



# Quality Improvement, Safety & Performance Framework

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Updated September 2017

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## Executive Summary

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*Healthier Together* is our plan to help Nova Scotians be healthy and stay healthy. It is our roadmap to build, grow and shape our organization, while engaging Nova Scotians in creating a healthier future together. For 2016–19, NSHA has identified three key directions: person-centred, high-quality, safe and sustainable health and wellness for Nova Scotians; a healthy, high-performing workforce; and engagement with Nova Scotians to create a healthier future together. The achievement of our mission, vision, and strategic directions is facilitated by the implementation of the Quality Improvement, Safety and Performance Framework. This framework is also linked to NSHA’s Enterprise Risk Management Framework. The Quality improvement, Safety and Performance framework places the patient and client at the center, and ensures NSHA maintains focus on four key areas:

1. Goals, Objective, Priorities and Accountabilities
2. Quality Improvement and Safety Culture and Program
3. Monitoring Quality of Care
4. Standards Evaluation and Performance Improvement

The areas of focus are grounded in the dimensions of quality, supported by enablers (e.g., client and family centered care, innovation and learning, etc.) and operationalized through multi-year action plans. The following action plans have been implemented in alignment with NSHA’s strategy:

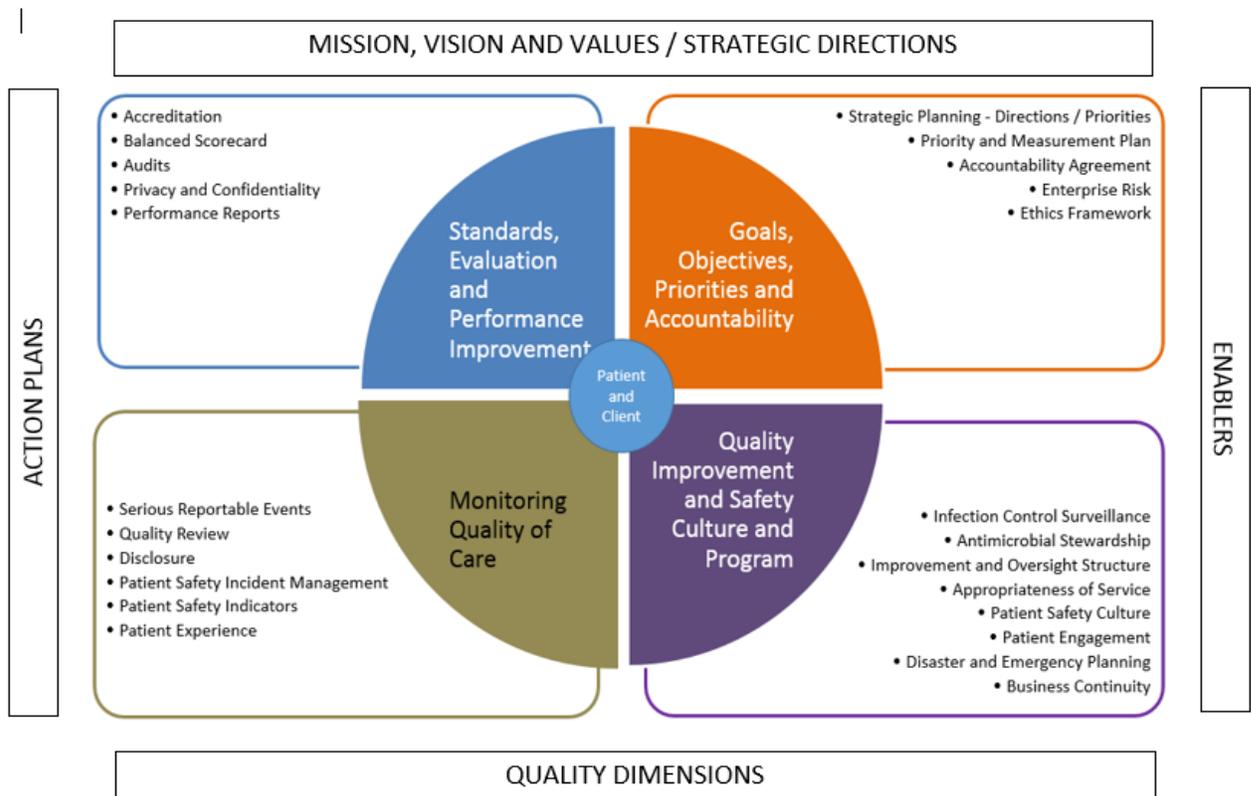
1. Quality Improvement and Safety Plan
2. Performance and Accountability Plan
3. Enterprise Risk Management Plan
4. Emergency Preparedness Plan

## Quality Improvement & Safety, Performance Framework

Maintaining a positive quality improvement, safety and performance culture supports NSHA's mission to achieve excellence in health, healing and learning through working together. NSHA's framework for Quality Improvement, Safety, and Performance outlines four key areas of focus (Figure 1). These areas collectively contribute to NSHA's pursuit of high quality, safe care for Nova Scotians. Each area is enabled and supported by principles of quality and safety. Integral to achieving excellence in health, healing and learning through working together 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 a fundamental aspect of quality.

The Framework aims to build a common understanding of the provincial approach to quality. It applies to all aspects of the health and wellness system and is intended as a resource for planning, aligning and implementing quality initiatives. It recognizes that safety is a leading element in quality. The pursuit and attainment of quality is a shared responsibility that requires a coordinated and comprehensive approach. Consistency in our approach to quality and maintaining the commitment to safety will lead to improved health outcomes for all Nova Scotians.

Figure 1. Quality Improvement, Safety and Performance Framework



## Area of Focus: Goals, Objectives, Priorities and Accountability

This section emphasizes the linkage between Quality, Safety, Risk and Performance to NSHA’s strategic plan and priorities. There is a focus on planning, monitoring, reporting, accountability, and integrated risk management activities in support of NSHA’s strategy and priority areas. The Quality, Safety, and Performance framework is a key enabler of NSHA’s strategic plan – [Healthier Together](#). The framework builds upon NSHA’s vision, mission, values and strategic directions (Figure 2, Appendix A). There are multi-year action plans (see Appendix C –F) developed for the areas of quality, performance, risk and emergency preparedness – each specifying objectives, key initiatives and activities that operationalizes the framework and supports our strategy.

