

**ACCOUNTABILITY AGREEMENT**  
**Effective as of the 1st day of April, 2015**

**BETWEEN:**

**HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO**  
**as represented by the**  
**MINISTER OF HEALTH and LONG-TERM CARE**

**(the “Ministry”)**

**-and-**

**ONTARIO HEALTH QUALITY COUNCIL**  
**operating as**  
**HEALTH QUALITY ONTARIO**

**(the “Agency” or “HQO”)**

**INTRODUCTION**

1. HQO is Ontario’s advisor on health care quality. It has a mandate under the *Excellent Care for All Act, 2010* (ECFAA) to:
  - monitor and report to the people of Ontario on the quality of their health care system;
  - support health care providers and organizations in their efforts to effect continuous quality improvements;
  - promote the provision of health care that is supported by the best available scientific evidence by making evidence-based recommendations to the Ministry, health care organizations and other entities; and
  - carry out any other functions formerly carried out by an Ontario ministry that may be transferred to HQO with the approval of the Lieutenant Governor in Council and pursuant to an agreement;
  
2. Upon proclamation into force of the amendments to ECFAA that were effected by the *Public Sector and MPP Accountability and Transparency Act, 2014*, HQO’s mandate will be further expanded to include:
  - promoting enhanced patient relations in public hospitals, community care access centres, long-term care homes, and any other prescribed publicly funded organizations (“Health Sector Organizations”) through the development of:
    - patient relations performance indicators and benchmarks for Health Sector Organizations; and
    - quality improvement supports and resources for Health Sector Organizations with respect to patient relations; and
  - providing support to the Patient Ombudsman in carrying out his or her functions under ECFAA.

3. The Ministry funds and provides oversight and strategic direction to HQO in accordance with ECFAA and other applicable laws, the parties' Memorandum of Understanding, applicable government policies and directives, and the Government of Ontario's broader health care agenda.

## 1.0 PURPOSE

- 1.1 This Agreement supports the Agency's relationship with the Ministry in its endeavor to fulfill its mandate and carry out the strategic policy directions of the Government, all in accordance with ECFAA and the MOU.
- 1.2 This Agreement confirms the mutual understanding of the Ministry and the Agency in respect of the Deliverables to be provided by the Agency using the funding provided by the Ministry.

## 2.0 DEFINITIONS

- 2.1 In this Accountability Agreement, the following terms have the following meanings:

**"AAD"** means the Management Board of Cabinet *Agencies & Appointments Directive* dated February 2015 as amended or replaced from time to time;

**"Act"** means ECFAA;

**"Agency"** means the Ontario Health Quality Council continued under ECFAA and which operates under the registered business name "Health Quality Ontario";

**"Agreement"** means this accountability agreement entered into between the Agency and the Ministry, including the Schedules and any appendices attached thereto and any instruments which amend this agreement;

**"Allocation"** means the funding reserved by the Province of Ontario, Treasury Board and/or Management Board of Cabinet, as the case may be, for payment to the Agency to support its operations;

**"Annual Budget"** means the Agency's annual plan for the expenditure of the approved Allocation including both capital and operating expenses;

**"Annual Business Plan"** has the meaning ascribed to it in the MOU;

**"Annual Report"** means the Agency's annual report submitted to the Minister in accordance with section 15 of Ontario Regulation 445/10 under ECFAA;

**"Balanced Budget"** means the total of operating and capital expenses of the Agency for the Fiscal Year which is equal to or less than the approved Allocation to the Agency by Treasury Board and Management Board of Cabinet.

**"Base Funding"** means the recurring set of funds provided to the Agency at the onset of each Fiscal Year to support the Agency's general operations, but does not include time-limited or one-time funding for special projects;

**“Board”** means the Board of Directors of the Agency;

**“Deliverables”** means the priority performance deliverables (including any projects, products or services) to be delivered by the Agency with the funding provided to it by the Ministry as further described in the Schedules to this Agreement;

**“ECFAA”** means the *Excellent Care for All Act, 2010*, S.O. 2010, c.14 and any regulations made thereunder, all as may be amended from time to time;

**“Fiscal Year”** means the period from April 1<sup>st</sup> to March 31<sup>st</sup> of the following year;

**“Minister”** means the Minister of Health and Long-Term Care;

**“MOU”** means the Memorandum of Understanding between the Ministry and the Agency dated May 11, 2011 as amended or replaced from time to time;

**“Parties”** means both the Ministry and the Agency and **“Party”** means only one of the Ministry or the Agency, as applicable;

**“Patient Ombudsman”** means the individual appointed to be the patient ombudsman by the Lieutenant-Governor in Council pursuant to s. 13.1(1) of ECFAA;

**“Schedule”** means any one of, and **“Schedules”** means any two or more of the following schedules which are appended to and form part of this Agreement, as amended from time to time in accordance with this Agreement:

Schedule 1 – Establish our role as the province’s advisor on healthcare quality

Schedule 2 – Work with the system to actively improve quality of care

Schedule 3 – Involve patients, family, caregivers, and the public in the quality agenda

Schedule 4 – Expand and enhance communications to make HQO the recognized voice of healthcare quality in Ontario

Schedule 5 – Work as an integrated, high-performing organization that effectively engages partners in the pursuit of shared goals and the advancement of system effectiveness

Schedule 6 – Office of the Patient Ombudsman

Schedule 7 – Performance Measures

Schedule 8 – One-time Projects

Schedule 9 – Approved Budget

**“Transfer Payment(s)”** has the meaning ascribed to it in Treasury Board/Management Board of Cabinet’s *Transfer Payment and Accountability Directive* and related policies and guidelines, as amended from time to time;

### **3.0 ACCOUNTABILITY OF EACH PARTY**

3.1 The Ministry will:

- a) fulfill its obligations as set out in the Schedules in accordance with the terms of this Agreement; and

- b) be responsible for working with the Agency to help it fulfill its statutory mandate, and for assisting the Agency to identify and address issues that require Ministry or Government resolution, decisions, or actions.

3.2 The Agency will:

- a) provide the Deliverables in accordance with this Agreement and the MOU;
- b) incorporate information regarding the Deliverables into the Agency's quarterly reports to the Ministry as set out in the Schedules; and
- c) be responsible for carrying out its mandate and managing its operations in accordance with this Agreement, the MOU, applicable government directives, and applicable law.

3.3 Both Parties will:

- a) use best efforts to fulfill the requirements of this Agreement;
- b) recognize that issues may arise that will require joint Ministry and Agency resolutions, decisions, or actions;
- c) collaborate and cooperate to:
  - i. facilitate the achievement of the requirements of this Agreement;
  - ii. develop clear and achievable performance obligations and related measures, and identify risks to the achievement of those performance obligations and related measures;
  - iii. establish clear lines of communication and responsibility in accordance with the Public Communications Protocol as outlined in the MOU; and
  - iv. work diligently to resolve issues in a proactive and timely manner.

3.4 Interactions between the Agency and Ministry shall be facilitated through the Health Quality Ontario Liaison and Program Development Branch of the Ministry's Health System Quality and Funding Division, except as they relate to matters that fall under the Public Communications Protocol in the MOU, in which case the Agency is required to liaise with the Communications & Marketing Division of the Ministry.

