Ontario's LHINs

HOSPITAL ACCOUNTABILITY PLANNING SUBMISSION (HAPS)

FREQUENTLY ASKED QUESTIONS (FAQ)

2017-2018

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Ontario
Local Health Integration Network

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INTRODUCTION

This document contains answers to frequently asked questions (FAQs) related to the 2017-18 Hospital Accountability Planning Submission (HAPS).

GLOSSARY OF TERMS

HAPS: Hospital Accountability Planning Submission. The HAPS is the planning tool used by hospitals to inform the negotiation of the Hospital Service Accountability Agreement (HSAA).

HSAA: Hospital Service Accountability Agreement. The HSAA is the service accountability agreement that the LHINs are required to enter into with the hospitals pursuant to the terms of the Local Health System Integration Act (LHSIA).

HSFR: Health System Funding Reform. HSFR is comprised of Health Based Allocation Methodology (HBAM) Funding and Quality Based Procedures (QBP) Funding.

MLAA: Ministry-LHIN Accountability Agreement. The purpose of the accountability agreement is to set out the mutual understandings between the MOHLTC and the LHIN of their respective performance obligations for the stated period. It is an accountability agreement for the purposes of section 18 of the LHSIA.

SRI: Self Reporting Initiative. SRI is the self-reporting solution for submission and review of information between Health Service Providers (HSPs) and the Local Health Integration Networks (LHINs) and the Ministry of Health and Long-Term Care (the Ministry). It includes any hardware or software that may be provided to the User for the purpose of using SRI.

FREQUENTLY ASKED QUESTIONS AND ANSWERS

1. General

1.1 Where are the HAPS forms posted and when will they be available to Hospitals?

A: The 2017-18 HAPS forms are available on SRI at the following website https://www.sri.moh.gov.on.ca/SRI/faces/login.xhtml and will be available in early October, 2016. An Additional Input Form will be used (as in the past) to capture information that is required for the Schedules but not available directly from the HAPS forms. The template will be distributed to the LHINs and is also embedded directly into the HAPS Guidelines. Both the HAPS submission and the HAPS Supplemental Form can be submitted to the LHIN through SRI.

2. Education & Supporting Documents

2.1 When will the 2017-18 HAPS Guidelines be available?

A: The HAPS Guidelines will be available by October 2016 through the HSAA LHIN Leads in both English and French, will be circulated to hospitals by the LHINs and will also be posted on LHIN websites.

2.2 Will a HAPS User Guide be distributed in addition to the Guidelines?

A: No, there will not be a HAPS User Guide. The HAPS Guidelines contains all relevant information for submitting HAPS.

2.3 Is there a section in the HAPS that requires partner involvement and joint risk mitigation strategies?

A: Please refer to Section 2.3.3 (Framework for Making Choices) in the HAPS Guidelines. This information should be captured in the HAPS Narrative (Health Partner Engagement and Risk sections).

3. Planning / Funding Assumptions

3.1 How should planning assumptions be made?

A: The expectation is that hospitals will individually and locally determine reasonable planning assumptions for use in the completion of the 2017-18 HAPS and the HSAA schedules using information currently available including assumptions for HBAM and Quality Based Procedures. The LHIN will assess these assumptions for reasonableness. Hospitals are encouraged to engage with their peers in the development of assumptions. In some LHINs, the LHIN and hospitals may collectively agree on a common set of assumptions.

3.2 When will we receive our 2017-18 funding information?

A: This has not yet been determined. Hospitals and LHINs should engage in setting planning assumptions necessary to develop and populate the HAPS and Schedules.

3.3 Small hospitals received a 1% increase to base funding, specialty psychiatric hospitals and paediatric hospitals received a 2% increase to base funding, and other hospitals received a 1% increase to General Hospital Service Delivery portion of their budget in 2016/17. Can we plan for the same adjustments next year in the HAPS?

A: It is not yet known whether the same adjustments will be made for 2017-18. Hospitals should determine reasonable planning assumptions for use in the completion of the 2017-18 HAPS and the HSAA schedules using information currently available.