**Figure 2. NSHA Strategic Plan**

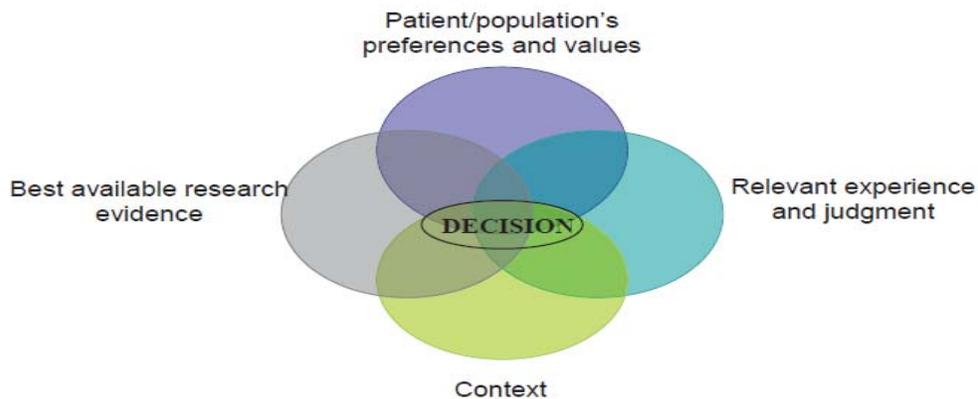
VISION	MISSION	VALUES
Healthy people, health communities – for generations.	To achieve excellence in health, healing and learning through working together.	Respect, Integrity, Courage, Innovation, Accountability
<b>STRATEGIC DIRECTION: PERSON CENTRED, HIGH QUALITY, SAFE AND SUSTAINABLE HEALTH AND WELLNESS FOR NOVA SCOTIANS</b>		
NSHA will deliver a person-centred, high-quality, safe, accessible, equitable and sustainable health and wellness system through a focus on performance, accountability, education, research and innovation.		
<b>STRATEGIC DIRECTION: A HEALTHY, HIGH-PERFORMING WORKFORCE</b>		
NSHA will create a positive and healthy organizational culture that enables employees, physicians, learners and volunteers to support the health and wellness of Nova Scotians. We will foster safety, learning, respect, leadership, accountability, inclusiveness, role optimization and collaboration among our teams.		
<b>STRATEGIC DIRECTION: ENGAGEMENT WITH NOVA SCOTIANS TO CREATE A HEALTHIER FUTURE</b>		
NSHA will engage Nova Scotians to promote and support our shared accountability for health and improvement in health status.		

### Planning for High Performance

NSHA relies on a coordinated planning process to focus planning activities on strategic areas and enhance accountability. Application of an evidence based decision making model (Figure 3) brings attention to the multiple factors to be considered during planning. NSHA leaders develop plans and make decisions by reviewing and evaluating information in four key areas including:

- Best available evidence including research, and organizational data
- Patient and population values, preferences, and needs
- Relevant experience and judgment of key stakeholders
- Political, socioeconomic and operational context

**Figure 3. Evidence Based Decision Making Model**



Planning for high performance and accountability begins with the development and communication of the organizational strategy. The second step is the development and implementation of a multi-year action plan specifying the priority areas, actions, and targets that will be carried out each fiscal year. The third step includes incorporating the priority areas as a focus within the Business Plan and local improvement plans. The measurement of indicators at the strategic/system level and the operational level serve to monitor the success in achieving the strategy. Specific goals of the planning process include:

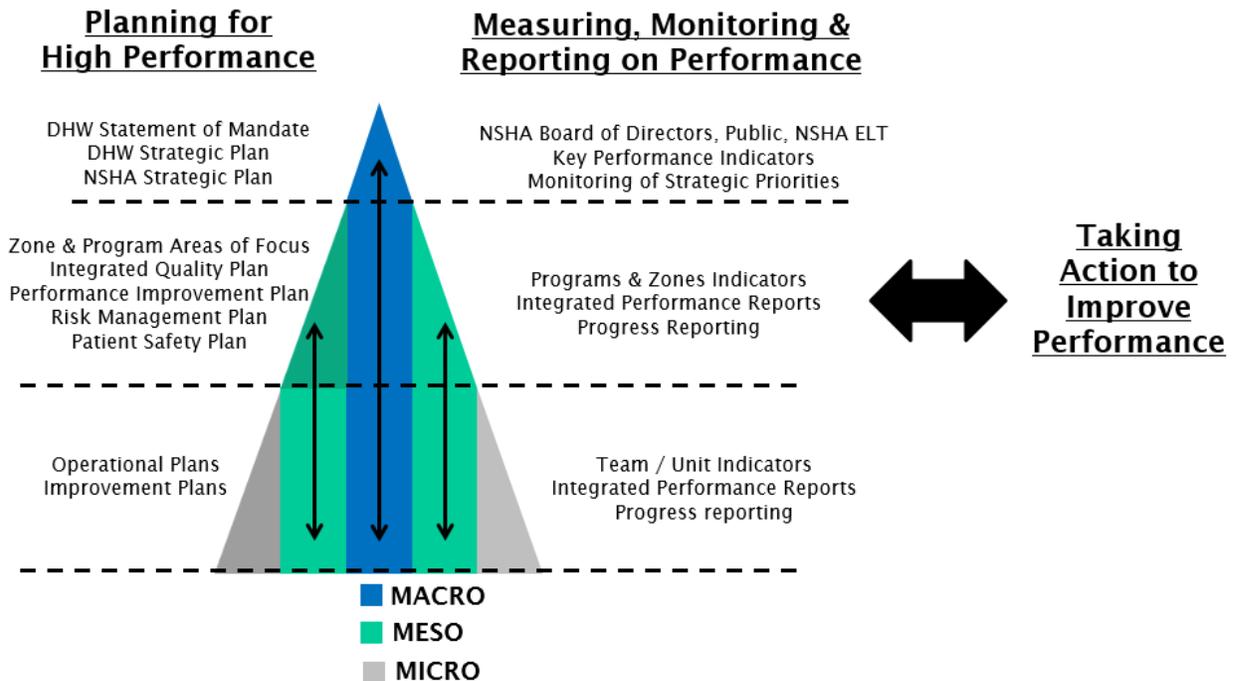
- Aligning activities and actions with the direction of the organization,
- Matching the business planning cycle to strategic direction accomplishment,
- Coordinating plans and improvement activities across the organization to collectively focus on achieving strategic goals
- Establishing clear reporting requirements within the organization and governance structure.

