Capital District Health Authority

INTEGRATED
Quality & Patient Safety FRAMEWORK
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Purpose

The intent of the Capital District Health Authority (CDHA) Integrated Quality and Patient Safety Framework (Figure 1) is to provide a structure for Our Promise: CDHA’s journey to become a world-leading haven for health, healing and learning. The framework aligns with Capital Health’s five strategies and the accreditation quality dimensions and provides a vital link between the dimensions of quality, our foundation as an academic health sciences network and the services we provide for our patients, families, learners and staff. The framework incorporates processes for risk management, utilization management, performance measurement, patient safety and quality improvement.
Integrated Quality and Patient Safety Framework

OUR FOUNDATION: Capital Health is an academic health sciences network providing timely access to advanced patient care, leading edge research and training for the current and the next generation of health care professionals.

Figure 1: Capital Health’s Integrated Quality and Patient Safety Framework
Introduction and Background

Capital Health is a values-based organization. Our values – integrity, courage, caring, accountability and inquisitiveness – reflect who we are and how we choose to do things. Each day, as individuals and as an organization, we seek to live these values as we provide care and make a difference in the lives of our patients, clients and the communities we serve. Consistent with our Integrated Quality and Patient Safety Framework, our values represent the foundation for providing quality, safe patient-centred care.

Our Mission

Capital Health’s mission to become a world-leading haven for people-centred health, healing and learning requires us to do things differently. Our Promise, the organization’s strategic plan, articulates the new mission and provides the context and vision to guide the journey.

The work to achieve Our Promise is focused in Capital Health’s five strategies:

1. Transforming the person-centred health care experience
   - Putting those we serve – patient, families, communities – at the centre of our work. Relentless pursuit of excellence in care and service.

2. Citizen and stakeholder engagement and accountability
   - With patients, partners and the public, we exchange information, make decisions, act together and share responsibility to improve health and well-being.

3. Transformational leadership
   - Everyone is expected to be a leader in their work. Together we are accountable to make things better.

4. Innovating health and learning
   - Excellence in education and research. Learning all the time, in everything we do. Embracing new ideas and having the courage to do things differently.

5. Sustainability
   - Making responsible and wise decisions about our resources now while investing in the future. Transforming the system to ensure it is there when and where needed.

Capital Health’s strategies are recurring themes in the Quality and Patient Safety Framework. To help to strengthen the organizations focus on the five streams, Our Promise: 2016 Areas of Focus and Goals (Figure 2) have been identified for the organization.

The 2016 goals are not meant to represent all of the work of Capital Health in caring for patients, teaching and research, and improving quality and patient safety. They are to help ensure the work is in keeping with a vision of improved health and a sustainable system. Our Promise: 2016 Areas of Focus and Goals are grouped under the five strategies; they are intended to ensure the work of Capital Health is aligned with improving the health status of people and communities while being responsible stewards of health system resources. Annual targets and oversight groups for each 2016 Goal have been established.

Quality and Patient Safety

Integral to becoming a world-leading haven of people-centred health, healing and learning is a focus on quality and patient safety. Quality is achieved by providing the right care to the right patient by the right care provider at the right time. Patient safety is an integral aspect of quality.
The Canadian Patient Safety Institute defines the patient safety culture of an organization as the collective values, knowledge, skills and commitment to safer patient care that is demonstrated by every member of the organization. At Capital Health, every person who works learns or volunteers must act with an awareness of whether an action could harm a patient and what should be done to prevent or minimize that harm. The focus is preventing harm and minimizing the possibility of harm.

Capital Health continues with many initiatives aimed at improving quality and providing safe care, among them:

1. Patients First Initiative
2. Patient Safety Plan 2011/12 to 2014/15
3. Confidential reporting of adverse events (Patient Safety Reporting System)
4. Quality review process (risk reviews and other critical review tools)
5. Leadership safety rounds
6. Participation in the national hand washing campaign
7. Provision of courses for Quality Teams, including 17 on-line patient safety education courses
8. Patient Safety - annual education requirements
9. Patient safety research

2013 – 2016 Business Plan

Capital Health’s 2013-2016 Business Plan will support organizational goals and priorities. Our plan continues to be refined in each year to make the best use of our resources. It is shaped by what citizens, employees, patients, families and communities have asked for to achieve optimal health and wellness. Capital Health is committed to a three-year business planning process. We have chosen to pursue this approach to ensure we are creating a sustainable system for those we serve, and making wise investments to support innovation and improved patient care. Our commitment to this has not wavered, and we know that we are doing this work within the context of a system that is facing some harsh fiscal realities.

