when other jurisdictions or organizations, including the Canadian Agency for Drugs and Technologies in Health, have already assessed and / or begun to widely use a particular medical technology or health-care service. Before the end of the fiscal year, Health Quality Ontario chose one technology to put through this process and the Ontario Health Technology Assessment Committee will make a recommendation regarding this technology in 2019. In addition, Health Quality Ontario developed a partnership agreement with the Canadian Agency of Drugs and Technologies in Health this past year. This agreement was formally signed in September 2018 and we have worked jointly on three assessments that have come to the Ontario Health Technology Advisory Committee for a recommendation.

Supporting Integrated Care

Quality standard on transitions in care

Health Quality Ontario posted for public comment a draft quality standard outlining what quality care looks like for patients transitioning in their care and based on the best evidence. The standard and a patient guide, to help patients ask informed questions of their health care professionals, were then posted to the Health Quality Ontario website for feedback in April 2019.

The work in lead up to both products included consultation with 1,100 patients and caregivers across the province. Through this consultation, patients shared stories of success and many complex and heart-wrenching stories, along with 2,706 ideas on where improvements are needed. We then worked with patient partners and community advisors to review the stories and identify what parts of the transition matter most to patients and caregivers. We found 52 points in the journey from hospital to home that can make a difference and that touched all aspects of a patient's transition.

We then asked Ontarians to rate these 52 points in the transition process. From that exercise, the following ranked as top priorities for patients and caregivers when transitioning from hospital to home: respect and compassion; effective communication; patient education; follow-up care; medication support; and timely and appropriate home care. This information was then fed into the development of the quality standard on transitions in care to support health professionals to know what quality care looks like during transitions, and to improve the care patients receive as they leave the hospital and after they return home.

Our work to spread the Patient Oriented Discharge Summary (PODS) mentioned on page 6 to 25 hospital sites across Ontario was another example of Health Quality Ontario supporting effective transitions in care in Ontario. This discharge tool was also included in the quality standard patient guide. Plus, the quality standard is being shared with organizations across Ontario as they focus on ending hallway healthcare and improving transitions in care through the implementation of their quality improvement plans.

Improving care for patients with complex conditions through the Health Links approach to care

We regularly analyzed and reported on data from the Health Links Teams in 74 regions who coordinate care of 74,590 patients with multiple chronic conditions or complex needs, creating an enhanced performance measure framework to better monitor the impact of the Health Links approach on patient experience, quality and cost. We also identified and shared innovations among Health Links throughout the year to support their efforts to effectively coordinate care. In November, we built on the valuable lessons learned from Health Links about providing coordinated care by organizing a leadership summit for 365 participants (with 132 joining virtually from the North) about how to better integrate care for people with mental illness and addictions. The Deputy Minister of Health was one of our keynote speakers.

As the province moves to Ontario Health Teams, the lessons we have learned from supporting and monitoring the progress of Health Links, including the models supporting integration of care, will be very helpful.

Clinical efficiency and payment modernization

In collaboration with the Ministry of Health and Long-Term Care, the Ontario Hospital Association and clinical partners, Health Quality Ontario helped design the plans and provided support for the implementation of several payment innovations planned for 2019-20. The evidence-based funding models are for:

- Knee arthroscopy
- Non-cancer hysterectomy
- Shoulder replacement
- Hip and knee replacement

Health Quality Ontario also assisted the Ministry in developing a framework and process for identifying areas of low value care where funding changes may reduce utilization and drive higher value.

Health Quality Ontario also helps provide secretariat support for the Hospital Advisory Committee, a committee of the Ministry of Health and Long-Term Care and the Ontario Hospital Association.

Bundled care

In 2018-19, Health Quality Ontario established and operated a Bundled Care Community of Practice with more than 400 members representing 33 hospitals and their community partners participating in the first year of provincial implementation of the hip and knee bundled care program. The Community of Practice supported them in their implementation and quality improvement efforts.

Patient Partnering

Health Quality Ontario was guided by the lived experience of 22 members of its Patient, Family and Public Advisors Council and met with them five times in 2018-19 to discuss strategic items such as Health Quality Ontario's business plan, its quality standards' program and how HQO was working to improve integrated care. The Council is made up of individuals from diverse backgrounds with varying health care experiences and from regions across Ontario. Many of our advisors face barriers themselves when accessing health care, including people from Northern and rural Ontario, newcomers, and people with mental health challenges and addictions.

In addition, Health Quality Ontario drew from its broader 600+ Patient, Family and Public Advisors Network weekly, inviting members to actively participate in a total of 29 HQO projects this year. Examples included hundreds of patients and caregivers from across Ontario actively participating on our quality standards advisory committees, sharing their lived experiences with various technologies or services to provide important context for various health technology assessments, and sharing their stories and experiences in our yearly report on how the health system is performing (to bring life to the data). In addition, 33 other organizations accessed our broader Advisors Network for patient/caregiver partners at various times throughout the year for their own patient partnering initiatives.

