

How the Quality Improvement Plan and the Service Accountability Agreement Can Transform the Health Care System

Local Health Integration Network (LHIN) – Health Quality Ontario (HQO) Quality Improvement Task Group Discussion Document

DRAFT: February 16, 2016
UPDATED: November 2016

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Executive Summary and Key Recommendations

Overview

This discussion document was developed by the Local Health Integration Network (LHIN) – Health Quality Ontario (HQP) Quality Improvement Task Group to define and clarify the role of HQO and the LHINs in supporting ongoing health system improvement. Specifically, this document clarifies how quality improvement and performance management tools (Quality Improvement Plans [QIPs] and the Service Accountability Agreements [SAAs]) can be leveraged to improve care.

There is evidence of confusion and variability in the current application of QIPs across the province. The recent Auditor General's Report 2015 specifically outlined the need for HQO and the LHINs to work together to support quality improvement¹. We see that applications vary and see an opportunity to strengthen connections between strategy and quality.

The LHIN-HQP Quality Improvement Task Group recommends aligning the work of HQO and the LHINs with broader key system *issues*, rather than focusing on quality *indicators* to increase quality in all sectors. By clearly linking HQO's and LHINs' joint objectives through the QIP and the SAA, we can draw full benefit from both of these two levers and achieve excellent care for all.

Key Takeaways

- Both HQO and the LHINs are working with all sectors in different ways to improve quality
- We can improve the alignment between QIPs and SAAs
- Both tools serve an important purpose in health system improvement

Going forward, HQO and the LHINs will commit to the following recommendations and intentions, focusing on the relationship between the QIPs and SAAs.

Recommendations

1. HQO, the LHINs, and the Ministry of Health and Long-Term Care will collaborate to develop a mechanism for all three parties to ensure alignment of the use of the QIPs and SAAs to support health system improvement.
2. Using this mechanism, the Ministry, the LHINs, and HQO will meet regularly (at least yearly) to set priorities related to health system quality and to strategize how to use QIPs and SAAs in a complementary way to achieve these priorities.
 - HQO and the LHINs will ensure that their guidance materials and communications reflect (and reinforce) these shared plans.
3. Noting that the indicators for QIPs and SAAs do not need to be identical to be aligned, HQO, the LHINs, and the Ministry will synchronize QIP and SAA indicator selection timelines and processes to ensure appropriate alignment and communication of changes or priorities.
4. The LHINs and HQO will continue to promote and ensure that health service providers' (HSPs) targets are set in a manner which is consistent with the use of these two levers.
5. The LHINs and HQO will message the importance of HSPs engaging in LHIN-led activities related to QIPs to inform a cross-sector focus. All HSPs (as applicable) will be expected to submit QIPs to HQO, and, at the same time, provide their submissions to their LHIN.
6. HQO and the LHINs will develop strategies to engage sectors not part of the formal QIP program in quality improvement activities and capacity building, ensuring that these strategies are applied consistently across LHINs and that this is done in a way that acknowledges the work completed thus far by individual LHINs and HQO. Some LHINs might work with these other sectors to develop plans addressing quality matters that are not QIPs submitted to HQO.
7. The respective roles of the LHINs and HQO will be complementary. The 14 LHINs will support a defined set of core responsibilities related to QIP processes.

Purpose

Our recommendations will define and clarify the relationship of the QIPs and SAAs from now on, and will describe how both tools can support ongoing health system improvement. This work is directly linked to the LHIN-HQO collaborative agreement, and this document is the output of collaboration in the LHIN-HQO Quality Improvement Task Group.

The terms of reference for the LHIN-HQO Quality Improvement Task Group are included in Appendix A, and key definitions are provided in Appendix B.

Background

To undertake this work, a few important strategic backdrops should be considered: the *Patients First: Action Plan for Health Care* describes priorities for the health system². Second, the more recent *Patients First, a proposal to strengthen patient-centred health care in Ontario* places the recommendations of this report, including the increased accountability of LHINs, in context³.

Patients First: Action Plan for Health Care

The next phase of Ontario's plan for changing and improving Ontario's health system focuses on four key objectives: access, connect, inform and protect.

	Government Promise	Open, transparent, accountable, effectively managed government that provides value for tax dollars		
	Health Promise	Patients First <ul style="list-style-type: none"> • a caring, integrated experience for patients • faster access to quality health services • for all Ontarians at every life stage 		
Policy Pillar:	Access: <ul style="list-style-type: none"> • Improve access – providing faster access to the right care 	Connect: <ul style="list-style-type: none"> • Connect services – delivering better coordinated and integrated care in the community, closer to home 	Inform: <ul style="list-style-type: none"> • Supporting people and patients – providing the education, information and transparency they need to make the right decisions about their health 	Protect : <ul style="list-style-type: none"> • Protect our universal public health care system – making evidence based decisions on value and quality, to sustain the system for generations to come
	Improve System Integration, Accessibility	Modernize Home and Community Care	Increase the Health and Wellness of Ontarians	Ensure Sustainability and Quality

Action Plan for Health Care⁴

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While progress has been made, there is much more to do. We are acting in certain areas to drive results.

