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Building Equity In: Analysis of Toronto Central LHIN Hospital 2010 Equity Plans

Summary and Recommendations

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All hospitals within Toronto Central LHIN refreshed their equity plans in 2010. As in the first generation of these plans in 2009, a template was developed within the Hospital Collaborative on Vulnerable and Marginalized Populations, and the Collaborative again proved to be a crucial forum for collectively discussing equity challenges and sharing information and insight. Also as in the first generation, these plans were analyzed by the Evaluation Centre for Complex Health Interventions of the Li Ka Shing Knowledge Institute and the Wellesley Institute.

Developing two generations of plans has accomplished several objectives:

- it further highlighted access and quality barriers and the need to explicitly address the health needs of disadvantaged populations;
- it showcased the increasing number and wide range of initiatives that hospitals have been developing to do just that, showing concretely that action is possible;
- the analyses, coordination and discussion necessary to prepare the plans mobilized more and more champions, programs and commitment within hospitals, and continued to lay a solid foundation of equity-planning mechanisms and experience;
- by building on the first plans, and planning towards the future, this process further embedded equity within hospital service delivery, performance management and working cultures; and
- it identified the challenges still to be addressed.

Building Equity Momentum

Critical success conditions for individual hospitals — at whatever stage they are — to move their equity planning and operationalization to the next level include:

- a coherent overall strategy;
- a clear framework for change setting out the key components, pathways and levers to drive their strategy into action;
- allocating staff and other resources, and developing effective planning forums, management responsibilities and accountability processes;
- dynamic and flexible operationalization, so that programs and implementation are continually adapted, thorough evaluation, evidence and experience;
- building a learning culture of continuous improvement and equity innovation.

Success conditions for advancing equity across the hospital sector include:

- clear and consistent LHIN priorities and overall directions;
- sharing equity innovation, evaluation and data;

and across the health-care system as a whole within Toronto Central:

- coordination of hospitals, CHCs and other providers;
- consistent and effective collaboration between hospitals and community partners;
- collaboration and coordination beyond the LHIN system, e.g., with public health and other sectors and agencies concerned with the social determinants of health.

Action Recommendations

Analyzing these success conditions and our findings highlights five broad areas where the hospitals and the LHIN can consistently implement key directions. We make a series of inter-connected specific recommendations within each.

BUILD EFFECTIVE EQUITY STRATEGIES

Refreshing the equity plans has been important to identifying such possibilities. Continuing to build momentum through further generations of these plans, and through sharing and building upon lessons learned in implementation, will be a key part of driving equity forward.

Our first recommendation is that:

1. **The hospitals continue to refresh their equity plans at least every two years. Toronto Central LHIN should also continue to commission or undertake an analysis of these updated plans and report on how it will integrate the hospital equity plans and the recommendations from the analysis of the updated plans into its ongoing overall equity strategy.**

As with the first generation of equity plans, the LHIN should convene forums and other appropriate means to discuss this report.

The timing for updating the plans should be linked to the cycle of negotiating the hospital service accountability agreements (H-SAAs). We argue below that deliverables resulting from these hospital equity plans, from discussion of this report, and from current LHIN equity planning need to be built into the negotiations that will begin later this year. Assuming the two-year cycle of H-SAAs continues, the next generation of hospital equity plans should be completed in the fall of 2012, to be analyzed and discussed in spring-summer 2013, and be ready for incorporation in HSSA negotiations in late 2013.

The Hospital Collaborative will remain an effective forum to initiate and coordinate these discussions and resource development. Our second recommendation is:

2. **Toronto Central LHIN should continue to partner with the Hospital Collaborative on Vulnerable and Marginalized Populations so that it can be the forum for detailed discussion on operationalizing equity and for developing successive generations of hospital equity plans.**

ALLOCATE RESOURCES AND RESPONSIBILITIES

We have emphasized the importance of embedding equity within hospital planning processes, operational structures and working cultures. Taking this further, to be serious about driving their equity strategies into action, hospitals have to allocate sufficient resources and ensure responsibilities and deliverables are clear.

Hospitals have established task forces and other models for policy and program coordination, and developed innovative management processes. These have proven successful not just in enhancing coordinated action, but in more generally providing a face and forum to build equity awareness and interest within the hospitals. This potential should be built on in all hospitals. We recommend that:

3. **All hospitals should establish an appropriate cross-hospital equity task force or planning forum within one year. While the particular form and mandate will vary depending upon the needs and circumstances of the hospital, all should create effective multi-program forums for the coordination of equity-related planning, service delivery and initiatives.**

4. **All hospitals should assign clear equity deliverables and responsibilities within senior management within one year. Here also, while the particular management structures and processes will vary significantly, a pre-condition for consistently operationalizing equity in every hospital is clear management responsibilities.**

EMBED EQUITY IN PLANNING AND PERFORMANCE MEASUREMENT

Leading hospitals have shown that equity planning is not just an exercise that is undertaken separately and sporadically; rather, equity has to be a critical dimension in ongoing strategic and operational planning.

5. **All hospitals should incorporate equity dimensions and objectives into their balanced scorecards or other planning mechanisms. All hospitals should use Health Equity Impact Assessment for appropriate policy and program development, including for any significant program and resource re-alignments.**

Having good equity-relevant data is an indispensable success condition for planning; assessing patient needs and service gaps; creating effective indicators, targets and program and hospital deliverables; monitoring progress against expectations; and evaluating impact. Some data simply is not being collected and pilots and initiatives are underway to determine how best to rectify this. In many cases, there already is a huge amount of patient, administrative, treatment and

outcome data being collected; but we need to be able to stratify the data by equity dimensions.

