South West **LHIN** | **RLISS** du Sud-Ouest

Hospital Accountability Planning Submission (HAPS) Process

Fiscal 2019-20

Fall of 2018

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

Context

- The current HSAA Template Agreement is a multi-year agreement, effective until March 31, 2020.
- HSAA Schedules content and the Hospital Accountability Planning Submission (HAPS) and the Additional Input forms are refreshed annually.
- The presented HAPS and related Schedules will cover one fiscal year (FY 2019-20).
- Information collected through the HAPS and Additional Input forms are used to populate the HSAA Schedules.

Context *cont'd*

- The government continues to implement Health System Funding Reform (HSFR), which supports system capacity planning and quality improvement through directly linking funding to patient outcomes. LHINs and the hospitals recognize that HSFR will impact the HSAA process.
- Hospital funding has become unique to each individual hospital with the roll out of the Health Based Allocation Model and Quality-Based Procedure Funding (QBP) and so "across the board" planning targets are no longer relevant or possible.

Context *cont'd*

- Hospitals are currently engaged in developing budgets to guide operations for fiscal 2019-20 as part of their organization's fiduciary duty, and hospital services will continue to be provided to patients according to the hospital's internal plan and based on the hospital's best assumptions.
- There is great benefit for hospitals and LHINs to agree on performance expectations within a set of parameters that begins on day one of the fiscal year. The vehicle for this agreement is the HSAA.

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2019-20 HAPS

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Guiding Principles: Developing the HAPS materials

Development of the HAPS materials was based on the following guiding principles:

1. **Practicality:** Develop products that reflect our current reality and are easy to use/understand.
2. **Emphasis on local within the provincial context:** For planning targets, performance indicator targets and other health system changes.
3. **Partnership Approach:** Hospitals and LHINs should liaise early and often in order to develop a mutually acceptable H-SAA within the requisite timeline.
4. **Ensure alignment:** All core HAPS/H-SAA materials (Guidelines, Forms and Schedules), should align with one another. The Work Group will also strive for enhanced functionality whereby one form/schedule may be pre-populated by another where appropriate.

Updates for 2019-20 HAPS: Submission Timelines

- Similar to prior years, this year's HAPS submission will be due on **November 23, 2018.**
- The LHIN will not consider this submission to be final as changes usually occur post submission up to January through the LHIN review process.
- Final HAPS submission will be due **January 4, 2019**
- The final HAPS is approved by Hospital Boards in January 2019

Planning for HAPS: Key Variables & Assumptions

- Hospitals will individually and locally determine reasonable planning assumptions for use in the completion of the 2019-20 HAPS.
- Use information currently available including assumptions for Mitigation, HBAM and Quality Based Procedures, which can be substantiated.
- Small Hospitals assume current funding levels in place for 2018-19 fiscal year.
- The LHIN will review assumptions for reasonableness.

Updates for 2019-20 HAPS: User Guide

Section	Change	Rationale
All	Updated HAPS submission timelines	To reflect 2019-20 fiscal year
S. 2.3	Added reference to “Bundled Care”	As per MOHLTC
	Updated HSFR, HBAM descriptions	
	Updated list of QBPs and related information throughout	

S. 3 HAPS Submission Components	Updated and embedded the following documents:
	• 3.1 Revenue Completion Guideline
	• 3.3 HAPS Additional Input
	• 3.4 HAPS Narrative Guide
	  • HAPS Additional Input
	  • LHIN Service Change Planning
	  • HIV Hospital Listing
		To reflect current, updated information

	3.4.1 Provincial Interest Programs Removed reference to Sexual Assault and Domestic Violence Treatment Centres (SADVT) provincial program throughout HAPS User Guide and HAPS Narrative Guide	As per MOHLTC

Updates for 2019-20 HAPS: User Guide *cont'd*

Section	Change	Rationale
Appendix 1: Conditions/Requirements for Specific Hospital Services	Provincial Strategies Removed reference to "newborn screening program".	As per MOHLTC; Newborn Screening Ontario was established in 2006 and is fully implemented
Appendix 2: HAPS Additional Input Instructions	Updated and embedded HAPS Additional Input Instructions	To reflect current, updated information

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2019-20 HSAA Schedules and Volume Measures

