

Performance Accountability Update

Quality and Safety Committee

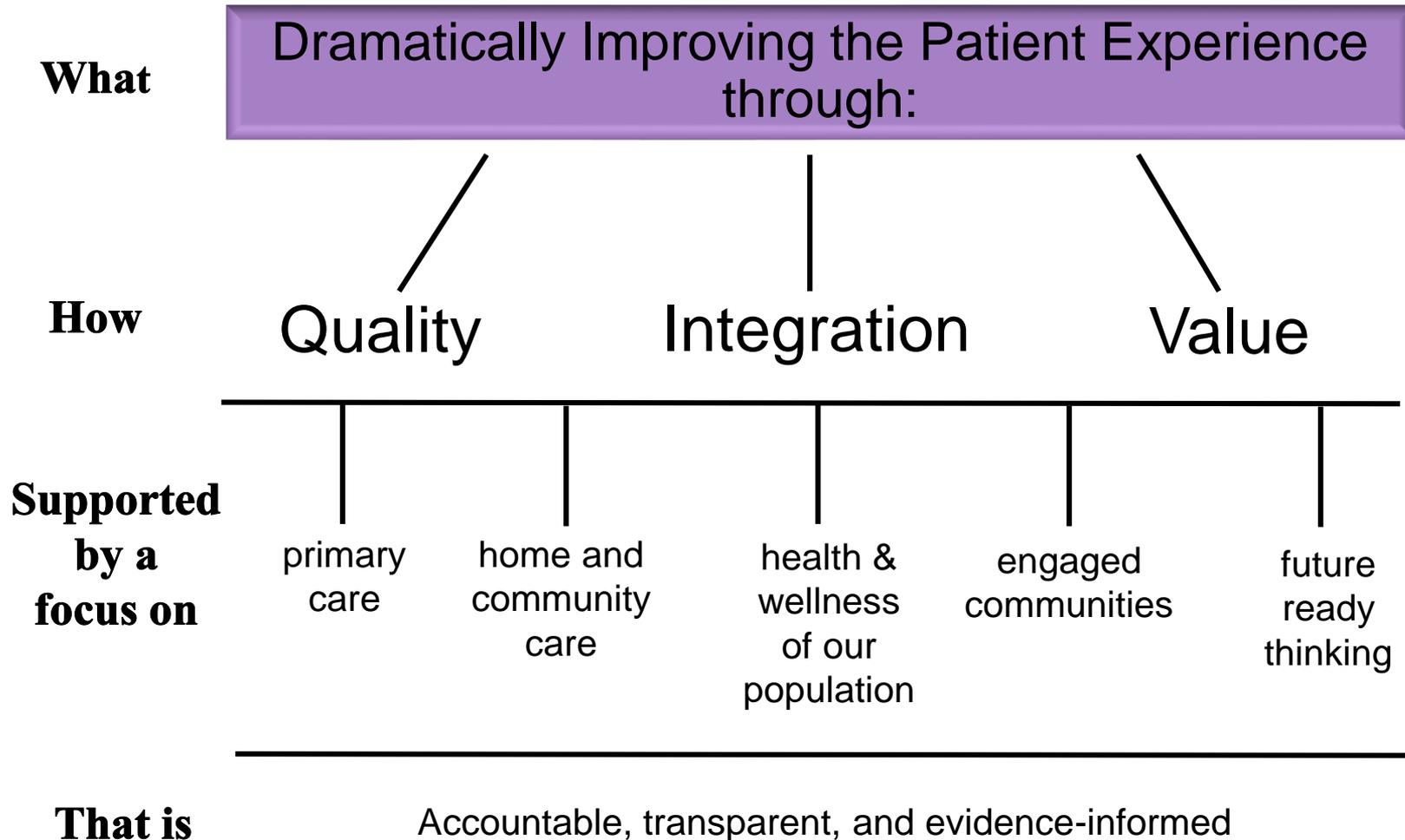
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Strategic Health System Plan Refresh - Fall 2014



Strategic Directions

Quality	Integration	Value
Dramatically improving the patient experience by embedding a culture of quality throughout the system	Dramatically improving the patient experience by integrating service delivery	Dramatically improving the patient experience by evolving the role of the HNHB LHIN to become health system commissioners



HNHB LHIN Commissioning

HNHB LHIN Commissioning

- Commissioning is the process of ensuring that the health services are provided effectively meet the needs of the population.
- Commissioning includes prioritizing health outcomes, procuring products and services, and holding health service providers (HSPs) accountable.



Advancing HNHB LHIN Commissioning

In order to advance commissioning, the HNHB LHIN has completed the following:

- Implemented the Risk Reporting Policy
- Implemented the Performance Accountability Strategy
- Completed systemic reviews of HSPs across various risk management categories based on the HSPs service accountability agreement

Enterprise Risk Management

- Monitoring of risk occurs through the HNHB LHIN's ERM process.
- Personnel at all levels of the organization are responsible for identifying risk. Staff will also determine in consultation with HNHB LHIN leadership whether a risk will be elevated to the Ministry of Health and Long-Term Care (ministry).
- These risks are brought forward to leadership on a regular basis.
- Each risk is updated until the risk is mitigated through risk management plans.

