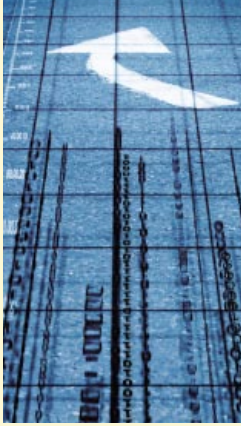


Ontario Hospital Association Strategic Plan: 2010–2013





Welcome to the Ontario Hospital Association (OHA) 2010–2013 Strategic Plan.

During its 86-year history, the OHA has been at the very centre of health care innovation in Ontario.

We created Ontario Blue Cross, forerunner of the Ontario Hospital Insurance Plan, or OHIP. In this way, we helped lay the foundation of Ontario's Ministry of Health. And we worked with hospitals, other health care providers, and governments of every political stripe to improve the comprehensiveness, quality and integration of patient care.

That is a record to be proud of – and to build on.

This is a time of tremendous change in Ontario's health care system. New models of care, new technologies and an emphasis on accountability for quality and efficiency mean that every health care provider must learn to work differently. It also means that the OHA must position itself to meet the changing needs of its members, and the health care system as a whole.

Over the past year, the OHA undertook a thoughtful, consultative and open process to renew its Vision, Mission, and Strategic Directions. We gathered the advice and insight of our members, government decision-makers, and health policy thinkers, and incorporated it into this Strategic Plan.

As you will see, the OHA's 2010–2013 Strategic Plan commits us to enhancing the patient experience by improving the whole health care system, rather than discrete parts of it. It reaffirms our commitment to the use of evidence to drive decision-making, and to meeting the needs of patients by working with others. And it commits us to being held accountable for the work that we do.

The OHA 2010–2013 Strategic Plan includes a variety of strategic indicators that will be used by our Board of Directors, our members, and others to measure our performance. We will report regularly and transparently about whether we hit our performance targets and, more importantly, how we did so. In this way, we will demonstrate our commitment to the kind of accountability that our members, our partners, and the public expect from every health system leader.

We are very proud of the OHA 2010–2013 Strategic Plan because we believe that it will help to drive the positive changes to our health care system that we all know are necessary. We invite you to read through the plan, and to let us know how you can join the collective effort to make Ontario's health care system the best in the world.

VISION

Achieving a high-performing health system

MISSION

To deliver high-quality products and services

To advance and influence health system policy in Ontario

To champion innovation and performance improvement

VALUES

Health-focused

We are guided by the health needs of our population and our communities.

Evidence-based

We use the best available evidence and experience in making decisions.

Collaborative

We work in partnership with others in contributing to the development of a high-performing, sustainable health care system.

Trusted

We act in a way that engenders trust and respect among members, partners, our staff and the people who use Ontario's health care system.

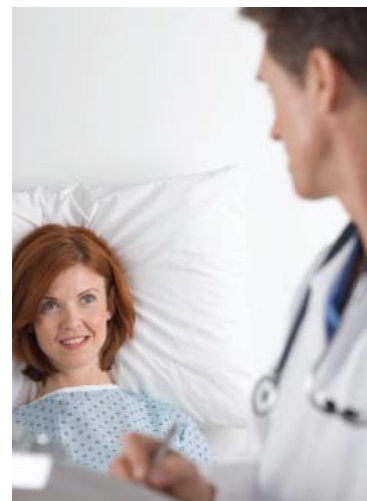
REALISING QUALITY AND EFFICIENCY

Our Goal: Improve system performance

We will:

1. Promote timely access to the right care
2. Promote methods to enhance operational performance
3. Facilitate transparency and accountability
4. Enable a culture of quality and patient safety

Enhancing the quality of care that patients receive is priority number one in Ontario's health care system. To respond to this challenge, over the next three years we will do all that we can to ensure that the system is equipped to provide access to the highest quality of care possible, and in a manner that is accountable and transparent to the people of Ontario. That means dedicating ourselves to the promotion of quality and safety, and finding new and better ways of using needed health care resources more efficiently so that the system is there for patients today, and tomorrow.