NSHA uses a conceptual model (Figure 4) to show the relationship between planning, performance monitoring, measurement, analytics, and performance improvement across all levels of NSHA. The model guides and facilitates the establishment of strategic priorities, goals, objectives, and performance targets. The model enables the use of the best available evidence and information to inform planning and decision making through the application of an evidence based decision making model.

The Performance and Accountability model displays the interconnections of the key elements: Levels of Indicators within the Organization, Planning Mechanisms, Reporting Mechanisms/Tools, and the Performance Improvement Process. There is a two way relationship between planning and measurement such that plans at each level will influence what indicators should be measured, and in turn, the indicator/performance results may influence the focus of a plan. In addition, performance monitoring and reporting cascades upward and downward within the organization, across all levels (i.e., macro, meso and micro). Taking action to improve performance and quality

is essential, and the performance improvement processes should be applied at each level or across levels as indicated. The three levels within the framework are explored below.

**Figure 4. Performance and Accountability Conceptual Model**



At the macro level, planning, measurement and reporting, and continuous improvement activities are focused at the system level, to support the DHW Statement of Mandate, DHW Strategic Plan, and NSHA’s strategic plan including our vision, mission, values and strategic directions. NSHA’s strategic planning mechanisms, including prioritization and planning activities shape the performance indicators monitored at the macro level. Executive Leadership and the Board of Directors have Accountability at the macro level.

At the meso level, planning, measurement and reporting, and performance improvement efforts are closely associated with NSHA services and programs, operational plans, and zone accountabilities. Senior leaders hold primary accountability for performance at the meso level.

Department, unit or service level planning, measurement and improvements are represented at the micro level. This includes the efforts of our local teams, leaders and managers to plan, monitor, evaluate and improve performance and quality. Front-line managers hold primary accountability for performance at the micro level.

## Enterprise Risk Management (ERM)

[NSHA's Enterprise Risk Management Framework](#) refers to the culture, processes and structures that allow an organization to understand and manage risk. It promotes a proactive and strategic approach to managing risk through alignment of risk management with organizational planning, priority setting and decision-making processes. In the context of health care, ERM encompasses, but is not limited to, risks associated with resources/finances/infrastructure, clinical/disease burden, patient safety/quality risks and reputational risks. This framework clearly outlines the strategies to identify and manage risk, reporting and monitoring activities, and associated accountabilities. The NSHA Framework is supported by the [NSHA ERM Policy](#).

## Business and Operational Plans

Business and operational plans will support organizational goals and priorities, and should be refined annually to make the best use of resources. Business plans are shaped by what employers, patients, clients, families and communities have asked for to achieve optimal health and wellness. These plans are informed by the priorities identified by the Department of Health and Wellness as well as regulatory and accrediting bodies such as Accreditation Canada. The framework supports these plans, and brings focus to performance measurement, patient safety, and quality improvement.

## Accountability Agreement

The accountability agreement, which is required under Section 6(b) of the *Health Authorities Act*, describes the goals and performance/reporting requirements as agreed to by Nova Scotia Health Authority and the Department of Health and Wellness. Accountability reporting is part of the annual business cycle, and is critical to providing a basis for decision-making that will drive organizational change, improve quality and performance, and enhance management practices. The Minister, through the Legislative Assembly, is accountable to Nova Scotians for the health system. The Department of Health and Wellness supports the Minister in that role. The Nova Scotia Health Authority is accountable to the Minister for the delivery and operation of health, learning and research services. The accountability agreement provides a framework for the monitoring, measurement and evaluation of NSHA's performance in respect to operations, financial management, the provision of health services, and the achievement of satisfactory patient and quality outcomes.

The Minister establishes performance targets for inclusion in the NSHA's annual health services business plan. Once the Minister approves the annual health services business plan, objectives and performance targets are assigned throughout the organization, both horizontally and vertically. Health leaders and staff are held accountable for achieving performance targets in their areas of responsibility.

## Ethics Framework / Principle Based Care and Decision Making

NSHA's ethics framework and support consists of:

- Zone Ethics Committees – which directly engage in and provide oversight to clinical ethics consultation, support Local Ethics Teams, and coordinate implementation of ethics education activities.
- Local Ethics Teams – which identify and respond to health care ethics needs at the local level by engaging in clinical ethics consultations; identify ethics education needs at the local level; contribute to the delivery of culturally-responsive ethics support; and maintain effective communications with their Zone Ethics Committee through the liaison activities of the Local Ethics Team Coordinator
- Ethics Leads Group - provides guidance and oversight to all of NSHA's health care ethics activities, including organizational ethics consultation, clinical ethics consultation, ethics education and health policy development and review. In this role, it identifies and addresses significant health care ethics issues and matters that emerge within NSHA. The mandate of the Ethics Leads Group is not inclusive of research ethics.

## Area of Focus: Quality Improvement and Safety Culture and Program

This section of the framework outlines the structures within NSHA to support and enable quality, safety and performance. These include our NSHA, Zone and Program Quality Councils, antimicrobial stewardship program, the infection control surveillance strategy, appropriateness of care initiatives, quality improvement and patient safety culture, disaster and emergency planning, and business continuity.