3.5 Any new or other initiatives not captured by this Agreement will require the approval of the Health Quality Ontario Liaison and Program Development Branch which, in turn, will seek out any additional government approvals that may be required

#### **4.0 PERFORMANCE IMPROVEMENT**

4.1 The Parties agree to adopt and follow a proactive and responsive approach to performance improvement, based on the following principles:

- a) a commitment to ongoing performance improvement;
- b) an orientation to problem-solving;
- c) a focus on relative risk of non-performance;
- d) maximizing the efficient and effective use of public funds;
- e) increasing value added to the health care sector; and
- f) incorporating innovation and continuous quality improvement practices into the Agency's policies and operations.

4.2 Where issues arise that could significantly affect either the Agency or Ministry's ability to perform its obligations under this Agreement, the affected Party shall provide written notice to the other Party in accordance with the MOU. Notice shall include a description of the

issue or matter (the “**Performance Factor**”), any remedial action the Party has taken or plans to take to remedy the issue and whether the Party is requesting a meeting to discuss the matter. Receipt of notice will be acknowledged within three business days from the date the notice is received. Where a meeting has been requested, the Parties agree to meet and to discuss the Performance Factor within two weeks of the date the notice is received.

## **5.0 TERM**

- 5.1 This Agreement shall commence on April 1, 2015 and continue in effect until it is replaced by a new agreement or other funding instrument.
- 5.2 The Parties agree to review the Schedules before the end of each Fiscal Year and, if necessary to reflect changes to HQO’s programs and Deliverables, to amend the Schedules in accordance with section 8.4.

## **6.0 FINANCIAL MANAGEMENT**

- 6.1 The Agency will plan and achieve a Balanced Budget.
- 6.2 To support and facilitate the Agency’s compliance with section 6.1, the Ministry agrees to work with the Agency to manage in-year financial pressures and to identify budgetary solutions.
- 6.3 Following the completion of all financial transactions for the Fiscal Year, the Agency will return any cash surplus to the Ministry.
- 6.4 The Agency shall not make any changes to the Annual Budget or reallocate any funds without prior written consent of the Ministry.
- 6.5 Despite section 6.4, the Agency is permitted to reallocate funding in the Annual Budget between the following line items without seeking prior approval from the Ministry: (a) salary & wages management; (b) salary & wages non-management; and (c) benefits.
- 6.6 The Ministry may make in-year funding adjustments to line items within the Annual Budget based upon the Ministry’s assessment of the reports submitted by the Agency in accordance with this Agreement.

## **7.0 REPORTING REQUIREMENTS**

### 7.1 Reports required under ECFAA and MOU

- 7.1.1 All reports that the Agency is required to provide pursuant to ECFAA and the MOU will be submitted in accordance with the deadlines specified in Schedule 5 of this Agreement.

### 7.2 Quarterly Financial Reports

- 7.2.1 The Agency will submit quarterly financial reports that are approved by the Agency's Board and which include the following:
- (a) the Annual Budget forecast updated against actual expenditures. Quarterly reports must be updated quarterly to reflect actual expenditures, and forecasts must be adjusted quarterly (with the exception of Q1) to prospectively provide an estimate of the forecasted year-end financial position of the organization;
  - (b) detailed operating and capital expenditures;
  - (c) spending on base operations and initiatives (broken down by initiative) by the Agency;
  - (d) explanations of any variances (+/- 5%);
  - (e) details of any Transfer Payments made by the Agency including: (i) the name of the project/program; (ii) legal name of the Transfer Payment recipient; (iii) timelines (e.g. when the Agency will flow Transfer Payment funds to the recipients); and (iv) Transfer Payment amounts; and
  - (f) any related information which the Ministry may request.

### 7.3 Quarterly Progress Reports

- 7.3.1 The Agency will submit quarterly progress reports which include the following:
- (a) a summary of key program and Deliverable status, including flags where Deliverables are or may be delayed;
  - (b) notes relating to issues, risks and mitigation strategies associated with each Deliverable, as appropriate; and
  - (c) any related information which the Ministry may request.

### 7.4 Quarterly Performance Assessment Reports

- 7.4.1 The Agency will submit quarterly performance assessment reports which include the following:
- (a) a summary of the impact of the Agency's programs on the health system, the effectiveness of the Agency's programs, and the Agency's effectiveness as an organization based on the performance measures specified in Schedule 7;
  - (b) any related information which the Ministry may request.

## 8.1 **GENERAL**

- 8.1 In the event of a conflict or inconsistency between the terms and conditions of this Agreement and those contained in the MOU, the terms and conditions of the MOU shall prevail to the extent of the conflict or inconsistency.
- 8.2 All Schedules shall be governed by the terms of the main body of this Agreement.
- 8.3 The primary purposes of the Schedules under the Agreement are to:
- a) support the Agency in fulfilling its mandate;
  - b) describe the Agency's responsibilities to lead the execution of the Government's quality directions and strategies and to support the Government's health system goals and priorities; and
  - c) define the Parties' respective performance obligations.

The Schedules shall be interpreted in accordance with these primary purposes.

- 8.4 This Agreement, including any Schedule(s), may be amended or replaced from time to time by mutual written agreement of the Parties, which amendments may include but are not limited to changing the scope or quantity of Deliverables and the related funding amounts, and/or adding new Schedules or deleting existing Schedules.
- 8.4 The Agency will not, without the prior written consent of the Ministry, assign any of its duties, rights or interests under this Agreement or enter into subcontracts for the management or delivery of any part of the Deliverables.
- 8.5 Each Party will communicate with each other about matters pertaining to this Agreement, including the delivery of notices, through the following persons:

**To the Ministry:**  
Ministry of Health and Long-Term Care,  
Health System Quality and Funding  
Division  
80 Grosvenor, 5<sup>th</sup> floor  
Toronto, ON M7A 1R3

**Attention:**  
Assistant Deputy Minister,  
Health System Quality and Funding  
Division  
Telephone: (416) 327-8533  
Fax: (416) 327-5186

**With a copy to:**  
Director, Health Quality Ontario Liaison  
and Program Development Branch  
1075 Bay Street, 12<sup>th</sup> floor  
Toronto, ON M5S 2B1  
Telephone: 416-327-3932

**To the Agency:**  
Health Quality Ontario  
130 Bloor Street West, 10<sup>th</sup> floor  
Toronto, ON M5S 1N5

**Attention:**  
President and Chief Executive Officer  
Health Quality Ontario  
Telephone: (416) 323-6868  
Fax: (416) 323-9261

**With a copy to:**  
Vice President, Corporate Services  
Health Quality Ontario  
130 Bloor Street West, 10<sup>th</sup> Floor  
Toronto, ON M5B 2E7  
Telephone: (416) 323-6868 x 224  
Fax: (416) 323-9261

8.6 If the delivery of any report or budget required under this Agreement is scheduled to fall on a date that is a weekend, a holiday, or any other day that the Ministry has elected to be closed for business, the budget or report shall be due on the business day immediately preceding it.

This Accountability Agreement is made effective as of the 1<sup>st</sup> day of April, 2015.

