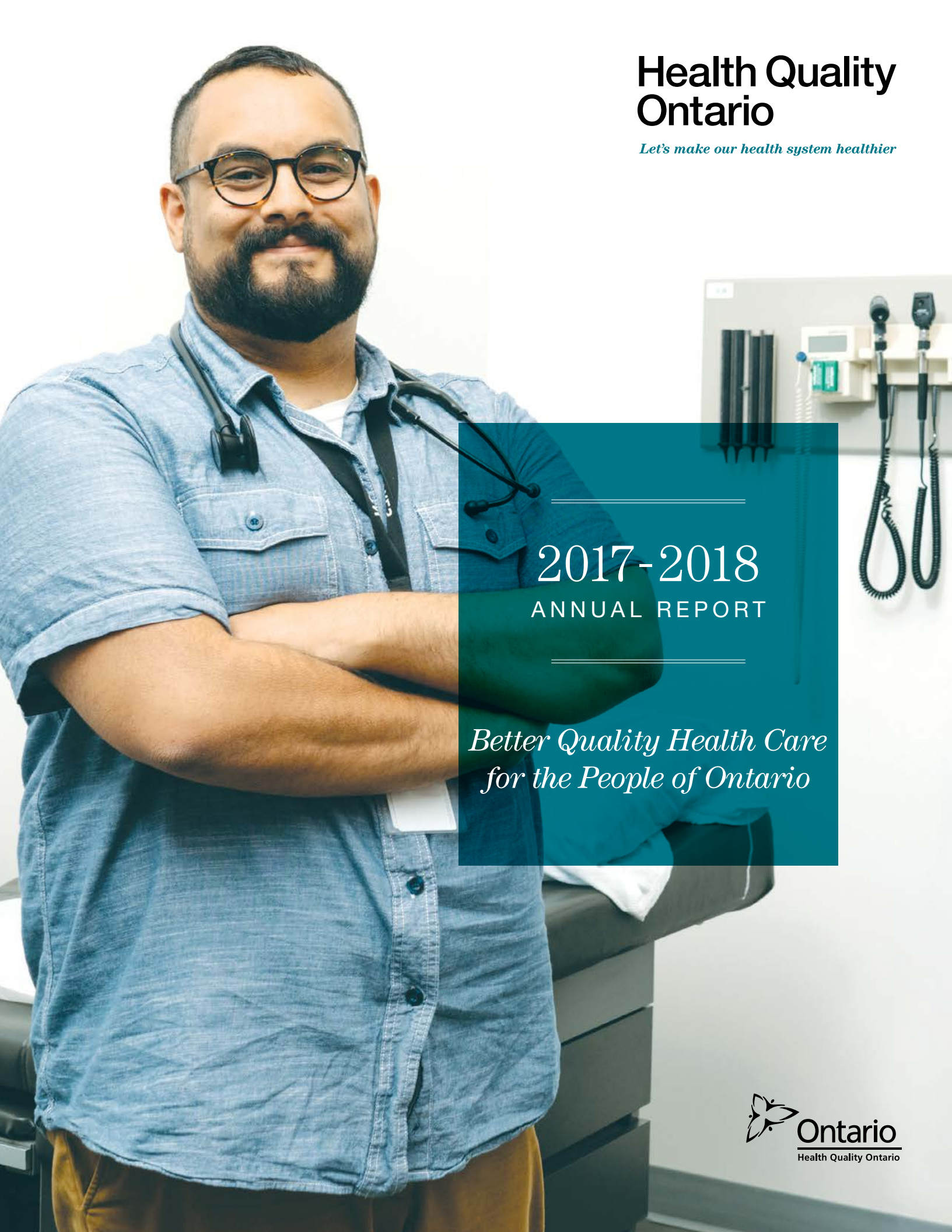

Health Quality Ontario

Let's make our health system healthier

2017-2018
ANNUAL REPORT

Better Quality Health Care for the People of Ontario

Ontario
Health Quality Ontario

Our Vision

Better health for every Ontarian. Excellent quality care.

Our Mission

Together, we work to bring about meaningful improvement in health care.

Our Values

Collaboration, integrity, respect and excellence.

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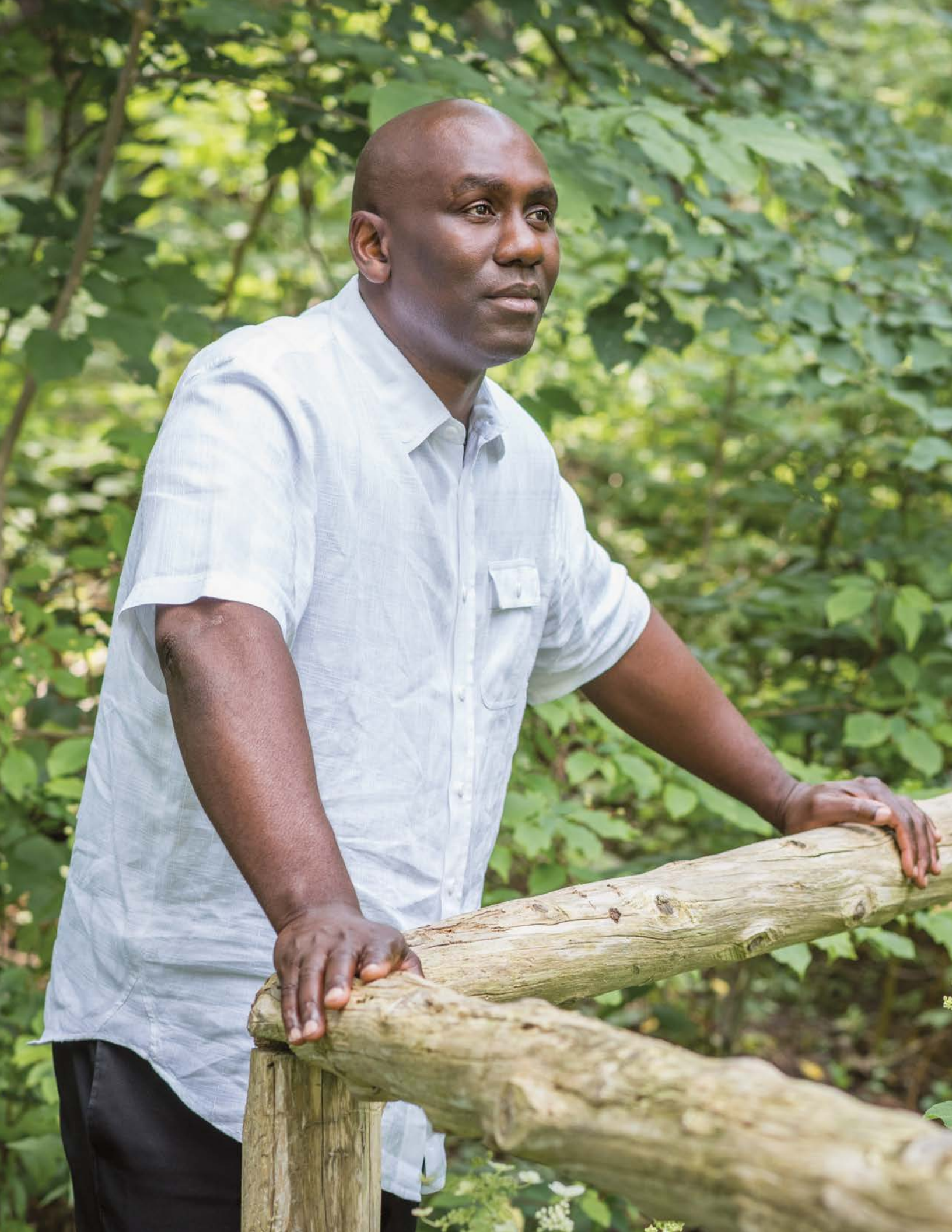
Front cover photo: nurse practitioner, Shawn Dookie was profiled in our yearly report *Measuring Up* on how Ontario's health system is performing.



Organizational Overview

Health Quality Ontario is the provincial lead on the quality of health care, providing advice and support across the health system and to government on how to make health care better for the people of Ontario.

Health Quality Ontario has a legislative mandate to:

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

Health Quality Ontario is governed by its own 12-member Board of Directors with representation from the medical and nursing professions, patients and other segments of health care. It is committed to supporting the development of a quality health care system based on six fundamental dimensions: efficiency, timeliness, safety, effectiveness, patient-centredness and equity.

In everything it does, Health Quality Ontario works with doctors, nurses, other health care providers, patients and families to support higher quality care across the system. Health Quality Ontario also works with partner organizations across the province to encourage the spread of innovative and proven programs to save money, eliminate redundancy and improve care.

Ways Health Quality Ontario improves health care quality include:

- The spread of practical tools for doctors, nurses, other health care providers and patients to improve care at the front lines.
- Tools for patients that help them manage their care, such as an initiative to help patients after leaving hospital.
- Rapid access to addiction medicine clinics in communities across Ontario.
- Confidential, voluntary information for family physicians about their practice, along with concrete suggestions on how to improve the care they provide.
- Innovative quality improvement programs across health sectors – including hospitals, primary care, long-term care and mental health and addictions – that spread proven programs that save money, eliminate redundancy and improve care.
- Easily accessible and understandable information for patients and health care providers about wait times for tests, specialists and surgical care.
- A yearly report tabled in the legislature on the health of Ontario's health system, shining a light on what is working and where the system must improve.
- Health technology assessments which include recommendations for or against public funding of health care technologies or services, and by an independent group of patients, health care providers and other experts. These are rigorous reviews that analyze the evidence and look at benefits, harms, value for money and affordability.
- Helping hospitals, long-term care homes, primary care and home care organizations establish and meet their quality improvement goals through their annual quality improvement plans.
- Using the power of innovative digital tools to improve care at the front lines.
- Quality standards that set out for clinicians and patients what the evidence defines as quality care for important health conditions such as opioid use and dementia, and for which there are unwarranted variations in care.
- Actively involving patients and families who are users of the health care system - bringing their perspectives into the work that we do and providing tools for health care providers and patients to effectively partner to improve health care quality.

The intent at Health Quality Ontario is to harness the energy and attention of the health care system by focusing on changes needed to make things better for patients and health care providers, and on pragmatic solutions based on the evidence. The organization's mandate is to continuously improve the quality of health care in Ontario while always listening to the voices of physicians, nurses, other health care providers and patients themselves – to fuel confidence, transparency and accountability.

Photo on the left: Elgin is a patient who was profiled in our yearly report *Measuring Up* on how Ontario's health system is performing.

Message from the Board Chair and President and Chief Executive Officer

As we look back over the past year, we see a year of numerous accomplishments anchored in our relentless commitment to improve the health of Ontarians, enhance their experience of care, reduce health care costs, and support the wellbeing of health care providers — which is known as the Quadruple Aim of Health Quality.

