

Webcast Questions and Answers An Update on the *Excellent Care for All Act* September 2010

Legislation and Implementation

1. To what extent will the government take into consideration its stakeholder feedback to ensure that the legislation is implemented effectively?

The Ministry has struck a working group to support Ontario hospitals in their efforts to comply with the provisions of ECFAA. The Excellent Care for All Act Implementation Working Group (ECFAA IWG) consists of members from a broad range of stakeholders, including hospitals, the OHA, the Ministry of Health and Long-Term Care (Ministry), LHINs and the OHQC. This group is committed to ensuring that hospitals are supported appropriately with the necessary direction, tools and capacity to fulfill the requirements in the Excellent Care for All Act (ECFAA).

Regulations associated with ECFAA are being developed and the process has included a hospital governance consultation, including representation from OHA, OMA, RNAO. The new regulations will be posted for a 30-day public consultation period later this fall, at which point stakeholders will have an opportunity to provide feedback to the Ministry of Health and Long-Term Care.

2. Have there been consultations with Accreditation Canada and others to ensure processes and expectations are aligned?

There is an interface between some of the requirements of Accreditation Canada and the ECFAA legislation, particularly around surveys, and we will work with organizations to develop the most efficient and effective process to ensure that we are not overburdening hospitals and causing any undue overlap with processes that are already in place.

The Ontario Health Quality Council (OHQC) has met with Accreditation Canada to talk about surveys, Quality Improvement Plans, and definitions to ensure alignment and consistency, wherever possible. The ECFAA IWG has been collecting and carefully reviewing a variety of tools and processes that are already in use throughout the sector with an eye for identifying leading practices.

3. Hospitals still haven't received a lot of guidance on how to proceed on a number of issues. How are hospitals expected to meet the timelines?

The ECFAA IWG recognizes that hospitals are all at varying levels of readiness, and this is a major focal point of the working group's discussions and planning. To be clear, hospitals are expected to have begun working on strategies to comply with the legislation as soon as it came into effect this past June. Tools and other resources to help further guide hospital processes will be made available through the coming months.

It is also important to remember the government's stated principles for implementation: the first major focus is to ensure compliance with the legislation across the sector; priorities for the future will include ensuring standardization and improving performance.

4. Hospitals are only one type of “health care organization” within the health care system. Accountability for quality, however, is shared across the system. How will other “health care organizations” be implicated?

Currently, the legislation only applies to hospitals but it could apply to other health care organizations at some future point. In the interim,, it is important to bear in mind that although other health care organizations (such as home care and long-term care facilities) are not currently bound by the legislation, transitions in care/patient hand-offs are a shared accountability and it is expected that the community will work together in the spirit of ECFAA to improve accountability and quality care for patients.

5. How will the government encourage compliance with the legislation? Have rewards been considered for hospitals demonstrating strong results as a result of compliance?

Compliance with the legislation is expected of all hospitals. The OHQC, in its enhanced role, will be actively profiling high performers and showcasing leading practices across the sector.

6. Is there a provincial budget allocated to helping hospitals implement the requirements of the new legislation?

The ECFAA IWG is trying to understand the current capacity of the province to comply with the Legislation. At this point, however, there isn't a dedicated budget to help hospitals implement the requirements of ECFAA.

7. When do you estimate that ECFAA will affect community care organizations? Should we start doing anything now to prepare?

A commitment of accountability to patients through governance and quality improvement efforts should be underway in every health care organization. Helping to align those existing efforts with the requirements set out in the new legislation is prudent as over the longer term, the Ministry of Health and Long-Term Care may at some point extend the legislation to other types of health care organizations

8. With regard to the implementation of the ECFAA, will there be a sliding scale of requirements for hospitals to begin initial steps? What are you doing to ensure consistency in the surveys used across the province?

As mentioned, in these early stages of implementation, the first priority is ensuring compliance with the legislation. The ECFAA IWG is not recommending a specific survey at this time. However, the OHA has been actively negotiating price points with NRC Picker for both patient and staff surveys to help hospitals manage survey costs.

9. Is it expected that the upcoming Hospital Service Accountability Agreements (HSAAs) will be consistent with ECFAA?

Indicator development for the 2011-2013 Hospital Service Accountability Agreement (HSAA) is currently underway. The relationship between HSAA indicators and indicators that will inform the development of the hospital's Quality Improvement Plan (QIP) is being examined. The

ECFAA IWG acknowledges that hospitals currently have a number of reporting requirements (through H-SAA, ER pay for performance, patient safety indicators, to name a few) and every step will be taken to streamline the course of action so that QIP development is integrated within a larger reporting and planning process.

10. Are there examples of similar initiatives in other jurisdictions, have they been rigorously assessed, and if so, what were the results?

Ontario is the first jurisdiction in Canada to implement comprehensive health care quality legislation, with the power to be applicable across the province's entire health care system. Other jurisdictions, including British Columbia, Alberta, Saskatchewan, New Brunswick, and the Yukon Territories have legislation that deals in large part with health care quality, but none have mandated the clear focus on, and accountability for quality within health care organizations that Ontario has established.