Health Quality Ontario also continued to help patients and health-care providers across the system build their own capacity to effectively engage with each other to improve health-care quality at the local level. This work included a quarterly refresh of Health Quality Ontario's online hub of best practices from around the world; responding to requests for consultation; and co-designing a tool with patients that organizations can use to address the barriers they say they commonly face when partnering with patients. The tool launched in early 2019-20. In addition, Health Quality Ontario worked with its Patient, Family and Public Advisors Council on a tool for patients on how the health system works (and based on a request from patients across Ontario), to help new patient advisors coming into the system (e.g. as members of other organizations' patient and family public advisors councils) quickly understand the basics.

Patient Ombudsman

Patient Ombudsman is a champion for fairness in health care. They facilitate resolutions and investigate complaints about patient care and health-care experiences. Patient Ombudsman takes the time to listen closely to all perspectives without taking sides. Their work aims to improve the system for everyone by shining a light on issues of concern.

In its second year, Patient Ombudsman received over 2,300 complaints. Patient Ombudsman has jurisdiction over Ontario's public hospitals, long-term care homes, as well as home and community care services coordinated by the Local Health Integration Networks (LHINs).

Health Quality Ontario provides finance, procurement, human resources and information technology support to Patient Ombudsman.

Our Performance in 2018-19

In addition to the outcomes and outputs already highlighted throughout this report, Health Quality Ontario measures its core programs and products with other key performance indicators – to evaluate reach and impact on the Ontario health-care landscape. Below are additional indicators.

This was the first year Health Quality Ontario started to include targets for most of its indicators.

Program	Indicator	Q4	Target
Health System Performance			
Public Reporting	# of Health Quality Ontario public report downloads and digital interactions	610,991	
***MyPractice* Reports**	% of targeted Ontario physicians who voluntarily subscribe to a *MyPractice* Report	36%	35%
Quality Improvement			
Quality Improvement Plans	% of Quality Improvement Plans submitted	99.9% 1064/1065	100%
Ontario Surgical Quality Improvement Network	# of hospitals across Ontario who reported on their progress of reducing infection rates	28*	29
IDEAS	% of survey respondents from the IDEAS Webinar Series who indicated they were 'likely' or 'very likely' to implement or apply at least one QI idea or concept	96%	90%
Health Quality Transformation (HQT) Conference	% of HQT delegates surveyed who responded, "very good" or "excellent" to "Overall, how would you rate your experience?" at HQT	88%	88%
Quality Improvement and Patient Safety Forum (QIPSF)	% QIPSF survey respondents who said, "very good" or "excellent" to "Overall, how would you rate your experience?" at QIPSF	94%	80%
Quality Standards			
Quality Standards	% of survey respondents who indicated they intend to use a quality standard to support quality improvement	98%	80%
Health Technology Assessments			
Health Technology Assessments	# of recommendations submitted to the Ministry since April 1, 2013 for which the Ministry has provided a response	59/80	52/70

Supporting Integrated Care			
Health Links	% of survey respondents who indicated they were 'likely' or 'very likely' to implement at least one idea or concept from a Health Links Community of Practice session	75%**	80%
Patient Partnering			
Patient and Public Partnering	% of Health Quality Ontario patient partners surveyed who “agree” or “strongly agree” they can identify examples of how patient and caregiver partners are influencing HQO’s work	100%	
	% of participants (patients or health professionals) in a learning activity who say they are “likely” or “very likely” to use at least one concept/piece of advice/new resource in their work	100%	75%

** An infection reduction plan is part of the 29th hospital’s 2019-20 surgical quality improvement plan and work is continuing to support their efforts to reduce their infection rates.*

*** Based on feedback from the survey results, content is being improved to help all respondents implement at least one idea or concept from a Health Links Community of Practice session.*

Governance

Health Quality Ontario Board membership for the 2018-19 fiscal year is listed below, along with their terms:

HQO Board Member	Term
Andreas Laupacis (Chair)	June 12, 2013 to March 8, 2019
Shelly Jamieson (Vice-Chair)	October 23, 2013 to March 8, 2019
Simon Brascoupe	January 8, 2018 to March 8, 2019
Tom Closson	August 15, 2012 to August 14, 2018
Stewart Kennedy	June 17, 2015 to March 8, 2019
Bernard Leduc	January 4, 2017 to March 8, 2019
Julie Maciura	April 2, 2014 to March 8, 2019
Angela Morin	November 18, 2017 to March 8, 2019
James Morrisey	April 10, 2013 to March 8, 2019
Camille Orridge	May 3, 2017 to March 8, 2019
Dorothy Pringle	May 17, 2017 to March 8, 2019
Rick Vanderlee	July 21, 2015 to March 8, 2019

Pursuant to subsection 3(8) of Ontario Regulation 445/10 made under the *Excellent Care for All Act, 2010*, members of the Health Quality Ontario Board are entitled to be paid remuneration as is fixed by the Lieutenant Governor in Council and are entitled to be reimbursed for reasonable expenses incurred in performing their duties. The Board's remuneration rates are approved by Treasury Board/Management Board of Cabinet in accordance with the Agencies and Appointments Directive.

During 2018-19, total remuneration for all of the aforementioned Board members was $43,640.

