Health Quality Ontario

The provincial advisor on the quality of health care in Ontario

January 2015

Health Quality Ontario 2015-16 to 2017-18 Business Plan

Ontario
Health Quality Ontario

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1 Executive Summary

As Ontario's advisor on health care quality, Health Quality Ontario (HQO) has a unique mandate to build on evidence, engage in quality improvement, monitor performance and report back to the people of Ontario. The past year has been one of significant growth and development for HQO. We have delivered initiatives across our mandated areas, while building our leadership team and corporate foundations. Moving forward into 2015-16, HQO has identified five priorities to adapt to emerging priorities in the health system:

Priority 1: Continue to establish our role as the province's advisor on health care quality. This involves collaboratively guiding and influencing the quality agenda by developing a provincial System Quality Framework; building the evidentiary platform through initiatives such as Single Health Technology Assessments and Quality-Based Procedures; serving as policy or implementation advisors on provincial quality initiatives; and highlighting system performance through our yearly and theme reports, while stimulating improvement through clinical audit and feedback.

Priority 2: Work with the system to actively improve quality of care. This involves focusing more on clinical engagement; making the most of the leadership in the system through collaborative partnerships; and launching an updated strategy for Quality Improvement (QI) including planning for and responding to provincial QI opportunities, catalyzing QI through implementation and improvement feedback, connecting parts within the QI ecosystem and building capacity and knowledge.

Priority 3: Involve patients, family, and the public in the quality agenda. This includes collaborating with health care providers and patients to help share best practices in patient engagement and patient relations. Internally, we will continue to establish structures and processes to ensure thepatients, families and the public are active contributors across all aspects of our work.

Priority 4: Expand and enhance our communications to make HQO the recognized voice of health care quality in Ontario. This includes engaging with our traditional audiences (health system stakeholders) while expanding our reach to new audiences (patients, families and the public,) by developing and consistently channeling HQO's brand; working collaboratively with stakeholders in our communications efforts; sharing our news and launch of new products through the media, where appropriate; and expanding our reach through digital communications and social media.

Priority 5: Work as an integrated, high-performing organization. This involves selecting a few priority topics to which all parts of the organization will contribute (e.g. patient engagement /

experience, unexplained variation in quality or selected Quality-Based Procedures); pulling together internally to make the most of our combined resources; and expanding our corporate scorecard to include HQO's system impact.

This business plan does not provide details on the full scope of HQO's activity; rather, its purpose is to highlight specific priorities the organization will focus on over the coming years that reflect our core mandate.

2 Introduction

2.1 About HQO

The Ontario Health Quality Council (OHQC), operating as Health Quality Ontario (HQO), is a classified government agency that was originally established under the *Commitment to the Future of Medicare Act, 2004* and subsequently continued under the *Excellent Care for All Act, 2010* (ECFAA). ECFAA sets out the functions of HQO, including monitoring and reporting to the people of Ontario on the quality of their publicly funded health system, supporting continuous quality improvement in that system, and promoting health care that is supported by the best available scientific evidence.

As the province's advisor on health care quality, HQO has a unique mandate. By building on evidence, engaging in quality improvement and reporting on outcomes to the people of Ontario, we work with a broad coalition - including patients, the public, health care providers, system leaders and government - to recognize, support and commit to the importance of a quality focus in improving our health care system and ensuring its sustainability for future generations of Ontarians.

2.2 Setting the Context – Where have we been (2013-14 & 2014-15)

This has been a year of significant growth and development for HQO. We have delivered initiatives across our mandated areas, while building our leadership team and corporate foundations. Over the past year, HQO has adapted to meet the health system's challenges and opportunities including:

- Synthesizing evidence for health system funding reform, developing quality-based procedures and determining the appropriateness of interventions.
- Laying the groundwork for a new strategy for Quality Improvement to catalyze changes both locally and provincially through networks, partners and clinical champions.
- Refocusing strategy for Health System Performance monitoring and public reporting, which will use a combination of a yearly report, theme reports, personalized reports and online reporting to improve transparency and support quality improvement.

- Beginning to develop a multi-year roadmap, with a view to communicate system and organizational priorities both internally to staff and management and externally to government, health care providers, partners and other stakeholders.
- Serving as an advisor in policy areas, such as Diagnostic Imaging, relating to the quality agenda.
- Beginning to broaden our communications strategy to reach all of our key audiences.
- Refining our partnership strategy to leverage the leadership commitment to quality that already exists in the system.

Internally, we have strengthened our leadership team. All senior team positions have now been filled on a permanent basis.

Lastly, we have strengthened our corporate foundations. This has included the launch of a robust financial management system that enables monthly variance reporting, renewed compliance, business planning and risk management processes and a corporate performance scorecard. Together, these components provide a clearer line of sight to Board and senior management on organizational health and alignment to government business cycles.

2.3 Environmental Scan

Fiscal constraints and value for money

The Ontario government has reaffirmed its commitment to eliminate the provincial deficit by 2017-18. The path to a balanced budget will involve considerable restraint across the public sector, including pay restraint in collective agreements and compulsory reviews of all agency mandates. For health care spending, the government's plan indicates an increase of 2.6% for 2014-15 and 1.8% for 2015-16. While funding for home and community care will continue to increase, base operating funding for hospitals remains stable in 2014-15, for the third consecutive year. Mindful of these constraints, HQO is committed to responsible and cost-effective use of our funds. Beyond managing our own resources, HQO is committed to advancing the quality agenda and providing value to the broader health system. This objective gives a prominent role to our evidence work, our quality improvement approach of connecting networks of improvement across the system and our health system performance capacity to monitor and report to the public on quality and value for money. Opportunities for enhanced value will come from a coordinated approach between our mandated areas and core services to provide a unique perspective on systemic issues such as unexplained variation in quality.

Care delivery shifting from institutions to communities

Patient-focused care delivery continues to shift from institutional to community settings, requiring the need for effective partnerships between providers and across sectors. Underpinning this shift is an emphasis on how Ontarians interact with the health system and how the patient experience can be a valuable gauge of system performance.

The shift from institutions to communities is supported not just by funding but through a series of changes, including building the evidence base for clinical practice through community-based QBPs, coordinating care through Health Links and improving the process and experience of how patients are discharged from hospitals. There will be an increased need for the health system to demonstrate to patients and the public that care, whether delivered in institutional or community settings, meets a high standard of evidence, clinical quality and public oversight.

Proposed legislation: Public Sector and MPP Accountability and Transparency Act

Government has introduced Bill 8 – the *Public Sector and MPP Accountability and Transparency Act, 2014* – which would, if passed, include several measures relevant to HQO, such as requiring the public disclosure of expenses for executives and appointees at all government agencies. Schedule 5 of Bill 8 would also propose numerous amendments to the *Excellent Care for All Act, 2010*, including establishing a Patient Ombudsman, who would be appointed by the Lieutenant Governor in Council and would be employed by HQO.

Ministerial review: Quality of Care Information Protection Act (QCIPA)

One of the first initiatives announced by Minister of Health and Long-Term Care Dr. Eric Hoskins following his appointment was a review of the *Quality of Care Information Protection Act, 2004* (QCIPA). QCIPA allows quality of care committees to be established at hospitals and other specified types of health care organizations to review and learn from critical incidents and to carry out quality improvement reviews. Generally, quality of care information generated from those reviews is not subject to external disclosure, such as during a legal proceeding, subject to applicable exceptions.