This 2017-2018 annual report provides concrete examples where we made a positive impact on health care quality for everyday Ontarians. It showcases the work done by those who work for Health Quality Ontario – doctors, nurses and other health care professionals, clinical epidemiologists, data analysts, quality improvement specialists and others – and in partnership with health care providers and organizations across the province who share our commitment to making Ontario's health care system better.

In our work over the past year, Health Quality Ontario has made progress in addressing many issues facing Ontarians including three main challenges: reducing wait times for care, hospital overcrowding, and improving access and care for those with mental illness and addictions.

Wait Times

We increased the availability and breadth of information about health care wait times in Ontario by bringing this data to our website for patients, doctors, nurses and other health care professionals because improving the timeliness of care starts with access to accurate and comprehensive information. Since the new wait times pages were unveiled, they have routinely been the most visited sections on the Health Quality Ontario website with more than 134,000 page views this fiscal year.

Hospital Overcrowding

We helped with the issue of hospital overcrowding by providing standards and tools to help organizations and health care providers reduce unnecessary hospital admissions – one of which is a tool that spread to 27 hospitals across Ontario and will benefit approximately 50,000 patients within its first year. We also provided clear and actionable data about hospital patients who should be receiving care elsewhere.

Mental Health and Addictions

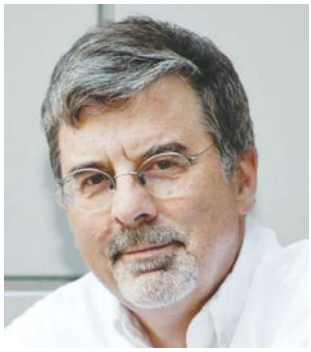
Similarly, we developed tools and supported programs to help primary care physicians and others in mental health and addictions improve the care they provide, including supporting the spread of rapid access addiction medicine clinics to communities across the province where opioid supports are much needed by Ontarians. We also provided comprehensive data on key indicators of mental health and addictions in the province, including the prescribing of opioids, and guidance on how to improve the care of mental health and addictions through quality standards and our health technology assessments.

There is lots of activity happening in the system to address these three challenges and our contribution is highlighted in spotlight stories found on pages 12 to 17 in this report. We feel good about these and other accomplishments and try hard to strike the right balance of providing the right information and tools without getting in the way of front-line care.
We also work very hard to hold ourselves accountable for the impact of our work on the system and the delivery of quality health care. For example, this past year we hired two outside reviewers to conduct rigorous evaluations of four of our largest programs.

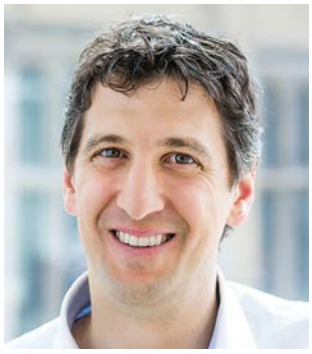
This year represents the final year in our current strategic plan titled *Better Has No Limit*.
It is striking how many of the activities spilling from that plan are reflected in this annual report and in *Quality Matters* - our roadmap for action for a high quality health system in Ontario that we define as being efficient, timely, safe, effective, patient-centred and equitable. Throughout all of our efforts, we mobilize and work with others and try to go only where we are needed so we do not duplicate efforts or overburden health care providers who are participating in our work. There is lots to do, so we carefully pick where we can be most helpful and are a nimble resource to study and act on critical issues, like opioids, so we can be of help.

While there is always more that can be done to improve quality care, we are confident that by maintaining a clear focus on our mandate, the Quadruple Aim, and the six dimensions that define a quality health system, we are on the right track to raising our system to a uniformly high level of quality for all Ontarians.

From Kitchener, to Kingston, to Kenora, to every other corner of the province – every Ontarian deserves high quality health care, experiences, and outcomes. For less than $3.50 per Ontarian per year, Health Quality Ontario is making a difference.



Dr. Andreas Laupacis
Chair, Board of Directors



Dr. Joshua Tepper
President and CEO

Our Strategic Plan, Setting Our Direction

Our Strategic Plan, *Better Has No Limit*,
defines our five strategic priorities to help achieve health care quality:

- *Provide system-level leadership for health care quality*
- *Increase availability of information to enable better decisions*
- *Evaluate promising innovations and practices, and support broad uptake of those that provide good value for money*
- *Engage patients in improving care*
- *Enhance quality when patients transition between different types of settings of care*

While maintaining our broad commitment to supporting quality across all sectors, we also have three areas of focus aligned with emerging needs and trends in health care. Each one cuts across our strategic priorities, requiring a cross-sector perspective and approach. They include:

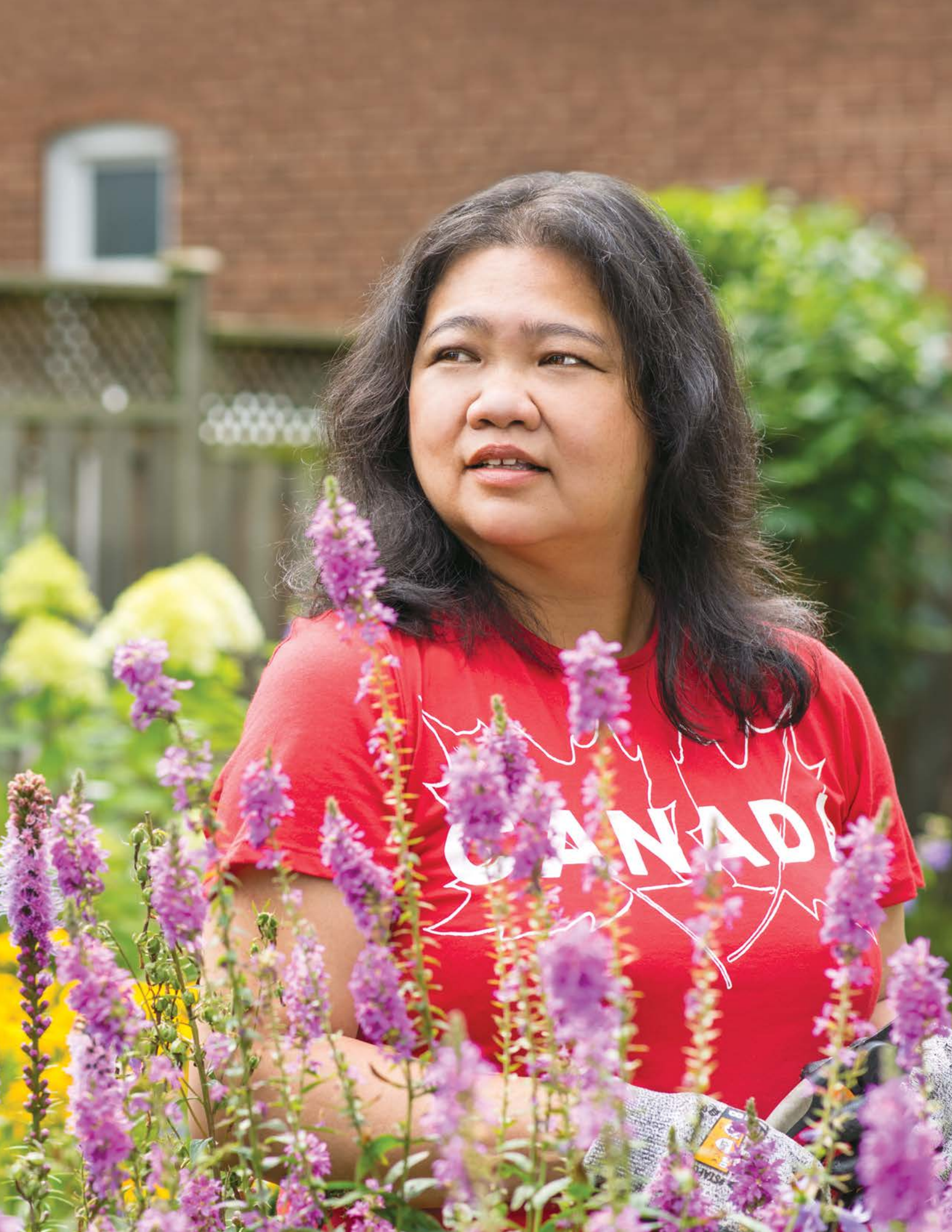
- *Mental health and addictions*
- *Primary care*
- *Palliative and end-of-life care*

The strategic plan also identifies the enablers that make it possible for Health Quality Ontario to deliver on its work:

- *Working with others*
- *Creating and implementing an effective and comprehensive approach to communicating our work*
- *Being a cohesive organization aligned in our efforts*

We are eager to continue collaborating with physicians, nurses, other health care professionals, patients, families and our many partners in the health system to achieve our goals.

Photo on the right: Lilac is a patient who was profiled in our yearly report *Measuring Up* on how Ontario's health system is performing.


CANADA

Spotlighting Our Work On *Three Challenges*

- Improving Wait Times
- Hospital Overcrowding
- Mental Health and Addictions

Improving Wait Times

This year, Health Quality Ontario added wait times data to its website because improving the timeliness of care starts with accurate and comprehensive information.

Waiting for care can add unnecessary stress for patients and their families and impacts health outcomes. By providing information about wait times to patients, families, health care professionals, administrators and policy-makers improvements can be made not only by individual clinicians and hospitals, but by the system as a whole.

This year, Health Quality Ontario collaborated with partners to add wait times data to its website – because improving the timeliness of care (one of the six dimensions of a quality health system) starts with accurate and comprehensive information. This means that for the first time in Ontario, all major wait time indicators are now publicly available in one place.

This data on the Health Quality Ontario website is presented in a way that anyone – patients, doctors, nurses, other health care professionals – can easily use. It provides almost real-time public reporting on how the province and individual hospitals are doing. It also enables people to identify organizations who were doing a good job with wait times, see what they are doing right, and apply it more broadly so the province as a whole can better meet wait time targets.

Working with Cancer Care Ontario and CorHealth Ontario, information is amalgamated from thousands of surgeons and more than 100 hospitals across the province, providing wait times on surgeries such as heart surgery, orthopedic surgery including hip and knee replacements, and cancer surgery. Specifically, this data is about wait times for first appointments to see specialists or surgeons (which has never been publicly reported before in Ontario) and wait times to have a procedure or surgery done once the decision is made to have it. Wait times data is refreshed monthly and is linked to the government's website www.ontario.ca/health.