On March 8, 2019, the appointments of the aforementioned members were revoked and new Health Quality Ontario Board appointments were put in place. (Note: the new appointees to the Health Quality Ontario Board are also cross-appointed to the new Ontario Health Board). The names of the new Health Quality Ontario Board members, along with their appointment terms, are set out below:

Health Quality Ontario Board Member	Term
Bill Hatanaka (Chair)	March 7, 2019 to March 6, 2020
Elyse Allan (Vice-Chair)	March 7, 2019 to March 6, 2020
Adalsteinn Brown	March 7, 2019 to March 6, 2020
Alexander Barron	March 7, 2019 to March 6, 2020
Andrea Barrack	March 7, 2019 to March 6, 2020
Anju Kumar	March 7, 2019 to March 6, 2020
Garry Foster	March 7, 2019 to March 6, 2020
Jacqueline Moss	March 7, 2019 to March 6, 2020
James (Jay) Aspin	March 7, 2019 to March 6, 2020
Paul Tsaparis	March 7, 2019 to March 6, 2020
Robert Devitt	March 7, 2019 to March 6, 2020

The first meeting of the new Board was in April 2019, so their total remuneration in 2018-19 was $0.

Financial Performance

As a government agency, Health Quality Ontario receives public funding from the Ministry of Health and Long-Term Care and manages its resources in a prudent manner, in alignment with directions from the government and the needs of Ontarians

Health Quality Ontario's financial management and reporting system, corporate scorecard, and strategic costing and forecasting tools ensure the careful and efficient use of public funds. In 2018-19, Health Quality Ontario's approved budget of nearly $50.5 million was comprised of base funding of $39.5 million to support its core activities, and additional project funding of $10.9 million.

In addition, Health Quality Ontario continued to support the Patient Ombudsman, providing back-office support in the development and ongoing operations of the office. The 2018-19 approved Patient Ombudsman budget of nearly $3.9 million supported its mandate to receive, attempt to resolve and investigate complaints about the health-care experiences of patients in certain Ontario health sector organizations.

In the first quarter of the fiscal year, Health Quality Ontario began adopting the Government's expenditure restrictions. Throughout the year, Health Quality Ontario cancelled or reduced project spending due to scope change, cancelled a number of procurements and significantly reduced recruitment resulting in a large number of vacancies. In addition, direct operating expenses were pared back to commensurate with the expenditure restrictions.

Of the total $50.5 million, Health Quality Ontario transferred nearly $6.0 million to partner health sector organizations involved in advancing health-care quality across the health system.

Combined with the Patient Ombudsman, Health Quality Ontario ended the 2018-19 fiscal year with a surplus of $3.6 million after returning nearly $6.3 million of funding to the Ministry of Health and Long-Term Care during the year as in-year recoveries.

ONTARIO HEALTH QUALITY COUNCIL
o/a HEALTH QUALITY ONTARIO

FINANCIAL STATEMENTS

MARCH 31, 2019

ONTARIO HEALTH QUALITY COUNCIL
o/a HEALTH QUALITY ONTARIO

MARCH 31, 2019

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Loftus Allen & Co. Professional Corporation
Chartered Professional Accountants

INDEPENDENT AUDITOR'S REPORT

To the Members of the Board of Directors of the Ontario Health Quality Council o/a Health Quality Ontario

Opinion

We have audited the accompanying financial statements of Ontario Health Quality Council o/a Health Quality Ontario, which comprises the statement of financial position as at March 31, 2019, and the statements of operations and surplus, change in net debt, and cash flows for the year then ended, and a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Ontario Health Quality Council o/a Health Quality Ontario as at March 31, 2019, and the results of its operations and surplus, change in its net debt, and its cash flows for the year then ended in accordance with the Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibility for the Audit of the Financial Statements section of our report. We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis of our opinion.

Annual Report

Management is responsible for the annual report. The annual report comprises the information included in Management's Discussion and Analysis.

Our opinion on the financial statements does not cover the annual report and will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the annual report identified above and, in doing so, consider whether the annual report is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

The Management's Discussion and Analysis is expected to be made available to us after the date of auditor's report. If, based on the work we will perform on this annual report, we conclude that there is a material misstatement of this other information, we are required to report that fact to those charged with governance.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with the governance are responsible for overseeing the organizations financial reporting process.

Auditor's Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and

related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events of conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonable be thought to bear on our independence, and where applicable, related safeguards.

Loftus Allen & Co
Professional Corporation

Chartered Professional Accountants,
authorized to practice public accounting by
Chartered Professional Accountants of Ontario

Toronto, Ontario
June 13, 2019

ONTARIO HEALTH QUALITY COUNCIL
o/a HEALTH QUALITY ONTARIO

STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2019
(with comparative figures for **2018***)*