The Ministry of Health and Long-Term Care (MOHLTC) has invited our Board Chair and the CEO to serve on the QCIPA review committee. HQO will be convening patient focus groups to provide input into the review. HQO is also a member of the MOHLTC's support committee.

Ministerial review: Out-Of-Hospital Clinical Procedures

In October, 2014, the Toronto Star reported on two major patient safety concerns in out-of-hospital clinics: one at a Toronto pain clinic where nine patients developed a dangerous bacterial infection of the spine during a three-month period in 2012, the other involving 11 cases of Hepatitis C infection caused by tainted sedative injections at three colonoscopy clinics in Toronto.

In both cases it was reported that Toronto Public Health and the College of Physicians and Surgeons of Ontario were aware of the incidents but did not make the public aware, citing it was not within their mandate to do so. Given public concerns over lack of patient safety precautions and lack of transparency regarding lapses, the Minister of Health and Long-Term Care subsequently asked HQO to lead a review of out-of-hospital clinical procedures.

Health informatics

Capabilities in the areas of health informatics and related technologies to support health care delivery are expanding. This includes technology across the spectrum of:

- Making information in health records available to support care that is accessible and shareable among providers (such as eConnect).
- Increasing availability and access to data at provider, organization and systems levels that can drive and support improved quality through monitoring and reporting. The emergence of the concepts of 'big data' are highly relevant to the quality agenda.
- Embedding quality in the way care is delivered (e.g. embedding evidence in patient order sets)
- Changing the way that care is delivered (such as telemedicine, mHealth, and consumer based solutions).

The experience of other jurisdictions and major organizations such as the UK's National Health Service, Kaiser Permanente and Intermountain Health care have all demonstrated the importance of these various approaches to improving quality. Where appropriate HQO provides advice and guidance at a provincial level, to ensure that as capabilities in all of these areas evolve, we are proactive in ensuring their benefits will be realized for improved quality of care and system performance. Over the next year, HQO will actively work to articulate the current state of work in Ontario that could impact quality and assess our ongoing role in this area.

Internet and social media

The field of communications has gone through a paradigm shift with the introduction of digital communications and social media. These changes call for different ways for HQO to communicate and engage with its audiences (health care professionals, stakeholder partners, health system influencers and patients, families and the public), shifting away from one-way, one-time communication to an ongoing dissemination of information and the active engagement of our audiences. HQO will be renewing its digital and social media communications efforts, integrating them into our communications programming to better engage with our audiences.

The public as health care consumers and participants

The public are becoming more discerning as health care consumers and participants. This has several implications for our work in patient engagement:

- Health care institutions including HQO will need to develop an open culture that engages these increasingly informed patients and enables them to work constructively and collaboratively.
- Informed patients and families provide additional oversight in the system. The engagement of informed, vocal patients is an important backdrop to the work of HQO and our ability to effectively monitor system performance in advancing the quality agenda.

Increased quality capacity

There is an increasing focus on quality across all sectors, and enhanced capacity in the system to undertake quality improvement. In the past year, HQO has reached out to organizations and engaged with them in our work, establishing new partnerships to signal the importance of working together to advance the quality agenda in Ontario. Many organizations and professional groups are making clear statements about the importance of quality in their efforts.

3 Our Priorities

This business plan does not provide details on the full scope of HQO's activity; rather, its purpose is to highlight specific priorities the organization will focus on over the coming years that reflect our core mandate. In this plan, the priorities are outlined at a high level as they relate to the organization as a whole, with further details to follow in our branch and initiative-level operational plans.

Priority 1: Continue to establish our role as the province's advisor on health care quality

Ontario's health care system, like those of most jurisdictions, is characterized by an enormous number of health care providers, care settings, practice standards and funding incentives. The complexity of the health care system means that a system focus on quality is not easy to achieve or sustain. A key part of HQO's role is to bring together patients, funders, health care providers, administrators, partners and other stakeholders to maintain a focus on the overall quality of the health care system.

Over the next year, we will:

- Work with system leaders and quality experts to provide the health system with a framework for quality. This includes articulating a shared vision for a high-quality, high-performing health care system; prioritizing themes and topics to improve quality of care, health system performance and patient experience; and providing a forum to develop and review the progress of recommendations related to system quality.

- Guide the health system on the evidence of what works well for patients at a sustainable cost to taxpayers, continuing to build a strong evidentiary platform to support government and health system priorities, including Single Health Technology Assessments and Quality-Based Procedures.
- Enable the health system to see how it is performing by producing a yearly report that highlights performance indicators from the Common Quality Agenda. We will also start producing theme reports that focus attention on specific topics and refine our approach to publishing data about institutional performance online.
- Facilitate and participate in provincial quality initiatives requested by government or as identified by the agency. Examples in the current year include guiding the development of the National Surgical Quality Improvement Program (NSQIP) for Ontario, leading a review of out-of-hospital clinical procedures, establishing a panel to provide recommendations for a peer review system for radiology, chairing the reference group for the Quality Management Partnership and playing an active role in the review of the Quality of Care Information Protection Act (QCIPA).
- Examine unexplained variation of quality and health outcomes across the province, including the relationship of variation to equity, in order to support quality improvement initiatives with the greatest impact for patients and families.

Priority 2: Work with the system to actively improve quality of care

The complexity of our health system is such that no single stakeholder or strategy can bring about a lasting improvement in quality across the system. Health Quality Ontario recognizes the importance of using its influence, as the province's advisor on health care quality, to bring together different approaches to quality into a whole that is greater than the sum of its parts.

Over the next year, we will:

- Initiate implementation of a refreshed quality improvement strategy and approach with four streams of work:
    1. Plan for Quality Improvement with an emphasis on integrating efforts internally with the Evidence Development and Standards (EDS), Health System Performance (HSP) branches, and with appropriate partners and stakeholders in the health system. This would also include a refreshed approach to Quality Improvement Plans as integral components of a broader QI program.
    2. Catalyze large-scale quality improvement efforts such as Health Links and QIPs, while supporting audit and feedback for quality improvement such as NSQIP-ON and primary care practice reports.
    3. Connect the quality improvement community through use of networks and communities of practice.
    4. Build QI capacity and knowledge through initiatives such as Improving and Driving Excellence Across Sectors (IDEAS).

- Through the clinical engagement strategy, build an engaged community of practice for improved quality and health in Ontario. Clinical leadership will be identified in specific quality domains (e.g. provincial lead for surgical quality improvement) and actively work with and through this community to advance improvements in quality.
- Promote system integration and effectiveness through partnership collaborations, including setting high-level objectives through partnership tables, outlining shared objectives in partner-specific agreements and strengthening relationship management capacity both for partners and ourselves.

Priority 3: Involve patients, families, and the public in the quality agenda

The role of patients, family members, and the public has evolved from passively receiving care to actively shaping the need for improvement relating to quality and safety in the health care system. Government has highlighted the importance of putting the patient at the centre of the health care system with a clear focus on patient experience. HQO is ready to support this priority at a provincial level.

Over the next year, we will:

- Internally, continue to establish structure and processes to engage patients, families and the public as active contributors across all aspects of our work.
- Work to create a training institute that will have two roles:
    - Collaborate with health care providers to facilitate sharing best practices in patient engagement and patient relations.
    - Partner with patients, families and potentially the public to participate in patient engagement activities.
- Share and stimulate best practices in patient experience through initiatives such as Quality Improvement Plans, patient experience survey tools and patient experience reports at a system and local level.