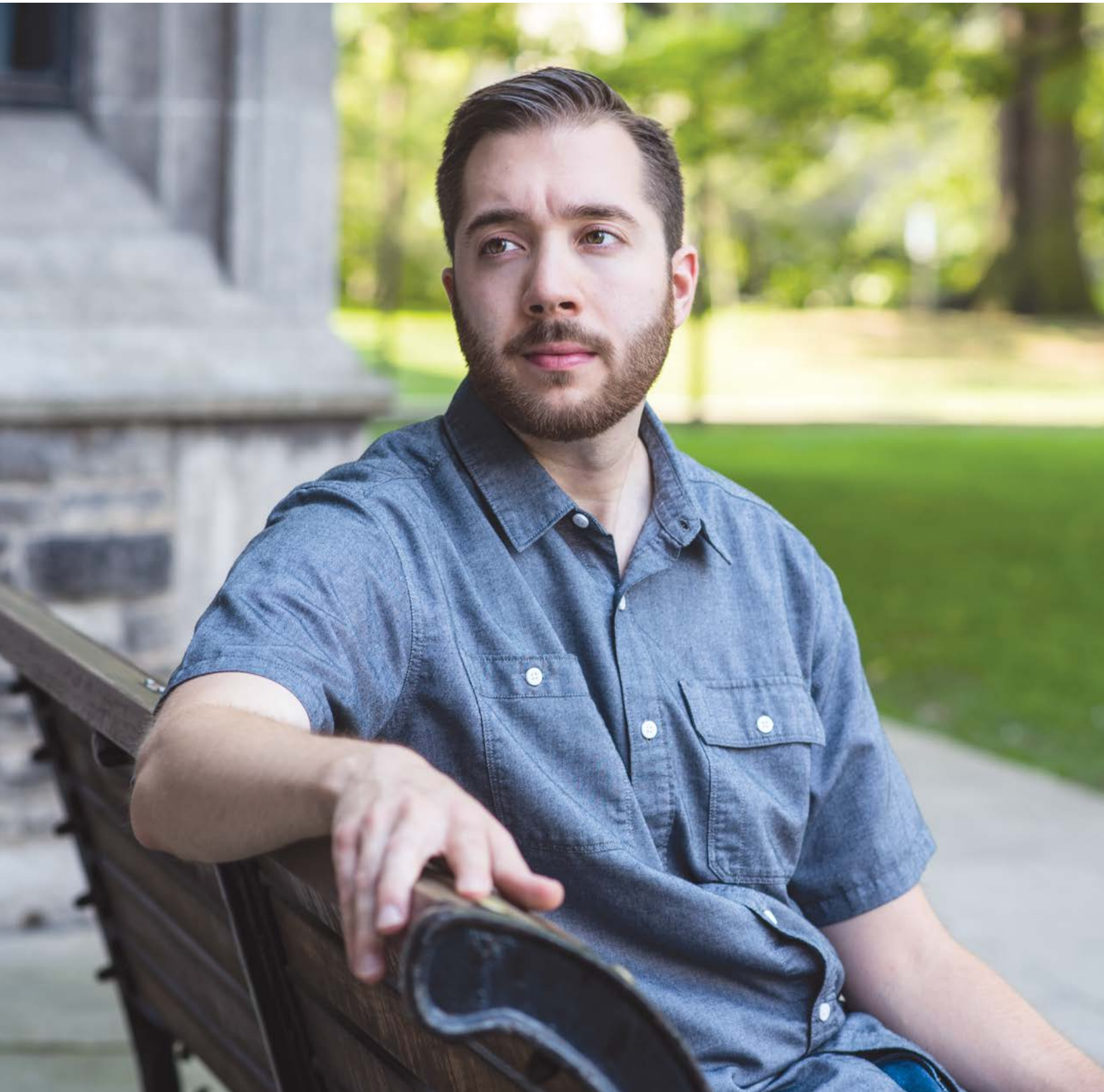
To publicly report on these wait times, we worked closely with patients and health care professionals to ensure the Health Quality Ontario website provides an experience that is easy to use while also supplying in-depth and helpful performance data – which is all part of our mandate to monitor and report to the people of Ontario on access to publicly funded health services.

Since the new wait time pages were unveiled they have routinely been the most visited sections of the Health Quality Ontario website with more than 134,000 page views in 2017-2018. The most popular wait times searches were

Photo on the right: Gordon is a patient who was profiled in our yearly report *Measuring Up* on how Ontario's health system is performing.

for hip and knee replacement surgery, adult CT (computed tomography) scans, and breast cancer surgery.

Timeliness is one of the dimensions of a quality health system with wait times remaining a barometer of the health of Ontario's health care system, because they are often the main consideration for patients and their families awaiting care. Health Quality Ontario is providing information patients want and need about wait times, and data decision-makers need to make wait time improvements.



Hospital Overcrowding

On this issue, Health Quality Ontario has provided practical tools to help organizations and doctors, nurses and other health care professionals improve care for patients.

Unacceptable overcrowding in hospitals has become a big challenge currently facing the health care system in Ontario. An effective response will involve improving the care patients receive, finding efficiencies and improving the experience of patients in the system.

Tools to help organizations and health care providers improve care

On this issue, Health Quality Ontario has provided practical tools to help organizations and doctors, nurses and other health care professionals to improve care for patients.

For example, in 2017-2018, we accelerated the spread of a proven tool – in partnership with the Council of Academic Hospitals of Ontario – to help patients manage their care after leaving hospital. Called PODS (which stands for Patient Oriented Discharge Summary), this innovation designed by University Health Network spread to 27 hospitals across Ontario and will benefit approximately 50,000 patients within its first year. It is designed to give patients sufficient information to manage their care at home and avoid readmission to hospital.

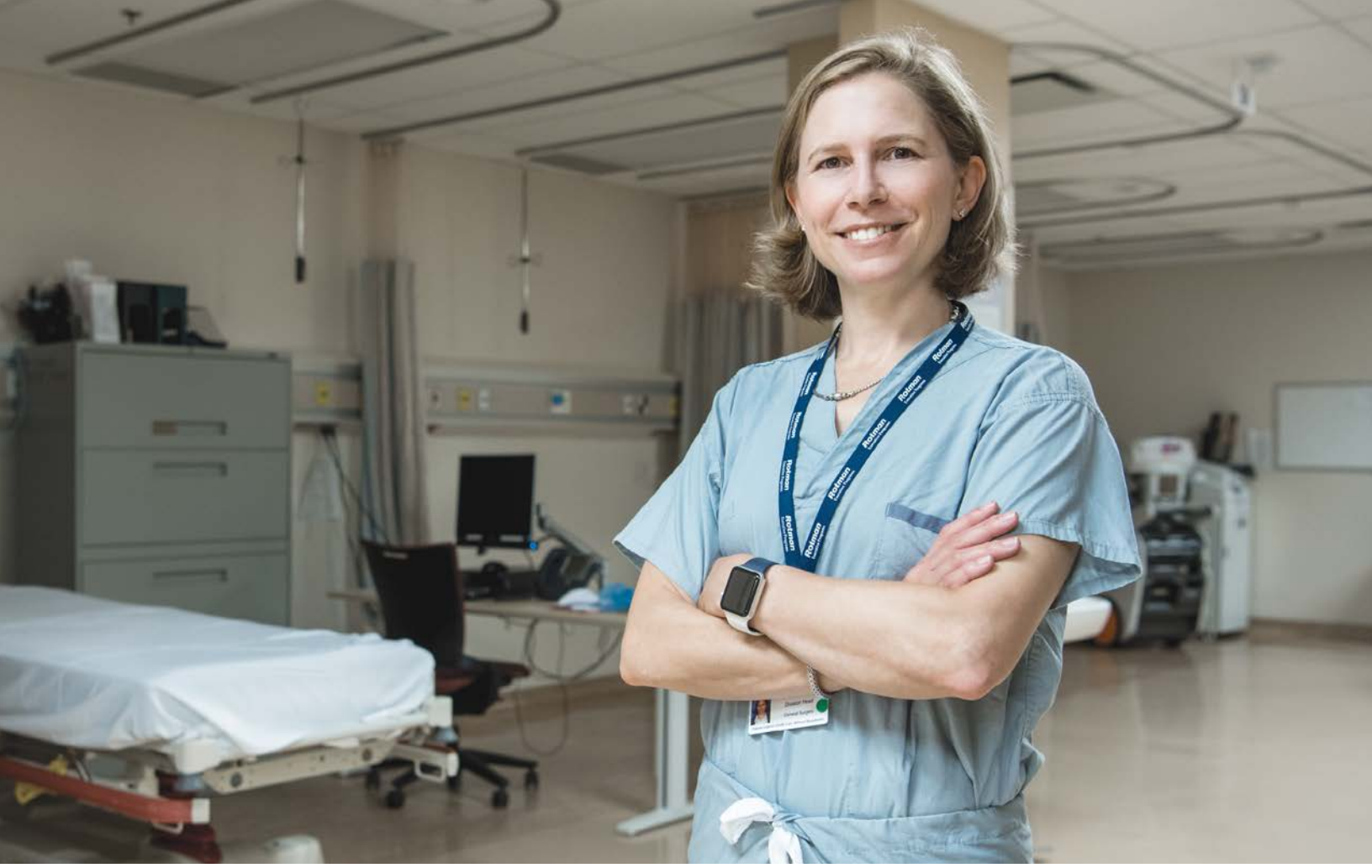
Another is a program to make surgery as safe as possible so that patients avoid complications, longer hospital stays or hospital readmissions. In 2017-2018, we supported 29 hospitals (where more than half – 54% – of all Ontario's adult surgeries take place) in comparing their surgical safety data with 700 hospitals around the world. We then helped them identify where improvements are needed, along with enhancements and best practices to make change. In a six-month period, these Ontario hospitals achieved an 18% reduction in their infection rate related to surgery. Quality improvement in surgical care has now progressed to the next level in Ontario with 46 hospital sites participating in this program (representing 77% of Ontario's adult surgeries), setting targets as a group and accelerating not only patient safety, but efficiencies within Ontario hospitals.

In the past year, Health Quality Ontario also released quality standards (see page 31) on topics that contribute to relieving hospital overcrowding – such as hip fractures, community care for people with dementia, and wound care. These standards define for clinicians, patients and caregivers what quality care looks like for conditions where there are large variations in how care is delivered. Based on the best available evidence and developed with clinical experts and patients with lived experience, and often in partnership with other organizations, the standards are designed to improve the effectiveness and timeliness of care – another critical part of the puzzle to relieve hospital overcrowding.

Under development is a quality standard to support patients to transition seamlessly from hospital to home. We are currently working with patients and families across the province to gather their input about their experiences, recommendations and priorities for action. It is the largest civic engagement effort to-date by Health Quality Ontario done in partnership with a Canadian Institutes of Health Research-funded researcher.

Clear and actionable data

We also provided data to help with decision-making. Patients occupying hospital beds who could be more appropriately cared for at home or in other settings (such as long-term care homes) is a key marker of hospital overcrowding. This was



highlighted in our 2017-2018 *Measuring Up*, Health Quality Ontario's yearly report on how Ontario's health care system is performing. It showed that in one year the number of hospital patients awaiting care elsewhere was the equivalent of patients filling 10 large Ontario hospitals at full capacity.