	2019	2018
FINANCIAL ASSETS		
Cash	**$ 8,672,012**	$ 8,831,705
Recovery of transfer payment	**142,492**	-
Due from the Ministry of Health and Long-Term Care ("MOHLTC"), *note 3*	**103,602**	18,992
Harmonized sales tax receivable	**198,384**	459,232
	9,116,490	9,309,929
LIABILITIES		
Accounts payable and accrued liabilities	**3,541,787**	7,237,075
Due to the MOHLTC, *note 3*	**3,620,590**	292,800
Deferred capital contributions:		
Deferred revenue, *note 4*	**1,954,113**	1,780,054
Invested in tangible capital assets, *note 4*	**1,066,994**	1,637,983
	10,183,484	10,947,912
NET FINANCIAL ASSETS (DEBT), ***note 6***	**(1,066,994)**	(1,637,983)
COMMITMENTS, ***note 7***		
NON-FINANCIAL ASSETS		
TANGIBLE CAPITAL ASSETS, ***note 5***	**1,066,994**	1,637,983
ACCUMULATED SURPLUS	**$ -**	$ -

Approved by the Board of Directors:

William Hatanaka, Board Chair

Garry Foster, Director

The attached notes are an integral part
of these financial statements

ONTARIO HEALTH QUALITY COUNCIL
o/a HEALTH QUALITY ONTARIO

STATEMENT OF OPERATIONS AND SURPLUS
FOR THE YEAR ENDED MARCH 31, 2019

(with comparative figures for **2018***)*

	2019	2018
REVENUE - ***Schedule of Operations***		
Ministry of Health and Long-Term Care	**$ 54,335,105**	$ 48,990,922
Decrease (Increase) in capital contributions, *note 4*	**396,930**	(1,632,815)
In-year recovery of funding by the Ministry of Health and Long-Term Care, *Note 3*	**(6,298,000)**	-
	48,434,035	47,358,107
EXPENSES - ***Schedule of Operations***		
Legislated Mandates		
Evidence Development and Recommendations on Clinical Care Standards and Funding for Health Care Services and Medical Devices	**8,728,998**	8,883,072
Monitoring and Reporting to the People of Ontario on Health System Performance	**5,603,059**	5,286,957
Promoting Enhanced Patient Relations in Health Sector Organizations	**704,476**	839,650
Supporting Continuous Quality Improvement	**15,594,504**	15,870,355
Office of the Patient Ombudsman		
Receive, Respond, Facilitate Resolutions, and Conduct Investigations of Patient Complaints	**3,072,915**	3,076,172
Supporting Infrastructure for Both Organizations		
Governance and Operations	**11,340,216**	13,229,230
	45,044,168	47,185,436
UNSPENT BUDGETED FUNDS, ***note 3***	**3,389,867**	172,671
INTEREST INCOME, ***note 3***	**230,723**	120,129
SURPLUS PRIOR TO REPAYMENT TO THE MINISTRY OF HEALTH AND LONG-TERM CARE, ***note 3***	**3,620,590**	292,800
DUE TO THE MINISTRY OF HEALTH AND LONG-TERM CARE, ***note 3***	**3,620,590**	292,800
SURPLUS	**$ -**	$ -

The attached notes are an integral part
of these financial statements

ONTARIO HEALTH QUALITY COUNCIL
o/a HEALTH QUALITY ONTARIO

STATEMENT OF CHANGE IN NET DEBT
FOR THE YEAR ENDED MARCH 31, 2019

(with comparative figures for **2018***)*

	2019	2018
ANNUAL SURPLUS	**$ -**	$ -
ACQUISITION OF TANGIBLE CAPITAL ASSETS	**(194,564)**	(972,406)
AMORTIZATION OF TANGIBLE CAPITAL ASSETS, ***note 4***	**765,553**	812,545
DECREASE (INCREASE) IN NET DEBT	**570,989**	(159,861)
NET DEBT, BEGINNING OF YEAR	**(1,637,983)**	(1,478,122)
NET DEBT, END OF YEAR - ***note 6***	**$ (1,066,994)**	$ (1,637,983)

The attached notes are an integral part
of these financial statements

ONTARIO HEALTH QUALITY COUNCIL
o/a HEALTH QUALITY ONTARIO

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2019
(with comparative figures for **2018***)*

	2019	2018
OPERATING TRANSACTIONS		
Annual surplus	$ -	$ -
Less: items not affecting cash		
Amortization of tangible capital assets, *note 4*	**765,553**	812,545
	765,553	812,545
Changes in non-cash operating items		
Due from the MOHLTC regarding funding	**(84,610)**	1,696,008
Harmonized Sales Tax receivable	**260,848**	(299,416)
Recovery of transfer payments	**(142,492)**	-
Accounts payable and accrued liabilities	**(3,695,288)**	854,394
Due to the MOHLTC	**3,327,790**	(3,358,134)
	431,801	(294,603)
CAPITAL TRANSACTIONS		
Acquisition of tangible capital assets	**(194,564)**	(972,406)
FINANCING TRANSACTION		
Increase in deferred capital contributions - deferred revenue *note 4*	**174,059**	1,472,954
(Decrease) Increase in deferred capital contributions - invested in tangible capital assets *note 4*	**(570,989)**	159,861
Cash applied to financing transactions	**(396,930)**	1,632,815
(DECREASE) INCREASE IN CASH	**(159,693)**	365,806
CASH, beginning of year	**8,831,705**	8,465,899
CASH, end of year	**$ 8,672,012**	$ 8,831,705

The attached notes are an integral part
of these financial statements

1. THE ORGANIZATION

a) Health Quality Ontario is the provincial advisor on the quality of health care, providing advice to specific health sectors, the system at-large, and the Minister of Health and Long-Term Care on how to make health care better for patients and health care providers. Created as the Ontario Health Quality Council through legislation on September 12, 2005, Health Quality Ontario is an agency of the Ministry of Health and Long-Term Care. The Council was granted the business name Health Quality Ontario on February 15, 2011 after our mandate expanded under additional legislation. Our mandate is to:

- Report to the public on how the health system is performing,
- Find the best evidence of what works,
- Translate this evidence into concrete standards and tools that health care professionals and organizations can put into practice to support quality improvement.