- Pockets of excellence need to spread across the system
- Successes need to be scaled up
- Existing tools need to be strengthened

This work will be supported by linking quality, value and performance through greater accountability for results and transparency in decision making.

The *Excellent Care for All Act (ECFAA)*, 2010, puts Ontario patients first by strengthening the health care sector's organizational focus and accountability to deliver high-quality patient care⁵. It articulates what organizations are required to do to improve quality. Specifically, hospitals are required to develop annual QIPs, to make them publicly available, and now to involve patients in QIP development. Also, it requires boards to link executive compensation to annual quality improvement targets. Most of these requirements have been extended to long-term care homes, organized primary care, and community care access centres through policy.

Principles of the Excellent Care for All Act

The people of Ontario and their Government:

Believe that the patient experience and the support of patients and their caregivers to realize their best health is a critical element of ensuring the future of our health care system.

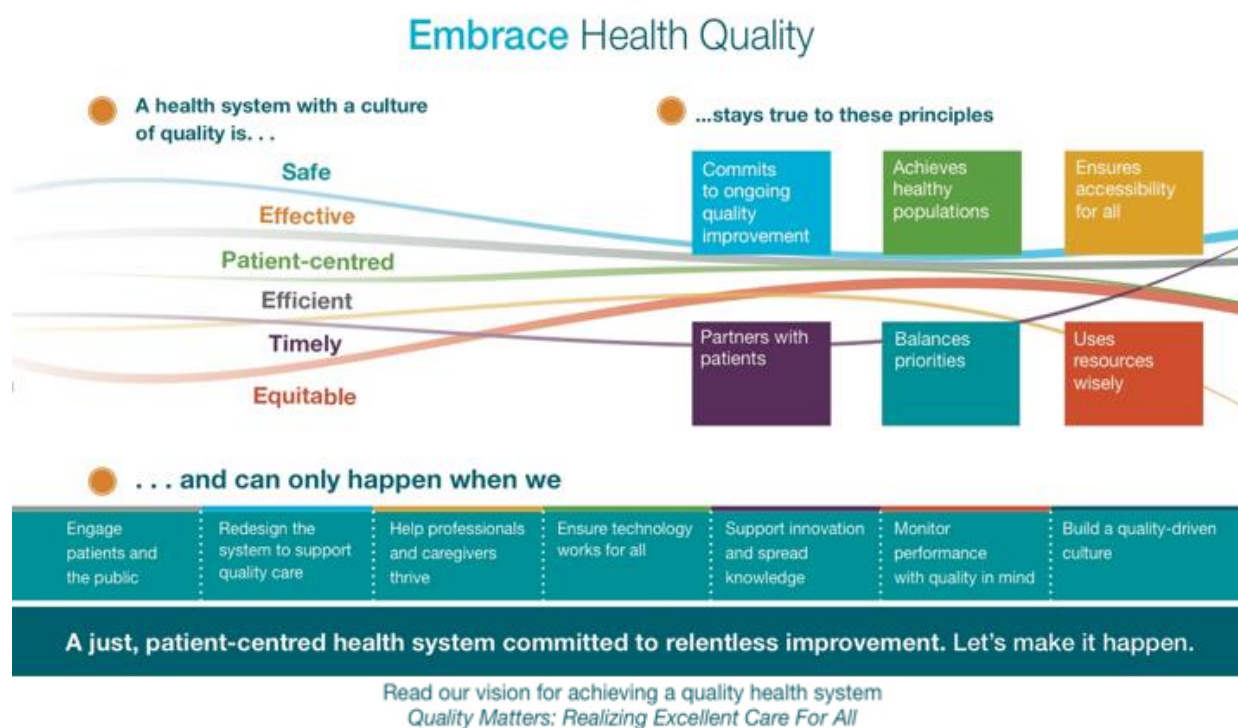
Share a vision for a Province where excellent health care services are available to all Ontarians, where professions work together and where patients are confident that their health care system is providing them with excellent health care.

Recognize that a high-quality health care system is one that is accessible, appropriate, effective, efficient, equitable, integrated, patient-centred, population health-focused and safe.

Believe that quality is the goal of everyone involved in delivering health care in Ontario.

Foundation for Quality Improvement of Our Health Care System

An important component of the overall health strategy is the emphasis on quality and quality improvement across the health system. Building from the *ECFAA*, HQO has articulated its vision for *Realizing Excellent Care for All* offering six domains of quality, a set of principles to guide us and key factors we need to consider in order to instill quality at the core of our health system⁶. Quality will be an integrated and important emphasis of the strategy in the next few years, and HQO and the LHINs are already establishing a strong collaboration in areas such as Health Links and in development of regional quality leadership tables.



Embrace Health Quality

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Foundation for Health System Accountability

Across the province, Ontario's 14 LHINs have the important responsibility of planning, funding, integrating and monitoring the local health care system. Each LHIN is responsible for developing a 3-year strategic plan – called its Integrated Health Service Plan (IHSP) – that reflects key local priorities aligned with provincial directions. These 14 LHINs work in close partnership with local health service providers, patients and other health system partners to implement changes that will improve the health care system and the care received by the people of Ontario. Our LHINs are uniquely positioned to support implementation of Ontario's quality improvement agenda within their local areas.