Waits in emergency departments are the other "canary in the coalmine" used to reflect how the current system is challenged. *Measuring Up* documented that the time spent by patients in the emergency department to receive care has not improved in recent years, and that patients are experiencing longer delays when they need to be moved from the emergency department to an inpatient hospital bed.

With hospital overcrowding and wait times for surgery, emergency department care and diagnostic services being inextricably linked, Health Quality Ontario also provides a compilation of some of the country's most reliable data on wait times, on an enhanced website platform to make it accessible for all – doctors, nurses, other health care professionals, patients and families. This data (refreshed monthly) is designed to support the timeliness of care by providing accurate and comprehensive information.

Similarly, better information on home and community care and long-term care are critical for strategies to relieve hospital overcrowding. Health Quality Ontario is expanding its home care and long-term care indicators to provide more comprehensive data in this area. We also provide data to hospitals about their emergency department visits to give them the evidence they need to audit and investigate underlying causes of return visits that lead to admission.

For an issue as challenging and complex as hospital overcrowding, any solutions must be solidly grounded in improvements that will be effective for everyday Ontarians. Health Quality Ontario is designed to help and is ready to meet this challenge.

Photo above: Dr. Rardi van Heest was profiled in our specialized report *Quality Surgery: Improving surgical care in Ontario*.

Mental Health and Addictions

Health Quality Ontario has also been involved in spreading innovations to better manage mental illness and addiction, such as a first-of-its-kind project to establish rapid access addiction medicine clinics.

Mental health is a pressing issue. An estimated 2 million Ontarians are impacted by a mental illness or addiction every year, with many not receiving help or having their needs only partially met. The impact of mental illness and addiction services was recently reflected in a report created by Health Quality Ontario and the Institute for Clinical Evaluative Sciences.

Data on how the system is dealing with mental illness and addictions is now reported every year in Health Quality Ontario's *Measuring Up* report, our assessment of how the health care system in Ontario is performing. This report showed that in the past decade about a third of people who went to the emergency department for a mental health condition had not received mental health care from a primary care doctor or psychiatrist over the previous two years. This indicator of mental health and addictions and others combined to show there has been little to no improvement in recent years.

In the last year, Health Quality Ontario also released a health technology assessment (which is part of its core function related to providing evidence to improve care) that dealt with psychotherapy to treat major depression and generalized anxiety. These conditions are among the most commonly diagnosed mental illnesses together impacting about 1 in 6 Canadians. This assessment concluded psychotherapy provides a clinical benefit to patients when compared to the usual treatment (which often involves the use of drugs). It also concluded it provides good value for money for these conditions.

Looking at addictions, the magnitude of the challenges has been reflected most dramatically in the growing crisis surrounding opioids. Last year, Health Quality Ontario released two public reports on opioids use in Ontario. These reports showed Ontarians filled more than 9 million prescriptions for opioids in the most recent year measured (almost 1 in 7), up by nearly 450,000 prescriptions from three years earlier, and 40,000 Ontarians were started on high-dose prescription opioids.

These figures helped lay the groundwork for a comprehensive offering of tools and resources by Health Quality Ontario and partners across the province, to provide effective approaches to clinicians on how to treat and manage their patients' pain.

Building on this, an initiative from Health Quality Ontario to help family physicians improve the care they give patients

included providing them with confidential detailed information on their opioid prescribing patterns. In addition to providing them with reliable and timely data, these reports also provided physicians with concrete suggestions on how to improve the care they provide. Almost 3,000 Ontario doctors signed up for this service within the first six months of this new information being added and are now receiving regular data and change ideas.

Health Quality Ontario also developed standards this past year to optimize the care provided to patients dealing with pain and opioid issues, by outlining what quality care looks like when prescribing opioids for acute and chronic pain, and on how to treat opioid use disorder. These were in addition to other quality standards on other mental health issues also released last year: specifically care for people with major depression, care for people with dementia, and care for adults with schizophrenia.

In keeping with our mandate, Health Quality Ontario also enabled the spread of tools and innovations to better manage mental illness and addictions. In the last year, a first-of-its-kind project created at Women's College Hospital in Toronto led to the expansion of rapid access addiction medicine clinics to seven communities across the province where opioid supports were much needed, reaching more than 2,000 Ontarians. The result? Reduced wait times and reduced emergency department visits and patients saying they experienced less stigma when being cared for by these clinics. They are now spreading to 30 more communities across the province. Through the same program (that we do in partnership with the Council of Academic Hospitals of Ontario), Health Quality Ontario has supported the spread of primary care memory clinics to 17 communities in rural and isolated parts of the province so patients with dementia can receive proper care closer to home.

Health Quality Ontario's response to mental health and addictions issues, and often in partnership with others, is a prime example of the role our mandate can play in improving care for the many Ontarians who suffer, while enhancing their experiences, and reducing costs.

Photo on the right: April is a patient who was profiled in our specialized report *Taking Stock* on how Ontario's health system is performing.

The Year's Highlights

In this section, we highlight some of our achievements throughout the fiscal year (April 1, 2017 to March 31, 2018). They relate to the three issues highlighted earlier and other challenges as well, and were within our five strategic priorities and three areas of focus – mental health and addictions, primary care, and palliative and end-of-life care – while maintaining our broad commitment to supporting quality across all sectors.

Throughout all of our work, our mandate is to report to the public on how the health system is performing, find the best evidence of what works, and translate it into concrete standards and tools that health care professionals and organizations can put into practice.

In 2017-2018, Health Quality Ontario achieved its performance expectations by completing all of the deliverables within its accountability agreement and meeting all of the expectations of its mandate letter.

April 2017

Choosing Wisely

Some medical care may be unnecessary or fail to add value. Choosing Wisely, a campaign about getting clinicians and patients to engage in conversations about unnecessary tests and treatment, is about making smart choices and reducing waste. At the beginning of the fiscal year, we issued a report spotlighting how Choosing Wisely Canada recommendations are being implemented in Ontario. And throughout the year, we shared evidence, case studies and tools with primary care providers and other clinicians in Ontario to inform their discussions about unnecessary tests and treatments with patients. Thanks to a joint program with the Council of Academic Hospitals of Ontario, we also accelerated the spread of Choosing Wisely recommendations to specific hospitals and family health teams across the province.

Health Equity in Northern Ontario report

We released *Health In The North*, a public report on how Ontario's northern regions lag far behind provincial averages in quality of health and health care. People in Ontario's north have a much shorter life expectancy than those in the province overall, are more likely to die prematurely, are much less likely to report being able to see a family doctor, nurse practitioner or other regular health care provider when needed, and are more likely to report having multiple chronic conditions. This report generated lots of attention including 9,010,464 media impressions.

Quality Improvement Plans

Quality Improvement Plans

We supported 1,071 hospitals, long-term care homes, primary care and home care organizations in establishing their 2017-2018 quality improvement plans (QIPs), which are their public commitments to meet certain quality improvement goals in the coming year. And for the first time, some organizations collaborated on a plan together to improve effectiveness and find efficiencies. Later in the year, Health Quality Ontario shared trends from the 2017-2018 QIPs on how organizations are addressing health equity and involving patients in improving health care quality. We also issued priorities for the 2018-2019 quality improvement plans, focusing organizations for the year ahead on key issues such as opioids use, workplace violence prevention and improved patient relations.

Quorum Launched

At the beginning of the fiscal year, we launched Quorum, an on-line community that transcends geographical, professional and organizational boundaries. In its first year, there were about 30,000 visits on average per month of members across the province sharing knowledge about ways to deliver efficient, timely, and evidence-based quality care.

May 2017

Northern Ontario Health Equity Strategy

We began working with 150 organizations and 300 Northern health leaders and representatives from First Nation, urban, rural, remote, and francophone communities toward creating the first-ever cross-sectoral strategy by the North to effectively and efficiently deliver safer and more effective care in the North. This strategy is based on four foundations for action: addressing the social determinants of health; equitable access to high-quality and appropriate health care services; Indigenous health, healing and well-being; and evidence availability for equity decision-making.

First Health Technology Assessment Of The Year

May marked the first of 12 health technology assessments this year that address the needs of millions of Ontarians (see page 28). These are rigorous reviews that analyze the evidence and look at benefits, harms, value for money and affordability of medical innovations and whether they should be publicly funded. In addition, assessing existing and new genetic and genomic tests were added to our assessment program with our first genetic recommendation coming next fiscal year.

Emergency Department Return Visits

We worked with hospitals and their emergency departments to help them audit and investigate underlying causes of patients' emergency department return visits that led to an admission. We then summarized these audits of 86 hospitals (who collectively receive 86% of all emergency department visits in Ontario) in a report, demonstrating how they used the data to reduce return visits.

9 Million Prescriptions

We issued a public report about opioid prescribing in Ontario which found the total number of prescriptions filled in Ontario was rising significantly – despite the increasing numbers of opioid-related deaths and rising opioid-related harms. The report generated 117,094,543 media impressions. This year we also facilitated the collaboration of organizations across the health system on a coordinated offering of supports to clinicians to help them manage their patients' pain, including on the appropriate use of opioids.

Quality Matters

We released the actions needed for a high-quality health system in Ontario – one that is efficient, timely, safe, effective, patient-centred and equitable. Our roadmap for action is practical and feasible. It points to smarter resource allocation where patient care is delivered, better value without depending on the infusion of new funds, and re-imaging how data we already have can be used more effectively for better health outcomes. By the end of 2017-2018, *Quality Matters* and its associated materials had generated 10,341 downloads and 9,234 video views. It also has started to be referenced in several organizations' strategic plans and quality improvement plans.

June 2017

Patient, Family and Public Advisors Program

June was one of several meetings of our Patient, Family and Public Advisors Council, ensuring our work is guided by the lived experiences of Ontarians. Just prior we welcomed 10 new members who added more diversity to our Council because they are voices from several underrepresented communities such as Northern and rural Ontario. Our Council is made up of 24 individuals from diverse backgrounds, with varying health care experiences and from regions across the province, holding us accountable to improve efficiencies, timeliness and effectiveness in the health system. These individuals are in addition to the 500+ members of the public who are part of our broader Patient, Family, and Public Advisors Network who contribute to our work.

Integrated Funding Model Community of Practice

Health Quality Ontario continued to support a Community of Practice to help 30 teams of hospital and community health care providers across Ontario implement new funding models that are designed to promote efficient and high-quality care for hip and knee surgery.

July 2017

Spreading META:PHI (Mentoring, Education, and Clinical Tools for Addiction: Primary Care-Hospital Integration)

In July we celebrated the spread of a proven program for people with an opioid addiction to seven communities across Ontario where opioids supports were much needed, and reaching more than 2,000 patients. The program, which started at Women's College Hospital in Toronto, includes rapid access addiction medicine clinics

that integrate care patients receive in emergency departments and hospitals with front-line community services and primary care. The results? Reduced wait times and reduced emergency department visits and patients saying they experienced less stigma when being cared for through these clinics. The spread was made possible thanks to a joint program of Health Quality Ontario and the Council of Academic Hospitals of Ontario which has now supported the further spread of these clinics to 30 additional communities.