**HER MAJESTY THE QUEEN IN RIGHT OF  
ONTARIO as represented by the Minister of  
Health and Long-Term Care**

**ONTARIO HEALTH QUALITY COUNCIL  
operating as HEALTH QUALITY ONTARIO**

\_\_\_\_\_  
Melissa Farrell  
Assistant Deputy Minister  
Health System Quality and Funding Division

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Dr. Andreas Laupacis  
Chair, Health Quality Ontario

Date: \_\_\_\_\_

Date: \_\_\_\_\_



# SCHEDULE 1:

## Priority 1 – Establish our role as the province’s advisor on healthcare quality

### “Evidence Development and Standards”

The Agency appraises evidence and convenes expert panels to perform Health Technology Assessments (HTA) and produce clinical and health system standards of care. These two areas of work are aligned with the following two elements of the Agency’s legislated mandate:

- Making evidence-based recommendations to health care organizations and other entities on standards of care in the health system, based on or respecting clinical practice guidelines and protocols; and
- Making recommendations to the Minister of Health and Long-Term Care concerning the Government’s provision of funding for health care services and medical devices.

More specifically, HTAs can include:

- New technologies, services or devices that have potential for improved patient outcomes, cost-effectiveness and / or efficiency in the provision of services. Opportunities to discontinue or limit the funding of under utilized services and/or devices through proposed changes to eligibility criteria (ielimit them to specific populations or indications)
- The development of clinical and health system standards of care including the production of Quality Based Procedure (QBP) clinical handbooks.

As part of the Agency’s mandate to develop evidence-based recommendations and health care standards, the Agency will provide the following Deliverables by the specified due dates:

| DATE DUE            | DELIVERABLE / REPORT  | Owner |
|---------------------|---|-------|
| On an annual basis: |   |       |
| By Mar 31           | Produce and deliver to the ministry a progress report on the clinical and health system standards of care work in general, as well as specific clinical and health system standards of care that are under development. | EDS   |
| By Mar 31           | Produce recommendations for approximately 10 health technology assessments, including recommendations that fall within the categories noted above.  | EDS   |
| By Mar 31           | Produce at least 1 to 2 QBP clinical handbooks  | EDS   |
| By Mar 31           | Develop at least 1 to 2 QBP indicator and technical definition handbooks for the topics for which a final QBP clinical handbook has been submitted to the Ministry  | HSP   |
| By Jun 30           | Provide the Ministry with a report annually summarizing the HTA recommendations and the clinical and health system standards of care produced in the previous fiscal year.  | EDS   |

Quality Standards:

- Concise sets of 10-15 evidence-based quality statements and associated indicators

focusing on areas that have been identified as high priority for improvement. Our quality standards will include clinically defined populations (e.g., adults with schizophrenia), service areas (e.g., pre-operative testing) and health system issues (e.g., patient-provider communications). The primary purpose of quality standards is to clearly define what high-quality care should look like in a way that can be measured, emphasizing areas where there is a large gap between current practice and optimal care.

| DATE DUE        | DELIVERABLE / REPORT                | Owner |
|-----------------|-------------------------------------|-------|
| By Oct 31, 2016 | Publish Quality Standards guidebook | EDS   |
| By Mar 31, 2017 | Publish 5 Quality Standards         | EDS   |
| By Mar 31, 2018 | Publish 10 Quality Standards        | EDS   |

### “Health System Performance”

The Agency is required under ECFAA to monitor and report to the people of Ontario on:

- i. access to publicly funded health services;
- ii. health human resources in publicly funded health services;
- iii. consumer and population health status; and
- iv. health system outcomes.

ECFAA also requires that the Agency deliver to the Minister a yearly report on the state of the health system. The purpose of the yearly report is to:

- encourage and promote an integrated, consumer centred health system;
- make the Ontario health system more transparent and accountable;
- track long-term progress in meeting Ontario’s health goals and commitments; and
- help Ontarians to better understand their health system.

The Agency’s performance monitoring and reporting activities over the next two years will guide its work in five areas:

1. Yearly report
2. Online reporting (system, facility, practice levels)
3. Theme reports and bulletins (e.g., on a single topic)
4. Personalized reports
5. Special projects (e.g., online indicator catalogue/library, patient experience measurement strategy)

The Agency will provide the following Deliverables by the specified deadlines:

| DATE DUE  | DELIVERABLE / REPORT                 | Owner |
|---|--------------------------------------|-------|
| <b>1. YEARLY REPORT</b>   |                                      |       |
| On or near HQT every year                                       | Release Yearly Report “Measuring Up” | HSP   |
| <b>2. ONLINE REPORTING -On an annual basis, except as noted</b> |                                      |       |
| Monthly, on the 3 <sup>rd</sup> business day of each month      | Patient safety data refreshes        | HSP   |

|  |   |     |
|--|---|-----|
| By March 31  | Long term care (LTC) home data refresh  | HSP |
| By March 31  | Home care data refresh  | HSP |
| By Dec 31, 2015  | Release at least one primary care indicator for online public reporting   | HSP |
| Online reporting deliverables for 2016-17 will be determined as part of the centralized online public reporting; online reporting may be rolled up into a new data reporting structure/format. |   |     |
| <b>3. THEME REPORTS AND BULLETINS</b>  |   |     |
| By Mar 31, 2016  | Publicly release three to five theme reports  | HSP |
| By Mar 31, 2017  | Publicly release four to six theme reports  | HSP |
| <b>4. PERSONALIZED REPORTS</b>   |   |     |
| By Sept 30, 2015   | LTC practice reports delivered to a select group of LTC home physicians   | HSP |
| By Dec 31, 2015  | Primary care practice reports will be expanded to allow Executive Directors from Family Health Teams and Community Health Centres to receive group-level FHT and CHC reports. | HSP |
| By Dec 31, 2016  | Release of updated primary care practice reports  | HSP |
| <b>5. SPECIAL PROJECTS</b>   |   |     |
| By Dec 31, 2015  | Draft of strategy for centralized online public reporting   | HSP |
| By Mar 31, 2016  | Draft of implementation plan for centralized online public reporting  | HSP |
| By Mar 31, 2016  | Online indicator catalogue/ library launch  | HSP |
| By Mar 31, 2016  | Through the Patient Experience Measurement Committee, produce a patient experience measurement strategy   | HSP |

### **“Policy and Strategy”**

The execution of HQO’s mandated activities requires strong foundational elements. HQO is putting in place strategic enablers to conduct its work efficiently and effectively. Our Policy and Strategy function explores current and future changes in the policy environment to shape strategic opportunities for HQO, including any or all of its mandated areas, with a view to maximizing the Agency’s value to the health care system. HQO’s work in this area is often triggered by external events and changing priorities in the system. Work undertaken will be outlined as part of HQO’s regular progress report submitted to the ministry on a quarterly basis.

### **“Equity: An Essential Part of Quality Health Care for Ontario”**

Aligned with the HQO’s role as the province’s advisor on healthcare quality, HQO will begin to focus the system on priority topics. The first of these topics will be health equity.

Health inequity leads to poor health quality and it is an essential principle of any quality framework. The Institute of Medicine refers to the importance of "healthy populations" and requires that health equity be an essential part of its quality framework. The genesis and rationale for this initiative is described in Appendix “B”. To better embed health equity into the provincial quality framework, HQO will work with its partners, including the government of Ontario, to proactively address areas of significant health inequity, determine best practices in prevention

and intervention, and support effective quality initiatives to help mitigate the consequences of health inequity.