### Quality Oversight Structure

An interdisciplinary quality oversight structure is foundational for achievement of quality improvement, safety culture and accountability. NSHA's Quality Oversight Structure (Figure 5) includes implementation of structures for all aspects of quality improvement, patient safety and performance oversight and is built on a foundation of a culture of quality, safety, improvement, innovation and learning. There are alignments with NSHA's Strategic Plan and includes oversight of the Quality Improvement and Safety Plan and the Performance and Accountability Plan.

Structures to be implemented are:

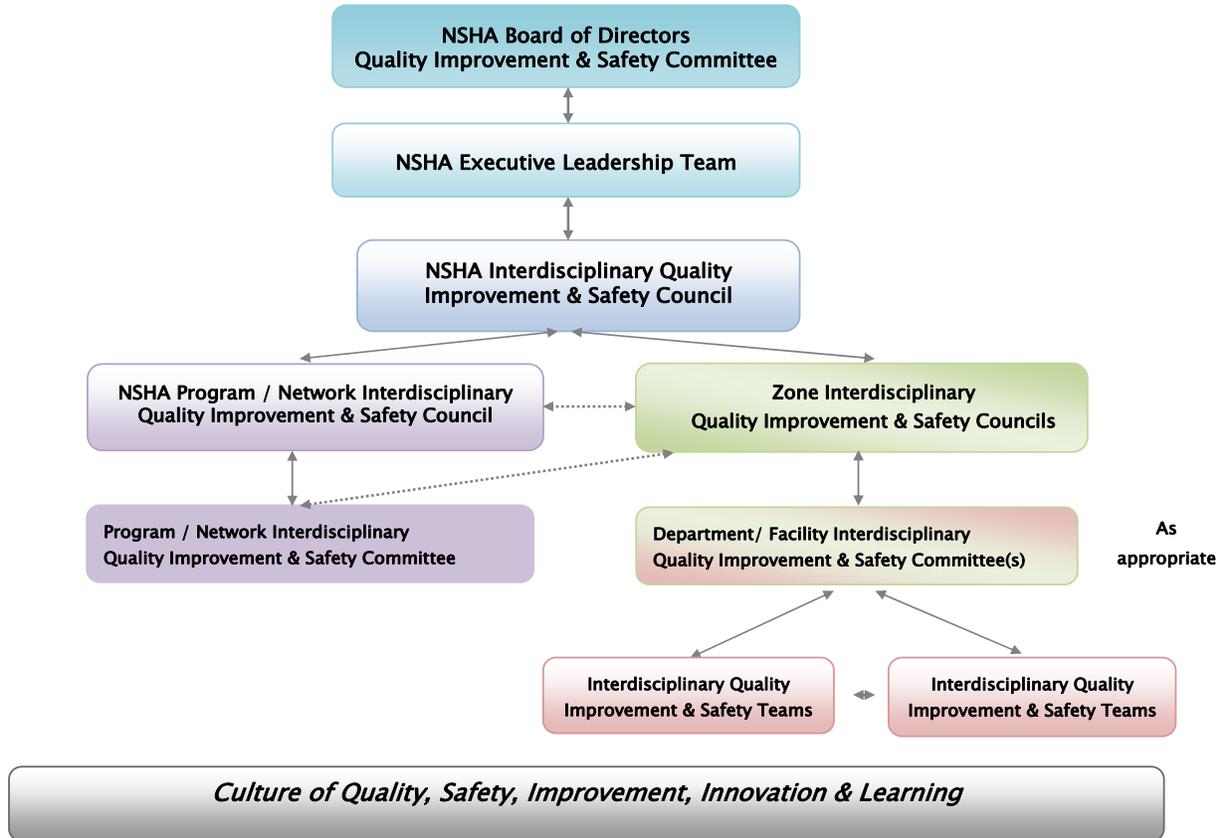
- I. Interdisciplinary NSHA, Zone and Program Quality & Safety Councils
- II. Interdisciplinary Program/Network/Department/Facility Quality & Safety Committees (where appropriate)
- III. Interdisciplinary Quality & Safety Teams

Quality and system performance is a fundamental priority for NSHA. Quality Review and Oversight are fundamental aspects of quality improvement generally, and are a primary means through which system performance is enhanced. Quality oversight structures, together with NSHA's employees, physicians, patient representatives, volunteers, learners and agents, will:

- Provide leadership oversight of NSHA quality improvement and safety activities for the purposes of maintaining, ensuring and improving quality or standards of health service within NSHA's quality improvement program;
- Encourage and facilitate the achievement of person-centred, high quality, safe and sustainable health and wellness for Nova Scotians;
- Advance quality and system performance improvement within NSHA and across the continuum of care, consistent with the geographical and major clinical and service diversity of NSHA;
- Provide leadership to embed a quality improvement and safety culture from all levels of the organization to achieve person-centred, high quality and safe health service;
- Report in relation to any policies, plans and initiatives to continually improve and sustain the quality of health service provided to the citizens of Nova Scotia.

Quality oversight responsibilities are outlined in the Quality Improvement and Safety Team, Committee and Council Terms of Reference.

Figure 5. Quality Oversight Structure



## Infection Control Surveillance

Infection Surveillance is an essential component of an effective infection prevention and control (IPAC) program. Infection surveillance includes the ongoing systematic collection of healthcare associated infections (HAIs), analyzing information to identify outbreaks and trends, and sharing this information throughout the organization. The goal is the creation of a standardized and consistent approach to infection surveillance practices.

Having an effective surveillance plan in place is part of an Accreditation Canada Required Organizational Practice (ROP), and a key initiative within NSHA’s Quality Improvement & Safety Plan. The surveillance plan is developed in line with applicable regulations, evidence and best practices, and organizational priorities. Organizations use standard case definitions and statistical techniques to share and compare information and HAIs.

## Antimicrobial Stewardship

The primary focus of an Antimicrobial Stewardship (AMS) Program is to optimize the use of antimicrobials to improve patient outcomes, reduce the risk of infections including *Clostridium difficile* (*C. difficile*), reduce or stabilize levels of antibiotic resistance, decrease drug toxicities, and promote patient safety. Antimicrobial stewardship includes programs and interventions that help ensure that patients/clients get appropriate antimicrobial therapy. AMS is an Accreditation Canada required organizational practice (ROP) and optimization of the AMS program is a key initiative within NSHA's Quality Improvement and Safety Plan.