Reporting Risks

The HNHB LHIN uses a variety of methods to identify and report risks including:

- Quarterly reporting of financial, performance and health system risks to the ministry
- Quarterly performance and risk monitoring of all service accountability agreements
- Quarterly Stocktake reports to the ministry on HNHB LHIN performance indicators
- Updating the HNHB LHIN Quality and Safety Committee of the Board

Ongoing Risk Management

For ongoing risk management, the ERM process asks the following questions:

- Has the risk changed? Have new but related risks emerged? Has the context changed?
- Was the risk assessment accurate, or does it need to be upgraded, downgraded?
- Is the risk prevention or mitigation plan being implemented as planned?
- Are current and/or new controls and safeguards effective?

Performance Accountability Reporting Quarterly

Performance and Accountability Policy

- At the March 20, 2013, Quality and Safety Committee (QSC) meeting, the committee approved a Performance Accountability Policy which sets out a philosophy, strategy, and framework for identifying, assessing, controlling and communicating HSP risks.
- Risk assessment provides key data to advance the HNHB LHIN's accountability principles as seen in the table below:

Dimension	Performance Accountability Principles
Effectiveness	Are HSPs delivering what they're supposed to be delivering?
Efficiency	Are HSPs delivering services as efficiently as possible?
Quality	Are there some things that other HSPs can do better?

Performance and Accountability Policy

- A key component of implementing the Performance Accountability Policy is a risk assessment of HSPs.
- Risk assessments have been conducted for Multi-Service Sector Accountability Agreement (MSAA) providers using their 2012-13, 2013-14 and 2014-15 submissions.
- The risk assessment process was extended to all hospitals with a Hospital Service Accountability Agreement (HSAA) for 2013-14 and 2014-15.

Multi-Sector Service Accountability Agreement Risk Review

MSAA Risk Review Process

Risk reviews were completed at Q2, Q3, and Q4 by internal staff teams.

HSP MSAA reviews were based on **three weighted dimensions** and requirements within their current agreement:

- Reporting Compliance (20%)
 - Performance-Service Activity (40%)
 - Financial Status (40%)
- Each HSP was given a year-end score which determined their overall risk rating for each year.

Year End Overall Risk Rating - MSAA

	2012-13		2013-14		2014-15	
Risk Rating Score	# of HSPs*	% of HSPs	# of HSPs	% of HSPs	# of HSPs	% of HSPs
LOW	59	60%	78	80%	52	55%
MODERATE	37	38%	20	20%	43	45%
HIGH	2	2%	0	0%	0	0%