In 2014, amendments were made to our legislation to establish a Patient Ombudsman in Ontario. The Patient Ombudsman office officially launched in July 2016. Legislation empowers the Patient Ombudsman to investigate, facilitate the resolution of, and report on complaints made by patients, former patients, and their caregivers that relate to the care or health care experience of the patient or former patient at a hospital, long-term care home, or home and community services coordinated by Local Health Integration Networks. The Patient Ombudsman has its own office, and Health Quality Ontario provides finance, human resources and information technology support.

In 2016, Health Quality Ontario's mandate expanded through legislation to include making recommendations to the Ministry of Health and Long-Term Care regarding clinical care (quality) standards. Health Quality Ontario delivers on this expanded mandate through the creation of the Ontario Quality Standards Committee, as a committee of the Board, whose members include health care professionals and clinicians, as well as patients, caregivers and others whose lived experiences are the same as the standards are addressing.

1. THE ORGANIZATION - continued

b) On May 2, 2018, Health Quality Ontario and the Patient Ombudsman signed a Charter that effectively supports the separation of Patient Ombudsman operations with respect to physical office space, branding, and all aspects of the statutory mandate of the Patient Ombudsman and as defined in legislation. The Patient Ombudsman operates under Health Quality Ontario's Delegation of Authority reporting through the Chief Executive Officer of Health Quality Ontario with respect to the administrative aspects of the office.

An independent audit of Patient Ombudsman confirmed appropriate due diligence of the financial statements of Patient Ombudsman, stated within this combined report. These financial statements result from the separate independent audits of Health Quality Ontario and Patient Ombudsman, and present their combined financial position and operations, as they are legally one entity under the Ontario Health Quality Council, as defined in legislation.

c) Health Quality Ontario is, and exercises its powers only as, an agent of the crown. As an agent of the crown, Health Quality Ontario is not subject to income taxation. Limits on Health Quality Ontario's ability to undertake certain activities are set out in both the legislation and Memorandum of Understanding between Health Quality Ontario and the Ministry of Health and Long-Term Care.

d) The People's Health Care Act

On April 18, 2019, *The People's Health Care Act* (the "Act") received Royal Assent. This legislation is a key component of the government's plan to build a modern, sustainable and integrated health care system. The Act grants the Minister of Health and Long-Term Care (the "Minister") the power to transfer assets, liabilities, rights, obligations and employees of certain government organizations, including Ontario Health Quality Council o/a Health Quality Ontario, into Ontario Health (a new Crown Agency created by the Act), a health service provider, or an integrated care delivery system. The Act also grants the Minister the power to dissolve these organizations.

1. THE ORGANIZATION - continued

On March 8, 2019, the members of the board of directors of Ontario Health were appointed to also constitute the board of Ontario Health Quality Council o/a Health Quality Ontario. The board of directors of Ontario Health is tasked with overseeing the transition process of transferring multiple provincial agencies into Ontario Health. Following the transfer, Ontario Health Quality Council o/a Health Quality Ontario would be dissolved.

The transition process is expected to occur over a number of years. A potential transfer and dissolution date is currently unknown. In the meantime, Ontario Health Quality Council o/a Health Quality Ontario continues to operate as required under the Excellent Care for All Act, 2010, and in accordance with its accountability agreement with the Minister.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Significant accounting policies adopted by Health Quality Ontario are as follows:

(a) Basis of presentation

The financial statements of the organization have been prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations, including the 4200 series of standards, as issued by the Public Sector Accounting Board ("PSAB for Government NPOs").

(b) Revenue recognition

The organization follows the deferral method of accounting for government funding. Income is recognized as the funded expenditures are incurred. In accordance with the Ministry of Health and Long-Term Care guidelines, certain items have been recognized as expenses although the deliverables have not yet all been received. These expenses are matched with the funding provided by the Ministry for this purpose.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

(c) Government transfer payments

The financial statements recognize government transfer payments from the Ministry of Health and Long-Term Care in the year authorized, the events giving rise to the transfer occur, performance criteria met, and reasonable estimates of the amount made. Certain amounts, including transfer payments from the Ministry, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the Ministry of Health and Long-Term Care at period end.

(d) Deferred capital contributions

Any amounts received and committed to fund expenditures that are recorded as tangible capital assets, are initially recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of Operations and Surplus, is in accordance with the amortization policy applied to the related capital asset recorded.

