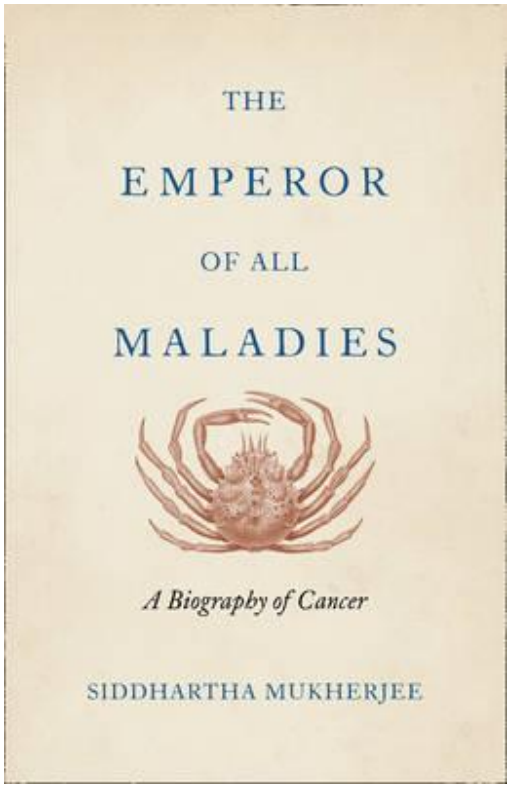
Improving quality and performance in health services: Reflections from CCO

Terrence Sullivan PhD
President and CEO
Cancer Care Ontario

Alf Nachemson
Lecture, 2010
The Design Exchange

Overview



1. A Short Biography of Cancer Services
2. Genuine Burning Platform + Crisis
3. Building a Common Culture of evidence to practice
4. Alignment of Leadership (Clinical/Administrative)
5. Instrumenting the Cancer Journey
6. Quality and Performance Measurement and Reporting

Where Have We Been:
Thumbnail History of Cancer Control in Ontario

1922 Government of Quebec purchases radium

1931–32 Study by Ontario Royal Commission on the Use of X-Rays and Radium in the Treatment of the Sick (Cody Commission)

1935 British Columbia Cancer Foundation established

1936 Harvey Sellers, Chief Medical Statistician Appointed to begin work on Ontario Cancer registry

1943 Ontario Cancer Treatment and Research Foundation established

1993 - 1994. First Crisis on waiting times: Round 1 (NDP Era): Province Issues *Life to Gain: A Cancer Strategy for Ontario*

1997 OCTRF Becomes CCO (Conservative Era) to promote better integration of Cancer Services

1998 - 2001 Second Crisis of waiting times: Round 2: Cancer Services Implementation Commission, Outlined problems of integration, ownership and quality

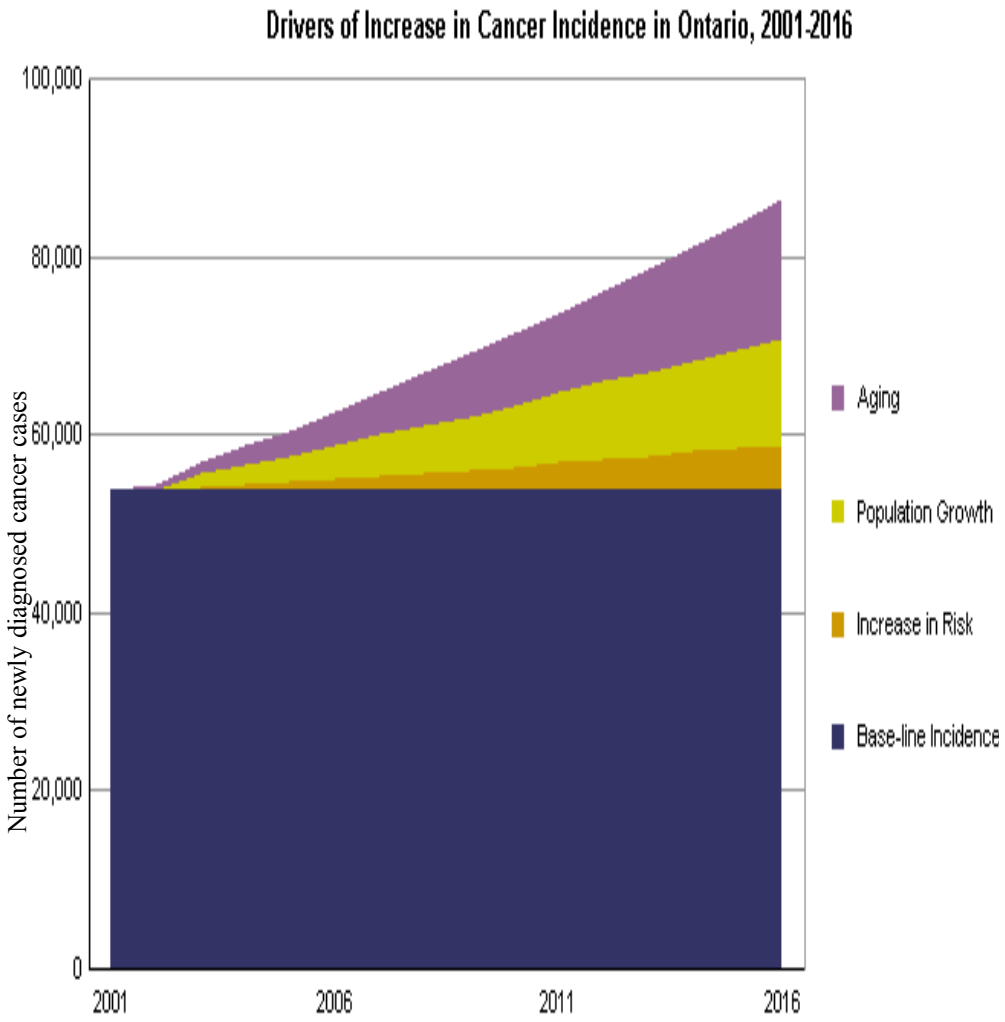
2002-2003 Start of Cancer Quality Council and restructuring of CCO

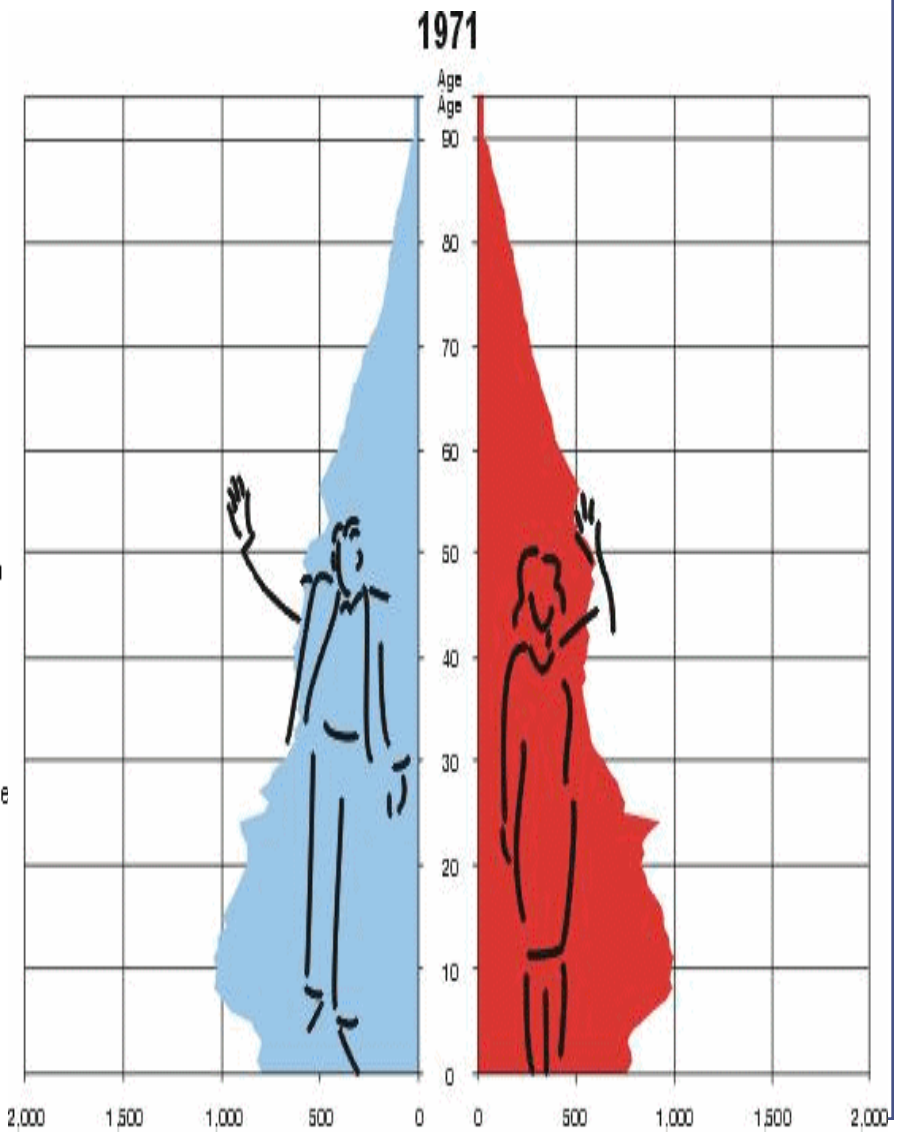
January 2004: Integration of Existing Cancer Programs into regional Host hospitals with mandate for regional coordination

2005 Wait Times Begins/Access to Care

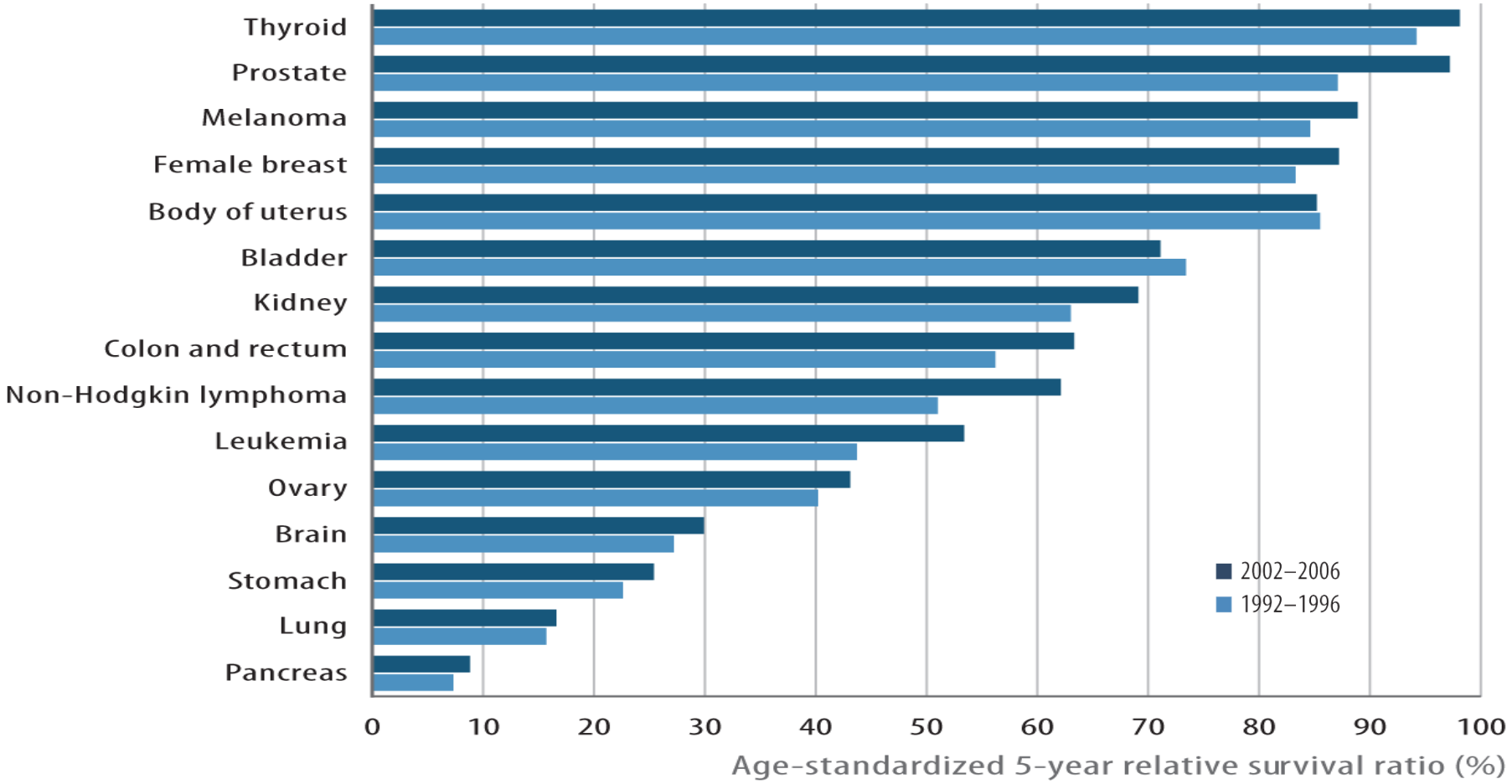
2009 Province ask CCO to take on CKD

Burning Platform # 1:
Aging & Growing Population Driving Increased Cancer Incidence



