

CHAPTER: **3** PERFORMANCE MANAGEMENT

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Intent

To describe health authorities' responsibilities in applying a performance management approach in planning and delivering publicly subsidized home and community care services.

Policy

Health authorities are expected to use performance data to measure and monitor improvements in quality of care and health outcomes for home and community care clients.

Provincial performance standards and measures will be developed collaboratively with health authorities and will be based on evidence or leading practice in quality and safety.

Quality improvement programs will be evaluated using the Institute for Healthcare Improvement Triple Aim lens focusing on client outcomes, client experience and cost.

Performance management includes the following components:

- Performance standards – establish the level of performance expected to improve the health outcomes of clients.
- Performance measures – the specific quantitative representation of a capacity, process or outcome deemed relevant to the assessment of performance.
- Reporting of progress – documentation and reporting of progress in meeting standards and sharing of information through feedback.
- Quality improvement – a program or process to manage change and achieve quality improvement in home and community care services based on performance standards, measures, and client experience.

References

Health Services Management Policy for Health Authorities, Ministry of Health Services, February, 2011

Triple Aim, Institute for Healthcare Improvement Triple Aim

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Intent

To describe health authorities' responsibilities in working with the ministry in monitoring, planning and evaluating publicly subsidized home and community care services and client health outcomes.

Policy

Health authorities must submit data to the ministry and other parties as directed by the ministry within specified timeframes including:

- Home and Community Care Minimum Reporting Requirements (HCC MRR);
- Canadian Institute for Health Information's (CIHI) Continuing Care Reporting System;
- CIHI's Home Care Reporting System;
- Health Authority Management Information System (HAMIS); and
- other reporting requirements directed by the ministry.

All service providers must be assigned an approved provider number by the ministry to provide adult day services, assisted living services, group home services, family care home services or residential care services (See Policy 1.B, Approved Service Providers).

To obtain a provider number for a service provider, health authorities must:

- approve the service provider;
- ensure a valid contract is in place;
- submit a completed service provider application form (HLTH 13) to the ministry; and
- ensure the ministry has issued a provider number before the service provider begins delivering service.

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References

Continuing Care Act

Health Authorities Act

Health Services Management Policy for Health Authorities, Ministry of Health Services,
February 2011, Policy 8.3, Information Management

Home and Community Care Minimum Reporting Requirements (HCC MRR), Guidelines
and Specifications Document

Hospital Act

Ministry of Health Act

Provincial Performance Management Framework for Assisted Living Residences,
September 2009

Provincial Performance Management Framework for Residential Care Facilities, April 2008

Provincial Performance Management Report for Home Health Services