Priority 4: Expand and enhance our communications to make HQO the recognized voice of health care quality in Ontario

To date, HQO's communications efforts have largely been focussed on engaging with HQO's traditional audiences (e.g., professionals and stakeholders within the health system). While this remains a priority, patients, families and t have been identified as important audiences moving forward. For both HQO's traditional and new audiences, multi-faceted communications will be key to fueling engagement from a wide range of stakeholders and increasing the influence of HQO as the province's advisor on health care quality.

Over the next year, we will:

- Consistently channel the HQO brand. Our goal is to consistently position the organization as the catalyst, advisor and partner on health care quality, and in a manner that is compelling and inspiring to our audiences.

- Work more collaboratively with stakeholders in our communications efforts. In partnership with key stakeholder partners across the system, we will move from "talking at" stakeholder groups through our communications, to engaging with them by gaining a better feel for the nuances they need addressed in our messaging. We will also recommend, in consultation with them, developing communications assets (such as website posts, infographics, news releases, etc.) for them to leverage with their members in relation to HQO announcements, joint projects, etc.
- Share our reports through the media, issuing news releases and offering HQO spokespeople to comment.
- Enhance our reach through digital communications and social media to strongly reflect the HQO brand narrative; to clearly deliver HQO messaging through digital and social channels; to stimulate engagement; and to ensure HQO digital properties meet all audiences' needs and expectations (professionals and the public).

In addition, we will continue to support branch communications and place a strong emphasis on internal communications.

Priority 5: Work as an integrated, high-performing organization

Through maximizing the opportunities that exist in the design of HQO's mandate, we have a unique opportunity to advance the quality agenda. To achieve this, we must work as a coordinated team across all branches, have clear plans and priorities and be effective at communicating them internally and externally.
Over the next year, we will:

- Select two or three priority topics (e.g., patient engagement/experience, unexplained variation or selected QBPs). We will aim to have all parts of the organization working together to provide a comprehensive set of supports focused on these topics.
- Improve the clarity and effectiveness around 'handoffs' between different parts of our organization such as evidence development to quality improvement.
- Lead our teams to both promote a culture of collaboration and integration as well as support putting in place new processes that will allow for the development of cross-functional teams and structures.
- Build on our corporate scorecard, which currently measures various aspects of organizational health, to include HQO's impact on the health system.
- Continue to build a Human Resources and Organizational Development strategy that supports the organization functioning as an integrated, high performing organization
- Implement an individual performance management system that aligns individual performance objectives with key objectives for the organization and health system, so that our staff can see and feel the difference their work makes to the quality of the health system and the experience of patients across the province.

Working to optimize our organization's internal capability will also support our position with external stakeholders and the public as the province's advisor on health care quality. We will be able to demonstrate our capability externally both by the way we actively engage, plan and act with organizations, professionals and patients to improve the health system, and through the implementation of a comprehensive communications strategy including branding, digital and internal communications. This external focus recognizes that most of the quality agenda will be achieved through the work of others, which calls for a clear, compelling and consistent communications strategy that inspires stakeholders to work together and partner with HQO in a shared effort to improve the system.

4 New Requests from Government

Government has introduced Bill 8 – the *Public Sector and MPP Accountability and Transparency Act, 2014* – that includes proposed amendments to the *Excellent Care for All Act, 2010*, including the establishment of a Patient Ombudsman to be appointed by the Lieutenant Governor in Council and to be employed by HQO, with jurisdiction to receive complaints regarding health sector organizations (including hospitals, long-term care homes and community care access centres), to attempt to resolve such complaints, to investigate such complaints (in certain circumstances) and to make recommendations to such health sector organizations and reports to the Minister of Health and Long-Term Care and the public.

Should the relevant portions of Bill 8 be passed as currently drafted, we would establish core functionality of the OPO following the passage of the legislation and any related regulations. This work will be guided by a phased approach (set-up, transition to operations and steady-state operations).

5 Key Risks

Based on our internal context and the changing environment in which we operate, several key risks to the organization have been identified and are influencing our planning.

Risk 1: Appropriately managing our financial resources
Historically, HQO has significantly underspent its allocated budget. This has allowed a certain degree of lenience in the budget planning and oversight process. HQO is now operating in a manner to fully utilize our budget and is committed to landing very close to the allocated budget, while not overspending[1].

[1] In 2013-14, HQO had a small overspend on the *revised* budget allocation.

Mitigation:

- We have implemented our own financial management and reporting system, having previously relied on a third-party system.
- We now share monthly instead of quarterly variance reporting with budget owners, allowing them more visibility and control in adjusting their spending to meet program needs and budget targets.
- Our quarterly corporate scorecard provides a clear line of sight to financial, HR and other related aspects of organizational health.
- We will reforecast our overall budget mid-year, reducing the risk of unexpected deficits or surpluses in the last quarter.

Risk 2: Not being perceived as objective

Stakeholders continue to raise concerns about whether HQO can truly be objective in advancing the quality agenda, as well as a lack of clarity about the role of the Ministry vis-à-vis the role of HQO.

Mitigation:

- HQO will seek to align its activities with the priorities of government and to have a relationship characterized by open communication and a 'no surprises' environment. However, HQO's execution of its business plan including implementation of projects, analysis of data and recommendations in reports will be done independently.
- In the current fiscal year, programs such as ARTIC and NSQIP as well as the partnership with OCFP have transferred to HQO and there are discussions of ongoing transition of other programs. Further, the Ministry has already demonstrated trust in HQO by allocating leadership roles in activities such as the QCIPA Review and design of a peer review system for Diagnostic Imaging. This trust has been recognized by key partners and the field more generally.
- While it will take time for the system to see the shift, HQO is confident that things are improving quickly.

Risk 3: Not being perceived as working in effective partnership

Quality is a 'team game' and often most effectively delivered close to the front line. HQO has historically been seen by many in the system as not appropriately engaging with partners

including being seen as either overreaching in its efforts to try to deliver QI directly to the front lines or acting as an 'ivory tower'.

Mitigation:

- As an organization, HQO has adopted the philosophy of "Quality through Partnerships" and is actively engaging with partners in both the design and execution of our work.
- HQO has developed and implemented a partnership framework that guides how we carry out our work. The framework emphasizes active engagement of partners and is supported by tools that promote the identification, management and monitoring of effective partner collaborations.
- HQO has established a provincial partner table that provides partners an opportunity to engage with HQO and other system partners on strategic issues relevant to the provincial quality agenda. Advisory groups for several aspects of our work involve both experts and stakeholder organizations that are essential to engage in the planning and design phases. Many examples exist throughout the organization including our QBP development, and public reporting advisory groups established with broad partner and expert involvement. These structures are designed to promote early involvement in the design of quality efforts and to achieve collective impact for improved system outcomes.
- Partner-specific Collaborative Agreements promoting alignment of efforts related to measurement, quality improvement, capacity building and knowledge transfer are being executed with a number of system players across the health care continuum.
- Non-binding Memoranda Of Understanding are also being used to support partner engagement in project work such as the development of theme reports. These types of agreements are promoting role clarity and shared accountability in addition to enabling the monitoring of the partnership achievements.
- The future strategy for quality improvement will be explicit about taking a planned approach to large-scale system improvements that will work with and through partnerships as appropriate to advance quality issues. HQO will work to actively link the quality improvement community particularly through collaboratives and networks designed to support quality improvement efforts.