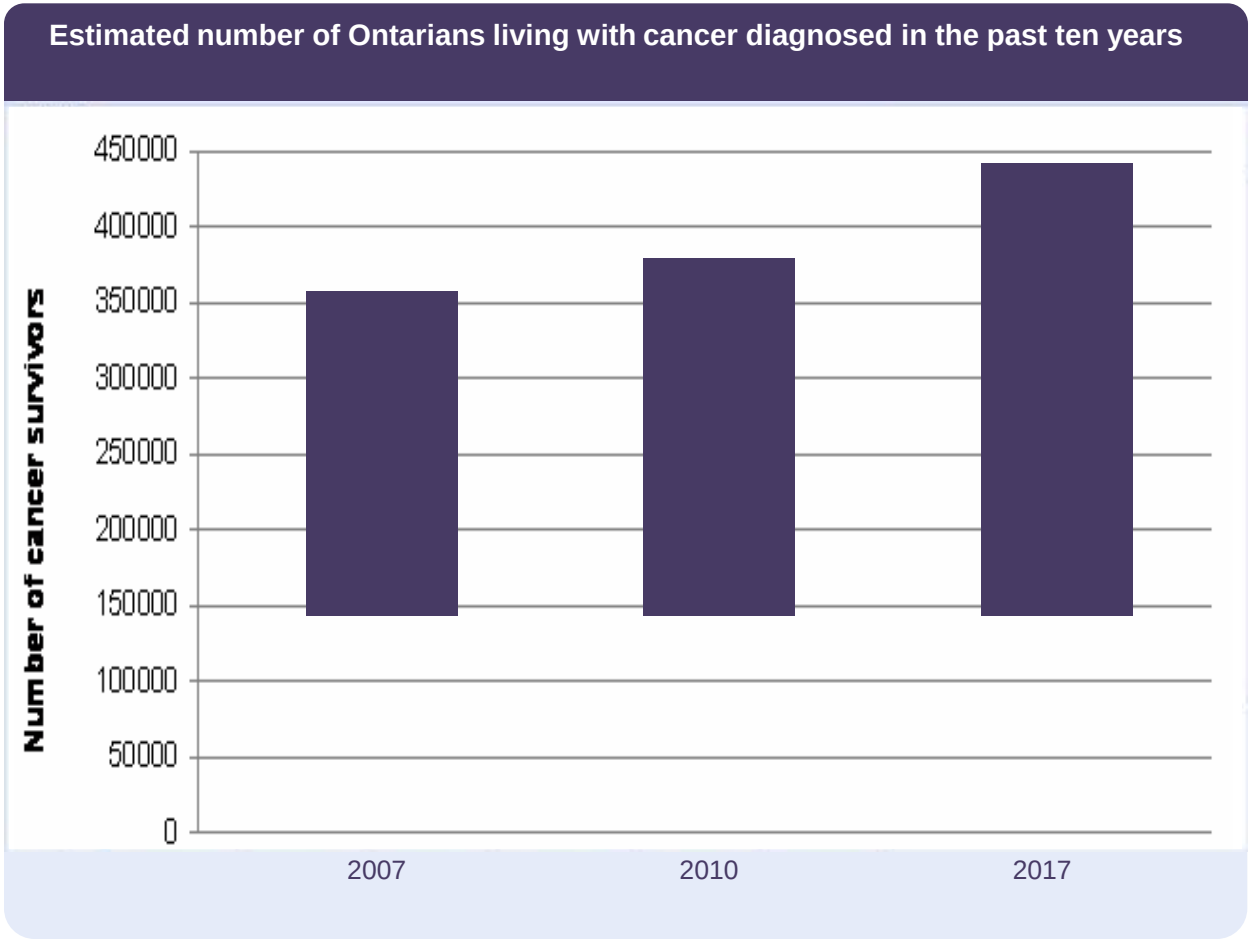


Five-year relative survival for 15 common cancers, Ontario, 1992–1996 vs 2002–2006



Note: Based on individuals diagnosed at ages 15-99.
Source: Cancer Care Ontario (Ontario Cancer Registry, 2009)
Prepared by: Surveillance, Population Studies and Surveillance, Cancer Care Ontario

More people live with cancer



The number of people living with cancer will increase by 40% over the next ten years.

Provided by: Surveillance Unit, Cancer Care Ontario
Source: Ontario Cancer Registry

THE TORONTO STAR

Freezing rain. High 4C. Friday, January 22, 1999 www.thestar.com Metro Edition

U.S. cities to treat Ontario's cancer victims

Plan aims to cut patient backlog

BY RITA DALY
HEALTH REPORTER

Ontario cancer patients will be sent to Buffalo and other American cities as soon as next month for radiation treatment, in an attempt to reduce waiting times.

As part of a plan to cut the backlog, Cancer Care Ontario has given the go-ahead to send patients to the United States. The government-funded agency, which co-ordinates cancer services, approved the out-of-province proposal yesterday.

The patients who are referred to other centres will start treatment at the end of February, but it's expected to take a year or two to clear the backlog of between 1,300 and 2,000 patients.

It's estimated to cost taxpayers between $15,000 and $20,000 per patient for travel, accommodation and treatment in the United States. A central office in Cancer Care Ontario, with support from the health ministry, will manage the referrals of patients.

Exactly who will be sent south depends on a number of factors, including the patient's condition and willingness to travel. Some women recovering from breast cancer and men with prostate cancer have been mentioned as likely candidates.

"If we don't address the backlog, the waiting list is going to get progressively worse. That's why we want to deal with it now," Dr. Tom McGowan, the organization's co-ordinator of radiation treatment, said yesterday.

The Toronto Hospital board of trustees went ahead and approved a motion this week similar to the one endorsed yesterday.

Now, physicians at Princess Margaret Hospital — Ontario's busiest cancer hospital — will be allowed to refer patients to other centres in Ontario and to

☛ Please see Some, A17

ıdy. High 4C. February 6, 1999 www.thestar.com Metro Edition

THE SICKNESS IN OUR HEALTH SYSTEM

U.S. clinics jostle for Ontario cancer patients

Burning Platform # 2: Political Crisis

Cloudy with rain developing. High 15 C

Friday, June 1, 2001

thestar.com METRO EDITION

Tories want to silence critics, board members say

Cancer agency facing the axe

Centre created to co-ordinate treatment for Ontario patients

BY CAROLINE MALLAN
AND RICHARD BRENNAN
QUEEN'S PARK BUREAU

The Conservative government is quietly trying to gut the cancer care agency that it created in 1997 to co-ordinate "world-class" treatment for Ontario patients.

Critics of the government and several members of the board of Cancer Care Ontario say the move to strip the agency of all power is meant to silence members of the agency who have openly questioned the direction taken by the government in delivering cancer care and funding.

"The government wants to dismantle the cancer system and put it into the hospitals so that any criticism towards the cancer system is defused," said a board member, who asked not to be identified.

Another board member, again speaking on condition of anonymity, said there was no opportunity to object to the plan, which he said is clearly a retaliation against the agency for its sometimes public disagreements with the health ministry.

TONY CLEMENT: Health minister told Cancer Care Ontario by letter.

"At this point in time, the ministry has delivered a fait accompli, without consultation . . . the fait accompli is you are going to cease to exist, so cooperate with us on how you cease to exist."

The move to shift care from Cancer Care Ontario to regional hospitals was announced quietly Wednesday morning after board members were summoned to an emergency meeting to hear the news delivered in a letter from Health Minister Tony Clement.

As it exists now, Cancer Care Ontario directly runs eight regional cancer centres, with independent budgets and services, although the centres are physically attached to hospitals.

Under the plan to shift cancer care, patients will be admitted to the hospitals and come under their budgets. The current heads of each cancer centre will become vice-presidents in the affiliated hospitals and will report to the hospital administration, whereas Cancer Care Ontario reported directly to the government.

Another board member, who also asked for anonymity, said the board was stunned by the government's move, which he says came out of no-

Please see Cancer, A20

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The sorry tale of Cancer Care Ontario

The Mike Harris government's ham-handed handling of Cancer Care Ontario has to be seen in the context of what else is happening.

Last week, Health Minister Tony Clement told the directors of Cancer

jected deficit of $175 million and pending legislation making deficits illegal.

Exhibit 3: On Wednesday, a city committee will consider a report on ambulance services. It says crowding

PRIVATE PRACTICE : Dr. Tom McGowan, former head of radiation oncology for Cancer Care Ontario, set up a private company to run the new after-hours clinic.

Cancer Care Ontario should be shut down

Agency couldn't figure out how to run an evening shift at its Sunnybrook centre

THOMAS WALKOM

For two weeks, Premier Mike Harris' government has been embroiled in a furor over its plans for Cancer Care Ontario, a crown agency that runs eight of the province's nine cancer treatment clinics.

The battle has been painted in Goliath and David terms – a monolithic, vengeful government moving to silence a feisty, independent agency devoted to serving the interest of cancer patients.

Agency board members, speaking under the cloak of anonymity, charged that Health Minister Tony Clement was trying to punish Cancer Care Ontario for publicizing the lengthy waiting

newspaper by New Democrat MPP Frances Lankin. It is a remarkable document.

First, the new private company is promised a so-called performance bonus. Public cancer treatment centres receive $3,000 per patient no matter how many they treat. But if McGowan's firm treats more than 500, its subsidy will in-

Cancer agency escapes the Tory axe

Province has backed off merger plans, sources say

BY THERESA BOYLE
QUEEN'S PARK BUREAU

The provincial government has abruptly abandoned plans to gut Ontario's cancer agency after what one source described as an "all-out, behind-the-scenes war" with the health ministry.

The Harris government backed off the decision yesterday after a flurry of phone calls and high-level meetings that saw advocates of Cancer Care Ontario bypass bureaucrats and go directly to politicians, sources said.

The government, meantime, is trying to downplay any strife with the agency that co-ordinates cancer-care services in the province.

It denies there was any plan to merge the agency's eight regional cancer centres with local hospitals and insists the agency and the health ministry have been working together.

But several agency advocates, including board members and advisers to the agency, have painted a different picture.

Last night, Dr. Bill Evans, vice-president of Cancer Care Ontario, said the ministry presented the board with a "directive" for a "forced merger" during an emergency meeting convened, via teleconference, Wednesday.

Cancer Care Ontario would have still existed under the ministry's plan with funding flowing through it to hospitals, but Evans said the agency would have lost control of where the dollars were spent.

"To be left as a standard-setting, policy-setting organization with no ability to assure that the resources would be used to meet those standards . . . that would have been a dereliction of our responsibility to ensure equitable care across the province," he said.

"We don't see the point of giving away all the resources so that we can't enforce standards and ensure that people get equitable access to care. . . . If you just lose that in a general hospital somewhere, you're going to find very uneven care occurring across a jurisdiction," Evans said, adding hospitals are already strapped for cash.

Gord Haugh, spokesperson for Health Minister Tony Clement, denies a forced merger was in the works.

"That was never the plan," he said.

"It was never a forced merger. It's always been an integration of services. We just don't know what model it will be," Haugh said, adding that an implementation team is being created to determine that.

Haugh said better integration is needed so that a patient, for example, doesn't have to go to a cancer centre to get diagnosed, a hospital for surgery and then back to a cancer centre for radiation therapy.

Cancer Care Ontario was established by the Conservative government with much fanfare in 1997.

At the time they described it as a "world-class" institution.

It was because of Cancer Care Ontario that Ontarians began to learn about long waits

"Maybe sometimes we're perceived as being a thorn in the government's side," a source said.

But Evans said last night that Cancer Care Ontario was able to make a convincing argument that gutting the agency would drive radiation and medical oncologists — already in short supply around the world — out of the province.

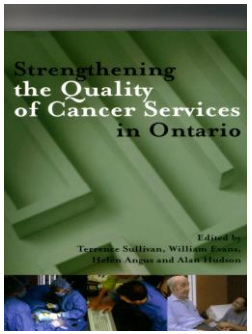
"I think some people just got a bit of a wake-up call. This wasn't really a very smart idea," he said.

Star pump watch

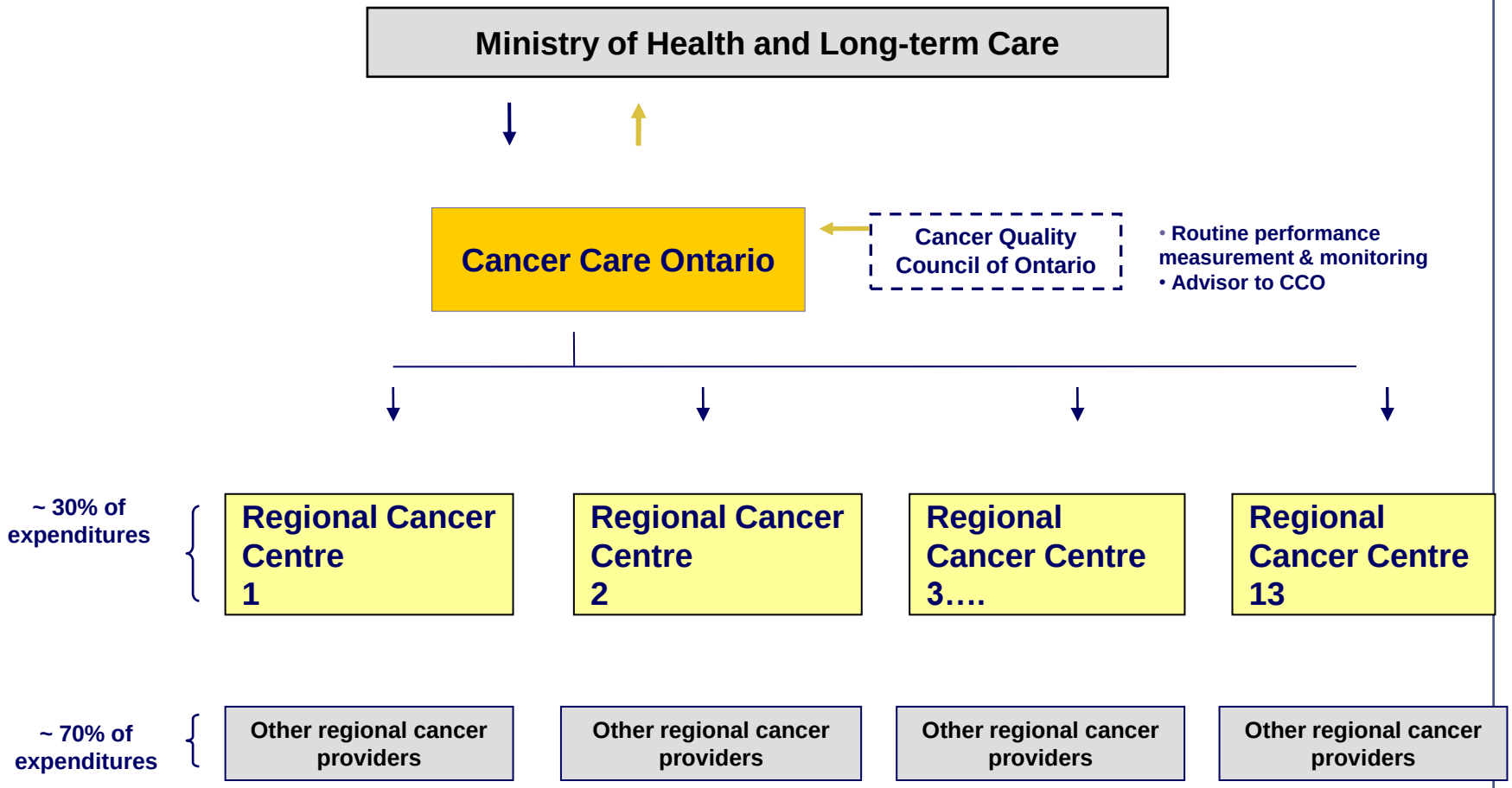
Average price per litre of regular unleaded in the Toronto area yesterday:

Pressure and Change in the New Millennium in Ontario…

- **Restructuring**
  - 2004 Cancer Care Ontario shift from direct service delivery to purchasing, information management, quality improvement for all cancer services
  - Regional cancer centres + affiliated hospitals → Integrated Cancer Programs
  - Next stage → Regional Cancer Programs → Local Health Integration Networks
- **Quality monitoring & reporting**
  - Cancer Quality Council of Ontario established in 2003
  - Quasi-independent public reporting
- **Performance management**
  - Performance agreements & contracts with Integrated Cancer Programs



Cancer Care Ontario: Delivery at a Glance

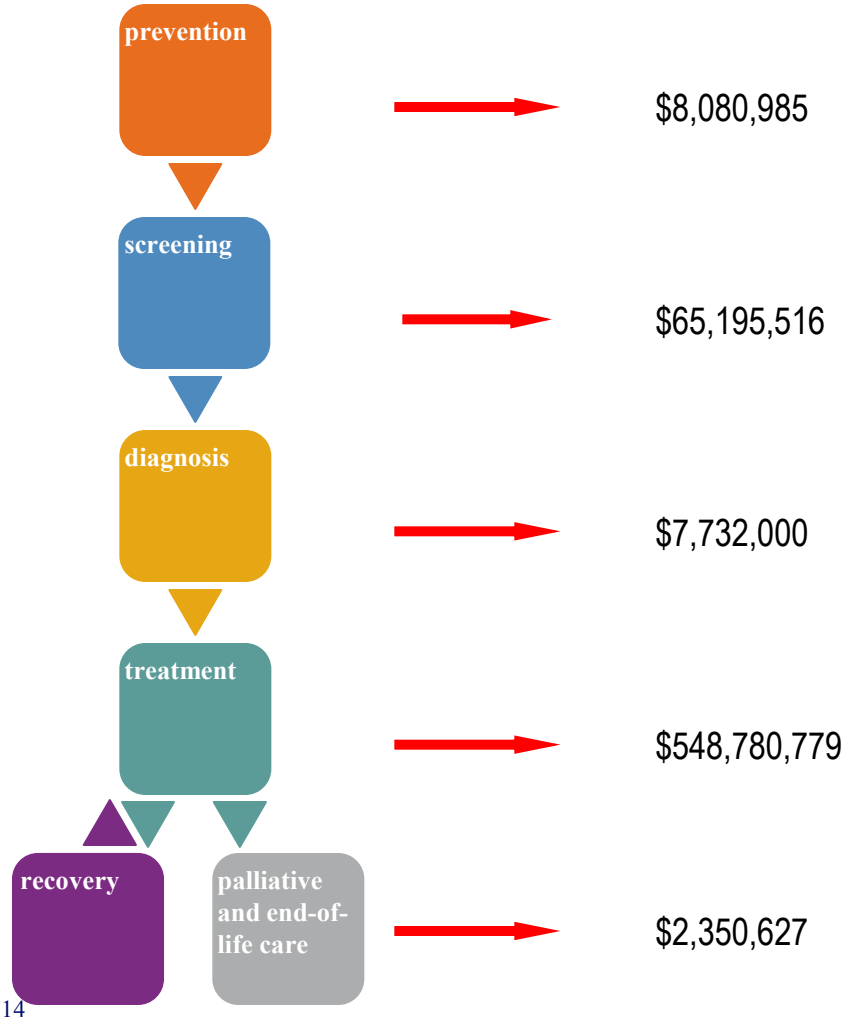


Mission: To improve the ***performance*** of the cancer system by driving ***quality, accountability and innovation*** in all cancer-related services

Shift to the *New* Cancer Care Ontario

2001	2010
provider of patient care	purchaser of services
managing service delivery	managing system performance
treatment orientation	prevention and reducing burden
radiation and systemic therapy programs	prevention and screening, primary care, stage capture, pathology and laboratory medicine, radiation treatment, systemic treatment, surgical oncology, palliative care, psychosocial oncology, oncology nursing, patient education
measuring volumes	measuring access and quality
patient based approach	population based approach
opinion based decision making	evidence based decision making
professional accountability	integrated clinical and administrative accountability
fragmented care	integrated and coordinated care
Limited internal reporting	Extensive public reporting; some internal reporting
limited information management systems	mature and comprehensive information technology (data) systems
8 regional cancer centres + Princess Margaret Hospital	14 integrated cancer programs
single disease agency	multi-service agency (cancer, access to care, chronic kidney disease)
$284 million funding	$~800 million funding

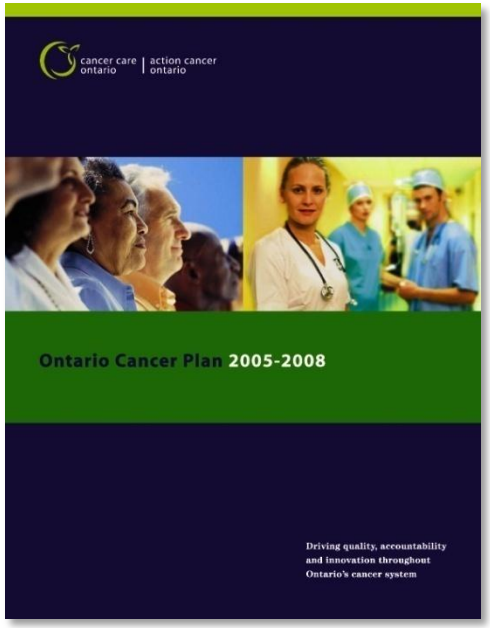
2009-2010: The Cancer Journey by the Dollars

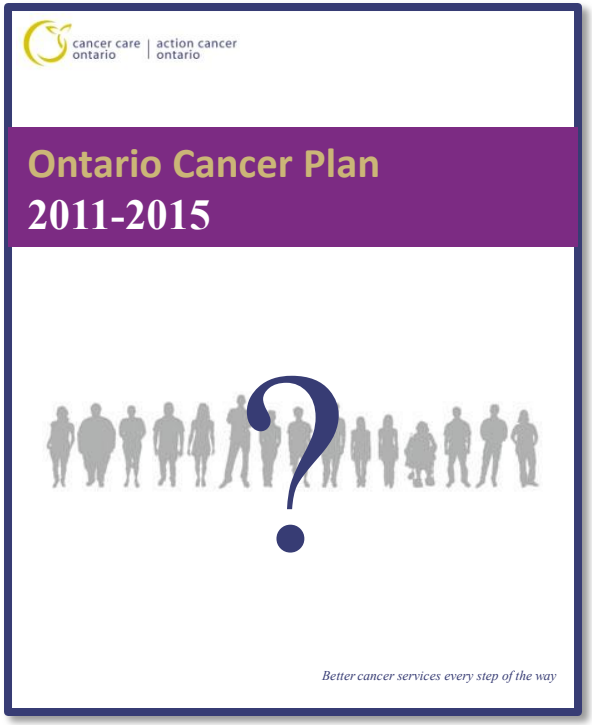


*Fiscal year ending March 31, 2010

Explicit System-wide Strategy since 2005

Ontario Cancer Plan Renewal: 2011-2015





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Quality Improving Use of Evidence: Two Key Components

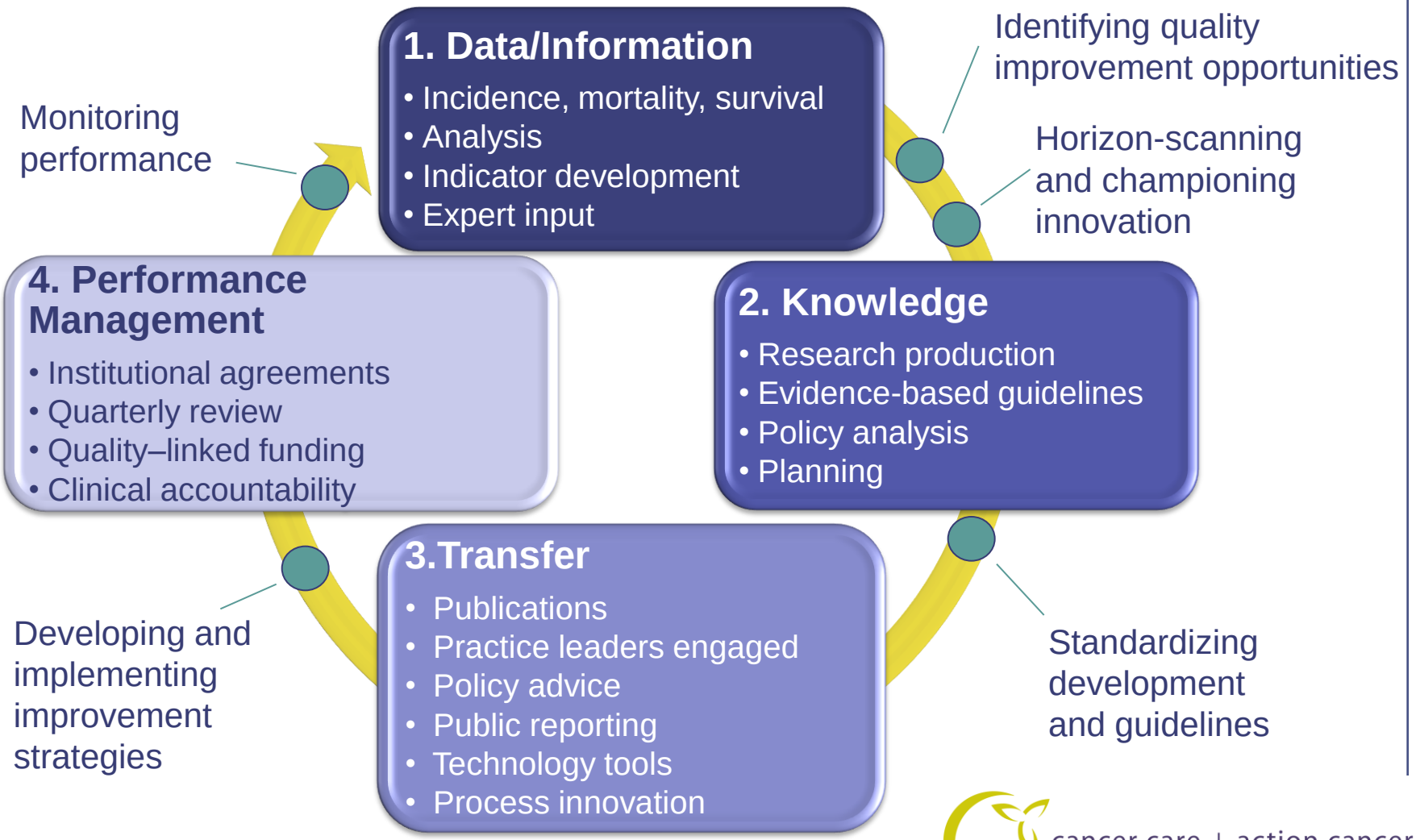
Performance improvement cycle

&

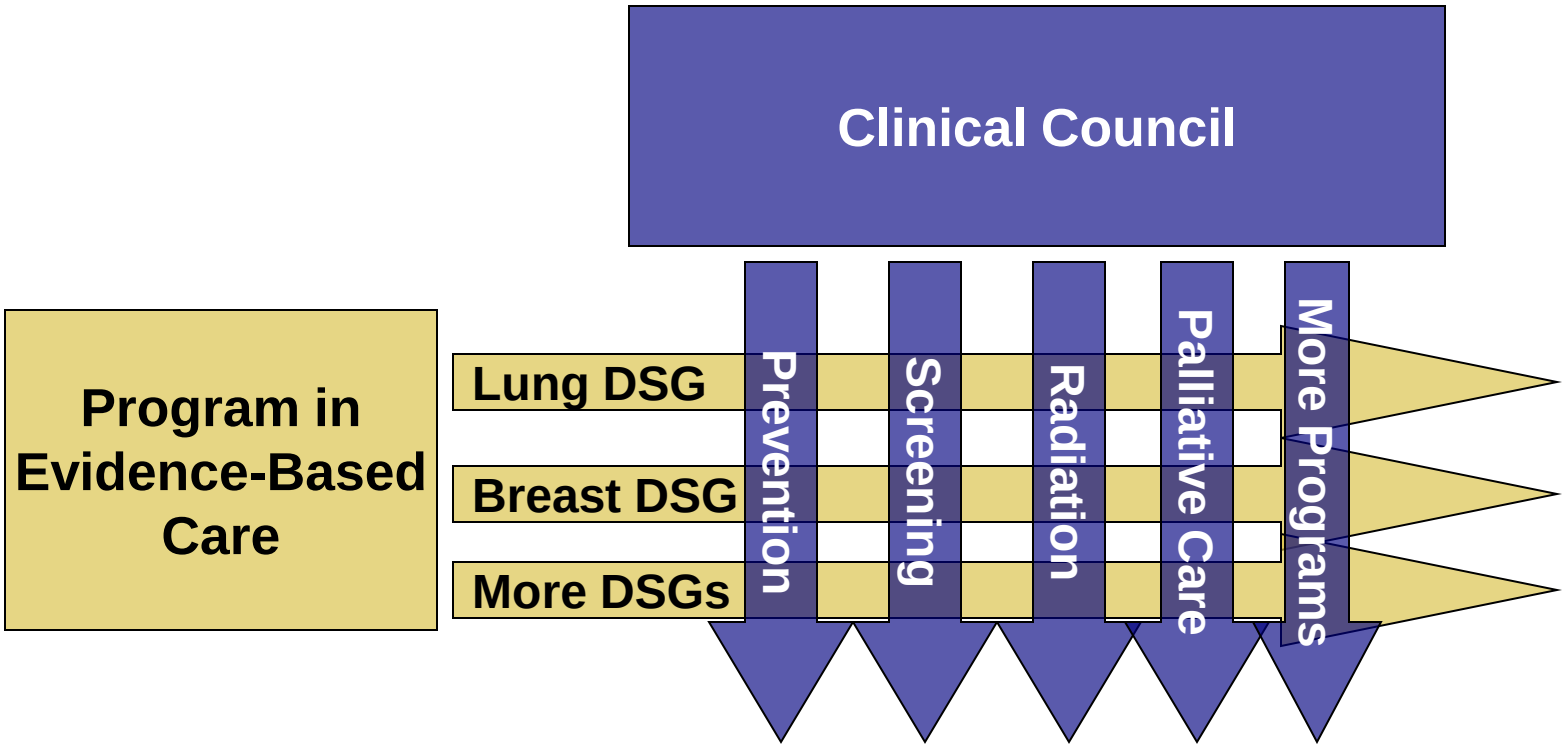
Clinical accountability framework

Extensive clinical engagement and joint clinical/administrative accountability for quality at provincial and regional levels