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2019-20 HSAA Schedules

Schedule	Title	Description
A	Funding Allocation	Identifies the HSP funding allocation
B	Reporting Requirements	Identifies and sets due dates for HSP reporting
C1	Performance Indicators	Lists the current HSAA performance indicators
C2	Service Volume Metrics	Lists the current HSAA service volumes
C3	Local Indicators and Obligations	Identifies local indicators and obligations outside of the HSAA
C4	Post Construction Operating Plans	Identifies PCOP targeted funding and volumes

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Changes to HSAA Schedules for 2019-20

Schedule	Change	Rationale
A: Funding Allocation	Updated Section 2: HSFR - Quality-Based Procedures. Newly added QBPs include: • Hip Replacement BUNDLE (Unilateral) • Knee Replacement BUNDLE (Unilateral) • Corneal Transplant (Day Surgery) • Non-Emergent Spine (Non-Instrumented - Day Surgery) • Non-Emergent Spine (Non-Instrumented - Inpatient Surgery) • Non-Emergent Spine (Instrumented - Inpatient Surgery) • Shoulder (Arthroplasty) • Shoulder (Reverse Arthroplasty) • Shoulder (Repair) • Shoulder (Other)	To reflect current list of QBPs
B: Reporting Requirements	Updated reporting deadlines	To reflect 2019-20 fiscal year
C1: Performance Indicators	No change	N/A

Changes to HSAA Schedules for 2019-20 *cont'd*

Schedule	Change	Rationale
C2: Service Volume Metrics	Removed *Inpatient Mental Health Weighted Days*	The methodology for calculating weighted activity has not be approved for use in Ontario.
C3: Local Indicators and Obligations	No change	N/A
C4: Post Construction Operating Plans	No change	N/A

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Changes to HSAA Technical Specification – Service Volume Metrics for 2019-20

Schedule	Change	Rationale
Wait Time Volumes	Updated numerator calculation *in Hip & Knee Replacement – Revisions (Cases)*	Updated to include and accurately reflect all related HIG codes (315, 320, 321); specify that "R" should be used to identify hip and knee replacement revision cases.
Quality Based Procedures	Updated existing QBP technical specifications.	Updated links, dates, references, etc. as per MOHLTC
	Added new technical specifications for the following QBPs: – Integrated Corneal Transplant – Degenerative Disorders of the Shoulder – Non-Emergent Spine	As per MOHLTC

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2019-20 HSAA Indicators

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Changes to HSAA Indicators for 2019-20

- The IWG is not recommending substantial changes to HSAA Indicators for 2019-20 since there is still some uncertainty regarding what Indicators will be included in the 2018-19 MLAA.
- Some minor changes are being recommended
- The IWG plans to continue meeting throughout the fiscal year to undertake an in-depth review of Indicators in preparation for 2020-21.

2019-20 HSAA Indicators

#	Indicator Name
Performance	
1	90th Percentile ED Length of Stay for Non-Admitted High Acuity Patients [CTAS I-III]
2	90th Percentile ED Length of Stay for Non-Admitted Low Acuity Patients [CTAS IV-V]
3	Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements *Updated Tech Specs
4	Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements *Updated Tech Specs
5	Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI *Updated Tech Specs
6	Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT scans *Updated Tech Specs
7	Rate of Hospital Acquired Cases of Clostridium Difficile Infections *Updated Corridor (within Target Setting Guidelines)
8	Readmissions to Own Facility Within 30 Days for Selected HBAM Inpatient Grouper (HIG) Condition *Updated Tech Specs
9	Current Ratio
10	Total Margin (all sector)
11	ALC Rate
Explanatory	
1	90th Percentile Time to Disposition Decision (Admitted Patients)
2	Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay *Updated Tech Specs
3	Hospital Standardized Mortality Ratio
4	Rate of Ventilator-Associated Pneumonia
5	Rate of Central Line Infection
6	Rate of Hospital Acquired Cases of Methicillin Resistant Staphylococcus Aureus
7	Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Cancer Surgery *Updated Tech Specs
8	Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Cardiac By-Pass Surgery *Updated Tech Specs
9	Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Cataract Surgery *Updated Tech Specs