Today our focus is on allocating our resources more effectively. Living within our means today is important if we are going to realize the investment funds that are essential to maintaining standards of care, supporting our academic mandate and funding initiatives that positively impact patient care, patient safety, and patient outcomes. We have come a long way in demonstrating that we are good fiscal stewards of the public’s resources, and that not only can we achieve savings and improve efficiency, but we can do so while improving care and the patient experience.

Capital Health Risk Assessment

Capital Health’s Board of Directors and Executive team regularly participate in a rapid risk assessment process. The risk assessment focuses on the evaluation of 24 common risk areas that are inherent to Health Care organizations. Each of the risk areas represents a consolidation of various risks which could impact the organization.

With a time horizon of 2-3 years, risk areas are considered and ranked based on a five point scale for consequence and likelihood. Our latest risk assessment results indicate six key risk areas for the organization: facilities and assets, external factors, care and delivery, treasury,
reputation and public image. These results have informed the creation of the 2013-2016 Business Plan, and our renewed strategic plan, *Our Promise in Action.*

Top Risk Assessment Areas identified are monitored and overseen by the Board of Directors. With the support of organization's administrative leaders, the Board and its relevant committees have established relevant actions plans specific to each risk area, ensuring appropriate actions are undertaken to mitigate organizational risk, and the provision of quality, safe patient care. Timelines have been established, and progress against identified actions is reported to the Board on an ongoing basis and tracked through the Strategic Indicator Report.
Figure 2: Our Promise in Action 14 Areas of Focus: Performance and Evaluation Framework
The performance indicators, benchmarking and evaluation activities are a coordinated effort that builds upon previous and concurrent work underway throughout Capital Health. The performance indicators selected and how the data are used, for decision-making and evaluation, will be key elements in success along the journey to fulfill Our Promise.

To become a world-leading learning haven, the goals for Capital Health’s performance indicators, benchmarking and evaluation are aligned with Capital Health’s strategies and goals, as well as the Accreditation Canada Quality Dimensions (see Figure 3).

Alignment with Capital Health’s Strategic Streams and 2016 Strategic Goals, Accreditation Quality Dimensions

Figure 3: Alignment of Strategies and Goals with Accreditation Canada Quality Dimensions

This will require timely information regarding service delivery outcomes and progress toward achieving the 2016 Goals. Work to develop the 2016 measures was an opportunity to get more precise about how we will know if we succeeded in achieving a goal. Performance measurement and evaluation goals include:

1. Identification and further development of Capital Health performance indicators. The challenge is to focus on the key performance indicators. Indicators and data must not only represent acute care but also reflect the spectrum of services across the district. Indicators must be multipurpose to track strategic and operational measures and meet a range of requirements (e.g., accreditation, patient safety, provincial reporting). New indicators and reports will be identified over time and will be integrated into this model.

2. Stakeholder engagement to ensure that indicators and relevant, meaningful data are available for decision-making and evaluation.
3. Key, timely data accessible at the point of care and to the organization. Data will help
determine if Capital Health is doing well and where opportunities for improvement exist.
Use of the information management strategy will be a key component to enabling the
organization to be as efficient as possible.

4. Support to the organizational case costing initiative and integration of results for use in
evidence-based decisions.

5. Decisions based on ethics, evidence and economics. Application of a decision-making
framework to facilitate the balanced application of different perspectives to planning at all
organizational levels.

6. A culture of inquiry fostered and the practice of evidence-informed decision-making
advanced within Capital Health. Ensure the appropriate infrastructure and supports are
created to sustain the practice.

7. Performance indicators aligned to reflect identified organizational goals stimulate
improved performance.

8. Structures developed to support organizational performance indicators, benchmarking
and evaluation.

9. Accountability for reporting performance indicators and innovative solutions to address
issues related to quality and safety.
Monitoring and Reporting

The monitoring and reporting of indicator data occurs at several points. The indicators are organized into operational, organizational and governance levels (Figure 4).

Figure 4: Capital Health’s Strategic Reporting Framework

The operational level indicators monitor the day to day activities of departments and services. They provide the information needed by area / service managers and Quality and Patient Safety Teams to plan operations and identify opportunities for improvement.

The District Quality and Patient Safety Council’s mandates includes review of unit / service performance data, and monitors and evaluates results of quality and safety initiatives.

Organizational level indicators include the 2016 measures and are a subset of the operational level indicators. The organizational indicators are reported in the Strategic Indicator Report (SIR) which is updated monthly and presented to the Board quarterly. The report provides evidence of progress toward achieving the 2016 measures as well as trending performance of high level operational activities.

Governance level indicators monitor Capital Health system level performance including but not limited to 2016 strategic measures and Board identified risk areas. Indicator data and associated reports are available via the Capital Health intranet on the Performance Indicator
Responsible VPs and their clinical/community teams present their relevant performance indicators to the Quality & Patient Safety Committee of the Board on a bi-monthly rotational basis.