Risk 4: Risk of industry challenges to evidence development process

We conduct post-market evidence analysis at the request of funders in the health system. If manufacturers whose products or services are impacted by the evidence do not agree with the analysis we provide, they can institute legal action to challenge the basis of our evidence analysis.

Mitigation:

- We will continuously seek to improve our internal processes and procedures to ensure auditability and consistency in evidence development.

- Our evidence development methodologies will continue to be reviewed by an independent third party.
- We will create a manual of Standard Operating Procedures to be used in evidence development.

Risk 5: Hosting the Proposed Office of the Patient Ombudsman at HQO

Schedule 5 of Bill 8 would, among other things, amend the *Excellent Care for All Act, 2010* in order to create the Patient Ombudsman position, to set out the functions of the Patient Ombudsman, and to amend HQO's functions to include supporting the Patient Ombudsman's activities. If the Patient Ombudsman position were to be established as currently set out in Bill 8, then the following set of related risks would apply:

a) Perceived lack of objectivity because HQO is a fully funded agency of government and because several of HQO's activities involve close partnership with health care institutions and organizations.
b) Potential tension with partners in the health system who see our mandate around Quality Improvement and 'coaching' compromised by a view of the OPO as 'policing'.
c) Expectations from government, public and the system for the new OPO to be operational and dealing with potentially high volume and complex issues within a very short time after passage of the legislation.

Mitigation:

- Developing governance structures to ensure advisory role of OPO to government and operational role of OPO as part of HQO.
- Clear communications from government regarding the separate role of OPO as part of HQO, combined with clear communications from HQO (including corporate messaging for the sector and customized messaging for the audiences of our different projects). Also clearly communicate that the OPO only has the power to make recommendations, not enforce change on the system.
- Building OPO in phases from set-up, transition to operations and steady state. Capacity to handle patient complaints would be scalable through a call centre, while systemic observations would evolve gradually from trends or patterns noticed from individual complaints.
- Overall: We will continue to work closely with the Ministry as the draft legislation evolves to explore political, governance, operational and other concerns. Once legislation is passed, we will work with the relevant stakeholders in the system.

6 Our Resources

Historically, HQO has significantly underspent its allocated budget. In 2013-14, a projected surplus of $5.1M was recovered by the Ministry before the end of the fiscal year. However, we ended the year with a total overspend of $422k against the revised budget, which was mostly explained by an unanticipated adjustment for accrued staff vacation and subsequently absorbed as a pressure in the 2014-15 budget. Given these ebbs and flows of approved funding, together with a historical pattern of underspending, HQO has not yet achieved a steady state budget.

To help stabilize spending and improve oversight, a newly formed senior leadership team has driven the implementation of our financial management system and processes, resulting in tighter financial controls and an improvement in fiscal management by all senior managers. By the end of Q2 2014-15, the effects of these changes has yielded positive results. HQO is on track to complete the year within 5% of its $35 million budget.

With greater visibility of our expenditures, HQO is confident that the 2015-16 funding request for a base of $33.7M and $3.2M in special project funding for a total budget of $36.9M[2] reflects an accurate forecast of budgetary requirements and will be managed under a responsive and tightly controlled financial reporting system.

Building on its new foundation, HQO will take a more strategic, leadership role in quality and bringing Ontario's health care system together on the quality agenda. This is driving some new ways of working and becoming more strategic in how we conduct our business. Specifically, HQO will be making the following changes in 2015-16 that will have a positive impact on our proposed budget:

- Creating stronger partnerships with stakeholders to advance the quality agenda
- Leveraging existing work in the Ontario health care system
- Phasing out some existing initiatives such as Advanced Access
- Reducing our overall infrastructure costs (e.g. IT contract, etc.) and achieving cost savings and efficiencies through small process improvements

As a result of the efficiencies we have gained, additional capacity is freed up for HQO to absorb some activities into our base funding. The net funding increase of $1.9 million from 2014-15 is primarily driven by:

- An expanded focus on patient engagement including a new, virtual, patient engagement institute
- Expanded but focused communications activities including implementation of a new digital strategy

[2] See HQO's consolidated budget on page 16 for a detailed breakdown.

- Production of additional theme reports
- Realignment of the quality improvement team with clinical quality leads as a key enabler
- Acquisition of a modest amount of additional space to meet the needs of our quality improvement team as they change from a largely decentralized model (primarily remote workers), to a more centralized one (primarily office-based workers focused on system-level improvement)
- Expanded engagement of existing partners, in particular with ARTIC, as well as engagement of potentially new partners to leverage and deliver HQO's mandate
- Funding for two new programs namely the National Surgical Quality Improvement Program and the Long Term Care Anti-Psychotic Project
- Modest provision for general economic increases in operating costs

With HQO's new financial management system in place as well as a stronger and more stable senior leadership team, we are confident we can now stabilize our budget performance and continue to improve our delivery capabilities. Our consolidated budget is outlined in the following table:

EXPENDITURE CATEGORIES	BASE REQUEST			PROJECTS REQUEST [1]			TOTAL PROPOSED		
	Revised 2015-16	2016-17	2017-18	Revised 2015-16	2016-17	2017-18	Revised 2015-17	2016-17	2017-18
FTE	**213.0**	**213.0**	**213.0**	**8.0**	**7.0**	**7.0**	**221.0**	**220.0**	**220.0**
Salaries, Wages & Benefits									
Salaries & Wages Management	5,232,395	5,308,684	5,308,684	159,013	159,013	159,013	5,391,408	5,467,697	5,467,697
Salaries & Wages Non Manageme	13,149,497	13,999,379	13,999,379	492,699	485,105	485,105	13,642,196	14,484,484	14,484,484
Benefits	3,923,590	4,103,148	4,103,148	143,377	141,706	141,706	4,066,967	4,244,854	4,244,854
Total Salaries, Wages & Benefits	**22,305,482**	**23,411,211**	**23,411,211**	**795,089**	**785,824**	**785,824**	**23,100,571**	**24,197,035**	**24,197,035**
Operating Expenses									
Leases	1,055,091	1,076,193	1,076,193				1,055,091	1,076,193	1,076,193
Leasehold Improvements	230,180	230,180	230,180				230,180	230,180	230,180
Finance/Payroll Services	253,332	270,282	270,282				253,332	270,282	270,282
Board/OHTAC Per Diem & Meetir	155,067	155,067	155,067				155,067	155,067	155,067
IT Support & Telecom	608,626	608,626	608,626				608,626	608,626	608,626
Consulting	1,832,631	1,921,811	1,921,811	10,000	10,000	10,000	1,842,631	1,931,811	1,931,811
Web IT Support & Enhancement	535,994	736,000	736,000				535,994	736,000	736,000
Research	781,220	781,220	781,220	-	50,000	50,000	781,220	831,220	831,220
Communications	1,375,357	1,380,357	1,380,357	20,000	70,000	70,000	1,395,357	1,450,357	1,450,357
Events	1,556,212	1,581,713	1,581,713	151,200	151,200	151,200	1,707,412	1,732,913	1,732,913
Travel	614,845	637,745	637,745	34,052	34,052	34,052	648,897	671,797	671,797
Staff Development	210,228	213,564	213,564	4,000	4,000	4,000	214,228	217,564	217,564
Supplies & Equipment	216,781	216,781	216,781		-	-	216,781	216,781	216,781
Payments to Organizations	1,954,615	1,954,615	1,954,615	2,200,000	2,172,400	2,172,400	4,154,615	4,127,015	4,127,015
Total Operating Expenses	**11,380,177**	**11,764,152**	**11,764,152**	**2,419,252**	**2,491,652**	**2,491,652**	**13,799,429**	**14,255,804**	**14,255,804**
TOTAL PROPOSED BUDGET	**33,685,659**	**35,175,363**	**35,175,363**	**3,214,341**	**3,277,476**	**3,277,476**	**36,900,000**	**38,452,839**	**38,452,839**