* Numbers of MSAA holders varied

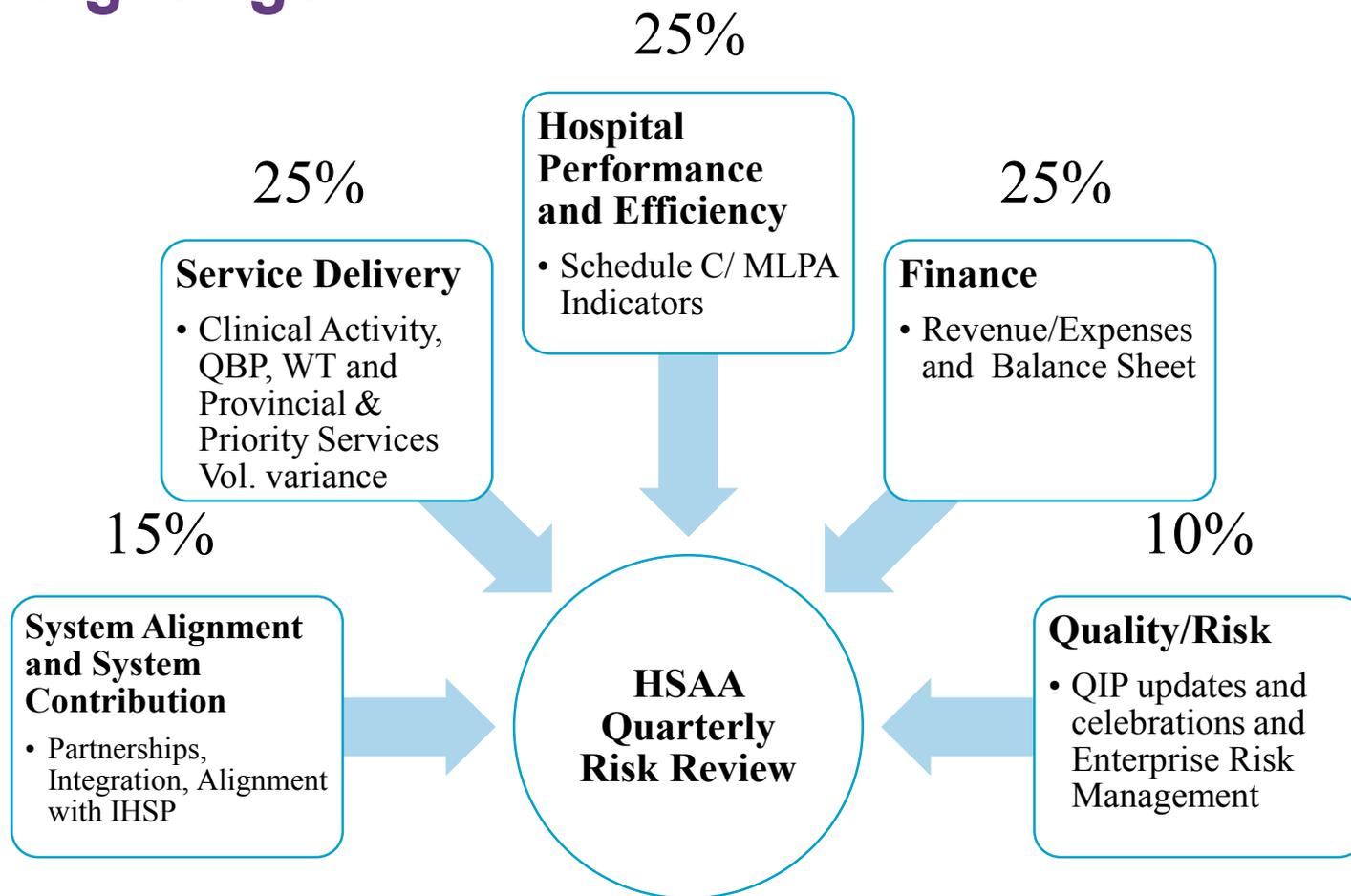
- 34 HSPs have an improved rating from 2013-14 to 2014-15; 8 of which moved from a yellow (moderate risk) to a green (low risk).
- 36 HSPs have a higher risk rating; 28 of which moved from a green (low risk) to a yellow (moderate risk).
- 24 HSPs have maintained their rating from prior year.

Hospital Service Accountability Agreement Risk Review

HSAA Risk Review Process

- A cross-functional HNHB LHIN team, including members from Health System Transformation, Access to Care, Finance and Quality and Risk Management, was established to ensure a comprehensive review.
- The HNHB LHIN completed a variance analysis prior to meeting with every hospital to identify potential risks.
- Hospital quarterly review meetings were held within two to three weeks of the quarterly due date.
- Risk assessments were conducted after each meeting and entered into Expert Choice which would compute the final risk score.

2014-15 HSAA Quarterly Risk Review Criteria and Weightings



- Risk Based on HAPS Requirements.
- On-Time Reporting and FLS Reporting criteria reviewed as Yes/No/Not Applicable

Summary of Risk Review - HSAA

	2013-14		2014-15	
Risk Rating Score	# of HSPs	% of HSPs	# of HSPs	% of HSPs
LOW	6	67%	5	56%
MODERATE	3	33%	4	44%
HIGH	0	0%	0	0%

- 5 of 9 hospitals in the HNHB LHIN had risk rating coded as green. The remaining 4 hospitals are coded yellow. There are no hospitals coded red for risk based on the total score.
- From 2013-14 to 2014-15, 4 hospitals have improved their overall risk score. One hospital has maintained its risk score and 4 hospitals have seen a decrease in their risk score.
- The two most challenging risk dimensions were Finance (four hospitals rated as red) and Hospital Performance (two hospitals rated as red). Follow-up for these dimensions is ongoing.

Summary of Risk Review - HSAA

There were a number of themes that emerged from the hospital reviews, including:

- An exploration of data quality indicated that there were data errors and several amendments required in the HSPs' quarterly reports. Forecast and prediction inconsistencies existed between HAPS and Q4 and/or Q3 and Q4.
- Reviews provided an opportunity to remind hospitals about their obligation to notify the HNHB LHIN regarding any significant reduction, or realignment, of services.
- The preparation and quality of the meetings with most hospitals continue to improve. Review meetings are considered to be a valuable engagement between the LHIN and hospital providers.

Recommended Next Steps for SAA Quarterly Risk Reviews

- Review variance reports from HSPs not meeting targets, that were requested at Q4 meetings.
- LHIN-HSP engagement with those HSPs that have had their ratings decline from previous years.
- Following the Continuum of Interventions Framework of the HNHB LHIN Performance Accountability Policy, if an HSP risk rating does not improve or continues to decline, the LHIN may request a Performance Improvement Plan (PIP) to be submitted the HNHB LHIN.
- The LHIN will consider how to integrate additional questions or elements of quality as part of the risk assessment for HSPs.
- The HNHB LHIN is committed to ongoing improvement of its performance accountability risk reviews and actively pursuing opportunities for efficiency, sensitivity, and transparency.

Thank You