

Excellent Care for All Act FAQs

October 15, 2010

Quality Improvement Plans (QIP)

1. How will the QIPs be integrated with other reporting requirements?

MOHLTC is very aware of the need to reduce duplication of reporting. The ministry is working internally and with its partners to ensure that there is consistency in indicators across the various hospital reporting requirements including QIPs, Accountability Agreements, Accreditation Canada, and Public reporting commitments such as patient safety and wait times.

2. What can we expect in regard to the QIP template?

Working with the OHA and MOHLTC, the Ontario Health Quality Council (OHQC) will be developing tools hospitals can use when preparing their QIPs. This will include a minimum set of indicators that can be compared across hospitals, as well as flexibility for additional indicators to measure regional priorities. Guidance will also be provided on how to incorporate the various required elements in the QIP (such as the manner and extent to which executive compensation is tied to QIPs, patient relations data, and critical incident data).

During the fall of 2010, the OHQC will perform field testing on the QIP tools and guidance documents with LHINs, the OHA, and subject matter experts from hospitals. This will be followed by a webcast hosted by the OHA. Early in the new year, a prototype version of the QIP tools and guidance will be available to the sector.

Quality Committees

3. Please clarify quality committee membership and voting

[Draft Regulations](#) for the composition of quality committees have been posted for public comment. Further information will be provided once these regulations have been finalized.

Patient and Employee Experience Surveying

4. Have specific parameters been defined in regard to patient surveys?

Hospitals are required to survey patients and caregivers at least once every fiscal year. At this time, there are no established requirements for survey methodology (such as survey provider, specific groups of patients to be included or minimum sample size). In developing a survey methodology, organizations need to consider what is appropriate for their facilities.

Your organization should make every effort to apply the following recommendations, designed to guide both in-house and external surveys:

- Survey all patient groups if possible. Where relevant and if possible, focus specifically on Emergency Department (ED) and inpatient/acute (IP) patients.
- Each corporation should collect at least 100 valid surveys yearly for each group of patients surveyed. Note that this is a minimum recommendation and, where possible, organizations should strive to survey a larger component of their patient population. If you are a Pay-for-Results hospital and are required to collect 100 valid emergency department surveys quarterly per site, please continue to do so.
- Aim to send surveys (or patient information files if using an external provider) within 30 days after the end of the month in which the patient visited the hospital, in order to increase response rates and decrease recall bias.
- If possible, to ensure a broad representation of patients and the largest sample size, conduct rolling surveys throughout the year (vs. a cross-section at one point in the year)

Patient Declaration of Values and Patient Relations Processes

5. What is recommended practice regarding the level of public consultation and input considered adequate to the creation of a Patient Declaration of Values that is truly representative of public views?

Please see the latest ECFAA IWG [Update on Patient Declaration of Values](#) for details regarding public consultation and the next steps for ensuring compliance with the legislation.

6. Can my organization's Values statement be considered as the patient declaration of values?

The patient declaration of values is distinct from typical organizational documents such as mission, vision and an organizational values statement. Hospitals will need to appropriately distinguish between the patient declaration of values and their existing organizational statement of values.

In terms of nomenclature, the name of the declaration document is not relevant for compliance with the ECFAA. The patient declaration of values can have other names, such as a bill of rights, philosophy of care, patient code of conduct or similar. What is important is that the declaration is publicly available, that it was created in consultation with the community served by the hospital, and that it includes content appropriate to a patient declaration of values.

Performance-Based Compensation

7. Will the percentage of compensation tied to performance be defined?

The purpose of performance-based compensation related to ECFAA is to drive accountability for the delivery of quality improvement plans. The legislation and draft regulations do not include specific requirements regarding the percentage of salary that should be subject to performance-based compensation, the number of goals that should be tied to executive compensation, weighting of these goals, or what the targets should be. These are decisions that should be made between the organization's Board of Directors and senior management team.