1. Projects includes: IDEAS, LTC Anti-Psychotic Project and Payments to Organizations as Listed

Note: Budget required to support the Office of the Patient Ombudsman is not included in the table above. A separate budget and funding request is being developed as part of the detailed planning currently underway.

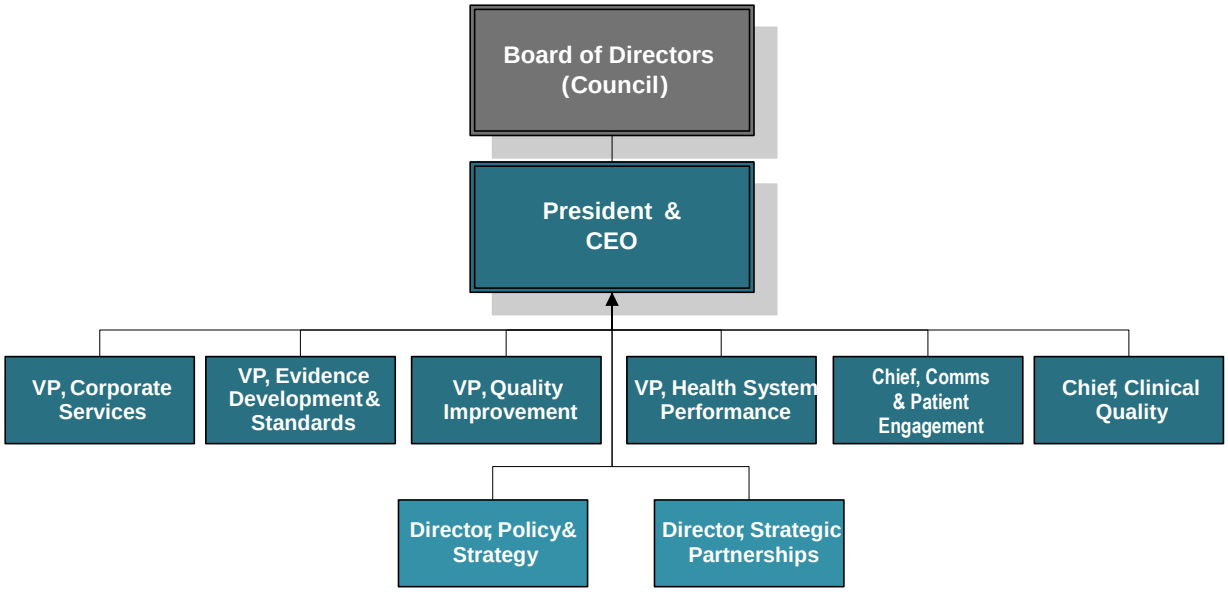
7 Measuring Our Progress

In 2014-15, HQO implemented a new corporate performance scorecard as part of our overall performance measurement framework. The scorecard currently tracks corporate performance in four dimensions: finance, human resources, delivery, and risk. Additional process output and outcome measures will be incorporated in the latter part of the year and into 2015-16. A list of measures currently being considered for inclusion is included in the Appendix.

8 Appendix

8.1 Organizational Structure

With the appointment of a new permanent CEO in 2013, HQO has made significant progress in structuring and recruiting its senior leadership team to address the needs of our ever-changing health care environment. All Vice President and Chief positions have been filled and are providing strong strategic leadership for the organization. The following figure illustrates the current structure of HQO's senior leadership team.



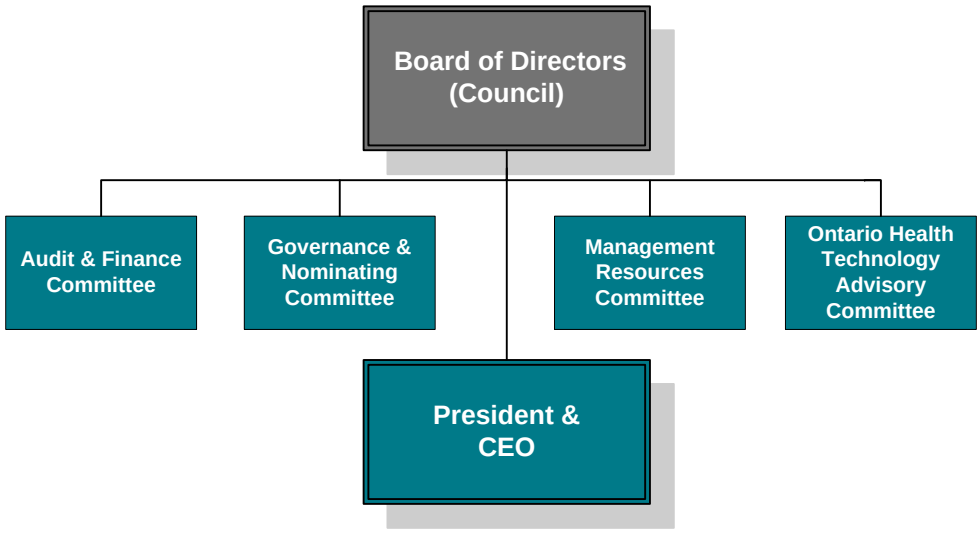
8.2 Corporate Governance

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

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

** Re-appointed for a second term in 2014.*

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



8.2.1 Audit & Finance Committee

The Audit & Finance Committee advises the Board on policies, performance and reporting related to HQO's finances, information technology, risk management and audit as set out in Board Policy.

8.2.2 Governance & Nominating Committee

The Governance & Nominating Committee develops and periodically reviews by-laws, including periodic review of the size and composition of the Board and supports the Board in fulfilling its commitment to, and responsibility for, good governance of the agency.

8.2.3 Management Resources Committee

The Management Resources Committee considers, monitors, oversees and makes recommendations to the Board related to HQO's human resources management, strategy and planning, CEO-related issues and periodically reviews the CEO's and HQO's performance targets.

8.2.4 Ontario Health Technology Advisory Committee

The Ontario Health Technology Advisory Committee (OHTAC) reviews evidence and makes recommendations about the uptake, diffusion, distribution or removal of health interventions within the health system. OHTAC applies a unique decision determinants framework when making its recommendations that considers the overall clinical benefit, value for money, societal and ethical considerations, and economic and organizational feasibility of the intervention. OHTAC submits recommendations to the HQO Board, which then makes a decision on whether these recommendations are adopted by HQO and submitted to the Ministry.