**Action Plans**

It is not enough to simply measure and report on performance. We need to use this information to continuously improve our services. A key element that holds together the various and diverse elements of Capital Health is a continuous striving to provide the best services for our patients and our community. Our continuous quality improvement model, **Plan - Do – Study – Act**, (PDSA) provides a standardized process for conducting quality improvement initiatives.

Review of performance measures identifies opportunities for improvement. We then assess what needs to be improved and consider the best way to achieve the desired results. This leads to a plan (P). The plan explains how the change will be accomplished and establishes goals and targets. The next step is to do (D) the planned changes in a controlled way, so that we can see the impact of the changes and determine whether the changes are giving us the desired results. We need to determine what results we are looking for and then evaluate (S) whether we are achieving these results. If the evaluation shows that we are achieving expected results then we act (A) on the result, integrating the new ways of doing things into our everyday work life, and into other parts of the organization. If we have not achieved the desired results, we need to repeat the process and try other ways to improve.

If a performance measure shows performance is below standard, then processes or behaviours may need to be changed to bring the measure back to standard. If the measure is consistently showing substandard performance, a more formal quality initiative to improve performance may be required. After any change, continue to monitor the measure to ensure the change has had the desired effect.

Development of performance measures will be an ongoing process. If a measure is not providing information that helps to make decisions, stop using the measure, and find another that will provide useful information. If a goal has been achieved, the related performance measure can be replaced with a new measure for another goal.
Quality and Patient Safety Accountability Structure

Figure 5: Capital Health’s Quality and Patient Safety Accountability Structure

Board of Directors
- Ultimate governance responsibility for the quality of service provided for our patients, families, learners and staff.

Board of Directors Quality and Patient Safety Committee
- Review, report and recommend to the Board on all matters related to the quality and safety of patient care provided by Capital Health. The committee will, together with other relevant Board subcommittees, seek to improve health outcomes of the population served by Capital Health (see Appendix 4 for Terms of Reference).

DMAC Quality Sub-Committee
- Provide leadership and direction for reviewing, evaluating and making recommendations in relation to specific health care, learning and research initiatives related to the medical staff at Capital Health.
- Identify and support quality management programs to enhance quality health care.
- Educate, communicate and liaise with Medical Staff, Family Practitioners, community based specialists and other clinical care providers on quality improvement / management programs and activities (see Appendix 5 for Terms of Reference).
Leadership Enabling Team (LET)
- Ultimate administrative and operational responsibility and oversight for the quality of services provided for our patients, families, learners and staff.

District Quality and Patient Safety Council
- Recommend to LET and the Quality Committee of the Board annual improvement initiatives in the areas of patient safety, quality, utilization, accreditation and any related educational requirements.
- Establish and monitor quality benchmarks and initiatives through key performance indicators, measuring quality, patient safety, patient and staff satisfaction and related education to meet quality objectives.
- Monitor and promote compliance with Accreditation Canada standards and ROPs, provide leadership and support to meet and exceed these requirements. (see Appendix 6 for Terms of Reference).

Quality and Patient Safety teams / councils
Teams at the service / department / site/ unit level: implement changes, measure, study and report compliance and outcome results. The teams will use the PDSA continuous improvement model to guide their initiatives.

Performance Excellence Program
The Performance Excellence Program works with individuals, units, departments and portfolios across the organization to foster an understanding and culture of quality. Performance Excellence provides support and facilitation for quality improvement throughout the district.

Summary
The Quality and Patient Safety Framework outlines the quality and patient safety structure, functions, responsibilities and accountabilities at Capital Health. The framework is not a stand alone document – it is supported by Our Promise, Our Declaration of Health, the Patient Safety Plan, Our Promise: 2016 Areas of Focus and Goals, our Strategic Indicators Reporting Framework, Capital Health Ethics Framework, Research Ethics Framework and many other educational offerings and research opportunities. It provides information and guidance to the organization for selection and measurement of our achievements in service quality, care outcomes and risk mitigation. It is not intended to be a detailed procedure for designing or implementing quality and patient safety initiatives. The framework is reviewed on a regular basis to ensure continued alignment with the vision mission and strategic direction of Capital Health.
Appendix 1

Capital Health’s Values

Integrity

Integrity means to act honestly, ethically & morally and to do what is necessary to align our beliefs, our words, our behaviour and our actions.

Courage

By courage we mean having the strength to challenge the status quo. Courage calls on us, individually and collectively, to be leaders in doing the right thing for the people, community and planet that we serve - to do what is necessary to live Our Promise as we face tough issues and make difficult decisions.