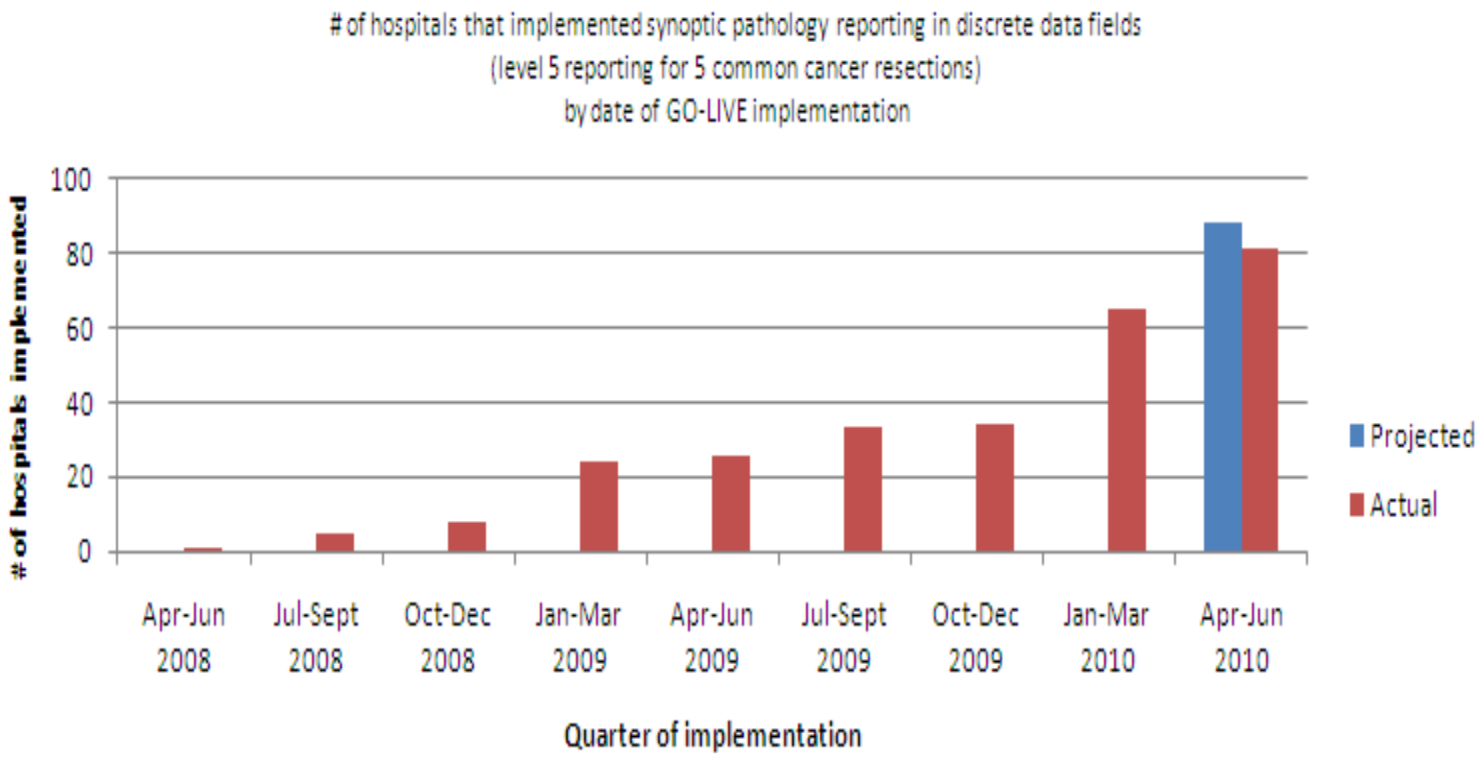
Clinicians engaged in all components of Performance Improvement Cycle



Clinical accountability structures (cont.)



Synoptic Pathology Reporting: Implemented in 74% of Ontario Hospitals

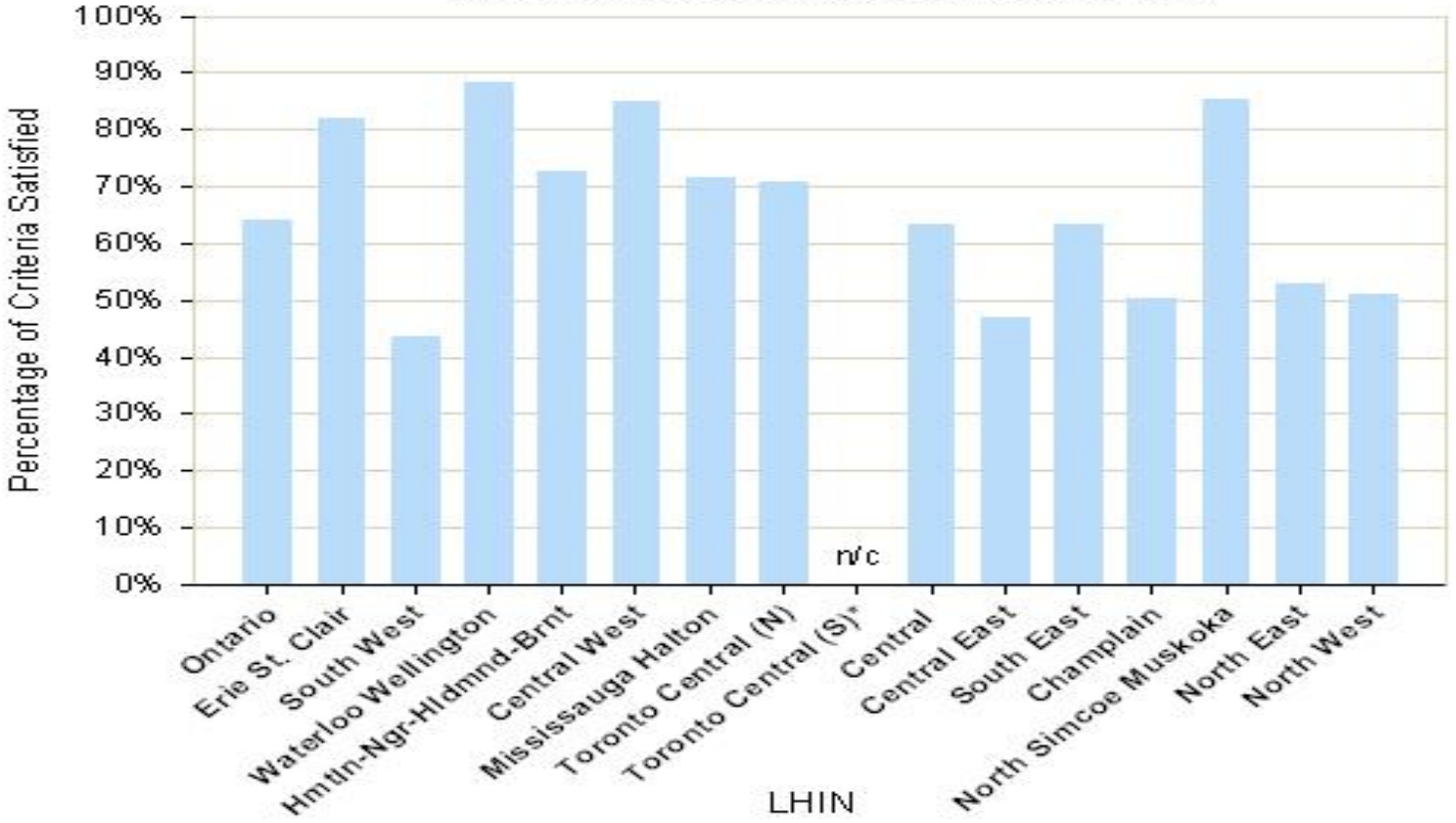


% of hospitals implemented as of April 2010

LHIN	# of hospitals implemented discrete synoptic reporting	Total # of hospitals	%
1	5	5	100%
2	14	16	88%
3	6	6	100%
4	9	9	100%
5	2	2	100%
6	3	3	100%
7a	2	2	100%
7b	4	5	80%
8	5	6	83%
9	7	7	100%
10	5	6	83%
11	4	13	31%
12	0	5	0%
13	14	19	74%
14	1	6	17%
All	**81**	**110**	**74%**

Multidisciplinary Cancer Conferences

Adherence to standards criteria of reported MCCs, Q3 2009/10 (October to December), by LHIN



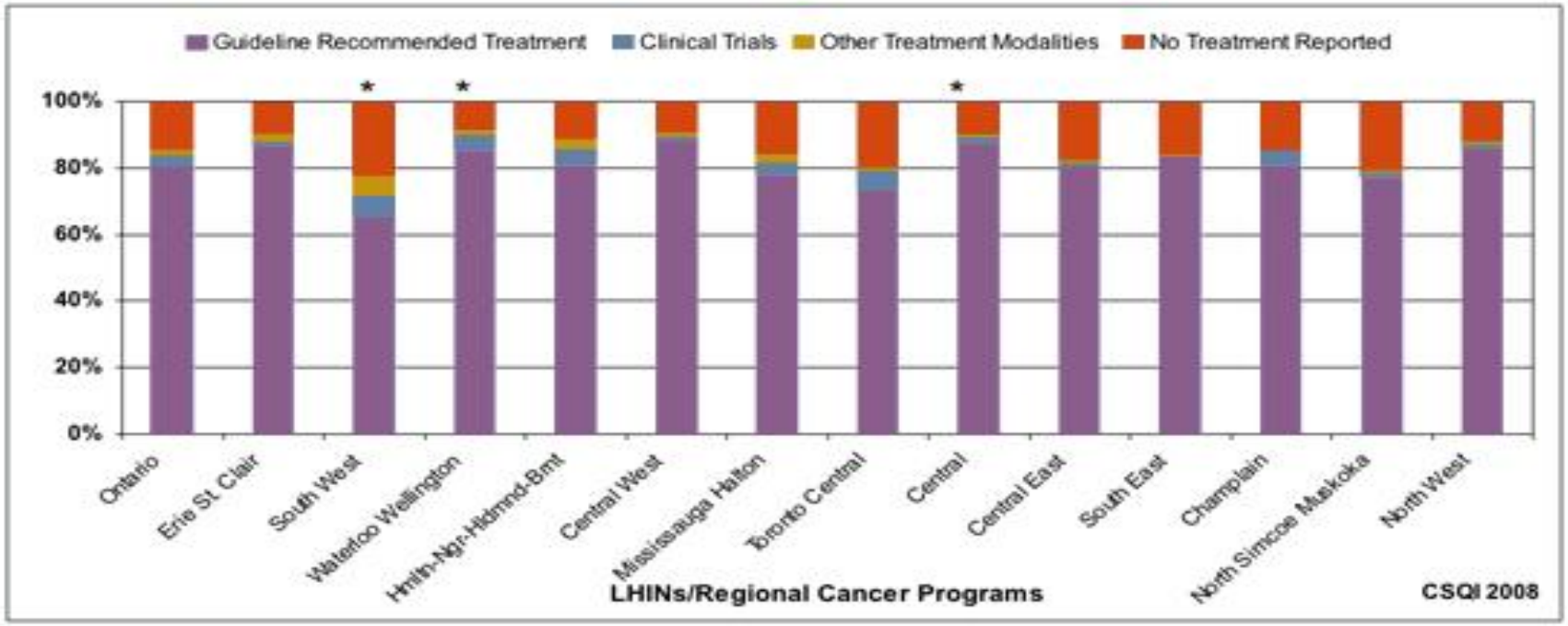
Report date: February, 2010
Data source: Performance Management Reporting Process
Notes: 1. *Toronto Central (South) has no submitted data for Q3
2. MCCs not having at least 4 criteria were not included.

CSQI 2010

Wright FC, De Vito C, Langer B, Hunter A; the Expert Panel on Multidisciplinary Cancer Conference Standards.Multidisciplinary cancer conferences: a systematic review and development of practice standards. **Eur J Cancer. 2007** Apr;43(6):1002-10

Use of Guidelines for Treatment of Breast Cancer

Percent treated with guideline recommended radiation following breast conserving Surgery by LHIN of patient residence (patients having surgery from April 2005 to March 2007)



Sources: Cancer Care Ontario, Activity Level Reporting and Ontario Cancer Registry

Notes:

1. Includes only cases referred to a cancer centre with valid stage reported to CCO.
2. "No Treatment Reported" does not necessarily mean inappropriate care. Some patients may not be medically fit for the guideline treatment due to factors we are not currently able to adjust for. Many patients may also refuse treatment for personal reasons. Others may have been treated outside Ontario.
3. North East LHIN results are excluded because of data quality issues.
4. * Denotes significantly different from provincial average

Embedding Guidelines in Policy - Drugs

- Ontario New Drug Funding Program
- Created to ensure that Ontario patients have equal access to high-quality intravenous drugs
- Provides ~80% of the overall funding for intravenous cancer drugs in Ontario
- Every drug funded is supported by clinical guidelines, which ensures they are delivered according to the best standards of care
- National Table now following this model

ELIZABETH WITMER: Health minister says treatment backlog is getting smaller

Radiation delays hit 65% of patients

BY THERESA BOYLE
QUEEN'S PARK BUREAU

■ Taxpayers shortchanged, A6

Only one-third of cancer patients in Ontario are getting radiation therapy on time, provincial auditor Erik Peters says.

"In our audit of Cancer Care Ontario, we found that only 32 per cent of their patients requiring radiation therapy received it within the recommended four weeks from referral," he said yesterday while delivering his annual report.