Office of Ontario's Auditor General Annual Report 2015

The recent Auditor General's *Annual Report 2015* outlines the need for the LHINs and HQO to work together to support quality improvement across the province¹. Specifically, recommendation 8 notes that:

"To help improve patient care and quality of health services, Local Health Integration Networks, in collaboration with Health Quality Ontario, should:

- assess patients' satisfaction with their health service providers and the extent to which they feel they are receiving quality services;

- assess whether a quality improvement plan should be required of all health service providers; and
- ensure health service providers implement the actions contained in the quality improvement plans.”

Current State

To ensure health service providers (HSPs) offer high-quality care, every funded HSP is required, by legislation and ministry directive, to complete a SAA with the LHIN. Multi-sector HSPs can have more than one SAA. Some sectors (or HSPs) are also required to submit a QIP to HQO. However, some sectors, such as Community Support Services, do not (currently) submit QIPs to HQO. Any HSPs with multiple sectors, for example, a hospital with a long-term care home, submit only one QIP.

Mechanisms by which HSPs are required to complete a QIP and submit to HQO

HSPs	Required by
Hospitals	<i>Excellent Care for All Act, 2010</i> ⁴
Community Care Access Centres	Local obligation with LHINs
Long-Term Care Homes	Long-Term Care Home Service Accountability Agreement
Community Health Centres	Local obligation with LHINs
Family Health Teams	Funding agreement with Ministry
Aboriginal Health Access Centres	Funding agreement with Ministry
Nurse Practitioner–Led Clinics	Funding agreement with Ministry

Abbreviations: HQO, Health Quality Ontario; HSP, health service provider; LHIN, local health integration network; QIP, Quality Improvement Plan.

Priorities for QIPs and SAAs are established by the Ministry’s *Patients First: Action Plan for Health Care*³ (the Strategy), in collaboration with stakeholders and in consideration of the Common Quality Agenda. The indicators and plans are then reflected in the QIP or Ministry-LHIN Accountability Agreement (MLAA), respectively. QIP priorities are set by HQO, and targets are set by individual HSPs and reviewed by HQO. The LHINs set priorities and targets for SAAs, with reference to the MLAA.

An organization could have multiple SAAs but is required to submit only one QIP. Some sectors have SAAs but do not submit QIPs.

Need for Clarification

Both HQO and the LHINs have acknowledged that goals vary across the province. Feedback from providers tells us this is an opportunity to clarify and, ideally, to standardize our approaches. We have not yet explicitly linked the processes to align priorities and identify opportunities to use both QIPs and

SAAAs to advance quality. System-wide quality improvement is the vision for all health care sectors, using the QIP and the SAA as levers for change.

With reference to the Common Quality Agenda, HQO annually establishes quality priority areas for improvement, expressed through the priority indicators included in the QIP. QIPs are an important improvement tool but are not an “accountability” or “performance management” tool. The Board and senior leadership are accountable for the commitments made (for targets set and for undertaking quality improvement activities) in the quality improvement plan. As quality improvement initiatives and the QIP program develop, HQO works with the Ministry of Health and Long-Term Care to assess, and provide advice on, the possibility of incorporating additional sectors into the QIP program. HSPs are encouraged to share their QIP with their LHIN.

With reference to the MLAA, LHINs establish their annual priorities. Involvement of LHINs in developing QIPs varies across the province; for example, some ask to approve the plan before submission, and some look to be copied on or after submission. Some HSPs include references to the SAAs in their QIPs, but this practice is inconsistent. Some LHINs include references to the QIPs in their SAAs, but this is also inconsistent. Some LHINs require HSPs to submit QIPs even if they are not required to submit a QIP to HQO (the need for a consistent approach was flagged in the Auditor General’s Report¹). In general, organizations are confused about the relationship between the QIPs and the SAAs.

Key Questions

- What is, and what should be, the relationship between QIPs and SAAs?
- How can these two tools work together to support quality?
- What is the role of the LHIN versus HQO with QIPs and the SAAs?
- How can the LHINs and HQO work together to support advancing a common quality agenda?

Difference Between Performance Measurement and Quality Measurement

Performance Measurement Purpose

- Feedback on strategic activities to guide planning efforts
- Support of better and faster budget decisions and control of processes in the organization
- Accountability and incentives based on real data, not anecdotes and subjective judgments

Target-setting: targets define contractual expectations of performance.