2019-20 HSAA Indicators *cont'd*

#	Indicator Name
Explanatory cont'd	
10	Total Margin (Hospital Sector Only)
11	Adjusted Working Funds / Total Revenue %
12	Percentage of ALC Days
13	Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions
14	Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions

Changes to HSAA Technical Specifications for 2019-20

Indicator	Change	Rationale
Surgical Indicators (Percent of Priority 2, 3 and 4 Cases Completed within Access Targets)	– Updated with some minor wording changes	– As recommended by IWG wording recommendation.
	– Updated reference to CorHealth Ontario	– Formerly Cancer Care Network (CCN)
Percent of Stroke/ TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	– Removed reference links	– Links were outdated. IWG will determine approach for providing updated references over the coming year.

Changes to HSAA Target Setting Guidelines for 2019-20

Indicator	Change	Rationale
Rate of Hospital-Acquired Cases of Clostridium Difficile Infections	Revise Upper Corridor as follows: – ~~10% improvement on current rate~~ To – Upper corridor is the higher of a) 50% over the provincial average or b) hospital's own average	– Insufficient evidence exists to indicate what a true "ceiling" should be—i.e. when the progressive performance management process should be triggered – Ongoing work is being done by HQO—we hope to have a better sense of all safety measures by 2020/21
	Revise Baseline as follows: – ~~Last 4 available quarters~~ To – Last 20 available quarters	– Variation over only 4 quarters allows for wide fluctuation of corridors—a longer period corrects for this – 20 quarters will be available via public reporting by 2019/20 target-setting

Proposed Indicator Classifications and Definitions for 2020-21

Category	*Current MLAA definition*	*Current HSAA definition*	*Current LSAA definition*	*Current MSAA definition*	**Proposed SAA definition**
Performance Indicator	*"Performance indicator" means a measure of local health system performance for which a LHIN target will be set.*	***Performance Indicator** means a measure of Hospital performance for which a Performance Target is set*	*"**Performance Indicator**" means a measure of HSP performance for which a Performance Target is set.*	*"**Performance Indicator**" means a measure of HSP performance for which a Performance Target is set.*	**Performance Indicator** means a measure of HSP performance for which a Performance Target is set. A performance indicator is a valid, feasible measure of HSP performance over which the HSP has control or substantial influence.
Monitoring Indicator	*"Monitoring indicator" means a measure of local health system performance that the MOHLTC and the LHINs will monitor against provincial results or established provincial targets where set.*	*N/A*	*N/A*	*N/A*	**Monitoring Indicator** means a measure of HSP performance for which no Performance Target is set. A monitoring indicator is a valid, feasible measure of HSP performance over which the HSP has control or substantial influence.
Explanatory Indicator		***Explanatory Indicator** means a measure of the Hospital's performance for which no Performance Target is set.*	*"**Explanatory Indicator**" means a measure of HSP performance for which no Performance Target is set.*	*"**Explanatory Indicator**" means a measure of the HSP's performance for which no Performance Target is set.*	**Explanatory Indicator** means a measure that is connected to and helps to explain performance in a Performance Indicator or a Monitoring Indicator. An Explanatory may or may not be a measure of the HSP's performance. No Performance Target is set for an Explanatory Indicator.
Developmental Indicator	*"Developmental indicator" means a measure of local health system performance that requires development due to factors such as the need for methodological refinement, testing, consultation, or analysis of reliability, feasibility and/or data quality.*	*N/A*	*N/A*	*N/A*	**Developmental Indicator** means a measure of local health system performance that requires development due to factors such as the need for methodological refinement, testing, consultation, or analysis of reliability, feasibility, and/or data quality. These indicators, once developed, are expected to be moved to one of the other categories.
Future Indicator		*N/A*	*N/A*	*N/A*	**Future Indicator** means a measure of local health system performance that requires development or modification of datasets or data collection processes to allow the measure to be reported. These measures may also require work to clearly define the indicator and outline how it would be calculated. Once developed, these measures should be reviewed for placement in one of the accountability levels (first as a developmental indicator, then as a monitoring or performance indicator), as an explanatory indicator, for potential inclusion in the LHIN Senior Management dashboard, or for rejection.

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  - St. Mary's Memorial Hospital
  - Stratford General Hospital
  - Wingham and District Hospital