Health Minister Elizabeth Witmer said the backlog for radiation treatment has shrunk since the auditor studied the problem, and now 35 per cent of patients are getting timely treatment.

But she was assailed by opposition critics who charged the province is moving far too slowly.

Liberal Leader Dalton McGuinty said Witmer and the

☛ Please see Cancer, A24

Moving beyond 'wait times' focus

Radiation Ready to Treat To Treatment
Pecent Treated within 28 Days
April 2005 - October 2010

96.2% in July 2010

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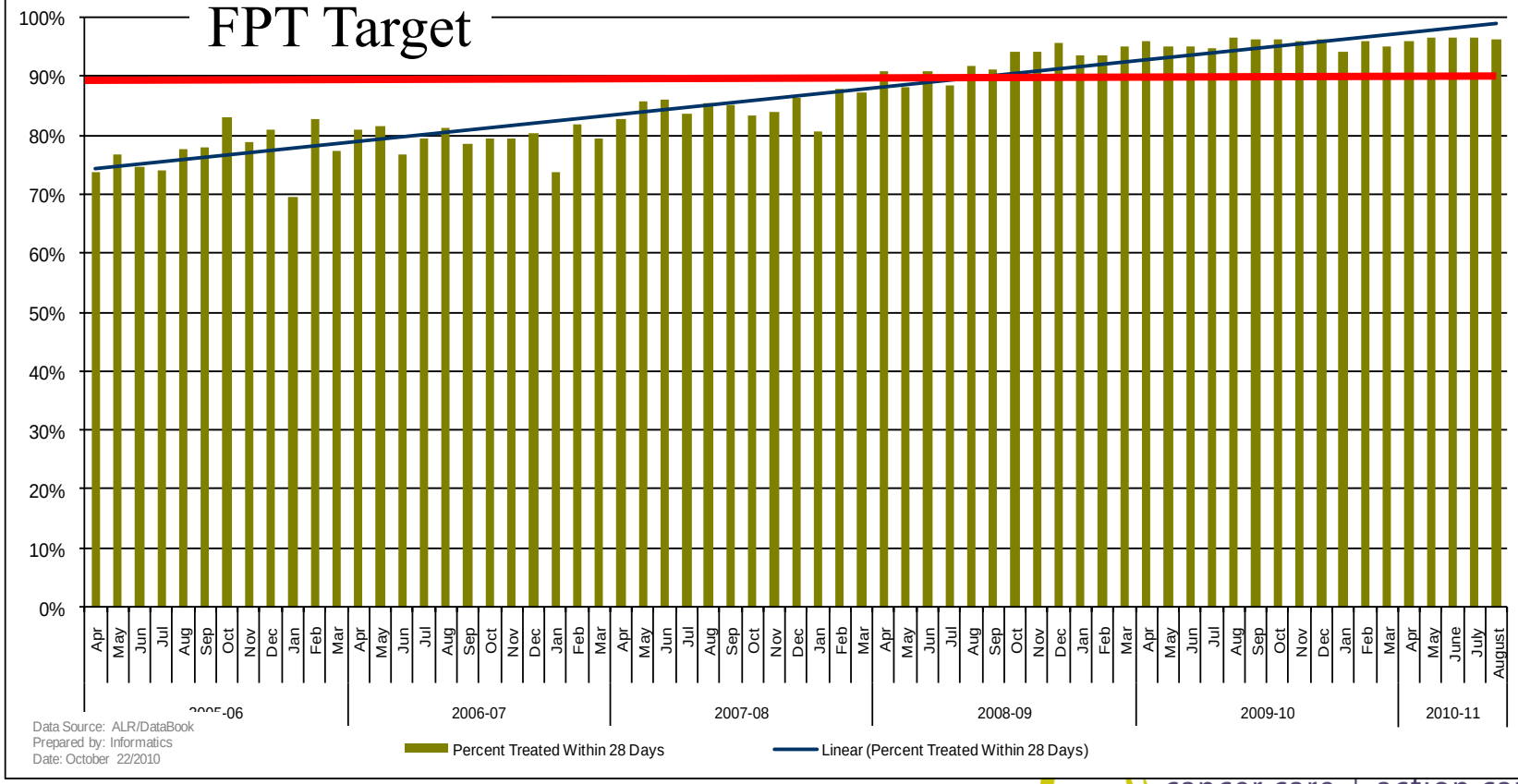

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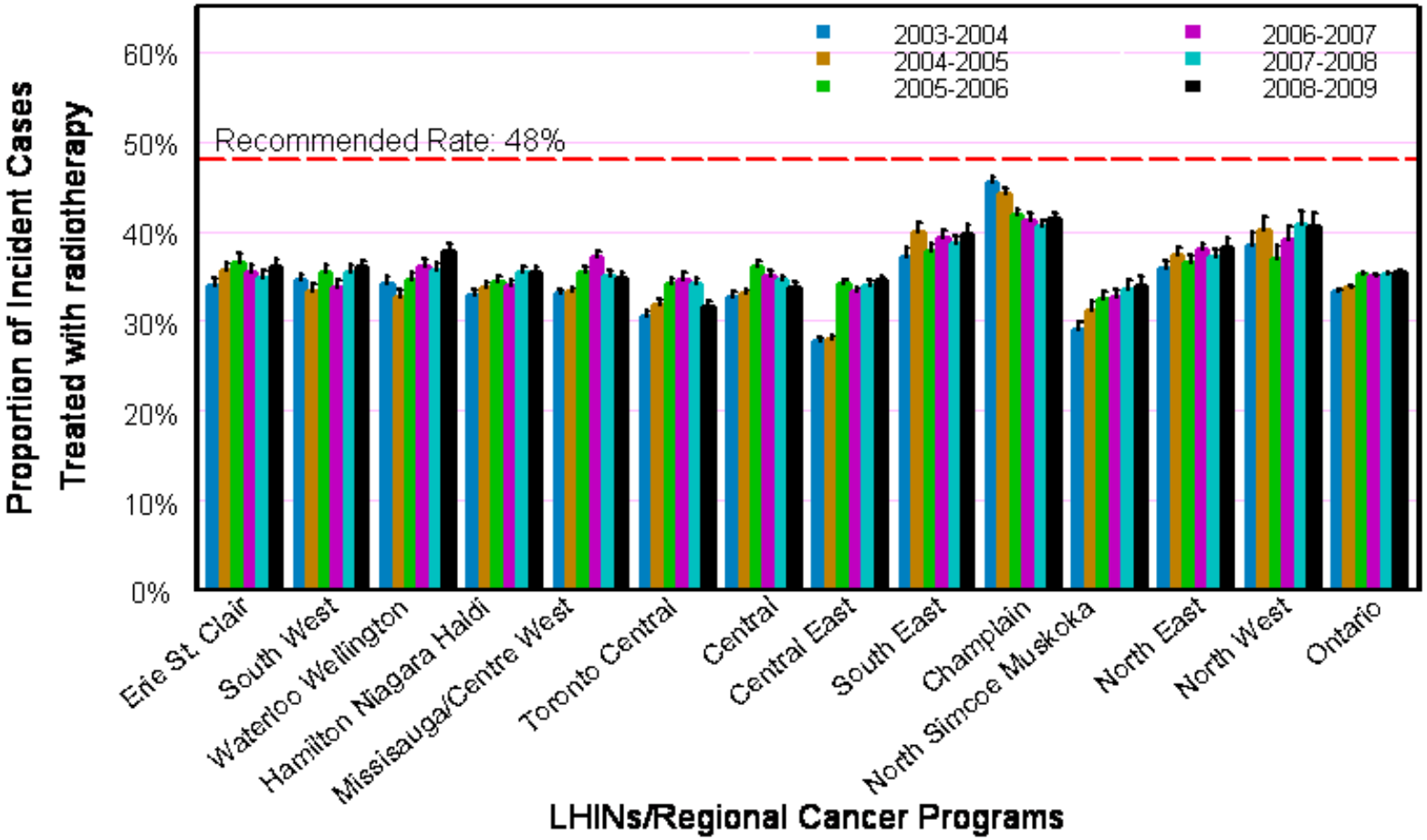
Lifetime Utilization: Proportion of new cancer cases treated with radiotherapy at any time over the course of their illness, by LHIN



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Determining the appropriate Utilization rate

Evidence-based

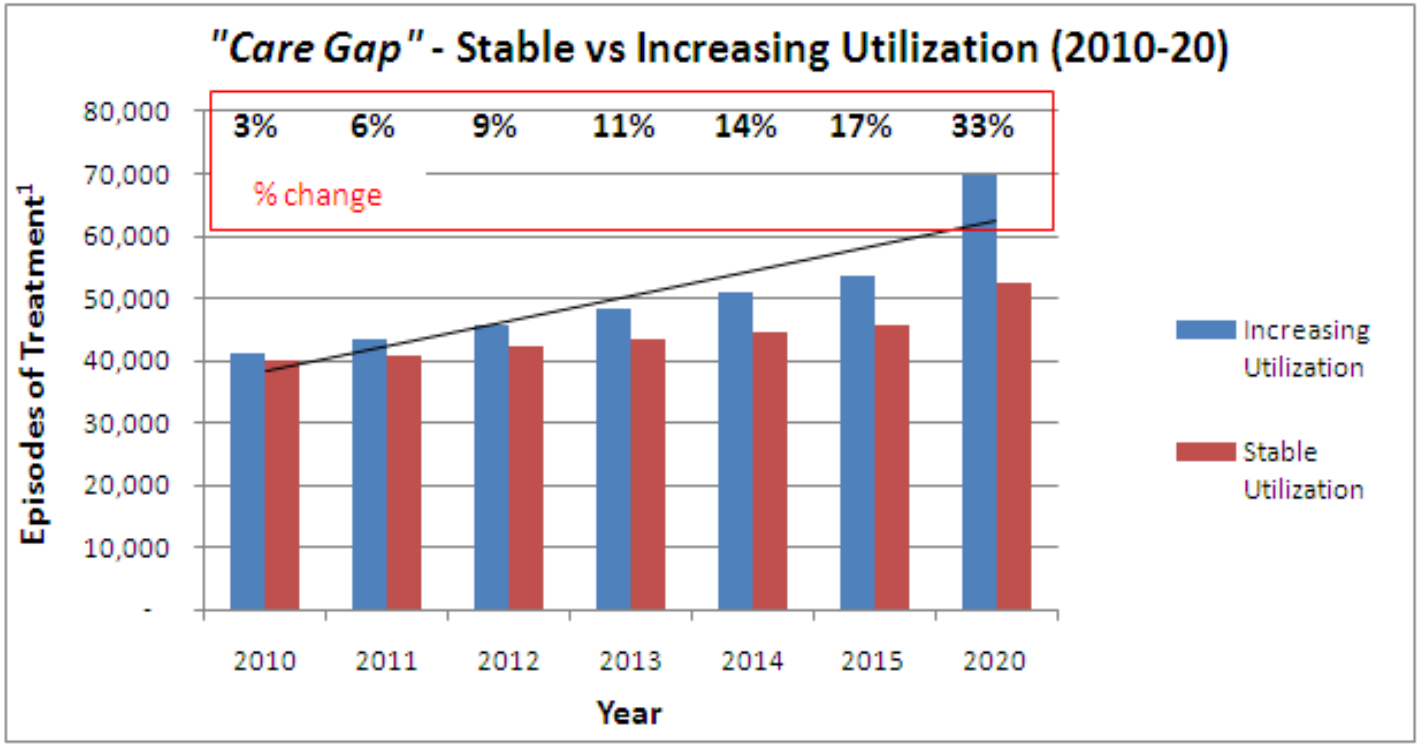
- Identify all indications for RT by systematic review
- Estimate the incidence of each indication in the cancer population
- Integrate this information to estimate overall requirement for RT

Criterion-based Benchmarking

- Set criteria for identifying communities where access likely to be optimal, i.e. no barriers to access
- Identify communities which fit those criteria, and which have appropriate case mix
- Measure rates of use of the service in several such communities
- Develop a Benchmark

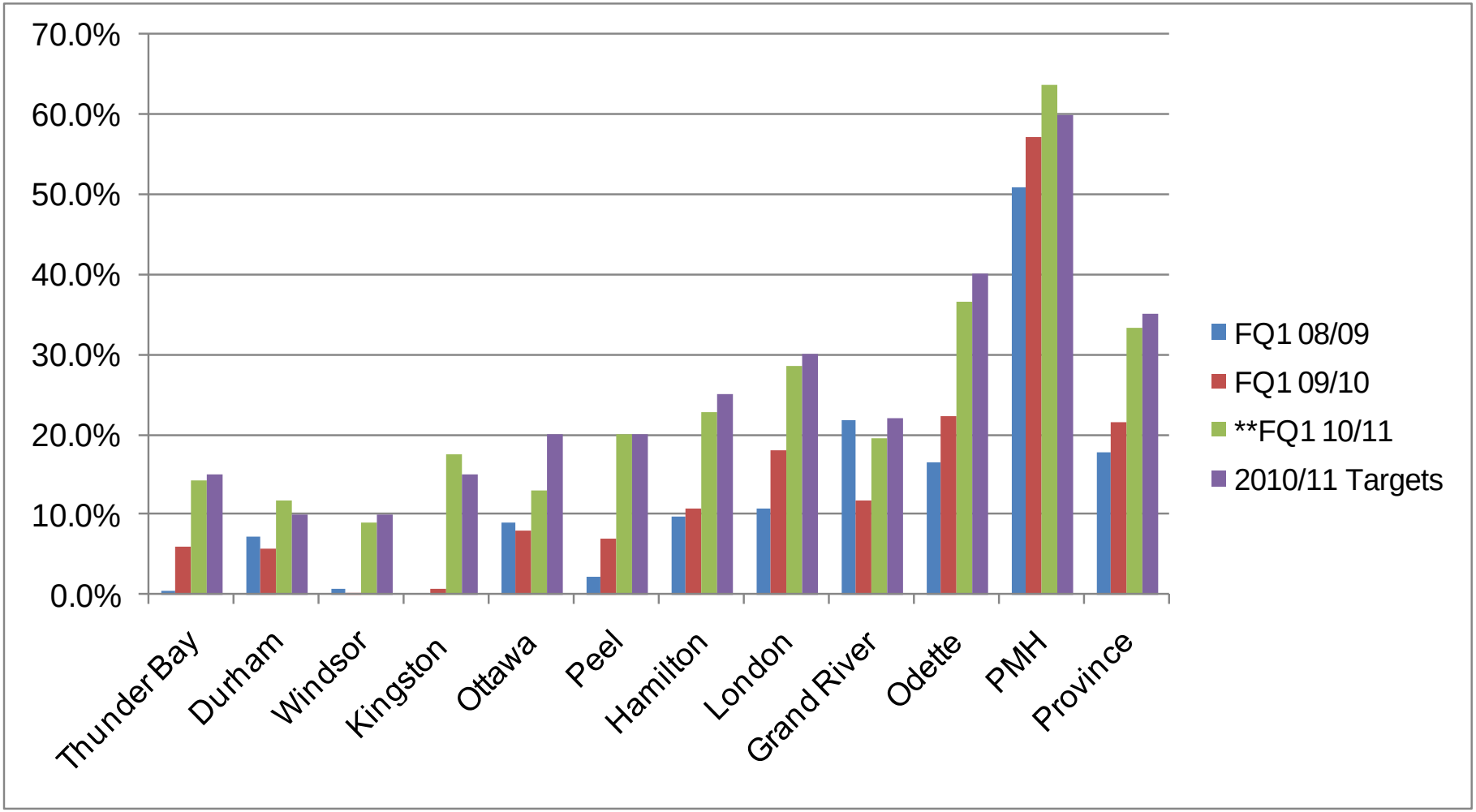
Mackillop WJ, O'Brien P,Brundage M, Whitton, A and Gallinger D. "Radiotherapy: Quality and access issues." In Sullivan T et al eds. *Strengthening the Quality of Cancer Services in Ontario*. CHA Press: Ottawa. 2003.