The Agency’s work on health equity over the next two years will focus on three areas:

- Governance and system coordination
- Development of a health equity plan for HQO
- Community health quality program reports

1. For governance and system coordination, the Agency will:

**Establish an Advisory Group.** An Advisory Group will be struck to provide input and oversight to HQO’s proposed health equity plan. This group would meet quarterly.

| DATE DUE        | DELIVERABLE / REPORT                       | Owner         |
|-----------------|--|---------------|
| By Jun 30, 2015 | Establish the Health Equity Advisory Group | Health Equity |

2. To develop a health equity plan, the Agency will:

**Report on Social Inequity and Health in Ontario.** This deliverable is intended to be a systematic review of the evidence highlighting the relationship and impact of social inequity and health in Ontario and the impact on quality of care. This would serve as a foundation for future reports and initiatives.

**Deliver a Health Equity Consensus Conference.** There is a wide spectrum of expertise within Ontario and beyond pertaining to health equity. We propose an invitational conference to bring together diverse expertise to develop a forward thinking strategic plan to guide HQO in the years ahead. This group representing government, NGOs, researchers and scientists, and community leaders as well as affected communities themselves would provide HQO valuable advice regarding direction, challenges and opportunities.

| DATE DUE        | DELIVERABLE / REPORT                                | Owner         |
|-----------------|---|---------------|
| By Mar 31, 2016 | Deliver the Health Equity Consensus Conference      | Comms         |
| By Mar 31, 2016 | Deliver Health Equity Conference Proceedings Report | Health Equity |
| By Mar 31, 2016 | Develop a Health Equity focus to HQO’s strategy     | Health Equity |

3. For community health quality program reports, the Agency will:

**Deliver a series of program reports.** It is anticipated that there would be a series of program reports developed with each addressing one specific population who suffer poor health disproportionately as a result of social inequity. While there are many, we propose initially addressing those living in poverty to include lack of housing. As in subsequent reports, this report would identify the inequities in health as a result of being a member of these populations, evidence informed standards of care that would prevent and mitigate this inequity and finally QI strategies that will lead to wide spread implementation.

**Establish group-specific advisory panels.** To support the program reports, it is proposed that there would be an advisory panel struck that would have topic related expertise and lived experience.

| DATE DUE            | DELIVERABLE / REPORT   | Owner |
|---------------------|--|-------|
| On an annual basis: |  |       |
| By Mar 31           | Deliver at least one program report annually; in 2015-16 this will include a combined report on social inequity and the equity program | HSP   |

## **SCHEDULE 2:**

### **Priority 2 – Work with the system to actively improve quality of care**

“**Quality improvement**” (QI) can be defined as a systematic approach to making changes that improve clinical practice and health system performance, enhance professional and/or organizational development, and improve patient and population health outcomes.

In the next few years, by fully leveraging emerging evidence and the networks of experts, organizations and quality improvement communities that are connected through HQO’s efforts, HQO will:

- Be consistently proactive and responsive to emerging evidence and quality issues in a planned way
- Achieve success with one to two large spread and scale initiatives bringing measurable change provincially, and catalyze the implementation of other initiatives as appropriate
- Be seen as a trusted broker for quality. HQO will enable the quality improvement community to connect and see benefits from one another, and to improve upon specific quality issues
- See ongoing building of knowledge and capacity for quality improvement
- Support a prevailing culture of quality in Ontario
- Support the alignment of local activities with identified provincial priority areas of focus

The approach for improving quality will focus on streams of work grouped into the following primary areas:

1. **Plan for Quality Improvement**, with an emphasis on QI efforts being responsive to, and integrating efforts internally with Evidence Development and Standards (EDS), Health System Performance (HSP) branches, and designed with appropriate partners and stakeholders in the health system. This would also include a refreshed approach to Quality Improvement Plans as integral components of a broader QI program. Analysis of QIP data will focus on and direct improvement efforts to those issues identified by provider organizations.

For QI planning, the Agency will:

- a. Execute an integrated Quality Improvement Plans (QIP) program to support the quality agenda in Ontario and identify and finalize priorities for the QIP (includes consultation on a cross sector basis).
- b. Receive annual QIPs submitted by health care organizations, and provide analysis and feedback to help build capacity and improve performance on priority indicators.
- c. Leverage HQO’s functions and relationships to drive improvement in the field (e.g., analysis, indicator development, evidence to practice)
- d. Support the annual roll out of new requirements including all support materials, and data platforms.
- e. Achieve the following performance milestones related to QIPs:

| <b>DATE DUE</b>                       | <b>DELIVERABLE / REPORT</b>  | <b>Owner</b> |
|---------------------------------------|--|--------------|
| By Nov 27, 2015                       | Launch QIP requirements for 2016-17. Includes release of indicator specifications and any supplemental guidance documents, QIP Navigator with enhancements, and formal communications to the field                                   | QI           |
| By the end of Q2, Q3, and Q4 annually | Submit to the MOH four draft QIP Insight reports throughout the year that will address topics relevant to all four sectors (hospitals, primary care, CCACs and LTC). Schedule a minimum of one per quarter starting in Q2 of each FY | QI           |

To support the use and adoption of provider practice reports, the Agency will:

| <b>DATE DUE</b>  | <b>DELIVERABLE / REPORT</b>   | <b>Owner</b> |
|------------------|---|--------------|
| By Sept 30, 2015 | Develop and initiate a QI strategy to support use and adoption of primary care practice reports | QI           |

Working jointly with the Ministry, the Agency will support Health Links as follows:

| <b>DATE DUE</b> | <b>DELIVERABLE / REPORT</b>   | <b>Owner</b> |
|-----------------|---|--------------|
| By Apr 30, 2015 | Develop a workplan jointly with the ministry for Health Link supports in 2015/16  | QI           |
| By Jun 30, 2015 | Launch new Health Links reporting tool to field   | QI           |
| By Jun 30, 2015 | Using a Health Links Best Practices Framework, disseminate initial Best Practices Report including both clinical and operational learnings from the early adopter Health Links. Report will be developed with input from clinical reference group | QI           |
| By Jun 30, 2015 | Develop Inter Health Link Practice network  | QI           |
| By Dec 30, 2015 | Host a Health Link Clinical Leadership summit   | QI           |

**2. Connect the QI community** through use of networks and communities of practice, including a clinical engagement strategy and the development of a virtual QI ecosystem.

In order to connect the QI community, the Agency will:

| <b>DATE DUE</b> | <b>DELIVERABLE / REPORT</b>  | <b>Owner</b>        |
|-----------------|--|---------------------|
| By Mar 31, 2016 | Host a functional Community of Practice to support collaborative learning and accelerate changes in Long Term Care prescribing practice as part of collaborative project with Ontario Medical Association/MOHLTC/Centre for Effective Practice   | QI                  |
| By Jun 30, 2015 | Deliver to the ministry a plan that articulates a strategy and framework to engage communities of practice to support a comprehensive provincial quality program, that would connect the future and existing clinical quality leadership and also incorporate communities of existing initiatives (NSQIP-ON, Health Links, Long Term Care) | Clinical Engagement |
| By Mar 31 2016  | Establish a virtual quality improvement digital ecosystem, linking QI tools and information sharing functionality for clinical improvement teams   | QI                  |
| By Jan 31, 2016 | Establish a Community of Practice, to support the sharing of lessons learned across the Integrated Funding Model demonstration projects, including alignment with Community QBPs   | QI                  |

## **SCHEDULE 3:**

### **Priority 3 – Involve patients, family, caregivers, and the public in the quality agenda**

**“Public / Patient Engagement”** will inform all aspects of the Agency’s work. HQO envisions public / patient engagement as being more than a component of specific projects; rather, it will be an integral lens through which the Agency views its approach to everything that it does.