3.4 What are we to assume for the OHA contract for fiscal 2017-18?

A: Hospitals are encouraged to discuss this among their colleagues and OHA representatives as the LHIN and ministry are not parties to that contract. Hospitals should seek broad input into all of their planning assumptions.

3.5 What level of materiality is expected? Will the materiality also apply to a performance factor on the total margin indicator?

A: Where the HSFR assumptions used in planning are different than actual funding allocations, and these result in the hospital being unable to deliver on a performance commitment, this will trigger a resubmission/renegotiation of the affected HSAA targets.

3.6 What is the "Materiality Trigger"?

A: Materiality is assessed on performance indicators and volume targets. Where the HSFR assumptions used in planning are different than actual funding allocations, and these result in the hospital being unable to deliver on a performance commitment, this will trigger a resubmission/renegotiation of the affected HSAA schedules.

The materiality triggers are generally the same for each hospital in that the triggers are from the HSAA performance indicators, which are universal. The actual targets and applicable indicators will vary between hospitals, but the general principle – not being able to meet a target due to an incorrect assumption – is the same for all hospitals.

3.7 Can contact information of finance staff across hospitals be shared?

A: Hospitals and LHINs are encouraged to continue to have regional planning discussions wherever possible. Please contact your local LHIN representative.

4. HSAA

4.1 How long is the HSAA agreement meant for?

A: The intention is that the 2017/18 HSAA agreement will be a one-year extension to the existing agreement, established through consultations between the LHINs, hospitals, the OHA and MOHLTC.

4.2 When will the new HSAA agreement be available that will replace the current agreement?

A: The HSAA Steering Committee is continuing to pursue focused discussions with the goal of jointly developing a new multi-year HSAA.

4.3 Will the new HSAA template agreement allow for streamlining MSAA and LSAA into a Multi-purpose SAA for those hospitals that currently have multiple SAAs, therefore eliminating the need for a separate MSAA or LSAA?

A: At this time the agreements will continue to be separate due to the differences in language between the agreements relevant to the nature of hospitals.

5. Submitting

5.1 When is the HAPS submission date?

A: The HAPS submission is due to the LHINs on November 21, 2016. It does not have to be board approved at that point. However, the final HAPS submission is due to the LHIN by January 31, 2017 and should be board approved. Please contact your LHIN to discuss any locally determined requests or direction regarding HAPS submission.

5.2 Will hospitals be required to submit a 2017-18 HAPS narrative similar to previous years?

A: Yes, there will continue to be a narrative component. Please refer to the HAPS Guidelines for further detail on the HAPS Narrative template. The template is embedded directly into the HAPS Guidelines.

5.3 Without funding information, are Hospitals expected to submit a balanced budget?

A: Yes, hospitals are expected to submit a balanced budget within their HAPS.

5.4 If we are considering service changes as part of the HAPS process, where do I capture these?

A: Information regarding proposed service changes is to be included in the Service Delivery Change Form. The template and process guide are both embedded in the HAPS Narrative template. This information is necessary to be detailed separately as it informs conversations that will need to occur between hospitals and their LHINs in order to assess the impact of the service change on the local and regional health system as well as to determine whether the service change is an "integration" as per LHSIA and whether the proposed service change requires additional due diligence as part of that LHSIA process.

5.5 Some of the sections in the HAPS narrative may be challenging for a hospital to complete dependent on its circumstances. Is the completion of each of these sections necessary?

A: The information provided by the hospitals in the HAPS narrative informs conversations that will occur between hospitals and their LHINs in the analysis of the HAPS and the completion of the HSAA. The information requested provides important insight into the impact of a hospital on the local and provincial health systems. Should hospitals require additional clarification or have questions regarding the completion of the HAPS narrative, they are advised to contact their LHINs.

6. QBPs

6.1 When will the QBP information for 2017-18 be released?

A: This has not yet been determined. For HAPS purposes, hospitals should use conservative assumptions reflecting local situations and known information.

7. Indicators

7.1 When will the 2017-18 Schedules and indicators be distributed?

A: An education session will be provided to hospitals in November 2016 on the 2017-18 Schedules and indicators. Hospitals are asked to contact their local LHIN for further information.