Potential “care gap” - Stable versus Increasing utilization, 2010-2010

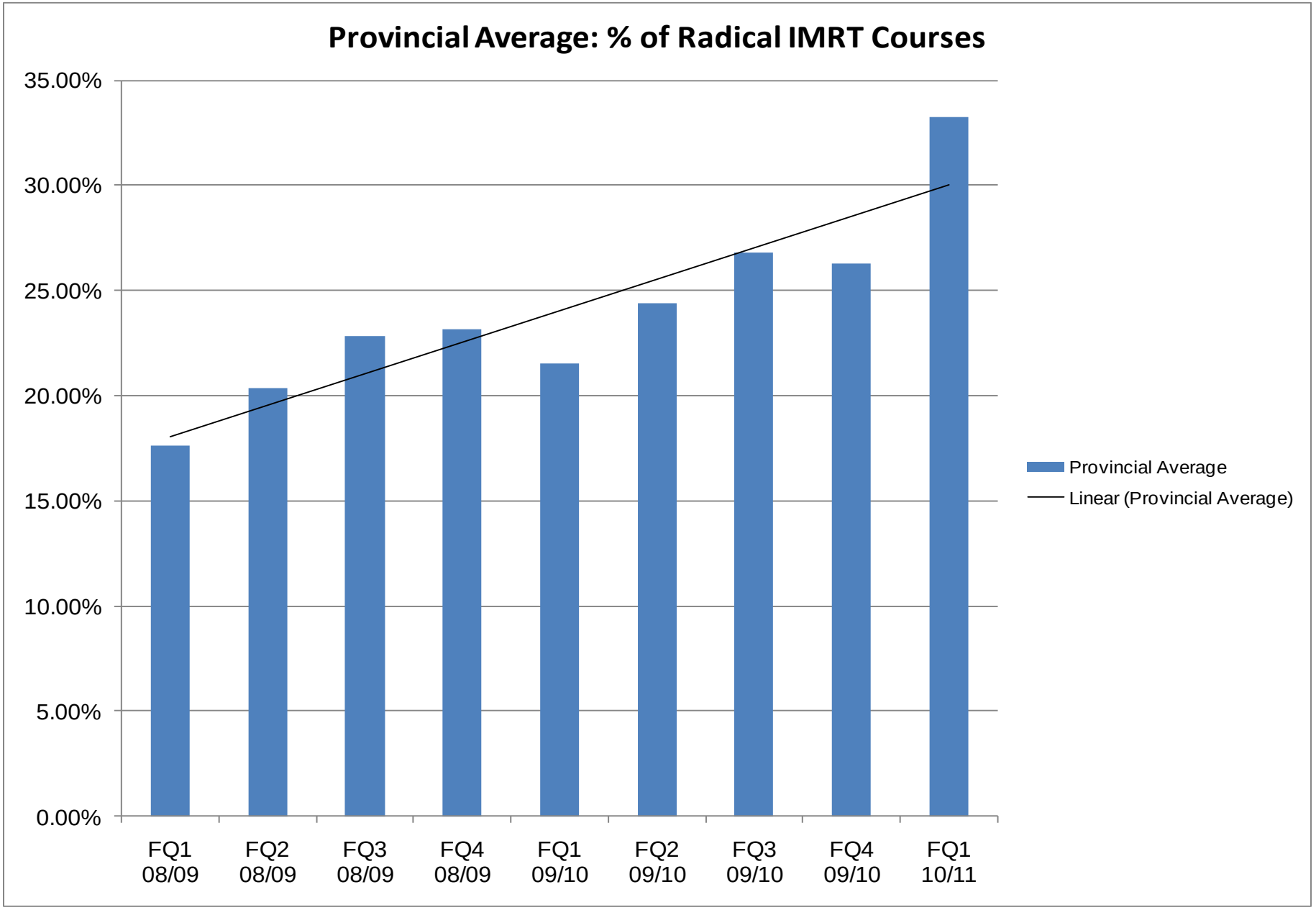


[1]*Episodes of treatment* refers to CCO treated cases (R21) inflated by re-treatment rate (15%).
Includes cases of breast, in-situ diseases, non-melanoma skin cancers, and cases from other provinces.

% of Radical IMRT courses: Where we are now



** Preliminary data



Q1 -2010-11 – Preliminary data

Prostate Margin Rate – 2008 to 2010

- *Guideline for Optimization of Surgical and Pathological Quality Performance for Radical Prostatectomy in Prostate Cancer Management* Released 2008
  - "… a positive margin rate of <25% for pT2 disease should be an achievable goal."
- Implementation of synoptic pathology reporting, near-real time reporting
- KT Initiatives:
  - provincial workshops (2) numerous regional workshops
- Provincial positive margin rate for pT2 patients:
  31% (2005 & 2006) to approx **20%** (FY10/11, Q1)

Guideline for Optimization of Surgical and Pathological Quality Performance for Radical Prostatectomy in Prostate Cancer Management

J. Chin, J. Srigley, L.A. Mayhew, R.B. Rumble, C. Crossley, A. Hunter, N. Fleshner, B. Bora, R. McLeod, S. McNair, B. Langer, A. Evans, and the Expert Panel on Prostate Cancer Surgery and Pathology

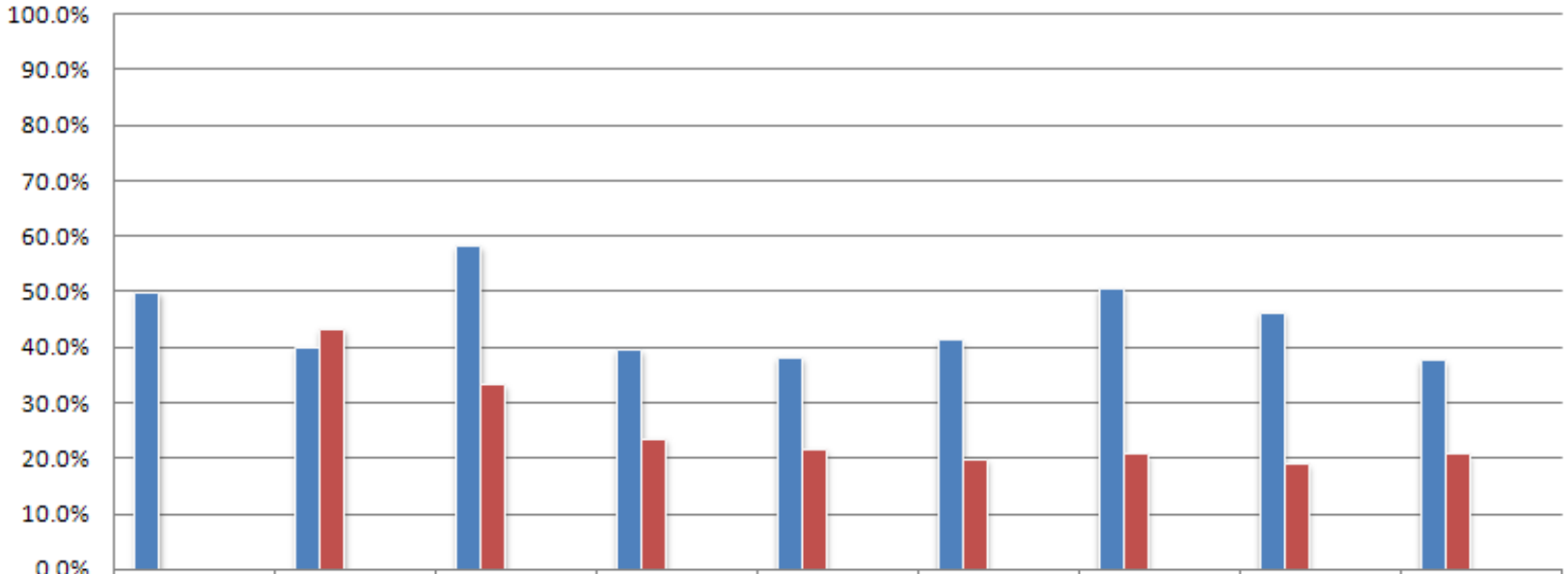
A Quality Initiative of the Surgical Oncology Program, Cancer Care Ontario
and the Program in Evidence-based Care, Cancer Care Ontario
A Special Project of the Expert Panel on Prostate Cancer Surgery and Pathology

Report Date: September 11, 2008

The full Evidence-based Series #17-3 is comprised of 3 sections and is available on the CCO website (http://www.cancercare.on.ca)
PEBC Surgery page at:
http://www.cancercare.on.ca/toolbox/qualityguidelines/clin-program/surgery-ebs/

Section 1: Surgical and Pathological Guidelines
Section 2: Evidentiary Base
Section 3: EBS Development Methods and External Review Process

Positive margin Rates for Radical Prostatectomy, for pT2 and >pT2 patients, FY08/09 to FY10/11



	Quarter_1	Quarter_2	Quarter_3	Quarter_4	Quarter_1	Quarter_2	Quarter_3	Quarter_4	Quarter_1
	2008/2009				2009/2010				2010/2011
> pT2 Total	50.0%	40.0%	58.3%	39.6%	38.2%	41.3%	50.5%	46.4%	37.6%
pT2	0.0%	43.3%	33.3%	23.6%	21.6%	19.9%	20.8%	19.0%	20.8%
>pT2 -Total # Reports	2	5	24	53	89	63	99	138	194
pT2 - Total # Reports	1	30	51	89	171	156	207	284	424
# Reporting Hospitals	2	5	8	24	26	33	34	64	81