(e) Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at nominal value.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred. Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Office furniture and fixtures	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method

(f) Donated materials and services

Value for donated materials and services by voluntary workers has not been recorded in the financial statements. These services are not normally purchased by the organization and their fair value is difficult to determine.

(g) Measurement uncertainty

The preparation of financial statements in conformity with Canadian public sector accounting standards for government not-for-profit organizations requires management to make estimates and assumptions that affect the reporting amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of the revenues and expenses during the period.

Estimates are based on the best information available at the time of preparation of the financial statements and are reviewed annually to reflect new information as it becomes available. Measurement uncertainty exists in these financial statements. Actual results could differ from these estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

(h) Employee pension plans

The employees of Health Quality Ontario participate in the Public Service Pension Plan which is a defined benefit pension plan for the employees of the province and many provincial agencies. The province of Ontario, which is the sole sponsor of the Public Service Pension Plan, determines Health Quality Ontario's annual payments to the fund. Since Health Quality Ontario is not a sponsor of these funds, gains and losses arising from statutory actuarial funding valuations are not assets or obligations of Health Quality Ontario, as the sponsor is responsible for ensuring that the pension funds are financially viable. Health Quality Ontario's expense is limited to the required contributions to the Public Service Pension Plan as described in note 10.

3. THE MINISTRY OF HEALTH AND LONG-TERM CARE

In accordance with the Ministry of Health and Long-Term Care financial policy, surplus funds received in the form of grants, interest and other recoveries are recovered by the Ministry of Health and Long-Term Care. During the year the Ministry of Health and Long-Term Care conducted a financial reconciliation and review of HQO's results and determined that the current year's funding would be reduced by $6,298,000.

	2019	2018
Unspent budgeted funds HQO	**$ 2,643,006**	$ 3,480
Unspent budgeted funds PO	**568,854**	169,191
Recoveries from Transfer Payment Recipients	**178,007**	-
	3,389,867	172,671
Interest income	**230,723**	120,129
Due to the MOHLTC	**$ 3,620,590**	$ 292,800
Recovery of secondment expenses	**$ 103,602**	$ 18,992
Due from the MOHLTC	**$ 103,602**	$ 18,992

4. DEFERRED CAPITAL CONTRIBUTIONS

	2019	2018
Balance, beginning of year	**$ 3,418,037**	$ 1,785,222
Add: Capital contributions received during the year	**368,623**	2,445,360
Less: Amortization for the year	**(765,553)**	(812,545)
(Decrease) Increase in capital contributions	**(396,930)**	1,632,815
Balance, end of year	**$ 3,021,107**	$ 3,418,037
Composed of:		
Deferred revenue	**$ 1,954,113**	$ 1,780,054
Invested in tangible capital assets	**1,066,994**	1,637,983
Balance, end of year	**$ 3,021,107**	$ 3,418,037

Deferred revenue relates to future capital commitments approved by the Ministry of Health and Long-Term Care.

5. TANGIBLE CAPITAL ASSETS

	2019			2018
	Cost	**Accumulated amortization**	**Net Book value**	**Net Book value**
Computer and equipment	**$ 1,133,392**	**$ 1,081,351**	**$ 52,041**	$ 254,284
Office furniture and fixtures	**1,088,420**	**960,877**	**127,543**	33,452
Leasehold improvements	**3,761,440**	**2,874,030**	**887,410**	1,350,247
	$ 5,983,252	**$ 4,916,258**	**$ 1,066,994**	$ 1,637,983

6. NET DEBT

The net debt position reflects the funding from the Ministry of Health and Long-Term Care that is invested in net tangible assets. The net debt position of Health Quality Ontario is calculated as the difference between all its liabilities and its financial assets which are made up of cash and receivables. The Statement of Change in Net Debt also reflects the amortization of tangible capital assets over their useful life in accordance with note 2(d).

7. COMMITMENTS

Health Quality Ontario has commitments under various operating leases related to building and equipment. Lease renewals are likely. Minimum lease payments due over the remaining term of existing leases are as follows:

2020	$2,402,440
2021	$1,957,562
2022	$1,927,783
2023	$1,758,368
2024	$ 843,639

8. ECONOMIC DEPENDENCE

Through legislation amendments proclaimed in 2017, Health Quality Ontario has been granted the power to receive money or assets by way of grant, gift, contribution or profit to further its functions. In 2018- 2019, Health Quality Ontario received all its funding from the Ministry of Health and Long-Term Care.

9. FINANCIAL INSTRUMENTS

Fair value - The carrying value of cash, accounts payable and accrued liabilities as reflected in the financial position approximate their respective fair values due to their short-term maturity or capacity for prompt liquidation. The organization holds all its cash at one financial institution.

Liquidity risk - the risk that the organization will not be able to meet all cash flow obligations as they come due. The organization mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and forecasting.

10. EMPLOYEE FUTURE BENEFITS

Health Quality Ontario's employer pension contributions totaled $2,245,137 (2018 - $1,971,171). Its employees belong to the Public Service Pension Plan, which is a multi-employer plan sponsored by the Government of Ontario. The plan is a contributory defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. Contributions are calculated on a rate of 6.9% of annual salary up to the year's maximum pensionable earnings (YMPE) plus 10% above YMPE. Health Quality Ontario matches the employee's contribution. Health Quality Ontario is not responsible for the cost of employee post-retirement, non-pension benefits. These costs are the responsibility of the Government of Ontario.