## Appropriateness of Service

Appropriateness as defined by Accreditation Canada is to do the right thing to achieve the best results. Appropriateness in health care is the right care, provided by the right providers, to the right patient, in the right place, at the right time, resulting in optimal quality care (Canadian Medical Association). The principle of 'appropriateness' guides the work of the organization at many levels:

- **Strategy:** Appropriateness is reflected in the organizations strategic plan – “Access to quality, evidence-informed and appropriate health service is improved in defined priority service areas” – and is monitored through the development of goals and actions and execution of those.
- **Design:** The concept of appropriateness is included as a foundational principle for the design of services (health services planning) – where delivery of care is designed based on meeting the needs of the population, meeting the appropriate standards, and utilizing the most appropriate provider. These activities are monitored through the health service planning committee of the board.
- **Operational:** At an operational level, specific initiatives are being undertaken to address the appropriateness of specific procedures and practices. This will occur through program specific initiatives and through partnership with external organizations and initiatives. This area of focus will be included in reports to NSHA's Quality Improvement and Safety Council and the Quality and Patient Safety Committee of the Board.

## Quality Improvement and Patient Safety Culture

The Quality Improvement & Safety Framework is only as successful as the culture within which it is implemented. <sup>1</sup> The patient safety culture of an organization includes the collective values, knowledge, skills and commitment to safer patient care that is demonstrated by every member of the organization, and provides the foundation upon which the framework can function successfully. The focus is on preventing and minimizing the possibility of harm and using every opportunity to enhance quality.

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<sup>1</sup> The Department of Health and Wellness Quality Framework

A positive patient safety culture supports achievement of excellence in health, healing and learning through working together and person centred, high quality and safe health service. Patient safety culture is an integrated pattern of individual and organizational behavior based upon shared beliefs and values that continuously seeks to minimize patient harm that may result from the process of care delivery. Patient safety culture influences patient safety directly by determining accepted practices and indirectly by acting as a barrier or enabler to the adoption of behaviors that promote patient safety. Development of a Safety Culture strategy further aligns with NSHA's Strategic Direction to create a positive and healthy organizational culture to support the health and wellness of Nova Scotians.

Patient safety is best facilitated in a culture that is just, where patient safety incidents and near misses are freely reported, reviewed, and learning is shared. NSHA is committed to a **just culture** in which disclosure and review of all patient safety incidents is nonthreatening. Reasons for the unexpected clinical outcomes and patient safety incidents are not pre-judged. Staff, physicians, learners, and volunteers will feel safe to report safety incidents and near misses, and participate in related review and quality improvement. This is a shared commitment across the organization to implement improvements and to share the lessons learned. All are aware of patient safety incident reporting expectations, and when analyzing patient safety incident reports, any professional accountability of health service providers is determined fairly. We aim to foster a positive improvement and patient safety culture. There are a number of contributors (e.g. reporting, learning, leadership, accountability, fairness, patient and family centredness, policies, engagement, and collaboration among our teams).

## Patient Engagement

In alignment with the NSHA strategic plan direction of engagement with Nova Scotians to create a healthier future, the goal is to improve the experience of care and engagement in health service decision-making are improved for persons who access NSHA care or service through:

1. Enhance patient engagement in quality improvement and service planning.  
This is a core component of patient/client and family centred care, an approach that guides all aspects of planning, delivering and evaluating services. Client and family engagement in quality occurs in a number of ways (e.g. engagement in projects; focus groups; one-on-one consultation; regular involvement in organizational quality councils; and a functioning client/family advisory council).
2. Implementation of patient/client and family presence initiatives.  
Family Presence enables patients to designate family members or other caregivers to have unrestricted access to them while hospitalized and allows them to identify preferences for how family will be included in care planning and decision making

## Disaster and Emergency Planning

NSHA strives to provide and maintain a safe, secure, person-centred environment. During a disaster or emergency situation, special procedures must be followed to control and mitigate harm, loss, and damage, and support safe operations to return to normal as quickly as possible in support of NSHA's vision and mission. NSHA's Emergency Preparedness policy describes the key aspects of our Risk-Based Emergency Management Program. NSHA employs the Incident Management System as the framework for preparing for and responding to emergency situations. The Incident Management System (IMS) is a method of command and control used to coordinate response and allow for rapid decision making, while using available resources in the most effective and efficient manner. NSHA's emergency preparedness program integrates an overall All Hazards approach that is aligned with NSHA's Enterprise Risk Management Strategy. The program includes testing and exercising of policies, plans, and protocols as essential functions. In addition, NSHA's emergency preparedness programs contribute to our culture of quality, safety and performance through the application of a lessons learned process to identify areas of strength and implement changes in areas requiring improvement.

## Business Continuity

NSHA's emergency preparedness program integrates Business Continuity processes aimed to promote continuity and rapid recovery of critical services or functions required to support the core business of NSHA. Planning guidelines and processes are used to proactively identify and prioritize critical functions, services and infrastructure, and the potential threats and risks to these services. Where necessary, business continuity plans and processes may be implemented to manage and mitigate service interruptions, respond to disasters and support recovery to normal operations.

## Area of Focus: Monitoring Quality of Care

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This section of the framework outlines the multidimensional process and activities used to monitor our quality of care. Examples include: policies, patient safety incident reporting, quality review, disclosure, patient safety indicators, and patient experience.

### Quality Policies

Three quality related policies are applicable across the entirety of NSHA's operation and provide guidance for those activities which are required and recommended for all instances where a patient safety incident has impacted those served by NSHA and who access NSHA health services across the full spectrum of care and service. These policies are:

- Patient Safety Incident Management [AD-QR-015](#)
- Disclosure of Patient Safety Incidents [AD-QR-010](#)
- Quality Review [AD-QR-005](#)

These policies guide quality and safe health services; are supported by educational materials, guides and tools; and are aligned with Accreditation Canada requirements. Please refer to the applicable policy for full detail on NSHA procedure related to patient safety incident management, disclosure of patient safety incidents, and/or quality review.