8.3 Human Resources Plan

Health Quality Ontario continues to implement practices and procedures which assist in the attraction and retention of our workforce. These practices and procedures are representative of the skills required to meet our business needs at all levels of the organization and are fundamental to the sustainability of results for the future.

Human resource priorities for the upcoming business cycles are:

- Develop a comprehensive people-centred strategic plan for the next three years with key directions for recruitment, talent management, training, labour relations, compensation and organizational development.
- Define a unified organizational culture and begin to develop the key behaviors to model the new culture.
- Ongoing process improvements and policy enhancements that are clear and communicated to staff.
- Negotiation of second collective agreement with AMAPCEO.

8.3.1 Human Resources Information System (HRIS)

Implementation of the HRIS system will continue into 2015-16 and beyond with the introduction of a Talent and Learning Management module. This system will provide an online solution for computer-based training and the annual performance appraisal cycle. The Talent and Learning module will serve as the basis for our overarching performance management system.

8.3.2 Compensation Philosophy

HQO's compensation philosophy identifies:

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

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

8.3.3 Collective Agreement with AMAPCEO

Health Quality Ontario and AMAPCEO's agreement expired March 31, 2014 but the agreement remains in force until a new agreement is in force.

8.4 Accommodations Plan

8.4.1 Portfolio Summary

At the time of writing, HQO occupies two office sites totalling approximately 22,800 sq. ft. configured to accommodate a total of 151 office workers. An additional 30 HQO workers are currently based out of home offices.

130 Bloor St. West, Toronto, 10th floor (16,300 sq. ft.) with a lease ending August 31, 2018. Current planning is not to renew this lease at its completion. In preparation for the end of this lease, an options analysis will be needed starting in the summer of 2016 to determine where 130 Bloor St West staff will be moved to. An ideal situation would be to co-locate with other HQO staff, and preferably in contiguous space. Therefore, HQO is signaling to both the Facilities Branch of the MOHLTC and Infrastructure Ontario that it desires first refusal rights on any space becoming available on the 10th floor of 1075 Bay St between now and August 31, 2018.

130 Bloor St. West, 10th Floor	
Cubicles	94
Offices	11
Hoteling Spaces	0
Meeting Rooms	5

1075 Bay St, Toronto, 10th floor (6,492 sq. ft.) with a lease ending June 30, 2016. Although the expectation is to remain at 1075 Bay St and renew this lease at its expiry, an options analysis will be completed to ensure due diligence. It is hoped that additional office space will be made

available at this location to accommodate, over time, all staff currently located at 130 Bloor St. West as well.

1075 Bay St, 10th Floor	
Cubicles	42
Offices	4
Hoteling Spaces	6
Meeting Rooms	1 (+1 meeting room shared with the MOHLTC Implementation Branch)

8.4.2 Staffing Plans

Based on current planning there is an overall increase in demand for office-based seating largely driven by:

1) Centralizing workers: As HQO changes its focus from front-line engagement to system-level advisor, many positions are being relocated from home-offices to HQO offices (18 seats)
2) HQO provides seating for several non-HQO staff who work as part of our integrated evidence development team (e.g., Health Economists, Clinical Consultants) (8 seats)
3) HQO has a strong desire to support the education of students and health professionals and seats are needed to accommodate them on a short-term basis
4) New initiatives that may be forthcoming if asked, such as the OPO require new teams to be seated and ideally, collated within the same HQO office (initial high-level estimates suggest that an extra 3,000 to 4,000 sq. ft. could be needed for the OPO). The OPO seating demand has not been included in the totals shown below as we assume the OPO will require the acquisition of additional office space.

A breakdown of planned staffing levels for Q4 2015-16 is shown in the table below (excluding OPO seating needs).

		Capacity	Seating Demand		Over/ Under
			Staff*	Non-Staff**	
Bloor Office					
	Cubicle	**94**	**90**	**11**	**-7**
	Office	**11**	**10.5**	**0.5**	**0**
Bay Office					
	Cubicle	**42**	**59**	**2**	**-19**
	Office	**4**	**3**	**0**	**1**
Remote					
	Remote		**18**		

TOTAL	151	180.5	13.5	-25

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

*** **Non-Staff** includes individuals who work as part of our integrated evidence development teams (e.g., Health Economists & Consultants) as well as temporary seats to be shared by students and visiting health professionals*

As indicated in the breakdown, HQO will be short a total of 25 seats based on the current office seating capacity and program planning. At the time of writing, HQO has submitted a request to acquire additional office space at 1075 Bay Street and is working with the Facilities Branch of the MOHLTC to bring this space into HQO's portfolio in time to meet the forecast seating demands.

8.4.3 Key Accommodations Projects

Health Quality Ontario has already repurposed one of its meeting rooms in order to mitigate the urgent seating pressures at 1075 Bay Street. To this end, the need to acquire a replacement meeting room is necessary.

Additionally, all storage (closet) space at 1075 Bay Street is at capacity and a request has been made to build a closet into one of the offices. Closet space is needed to store IT equipment (cables, keyboards, etc.), as well as material used for quality improvement work (participant workbooks, printed quality improvement guides and resources, as well as facilitation supplies, etc.). Executing this request will have the double-benefit of providing necessary storage space while also providing a much-needed sound barrier between a meeting room and the office undergoing the renovation.

As new lease space is acquired at 1075 Bay Street, further accommodation projects may be required to configure the new space to meet HQO's needs.

8.5 Strategic Communications Plan

Health Quality Ontario is a partner and leader in transforming Ontario's health care system to deliver: a better experience, a better level of care, and better outcomes to Ontarians.

To deliver on this mandate, the organization has undergone leadership changes and is in the process of an exciting strategic renewal.

This strategic renewal includes timely and proactive communications' outputs to HQO's audiences that are also designed to fuel engagement amongst HQO audiences and to drive action and success..

A more proactive communications program is being put in place to help HQO fulfill its mandate, and to position the organization as the province's catalyst, advisor and partner on health care quality.

Communications objectives:

- **Awareness and action:** Igniting awareness of HQO's analysis of the health care system (and its various parts) and of HQO's recommended evidence-based actions moving forward.
- **Thought-leadership:** Positioning HQO as a trusted resource on the quality of Ontario's health care system and on how to affect positive change.
- **Stakeholder engagement**: Working in partnership with health sector stakeholder groups to fuel messaging about the quality agenda within their communities.
- **Public engagement:** Demonstrating HQO is operating in patients', families' and the public's best interests and ensuring HQO's messages and communications efforts reflect their perspectives.

Target audiences:

In general, our target audiences are:

- Health care professionals across all disciplines and sectors.
- Health system quality influencers.
- Patients, families and the public.

Our strategic approach:

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

- Consistently amplifying our brand narrative throughout all of our communications.
- Giving our audiences context and analysis (not just straight data) so they understand the "why" behind our messaging.
- Implementing multi-faceted and integrated tactics (e.g., media relations, digital communications and social media, and stakeholder relations) to reach all audiences – from professionals to the public.
- Collaborating with our health care stakeholder partners in our communications efforts.

Tactics:

<u>Consistently channeling the HQO Brand</u>

Throughout all of our communications efforts, we envision consistently channeling the HQO brand through a consistent brand narrative, brand personality and brand look and feel. Our

goal is to position the organization as the province's catalyst, advisor and partner on health care quality, and in a manner that is compelling and inspiring to our audiences.

