



The Provincial Council for Maternal and Child Health Quality-Based Procedure Expert Panel: Tonsillectomy Terms of Reference

Background:

Quality-Based Procedures (QBP) are an integral part of Ontario's Health System Funding Reform (HSFR) and a key component of the Patient-Based Funding (PBF). This reform plays a key role in advancing the government's quality agenda and its *Action Plan for Health Care*. HSFR has been identified as an important mechanism to strengthen the link between the delivery of high quality care and fiscal sustainability.

Ontario's health care system has been living under a global economic uncertainty for a considerable period of time. At the same time, the pace of growth in health care spending has been on a collision course with the provincial government's deficit recovery plan.

In response to these fiscal challenges and to strengthen the commitment towards the delivery of high quality care, the *Excellent Care for All Act* (ECFAA) received royal assent in June 2010. ECFAA is a key component of a broad strategy that improves the quality and value of the patient experience by providing them with the right care at the right time, and in the right place through the application of evidence-informed health care. ECFAA positions Ontario to implement reforms and develop the levers needed to mobilize the delivery of high quality, patient-centred care.

Ontario's *Action Plan for Health Care* advances the principles of ECFAA reflecting quality as the primary driver to system solutions, value and sustainability.

Prior to the introduction of HSFR, a significant proportion of hospital funding was allocated through a global funding approach, with specific funding for some select provincial programs and wait times services. A global funding approach reduces incentives for Health Service Providers (HSPs) to adopt best practices that result in better patient outcomes in a cost-effective manner.

To support the paradigm shift from a culture of 'cost containment' to 'quality improvement,' the Ontario government is committed to moving towards a patient-centred funding model that reflects local population needs and contributes to optimal patient outcomes (Figure 1).

Internationally, PBF models have been implemented since 1983. Ontario is one of the last leading jurisdictions to move down this path. This puts the province in a unique position to learn from international best practices and lessons learned by others to create a funding model that is best suited for Ontario.

PBF supports system capacity planning and quality improvement through directly linking funding to patient outcomes. PBF provides an incentive to health care providers to become more efficient and effective in their patient management by accepting and adopting best practices that ensure Ontarians get the right care, at the right time and in the right place.⁽¹⁾

Objectives:

The Paediatric Quality-Based Procedure Expert Panel for Tonsillectomy will:

- Provide a description of the Quality-Based Procedure that includes inclusion and exclusion criteria, factors for acuity/severity adjustment, documentation implications, the rationale for selecting tonsillectomy as a QBP, the key objectives of the QBP and the process for clinical engagement in this work
- Review utilization and LOS trends
- Identify best practices , how they were defined, an agreed upon pathway for patient treatment that identifies key phases, branches and decision points and the anticipated proportion of patients that proceed down each branch of the pathway
- Identify “better” practice providers
- Create a Clinical Handbook including populating the QBP framework and publishing 'better' practice providers
- Document the strength of the evidence supporting the recommended best practices
- Make recommendations for implementation of best practices
- Identify implications for clinical teams
- Identify the anticipated impact on clinical volumes
- Identify evaluation metrics
- Identify supports for change
- Identify frequently asked questions
- Assist in the knowledge transfer process e.g. Sector engagement

Accountability:

The Paediatric Quality-Based Procedure Expert Panel for Tonsillectomy will report to the MOHLTC via the Provincial Council for Maternal and Child Health.

Membership:

Paediatric Otolaryngologists from PAHSCs (2)
General Otolaryngologists from Community Hospitals (4-5)
Anesthesiologists (2)
RNs (3-4)
Pharmacist (1-2)
Paediatricians (1-2)
Primary Care (Paediatrician, Family Physician, NP) (2-3)
Decision Support (1)

Decision Making Process:

Members share accountability for decisions. There should be open and direct communication based on honesty, respect and transparency to ensure that all perspectives are heard. Recommendations should be evidence-based. Decisions will be made by consensus whenever possible. If voting is required, all voting members will have one vote; quorum is set at the majority of the membership.

Conflict of Interest:

Members shall disclose to the chair of their group, without delay, any actual or potential situation that may be reasonably interpreted as either a conflict of interest or a potential conflict of interest.

Communication and Confidentiality:

Expert panel material should be treated as confidential. It will be clearly stated when material is no longer confidential.

Meeting Schedule:

May, 2013 to October 2013. Meeting frequency will be determined. Meetings will be in person with a teleconference option.

(1) Quality-Based Procedures Clinical Handbook, *Health Quality Branch*, Ministry of Health and Long-term Care