11. BOARD MEMBERS' REMUNERATION

The Board’s remuneration requirements and rates are determined through the Public Appointments Secretariat and relates to the Board’s governance of Health Quality Ontario. During the year total remuneration of all board members was $43,640.

12. PROJECTS

SUMMARY OF PROJECTS:

	2019	2018
IDEAS & QIPSF	**$ 2,281,280**	$ 2,546,430
NSQIP	**1,916,946**	2,131,498
EQIP CMHA	**758,408**	666,747
ARTIC MSK	**756,986**	178,714
Practice Reports	**604,409**	-
GeMQIN	**533,191**	-
CWC	**518,761**	500,539
ARTIC	**337,875**	868,542
Diagnostic Imaging Peer Review	**272,108**	309,167
OPIC	**136,251**	47,617
Evaluation of Primary Care Collaborative Memory Clinics	**99,000**	98,900
CMHA	**-**	84,407
Total	**$ 8,215,215**	$ 7,432,561

$7,638,964 of the above projects are included in Supporting Continuous Quality Improvement while $440,000 is included in Monitoring and Reporting to the People of Ontario on Health System Performance and $136,251 is included in Evidence Development and Recommendations on Clinical Care Standards and Funding for Health Care Services and Medical Devices on the Statement of Operations and Surplus.

Improving & Driving Excellence Across Sectors (IDEAS) & Quality Improvement Patient Safety Forum (QIPSF)

IDEAS is a provincial applied learning strategy delivered through a collaborative partnership between Ontario’s six universities that have faculties of medicine and health sciences, Health Quality Ontario, the Institute for Clinical Evaluative Sciences, and the Institute of Health Policy, Management and Evaluation at the University of Toronto. The aim is to build quality improvement capacity and leadership throughout the health system through this collaborative arrangement.

The Quality Improvement Patient Safety Forum aims to enhance the quality of health care and patient safety by enabling attendees to build skills and learn about practical innovations for improving health care quality. This was a joint conference of Health Quality Ontario, the Centre for Quality Improvement for Patient Safety, and the IDEAS program.

12. PROJECTS - continued

The Ontario Surgical Quality Improvement Network (NSQIP)

The Ontario Surgical Quality Improvement Network is part of an internationally recognized initiative to measure and improve the quality of surgical care. Health Quality Ontario provides hospitals in Ontario with financial support to implement a surgical quality improvement program that improves patient care and outcomes, and decreases surgical complications and the cost of health care delivery throughout an 18-month run-in phase. Following the run-in period hospitals continue to participate in the Ontario Surgical Quality Improvement Network that allows for comparison of outcomes, sharing best practices and successes, and achieving common improvement goals.

Excellence Through Quality Improvement Project (EQIP)

This program is an 18-month partnership project between Addictions & Mental Health Ontario, Canadian Mental Health Association - Ontario and Health Quality Ontario to promote and support quality improvement. The project is working to enhance quality improvement capacity in the community mental health and addictions sector by delivering quality improvement and leadership training; providing access to advanced learning programs related to quality improvement; implementing quality improvement and data coaching support; and creating a virtual community of practice that will facilitates knowledge translation regarding quality improvement and data collection within the community mental health and addictions sector.

Adopting Research to Improve Care - Musculoskeletal (ARTIC MSK)

This initiative is investing in a central intake system to ensure those who suffer from pain in their hips, knees and lower back can improve access to assessments and treatment options faster and closer to home and to reduce wait times for surgery.

Practice Reports

Practice Reporting provides data and improvement ideas to health care professionals and facilities about their own performance compared to their peers, and to highlight best practices to support improvement efforts to best meet the evolving health needs of their patients.

12. PROJECTS – continued

Reporting includes primary care practice reports, long-term care practice reports and hospital/specialist performance series reports and development of focused practice reports supporting the implementation of the Ministry's opioids strategy.

General Medicine Quality Improvement Network (GeMQIN)

This initiative explores how Health Quality Ontario can better support quality improvement efforts in hospital-based General Internal Medicine programs, including appropriate evaluation of practices, opportunities for improvement and convening a network/community of practice. This network brings general medicine physicians and care teams together to learn new ways to improve their patient care and to reduce variation in care. It also helps to address provincial priorities such as hallway health care. The program is also putting data in the hands of general medicine physicians at 7 hospital sites about their practice patterns, while also giving them collective data about their peers for added context. The network provides resources to help members implement change initiatives within their hospital division, and the chance to learn from others across the province.

Choosing Wisely Canada (CWC)

Choosing Wisely Canada is a national initiative and campaign designed to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and ultimately impact the reduction in use of unnecessary tests. A key aspect of their work is working with experts, particularly the medical profession, to identify opportunities to reduce interventions where evidence no longer warrants their use. Health Quality Ontario is a collaborator linking Choosing Wisely Canada's work with other major quality improvement initiatives in Ontario. Some examples include how data related to tests targeted for reduction is available through clinician's practice reports or organizational level reporting, or how the Ontario Surgical Quality Improvement Network adopts Choosing Wisely Canada's recommendations related to surgery. In collaboration with ARTIC, Health Quality Ontario's program with the Council of Academic Hospitals of Ontario, we also accelerated the spread of Choosing Wisely Canada recommendations to specific hospitals and family health teams across the province.