Caring

Caring means having compassion and concern for others in a way that embraces a person’s physical, spiritual, mental, intellectual and emotional well-being. We do this, as Our Declaration of Health states, with our hearts, hands and minds. And we speak here not just of those we care for, but of each other within the Capital Health community and, indeed, the broader world in which we live.

Accountability

Accountability means taking responsibility for our words and actions in open and transparent ways. It encompasses sustainability by changing the way we think about our resources, whether they be people or buildings, dollars and cents, or earth and air. With our citizens, we are changing the way we think about these resources because we want them to be around for tomorrow's communities.

Inquisitiveness

Inquisitiveness reflects our essence as an academic health sciences network that is eager for and supportive of new knowledge. We value curiosity about finding new ways of being, doing, caring and exploring and we share our knowledge in the pursuit of improved health, health care and the systems in which they operate.
# Appendix 2

## Our Promise in Action: 2016 Key Actions and Targets

<table>
<thead>
<tr>
<th>Strategic Direction</th>
<th>Areas of Focus &amp; Executive Co-Leads</th>
<th>2016 Goals</th>
<th>Measure</th>
<th>Key Actions</th>
<th>Year 1 2013/14 Target</th>
<th>Year 2 2014/15 Target</th>
<th>Year 3 2015/16 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transforming the Person-centered Health Care Experience</strong></td>
<td>Strengthen community-based care for chronic disease. <em>Executive Lead(s): Barbara Hall/ David Anderson</em></td>
<td>Significant increase over baseline of chronic disease management occurring in the community where appropriate.</td>
<td>5% reduction in the number of return outpatient visits annually at selected clinics in relation to hypertension, heart disease, COPD, and diabetes</td>
<td>1. Chronic disease data source identification, evaluation, and implementation of CDM Health System Model 2. Development and implementation of engagement Strategy: Citizens; District Specialists and Family Physicians 3. Leverage ongoing District Chronic Disease Management Work</td>
<td>0%</td>
<td>0%</td>
<td>5% reduction</td>
</tr>
<tr>
<td></td>
<td>Improve quality of care in transitions. <em>Executive Lead(s): Catherine Gaulton</em></td>
<td>Care teams will improve achievement in meeting established standards in the quality of care at key transition points substantially over 2012 baseline levels.</td>
<td>50% overall compliance in documenting patient instructions on the discharge summary</td>
<td>1. Safe patient information transfer 2. E-Discharge tool implementation 3. Improve transitions of care for individuals with chronic conditions from the child-based to adult-based systems</td>
<td>25% overall compliance</td>
<td>35% overall compliance</td>
<td>50% overall compliance</td>
</tr>
<tr>
<td></td>
<td>Build a culture of customer service. <em>Executive Lead(s): Kathy MacNeil</em></td>
<td>Patients, families and communities report customer service interactions with Capital Health employees and physicians meet or exceed their expectations.</td>
<td>20 point increase in the percentage of patients responding most favorably on customer service related survey questions.</td>
<td>1. Customer service training for all employees and physicians 2. Care experience redesign from a quality and patient safety perspective 3. Infrastructure plan for sustainability</td>
<td>5% increase</td>
<td>10% increase</td>
<td>5 % increase</td>
</tr>
</tbody>
</table>
## Citizen and Stakeholder Engagement & Accountability

**Partner with the public so individuals and communities can play a key role in managing their own health.**

**Executive Lead(s): Barbara Hall/ Gaynor Watson Creed**

- Significant increase in number of individuals reporting that Capital Health has supported them in playing a key role in managing their own health.

**Involve patients directly in their care.**

**Executive Lead(s): Paula Bond/ David Kirkpatrick**

- Patients or their surrogates’ report that their involvement in decision-making related to their care met or exceeded their expectations.

**Lead dialogue with the public addressing appropriateness of care.**

**Executive Lead(s): Chris Power/ David Barnes**

- Increase public awareness of quality of life issues related to appropriateness of care.

### Actions

<table>
<thead>
<tr>
<th>Description</th>
<th>Goal</th>
<th>Measure</th>
<th>Planning</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explore the needs of family physicians for resources to support them in information/community access role</td>
<td>5% increase</td>
<td>5% increase</td>
<td>Planning</td>
<td>5% increase</td>
</tr>
<tr>
<td>2. Explore the use of social media and other tools as a way of engaging with residents to learn what being/feeling healthy means to individuals, sharing perspectives and stories. Utilize tools to enable online access to reliable, brief, clear messages and links to accurate resources</td>
<td>10 point increase in the percentage of residents responding positively to a survey question about being consults in decision-making about their care</td>
<td>1% increase</td>
<td>Additional 4% increase</td>
<td>Additional 5% increase</td>
</tr>
<tr>
<td>3. Identify and promote/communication what is available in communities for a diverse community of individuals at different stages of life</td>
<td>20 point increase in the percentage of Capital District residents surveyed who report a high-degree of familiarity with the concept of appropriateness of care</td>
<td>26% of residents</td>
<td>35% of residents</td>
<td>42% of residents</td>
</tr>
</tbody>
</table>
### Transformational Leadership