Quality Improvement Plans (QIP)

11. What are the expected timelines for completion of the QIP?

The expectation is for organizations to have quality improvement plans (QIPs) in place and publicly posted for the fiscal year beginning April 1, 2011. Leading up to this deadline, we will provide you with further direction regarding expectations in October. A QIP prototype, guidance document, and further communications will follow in January 2011.

12. Will there be further guidance as to the required components of the QIP?

The ECFAA IWG is working to support hospitals in the development of their QIPs. For 2011/12, requirements for QIPs will be focused on compliance with ECFAA and an increased focus on standardization and detail will follow over time. Further direction regarding expectations will be provided in October, and a QIP prototype, guidance document, and further communications will follow in January 2011.

13. Will the areas of interest in the Quality Improvement Plans be focused only on clinical care, or will they include other areas of quality improvements such as financial management, human resources management, etc.?

Organizations will be allowed flexibility in the development of their QIPs so that additional elements (financial, HR management, etc) can be included if desired. However, at this point it is expected that the QIPs will require data that focuses only on quality of care (safety, effectiveness, and patient experience).

Quality Committees

14. Can you clarify the role of the Quality Committee – is it intended to be an operational committee reporting to the board, or is it intended to be a committee of the board?

The expectation is that the Quality Committee will be a committee of the board, meaning that it is made up of both board members and other individuals. Regulations are being developed to

further define the composition, reporting requirements and responsibilities of the quality committee. Regulations will be posted for public consultation this fall.

Patient and Employee Experience Surveying

15. Are volunteers included in the employee experience surveying requirements? Is there potential for this to be clarified in the legislation through regulations?

Although the legislation does not require organizations to survey volunteers, there is nothing that prevents organizations to build volunteer surveying into their processes.

16. Will the employee experience surveys include physicians? Is there advice on how to engage them?

ECFAA provides that every health care organization shall carry out surveys, at least once every two fiscal years, of employees of the health care organization and of persons providing services within the health care organization. This has been interpreted to be inclusive of physicians.

17. Have there been any considerations toward the survey expectations for small hospitals? In particular, have the costs for these surveys been taken into account?

The ECFAA IWG is aware of the costs associated with surveys, and is conducting an assessment of current use of surveying in hospitals across the province. The Ontario Hospital Association (OHA) has been actively negotiating price points with NRC Picker to help smaller hospitals manage survey costs. At this point, there are no plans in place for dedicated funding to help hospitals implement the requirements of ECFAA. The Ministry of Health and Long-Term Care and the IWG is considering whether this is an appropriate and economically feasible option.

18. Can you provide further clarification on the patient satisfaction survey requirements? How can we minimize expense and patient burden while also ensuring statistically valid data?

Many hospitals are already conducting surveying using an existing tool such as the NRC Picker survey. If that is the case, then hospitals should continue doing so. The legislation does not identify specific patient groups or sample sizes for compliance. It is expected that hospitals will work with the survey vendor to ensure the appropriate patients are surveyed to ensure valide data while minimizing patient burden.

Patient Declaration of Values and Patient Complaint Processes

19. Is a framework available to help hospitals develop the Patient Declaration of Values? When will the criteria for public consultation on the declaration of values be available?

The ECFAA IWG is developing criteria to define an acceptable consultation process and appropriate declaration of values. Recommendations on the consultation process will be

provided in October, and recommendations on the formation of a declaration of values will be provided in November.

20. How would a patient relations process reflect a hospital's Patient Declaration of Values?

Tools will be developed to help organizations ensure that their patient relations process reflects the patient declaration of values. These will be provided later this fiscal year.

21. Will all hospitals be required to consult with the public by December or will some be exempted because they've already done the work albeit under another guise?

While the majority of hospitals have a patient declaration of values, only those hospitals whose patient declaration of values was developed with consultation from the public will be exempted from the consultation requirement. Hospitals that have a patient declaration of values that was developed without consultation are required to consult with the public by December 8, 2010. Recommendations on the consultation process will be provided in October.

Performance-Based Compensation

22. During the webcast/videoconference, it was mentioned that the government is looking to develop a regulation to have the performance-based compensation requirement extended beyond CEOs and to other executives. What is the expected timing for this extension? Will it be in place before April 1, 2011?

The regulation identifying other executives will be posted for public consultation this fall for enactment on January 1, 2011.

23. What is the interplay between the *Public Sector Compensation Restraint to Protect Public Services Act, 2010* and the *Excellent Care for All Act*?

The Public Sector Compensation Restraint to Protect Public Services Act, 2010 provides that no increases are permitted for non-union wages outside current payment grid from March 24, 2010 until April 1, 2012, although an increase may be provided within the individual's current payment grid as an "assessment of performance".

ECFAA provides that compensation for executives under a compensation plan must be linked to the achievement of the performance improvement targets set out in the annual quality improvement plan. ECFAA provides that the *Public Sector Compensation Restraint to Protect Public Services Act, 2010* applies to compensation plans of executives during the time period.

Where an executive compensation plan does not provide for payment based on assessment of performance, the health care organization shall ensure that the executive compensation plan is modified so that the payment of a portion of the executive's existing compensation under the plan is made contingent upon the achievement of the performance improvement targets set out in the annual QIP.