DA VINCI

Another project that spread was Depression and Alcoholism – Validation of an Integrated Care Initiative (DA VINCI). It was the first program in Canada to screen and treat depression and alcoholism together and was implemented across eight health care organizations. This initiative saw reductions in depression and drinking among those who completed the program.

August 2017

Wait Times Reporting

In August, we began reporting wait times data on our website – because improving the timeliness of care starts with information. Collaborating with Cancer Care Ontario and CorHealth Ontario, we began reporting regularly on wait times for surgeries and later in the year added wait times for diagnostic imaging and emergency room visits. Wait times are routinely one of the most visited sections on our website. *(For more information, see wait times spotlight on page 12.)*

September 2017

Health Links

We regularly analyzed and reported on data from the 86 Health Links across Ontario who coordinate the care of patients with chronic conditions or complex needs. Throughout the year, we also identified and shared innovations to support their coordinated care and in September, organized a summit for more than 300 people (including patients). The summit highlighted that the number of individuals who benefited from Health Links almost doubled in the past year – from 22,707 to 42,847.

Health Performance Data Refreshes

September marked one of many data refreshes on our website that took place throughout the year about the delivery of primary care, home care, long-term care and patient safety (hospital care). We also worked closely with patients and health care professionals to revamp our online public reporting across these sectors because in order to know they are receiving the best care, the public needs to see the information clearly.

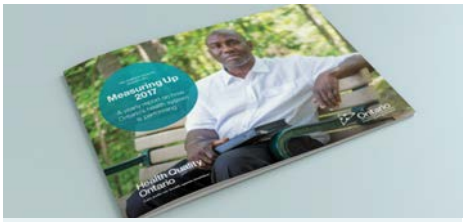
October 2017

Health Quality Transformation 2017

October marked our annual conference, Health Quality Transformation — the largest Canadian conference on health care quality. It featured health and quality improvement guru Dr. Donald Berwick, more than 120 breakout session speakers and more than 40 patients involved in every aspect of the conference's planning. The results were close to 3,000 patients, caregivers, health care professionals and system leaders coming together across three conference sites (in Toronto, Thunder Bay and Sudbury), demonstrating a tremendous commitment to quality and quality improvement.

Quality Improvement Patient Safety Forum 2017

Enhancing the quality of health care and patient safety was once again the focus of this year's Quality Improvement Patient Safety Forum. More than 600 front-line health care providers passionate about quality improvement and patient safety gathered to build skills and learn about practical innovations for improving health care quality. This was a joint conference of Health Quality Ontario, the hospital-based Centre for Quality Improvement for Patient Safety, the University of Toronto and the Institute for Clinical Evaluative Sciences.



Measuring Up

Measuring Up, Health Quality Ontario's 11th yearly report on the health of Ontarians and how the health system is performing, was tabled in the legislature in October. It showed that Ontarians are living longer and are losing fewer years to premature death, but it also showed that Ontarians face significant challenges such as having to wait too long for certain forms of care, or not being able to transition easily between parts of the system. *Measuring Up* generated 31,453,731 media impressions in news outlets across the province.

November 2017

*My*Practice

MyPractice Reports

MyPractice Reports, confidential 'audit and feedback' reports to family physicians about their practices, were revamped to now include data about their opioid prescribing patterns, building on the information already available in their reports about their cancer screening and diabetes management patterns and how their patients use other health services, like emergency departments.
In addition, the reports gave physicians overall regional and provincial rates (to compare their data to), and offered them practice ideas to help them make improvements. For example, the new offering of opioids prescribing data was accompanied with pain management resources generated by Health Quality Ontario and its partners. Within months, we went from 900 to 2,768 family physicians wanting to receive these customized Health Quality Ontario reports, which is 29% of Ontario family physicians providing comprehensive care. The work on the *MyPractice* Reports and the pain management resources are in support of Ontario's Strategy to Prevent Opioid Addiction and Overdose. We also offer 'audit and feedback' reports to family health teams, community health centres, hospitals and long-term care physicians.

Change Day Ontario

We launched Change Day in Ontario, joining the global Change Day movement of empowering people within the health system to make positive changes – big or small – through making pledges and taking actions to improve compassionate quality care. Close to 6,000 pledges were made in Ontario, generating focus across the system on how the *'difference is you'*. Change Day Ontario is a joint program of Health Quality Ontario and Associated Medical Services (AMS Healthcare).

The Ontario Surgical Quality Improvement Network

In November, we spotlighted the progress of 29 Ontario hospitals at a surgical conference who participated this year in an international surgical quality improvement program supported by Health Quality Ontario. We also reported on their progress in two reports – one to the system and one to the public. The program collects and compares surgical data on 14 indicators of 700 hospitals around the world and identifies enhancements and best practices where improvements are needed in Ontario. We now have 46 hospital sites participating in this program representing 77% of Ontario's adult surgeries in Ontario.

Primary Care Reporting Alliance

We convened an alliance of more than a dozen organizations, clinical advisors and researchers to make primary care performance reports for individual clinicians more meaningful, timely and useable, and to avoid confusion and overlap in primary care reporting. Health Quality Ontario is providing leadership and secretariat support to streamline and simplify reporting to primary care providers across the province.

Improving Patients' Transitions from Hospital to Home

November ignited the spread of the Patient Oriented Discharge Summary (known as PODS) to 27 hospitals across Ontario, a proven discharge tool by the University Health Network in Toronto to help patients effectively manage their care after leaving hospital. The spread of PODS is partially thanks to a joint program of Health Quality Ontario and the Council of Academic Hospitals of Ontario that accelerates the spread of proven care. In its first year, PODS is expected to affect 50,000 patients across the province.

December 2017

Musculoskeletal

Also in partnership with the Council of Academic Hospitals of Ontario, central intake and assessment centres began to spread across all regions in Ontario to improve access to specialists for people with hip, knee and lower back pain and to reduce wait times for surgery. In addition, we created a strategic advisory committee of experts to provide input on the implementation and evaluation of the Ministry of Health and Long-Term Care's bundled payment program for hip and knee replacement surgery.

Workplace Violence QIP Report

Health Quality Ontario was asked by the Minister of Health and Long-Term Care to consider a focus on workplace violence in the quality improvement plan (QIP) program. In December, Health Quality Ontario published a report with information from the 2017-2018 Quality Improvement Plans showing how health care organizations in Ontario are addressing workplace violence. Plus, in response to a request by the Minister, a workplace violence indicator was included by hospitals for the first time in their 2018-2019 QIP plans, and for Health Quality Ontario to report on the indicator's data in the context of hospital size.

Patient Relations

In December, we launched two guidances. One is on how to improve patient complaint processes for long-term care homes and the other is on home care. Both build on our patient relations guidance last year for hospitals, plus work earlier in the year of indicators for organizations to measure the performance of their patient relations processes.

Strengthening Quality and Accountability for Patients Act

This Act received royal assent in December and encompasses several legislative changes including the Oversight of Health Facilities and Devices Act that supports the delivery of high quality care. It was informed by a Health Quality Ontario report conducted last year at the request of the Minister of Health and Long-Term Care regarding quality in Independent Health Facilities.

January 2018

Opioid new start prescriptions report

Health Quality Ontario released its 5th public report of the year in January. Entitled *Starting on Opioids*, it revealed that in 2016 more than 40,000 Ontarians were newly started on high-dose prescription opioids. The report also showed new starts accounted for about 15% of all opioid prescriptions in 2016, down only 2% from 2013. The report generated 40,381,122 media impressions in the public domain.

Transitions In Care

In addition to our ongoing work of embedding measures into patient experience surveys in Ontario, January marked the launch of our largest discussion with patients to-date at Health Quality Ontario to learn about patients' transitions from hospital to home. In just two months, we received more than 2,000 inputs from the public about their experiences. This work is in lead up to a new quality standard on how to better support patients as they recover at home after a hospital stay.

February 2018

Quality Rounds Ontario

We held seven Quality Rounds this year that thousands of front-line health care professionals attended. These are our province-wide accredited knowledge-exchanges on key health care issues. Topics this year included palliative care, addressing opioids use in Ontario and wound care – which were popular quality standards' topics too.

March 2018

Quality Standards

Quality Standards

March marked the launch of 4 quality standards, many of which were created in partnership with others such as the Ontario Palliative Care Network and the Provincial Council for Maternal and Child Health. Quality standards are based on the best evidence and a total of 9 were launched this year. They set the standards to improve the effectiveness and timeliness of care by outlining to health professionals and patients what quality care looks like for conditions where there are large variations in how care is delivered. Our quality standards are created in partnership with clinical experts and patients with lived experiences, and are accompanied by recommendations for system adoption and a patient guide (to help patients ask informed questions of their health care providers). In June, the Ontario Quality Standards Committee was created – a committee of our Board of Directors to oversee and advance the quality standards program. Members include patients, health care providers, implementation scientists, population health experts and others from across Ontario. *(See chart on page 31 for the quality standards completed this year.)*

ideas
Improving & Driving Excellence Across Sectors

IDEAS (Improving and Driving Excellence Across Sectors)

By the end of the fiscal year IDEAS, a province-wide quality improvement training program, was up to 5,927 graduates (which includes 520 physicians and 1,398 nurses) across both its advanced and introductory programs and 195 applied learning projects. It is a comprehensive initiative to enhance Ontario's health system performance by increasing quality improvement, leadership and change management across all health sectors. In 2017-2018, it created targeted cohorts on mental health.

Regional Quality Clinical Engagement

Throughout the year, we had 11 clinical quality leads across the province working with health care providers on the front-lines advancing the quality agenda. Through their hands-on work, including collaborating with other clinical leadership in their regions, they shared Health Quality Ontario data, evidence, standards and tools that health care professionals and organizations can put into practice. They made sure our work was informed by local front-line perspectives.

The Patient Ombudsman

The Patient Ombudsman's office champions for fairness in Ontario's health care system. The mission of the Patient Ombudsman is to facilitate resolutions and investigate patient and caregiver complaints about health care organizations, without taking sides, and make recommendations to improve experiences for all Ontarians.

The Patient Ombudsman's office received close to 2,000 complaints in its first year of operations. The Patient Ombudsman has jurisdiction over Ontario's public hospitals, long-term care homes, as well as home and community care services coordinated by the LHINs.

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

How We Measure Our Performance

As an organization whose many primary functions include measuring the performance of Ontario's health care system, Health Quality Ontario is equally committed to applying the same diligence when assessing its own activities.