Everyone is expected to be a leader in their work. Together we are accountable to make things better.

| Executive Lead(s): Steven Soroka/ Kathy MacNeil | Employees and physicians working at Capital Health will meet or exceed expectations of leadership in their work as defined by the Capital Health leadership capabilities. | 20 point increase in the percentage of employees and physicians responding most positively on survey scales related to leadership | 1. Set clear expectations; provide support and accountabilities for demonstrating the CH leadership capabilities with behaviours and actions on the job  
2. Demonstrate leadership capabilities by developing an excellent customer service culture | 5 point increase | 10 point increase | 5 point increase |
| Strengthen accountability of employees and physicians. | Staff, management and physicians at all levels report being held accountable for their performance. | 20 point increase in the percentage of staff, management and physicians responding most positively on survey items measuring self-reported accountability | 1. Set clear standards and expectations  
2. Communication performance feedback/enhance career development  
3. Support manager accountability using a competency development process for managers | 5 point increase | 10 point increase | 5 point increase |

### Innovating Health and Learning

Excellence in education and research. Learning all the time, in everything we do. Embracing new ideas and having the courage to do things differently.

| Executive Lead(s): Pat McGrath | Partners in the academic health learning network report a high-degree of quality in their relationship. | 85% positive response by academic partners on survey items related to the quality of the partnership | 1. Further discussions with key researchers at the key educational institutions to gather information and identify barriers to enhancement of research relationships, ease of research approval and to facilitate innovation within universities and CH. | Planning | 75% satisfaction | 85% satisfaction |
| Build our capacity for interprofessional research and interprofessional education. | Increase opportunities for interprofessional research and interprofessional education. | 50% increase in the percentage of new, Research Ethics Board-approved research initiatives that are interprofessional, and in the number of hours of interprofessional education offered annually | 1. Clinical professional development advances acquisition and demonstration of interprofessional competencies. Corporate education facilitates interprofessional and cross sector collaboration at a leadership level  
2. Interprofessional student placement experiences occur in every clinical area. Responsibility for interprofessional facilitation seamlessly head by the team  
3. Simulation initiatives are maximized for advancement of technical skills and team processes | 10% increase in hours | 20% increase in hours | 20% increase in hours |

### Focus on innovation that has benefits for New innovations are demonstrably aligned with organizational

<p>| Implementation of a health technology assessment process for all new major | 1. Implementation of health technology assessment to new capital equipment purchases over $500,000 and other | 1. Implementation of health technology assessment to new capital equipment purchases over $500,000 and other | Trial implementatio of Health | Implementati on of CDHA/NS | Implementatio of CDHA/NS |</p>
<table>
<thead>
<tr>
<th><strong>Sustainability</strong></th>
<th>Making responsible and wise decisions about our resources now for the future.</th>
<th>Innovate systems and processes for greater efficiency.</th>
<th>Optimize resources to improve organizational (system) performance, quality and efficiency.</th>
<th>60% of typical cases for identified Case Mix Groups (CMGs) have an average Length of Stay (ALOS) equal to or less than the Expected Length of Stay (ELOS)</th>
<th>1. For the CMGs identified pursue targeted strategies to reduce differential between ELOS and ALOS for typical cases 2. Design, develop and implement a District Clinical Services Plan 3. Develop a district wide facilities plan to optimize efficiencies and effective management related to utilization of space and resources</th>
<th>1% improvement 3% additional improvement 5% additional improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Transforming the system, so it is</td>
<td>Executive Lead(s): Paula Bond/David Kirkpatrick</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Develop funding models based on our priorities.</td>
<td>Executive Lead: Amanda Whitewood</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>All 14 areas of focus are transitioned to funding models based on leading practices.</td>
<td></td>
<td>100% implementation of funding formulas based on our priorities, using leading practice where available</td>
<td>1. Review existing budgeting and business planning processes 2. Design engagement process for leaders 3. Implement funding formulas</td>
<td>0% (investigation and review) 40% implementation 60% implementation</td>
<td></td>
</tr>
</tbody>
</table>
| Be better environmental stewards. | Capital Health is independently recognized as a leader in adopting practices and processes that minimize the impact on the environment. | 15% reduction in total annual electrical energy consumption | 1. Implement sustainable sources of internal funding dedicated to efficiency projects  
2. Establishment of Embedded Energy Advisor position  
3. Create a list of projects, prioritized and reviewed annually | 5% reduction | 5% reduction | 5% reduction |
Appendix 4