**“Patient Relations”** HQO will undertake work to prepare for the expansion of its legislative mandate under ECFAA that was effected through Bill 8, *the Public Sector and MPP Accountability and Transparency Act*, 2014. Once these legislative amendments are proclaimed into force, HQO’s mandate will include:

- monitoring and reporting to the people of Ontario on the performance of public hospitals, community care access centres, long-term care homes, and any other prescribed organizations (“Health Sector Organizations”) with respect to patient relations;
- promoting enhanced patient relations in Health Sector Organizations through the development of,
  - patient relations performance indicators for Health Sector Organizations, and
  - quality improvement supports and resources for Health Sector Organizations with respect to patient relations

**“Patient Engagement Training”** To support the government’s commitment to patient-centred care, HQO will:

- build and strengthen Health Sector Organizations’ capacity to determine and deliver best-practice patient engagement to improve care; and
- prepare, support, and enable patients, caregivers and the public to become informed and active participants in health care engagement opportunities.

For Public / Patient Engagement, deliverables will be influenced by input from patients. HQO plans to:

1. Develop an overall public / patient engagement strategy and infrastructure to enable patients, families and the public to participate in engagement initiatives, and to prepare health care provider organizations to engage with patients.
2. Develop programming to be delivered in three major streams: one focused on building the capacity of patients, families and the public to engage in health issues; a second focused on preparing health system providers to engage with patients, families and the public; and a third focused on patient relations.
3. Develop additional streams with a focus on providing research and developing standards for engagement, and creating opportunities for the public and for providers to deepen their active participation in patient/public engagement.



4. Achieve the following performance milestones:

| <b>DATE DUE</b>  | <b>DELIVERABLE / REPORT</b>  | <b>Owner</b>       |
|------------------|--|--------------------|
| By Sept 30, 2015 | Develop and disseminate patient engagement resource guides for health providers (e.g. how to do advisory councils, etc.) | Patient Engagement |
| By Mar 31, 2016  | Deliver two regional training events on Patient Engagement   | Patient Engagement |
| By Mar 31, 2017  | Deliver four regional training events on Patient Engagement  | Patient Engagement |

5. Develop and disseminate patient-focused learning materials.

6. Achieve the following performance milestones for a Patient Relations Program:

| <b>DATE DUE</b> | <b>DELIVERABLE / REPORT</b>  | <b>Owner</b>       |
|-----------------|--|--------------------|
| By Dec 31, 2015 | Work with the hospital sector to develop guidance to improve patient relations processes   | Patient Engagement |
| By Nov 30, 2015 | Assess the current patient relations practices of other sectors (e.g. LTC, Home and Community Care) to determine whether additional tools and resources are needed to support improvement in patient relations processes | Patient Engagement |
| By Mar 31, 2016 | Based on an assessment of current practice and the needs/gaps identified, develop guidance to support these sectors in strengthening their patient relations processes, including complaints management                  | Patient Engagement |
| By Mar 31, 2016 | Develop and consult on plan for establishing and implementing patient relations performance indicators and benchmarks for health sector organizations  | HSP                |
| By Mar 31, 2017 | Implement data collection and reporting on initial patient relations performance indicators and benchmarks for health sector organizations   | HSP                |

7. Over the 2015-16 year, HQO will develop and submit to the MOHLTC a plan for a patient engagement fellowship program, a patient engagement research and evaluation agenda, and a patient challenge program.

## SCHEDULE 4:

### Priority 4 – Expand and enhance communications to make HQO the recognized voice of healthcare quality in Ontario

“Communications” develops and maintains corporate profile and manages reputation for the organization, supports program-level communications and contributes to patient / public engagement in the organization’s work.

For Communications, the Agency will:

1. Engage in a strategic planning exercise to define an overall annual communications strategy for the Agency, and consult with the Ministry on the development of its communications strategy. The planning process will define an overall strategy for the organization and will involve analyzing key stakeholder groups, including patients and the public, and will articulate how the organization will communicate and interact with each of them.

| DATE DUE            | DELIVERABLE / REPORT  | Owner |
|---------------------|---|-------|
| On an annual basis: |   |       |
| By May 31           | Provide Ministry with an overall communications strategy for the year; provide continuous updates to the ministry throughout the year | Comms |

2. As part of the communications strategy, and in conjunction with HQO’s web team, redevelop HQO’s website to be more responsive to the needs of key stakeholder groups and audiences.

| DATE DUE        | DELIVERABLE / REPORT       | Owner |
|-----------------|----------------------------|-------|
| By Mar 31, 2016 | Launch re-designed website | Comms |

3. “Health Quality Transformation (HQT)” is an annual event hosted by the Agency to bring stakeholders together to work towards a common quality agenda for Ontario’s health care system. HQT is intended to help drive system transformation by providing a forum for knowledge translation and exchange, highlighting exemplars of best practices, and building and reinforcing partnerships.

For HQT, the Agency will:

| DATE DUE         | DELIVERABLE / REPORT                                 | Owner |
|------------------|--|-------|
| Q3 of every year | Deliver the Health Quality Transformation conference | Comms |

## **SCHEDULE 5:**

### **Priority 5 – Work as an integrated, high-performing organization that effectively engages partners in the pursuit of shared goals and the advancement of system effectiveness**

“**Strategic Partnerships**” are the fundamental building blocks of HQO’s strategy and mandate to support transformational improvements in Ontario’s health care system.

“**Transfer of Strategic Partnership Assets**” To support the ongoing spread and scale of best practices and knowledge to optimally leverage existing system capacity and to support the advancement of HQO’s mandate, the Ministry and HQO will work together using a practical and phased approach to transition relevant components of strategic assets from the Ministry to HQO.

The Agency will provides the following Deliverables by the specified due dates:

| <b>DATE DUE</b> | <b>DELIVERABLE / REPORT</b>  | <b>Owner</b>           |
|-----------------|--|------------------------|
| By Q4           | HQO will work jointly with the ministry to assess the effectiveness of the Quality Program transition criteria on an ongoing basis and will submit a status report to the joint HQO-Ministry senior leadership meeting | Strategic Partnerships |

The Agency will provide the following Deliverables by the specified due dates:

| <b>DATE DUE</b>                | <b>DELIVERABLE / REPORT</b>   | <b>Owner</b>       |
|--------------------------------|---|--------------------|
| 35 days following each quarter | Submit to the Ministry a Quarterly Financial, Progress and Performance Report for the previous quarter                                    | Corporate Services |
| <b>On an annual basis:</b>     |   |                    |
| May 1                          | Submit to the Ministry an Annual Attestation signed by the Chair and the CEO for the previous fiscal year                                 | Corporate Services |
| Aug 31                         | Submit to the Ministry a final Board- or CEO-approved final Semi-Annual Risk Assessment   | Corporate Services |
| Jul 31                         | Submit to the Ministry a final, Board-approved Annual Report for the previous fiscal year in accordance with paragraph 13(1)(a) of ECFAA. | Corporate Services |
| Oct 31                         | Submit to the Ministry a final Board-approved business plan for the next three fiscal years (to include annual accommodations plan)       | Corporate Services |
| Feb 28                         | Submit to the Ministry a final Board- or CEO-approved final Semi-Annual Risk Assessment   | Corporate Services |

# **SCHEDULE 6:**

## **OFFICE OF THE PATIENT OMBUDSMAN**

### **Defintions**

For the purpose of this Schedule, the terms “health sector organization”, “patient or former patient”, and “personal health information” have the same meanings as they do under ECFAA.