After in-depth discussions with health care system providers and partners, we have come to realize that the brand – Health Quality Ontario ¬– means different things to different people and we are seeing confusion about how our audiences perceive us. In addition, their feedback about our narrative on key communications platforms, such as the HQO web site, is mixed because our narrative is dense and confusing.

Clearly defining who HQO is and the benefits we bring, is just as important as communicating about our activities. Historically, we have spent a lot of communications effort talking about what we do and what we recommend, but we haven't done as good a job articulating who HQO is and demonstrating why our audiences should care about us.

The development of a brand strategy that helps us better articulate our brand narrative is key to our communications success. In Fiscal 2014-15 and early 2015-16 we are working on better defining the HQO brand so that in the years moving forward it is consistently communicated across all of our communications platforms. Our goal is to describe the organization as the province's advisor and partner on health care quality.

Objective:

- To better define the HQO brand (who we are and why our audiences should care)

Scope:

- To express this brand more consistently through all of our communications channels (e.g., the web site, speeches, collateral materials, etc.)

<u>Working more collaboratively with stakeholders in our communications efforts</u>

In partnership with key stakeholder partners across the system, we envision moving from "talking at" stakeholder groups through our communications, to engaging with them by gaining a better feel for the nuances they need addressed in our messaging. We also envision, in consultation with them, developing communications assets (such as website posts, infographics, news releases) for them to leverage with their members in relation to HQO announcements and joint projects.

<u>Sharing our news through the media</u>

We will continue to share news about our reports, recommendations, etc. through the media –

issuing news releases when reports and activities are public. We anticipate issuing news releases surrounding key activities such as the Yearly Report, the Health Quality Transformation Conference, and on the more mainstream Evidence Development & Standard reports. Involving our stakeholder partners in these efforts too will become a priority (such as quoting them in our news releases).

Digital communications and social media

HQO is embarking on building a renewed digital strategy to strongly reflect the HQO brand narrative; to clearly deliver HQO messaging through digital and social channels, and online influencers; to stimulate engagement; and to ensure HQO digital properties meet all audiences' needs and expectations.

It is too soon to be prescriptive about what exactly will be implemented. In general, we envision a revised website that is more user-friendly, is easier to navigate and fuels engagement and dialogue. We also envision an overall digital program that has a social media channel mix (e.g., Twitter, etc.); is optimized to reach priority audiences; amplifies messaging and content to priority audiences; fuels engagement; stimulates quality improvement.

The digital strategy that will begin to be implemented in the coming fiscal year will be based on preparatory work happening in Fiscal 2014-15 that includes an in-depth review of digital eco-systems of health provider stakeholder groups, and of similar organizations to HQO too (in Canada and around the world). Plus we are conducting qualitative research with health provider stakeholder partners and others ; while conducting an analysis of HQO's current digital eco-system performance in accordance with defined objectives, analytics and data from social networks and search.

HQO branch support

Providing ongoing communications services and support to the various HQO Branches remains a priority. These services include: communications planning for specific initiatives (such as the Yearly Report, Health Transformation Conference, Quality Improvement initiatives; Evidence Development & Standards reports; etc.); issues management; key messages and FAQs; report "packaging" / editorial direction; design, marketing and event logistics for the Health Quality Transformation conference; HQO conference sponsorships and exhibits; event design and management for special HQO events; collateral material development; graphic design.

Internal communications

Because of the strategic renewal and changes that are unfolding at HQO, our communications

strategy also will focus on internal communications in order to help fuel:

- Staff understanding of and buy-in for organizational goals and objectives.
- New cultural norms.
- Integration across the organization.
- Excitement and enthusiasm for what HQO is trying to achieve.
- Pride in the organization.

Our internal communications activities will include activities such as weekly staff updates from our President and CEO; all-staff monthly meetings; Intranet updates and ongoing development; internal seed community advising on issues, opportunities and messaging, special events (such as a United Way campaign).

Measures of success:

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

<u>Qualitative measures</u>

- HQO messaging coming out of the mouths of system influencers and stakeholders (online and off).
- Positive relations with key stakeholders, key opinion leaders, etc.
- Feedback – external from stakeholders and internal from staff.
- Quality of event participants and feedback.
- Quality of comments in discussion forums, blogs, etc.
- Quality of messaging in partners' and influencers' amplification.
- Feedback from HQO staff.

<u>Quantitative measures</u>

- Number of media impressions.
- Number of story placements.
- Number of social media comments.
- Number of visits to HQO website.
- Number of clicks / downloads / shares (of reports).
- Number of re-tweets.
- Number of attendees at events.
- Number of partners and influencers amplifying HQO messages.

8.6 Deliverables

Due Date	Deliverable Description
Priority #1: Continue to establish our role as the province's advisor on health care quality.	
2015-16	Monitoring What Matters Strategy Deliverables
2015-16	Personalized Reporting Program—Long-term Care Home Antipsychotic Medication Report (contingent on funding, still in discussions with OMA & MOHLTC)
2015-16	Personalized Reporting Program--Primary Care Physician Reports
2015-16	Online Reports—Patient Safety, Home Care, Long Term Care, and Primary Care Public Report
2015-16	Structural Indicator Concept Strategy
2015-16	Theme Report—Evidence Uptake Theme Report
2015-16	Theme Report—Additional 2-4 Theme Reports Topics TBD
2015-16	Yearly Report / CQA for 2015-16
2015-16	Indicator Library / Catalogue
2015-16	1-2 Quality Based Procedures Topics
2015-16	6-10 Single Health Technologies Assessments
2015-16	OHTAC Decision Determinants Sub-Committee - Implementation of Recommendations
2015-16	SQAC
2016-17	Monitoring What Matters Strategy Deliverables
2016-17	Personalized Reporting Program—Long-term Care Home Antipsychotic Medication Report (contingent on funding, still in discussions with OMA & MOHLTC)
2016-17	Personalized Reporting Program--Primary Care Physician Reports
2016-17	Online Reports—Patient Safety, Home Care, Long Term Care, and Primary Care Public Report
2016-17	Theme Report (4-6 reports, topic TBD)
2016-17	Yearly Report / CQA for 2016-17
2016-17	Structural Indicator Pilot Tests
2016-17	6-10 Single Health Technology Assessment Topics
2016-17	1-2 Quality Based Procedures Topics
2016-17	Monitoring What Matters Strategy Deliverables
2017-18	Personalized Reporting Program—Long-term Care Home Antipsychotic Medication Report (contingent on funding, still in discussions with OMA & MOHLTC)
2017-18	Personalized Reporting Program--Primary Care Physician Reports
2017-18	Personalized Reporting Program—other sectors / provider groups TBD
2017-18	Online Reports—Patient Safety, Home Care, Long Term Care, and Primary Care Public Report
2017-18	Theme Report(5-7 reports, topics TBD)
2017-18	Yearly Report / CQA for 2017-18
2017-18	Structural Indicator Roll-out
2017-18	1-2 Quality Based Procedures Topics
2017-18	6-10 Single Health Technologies Assessments

Priority #2: Work with the system to actively improve quality of care.	
2015-16	Develop KTE Implementation Support Packages on Evidence / HSP Products / Other Externally Driven Topics
2015-16	Develop QI Response Plans to Emerging Evidence & Trends
2015-16	Annual multi-sectoral QIP Analysis & Reports: Provider feedback; public reporting; issues identification actively incorporated into core QI agenda