To do this, we use a detailed performance management framework that includes a series of measures across all of our program areas. Our framework assesses the reach, usefulness, use and impact of Health Quality Ontario's programs and projects. Such indicators include the percentage of physicians signing up to receive a *MyPractice* report with confidential data about their practice and ideas for improvement (reach); the percentage of participants who attended a quality improvement session who found the information beneficial to their work (usefulness); percentage of health technology assessment recommendations accepted by the Ministry of Health and Long-Term Care (use); and the percentage of adults who have surgery in an Ontario hospital that is part of a surgical quality improvement network (impact).

This year we implemented this framework to collect baseline data on our measures, setting targets for subsequent years.

Health Quality Ontario also uses the Ontario Public Service Evaluation Framework which is structured around five domains: relevance; efficiency and affordability; sustainability; customer satisfaction; and effectiveness to evaluate its work. This past year, we commissioned Deloitte LLP to conduct an independent evaluation of three major programs operated by Health Quality Ontario, namely the quality improvement plan and health technology assessment programs, and our yearly report - *Measuring Up* – using the Ontario Public Service Evaluation Framework as its foundation. This evaluation concluded:

"Stakeholders perceive the health technology assessment program as effective, relevant and useful in providing evidence-based recommendations with regard to whether or not health care services and medical devices should be publicly funded."

"*Measuring Up* is perceived as a credible report on the current state of the health system and an effective method for tracking its long-term progress in meeting Ontario's health goals. *Measuring Up* is valued by all sectors as it provides the public with a balanced point of view."

"The (quality improvement plan) program has positively influenced the structure and cadence around quality improvement (and) has grown effectively over the last few years… Since the past evaluation the main strengths have remained consistent, including improved awareness around quality and supporting adoption of common/consistent methods to support and develop quality improvement Initiatives."

During the year, an independent review was also undertaken of the work of the Health System Performance branch that monitors the performance of Ontario's health system. Interviews with 25 key informants in Ontario yielded "an overwhelmingly positive" view of that branch's work.

Measurement is the cornerstone of quality improvement and we believe too that rigorous evaluation, through measuring our own work using relevant indicators, is key to maintaining a vibrant and relevant organization.

Samples of Our *Performance in 2017-2018*

Health Technology Assessment

Health technology assessment recommendations made in 2017- 2018 will prevent nearly $600M per year in wasteful spending and improve access to new innovations. For example:

- In 2017-2018, we made 4 recommendations against funding ⇨ *prevents ~$26 million per year of wasteful spending*
- In 2017-2018, we made 2 recommendations in favour of narrow funding ⇨ *prevents ~$400 million per year of wasteful spending*
- In 2017-2018, we made 5 recommendations that can save money ⇨ *e.g. funding new devices for diabetic foot ulcers that can lead to $80 million per year in savings because of fewer amputations*

Quality Standards

Quality standards can contribute to annual savings for the health system, and enable better patient care, if all Ontarians have the opportunity to receive the same high-quality care outlined in each standard. For example, if patients in Ontario receive care consistent with the standard on heavy menstrual bleeding produced in 2017-2018, there would be fewer hysterectomies, women would be more likely to receive treatment consistent with their preferences, and we could save as much as $15.8 million per year.

System Performance

The content on our website regarding health system performance reporting saw 317,497 website pageviews, 77,748 system report downloads, and 197,939,860 media impressions.

Measuring Up

In 2017-2018, 83% of stakeholders used *Measuring Up* to stay aware of Ontario's health system performance and 74% report that *Measuring Up* is a credible source of information.

MyPractice Reports

29% of family physicians signed up to receive a *MyPractice* report with confidential data about their practice and ideas for improvement.

Quality Improvement Sessions

83% of participants found the information beneficial to their work.

Ontario Surgical Quality Improvement Network

46 hospital sites now participate in this network representing close to 80% of all adult surgeries in Ontario (approximately 480,000 surgeries per year).

In a 6-month period, the first 29 Ontario hospitals involved in this program achieved an 18% reduction in surgical infection rates, improving care and outcomes for patients, lowering length of stay, lowering the rate of post-surgical emergency department visits, and saving an estimated $65 million per year for Ontario.

Quality Improvement Plans

1,000+ front-line hospitals, long-term care homes, primary care clinics and Local Health Integration Network home care organizations submitted quality improvement plans (4 times the number of organizations submitting since the program was launched in 2013).

Quorum

An online community to exchange knowledge about quality improvement, Quorum averaged 29,135 visits per month.

Improving and Driving Excellence Across Sectors (IDEAS)

10 webinars conducted averaging 100 participants per session, with 80% on average indicating they were ‘likely’ or ‘very likely’ to apply at least one quality improvement idea or concept into their work.

Health Quality Transformation and Quality Improvement Patient Safety Forum

90% of attendees at both conferences gave high satisfaction scores, plus we expanded our reach to Thunder Bay and Sudbury to better serve Ontario’s North.

Financial Performance

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

Health Quality Ontario's financial management and reporting system, corporate scorecard, and strategic costing and forecasting tools ensure the careful and efficient use of public funds. In 2017-2018, Health Quality Ontario's approved budget of $46.1 million comprised of base funding of $37.4 million to support its core activities, and additional project funding of $8.7 million. Of the total $46.1 million, Health Quality Ontario transferred $6.0 million to partner health sector organizations involved in advancing health care quality across the health system. In addition, Health Quality Ontario continued to support the Patient Ombudsman's office, providing back-office support in the development and ongoing operations of the office. The 2017-2018 approved Patient Ombudsman budget of $2.9 million supported its mandate to receive, attempt to resolve and investigate complaints about the health care experience of patients in certain Ontario health sector organizations.

Health Quality Ontario ended the 2017-2018 fiscal year in a balanced financial position. Combined with the Patient Ombudsman, the Ontario Health Quality Council (the legal name for Health Quality Ontario) concluded the year on budget. Health Quality Ontario's Board provided diligent oversight of management to ensure the ongoing integrity of the organization's financial, reporting and risk management systems. Detailed financial information is available in the Audited Financial Statements at the end of this report.

Conclusion

The journey to create consistently high-quality health care for patients across Ontario is ongoing. This past year at Health Quality Ontario, we made substantial progress in partnership with others to advance our strategic priorities and support all areas of the health care system to enhance quality care.

As we move into a new fiscal year and reflect on our continued work, we are building a new and ambitious strategic plan. And we won't do it alone. Our collaboration with our partners across the health care system – from physicians and nurses, to other health care professionals, patients, health care organizations, government, and the public – is key to our shared goal in delivering quality health care in Ontario that is efficient, timely, safe, effective, patient-centred and equitable.

For more information about the initiatives highlighted in this report visit www.hqontario.ca.

Compendium: Summary of 2017-2018 Evidence-Based Health Technology Assessment Recommendations

To meet requirements under Health Quality Ontario's Accountability Agreement with the Ministry of Health and Long-Term Care, below is a summary of all the evidence-based funding recommendations made to the ministry during 2017-2018. Complete details including how topics are selected are available on our website (www.hqontario.ca).

Health Technology Assessments 2017-2018 (in order of publication)	Number of Ontarians Potentially Affected by the Recommendation
DIABETIC FOOT ULCER TREATMENT Hyperbaric Oxygen Therapy for the Treatment of Diabetic Foot Ulcers *Insufficient evidence to make a recommendation*	In Ontario in 2015, there were approximately 1.5 million people with diabetes. Each year, 2% to 3% of people with diabetes will experience a foot ulcer.
SCREENING FOR PROSTATE CANCER Prolaris Cell Cycle Progression Test for Localized Prostate Cancer *Recommendation: Against funding due to uncertainty about the clinical benefits of this test, and high cost*	One in 8 Canadian men will be diagnosed with prostate cancer at some point in their life.
STROKE PREVENTION (HEART DISEASE) Left Atrial Appendage Closure Device with Delivery System *Recommendation: For funding, in patients who are not good candidates for blood thinners that are taken orally*	Each year in Ontario, there are an estimated 25,500 new stroke events. It is the third leading cause of death. This device may prevent a certain type of stroke that accounts for 15% to 20% of strokes.

Health Technology Assessments 2017-2018 (in order of publication)	Number of Ontarians Potentially Affected by the Recommendation
SURGERY TO REDUCE SPASMS FROM SPASTIC CEREBRAL PALSY Lumbosacral Dorsal Rhizotomy for Spastic Cerebral Palsy *Recommendation: For funding*	Lumbosacral dorsal rhizotomy is a procedure intended to improve muscle control in a small number of children with spastic cerebral palsy that significantly limits their motor development.
PROSTATE CANCER TREATMENT Robotic Surgical System for Radical Prostatectomy *Recommendation: Against funding due to a lack of high quality evidence that robotic-assisted surgery produces better clinical outcomes than traditional surgery, and high cost*	One in 8 Canadian men will be diagnosed with prostate cancer at some point in their life. About 70% of radical prostatectomies in Canada are performed using a traditional (non-robotic) surgical procedure.
DIABETIC FOOT ULCER TREATMENT Fibreglass Total Contact Casting, Removable Cast Walkers, and Irremovable Cast Walkers to Treat Diabetic Neuropathic Foot Ulcers *Recommendation: For funding*	In Ontario in 2015, there were approximately 1.5 million people with diabetes. Each year, 2% to 3% of people with diabetes will experience a foot ulcer.
IMPLANT TO IMPROVE VISION IN BLINDNESS DUE TO GENETIC CONDITION Retinal Prosthesis System for Advanced Retinitis Pigmentosa *Recommendation: For funding*	Approximately 4,000 patients in Ontario have some form of retinitis pigmentosa, and the retinal prosthesis system can improve vision for those who have extremely limited vision.
PRESSURE INJURIES (ULCERS) TREATMENT Electrical Stimulation for Pressure Injuries *Recommendation: Against funding due to uncertainty about the clinical benefits of this treatment, and high cost*	Pressure ulcers affect up to 40% of people with spinal cord injuries and 32% of people admitted to hospital. 3.2% of residents in long-term care homes have pressure injuries.

Health Technology Assessments 2017-2018 (in order of publication)	Number of Ontarians Potentially Affected by the Recommendation
PSYCHOTHERAPY Psychotherapy for Major Depressive Disorder and Generalized Anxiety Disorder *Recommendation: For funding*	Approximately 11% of people in Canada will have major depressive disorder at some point in their life, and 6% will have generalized anxiety disorder.
TREATMENT TO BOOST THE IMMUNE SYSTEM Home-Based Subcutaneous Infusion of Immunoglobulin for Primary and Secondary Immunodeficiencies *Recommendation: For funding*	Presently, over 2,000 people are treated with immunoglobulin (a product made up of antibodies that help to fight infections) in Ontario.
DISINFECTION Portable Ultraviolet Light Surface Disinfecting Devices for Prevention of Hospital-Acquired Infections *Recommendation: Against funding due to uncertainty these devices are better than the standard cleaning and disinfection procedures.*	About 10% of adults with short-term hospitalization acquire an infection during their stay. The portable disinfecting device uses ultraviolet radiation to disinfect rooms before they are assigned to a patient.
GLUCOSE MONITORING FOR TYPE 1 DIABETES Continuous Monitoring of Glucose for Type 1 Diabetes *Recommendation: For funding, in patients who meet defined criteria.*	An estimated 70,000 to 150,000 people in Ontario have type 1 diabetes. It is the most common type of diabetes in children and teenagers.