Quality Measurement Purpose

- Quantitative understanding of a process so that worthwhile interventions might be applied to improve performance, and to determine the effect of the intervention on a process
- Culture change for improvement participants; once an individual sees the effect of a focused project they tend to see other opportunities in other phases of care

“You can’t manage what you don’t measure”

Target-setting: targets are aspirational because it is always possible to improve quality (although not always in the same dimension)

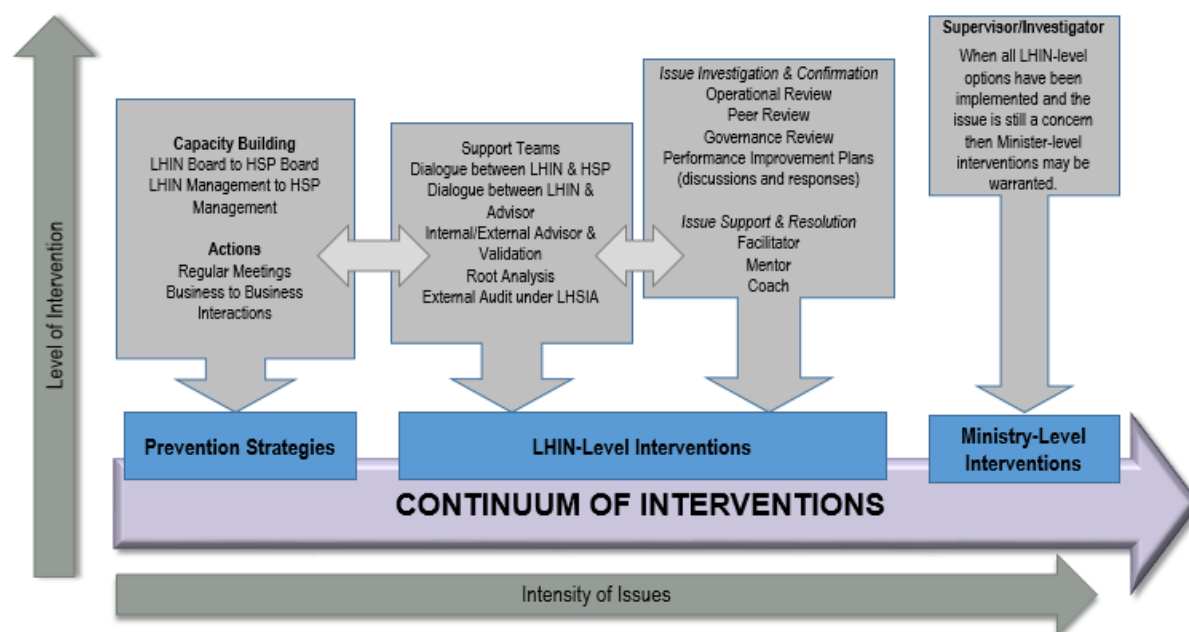
Metrics and Measurement Examples

Measurement Purpose	Description	Example
Accountability	<p>Indicators represent performance expectations to which leaders are routinely held to account; typically embedded into contracts or formal performance management processes</p> <p><i>Targets define contractual expectations of performance</i></p>	<p>MLAA and SAA indicators</p> <p>Scorecard indicators</p> <p>ECFAA requirement that Boards hold CEOs and hospital executives accountable for QIP targets (applies only to hospitals)</p>
Quality Improvement	<p>Indicators are used to measure the impact of change ideas (quality improvement initiatives)</p> <p><i>Targets define aspirations to best practice</i></p>	QIP indicators

Abbreviations: CEO, Chief Executive Officer; ECFAA, *Excellent Care for All Act*; MLAA, Ministry – Local health integration network Accountability Agreement; QIP, Quality Improvement Plan; SAA, Service Accountability Agreement.

Role of Organizations in Developing Service Accountability Agreements

The following illustrations outline the role of the Ministry, LHINs and HSPs with respect to the SAAs. Note that HQO has no role with respect to SAAs.



Ministry Continuum of Interventions Framework⁸

Abbreviations: HSP, health service provider; LHSIA, Local Health System Integration Act; LHIN, local health integration network.

Escalation Process for Service Accountability Agreements

Hospital Service Accountability Agreement	Long-Term Care Home Service Accountability Agreement	Multi-Sector Service Accountability Agreement
<ol style="list-style-type: none"> 1. Notification of Performance Factor 2. Performance Meeting 3. Performance Management Process <ol style="list-style-type: none"> a. PIP submission b. SAA revision 4. Hospital Improvement Plan <ol style="list-style-type: none"> a. Development b. Peer/LHIN review 	<ol style="list-style-type: none"> 1. Notification of Performance Factor 2. Performance Meeting 3. Performance Management Process <ol style="list-style-type: none"> a. PIP submission b. SAA revision c. Funding adjustment 	<ol style="list-style-type: none"> 1. Notification of Performance Factor 2. Performance Meeting 3. Performance Management Process <ol style="list-style-type: none"> a. PIP submission b. LHIN review c. SAA revision d. Funding adjustment

Abbreviations: LHIN, local health integration network; PIP, Performance Improvement Plan; SAA, Service Accountability Agreement.

