



# News Release

For Immediate Release

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## Health Quality Ontario Lacks Ministry, LHINs Support to Accomplish its Mandate: Auditor General

(TORONTO) Health Quality Ontario (HQP) provides information and advice on the quality of health care in Ontario—but there is no requirement to implement its recommendations and advice. Despite having spent \$240 million over the seven years between April 2011 and March 31, 2018, HQO has had difficulty assessing and demonstrating its impact on the quality of health care in Ontario, Auditor General Bonnie Lysyk says in her *2018 Annual Report*, released today.

“We found that HQO monitors and reports on the quality of health services, develops clinical care standards, and makes evidence-based recommendations to the Ministry of Health and Long-Term Care about which health-care services and medical devices should be publicly funded,” Lysyk said after the Report was tabled in the Legislative Assembly.

“However, HQO has had difficulty demonstrating its impact on the health system because the Ministry and others are not acting on HQO’s recommendations and advice.”

HQP is an agency of the Ministry with a mandate to “continuously improve the quality of health care in Ontario.” In 2017/18, it spent \$44.2 million on its operations and employed the equivalent of 291 full-time staff. HQO provides:

- clinical care standards and priority indicators for areas in the health-care system requiring improvement;
- performance reporting on the health-care system; and
- individualized reports to physicians and hospital CEOs that they can use to improve the quality of care they provide.

The Ministry, the Local Health Integration Networks (LHINs), HQO and health-care providers all share responsibility for quality improvement in the health-care sector. However, the focus of the LHINs and health-care providers is to meet their own performance goals, which may not always correspond to the areas that HQO identifies as needing improvement.

Some of the specific issues identified in the Report are:

- HQO is currently not monitoring the adoption rate of Ministry-accepted medical devices and health-care services it recommends, and clinical care standards it develops, to reduce variations in care across the province. HQO is also not assessing what impact its activities are having on the overall quality of health care in Ontario.
- Although HQO sets priority performance indicators for the different health-care sectors, it does not identify a minimum target for each indicator, nor an ideal target range. Therefore, health-care organizations set their own targets. We found there were large variations in targets set by health-care organizations in their quality improvement plans, meaning that the quality of care patients receive will likely continue to vary widely depending on where they receive their care.

- HOO mostly conducts its own assessments of medical devices and health-care services to determine whether the Ministry should fund them. HOO could potentially reduce the time and money spent to complete these assessments by collaborating with other jurisdictions or relying on similar work already done in other provinces or by the Canadian Agency for Drugs and Technologies in Health.
- HOO could do more outreach to encourage more physicians to receive the optional individualized practice reports it creates that aim to change physician behaviour and improve their practices' performance. As of July 2018, only 32% of primary-care physicians had signed up to receive the reports.

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Read the [Health Quality Ontario](https://www.auditor.on.ca) audit report at [www.auditor.on.ca](https://www.auditor.on.ca)

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