Source: Cancer Care Ontario, Pathology / Stage Capture program; PIMS

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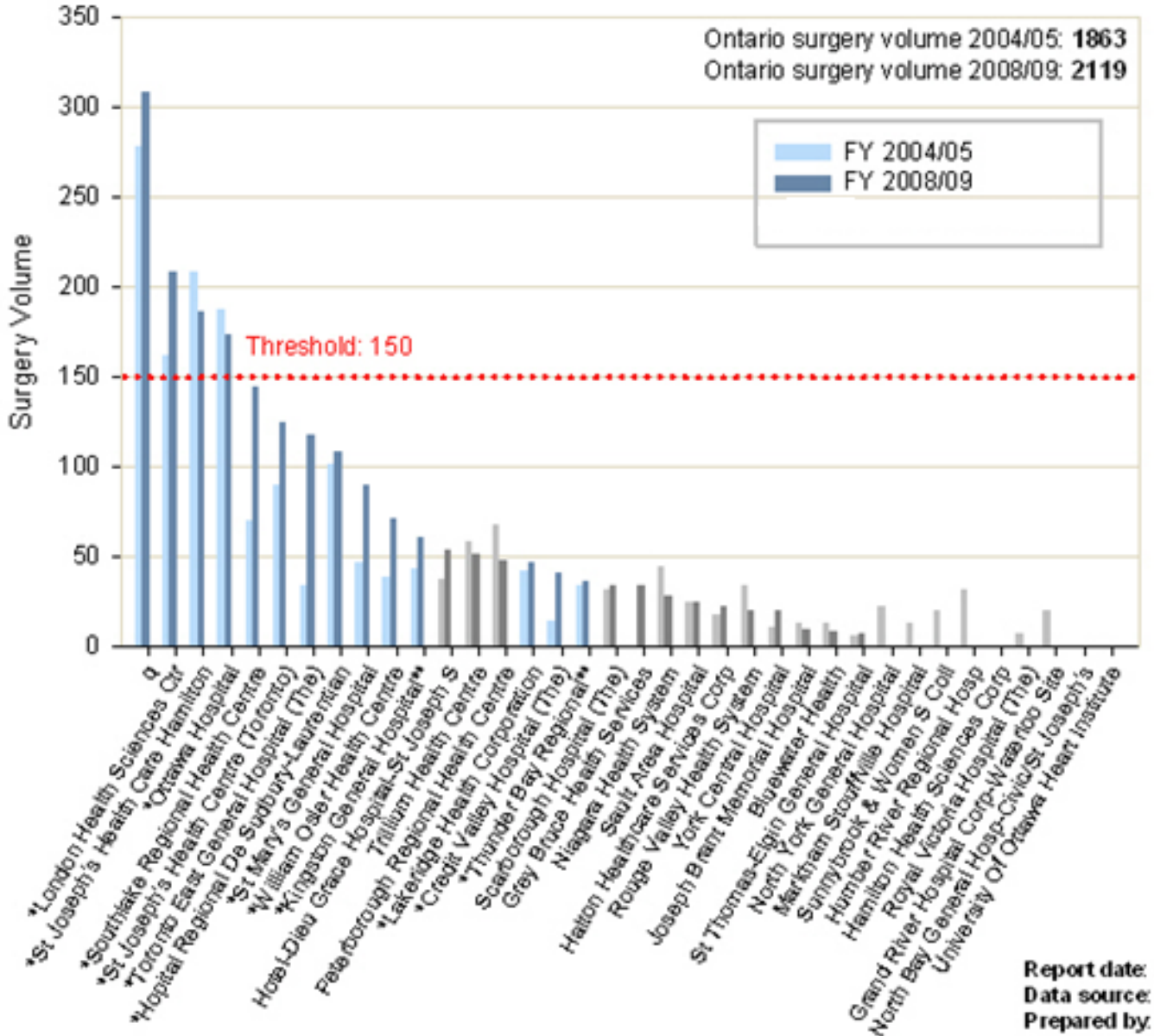
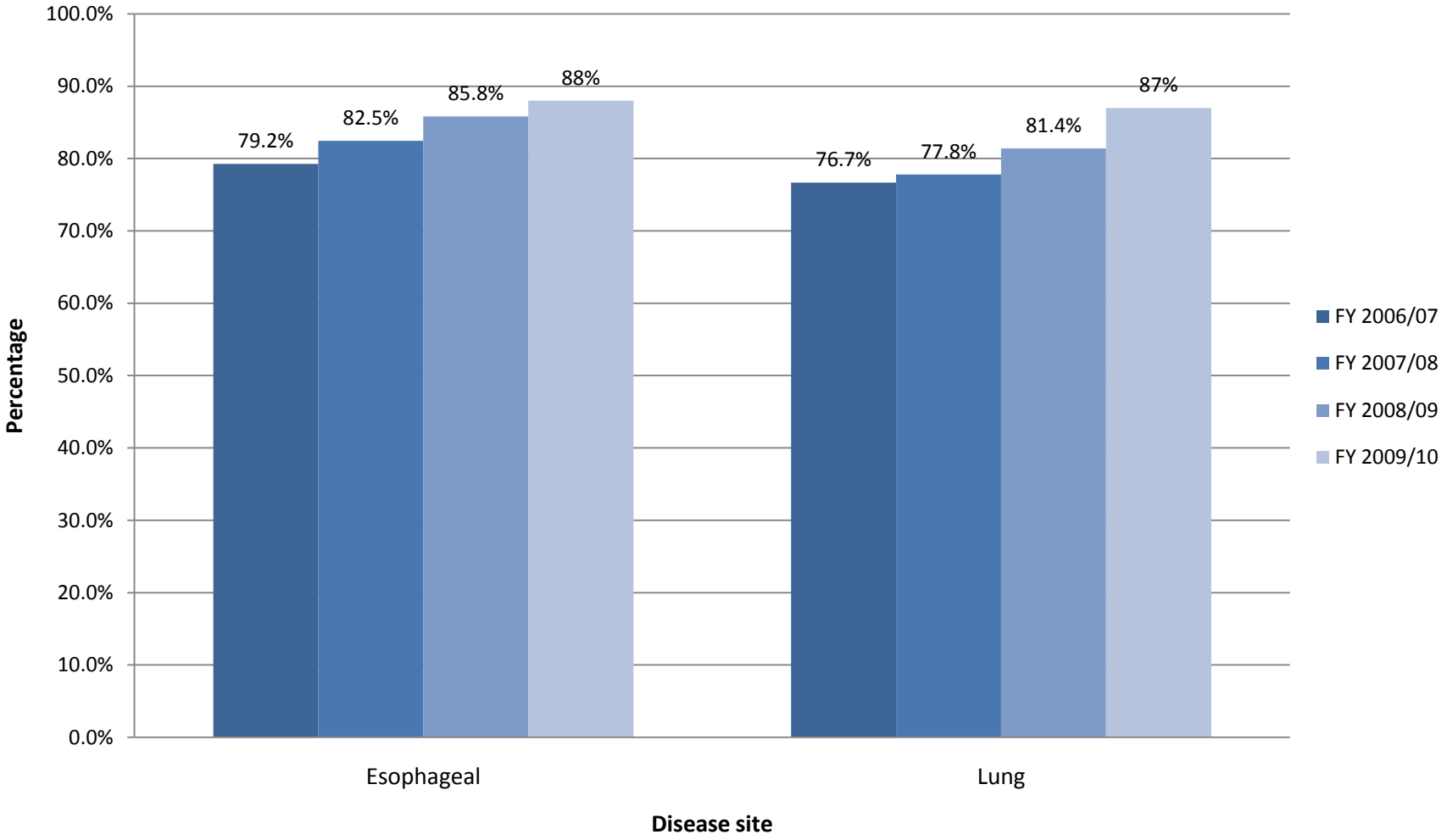
Thoracic Cancer Surgery Standards

Number of lung cancer surgeries by hospital, fiscal years 2004/05 to 2008/09



Report date: January, 2010
Data source: Discharge Abstract Database (CIHI)
Prepared by: Cancer Care Ontario, Cancer Informatics
Notes: 1. *Data not shown due to lowvolumes

Percent of thoracic cancer surgeries performed (esophageal and lung) performed in designated thoracic surgery centres, by fiscal year 2006/07 to 2009/10



Report Date: October 2010
Data Source: Discharge Abstract Database (CIHI)
Prepared by Cancer Care Ontario, Cancer Informatics
Note: Erie St. Clair not included in data

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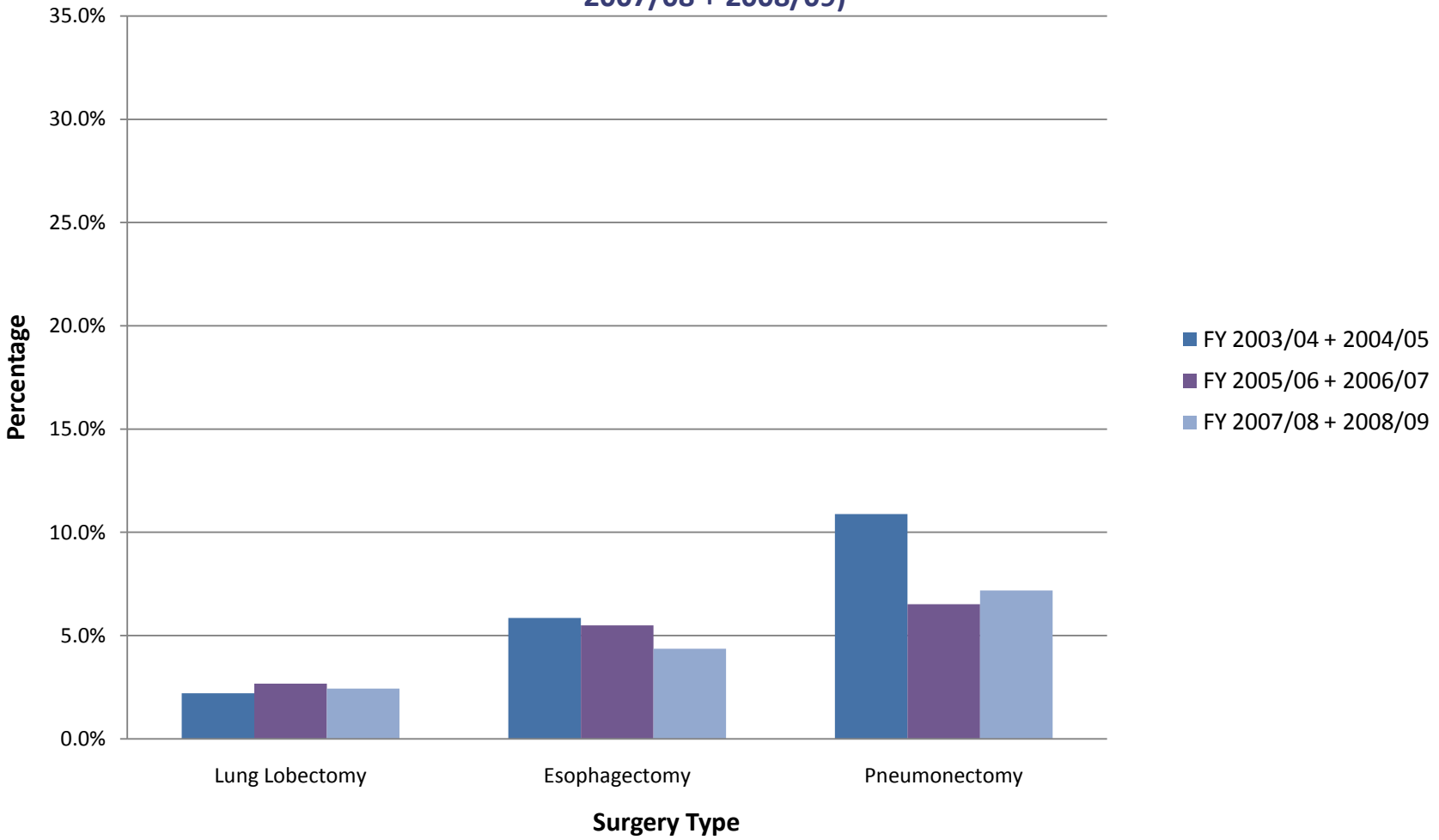
Percentage of patients who died in hospital or within 30 days following thoracic cancer surgery (by surgery type, fiscal years 2003/04 + 2004/05, 2005/06 + 2006/07, and 2007/08 + 2008/09)



Report date: February 2010
Data source: Distract Abstract Database (CIHI)
Prepared by: Institute for Clinical Evaluative Sciences, Cancer Program