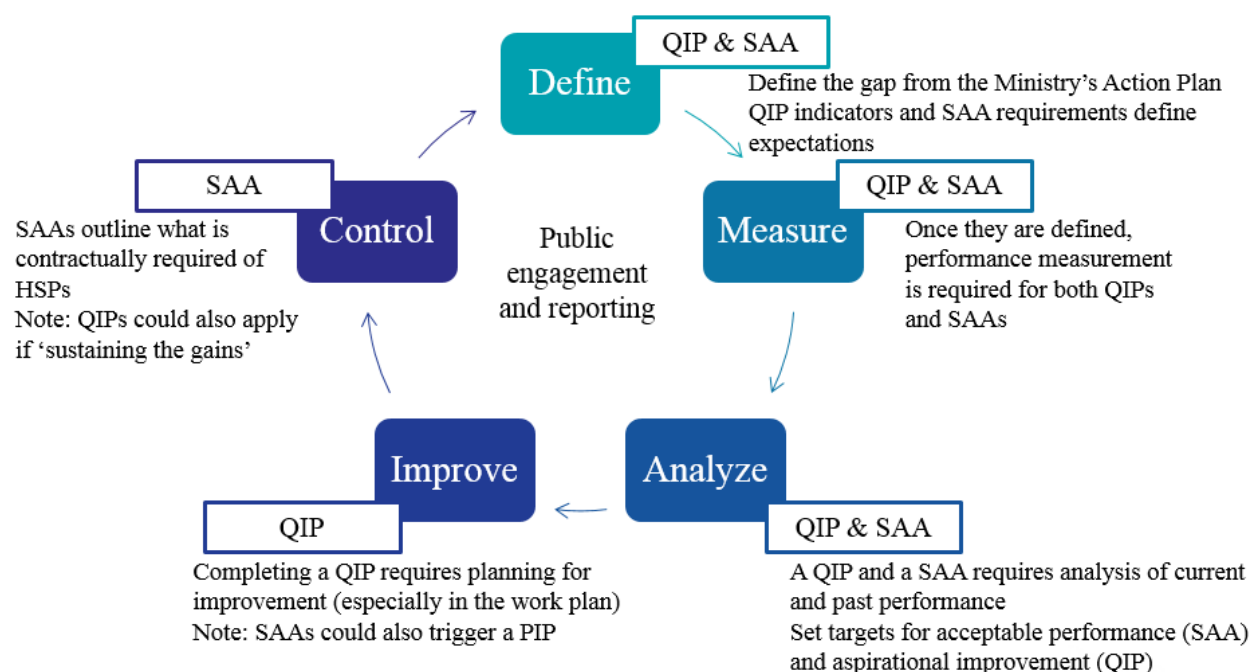
Responsibilities of Organizations in Quality Improvement Plans

The following outlines the roles of Ministry, HQO, LHINs, and HSPs in QIPs. Regardless of whether or not sectors are submitting QIPs, both HQO and the LHINs are engaging and working with all sectors to improve the system.

Roles of Ministry, LHINs and HSPs in Developing Quality Improvement Plans

Lead	Role	Responsibilities
Ministry	<ul style="list-style-type: none"> Steward of the transformation agenda and overall health care system Set strategic policy to ensure achievement of health policy goals 	<ul style="list-style-type: none"> Develop legislative framework for QIPs and formalize overall policy for QIP Ensure alignment between QIP strategy and other areas of government
HQO	<ul style="list-style-type: none"> Advise province on health quality Identify and finalize priorities for QIP 	<ul style="list-style-type: none"> Report and use data to actively support improvement Support annual roll-out of new requirements and of support materials
LHIN	<ul style="list-style-type: none"> Identify regional improvement priorities through community engagement Develop LHIN strategic plan reflecting provincial and regional priorities Facilitate cross-sector dialogue to enable alignment and maximize effect of change from QIP activities 	<ul style="list-style-type: none"> Support quality improvement commitments and QIP submissions through Accountability Agreement process Review LHIN-level QIPs for alignment and improvement activity
HSPs	<ul style="list-style-type: none"> Document commitments and actions to improve quality for residents, staff and community 	<ul style="list-style-type: none"> Use QIP initiatives to harmonize dialogue and engage organizations from board to bedside across continuum of care

Abbreviations: HQO, Health Quality Ontario; HSP, health service provider; LHIN, local health integration network; QIP, quality improvement plan.



QIPs and SAAs Depicted as a DMAIC Improvement Cycle

Abbreviations: DMAIC, define, measure, analyze, improve and control; HSP, health service provider; PIP, Performance Improvement Plan; QIP, Quality Improvement Plan; SAA, Service Accountability Agreement.

Using QIPs and SAAs Together

There were several important recommendations for moving ahead together.

Provincially, we can strengthen connections between strategy and quality by aligning the work of HQO and the LHINs around key system issues. HQO and the LHINs will commit to using the QIPs and SAAs following the recommendations and intent described in this document.

We need to move the quality dialogue toward taking action on quality issues rather than defining quality indicators. While HQO and the LHINs are working with all sectors in several ways (not solely through the QIPs and SAAs), the recommendations below are focused on the relationship between these two levers.