2015-16	Approach to cross sector QIP informed by advisory panel
2015-16	Convene expert panel and deliver report for embedding quality through eHealth solutions
2015-16	Evolve ARTIC Program to be a multi-sectoral spread platform
2015-16	Establish learning collaboratives networks and communities of practice addressing common quality issues
2015-16	Launch 1-2 major QI initiatives (topics TBD)
2015-16	Establish NSQIP Ontario Collaborative
2015-16	Broader roll-out of the Primary Care Patient Experience Survey
2015-16	Contribute to cross-HQO focus on patient experience
2015-16	Revise and integrate HQO QI digital assets and connect virtual QI community
2015-16	Convene a Scientific Advisory Committee to guide HQT content
2015-16	Host IDEAS alumni event
2016-17	Develop KTE Implementation Support Packages on Evidence / HSP Products / Other Externally Driven Topics
2016-17	Develop QI Response Plans to Emerging Evidence & Trends
2016-17	Annual multi-sectoral QIP Analysis & Reports: Provider feedback; public reporting; issues identification actively incorporated into core QI agenda
2016-17	Host IDEAS Alumni Event
2017-18	Develop KTE Implementation Support Packages on Evidence / HSP Products / Other Externally Driven Topics
2017-18	Develop QI Response Plans to Emerging Evidence & Trends
2017-18	Annual multi-sectoral QIP Analysis & Reports: Provider feedback; public reporting; issues identification actively incorporated into core QI agenda

Priority #3: Involve patients, family, caregivers and the public in the quality agenda.	
2015-16	Patient Experience Strategy
2015-16	Digital Bank of Excellence on Patient Engagement
2015-16	Patient / Public Engagement Education Institute
2015-16	Creation of a Patient Bank
2015-16	OHTAC Patient and Public Engagement Sub-Committee - Implementation of Recommendations

Priority #4: Expand and enhance our communications to make HQO the recognized voice of health care quality in Ontario	
2015-16	Implementation of a Digital Strategy: New Website
2015-16	Implementation of a Digital Strategy: New Social Media Program
2015-16	Health Quality Transformation
2016-17	Health Quality Transformation
2017-18	Health Quality Transformation

Priority #5: Work as an integrated, high-performing organization.	
2015-16	Establish an Integrated Partner Committee Structure
2015-16	Develop a Quality Program Transition Plan
2015-16	Complete the Transition of the ARTIC Program from CAHO to HQO
2015-16	Evaluate OCFP partnership program for potential renewal 2015-16
2015-16	Develop a Partner Communication Strategy and Partner Feedback Process
2015-16	Technology Enhancements to Support Internal Communications
2015-16	Health care Project Leaders Conference

2015-16	HQO Strategic Plan
2015-16	HQO's Strategic HR Plan
2016-17	Health care Project Leaders Conference
2017-18	Health care Project Leaders Conference

8.7 Performance Measures

The following table outlines HQO's current planning around on-going corporate performance measurement. Additional measures of health system performance will continue to be identified through HQO's performance monitoring and reporting work. As HQO's corporate strategic priorities are refined we will also modify and enhance our corporate performance measures to ensure our reporting is a true reflection of our performance in achieving any objectives set.

Priority / Measure	Reporting Frequency	2015-16	2016-17	2017-18
Priority #1: Continue to establish our role as the province's advisor on health care quality.				
Total # of page visits for Yearly Report	Annual	Increase over previous year		
Total # of unique visits for Yearly Report	Annual	Increase over previous year		
Total # of print media & social media hits for Yearly Report	Annual	Increase over previous year		
Total # of page visits for Theme report 1 & 2	Annual	Increase over previous year		
Total # of unique page visits for Theme report 1 & 2	Annual	Increase over previous year		
Total # of print media and social media hits for Theme report 1 & 2	Annual	Increase over previous year		
Total # of primary care physicians who consent to receive the PCPR Report	Quarterly	TBD	TBD	TBD
Total # of primary care organizations (FHT/CHC/other) who consent to receive their organization-level PCPR report	Quarterly	TBD	TBD	TBD
Total # of evidence-based recommendations made to MOHLTC	Annual	TBD	TBD	TBD
% of evidence-based recommendations adopted by the MOHLTC	Annual	TBD	TBD	TBD
Priority #2: Work with the system to actively improve quality of care.				
% of QIP submissions received via the QIP Navigator tool	Annual	Increase over previous year		
Other measures to be defined through current QI strategic planning & partnership reporting planning				
Priority #3: Involve patients, family, caregivers and the public in the quality agenda.				

Priority / Measure	Reporting Frequency	2015-16	2016-17	2017-18
Total # of members of an HQO Patient Advisory Council engaging in HQO activities	Quarterly	TBD	TBD	TBD
% of Primary Care QIPS that include a patient experience metric	Annual	TBD	TBD	TBD
Other measures to be defined through current patient engagement strategic planning				
Priority #4: Expand and enhance our communications to make HQO the recognized voice of health care quality in Ontario				
Annual attendance at Health Quality Transformation	Annual	>1000	>1000	>1000
% of attendees who respond to top two boxes in Health Quality Transformation evaluation survey	Annual	>85%	>85%	>85%
Total # of Media Impressions	Quarterly	>6,000,000	>6,000,000	>6,000,000
Priority #5: Work as an integrated, high-performing organization.				
Budget variance (%)	Quarterly	95-100%	95-100%	95-100%
Projected Year-End Spend (%)	Quarterly	95-100%	95-100%	95-100%
Total Vacancies (#)	Quarterly	<10	<10	<10
Total Vacancies (%)	Quarterly	<5%	<5%	<5%
AA Deliverables completed on-time (%)	Quarterly	100%	100%	100%

8.8 Glossary of Terms

Acronym	Definition
AA	Accountability Agreement
AMAPCEO	Association of Management, Administrative and Professional Crown Employees of Ontario
ARTIC	Adopting Research To Improve Care
CAHO	Council of Academic Hospitals of Ontario
CCAC	Community Care Access Centre
CEO	Chief Executive Officer
CIHI	Canadian Institute for Health Information
ECFAA	Excellent Care for All Act
FTE	Full-Time Equivalent
HQB	Health Quality Branch
HQO	Health Quality Ontario - see also OHQC (Ontario Health Quality Council)
HRIS	Human Resources Information System
HST	Harmonized Sales Tax
ICES	Institute for Clinical and Evaluative Sciences
IDEAS	Improving and Driving Excellence Across Sectors
LHIN	Local Health Integration Network
MOHLTC	Ministry of Health and Long term Care

Acronym	Definition
MOU	Memorandum of Understanding
NSQIP	National Surgical Quality Improvement Program
OCFP	Ontario College of Family Physicians
OHA	Ontario Hospital Association
OHQC	Ontario Health Quality Council - the legal name of HQO (Health Quality Ontario)
OHTAC	Ontario Health Technology Advisory Committee
OLTCPA	Ontario Long-Term Care Physicians' Association
OMA	Ontario Medical Association
ON-NSQIP	Ontario - National Surgical Quality Improvement Program
OPO	Office of the Patient Ombudsman
QBP	Quality-Based Procedure
QCIPA	Quality of Care Information Protection Act
QI	Quality Improvement
QIP	Quality Improvement Plans