## Serious Reportable Events

Nova Scotia Department of Health & Wellness Serious Reportable Event Reporting Policy describes a serious reportable event (SRE) as an adverse health event which results in serious disability or death and includes but is not limited to the actual or potential loss of life, limb or function related to a health care service provided. Nova Scotia SREs are reported on a quarterly basis since Jan 2014.

Serious event reporting is an important tool in helping to improve health care and patient safety. Serious events result from a multitude of factors and are best addressed through attention toward systems and processes which can serve to prevent their occurrence. There is not necessarily a causative link between the SRE and the outcome for the patient. There is also not necessarily a causative link between the care provided and the SRE.

An interdisciplinary Quality Review within the Quality Oversight structure will be completed for all SREs, with recommendations for how care could be enhanced or procedures improved to increase quality and safety in the future.

## Quality Review

Quality Review (QR) is an important component of quality, safety and system performance and aids in maintaining and improving care and health service by promoting, monitoring, evaluating and improving the system of care for those served by NSHA. The goal is to learn from QRs to make systematic improvements in the provision of health care and service and to educate stakeholders as to how to monitor and address system data, performance and specific incidents so as to enhance outcomes and the patient experience.

The QR process entails a systematic analysis and evaluation of health service structures, practices and/or results that focus on the entire continuum of care and services; including, but not limited to, individual cases which are reviewed based on predetermined criteria for the purposes of education and/or improvement in and increased safety of health care/service or practice; review of team/organization/system data and indicators to proactively improve quality and patient safety in specific areas of service and the system generally; and analysis of the health consumer needs with a view to improving performance, quality, safety and experience.

## Disclosure

Disclosure of patient safety incidents is the process by which a patient safety incident is communicated to the patient by healthcare providers. A patient safety incident is an event or circumstance which could have resulted, or did result in harm to a patient that arises from factors other than the complications of the health, treatment or service. Disclosure also takes place when the clinical outcome is not as anticipated, whatever the reason for the harm. The disclosure discussion provides information, promotes safety and quality health service and can maintain trust between the patient/family and the health care system.

Multi-person or large scale disclosure is the communication about the same patient safety incident with many patients of a single health care provider or organization, or patients of many health care providers or organizations.

The decision making framework for public disclosure (as per NSHA's Disclosure of Patient Safety Incidents policy) is enacted for a patient safety incident which affects or potentially affects: more than one or a group of patients involved; or is perceived as a public health hazard; or has the potential to undermine public confidence in the health system.

## Patient Safety Incident Management

The primary role of patient safety incident management is to promote safety by learning from patient safety incidents to make systemic improvements in the provision of healthcare and service. Patient safety incident management is a key strategy for building and maintaining a culture of patient safety and continuous improvement, where everyone is encouraged to report and learn from patient safety incidents, including near misses.

A patient safety incident is an event or circumstance which could have resulted or did result in harm to a patient which arises from factors other than the complications of the health, treatment or services itself. Patient safety incidents are voluntarily reported in the Safety Improvement and Management System (SIMS). There is not necessarily a causative link between the patient safety incident reported and the outcome for the patient or the health service provided.

## Patient Safety Indicators

An Act to Improve Patient Safety and Health Systems Accountability (Patient Safety Act) and its regulations requires NSHA to report certain patient safety indicators publicly and to the DHW quarterly. The indicators currently reported under the Act include:

- Hand hygiene adherence Rates in Acute Care Facilities
- Healthcare-associated Clostridium difficile (C. difficile) Infection (CDI) Rates
- Healthcare-associated Methicillin-resistant Staphylococcus aureus (MRSA) Bloodstream Infection Rates (Acute Care)
- Central Line-associated Bloodstream Infection (CLABSI) Rates in Intensive Care Units

- Healthcare Worker Influenza Immunization Rates in Acute Care Hospitals – reported in NSHA Macro Key Performance Indicators (KPI) Report under Health Human Resources Immunization Rates.

All indicators are collected using standardized protocols. These protocols, along with NSHA indicator results, are posted quarterly on the DHW webpage Public Reporting on Patient Safety at: <http://novascotia.ca/dhw/hsq/public-reporting>.

## Patient Experience

Patient experience is a fundamental aspect of quality. It is also in alignment with the NSHA strategic plan direction of engagement with Nova Scotians to create a healthier future. The goal is to improve the experience of care of Nova Scotians through evaluation and enhancement of patient and family experience. Completing a client experience tool, then thoughtfully reviewing and using the results, ensures NSHA incorporates the perspective of the people it serves into its improvement initiatives.

## Area of Focus: Standards, Evaluation, & Performance Improvement

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This section addresses the requirement to achieve or exceed standards, evaluate and continuously improve with a goal to enhance quality, safety and performance. NSHA recognizes that the accreditation process supports excellence in care and service, moves practices toward standardization, builds collaboration, and yields valuable evidence and information to inform planning, learning, and service delivery. Through regular audits and evaluation activities, (e.g., balanced scorecards, indicator reports, etc.) NSHA monitors our performance to recognize areas of strength and identify opportunities for improvement. When results are not as expected, NSHA takes action to understand what is contributing to this result, and then develops and implements strategies to improve the outcome.

## Accreditation Standards & Required Organizational Practices

Accreditation Canada provides health care organizations with an external review process to assess and improve services. NSHA applies continuous quality improvement and assurance processes with the aim to meet or exceed accreditation standards and Required Organizational Practices (ROPs) (see Appendix B). ROPs are evidence-informed practices addressing high-priority areas that organizations must have in place to enhance patient safety and minimize risk. The Accreditation Canada ROP requirements have been integrated into the Quality Improvement, Safety, and Performance Framework.

## Nova Scotia Provincial Legislation

Nova Scotia has a Quality-improvement Information Protection Act (QIIPA) – an Act to protect health-care information to promote quality improvement. The mandated process requirements have been adhered to and embedded throughout the Quality Improvement and Safety Framework.