Guiding Principles

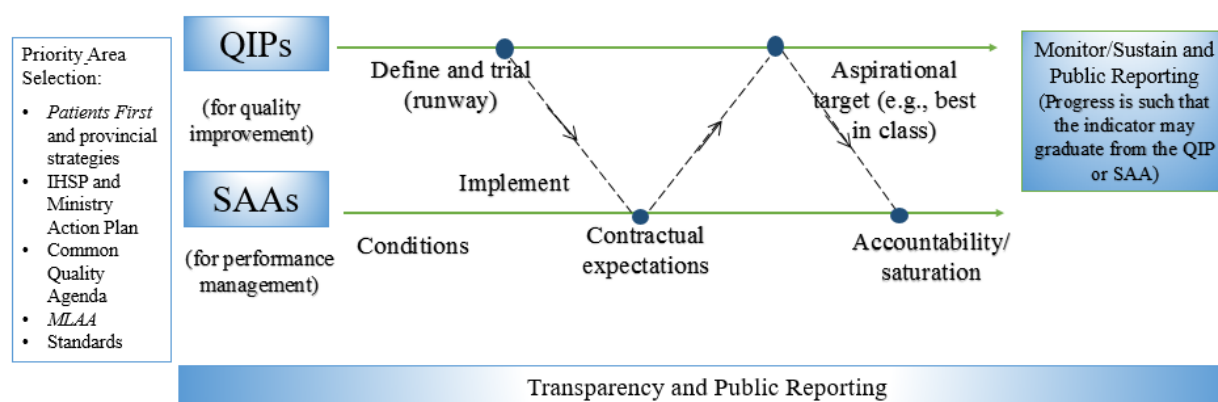
The following are guiding principles for using the QIPs and SAAs together

- “Alignment” should be interpreted as complementary rather than identical.
- Focus is on how to improve the quality of health care in Ontario, versus achieving performance on specific indicators.
- Examples are integration and palliative care.
- Establish a clear mechanism for removing or adding areas of focus or indicators.
- Quality improvement and performance management are both tools that can be leveraged to improve care.

- Challenge is using the right tool at the right time and ensuring alignment between them is appropriate.
- SAAs include contractual expectations and QIPs include developing areas of focus and/or aspirational targets.

Relationship between QIPs and SAAs for Selected Quality and Performance Issues

The following outlines how the relationship might work in practice. It is important to note that QIP and SAA quality and performance issues do not have to be linked. Quality and performance issues can run independently and can still support improvement.



Timeline of overall process and component pieces can vary by topic, but might span several years.

Relationship Between QIPs and SAAs for Quality and Performance Issues

Abbreviations: IHSP, Integrated Health Service Plan; MLAA, Ministry – Local health integration network Accountability Agreement; MOHLTC, Ministry of Health and Long-Term Care; QIP, Quality Improvement Plan; SAA, Service Accountability Agreement.

Recommendations

1. HQO, the LHINs, and the Ministry of Health and Long-Term Care will collaborate to develop a mechanism for all three parties to ensure alignment of the use of the QIPs and SAAs to support health system improvement.
2. Using this mechanism, the Ministry, the LHINs and HQO will meet regularly (at least once yearly) to set priorities related to health system quality and to strategize how to use QIPs and SAAs in a complementary way to achieve these priorities.
 - HQO and the LHINs will ensure that their guidance materials and communications reflect (and reinforce) these shared plans.
3. Noting that indicators for QIPs and SAAs do not need to be identical to be aligned, HQO, the LHINs, and the Ministry will synchronize QIP and SAA indicator selection timelines and processes to ensure appropriate alignment and communication of changes or priorities.
4. The LHINs and HQO will continue to promote and ensure that targets for health service providers' (HSPs) targets are set in a manner consistent with the use of these two levers.

5. The LHINs and HQO will message the importance of HSPs engaging in LHIN-led activities related to QIPs to inform a cross-sector focus. All HSPs (as applicable) will be expected to submit QIPs to HQO, and, at the same time, provide their submissions to their LHIN.
6. HQO and the LHINs will develop strategies to engage sectors not part of the formal QIP program in quality improvement activities and capacity building, ensuring that these strategies are applied consistently across LHINs and that this is done in a way that acknowledge the work completed thus far by individual LHINs and HQO. Some LHINs might work with these other sectors to develop plans addressing quality matters that are not QIPs submitted to HQO.
7. The respective roles of the LHINs and HQO will be complementary. The 14 LHINs will support a defined set of core responsibilities related to QIP processes.

Role of HQO and LHINs in QIPs

The following outlines the core expectations of HQO and the LHINs with respect to QIPs. While this chart identifies separate responsibilities, they are meant to be executed collaboratively, always reinforcing the complementary relationship. Note that HQO has no role with HSPs in relation to the SAAs.