### **Functions of the Patient Ombudsman**

Upon proclamation into force of the amendments to ECFAA that were effected by the *Public Sector and MPP Accountability and Transparency Act, 2014* (Bill 8), HQO’s mandate will be further expanded to include providing support to the Patient Ombudsman (PO) in carrying out his or her functions under ECFAA.

The functions of the PO under ECFAA are as follows:

- (a) to receive and respond to complaints from patients and former patients of a health sector organization and their caregivers, and from any other prescribed persons;
- (b) to facilitate the resolution of complaints made by patients and former patients of a health sector organization and their caregivers, and by any other prescribed persons;
- (c) to undertake investigations of complaints made by patients and former patients of a health sector organization and their caregivers, and by any other prescribed persons, and to undertake investigations of health sector organizations on the PO’s own initiative;
- (d) to make recommendations to health sector organizations following the conclusion of investigations; and
- (e) to do anything else provided for in the regulations made under ECFAA.

### **HQO’s Role and Responsibilities:**

Following the appointment of a PO by the Lieutenant Governor in Council (LGIC) under section 13.1(1) of ECFAA, HQO will:

- (a) employ as PO the person who is appointed by the LGIC and terminate the employment of that person when the term of the appointment expires or if the appointment is revoked;
- (b) pay and provide benefits to the PO in accordance with the remuneration and employment entitlements that are established by the LGIC;
- (c) employ persons to provide the necessary operational and administrative support to the PO in accordance with the human resources policies and practices that HQO is required to establish under the MOU;
- (d) provide the information technology systems and resources that are required for the PO to carry out his or her functions;
- (e) put in place reasonable measures to protect the security and privacy of any personal health information that HQO may collect for purposes related to the functions of the PO in accordance with section 13.6 of ECFAA;
- (f) provide office space to the PO and PO staff in accordance with the MOU, the MBC Realty Directive, and the Ministry of Infrastructure Realty Policy; and
- (g) publish reports made by the PO on HQO’s website.

In preparation for and following the appointment of a PO, HQO will complete the following tasks by the deadlines specified below:

| <b>DATE DUE</b> | <b>DELIVERABLE / REPORT</b>  | <b>Owner</b>       |
|-----------------|--|--------------------|
| By Oct 1, 2015  | Complete recruitment of Interim Executive Director                     | Corporate Services |
| By Mar 31, 2016 | Develop an implementation plan for the Office of the Patient Ombudsman | OPO                |

## **Approved Budget for the Office of the Patient Ombudsman\***

| <b>Approved Office of the Patient Ombudsman (OPO) Budget</b> |                |                  |                  |
|--|----------------|------------------|------------------|
|  | <b>2015-16</b> | <b>2016-17</b>   | <b>2017-18</b>   |
| One Time   | 500,000        | 1,400,000        |                  |
| Base Operations  |                | 2,250,000        | 3,000,000        |
| <b>TOTAL OPO BUDGET</b>                                      | <b>500,000</b> | <b>3,650,000</b> | <b>3,000,000</b> |

\*Amount(s) noted in the above schedule, are also included in Schedule 8 noted as separate Office of the Patient Ombudsman - One Time Office of the Patient Ombudsman - Base

## **SCHEDULE 7:** **PERFORMANCE MEASURES**

The purpose of this Schedule is to outline the jointly established performance measures related to:

- The effectiveness of the Agency's programs
- The impact of the Agency's programs on the health system
- The Agency's effectiveness as an organization

The Agency will report on the performance measures listed in the table below:

|  | Data Available | Frequency | 2015 16 Target                         | 2016 17 Target              |
|--|----------------|-----------|--|-----------------------------|
| Total # of HTA recommendations made to MOH   | 2015-16        | Annual    | TBD                                    | TBD                         |
| Total # of page visits for Yearly Report   | 2015-16        | Annual    | Increase over previous year            | Increase over previous year |
| Total # of unique visits for Yearly Report   | 2015-16        | Annual    | Increase over previous year            | Increase over previous year |
| Total # of print media & social media hits for Yearly Report   | 2015-16        | Annual    | Increase over previous year            | Increase over previous year |
| Total # of page visits for Theme reports   | 2015-16        | Annual    | Per report increase over previous year | Increase over previous year |
| Total # of unique visits for Theme reports   | 2015-16        | Annual    | Increase over previous year            | Increase over previous year |
| Total # of print media & social media hits for Theme reports   | 2015-16        | Annual    | Increase over previous year            | Increase over previous year |
| Total # of primary care physicians who consent to receive the PCPR Report  | 2015-16        | Annual    | Increase over previous year            | Increase over previous year |
| Total # of primary care organizations (FHT/ CHC/ other) who consent to receive their organization-level PCPR report                                | 2015-16        | Annual    | TBD                                    | TBD                         |
| Total # of physicians who consent to receive the LTC Practice Report   | 2015-16        | Annual    | TBD                                    | TBD                         |
| # hospitals actively participating in NSQIP-ON collaborative   | 2015-16 (new)  | Annual    | 15                                     | Tbd                         |
| # Sites that are showing statistical improvement in at least one significant clinical outcome (e.g. reduction in SSI)                              | 2016-17 (new)  | Annual    | TBD                                    | 15                          |
| # of HL teams identifying HQO support as valuable to the work of HL (as per evaluation above) expressed as a percentage of all HL teams responding | 2015-16 (new)  | Annual    | Tbd                                    | Tbd                         |
| % of people surveyed identifying HQO COP's as valuable   | 2015-16 (new)  | Annual    | Tbd                                    | Tbd                         |
| % of people surveyed identifying QIPs as valuable  | 2015-16 (new)  | Annual    | Tbd                                    | Tbd                         |
| % of organizations achieving or exceeding at least one of their QIP targets  | 2015-16 (new)  | Annual    | Tbd                                    | Tbd                         |
| % of organizations achieving or  | 2015-16        | Annual    | Tbd                                    | Tbd                         |