ADVANCING AN INTEGRATED HEALTH SYSTEM

Our Goal: Achieve better-connected care

We will:

1. Advance planning and implementation of the appropriate mix of capacities of health care services
2. Exercise leadership for better-connected care
3. Realise the effective adoption of enabling information technologies
4. Achieve greater collaboration with other health sector associations

Ensuring that patients receive connected care across the continuum is the hallmark of a high-performing health system. The OHA will take a leadership role in working with others to provide opportunities to enhance our current ability to provide that level of integration for patients. Working collaboratively with our health care partners, we will strive to ensure that as a system we work proactively to ensure the right kind of health care services are available to patients, and that information technologies and effective processes are in place to facilitate and support connected care.

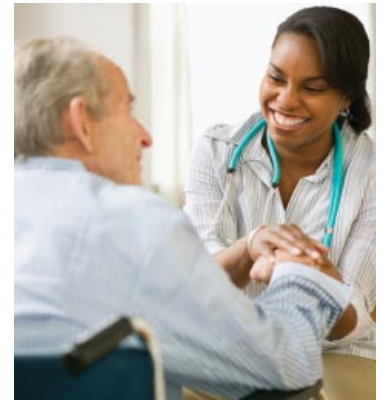
OPTIMISING HEALTH HUMAN RESOURCES

Our Goal: Advance the best use of health care staff

We will:

1. Achieve the efficient and effective use of health human resources
2. Advocate for the alignment of physician incentives and accountabilities throughout the health care system
3. Advance the application of leading practices in leadership development
4. Position the OHA as the principal bargaining agent for health care providers in Ontario
5. Position the OHA as the principal benefits provider for health care providers in Ontario

The health care staff that provide care are the core of our health care system. Making best use of these vital health care resources is fundamental to the continued affordability of our system. At the OHA, we will look at ways to better align current incentives and accountabilities, work to ensure that health care staff are able to practice to their full abilities in safe and healthy workplaces and to provide the supports needed to develop our future health care leaders, while enhancing our role as bargaining agent and benefits provider within the health care sector.



LEADING GOVERNANCE EXCELLENCE

Our Goal: Strengthen governance in health care

We will:

1. Explore partnerships to leverage existing governance expertise and resources
2. Advance the application of leading practices in governance
3. Advocate for legislative and policy changes to strengthen governance
4. Model leading governance practices at the OHA Board

Building on the achievements of our last Strategic Plan, the OHA remains committed to strengthening and enhancing the quality of governance in the health care sector. Because we recognize this as critical to the strength and accountability of Ontario's health care system, we will work collaboratively with others to ensure board members have the necessary resources and education to discharge their obligations in an ever-changing and complex environment. By enhancing our ability to provide needed guidance documents and educational forums, and working with government to identify changes needed to facilitate good governance, we look to substantially improving board performance in Ontario's health care system.

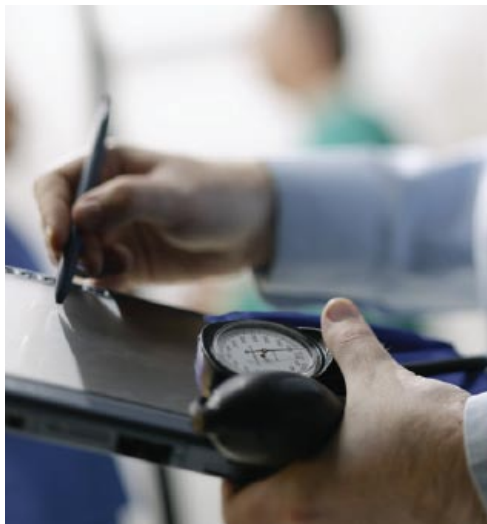


MEASURING OUR PERFORMANCE

To hold ourselves accountable to deliver on the OHA’s vision of “Achieving a high-performing health system”, we have selected strategic indicators that will be used by our Board of Directors, our members, and others to measure our performance. These eight indicators, with specific baselines and targets, were chosen after extensive research with health care experts and consultation with our membership.

We will report regularly and transparently about whether we achieve these targets and, more importantly, how we did so. In this way, we hope to demonstrate the kind of accountability that our members, our partners, and the public expect from every health system leader.

The following eight strategic indicators should be considered as a balanced profile of the OHA’s desired impact, working with our partners, to improve the overall health system. We have arranged the indicators here as they relate to each of our Strategic Directions.