Capital District Health Authority (the District)
Board of Directors
Quality & Patient Safety Committee
Terms of Reference

Revised and Approved by Quality & Patient Safety Committee – March 17, 2011
Approved Board of Directors:  April 7, 2011

NAME:  Quality & Patient Safety Committee

AUTHORITY:   Board of Directors

PURPOSE:

The Committee’s role is to support the Board’s fulfillment of its stewardship responsibilities in aspects of the Board’s work that relate to quality of care/ service and patient safety including but not limited to aspects of strategic plans, corporate performance, stakeholder relations and communications which support the District’s quality and patient safety priorities.

The Committee will review, report and recommend to the Board on matters related to the quality and safety of patient care provided by the District.

RESPONSIBILITIES:

III. Specific Responsibilities

(a) Quality of Care and Service

- Understand and monitor the effectiveness of the District’s service delivery for the programs and services that it provides to residents of the District and referred patients;

- Monitor the effectiveness and compliance with national standards of the District’s quality and safety standards and resource monitoring systems;

- Monitor, through the CEO, the quality of care provided by the District and the existence of effective systems for follow-up and corrective action
  - Receive regular reports from the District Quality and Patient Safety Council and the District Medical Advisory Committee – Quality subcommittee;

- Monitor the implementation status of District’s response to any quality and patient safety-related recommendations from accreditation or other external reviews;

- Receive and review reports from District Departments in relation to the Committee’s purposes;
- Monitor the effectiveness of the systems in place to ensure high ethical standards in care, education and research
  - The Research Ethics and Capital Health Ethics Support report to the Board through this committee

(b) **Strategic Plans and Corporate Performance**

- Understand, monitor and report to the Board on significant risks to the District relating to quality and patient safety;
- Review proposed strategic or annual business plans with a view to understanding their alignment with priority issues relating to quality and patient safety; and
- Ensure processes are in place to measure and report on organizational performance in relation to quality and patient safety and regularly report such performance measures to the Board of Directors.

(c) **Stakeholder Relations and Communications**

- Monitor the engagement of key stakeholders such as patients, families, employees and physicians in the ongoing improvement and monitoring of quality and patient safety;
- Monitor the results of employee opinion surveys, patient satisfaction surveys, department and program reviews and program evaluations, together with the organization’s plans to take corrective action in response thereto; and
- Monitor the District’s efforts to communicate quality and patient safety issues and system performance to the public.

<table>
<thead>
<tr>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Board Members, one of whom shall be Chair and one of whom shall be Vice Chair</td>
</tr>
<tr>
<td>1 Representative, Capital Health Ethics Support (CHES)</td>
</tr>
<tr>
<td>1 Vice President, Performance Excellence</td>
</tr>
<tr>
<td>1 Vice President of Person Centred Care</td>
</tr>
<tr>
<td>1 Vice President, Medicine</td>
</tr>
<tr>
<td>1 Chair, District Medical Advisory Committee</td>
</tr>
<tr>
<td>Chair, Board of Directors (Ex-Officio)</td>
</tr>
<tr>
<td>President and CEO (Ex-Officio)</td>
</tr>
</tbody>
</table>

**REPORTING:**
Reports to the Board of Directors through the Chair of the Committee.

**ADMINISTRATION:**
Staff and secretarial support will be provided through the Office of the Vice President, Performance Excellence.

**TERM OF APPOINTMENT:**

Term of appointment for Board Members is determined by Provincial Legislation at the time of their appointment to the Capital Health Board of Directors and their annual approval of membership on the Committee at the Capital Health Annual General Meeting.

The Chair must be a member of the Board and is appointed by the Board. The Vice-Chair must be a board member and is appointed by the Chair of the Committee.

**VOTING:**

All members shall be eligible to vote. Capital Health’s Corporate by-laws shall govern the Committee.

**QUORUM:**

A majority (50% plus 1) of the members of the Committee shall constitute a quorum, provided at least one Board member is present.

**SCHEDULING:**

Meets at least quarterly.

**EVALUATION:**

The Committee’s effectiveness will be evaluated annually.