## Privacy and Confidentiality

NSHA recognizes the importance of privacy, the sensitivity of personal information in its custody and/or control, and the responsibilities of all staff. This includes balancing the need to protect the privacy and confidentiality of all NSHA patients, with the need to provide efficient and effective patient care. NSHA is responsible to comply with the following laws, as well as any other relevant legislation:

- *The Personal Health Information Act (PHIA)*
- *The Freedom of Information and Protection of Privacy Act (FOIPOP)*
- *The Personal Information and International Disclosure Protection Act*

Privacy and confidentiality is extremely important in providing quality care. If privacy is not protected then trust within the clinician-patient relationship would be lessened. Patients would be less likely to share sensitive information, which could negatively impact their care. NSHA works to protect patient privacy and confidentiality in numerous ways, including:

- Pledges of confidentiality signed by all staff to ensure they understand their obligations
- Ongoing in-person and online privacy training
- Auditing of electronic system access of employees to ensure personal health information is accessed for appropriate reasons
- Privacy Impact Assessments on initiatives/projects that require collection, use, disclosure of personal/personal health information to ensure legislative compliance and to mitigate risks

## Measuring, Monitoring, and Reporting on Performance

NSHA employs a comprehensive performance measurement approach that brings information and evidence to the intended audience in a user friendly format. Performance measurement and monitoring includes the collection, analysis, reporting, and dissemination of operational data, indicator results, and in depth analytics reports. At each level within the organization performance measurement is tailored to align with planning, accountability and decision making requirements. NSHA employs data governance principles and data quality processes to enhance the usefulness and trustworthiness of the information reported.

Monitoring and reporting of indicators across multiple domains are vital activities for every health organization, to support and inform activities aimed to improve quality, safety, performance, health system sustainability and accountability. Proactively monitoring in key areas such as: patient safety, quality of care, access, population health, efficiency and effectiveness provide an

integrated view of NSHA's performance. When performance is not as expected, a comprehensive review of the underlying data and organizational context helps to inform what is contributing to the performance result. In depth analytics are applied to achieve a greater understanding of the underlying performance drivers, pinpoint strengths and identify areas where targeted improvement activities should be implemented.

## Taking Action to Improve Performance

Performance measurement and reporting is a key driver of continuous improvement. Proactive monitoring of data and indicator results serves as a trigger for an organization to recognize areas where continuous quality improvement efforts are indicated. While monitoring and measurement are key components of a high performing health organization, using the results to drive change, and improve quality, safety and performance is essential. It is important to have a well-defined performance and quality improvement process that incorporates the following steps:

- Measurement, monitoring and reporting of data and indicators
- Issue identification
- Data review, analytics, in-depth analysis and investigation,
- Stakeholder engagement
- Action plan development and implementation
- Re-evaluation

An array of process and quality improvement methodologies can be applied to support performance improvement. The chosen method should match the issue and intended outcome. Whether applying LEAN principles, process mapping, project management, or a plan, do, study, act approach, it is important to clearly define the goals, objectives, activities and indicators.

## Quality Dimensions

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The framework is enabled by Accreditation Canada's dimensions of quality and safety. These dimensions are applied within NSHA as principles, to support planning, decision making, quality and safety. Eight dimensions of quality have been identified which include safety, population focus, accessibility, work life, client-centered services, continuity of services, effectiveness, and efficiency. These quality dimensions align with those outlined and supported by Accreditation Canada:

- **Population Focus:** Working with the community to anticipate and meet their needs
- **Accessibility:** Providing timely and equitable services
- **Safety:** Keeping clients/families/teams safe
- **Work-life:** Taking care of the team
- **Client-centred Services:** Partnering with clients/family in their care
- **Continuity of Services:** Coordinating care across the continuum
- **Appropriateness:** Doing the right thing to achieve the best results

- **Efficiency:** Making the best use of resources

## Enabling Factors

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There are a number of enabling factors that support the quality and safety framework. Each enabling factor is outlined below.

### Client & Family Centered Care (CFCC)

Client and family centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, clients, and families. Providing client and family centred care means working collaboratively with clients and their families to provide care that is respectful, compassionate, culturally appropriate, and competent, that responds to the needs, values, beliefs, and preferences of clients, and their family members (Accreditation Canada 2017). Client and family centered practitioners recognize the vital role that families play; acknowledge that emotional, social, and developmental supports are integral components of health care; and promote the health and well-being of individuals and families, restoring dignity and control to them (*Institute for Patient and Family Centered Care, 2010*).

A CFCC approach enables those receiving services and their families to participate in decisions about their health, the services they receive and to shape the health system as a whole. We strive to make the clients, families and citizens we serve partners in planning quality improvement and patient safety. Quality and safety systems are designed with input from clients, families and public and include mechanisms to provide timely feedback. Accountability for client experience and engagement across the continuum is defined and monitored, with results applied to system improvement. It is important to provide opportunities for clients and families to participate in making decisions and setting priorities where their interests are impacted, consistent with CFCC. This includes opportunities for clients and their families to be involved in their individual care to the extent possible, and to participate in planning initiatives.

### Team & Interdisciplinary Approach

Quality Improvement and Safety activities are everyone's responsibility and need to be designed and delivered through an interdisciplinary team approach. The varying perspectives and experiences of an interdisciplinary team enable practice design and problem solving to more broadly reflect the whole patient experience.

A high performing quality health and wellness system provides services that are person-centered, respectful of diversity and equity, accessible, seamless, effective and appropriate, population focused and supportive of healthy workplace culture. Therefore, quality and safety must be embedded as in integral part of our daily operational practices. The processes and the initiatives

outlined in the Quality Improvement and Safety Framework are designed to support physicians and staff as key participants in the design and delivery of safe, quality health service. Engagement must be frequent, timely, relevant, transparent and honest. The foundation of the framework promotes inclusion of diverse ideas and culture, embracing them in the development and design of initiatives.

## Evidence Informed

The framework supports the use of information and experience to guide actions and decisions. It draws upon the knowledge from within as well as that residing outside the organization. It enables decisions to be made balancing leading practice with resources and situational context. Innovation and exploration of alternate solutions are encouraged and supported. The evidence based decision making framework is further detailed in Figure 3.