|  | Data Available | Frequency | 2015 16 Target              | 2016 17 Target |
|--|----------------|-----------|-----------------------------|----------------|
| exceeding targets across all priority indicators in their QIPs   | (new)          |           |                             |                |
| # of LTC QIPs that include recommended resident experience priority indicators   | 2015-16 (new)  | Annual    | Tbd                         | Tbd            |
| The dissemination of patient engagement resource guides to health providers, number of web hits, downloads and shares via social media   | New measure    |           |                             |                |
| Regional patient engagement training events—positive evaluations from surveys of event participants  | New measure    |           |                             |                |
| The dissemination of engagement learning materials for patients, families and the public, the number of web hits, downloads and shares via social media.   | New measure    |           |                             |                |
| Data collection and reporting on initial patient relations performance indicators for health sector organizations: Approach to measurement is TBD.   |                |           |                             |                |
| Patient Relations: the development of a guidance to improve patient relations processes in other sectors (LTC, home and community care); positive evaluations from surveys of those who have accessed guidance materials and/or participated in guidance programs. | New measure    |           | N/A                         |                |
| Increases in reference to HQO across all media/content channels  | 2014-15        | Annual    | increase over previous year |                |
| Annual attendance at Health Quality Transformation   | 2014-15        | Annual    | >1,000                      | >1,000         |
| % of attendees who respond to top two boxes in Health Quality Transformation evaluation survey   | 2014-15        | Annual    | >85%                        | >85%           |
| Budget variance (%)  | 2014-15        | Quarterly | 98-100%                     |                |
| Projected year-end spend (%)   | 2014-15        | Quarterly | 98-100%                     |                |
| Total vacancies (#)  | 2014-15        | Quarterly | <25                         |                |
| Total vacancies (%)  | 2014-15        | Quarterly | <10-15%                     |                |
| AA Deliverables completed on-time (%)  | 2014-15        | Quarterly | 100%                        |                |

## **SCHEDULE 8:** **One-time Projects**

### **Adopting Research to Improve Care**

For the Adopting Research to Improve Care (ARTIC) program, HQO and Council of Academic Hospitals of Ontario (CAHO) will continue with the collaborative program to support the uptake and spread of evidence for quality improvement.

The Agency will:

| <b>DATE DUE</b> | <b>DELIVERABLE / REPORT</b>  | <b>Owner</b>           |
|-----------------|--|------------------------|
|                 | On an annual basis in 2015/16, 2016/17 and 2017/18: Support one to three multi-partner projects using ARTIC methodology, in response to a call for proposals | QI                     |
| By Jun 30, 2016 | HQO will complete transition of ARTIC program as per partnership agreement with CAHO by March 31, 2016 and provide a status report to the ministry           | Strategic Partnerships |

### **National Surgical Quality Improvement Program – Ontario (NSQIP-ON)**

**Catalyze large-scale quality improvement efforts** such as the National Surgical Quality Improvement Program – Ontario (NSQIP-ON). For the NSQIP-ON Collaborative, the Agency will:

| <b>DATE DUE</b> | <b>DELIVERABLE / REPORT</b>  | <b>Owner</b> |
|-----------------|--|--------------|
| By Jun 30, 2015 | Support hospitals accepted to the run-in period to begin to collect and enter data with American College of Surgeons- National Surgical Quality Improvement Program (ACS-NSQIP)                  | QI           |
| By Jun 30, 2015 | Establish the Surgical Quality Improvement Network   | QI           |
| By Feb 15, 2016 | Plan to determine broader roll-out to hospitals is submitted to MOHLTC   | QI           |
| By Oct 31, 2016 | Surgeon champions, Surgical Clinical Reviewers and other team members are actively engaged in sharing data to drive change and collaborative learning to accelerate surgical quality improvement | QI           |
| By Jan 31, 2017 | Hospitals have achieved measurable improvement in surgical quality improvement   | QI           |
| By Jan 31, 2017 | Present run-in period summary of experience and evaluation report to participating hospital CEOs, Chiefs of Surgery, Surgical Champions, Program delivery partners, MOHLTC                       | QI           |

### **Improving & Driving Excellence Across Sectors (IDEAS)**

**Build QI capacity and knowledge** through initiatives such as Improving & Driving Excellence Across Sectors (IDEAS). To build QI capacity and knowledge, the Agency will:

| <b>DATE DUE</b> | <b>DELIVERABLE / REPORT</b>  | <b>Owner</b>           |
|-----------------|--|------------------------|
| By Jun 30, 2015 | Develop a new strategy for engaging alumni that intersects with the HQO QI / Clinical Engagement strategy. Implementation to begin in Q2 | Strategic Partnerships |



|                 |  |                        |
|-----------------|--|------------------------|
| By Nov 30, 2015 | HQO will host the IDEAS Alumni Event   | Strategic Partnerships |
| By Jun 30, 2016 | HQO will execute a formal collaboration agreement with University of Toronto's Institute of Health Policy, Management and Evaluation (IHPME) and the Institute for Clinical Evaluative Sciences (ICES) |                        |
| By Nov 30, 2016 | HQO will host the IDEAS Alumni Event   | Strategic Partnerships |

### **Other Strategic Partnerships**

HQO partners with a number of groups to advance their strategic and operational priorities. To reflect the one-time funding set out in this agreement for projects, the Agency will:

| DATE DUE        | DELIVERABLE / REPORT  | Owner                  |
|-----------------|---|------------------------|
| By Mar 31, 2016 | HQO will execute a formal collaboration agreement with the Institute for Safe Medication Practices (ISMP)   | Strategic Partnerships |
| By Mar 31, 2016 | HQO will execute a formal collaboration agreement with the Ontario Community Support Association (OCSA)   | Strategic Partnerships |
| By Mar 31, 2016 | HQO will execute a formal collaboration agreement with the Canadian Mental Health Association – Ontario Division and Addictions and Mental Health Ontario | Strategic Partnerships |
| By Jun 30, 2016 | HQO will execute a formal collaboration agreement with Choosing Wisely Canada (CWC)   | Strategic Partnerships |