12. PROJECTS - continued

Adopting Research to Improve Care (ARTIC)

The Council of Academic Hospitals of Ontario originally developed the ARTIC program to accelerate the adoption of research evidence within hospital settings. The ARTIC program is a proven model for accelerating and supporting the implementation of research evidence into practice contributing to quality care across Ontario. Two major spread projects were **META:PHI (Mentoring, Education, and Clinical Tools for Addiction: Primary Care-Hospital Integration)** a proven program for people with an opioid addiction and **DA VINCI (Depression and Alcoholism – Validation of an Integrated Care Initiative),** a program to screen and treat depression and alcoholism together.

Diagnostic Imaging Peer Review

This initiative represents a program to support facilities in implementing a diagnostic imaging peer review program, and establishing related provincial-level supports. The initial steps are focused on designing and making available a toolkit to hospitals through partnership. Additional aspects could involve providing operational management support on clinical adoption, and deploying on-the-ground coaches to move early adopters through communities of practice to full provincial implementation and spread.

Ontario Payment Innovation Collaborative (OPIC)

The Ontario Payment Innovation Collaborative supports the design, implementation, and evaluation of innovative payment models in Ontario. The collaborative includes key stakeholder groups, such as the Ministry of Health and Long-Term Care, the Institute for Clinical Evaluative Sciences, the Health System Performance Research Network, and the Ontario Strategy for Patient-Oriented Research Support Unit Evaluation Group.

Evaluation of Primary Care Collaborative Memory Clinics

Primary Care Memory Clinics improve care for patients by their family doctor and other professionals, such as nurses and social workers, by specially training these professionals in caring for people living with dementia.

12. PROJECTS – continued

The Adopting Research to Improve Care program, a joint program of Health Quality Ontario and the Council of Academic Hospitals in Ontario, supports the spread of these primary care memory clinics to 17 additional sites in Ontario. As part of the province's dementia strategy, Health Quality Ontario is evaluating this program for the Ministry of Health and Long-Term Care, in collaboration with the Council for Academic Hospitals.

Canadian Mental Health Association (CMHA)

The Canadian Mental Health Association is a voluntary organization, which operates at the local, provincial and national levels across Canada. The Ontario section of this association promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness through advocacy, education, research and service. It also provides support to the 32 local Branches of the Canadian Mental Health Association across the province that provide comprehensive mental health and addiction services to approximately 60,000 individuals annually in diverse communities across Ontario. The aim of a Health Quality Ontario collaboration is to evaluate sector-wide quality improvement capacity, and work with community mental health and addiction agencies in Ontario, to establish mental health quality standards and facilitate knowledge exchange to address the existing gaps in care.

13. GUARANTEES

Health Quality Ontario is subject to the provisions of the Financial Administration Act. As a result, in the normal course of business, Health Quality Ontario may not enter into agreements that include indemnities in favour of third parties, except in accordance with the Financial Administration Act and the related Indemnification Directive.

14. COMPARATIVE FIGURES

Comparative figures have been restated to reflect current year's classification of expenses on the statement of operations. There has been no impact on the surplus or net asset position of current or prior years.

SCHEDULE OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2019

	2019	2018
REVENUE		
Ministry of Health and Long-Term Care	**$ 54,335,105**	$ 48,990,922
Amortization of deferred capital contributions, *note 4*	**765,553**	812,545
	55,100,658	49,803,467
Capital purchase funding, *note 4*	**(368,623)**	(2,445,360)
In-year recovery of funding by the Ministry of Health and Long-Term Care, *note 3*	**(6,298,000)**	-
	48,434,035	47,358,107
EXPENSES		
Salaries, Wages and benefits	**33,121,067**	32,410,776
Payments to organizations	**5,972,848**	6,612,634
Information technology and digital and data infrastructure to support wait times and other provincial platforms	**1,330,437**	1,775,601
Events, training and travel including Health Quality Transformation	**865,204**	1,510,455
Leases	**1,596,488**	1,385,426
Audit, legal, compliance, evaluation and other advisory services	**770,317**	1,386,528
Communications and publishing to support public reporting, quality standards and other programs	**291,742**	637,552
Analytic tools and resources	**121,316**	156,205
Office and administration	**387,204**	497,714
Computer and equipment amortization	**234,058**	223,570
Leasehold improvements amortization	**494,575**	584,379
Office furniture and fixtures amortization	**36,919**	4,596
	45,222,175	47,185,436
UNSPENT BUDGETED FUNDS	**3,211,860**	172,671
RECOVERY OF TRANSFER PAYMENTS	**178,007**	-
INTEREST INCOME	**230,723**	120,129
SURPLUS	**$ 3,620,590**	$ 292,800

Health Quality Ontario

Let's make our health system healthier

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