

Questions & Answers

Multi-Sectoral Accountability Agreement Information Sessions

November 25, 2008 – Cutten Club, Guelph, Ontario

November 26, 2008 – St. George's Banquet Hall, Waterloo Ontario

On April 1, 2009, community support service (CSS) organizations, community health centres (CHCs), and the Community Care Access Centre (CCAC) based in Waterloo Wellington will enter into accountability agreements with the Waterloo Wellington Local Health Integration Network (WWLHIN).

The form and substance of the agreements differs from those signed previously with the Ministry of Health and Long Term Care. To help familiarize service organizations with the requirements of these new agreements, the WWLHIN held two information sessions to provide an overview of the documentation as well as to offer CSS, CHC and CCAC staff and Board members an opportunity to ask questions.

The following questions and responses by LHIN staff were recorded in the course of those two sessions.

1. Are the templates that are currently in circulation final?

No, there are still minor modifications to be made around tone; however, it is not expected that the content will be altered significantly. It is expected that the final version of the M-SAA will be available in early January.

2. Is there is an opportunity to provide feedback on the schedules?

There will be opportunity to provide suggestions for LHIN-HSP specific indicators for Schedule E – Performance.

3. Can you comment on the indicator development and the composition of the different teams and their expertise in development of such indicators? Specifically – will someone else be looking at this and how do we know we are measuring what needs to be measured?

A joint LHIN / Ministry group led the indicator development process. Over the past 18 months the group has engaged and involved LHIN and Ministry indicator and measurement experts. In the summer of 2008, the measurement experts from all the sectors were consulted, and continue to work closely with the LHIN team. Given the time frame of the consultation and the nature of the off-the-shelf indicators the groups were considering, specific academic input was not sought.

The South West LHIN is currently working on LHIN specific indicators and the data. They are hoping to have something by January so we know where we might go with CSS indicators.

4. When it comes to governance indicators are you looking at best practices?

Yes, the Governance Indicator Development Group led by the WWLHIN Board Chair Kathy Durst, will be looking at leading practices. The Group will be considering work already done by the various accreditation bodies as well as schools of governance.

5. The indicators for the CSS sector – cost per unit of service is identified as being in the developmental stage. Since there is a lot of variation around the province (i.e. use of visit v.s. PFA measures), should this be a measurement in the first year – will there be a clear definition provided?

The primary indicators for the sector in the first year only look at CSS volumes. The Indicator Working Group identified through the consultation process that work is required before a cost measure will be validated and robust enough to use as a performance measure. In respect to the volume metrics, the consultation table agreed that if we begin to use the data it will get better. Where the numbers are a concern for your organization this should be the basis of a conversation which, we hope, will lead to improvement in this area.

6. Indicators – CHC's focus on cost per unit service is on individuals served one to one. In a CHC this is not necessarily the lion share of service – so lots of what they do (i.e. community development work) is not captured. People are keen to be accountable but need for comprehensive measures and so we will look forward to those conversations. The question is, how do you incorporate different models of care work?

This is where LHIN-specific indicators will come into play. If there are providers, or sectors such as the CHCs, that have developed indicators we would encourage you to bring them to the table.

7. With the LHIN specific indicators – will some be identified as developmental as opposed to performance?

It is possible that not all LHIN specific indicators will be applied across the entire LHIN. First we may need to test an indicator – if it works well, it may be used more broadly.

8. The presentation indicated that client satisfaction surveys are developmental. For those organizations currently using such a survey, can we expect to have common questions etc?

There is work being done amongst the CCACs towards the development of a common tool. The gathering of shared client satisfaction information in the CSS sector is less formal. We anticipate that there may be some Ministry tools and we may be able to share learning across the sectors. If you are currently conducting client satisfaction surveys you should keep doing so.

9. Termination clause – can you speak to the liability for organizations in addressing obligations in a termination situation?

Article 12 (12.1) - notice to terminate not for cause – there is a minimum of 60 days plus a requirement for a transition plan for both the organization and the clients served. As stewards for your organization, Boards are responsible for ensuring that appropriate policies are in place to address the obligations of the organization. These include but are not limited to appropriate insurance coverage, vacation policies, and wind up provisions.

10. Governance models – each organization can have a different model. Are we looking at streamlining models across all organizations?

No, there is no plan for this. What we are looking for is consistency in principles and the fundamentals of governance.

11. You made a reference to organizations that provide services that cross LHIN boundaries – what about organizations that provide service across the province?

Schedule A and B will talk about territories and specific populations. This situation will require a specific conversation as we are mindful that service obligations may extend beyond us.

12. In previous agreements we signed there was a specific data sharing agreement to cover the sharing and transfer of data – is there a component of new agree to cover this?

There is a clause for data sharing within the template M-SAA

13. What will the process of negotiation look like?

The sharing of the information via your community action plan submission (CAPS) was the first step. Your LHIN liaison will clarify through questions and then the negotiations can focus on the achievement of specific objectives (performance targets). Performance targets will be based on information in your CAPS, and by January 15th Schedule E (Performance) of your M-SAA will be populated so that negotiations may begin. This will involve meetings and telephone calls - the agreements will evolve through this process.

14. So the completion of the general template plus specific sector addendums is the goal for this time around?

There are no addendums – everything fits within the template and the schedules.

15. Performance indicators are important to collect and for understanding. But what will these indicators be used for? How will the information inform the process?

Some indicators will help us measure performance against targets (i.e. wait times). We will also look at system performance - how is the overall service provision making a difference in this LHIN. For this first agreement our intention is not to use the indicator to compare one organization to another. For assessing how a provider is doing on a measure we will look at their data, over time. We need to know what is making our system strong and how your organization contributes to that success.