

STRATEGIC PLAN

December 2008

MISSION

A trusted, independent voice dedicated to informing the public about the quality of its publicly funded health system. A catalyst for improving our health system and our population's health.

VISION

A high-performing health system committed to continuous quality improvement. A system that is there for you when you need it, and involves you in maintaining and improving your own health.

STRATEGY 1

Engaging and reporting to the public

STRATEGY 2

Promoting alignment of indicator frameworks

STRATEGY 3

Building capacity for quality improvement

STRATEGY 4

Developing leadership in quality improvement

VALUES

- Passionate about quality improvement
- Objective and guided by evidence
- Public involvement
- Health system partnerships
- Embracing diversity

INTRODUCTION

The Ontario Health Quality Council is an independent agency created by the Government of Ontario under the *Commitment to the Future of Medicare Act, 2004*. The government's vision in establishing the Council is expressed in the preamble to the Act:

The people of Ontario and their Government:

Recognize that Medicare – our system of publicly funded health services – reflects fundamental Canadian values and that its preservation is essential for the health of Ontarians now and in the future;

Believe in a consumer-centred health system that ensures access is based on assessed need, not on an individual's ability to pay;

Believe in public accountability to demonstrate that the health system is governed and managed in a way that reflects the public interest and that promotes efficient delivery of high quality health services to all Ontarians;

Recognize the importance of an Ontario Health Quality Council that would report to the people of Ontario on the performance of their health system to support continuous quality improvement;

Affirm that a strong health system depends on collaboration between the community, individuals, health service providers and governments, and a common vision of shared responsibility.

This Act gives the Council the mandate to:

- (a) Monitor and report to the people of Ontario on –
 - (i) access to publicly funded health services
 - (ii) health human resources in publicly funded health services
 - (iii) consumer and population health status and
 - (iv) health system outcomes; and
- (b) Support continuous quality improvement.

The Council's first members were appointed by the Lieutenant Governor in Council in September 2005, and act as the agency's board of directors. In its first two years, the Council focused on reporting, which represents half of its mandate, in order to build credibility and awareness of its work. In November 2007, the Council's board and its newly appointed CEO began to develop the direction and strategies for the agency to fulfill its full mandate, which includes supporting continuous quality improvement. This document is the resulting strategic plan.

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Informing the public about quality is the bedrock of the Council's mission. In order to do this effectively, the public must have confidence that the Council remains independent and not subject to influence from external parties who may be reluctant to disclose information about shortcomings when it comes to quality in the healthcare system.

The Council recognizes that many of the sources of information about quality reside within the healthcare system. In order to effectively tap into these sources, the Council will work constructively with healthcare organizations and the Ministry of Health and Long-Term Care to develop a culture of public transparency and to refine the infrastructure needed to generate information on quality. In doing so, the Council will maintain clear expectations for informing the public on quality in an unbiased and objective fashion.

The mandate to “support continuous quality improvement” is interpreted to mean being a “catalyst for improvement.” Frontline providers, managers and policymakers all share ownership of quality improvement. Each of these groups has a unique role to play. As a catalyst, the Council will champion evidence about how to achieve the best possible care, encourage the adoption of quality improvement methodologies and skills, and provide expertise in quality improvement to healthcare organizations that request it, resources permitting. If there is an identifiable void in some area of the provincial quality improvement agenda, the Council may provide direct support to address the void while seeking out and mentoring emerging quality improvement leaders who can fill that void in the long term.

VISION

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The Council has a vision of what quality looks like from the public's perspective, as well as from a health system standpoint.

From the public's perspective:

We achieve excellence in each attribute of quality: accessible, effective, safe, efficient, patient-centred, equitable, appropriately resourced, integrated, and focused on population health. Across each attribute, for each healthcare setting and healthcare condition, Ontario constantly strives to meet or exceed the best quality of care achieved elsewhere in the world. Where there is a theoretical goal for success (e.g., zero defects in care), Ontario will continually strive for progress towards that goal.