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Our Quality Framework

IM Tools 'Instrumenting' the Disease Journey

Risk factor surveillance

In Screen

Integrated Cancer Screening

Diagnostic Assessment Programs

Wait Times

Computerized Physician Order Entry

Multi-disciplinary Case Conferences

Stage Capture

Quality Indicators

Symptom Management

Robust data systems

Recovery/ Survivorship

Structured care plans

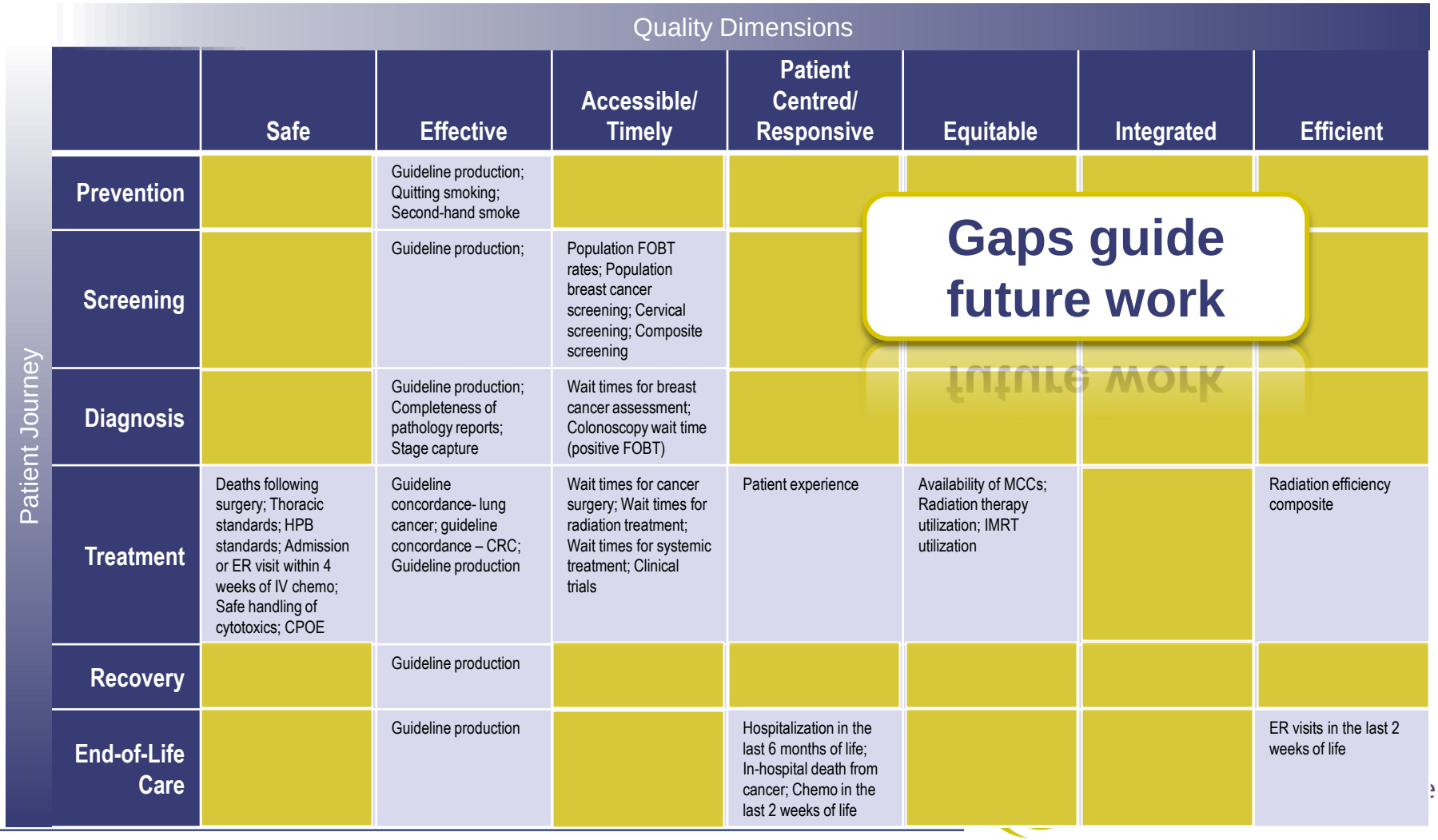
Supported by IM/IT

Cancer System Quality Index

Disease Pathway Management

Regional/Corporate Scorecard

Cancer System Quality Index: Instrumenting Quality



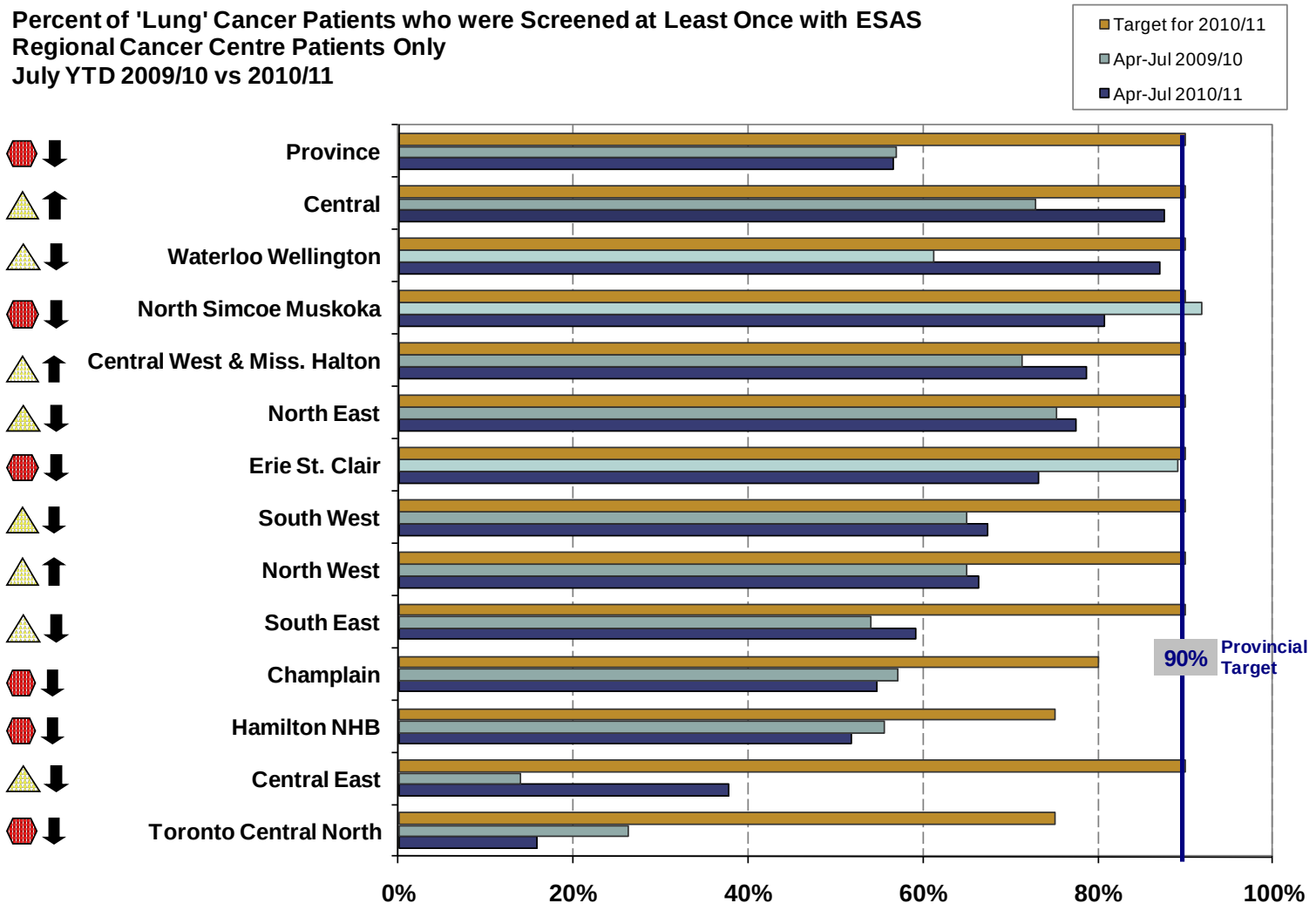
Internal Reporting

Target Setting

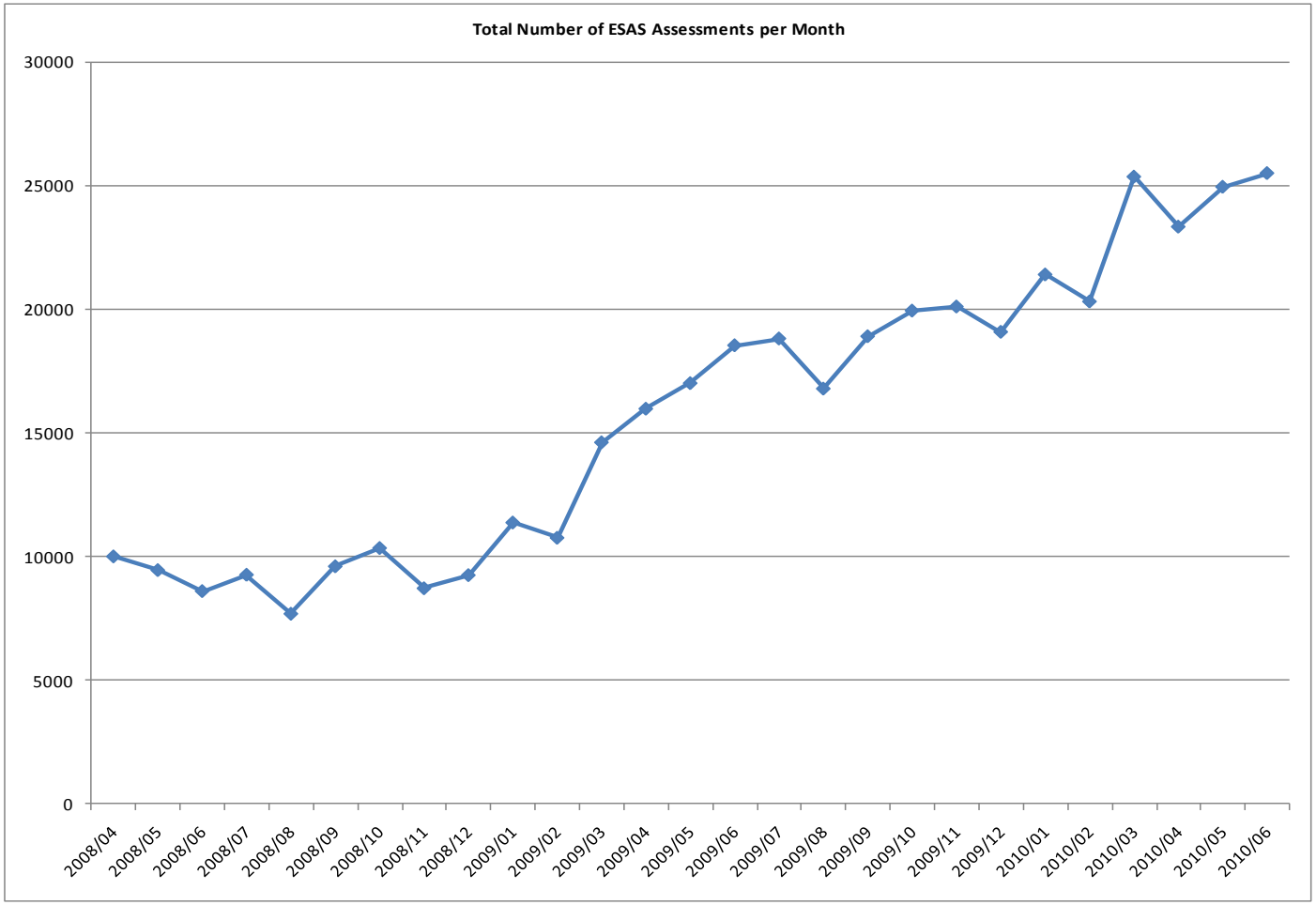
- Provincial Targets set by Provincial Programs for each yearly priority.
- Regional Targets negotiated through the RVP.
- Performance against targets monitored through the CCO Regional Scorecard and quarterly performance reviews.
- Regional Scorecard is a central component of RVP performance review.
- Progress against targets reported publicly through CSQI, and in annual OCP update

Provincial performance against lung cancer targets

Percent of 'Lung' Cancer Patients who were Screened at Least Once with ESAS
Regional Cancer Centre Patients Only
July YTD 2009/10 vs 2010/11



Upward momentum: Greater than 250,000 ESAS screens in past year



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Patients value ISAAC approach to symptom assessment

89 % *(85% in 2007)*	• Thought ESAS was important to complete as it helps health care providers know how they are feeling
70%	• Preferred the kiosk/internet version of ESAS over the paper tool
78% *(62% in 2007)*	• Agreed that their pain and other symptoms have been controlled to a comfortable level
79% *(61% in 2007)*	• Agreed that their providers took into consideration ESAS symptom ratings in developing a care plan

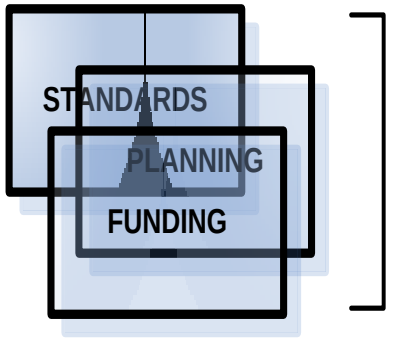
ESAS Satisfaction Survey 2009/10 (Sample of 8 RCCS – 844 patients completed)

Regional Score Card of Performance Reviewed Quarterly With All Centres in Each Region

Region	RADIATION Apr-Jun 10/11				SYSTEMIC Apr-Jun 10/11				SURGERY Apr-Jun 10/11			COLONOSCOPY Apr-Jun 10/11				STAGE Rate = Apr-Jul 2009 % Hosp = Mar 10, 10		PATHOLOGY % hosp = May 27, 10 % Complete = Oct-Mar 09/10		SYMPTOM MGMT Apr-Jun 10/11		THORACIC Apr-Dec 09 *	HPB Apr-Dec 09 *	MCC Q1 10/11	RSTP Safe Handling as of April 2010 *	IMRT Q4 09/10 *	Overall Provincial Rank	Change from Previous Rank
	WT Ref-Con (% w/in 14 days)	WT RTT-Tr (% w/in target)	Vol (C1R)	% of Budgeted Vol in the Province	WT Ref-Con (% w/in 14 days)	WT Con-Tr (% w/in 14 days)	Vol (C1S)	% of Budgeted Vol in the Province	WT (% w/in target)	Vol (cases)	% of Budgeted Vol in the Province	WT (FOBT+)	WT (Family History)	Vol	% of Budgeted Vol in the Province	Combined Rate *	% Hosp. Collaborative Staging *	% Hospitals Discrete Path Report *	% Completeness *	Lung	All Other							
PROVINCE	▲	▲	▼	100%	▲	▼	▲	100%	▲	▲	100%	▲	▲	▲	100%	▼		▲	▼	▲	▲	▲		–	▼			
Waterloo Wellington	▼	▲	▼	4%	▲	▼	▼	6%	▲	▲	4%	▲	▲	▲	8%	▲		–	▼	▲	▲	▲		▼	–		1	0
North Simcoe Muskoka	▼	▼	▲	1%	▼	▼	▲	6%	▲	▲	1%	▲	▼	▲	2%	▼		–	n/a	▼	▼	–		▼	▲	n/a	2	0
Central	▲	n/a	▲	0.2%	▲	▲	▲	2%	▼	▼	11%	▲	▲	▲	6%	▼		▲	▼	▲	▲	▲		▼	–	n/a	3	1
South East	▲	▲	▼	4%	▲	▼	▼	5%	▲	▼	4%	▲	▲	▲	7%	▼		▲		▼	▼	–		▼	–		4	3
Toronto Central South	▼	▲	▼	23%	▲	▲	▼	16%	▼	▲	20%	▼	▲	▲	3%	▼		▲	▼	n/a	▲	–		▼	–		5	0
North West	▲	▼	▼	2%	▼	▼	▼	4%	▲	▼	2%	▲	▲	▼	4%	▲		–	▼	▼	▼	–		▲	▼		6	-3
Central East	▲	▲	▼	5%	▲	▲	▼	7%	▲	▼	3%	▼	▲	▲	15%	▲		▲	▼	▲	▼	▲		–	▲		7	-1
South West	▲	▲	▼	9%	▲	▼	▼	10%	▲	▲	11%	▼	▲	▼	6%	▲		–	n/a	▲	▲	▲		▲	▼		8	6
Central West & Miss. Halton	▲	▲	▲	4%	▲	▲	▲	5%	▲	▲	12%	n/a ▲	n/a ▲	n/a ▼	6%	▼		▲ ▲	n/a ▼	▲	▲	▲		▲	▼		9	3
Toronto Central North	▲	▲	▼	16%	▲	▼	▲	11%	▲	▼	8%	▲	▲	▼	2%	▼		–	▲	▼	▼	▲		–	▼		10	0
Champlain	▲	▼	▲	10%	▲	▼	▲	11%	▲	▲	10%	▲	▲	▲	13%	▼		▲	n/a	▲	▼	–		▲	–		11	-3
Erie St. Clair	▲	▼	▲	3%	▲	▼	▲	4%	▲	▼	3%	▲	▲	▲	8%	▼		▲	▼	▼	▼	–		▼	–		12	-1
North East	▲	▼	▼	5%	▼	▲	▲	4%	▼	▼	3%	▲	▼	▼	4%	▼		▼	▼	▲	▲	▲		▲	–		12	0
Hamilton NHB	▲	▼	▲	12%	▼	▼	▲	8%	▲	▲	9%	▲	▲	▲	16%	–		▲		▲	▲	▲		▼	▲		14	-5

EXCELLENT CARE FOR ALL:
Are the Lessons and Levers for better quality in decision making based on cancer?

- Align leadership/ promote clinical accountability
- Designate Provincial and Regional Clinical Practice Leaders by specialty
- Support Clinical Indicator Development and Reporting
- Support Clinical Communities of Practice Initiatives
- Build Culture of evidence, quality improvement
- Volume and quality linked to $$ funding
- Pay for Participation, Pay for volumes, Pay for Quality in Hospital Level Agreements;
- Quarterly Performance Reviews with each Region, Regional Scorecards (with AnnualTarget Adjustment)
- Public Reporting on 30+ access and quality measures; Annual Provincial Quality Scorecard
- Chief Advisor to Government



King Hammurabi B.C.1795-1750

....Early Quality Champion

“If a doctor has opened with a bronze lancet an abscess of the eye of a gentleman and has cured the eye, he shall take ten shekels of silver”

“If a doctor has opened with a bronze lancet an abscess of the eye of a gentleman and has caused the loss of the eye, the doctor’s hands shall be cut off”

A vision for high-quality care in Ontario:

Establish Ontario as a global leader in accelerating province-wide improvements in quality of patient care

Woman undergoes mastectomy only to learn a week later, she never had cancer.
Now another patient claims the same fate.

Friday, June 4th, 2010

Janice Laporte

Thank You/Questions