



Relationship Between QIPs and SAAs Draft Recommendations

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Current State

Service Accountability Agreement

- Contract required between **every** funded health service provider (HSP) and LHIN
- Priorities set by LHIN with reference to the Ministry-LHIN Accountability Agreement (MLAA)
- Multi-sector HSPs may have more than one SAA

Quality Improvement Plan

- Plan required to be submitted by **some sectors** (HSPs) to HQO
 - Some sectors, such as Community Support Services, do not (currently) submit QIPs to HQO
- Priorities set by HQO with reference to the Common Quality Agenda
- HSPs with multiple sectors (e.g., hospital with long-term care home) submit only one QIP

Processes to align priorities and identify opportunities to use both tools to advance quality have not been explicitly linked to date.

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>Targets define contractual expectations of performance</p>	<ul style="list-style-type: none">• <i>MLAA</i> and <i>SAA</i> indicators• Scorecard indicators• <i>ECFAA</i> requirement that Boards hold CEOs and hospital executives accountable to QIP targets (applies only to hospitals)
Quality Improvement	<p>Indicators are used to measure the impact of change ideas (quality improvement initiatives)</p> <p>Targets define aspirations to best practice</p>	<ul style="list-style-type: none">• QIP indicators



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 the QIPs and the SAAs?
- How can the LHINs and HQO work together to support advancing a common quality agenda?



Opportunity to Use QIPs and SAAs Together



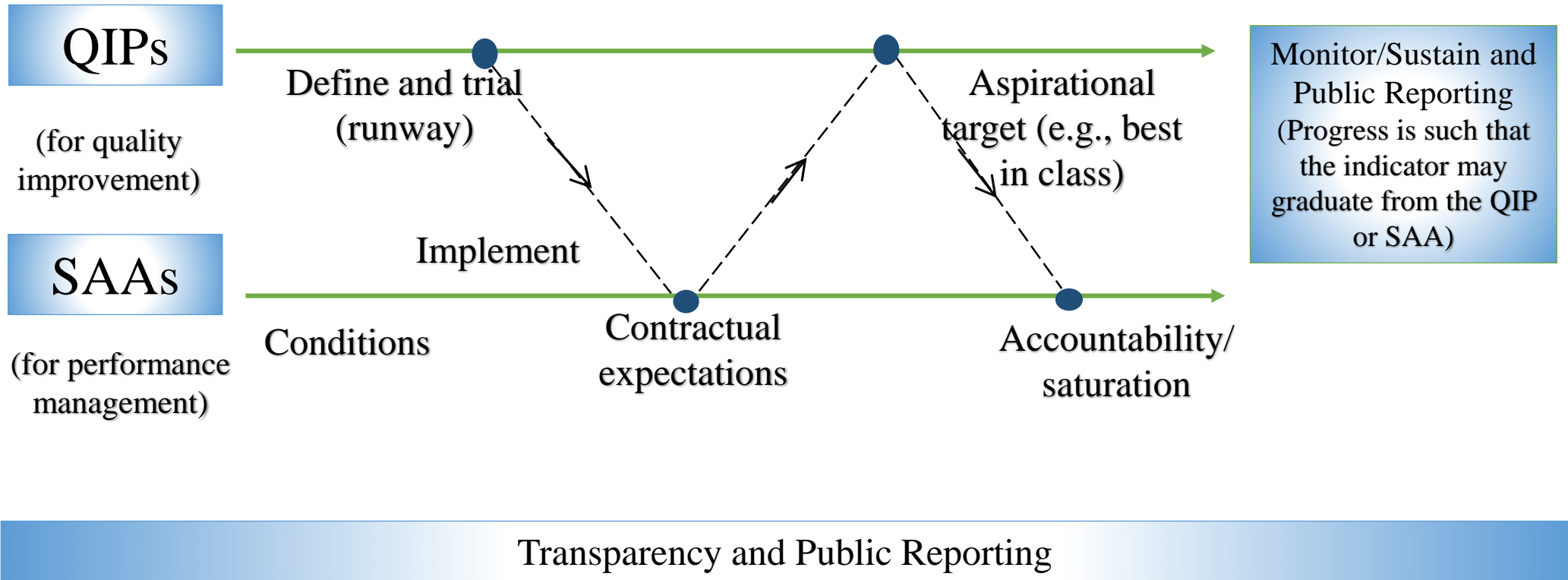
Guiding Principles

- “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

Priority Area Selection:

- *Patients First* and provincial strategies
- IHSP and Ministry Action Plan
- Common Quality Agenda
- MLAA
- Standards



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



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 health service providers' (HSPs) targets are set in a manner consistent with the use of these two levers.



Recommendations (continued)

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.



Role of HQO and LHINs in QIPs

*While this chart identifies separate responsibilities, they are meant to be executed collaboratively, always reinforcing the complementary relationship

HQO's Responsibilities

- ✓ Work with the LHINs and other partners to identify priority areas for system-wide improvement
- ✓ Provide guidance on selecting indicators and setting targets
 - 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

LHINs' Responsibilities

- ✓ 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 LHINs' IHSPs
- ✓ Receive QIPs from HSPs when submitted to HQO
- ✓ Review QIP submission summaries from HQO to determine opportunities for improvement

*Note: HQO has no role with HSPs in relation to the SAAs.



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