Compendium: Summary of 2017-2018 Evidence-Based Quality Standards

Below is a summary of all the evidence-based quality standards completed by Health Quality Ontario during 2017-2018. Complete details including how topics are selected, are available on our website (www.hqontario.ca).

Quality Standards 2017-18 (in order of publication)	Why This Quality Standard Is Needed
HEAVY MENSTRUAL BLEEDING Care for Adults and Adolescents of Reproductive Age	Heavy menstrual bleeding affects up to 30% of women of reproductive age. The quality of care for heavy menstrual bleeding varies across Ontario. For example, the age-adjusted rate of hysterectomies for people with heavy menstrual bleeding varies more than 10-fold in regions across Ontario. This suggests that patients have inequitable access to the variety of medical and surgical treatment options for heavy menstrual bleeding.
HIP FRACTURE Care for People with Fragility Fractures	About 13,000 people living in Ontario experience a hip fracture every year. There is considerable variation in the quality of hip fracture care in Ontario. In 2014-2015, about 20% of patients presenting with hip fracture waited longer than the recommended 48 hours for surgery (ranging from 2% to 45% across hospitals). Patient outcomes also varied widely, with risk-adjusted 30-day mortality rates ranging from 3% to 17% across hospitals.
DIABETIC FOOT ULCERS Care for Patients in All Settings	Diabetes is one of the most prevalent chronic diseases, with about one in 10 people in Ontario currently affected. In Ontario, there are gaps and variations in the care people with or at risk of developing a diabetic foot ulcer receive. For example, in 2014, the amputation rate in the region with the highest rate was almost eight times that of the region with the lowest rate.

Quality Standards 2017-18 (in order of publication)	Why This Quality Standard Is Needed
PRESSURE INJURIES Care for Patients in All Settings	Wound care represents a significant area of opportunity for quality improvement in Ontario. There are gaps and variations in access to services and in the quality of care people with or at risk of developing a pressure injury receive. For example, rates of new pressure injuries in home care varied two-fold across community care access centres in 2013-2014, and the percentage of long-term care residents who developed new or worsened pressure ulcers varied from 0% to 10.3% in 2016-2017 across Ontario long-term care homes.
VENOUS LEG ULCERS Care for Patients in All Settings	Rates of venous leg ulcers in Ontario have increased over time; the average increase in hospital discharges for venous leg ulcers across regions in Ontario between 2012 and 2014 was 11%. Recurrence rates are high, with some studies specifying 19% to 48% after 5 years. Wound care represents a significant area of opportunity for quality improvement in Ontario. There are gaps and variations in access to services and in the quality of care people with or at risk of developing a venous leg ulcer receive.
OPIOID PRESCRIBING FOR ACUTE PAIN Care for People 15 Years of Age and Older	1.7 million Ontarians were dispensed an opioid for pain in 2016, the majority of which were dispensed for acute pain. The rate of opioid utilization is very high among OECD countries. There are also troubling variations in opioid prescribing across Ontario: the percentage of new opioid prescriptions issued by surgeons in 2016 that exceeded the recommended seven-day supply varied more than twofold by regions across Ontario, ranging from 7.4% to 16.7%. And 21% to 42% of new opioid prescriptions exceeded the recommended dose of 50 mg morphine equivalents across regions.
OPIOID PRESCRIBING FOR CHRONIC PAIN Care for People 15 Years of Age and Older	One in five Ontarians (approximately 2.7 million) report having chronic pain. Over the past two decades, opioid prescribing in this population has increased dramatically. In 2015-2016, more than 9 million opioid prescriptions were written in Ontario, and 1.94 million Ontarians were dispensed opioids. This rate of opioid consumption is very high by global standards. Also, there is a remarkable level of unexplained regional variation in the use of opioids across Ontario, with the percentage of people prescribed opioids for pain ranging from 11% to 18% across regions.

Quality Standards 2017-18 (in order of publication)	Why This Quality Standard Is Needed
OPIOID USE DISORDER (OPIOID ADDICTION) Care for People 16 Years of Age and Older	Opioid-related overdoses and deaths have increased dramatically in recent years: the rate of opioid overdose–related deaths in Ontario increased by 285% between 1991 and 2015, and recent partial 2017 data shows the province is trending toward a 50% increase in deaths from 2016 to 2017, from 865 deaths in 2016 to a projected 1,053 deaths in 2017. The population prevalence of opioid use disorder in Ontario is unknown but was estimated at 0.43% in 2012 for the overall population, and over 1% of those were aged 15 to 29. There are regional variations in the availability of opioid agonist therapy—the first-line treatment for opioid use disorder—and roughly one in four residential addiction treatment programs in Ontario do not allow people to take opioid agonist therapy while participating in their programs.
DEMENTIA Care for People Living in the Community	In 2015, about 175,000 people in Ontario were estimated to be living with dementia. There are important gaps in the quality of care received by community-dwelling people living with dementia and their caregivers in Ontario. Nearly half of people living with dementia receiving long-stay home care have caregivers who were distressed. And in 2015-2016, the percentage of people living with dementia in the community who received home care services ranged from 52% to 61% across Ontario regions.

Governance

Health Quality Ontario operates under the oversight of a board that consists of between nine and 12 members appointed by the Lieutenant Governor in Council, including the designated chair and vice-chair. Board membership for the 2017-2018 fiscal year is listed below along with their terms:

Board Member	Term
Andreas Laupacis (Chair)	June 12, 2013 to June 11, 2019
Marie E. Fortier (Vice-Chair)	May 4, 2011 to May 2, 2017
Simon Brascoupé	January 8, 2018 to January 7, 2021
Tom Closson	August 15, 2012 to August 14, 2018
Jeremy Grimshaw	August 18, 2011 to August 17, 2017
Shelly Jamieson *(Vice-Chair)*	October 23, 2013 to October 22, 2019 (Vice-Chair appointment effective May 18, 2017)
Stewart Kennedy	June 17, 2015 to June 16, 2021
Bernard Leduc	January 4, 2017 to January 3, 2020
Julie Maciura	April 2, 2014 to April 1, 2020
Angela Morin	November 19, 2014 to November 18, 2020
James Morrisey	April 10, 2013 to April 9, 2019
Camille Orridge	May 3, 2017 to May 2, 2020
Dorothy Pringle	May 17, 2017 to May 16, 2020
Rick Vanderlee	July 22, 2015 to July 21, 2021
Tazim Virani	May 17, 2011 to May 16, 2017

Financial Statements

Loftus Allen & Co. Professional Corporation
Chartered Professional Accountants

INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying financial statements of Ontario Health Quality Council o/a Health Quality Ontario, which comprises the statement of financial position as at March 31, 2018, and the statements of operations and surplus, change in net debt, and cash flows for the year then ended, and a summary of significant accounting policies, and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not for profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards for government not for profit organizations. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Ontario Health Quality Council o/a Health Quality Ontario as at March 31, 2018, and the results of its operations and surplus, change in its net debt, and its cash flows for the year then ended in accordance with the Canadian public sector accounting standards for government not for profit organizations.

Loftus Allen & Co
Professional Corporation

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

Toronto, Ontario
June 27, 2018

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ONTARIO HEALTH QUALITY COUNCIL
o/a HEALTH QUALITY ONTARIO

STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2018
(with comparative figures for **2017***)*

	2018	2017
FINANCIAL ASSETS		
Cash	**$ 8,831,705**	$ 8,465,899
Due from Ministry of Health and Long-Term Care ("MOHLTC"), *note 3*	**18,992**	1,715,000
Harmonized sales tax receivable	**459,232**	159,816
	9,309,929	10,340,715
LIABILITIES		
Accounts payable and accrued liabilities	**7,237,075**	6,382,681
Due to the MOHLTC*, note 3*	**292,800**	3,650,934
Deferred capital contributions:		
Deferred revenue, *note 4*	**1,780,054**	307,100
Invested in tangible capital assets, *note 4*	**1,637,983**	1,478,122
	10,947,912	11,818,837
NET FINANCIAL ASSETS (DEBT), ***note 6***	**(1,637,983)**	(1,478,122)
COMMITMENTS, ***note 7***		
NON-FINANCIAL ASSETS		
TANGIBLE CAPITAL ASSETS, ***note 5***	**1,637,983**	1,478,122
ACCUMULATED SURPLUS	**$ -**	$ -

APPROVED ON BEHALF OF THE BOARD:

James A Mowrey
_____ Director

_____ Director

The attached notes are an integral part
of these financial statements

ONTARIO HEALTH QUALITY COUNCIL
o/a HEALTH QUALITY ONTARIO

STATEMENT OF OPERATIONS AND SURPLUS
FOR THE YEAR ENDED MARCH 31, 2018
(with comparative figures for **2017***)*

	2018	2017
REVENUE - *Schedule of Operations*		
Ministry of Health and Long-Term Care	**$48,990,922**	$44,916,375
(Increase) in capital contributions, *note 4*	**(1,632,815)**	(945,212)
	47,358,107	43,971,163
EXPENSES - *Schedule of Operations*		
Legislated Mandates		
Evidence Development and Recommendations on Clinical Care Standards and Funding for Health Care Services and Medical Devices	**7,744,358**	6,639,806
Monitoring and Reporting to the People of Ontario on Health System Performance	**5,743,819**	6,538,175
Promoting Enhanced Patient Relations in Health Sector Organizations	**839,650**	812,408
Supporting Continuous Quality Improvement	**16,536,897**	16,332,955
Office of the Patient Ombudsman		
Receive, Respond, Facilitate Resolutions, and Conduct Investigations of Patient Complaints	**3,035,974**	3,156,109
Supporting Infrastructure for Both Organizations		
Governance and Operations	**13,284,738**	10,084,345
	47,185,436	43,563,798
UNSPENT BUDGETED FUNDS, ***note 3***	**172,671**	407,365
INTEREST INCOME, ***note 3***	**120,129**	65,158
RECOVERIES OF TRANSFER PAYMENTS	**-**	29,156
SURPLUS PRIOR TO REPAYMENT TO THE MINISTRY OF HEALTH AND LONG-TERM CARE, *note 3*	**292,800**	501,679
DUE TO THE MINISTRY OF HEALTH AND LONG-TERM CARE, ***note 3***	**292,800**	501,679
SURPLUS	**$ -**	$ -

The attached notes are an integral part
of these financial statements

ONTARIO HEALTH QUALITY COUNCIL
o/a HEALTH QUALITY ONTARIO

STATEMENT OF CHANGE IN NET DEBT
FOR THE YEAR ENDED MARCH 31, 2018
(with comparative figures for **2017***)*