Responsibilities of Health Quality Ontario and the Local Health Integration Networks

HQO's Responsibilities	LHINs' Responsibilities
<ul style="list-style-type: none"> ✓ Work with the LHINs and other partners to identify priority areas for system-wide improvement ✓ Provide guidance on selecting indicators and setting targets; <ul style="list-style-type: none"> ○ Increasingly may strengthen guidance for low performers ✓ Receive QIPs from HSPs ✓ Report back on progress and support access to LHIN-specific data and high-level analysis ✓ Provide advice to the Ministry on when to ask other sectors to use QIPs 	<ul style="list-style-type: none"> ✓ Work with HQO and other partners to identify priority areas for system-wide improvement ✓ Engage HSPs in QIP development to support sector-wide or cross-sector alignment in LHIN's IHSPs ✓ Receive QIPs from HSPs when submitted to HQO ✓ Review QIP submission summaries from HQO to determine opportunities for improvement

Abbreviations: HQO, Health Quality Ontario; HSP, health service provider; IHSP, Integrated Health Service Plan; LHIN, local health integration network; QIP, Quality Improvement Plan.

Case Studies

The following case studies are intended to outline how this relationship might work in practice.

Case	Recommended Levers
Existing topic, but worse than provincial target – alternate level of care rate	Organizations may use their QIP to help achieve their minimum SAA expectation – for example, their QIP target would be their maximum SAA corridor target. After organizations met the maximum SAA corridor target, they would use their QIP to push for further improvements, following the cycle above.
Existing topic, but performance better than provincial target – alternate level of care rate	Organizations may use their QIP to set aspirational targets beyond their SAA targets. After they have achieved sufficient progress (benchmark performance) and their performance is stable, organizations may move this indicator off the QIP to the SAA for monitoring, or they may move it off both and rely on public reporting for monitoring.
Existing topic – general surgery cases	Specific performance indicator included in the SAA with targeted volumes attached No expectation for organizations to include this metric in their QIP
New topic – palliative care	Specific indicator included in the QIP; at the same time, the SAA might require that organizations commit to the topic, but not specify indicators Over time, as groups become more accustomed to the indicator in the QIP and develop strategies, the specific indicator may be added to the SAA, with specific thresholds. As organizations meet these thresholds, they use their QIP to move further ahead. Over time, as groups use the QIP to attain aspirational targets, the thresholds in the SAAs may also improve. Eventually, once sufficient progress has been achieved and performance is stable, the indicator may move from the QIP to the SAA or could rely on public reporting for ongoing monitoring.
New topic – smoking cessation	Innovative idea and indicator introduced in the QIP, with no expectation for organizations to include this metric in their SAA Great outcomes starting to come out of the project; can use the SAA to spread strategy to other sectors and regions (Champlain LHIN 2012 SAA “all Champlain hospitals will work towards a goal that the Ottawa Model of Smoking Cessation is provided to hospital and reaches 80% of inpatient smokers by March 31, 2013).

Appendices

Appendix A. Terms of Reference for LHIN-HQO Quality Improvement Task Group

Mandate:

The Local Health Integration Network (LHIN) – Health Quality Ontario (HQO) Quality Improvement Task Group is a time-limited group that will provide input and recommendations regarding the overall approach, related activities, and respective roles of LHINs and HQO related to quality improvement at a LHIN level and Quality Improvement Plans (QIPs). The Task Group will inform recommendations to be brought forward to the LHIN-HQO Partnership Table. In addition, the Task Group can serve as an important resource to the HQO Cross-sector Quality Improvement Advisory Group established by HQO that includes a representative from the LHINs.

Specifically, the LHIN-HQO Quality Improvement Task Group will advise on the following areas as reflected in the LHIN-HQO agreement:

- How to leverage QIPs to advance system transformation, including understanding the positioning of QIP relative to other LHIN performance levers (e.g., Service Accountability Agreements)
- Respective roles of HQO and the LHINs in the QIP and quality improvement processes
- Alignment of quality improvement processes and tools
- Knowledge transfer approaches

Membership:

Membership will comprise representatives from HQO and the LHINs with expertise in quality improvement, and leadership insights with direct experience related to quality improvement and QIPs. LHIN representatives will be champions of quality improvement and will have a solid understanding of LHIN functional areas including planning, performance improvement, accountability and measurement.

The Task Group will include no more than eight people and will reflect the following composition:

- Two LHIN Senior Directors
- Two LHIN staff leads
- HQO Director of Quality Improvement Strategies
- HQO Manager, Strategies and QIP
- HQO Vice President, Quality Improvement

The Task Group will be co-chaired by the HQO Vice President, Quality Improvement, and the Lead LHIN Senior Director for Quality.

Term:

It is anticipated that the Task Group will come together to provide specific advice related to the overall approach and respective roles and responsibilities of HQO and LHINs related to QI and QIPs. It is anticipated that this work will be completed within a relatively short period of time and require no more than 3-4 meetings during Quarters 1 and 2 of the 2015/16 fiscal year.

Support/Secretariat:

HQO will provide secretariat support as required.

Accountability/Reporting Relationship:

The Task Group will provide advice to the LHIN Quality Lead Senior Director and the Vice President Quality Improvement. Accountability will be to the LHIN/HQO Partnership Table through executive membership.

Meeting Logistics:

Meetings will be held in person, with teleconference available as required. Efforts will be made to hold meetings in different locations, as per the needs and interests of members. A meeting schedule will be established reflecting the time-limited nature of the Task Group.