REALISING QUALITY AND EFFICIENCY

Indicator 1: Patient Experience in Emergency Room

- **Indicator:** Patients' rating of the overall quality of care and services they received in the Emergency Room (ER) as excellent
- **Rationale:** Measurement of patients' and families' perceptions of their clinical, physical, and emotional experience has gained prominence globally with a trend towards more patient-centered care. The OHA is committed to supporting an increase in the number of patients reporting an "excellent patient experience" when they visit an ER.
- **Baseline:** 26% in quarter 2 of 2009/2010
- **3-Year Target:** 35%

Indicator 2: Patient Safety

- **Indicator:** Hospital Standardized Mortality Ratio (HSMR)
- **Rationale:** Rigorously validated by the Canadian Institute for Health Information (CIHI) and publicly reported, HSMR can help support efforts to improve patient safety and quality of care by providing a starting point to assess mortality rate and identify areas for improvement, which may help to reduce deaths from adverse events.
- **Baseline:** 73% of reportable hospitals with a 1-year rate decrease (2007/08 to 2008/09)
- **3-Year Target:** 90% of reportable hospitals with a rate better at the end of 2012/13 compared to 2009/10

Indicator 3: Wait Times in Emergency Room

- **Indicator:** 90th percentile time spent in ER for complex conditions – Admitted Patients
- **Rationale:** Due to the lack of available inpatient beds, patients are housed in the ER while waiting for a bed to become available. Significant progress on this issue is required to make significant improvement on overall ER wait times and improved patient flow.
- **Baseline:** 31.4 hours as of March 2010
- **3-Year Target:** 20 hours



ADVANCING AN INTEGRATED HEALTH SYSTEM

Indicator 4: Number of Alternate Level of Care Patients

- **Indicator:** Total Alternate Level of Care (ALC) patients in hospital (acute and non-acute)
- **Rationale:** The major operational factor causing long ER wait times is the high number of ALC patients occupying hospital beds, making it difficult to admit patients from the ER. Reduced ALC days will result in a cost-effective shift of services to the community and better expected clinical outcomes for patients as they move into more appropriate environments.
- **Baseline:** 17% of acute and non-acute care hospital beds (4,689 patients) as of February 28, 2010
- **3-Year Target:** 9.6% of beds (Government acute care target)

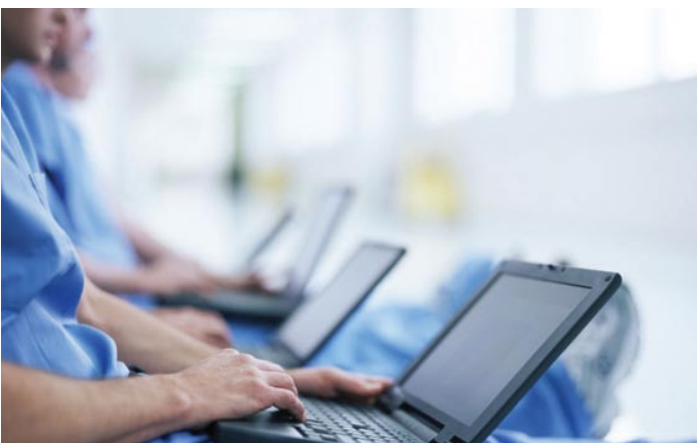
Indicator 5: Health Information Technology Adoption

- **Indicator:** HIMSS Analytics Electronic Medical Record Adoption ModelSM (EMRAM) Score*
- **Rationale:** Advancements in the adoption of eHealth technology is a necessary precursor to making significant gains in the areas of integration, better outcomes and efficiency.
- **Baseline:** OHA December 2009 Survey provides individual hospital scores on adoption ranging from Stages 0 to 7
- **3-Year Target:** 50% of hospitals advance at least one Stage

* EMRAMSM scores are calculated by HIMSS AnalyticsTM database and are proprietary and confidential to HIMSS Analytics.

Indicator 6: Expenditures in Community Settings

- **Indicator:** Annual percentage change in Community Care Access Centre (CCAC) and Community Mental Health and Addictions provincial government expenditures per capita
- **Rationale:** Enhancing community expenditures in specific targeted areas will facilitate a cost-effective shift of services resulting in a positive impact expected in terms of hospital utilization (hospital beds, ALC days, length of stay, cost) and better care for patients.
- **Baseline:** 2008/09 Year End: \$1,762,536,250 for CCACs plus \$750,599,012 for Community Mental Health and Addictions
- **3-Year Target:** 3.5% plus inflation (CPI) average annual increase



OPTIMISING HEALTH HUMAN RESOURCES

Indicator 7: Staff Engagement

- **Indicator:** Overall Staff Engagement Score
- **Rationale:** Recognized indicator of a healthy workplace.
- **Baseline and Target:** To be established within three years. As no provincial standardised assessment currently exists, no baseline exists and its use as a strategic indicator is limited. However, given the recognised importance of staff engagement and its relationships to quality of care, the OHA is committing to the implementation of a standardised staff engagement assessment tool and will establish the baseline and future target within the 2010–2013 Strategic Plan timeframe.