	2018	2017
ANNUAL SURPLUS	**$ -**	$ -
ACQUISITION OF TANGIBLE CAPITAL ASSETS	**(972,406)**	(1,395,232)
AMORTIZATION OF TANGIBLE CAPITAL ASSETS, ***note 4***	**812,545**	757,120
(INCREASE) IN NET DEBT	**(159,861)**	(638,112)
NET DEBT, BEGINNING OF YEAR	**(1,478,122)**	(840,010)
NET DEBT, END OF YEAR - ***note 6***	**$ (1,637,983)**	$ (1,478,122)

The attached notes are an integral part
of these financial statements

ONTARIO HEALTH QUALITY COUNCIL
o/a HEALTH QUALITY ONTARIO

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2018
(with comparative figures for **2017***)*

	2018	2017
OPERATING TRANSACTIONS		
Annual surplus	$ -	$ -
Less: items not affecting cash		
Amortization of tangible capital assets, *note 4*	**812,545**	757,120
	812,545	757,120
Changes in non-cash operating items		
Due from MOHLTC regarding funding	**1,696,008**	(386,900)
Harmonized Sales Tax receivable	**(299,416)**	(159,816)
Accounts payable and accrued liabilities	**854,394**	1,945,341
Due to MOHLTC	**(3,358,134)**	3,009,315
	(294,603)	5,165,060
CAPITAL TRANSACTIONS		
Acquisition of tangible capital assets	**(972,406)**	(1,395,232)
FINANCING TRANSACTION		
Increase in deferred capital contributions - deferred revenue *note 4*	**1,472,954**	307,100
Increase in deferred capital contributions - invested in tangible capital assets *note 4*	**159,861**	638,112
Cash applied to financing transactions	**1,632,815**	945,212
INCREASE IN CASH	**365,806**	4,715,040
CASH, beginning of year	**8,465,899**	3,750,859
CASH, end of year	**$ 8,831,705**	$ 8,465,899

The attached notes are an integral part
of these financial statements

1. THE ORGANIZATION

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

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

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

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

1. THE ORGANIZATION - continued

b) During the course of the 2017-2018 fiscal year, the Health Quality Ontario board and management worked to clarify their fiduciary duties with respect to the Patient Ombudsman, through discussions with the Ministry of Health and Long-Term Care. Over the past year, the Board governed with the intent of enabling the Patient Ombudsman's independence and in so doing, worked towards establishing a Charter that enables appropriate governance within the legislative framework.

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

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

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements are the representations of management, prepared in accordance with Canadian public sector accounting standards for government not for profit organizations. Significant accounting policies adopted by Health Quality Ontario are as follows:

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

(a) Basis of accounting

Health Quality Ontario follows an accrual basis of accounting to report revenues and expenses. The accrual basis of accounting recognizes revenues in the fiscal year they occur, and in which Health Quality Ontario earns and can measure those revenue events. Similarly, Health Quality Ontario recognizes expenses in the fiscal year the expenses occur, and in which Health Quality Ontario consumes resources and can measure those expense events. Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets.

(b) Government transfer payments

The financial statements recognize government transfer payments from the Ministry of Health and Long-Term Care in the year authorized, the events giving rise to the transfer occur, performance criteria met, and reasonable estimates of the amount made.

Certain amounts, including transfer payments from the Ministry, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the Ministry of Health and Long-Term Care at period end.

(c) Deferred capital contributions

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

(d) Tangible capital assets

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

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

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

(e) Donated materials and services

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

(f) Revenues and expenses

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

(g) Measurement uncertainty

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

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

(h) Employee pension plans

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

3. THE MINISTRY OF HEALTH AND LONG-TERM CARE

In accordance with the Ministry of Health and Long-Term Care financial policy, surplus funds received in the form of grants, interest and other recoveries are recovered by the Ministry of Health and Long-Term Care.

	2018	2017
HST rebate from 2012 to 2016 collected on behalf of MOHLTC	**$ -**	$3,149,255
Unspent budgeted funds HQO	**3,480**	18,840
Unspent budgeted funds PO	**169,191**	388,525
Interest income	**120,129**	65,158
Recovery of transfer payment University of Toronto IHPME	**-**	29,156
Due to the MOHLTC	**$ 292,800**	$3,650,934
Additional funding	$ -	$1,715,000
Recovery of secondment expenses	**18,992**	-
Due from the MOHLTC	**$ 18,992**	$1,715,000

4. DEFERRED CAPITAL CONTRIBUTIONS - *note 2(c)*

	2018	2017
Balance, beginning of year	**$ 1,785,222**	$ 840,010
Add: Capital contributions received during the year	**2,445,360**	1,702,332
Less: Amortization for the year	**(812,545)**	(757,120)
Increase in capital contributions	**1,632,815**	945,212
Balance, end of year	**$ 3,418,037**	$ 1,785,222
Composed of:		
Deferred revenue	**$ 1,780,054**	$ 307,100
Invested in tangible capital assets	**1,637,983**	1,478,122
Balance, end of year	**$ 3,418,037**	$ 1,785,222

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

5. TANGIBLE CAPITAL ASSETS

			2018	2017
	Cost	Accumulated amortization	Net Book value	Net Book value
Computer and equipment	**$ 1,101,578**	**$ 847,294**	**$ 254,284**	$ 405,276
Office furniture and fixtures	**957,409**	**923,957**	**33,452**	31,548
Leasehold improvements	**3,729,702**	**2,379,455**	**1,350,247**	1,041,298
	$ 5,788,689	**$ 4,150,706**	**$ 1,637,983**	$ 1,478,122

6. NET DEBT

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

7. COMMITMENTS

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

2019	$1,713,892
2020	$2,264,946
2021	$2,161,644
2022	$1,986,890
2023	$1,758,571
Subsequently	$ 843,639

There is a new lease commencing in August 2018 which Health Quality Ontario has estimated leasehold improvement costs of $1.9 million.

8. ECONOMIC DEPENDENCE

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

9. FINANCIAL INSTRUMENTS

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

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

10. EMPLOYEE FUTURE BENEFITS

Health Quality Ontario's employer pension contributions totaled $1,971,171 (2017 - $1,752,128). Its employees belong to the Public Service Pension Plan, which is a multi-employer plan sponsored by the Government of Ontario. The plan is a contributory defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. Contributions are calculated on a rate of 6.4% of annual salary up to the year's maximum pensionable earnings (YMPE) plus 9% above YMPE. Health Quality Ontario matches the employee's contribution. Health Quality Ontario is not responsible for the cost of employee post-retirement, non-pension benefits. These costs are the responsibility of the Government of Ontario.

11. BOARD MEMBERS' REMUNERATION

The Board's remuneration requirements and rates are determined through the Public Appointments Secretariat and relates to the Board’s governance of Health Quality Ontario. During the year total remuneration of all board members was $46,143.

12. PROJECTS

SUMMARY OF PROJECTS:

	2018	2017
IDEAS & QIPSF	**$ 2,546,430**	$ 2,512,887
NSQIP	**2,131,498**	1,073,901
ARTIC	**687,327**	1,382,804
EQIP	**666,747**	-
CWC	**500,539**	500,000
Diagnostic Imaging Peer Review	**309,167**	-
ARTIC MSK	**178,714**	-
Evaluation of Primary Care Collaborative Memory Clinics	**98,900**	-
CMHA	**84,407**	655,673
OPIC	**47,617**	-
ISMP	**-**	175,000
Quality Standards on Pain Management & Opioid Prescribing	**-**	240,000
Indigenous Health Conference	**-**	105,000
MacHealth	**-**	25,000
Quality Standards in Information Technology Event	**-**	8,142
Total	**$ 7,251,346**	$ 6,678,407

$7,203,729 of the above projects are included in Supporting Continuous Quality Improvement while $47,617 is included in Evidence Development and Recommendations on Clinical Care Standards and Funding for Health Care Services and Medical Devices on the Statement of Operations and Surplus.

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

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

The Quality Improvement Patient Safety Forum aims to enhance the quality of health care and

12. PROJECTS - continued

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

The Ontario Surgical Quality Improvement Network (NSQIP)

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

Adopting Research to Improve Care (ARTIC)

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

Excellence Through Quality Improvement Project (EQIP)

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

12. PROJECTS - continued

collection within the community mental health and addictions sector.

Choosing Wisely Canada (CWC)

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

Diagnostic Imaging Peer Review

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

Adopting Research to Improve Care - Musculoskeletal (ARTIC MSK)

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

12. PROJECTS - continued

Evaluation of Primary Care Collaborative Memory Clinics

Primary Care Memory Clinics improve care for patients by their family doctor and other professionals, such as nurses and social workers, by specially training these professionals in caring for people living with dementia. The Adopting Research to Improve Care program, a joint program of Health Quality Ontario and the Council of Academic Hospitals in Ontario, supports the spread of these primary care memory clinics to 17 additional sites in Ontario. As part of the province's dementia strategy, Health Quality Ontario is evaluating this program for the Ministry of Health and Long-Term Care, in collaboration with the Council for Academic Hospitals.

Canadian Mental Health Association (CMHA)

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

Ontario Payment Innovation Collaborative (OPIC)

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

13. GUARANTEES

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

14. COMPARATIVE FIGURES

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

ONTARIO HEALTH QUALITY COUNCIL
o/a HEALTH QUALITY ONTARIO

SCHEDULE OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2018

	2018	2017
REVENUE		
Ministry of Health and Long-Term Care	**$ 48,990,922**	$44,916,375
Amortization of deferred capital contributions, *note 4*	**812,545**	757,120
	49,803,467	45,673,495
Capital purchase funding, *note 4*	**(2,445,360)**	(1,702,332)
	47,358,107	43,971,163
EXPENSES		
Salaries and benefits	**32,410,776**	28,510,940
Transfer payments to other organizations	**6,002,714**	5,910,194
Information technology and digital and data infrastructure to support wait times and other provincial platforms	**1,775,601**	2,242,123
Events, training and travel including Health Quality Transformation	**1,510,455**	1,864,554
Occupancy costs	**1,385,426**	1,306,732
Audit, legal, compliance, evaluation and other advisory services	**1,386,528**	776,329
Communications and publishing to support public reporting, quality standards and other programs	**637,552**	910,282
Analytic tools and resources	**766,125**	833,099
Office and administration	**497,714**	452,425
Computer and equipment amortization	**223,570**	199,609
Leasehold improvements amortization	**584,379**	541,972
Office furniture and fixtures amortization	**4,596**	15,539
	47,185,436	43,563,798
UNSPENT BUDGETED FUNDS	**172,671**	407,365
RECOVERIES OF TRANSFER PAYMENTS	**-**	29,156
INTEREST INCOME	**120,129**	65,158
SURPLUS	**$ 292,800**	$ 501,679

Health Quality Ontario

Let's make our health system healthier

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