6. Toronto Central LHIN and hospital partners should develop a comprehensive equity-relevant data collection strategy. While implementation will need to be carefully dovetailed, the goal should be to have a sufficiently comprehensive equity data collection protocol operational in all hospitals by the end of 2012.

Key to institutionalizing equity within performance management and resource allocation is developing evidence-based and effective indicators. There is a huge international research and professional literature to be drawn upon and many interesting local initiatives underway. Several hospitals are already requiring programs to develop and report on equity indictors. All should.

7. All hospitals should identify a manageable number of appropriate and effective organization-wide and program-specific equity indicators. Hospitals should develop a coherent overall performance measurement and management strategy that integrates data collection, targets, measurement, monitoring and performance management by mid-2013.

Good data plus effective evidence-based indicators allows equity targets to be set and progress systematically tracked and monitored.

8. Toronto Central LHIN and all hospitals should develop a cascading system of equity targets and deliverables in 2013, including:

a) equity deliverables that hospitals report on to the LHIN and that are built into their accountability agreements;

b) deliverables that programs within the hospital report up to their Board;

c) more specific equity deliverables for sub-program, practice teams, managers, etc.

EMBED EQUITY IN ACCOUNTABILITIES AND DELIVERABLES

We have emphasized that a pre-condition of driving equity strategies into action is building equity objectives into ongoing quality and performance measurement and tracking. The goal is to develop a comprehensive equity performance measurement system that can link progress on achieving equity targets to accountability mechanisms: managers responsible for particular equity initiatives, specific programs and the hospital as a whole need to be expected to deliver on their identified equity targets.

It will be crucial for the LHIN to embed concrete expectations for operationalizing equity in ongoing accountability moving forward. Timing will be important: negotiations will begin by the end of 2011 for the renewed 2012-13 H-SAAs, and priorities and deliverables based upon this generation of equity plans and current LHIN equity priority directions will need to be built in.

9. Toronto Central LHIN should work with hospitals partners to incorporate priorities and projects identified within the 2010 equity plans and equity deliverables identified within ongoing strategy discussions into the next generation of H-SAAs.

The Hospital Collaborative is the most effective forum within which to initiate these discussions. It should be asked to recommend by December 2011:

- one or two standard equity deliverables to be built into all H-SAAs, for example collecting the standard equity-relevant data that is developed out of current pilot projects, participating in centralized interpretation programs, etc.; and
- the most effective range of cascading expectations and deliverables that can be adapted for the different types of hospitals and for specific hospitals.

The goal would be that all Toronto Central hospitals would be monitoring and reporting on just a few common equity indicators. This would allow effective tracking over time and benchmark comparisons.

It is also critical to align equity within provincial and system drivers such as quality improvement and the *Excellent Care for All Ac*t. The key lever will be building equity into quality improvement plans and other requirements under ECFAA.

10. Toronto Central LHIN should require that all Toronto Central hospitals include at least one specific equity indicator in their 2012 Quality Improvement Plans, and that any data collected and reported for quality improvement purposes must be disaggregated by equity dimensions.

Here also, the Hospital Collaborative will be an effective forum within which to initiate discussion on how to develop equity indicators that will be appropriate

for the QIPs of the different types of hospitals.

DRIVE INNOVATION

The LHIN can play a key role in enabling equity-focused innovations through establishing resources, incentives and drivers; supporting innovative working cultures within its own organization, the hospital sector and beyond; and creating forums and infrastructure to exchange and spread innovation.

11. **Working with the hospitals and other stakeholders, Toronto Central LHIN should:**

a) **prioritize key strategic areas for equity innovation and allocate specific ear-marked resources to fund promising equity initiatives; and**

b) **include expectations on hospitals to fund and support a defined amount of front-line and organizational equity innovation in H-SAAs.**

12. **Toronto Central LHIN should ensure a systematic infrastructure to identify promising innovations, share information and lessons learned, assess and evaluate effective practices, and scale up and spread innovation is created. This could include conferences, web-based communities of practice and other forums to enable equity innovation.**

At the same time, there should be a proactive responsibility on all hospitals to share lessons learned and promising practices, and they should begin by all posting their equity plans.

13. **Toronto Central LHIN should develop an equity-orientated evaluation strategy that supports ongoing learning and equity innovation and implementation.**

These innovation sharing principles and mechanisms need to extend beyond the hospitals to capture and build upon the considerable on-the-ground equity innovation in other sectors as well.

Leading on Equity

This series of recommendations is based upon the best of what is already happening. They will drive coherent directions and consistent implementation across hospitals; enable learning from each other and building continuous equity-driven innovation; and embed equity into the core fabric and culture of Toronto hospitals. At the same time, the recommendations are also designed to be flexible enough to be adapted to the unique traditions, service needs and resources of the individual hospitals.

Taken as a whole, the equity work currently underway across all the hospitals and moving forward on this suite of recommendations has enormous potential to enhance the health and health equity of all residents. Some of these directions can be very much leading edge: embedding equity into performance measurement and management, integrating equity into quality improvement, building the full diversity of people's needs into patient-centred care, etc. Toronto Central hospitals and the LHIN have a chance to be national and international leaders in delivering on the promise of health equity.

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