LEADING GOVERNANCE EXCELLENCE

Indicator 8: Adoption of Governance Leading Practices for Quality

- **Indicator:** Time spent by hospital board on discussing quality issues (full board meetings)
- **Rationale:** This measure is to support the accepted correlation between time spent discussing quality at the board level, and a board's focus on quality improvement. It also reflects the recognised need to enhance board performance regarding patient quality.
- **Baseline:** Actual average from OHA 2010 Survey
- **3-Year Target:** 25% average (accepted international leading practice) as measured by OHA 2012 Survey

OHA CORE COMPETENCIES

The following is an overview of OHA core competencies that it will rely on to achieve its Strategic Plan.

Policy Development: Examples include policy papers such as, [Ideas and Opportunities for Bending the Health Care Cost Curve](#); [Protecting Access and Quality: Advice to Government on Funding and Capacity Planning Policy in Ontario](#); [Incentives for Transformation: eHealth as a Strategic Health System Priority](#); and [Inspiring Health Policy Innovation: Policy Ideas for Ontario's Health Care System](#).

Government and Local Health Integration Network Relations: Examples of government relations include annual pre-Budget advocacy efforts and efforts to advise and influence government on other important financial, policy, legislative and regulatory health system issues. Examples of Local Health Integration Network (LHIN) relations include OHA negotiation of the Hospital Service Accountability Agreement (HSAA) template, schedules and indicators; advising LHINs on the Hospital Annual Planning Submission (HAPS) Guidelines; supporting members in their HSAA negotiations; and developing the community engagement on-line resource, [Engaging People, Improving Care \(EPIC\)](#).

Communications, Issues Management and Media Relations: Examples include member communications support regarding public reporting of patient safety indicators, public sector salary disclosure and Auditor General reports, as well as OHA commentary in the media regarding health care issues.

Data Analysis and Reporting: Examples include the monthly ALC survey; surveys and analysis of hospital funding; the patient satisfaction survey program; web resources such as [myhospitalcare.ca](#) and Health System Facts and Figures; and the annual eHealth Adoption Survey.

Leading Practices Dissemination and Support: Examples include the Joint LHIN/OHA HSAA Leading Practices Review; the catalogue of Patient Safety Leading Practices; and knowledge transfer of leading practices in ALC and Emergency Room performance improvement.

Quality and Patient Safety: Examples include the [OHA Quality and Patient Safety Plan](#); support for public reporting; [Your Health Care – Be Involved](#) campaign; and various publications including the [Quality of Care Information Protection Act Toolkit](#) and the [Ontario Guide to Disclosure](#).

Governance Tools and Education: Examples include publications such as the [Guide to Good Governance](#), [Quality and Patient Safety: Understanding the Role of the Board](#), [Hospital Prototype By-laws](#), and the Governance Certificate Program.

Education: Examples include HealthAchieve, Conferences, Certificate and Diploma Courses, and Distance Learning.

Leadership Development and Strategic Health Human Resources Planning: Examples include the development of leadership competency models and talent management framework; establishment of coaching/mentoring services; supporting development of talent management plans; planning for competency-based leadership development programs; development and implementation of a provincial health human resources strategy including human resources benchmarking; marketing of health care careers; the Physician Assistant Program; and promoting inter-professional care.

Labour Relations: Examples include central/regional bargaining; interpretation of collective agreements; central rights arbitrations; salary surveys; reference manuals/bulletins; fee-for-service consulting (negotiations, training); and Labour Relations Board representation and research.

Staff Safety, Health Promotion and Group Benefits: Examples include sponsorship of group benefit plans; pandemic planning/emergency preparedness; healthy work environments; the OHA Safety Group; the Disability Management Certificate Program; Absence and Labour Market Surveys; and on-site consultation services.

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