**APPROVED:**

Quality & Patient Safety Committee of the Board  
Capital Health Board of Directors

**DATE:**

March 17, 2011  
April 7, 2011
Appendix 5

TERMS OF REFERENCE
DMAC QUALITY COMMITTEE

Purpose

On behalf of the District Medical Advisory Committee (DMAC), the DMAC Quality Committee will:

- Provide leadership and direction for reviewing, evaluating and making recommendations in relation to specific health care, learning and research initiatives related to the medical staff functioning at Capital Health including but not limited to, quality measurement and quality improvement for medical care provided to patients and clients of Capital Health;

- In cooperation and collaboration with the District Quality and Patient Safety Council take a leadership role in supporting and meeting the objectives and goals of the District Quality and Patient Safety Council as outlined in the terms of reference attached hereto;

- Identify and Support quality management programs to enhance quality health care, learning and research across Capital Health and the Communities it serves;

- Educate, communicate and liaise with Medical Staff, Family Practitioners, community based specialists and other clinical care providers on quality improvement/management programs and activities; and

- Liaise with the Capital Health Board Quality & Patient Safety Committee.

Responsibilities

- Establish, supervise and consider reports from ad hoc or sub-committees established, by DMAC Quality Committee or DMAC from time to time, for the purpose of reviewing, evaluating or making recommendations in relation to specific medically related quality issues.

- Contribute to the establishment of annual Capital Health priorities for improvement in health care, learning and research, based on the Capital Health’s strategic plan and reviews, requirements recommendations, standards, guidelines and findings of or in relation to,

  1) Accreditation Canada,
  2) the Canadian Patient Safety Institute,
  3) licensing bodies,
  4) departmental/divisional/program surveys,
  5) other quality based surveys and other reviews and reports which may arise from time to time,
  6) the District Medical Advisory Committee, other committees and individuals,
  7) Capital Health’s operational, health outcomes and population health performance measures.
• Work closely with the District Quality & Patient Safety Council in pursuance of the goals and objectives identified in the terms of reference attached hereto;

• Assist in the development of targets and indicators and support appropriate action to improve the quality of clinical care based on the review of quarterly operational measurements of Medical Departments/Divisions, and annual population health outcome measurements.

• Assist & support healthcare providers to identify internal and external best practices & clinical practice strategies to enhance access to and delivery of quality health services and provide direction for sharing of this knowledge and translation into future service delivery;

• Provide a forum for discussion and resolution of health systems quality issues including those that cross departments/divisions/programs/disciplines/sites.

Membership

• Representation will be district wide and will reflect tertiary/quaternary and community based hospitals, the Family Practice Community and Capital Health Community and Institution based programs and will be structured as follows:
  o Chair, as appointed by DMAC from it’s membership;
  o Deputy Chair, as elected by the members of this committee
  o Representatives from each District Department/Program (may be the District Department Chief or his/her designated departmental quality expert);
  o DMSA President or delegate;
  o VP Medicine;
  o VP Performance Excellence;
  o Director Medical Services Administration;
  o Director Performance Excellence;
  o President & CEO (ex-officio);
  o Chair of DMAC (ex-officio); and
  o Other ad hoc members as the Committee, in its sole discretion, decides may be required from time to time based on the issue(s) under consideration

Medical Staff appointments should be staggered over a two-year term to ensure continuity and experience.

In the absence of the Chair, the Deputy Chair shall fulfill the function of Chair and in the absence of both the Department Chief designated by the Chair shall act as Chair for the meeting in question.

Quorum:

Quorum is achieved by the presence of 50% of those members identified in the first 10 categories under the Membership, as listed above, plus 1.

Meeting Frequency and Reporting Schedule:

The DMAC Quality Committee shall meet monthly for a minimum of 8 times a year and shall on a quarterly basis, through its Chair, report to DMAC. DMAC Quality Committee is accountable to DMAC and to the Board Quality & Patient Safety Committee.
Administration:

Staff and secretarial support to DMAC Quality Committee and its Chair and Co-Chair will be provided by Capital Health through the Medical Services Administration portfolio.

Authority:

DMAC, Capital Health Board of Directors, Capital Health Quality Review Policy #; Capital Health Patient Safety Plan (Accreditation Canada); Section 60 Nova Scotia Evidence Act; and Section 19D Nova Scotia Freedom of Information and Protection of Privacy Act

Approved by DMAC December 18, 2009

Approved by Capital Health Board: March 4, 2010
Appendix 6

CAPITAL DISTRICT HEALTH AUTHORITY
DISTRICT QUALITY AND PATIENT SAFETY COUNCIL
TERMS OF REFERENCE
October 2009; Amended April, 2011

Purpose:

• Quality and Patient Safety is a fundamental priority for Capital Health;

• The District Quality & Patient Safety Council, together with DMAC Quality Committee and Capital Health’s employees, physicians, volunteers, learners and agents, works to advance quality and patient safety at Capital Health across the continuum of care and consistent with the geographical distribution of the District.

• The Council’s work is a key aspect of achieving Capital Health’s Promise to be a world-leading haven for people-centred health, healing and learning.