From a health system standpoint:

- We have strong leadership for quality throughout our system. Leaders, governors and policymakers identify priorities and targets for improvement, assign accountability for results, allocate resources, and set policies to support improvement efforts.
- We have the capacity, skills and culture for quality improvement throughout the healthcare workforce. We have effective quality improvement teams that use quality improvement tools to achieve system change. Clinician champions continually promote the cause of quality improvement. Teams have an infrastructure for sharing their experiences regarding the implementation of leading practices.
- We have a state-of-the-art quality measurement system. Our healthcare system has information technology, data collection systems and standardized measures that allow us to report and feed back timely information to those managing and assisting in quality improvement.
- There is broad accountability and transparency throughout the system. Frontline providers, managers and policymakers recognize that citizens have a right to be informed about the quality of their healthcare system and that information about the quality of healthcare can encourage quality improvement through the identification of leading practices as well as opportunities for improvement.
- The health system is working to prevent sickness and improve the health of the people of Ontario.

VALUES

The following values guide the Council's activities:

1. ***Passionate about quality improvement.*** Internally, we embrace quality improvement methodologies and skills. We continually learn and innovate. We have an irrepresible drive towards excellence.
2. ***Objective and guided by evidence.*** We set high standards for the scientific validity and reliability of the information which we generate and promote. As a result, the public and the healthcare system view us as a highly credible source of information.
3. ***Public involvement.*** Through various techniques, we seek the public's ideas and concerns about the quality of Ontario's health system. In turn, we inform the public to help them engage fully in improving their health and the health system.
4. ***Health system partnerships.*** We work closely with and leverage the strengths of different parts of the healthcare system to get the best possible health information to report to the public and to support quality improvement.
5. ***Embracing diversity.*** We interact with the public and the healthcare system in ways that recognize, respond to, and allow us to learn from the rich diversity of our province. Our composition as an organization reflects that diversity.

STRATEGIES

The four strategies of the Ontario Health Quality Council are:

1. Engaging and Reporting to the Public

The Council will report periodically to the public on the quality of health care in Ontario, as defined by the nine attributes of a high-performing system. The Council's reporting activities will focus on healthcare services provided through Ontario's publicly funded healthcare system. The Council's reports will analyze quality using the following questions:

Is quality improving over time? To monitor whether quality is improving over time, the Council will continue to regularly track certain core indicators and identify whether targeted quality improvement initiatives or policy changes are potentially linked to significant improvements in the quality of care.

Which groups are most vulnerable to having a lower quality of care? To do this, the Council will search for differences in quality by age, gender, urban/rural status, socioeconomic status, aboriginal status and ethnocultural background, wherever it is feasible to do so.

How is quality in my local area? The people of Ontario will want to know about healthcare quality in settings where they are most likely to seek care. The Council will therefore aim to report on quality by individual Local Health Integration Networks (LHINs), hospitals, long-term care facilities, and/or communities.

Is quality at a level acceptable to Ontarians? To answer this question, the Council will document the highest level of care achieved by jurisdictions or organizations around the world, based on the assumption that Ontarians deserve the best quality achieved globally.

The Council's reports are intended for the people of Ontario. They are the main audience. Consequently, to reach as wide an audience as possible, reports will be written in plain language, and the information presented in a way that facilitates understanding. Furthermore, to support quality improvement, audience segments will be targeted as follows:

Type of Audience	Desired Action(s)	Range of Activities to Reach and Engage Audiences
General public	Hold governments and local administrators accountable for quality.	<ul style="list-style-type: none"> • Maximize media coverage of Council reports and opportunities to comment on matters related to quality improvement (e.g., op-eds) • Promote downloads of report or visits to website for more information • Encourage educators to promote the use of Council materials to students (e.g., website)
Public as users of healthcare services and their families	Individuals and their families are engaged in healthcare and are modifying their behaviour (e.g., they are asking better questions, self-managing their care and seeking information prior to making decisions).	<ul style="list-style-type: none"> • Insert patient ideas for improvement in reports • Promote patient ideas for improvement on website • Partner with other organizations with strong connections to the public to disseminate report findings
Selected influential groups (e.g., LHIN community advisory groups, advocacy groups, municipal and community leaders)	Individuals use their own networks of influence and relationships with healthcare leaders to advocate for change in areas where improvements are needed.	<ul style="list-style-type: none"> • Meet periodically with groups
Individual healthcare providers	Providers take action to address problems identified in report (e.g., issues with medication safety), as well as an active role in promoting quality improvement and implementing change within their organizations.	<ul style="list-style-type: none"> • Disseminate findings at healthcare conferences and through other venues
Healthcare administrators	To address problems identified in the report, administrators are working to change local health systems, as well as championing changes in provincial policy.	<ul style="list-style-type: none"> • Promote report findings through policy committees, leadership forums, etc.
Healthcare boards	Boards are monitoring quality improvement measures within their organizations.	<ul style="list-style-type: none"> • Feature best practices in organizational transparency related to quality issues