## **SCHEDULE 9: APPROVED BUDGET**

| <b>HQO BASE FUNDING</b>                      |                   |                   |                   |
|--|-------------------|-------------------|-------------------|
| <b>Expenditure Categories</b>                | <b>2015-16</b>    | <b>2016-17</b>    | <b>2017-18</b>    |
| <b>Salaries, Wages &amp; Benefits</b>        |                   |                   |                   |
| Salaries & Wages Management                  | 5,383,500         | 5,856,235         | 5,856,235         |
| Salaries & Wages Non Management              | 15,657,000        | 14,967,506        | 15,667,506        |
| Benefits                                     | 3,600,000         | 4,458,982         | 4,458,982         |
| <b>Total Salaries, Wages &amp; Benefits</b>  | <b>24,640,500</b> | <b>25,282,723</b> | <b>25,982,723</b> |
| <b>Operating Expenses</b>                    |                   |                   |                   |
| Leases                                       | 1,171,000         | 1,333,270         | 1,333,270         |
| Leasehold Improvements                       | 265,000           | 350,000           | 350,000           |
| Finance/Payroll Services                     | 278,000           | 272,046           | 272,046           |
| Board/OHTAC Per Diem & Meeting Exp           | 134,000           | 134,500           | 134,500           |
| IT Support & Telecom                         | 607,000           | 616,250           | 616,250           |
| Consulting                                   | 1,330,000         | 1,377,610         | 1,377,610         |
| Web IT Support & Enhancement                 | 1,150,000         | 1,256,654         | 1,256,654         |
| Research                                     | 690,000           | 739,091           | 739,091           |
| Communications                               | 1,112,000         | 1,122,969         | 1,122,969         |
| Events                                       | 1,595,000         | 1,213,483         | 1,213,483         |
| Travel                                       | 385,000           | 333,850           | 333,850           |
| Staff Development                            | 175,000           | 227,655           | 227,655           |
| Supplies & Equipment                         | 223,000           | 185,099           | 185,099           |
| <b>Total Operating Expenses</b>              | <b>9,115,000</b>  | <b>9,162,477</b>  | <b>9,162,477</b>  |
| <b>Payments to Organizations</b>             |                   |                   |                   |
| MacHealth                                    | 10,000            |                   |                   |
| Health Technology Partners                   | 1,027,600         |                   |                   |
| <b>Total Payments to Organizations</b>       | <b>1,037,600</b>  | <b>0</b>          | <b>0</b>          |
| <b>TOTAL HQO BASE FUNDING</b>                | <b>34,793,100</b> | <b>34,445,200</b> | <b>35,145,200</b> |
| <b>ONE-TIME/PROJECT FUNDING</b>              |                   |                   |                   |
| <b>Projects</b>                              | <b>2015-16</b>    | <b>2016-17</b>    | <b>2017-18</b>    |
| Adopting Research to Improve Care            |                   | 750,000           | 500,000           |
| CMHA (CDN Mental Health Assn)                | 200,000           | 656,175           |                   |
| ISMP   | 356,000           |                   |                   |
| IDEAS  |                   | 2,500,000         | 2,500,000         |
| CWC  |                   | 500,000           | 500,000           |
| OCSA   | 479,000           |                   |                   |
| NSQIP  | 700,000           | 700,000           |                   |
| <b>Total One-Time Funding</b>                | <b>1,735,000</b>  | <b>5,106,175</b>  | <b>3,500,000</b>  |
| <b>TOTAL HQO FUNDING (BASE AND ONE-TIME)</b> | <b>36,528,100</b> | <b>39,551,375</b> | <b>38,645,200</b> |

| <b>OFFICE OF THE PATIENT OMBUDSMAN (OPO) FUNDING</b> |                |                  |                  |
|--|----------------|------------------|------------------|
| Office of the Patient Ombudsman - One Time           | 500,000        | 1,400,000        |                  |
| Office of the Patient Ombudsman - Base               |                | 2,250,000        | 3,000,000        |
| <b>TOTAL OPO FUNDING (BASE AND ONE-TIME)</b>         | <b>500,000</b> | <b>3,650,000</b> | <b>3,000,000</b> |

**Payment Schedule for 2015/16**

The Ministry will provide the Agency with their 2015/16 funding according to the following schedule. This amount includes both base and one-time project amounts:

| <b>2015/16 Payment Schedule</b> |   |  |                                    |
|---------------------------------|---|--|------------------------------------|
| <i>Month</i>                    | <i>Amount (\$) per month for base funding</i> | <i>Amount (\$) per month for one-time projects</i> | <i>Total Amount (\$) per month</i> |
| Apr-15                          | 2,808,659                                     | 177,341  | 2,986,000                          |
| May-15                          | 2,807,000                                     | 167,000  | 2,974,000                          |
| Jun-15                          | 2,807,000                                     | 167,000  | 2,974,000                          |
| Jul-15                          | 2,807,000                                     | 167,000  | 2,974,000                          |
| Aug-15                          | 2,807,000                                     | 167,000  | 2,974,000                          |
| Sep-15                          | 2,807,000                                     | 167,000  | 2,974,000                          |
| Oct-15                          | 2,807,000                                     | 167,000  | 2,974,000                          |
| Nov-15                          | 2,807,000                                     | 167,000  | 2,974,000                          |
| Dec-15                          | 2,807,000                                     | 167,000  | 2,974,000                          |
| Jan-16                          | 2,807,000                                     | 167,000  | 2,974,000                          |
| Feb-16                          | 2,807,000                                     | 167,000  | 2,974,000                          |
| Mar-16                          | 3,914,441                                     | 387,659  | 4,302,100                          |
| <b>Total Funds:</b>             | <b>34,793,100</b>                             | <b>2,235,000</b>                                   | <b>37,028,100</b>                  |

**Payment Schedule for 2016/17**

The Ministry will provide the Agency with their 2016/17 funding according to the following schedule. This amount includes both base and one-time project amounts:

| <b>2016/17 Payment Schedule</b> |   |  |                                    |
|---------------------------------|---|--|------------------------------------|
| <i>Month</i>                    | <i>Amount (\$) per month for base funding</i> | <i>Amount (\$) per month for one-time projects</i> | <i>Total Amount (\$) per month</i> |
| Apr-16                          | 2,870,433                                     | 542,181  | 3,412,614                          |
| May-16                          | 2,870,433                                     | 542,181  | 3,412,614                          |
| Jun-16                          | 2,870,433                                     | 542,181  | 3,412,614                          |
| Jul-16                          | 3,120,433                                     | 542,181  | 3,662,614                          |
| Aug-16                          | 3,120,433                                     | 542,181  | 3,662,614                          |
| Sep-16                          | 3,120,433                                     | 542,181  | 3,662,614                          |
| Oct-16                          | 3,120,433                                     | 542,181  | 3,662,614                          |
| Nov-16                          | 3,120,433                                     | 542,181  | 3,662,614                          |
| Dec-16                          | 3,120,433                                     | 542,181  | 3,662,614                          |
| Jan-17                          | 3,120,433                                     | 542,181  | 3,662,614                          |
| Feb-17                          | 3,120,433                                     | 542,181  | 3,662,614                          |
| Mar-17                          | 3,120,433                                     | 542,184  | 3,662,617                          |
| <b>Total Funds:</b>             | <b>36,695,200</b>                             | <b>6,506,175</b>                                   | <b>43,201,375</b>                  |

**Payment Schedule for 2017/18**

The Ministry will provide the Agency with their 2017/18 funding according to the following schedule. This amount includes both base and one-time project amounts:

| <b>2017/18 Payment Schedule</b> |   |  |                                    |
|---------------------------------|---|--|------------------------------------|
| <i>Month</i>                    | <i>Amount (\$) per month for base funding</i> | <i>Amount (\$) per month for one-time projects</i> | <i>Total Amount (\$) per month</i> |
| Apr-17                          | 3,178,766                                     | 291,666  | 3,470,432                          |
| May-17                          | 3,178,766                                     | 291,666  | 3,470,432                          |
| Jun-17                          | 3,178,766                                     | 291,666  | 3,470,432                          |
| Jul-17                          | 3,178,766                                     | 291,666  | 3,470,432                          |
| Aug-17                          | 3,178,766                                     | 291,666  | 3,470,432                          |
| Sep-17                          | 3,178,766                                     | 291,666  | 3,470,432                          |
| Oct-17                          | 3,178,766                                     | 291,666  | 3,470,432                          |
| Nov-17                          | 3,178,766                                     | 291,666  | 3,470,432                          |
| Dec-17                          | 3,178,766                                     | 291,666  | 3,470,432                          |
| Jan-18                          | 3,178,766                                     | 291,666  | 3,470,432                          |
| Feb-18                          | 3,178,766                                     | 291,666  | 3,470,432                          |
| Mar-18                          | 3,178,774                                     | 291,674  | 3,470,448                          |
| <b>Total Funds:</b>             | <b>38,145,200</b>                             | <b>3,500,000</b>                                   | <b>41,645,200</b>                  |