Appendix B. Key Definitions

Health Quality Ontario (HQO) is the agency mandated through the *Excellent Care for All Act* to advise government and health care providers on the evidence to support high-quality care, to support improvements in quality and to monitor and report to the public on the quality of health care provided in Ontario.

Performance Management uses data for decision-making by setting objectives, by measuring and reporting progress toward those objectives and by engaging in quality improvement activities when desired progress toward those objectives is not being made. Performance management is the enterprise-wide effort to harness the power of all organizational quality initiatives and to align them with strategic priorities (Public Health Quality Improvement Exchange, www.phqix.org).

Quality Improvement is a systematic approach to making changes that lead to better patient outcomes (health), stronger system performance (care) and enhanced professional development. It draws on the combined and continuous efforts of all stakeholders — health care professionals, patients and their families, researchers, planners and educators — to make better and sustained improvements (<http://www.hqontario.ca/Quality-Improvement>).

While the definitions of performance management and quality improvement are similar, performance management is more traditionally associated with accountability levers.

Quality Improvement Plan (QIP) is a formal, documented set of quality commitments that a health care organization makes to its patients, clients, residents, staff and community every year to improve quality through focused targets and actions. The QIP is the blueprint for how HSPs will strive to meet or exceed the improvement targets they have set for that year. Each year's QIP is designed to build on the previous year's QIP.

Service Accountability Agreement (SAA) is a contract that describes the responsibilities and obligations of the local health integration network (LHIN) and the health service provider (HSP) in making sure the HSP fulfills its priorities and operations, and that sets out specific performance indicators and targets. The SAA serves to report on and monitor performance during the term of the agreement.

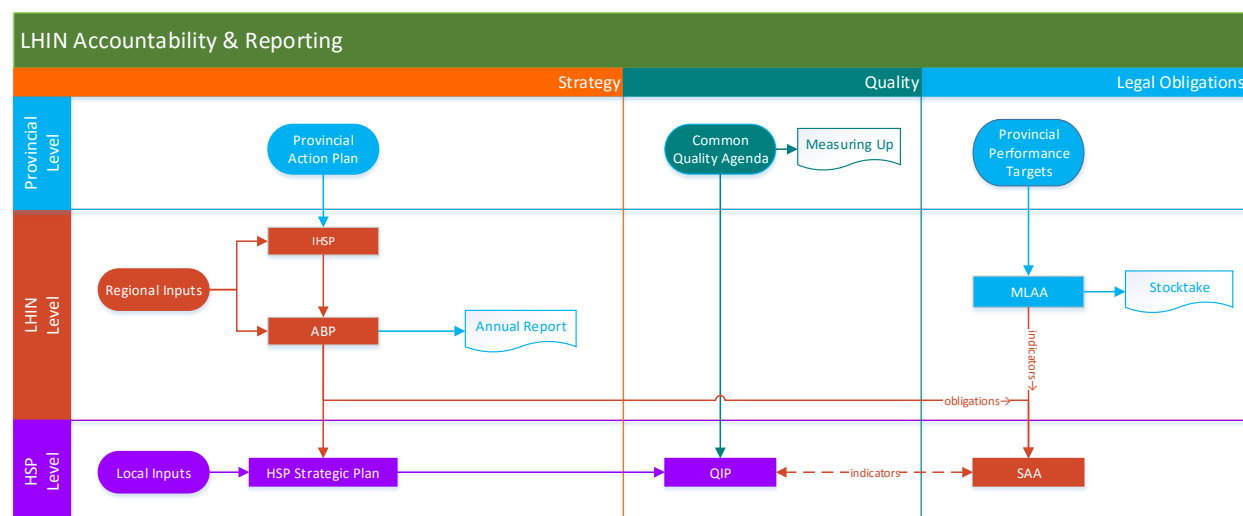
Elements within a SAA that focus on performance are performance agreement, performance factor, and performance management plan:

Performance Agreement means an agreement between an HSP and its Chief Executive Officer (CEO) that requires the CEO to perform in a manner that enables the HSP to achieve the terms of this agreement and any additional quality improvement targets set out in the HSP's annual quality improvement plan under the *Excellent Care for All Act*.

Performance Factor means any matter that could or will significantly affect a Party's ability to fulfill its obligations under this agreement

Performance Improvement Plan (PIP) is a detailed plan to explain how the organization will return to a balanced position and how any operating surplus or accumulated working capital deficit will be managed. The LHIN provides a template and clear objectives/expectations with respect to the form and content of the PIP as well as to the process of review and/or approval as is desired for the circumstances.

Appendix C. Accountability and Reporting



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Abbreviations: ABP, annual business plan; HSP, health service provider; IHSP, Integrated Health Service Plan; LHIN, local health integration network; MLAA, Ministry-LHIN Accountability Agreement; QIP, Quality Improvement Plan; SAA, Service Accountability Agreement.

Endnotes

¹ Office of the Auditor General of Ontario. Annual Report 2015 [Internet]. Toronto (ON): Queen's Printer for Ontario; 2015 [cited 2016 Sep 5]. Available from: http://www.auditor.on.ca/en/content/annualreports/arreports/en15/2015AR_en_final.pdf.

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