2. Promoting Alignment of Indicator Frameworks

The Ontario Health Quality Council reports publicly on quality of care with the aim of encouraging quality improvement. Successful quality improvement, however, requires actions at both a macro policy level as well as a micro care-delivery level. The former may involve policymakers that deal with regulations and resource allocation decisions. The latter may involve managers, frontline providers and users of the system who may take steps to optimize the use of clinical best practices.

To inform quality improvement, the Council will continue to report on quality at both macro and micro levels of the system. For example, in the 2008 report, the Council reported on the overall state of chronic disease management in Ontario, and at the same time described specific drugs and tests for diabetes and coronary artery disease which were not being performed consistently enough. The Council will also articulate and describe the relationship between potential improvements at the micro level and improvements in macro-level measures. This will help identify which specific actions will drive improvement, and promote a strategy for improvement.

The Council will take on a constructive role in promoting a vision for quality indicator frameworks — the selection of macro- and micro-level indicators and the logical connection between each level. Ideally, indicators which are reported to the public are also the same ones that are being used to manage the health system. Very importantly, this work must be carefully coordinated with concurrent efforts within the system by the government, healthcare provider organizations, health organization boards, regulatory agencies, and researchers to align measurement with strategy.

The Council will contribute to continuous improvement in the measurement and reporting of healthcare quality. Wherever possible, the Council will leverage previous and current work done by other organizations. Its specific activities in this area may include participating in or facilitating indicator development and selection activities and assisting in activities to align indicators across accountability agreements, major quality improvement initiatives, accreditation processes and public reporting.

3. Building Capacity for Quality Improvement

Leading healthcare systems in the world invest heavily in their staff to develop skills in the use of quality improvement science and tools. Examples of basic quality improvement skills include the use of the Model for Improvement, rapid cycle improvement using Plan-Do-Study-Act cycles, quality improvement team building and measurement techniques for quality. Examples of more advanced skills include the application of Lean and Six Sigma techniques to health care. These skills are necessary for driving system-wide change and for developing a culture of quality improvement throughout the organization.

Quality improvement also depends on effective mechanisms to connect different quality improvement teams working on similar topics so that they can share experiences on how to implement change. These

structures are essential to developing quality improvement capacity and can take on multiple forums such as formal learning collaboratives, virtual collaboratives and communities of practice.

The Council will offer assistance in developing these skills in the workforce (or in facilitating networks between quality improvement teams) to the healthcare organizations that request it, resources permitting. As a catalyst, the Council will foster the capability to teach quality improvement skills at the local level.

4. Developing Leadership in Quality Improvement

Leadership for quality improvement means that decision-makers are tracking indicators identified by the Council and others as important for quality, are setting targets for improvement, and are planning actions to achieve these targets. Among boards of healthcare organizations, for example, this may mean setting global targets for improvement among system-wide quality indicators, allocating resources for improvement and holding management accountable for results.

The Council will work, as requested and resources permitting, in assisting the ministry, LHINs and healthcare organizations in developing and using their indicators to promote and support quality improvement. This may include helping to promote reasonable, evidenced-based targets for improvement and examples of good leadership and governance from elsewhere, and related formal training. These leadership development activities will be conducted in partnership with other organizations that also promote leadership and effective governance in general.

MEMBERS OF THE ONTARIO HEALTH QUALITY COUNCIL

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