• The Council will encourage and facilitate improvements in quality and patient safety education internal and external to Capital Health and in the health professional education programs affiliated or associated with Capital Health;

• Representation and participation of patients, residents, clients in Capital Health’s quality and patient safety educational offerings and their meaningful participation on committees structures responsible for quality and patient safety is a key strategic goal of the Council;

• The Council will report to LET and the Quality Committee of the Board and will work with DMAC Quality in relation to any policies, plans and initiatives to continually improve and sustain the quality of care provided to Capital Health’s citizens.

Responsibilities:

• Leadership oversight of studies, research, services or programs carried on, by or for the Capital District Health Authority or any Capital Health Committee, Council or team which are for the purpose of education or improvement in health, medical care or practice*;

  * This does not include jurisdiction in relation to review of matters which fall within the jurisdiction of the Capital Health, Research Ethics Board

• Recommend to LET and the Quality & Patient Safety Committee of the Board annual improvement initiatives in the five areas of patient safety, quality, utilization, accreditation and related educational initiatives;
Monitor the achievement of quality benchmarks, best practices and other quality initiatives through key performance indicators as provided for in the District’s Strategic Indicators Report (SIR) and other accepted data sets (e.g. HSMR, Hay Report, CIHI);

Receive reports from local or specialty-based Departmental Quality Councils and in their absence from unit based Quality & Patient Safety Teams operating pursuant to Capital Health’s Quality & Patient Safety Framework;

On a bi-annual basis monitor and track the unit, local and District wide (as appropriate) implementation of recommendations arising from reviews carried out by such unit based quality teams or Department quality councils;

Initiate, where appropriate and required, District-wide or local reviews which are not otherwise initiated by DMAC Quality Committee, quality & patient safety teams or Department quality councils under Capital Health’s Quality & Patient Safety Framework;

Monitor and promote compliance with Accreditation Canada standards and ROPs, providing leadership and support to Capital Health quality teams and Councils to meet and exceed these requirements;

Monitor and evaluate results of quality and safety improvement activities/education outlined in the Quality/ Patient Safety Plan and as required under the District Quality & Patient Safety Framework;

Provide leadership and support to sub-committees to direct improvement in the following areas: quality, patient safety, utilization, accreditation and required education

Champion and work to increase front line staff, patient, family member and Capital Health citizen participation in improvement and safety initiatives and shared learning opportunities within Capital Health

Membership:

- VP of Performance Excellence (Co-chair)
- DMAC Quality Committee Chair or Vice-Chair or their delegate (Co-chair)
- Acute Care Representative (1)
- VP – Patient Centred Care (Rotating) (1)
- Continuing Care Representative (1)
- VP Medical Affairs or designate (1)
- Professional Practice representative (1)
- Front line staff representing at least 2 health disciplines (2)
- Front line physician (1)
- Director of Pharmacy (1)
- Patient, family member, citizen representation (2);
- Representative from Dartmouth General Hospital, Hants Community Hospital and Tri-facilities (3);
- Representative from Community Health or Primary Care (rotating) (1)
- Representative from Mental Health;
- Representative from Public Health; and
• President & CEO (ex-officio)

The Council will be supported by a representative from Finance/Decision Support and by the Director of Performance Excellence or designate.

*The appointment of persons who are not appointed based on position will be for a period of 2 years. Such members are eligible for re-appointment for one more period of 2 years.*

*Appointments will to the maximum extent possible represent the geographical and clinical diversity of Capital Health.*

Accountability:

The District Quality and Patient Safety Council is accountable to LET and will report to the Quality Committee of the Board on a quarterly basis. The schedule for reporting is noted below.

**Meeting Frequency and Reporting Schedule:**

The District Quality and Patient Safety Council will meet monthly for a minimum of 8 times a year and will report on a quarterly basis to the Board Quality & Patient Safety Committee. The Council will ensure that the following key priorities are reviewed on the frequency outlined below:

- **Quality Improvement:** quarterly
- **Patient Safety:** quarterly
- **Utilization:** bi-annually
- **Accreditation:** annually and as required
- **Education:** bi-annually

**ADMINISTRATION:**

Staff and secretarial support to the Council and its co-Chairs will be provided by Capital Health through the Performance Excellence portfolio.

**Evaluation:**

The Council’s effectiveness will be evaluated annually.

**Authority:**

LET, Capital Health Board of Directors, Capital Health Quality Review Policy #; Capital Health Patient Safety Plan (Accreditation Canada); Section 60 Nova Scotia Evidence Act, and Section 19D Nova Scotia Freedom of Information and Protection of Privacy Act.

**APPROVED:** District Quality & Patient Safety Council

**DATE:** April 11, 2011