## Improvement, Innovation and Learning

A learning health system that embeds patient-centredness, quality, safety, innovation, health, healing and learning into everything it does; learns and improves with each service experience and uses evidence to drive quality improvements and decisions. We are an academic organization, and as such will focus on creating and expanding our environment to focus on research and learning; to strengthen where we are good; and find opportunities to collaborate with education partners to develop a distributive learning model that supports our teams.

## Action Plans

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The Quality Improvement, Safety and Performance Framework provides direction and oversight to support the achievement of NSHA strategic priorities. The framework is supported by multi-year operational / action plans that outline key objectives, initiatives, and action items. For the 2016–19 four action plans have been implemented in support of the framework, these include the:

1. Quality Improvement and Safety Plan
2. Performance and Accountability Plan
3. Enterprise Risk Management Plan
4. Emergency Preparedness Plan

## Appendices

# Appendix A: NSHA Strategic Plan



<b>VISION</b>	HEALTHY PEOPLE, HEALTHY COMMUNITIES — FOR GENERATIONS	<b>MISSION</b>	TO ACHIEVE EXCELLENCE IN HEALTH, HEALING AND LEARNING THROUGH WORKING TOGETHER	<b>VALUES</b>	RESPECT, INTEGRITY, INNOVATION, COURAGE, ACCOUNTABILITY
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**STRATEGIC DIRECTION: PERSON-CENTRED, HIGH-QUALITY, SAFE AND SUSTAINABLE HEALTH AND WELLNESS FOR NOVA SCOTIANS**  
NSHA will deliver a person-centred, high-quality, safe, accessible, equitable and sustainable health and wellness system through a focus on performance, accountability, education, research and innovation.

<p><b>GOAL</b> Access to quality, evidence-informed and appropriate health service is improved in defined priority service areas.</p> <p><b>MEASURES</b></p> <ul style="list-style-type: none"> <li>• Ambulatory care sensitive conditions hospitalization rate</li> <li>• Patients who received total hip replacement and total knee replacement surgery within wait time target.</li> <li>• Wait times for placement in long-term care</li> <li>• Percentage of placement to long-term care from hospital</li> <li>• Emergency department length of stay for admitted patients</li> <li>• Mental Health and Addictions wait times</li> <li>• Access to a primary care health professional</li> <li>• Percentage of patients responding positively to survey question indicating access to culturally sensitive care</li> </ul>	<p><b>GOAL</b> Experience of care and engagement in health service decision-making are improved for persons who access NSHA care or service.</p> <p><b>MEASURES</b></p> <ul style="list-style-type: none"> <li>• Percentage of patients responding positively to survey question on overall experience of care</li> <li>• Percentage of patients responding positively about being consulted in decision-making in their care and health service</li> </ul>	<p><b>GOAL</b> A sustainable health and health service system is promoted through appropriate allocation and management of resources.</p> <p><b>MEASURES</b></p> <ul style="list-style-type: none"> <li>• Operational budget variance</li> <li>• Capital budget variance</li> <li>• Administrative ratio</li> <li>• Funding reallocated to approved health services programs</li> </ul>	<p><b>GOAL</b> Improved delivery of quality health services is enhanced through an increase in province-wide, outcomes-based research and inter-professional education and research opportunities.</p> <p><b>MEASURES</b></p> <ul style="list-style-type: none"> <li>• Percentage increase in annual inter-professional learner opportunities</li> <li>• Percentage of approved research projects with interdisciplinary teams</li> <li>• Percentage increase in total annual dollar value of secured funds for research – NSHA wide</li> <li>• Number of interdisciplinary research and practice projects focused on patient outcomes</li> <li>• Percentage increase in annual dollar value of secured funds for research outside Central Zone</li> </ul>	<p><b>GOAL</b> Health service needs across populations and lifespans are addressed through the development of provincial health service plans that are locally implemented.</p> <p><b>MEASURES</b></p> <ul style="list-style-type: none"> <li>• Percentage of overall Health Service Plan implemented</li> <li>• Percentage of key milestones, goals and targets achieved within each program of care implementation</li> <li>• Number of primary health care collaborative teams implemented</li> </ul>
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**STRATEGIC DIRECTION: A HEALTHY, HIGH-PERFORMING WORKFORCE**  
NSHA will create a positive and healthy organizational culture that enables employees, physicians, learners and volunteers to support the health and wellness of Nova Scotians. We will foster safety, learning, respect, leadership, accountability, inclusiveness, role optimization and collaboration among our teams.

<p><b>GOAL</b> A high-performing workplace is developed through enhancement of a positive, healthy, safe and productive work culture and environment.</p> <p><b>MEASURES</b></p> <ul style="list-style-type: none"> <li>• Percentage of employees and physicians responding positively on overall workplace experience on the work-life pulse survey</li> <li>• Workers' Compensation Board lost time frequency rate</li> <li>• Health Human Resource flu vaccination rate</li> <li>• Sick time and overtime trends</li> <li>• Organizational performance on work-life pulse survey as compared to similar Accreditation Canada member organizations</li> </ul>	<p><b>GOAL</b> A qualified, diverse and engaged workforce, working to optimal scope, is developed to meet the health needs of Nova Scotians.</p> <p><b>MEASURES</b></p> <ul style="list-style-type: none"> <li>• Overall vacancy rate and vacancy rate for hard to recruit positions</li> <li>• Reduction in hiring processing time</li> <li>• Turnover rate</li> <li>• Number of programs or services that have undertaken Collaborative Care Framework implementations</li> <li>• Percentage of employees and physicians responding positively to questions related to engagement from work-life pulse survey</li> <li>• Performance on survey tools designed to measure diversity in the workplace</li> </ul>	<p><b>GOAL</b> Learning, leadership and inter-professional collaboration in teams are increased and enhanced.</p> <p><b>MEASURES</b></p> <ul style="list-style-type: none"> <li>• Percentage increase in annual inter-professional learner opportunities</li> <li>• Percentage of programs of care that have implemented the co-leadership model (administrative and physician) and self-report effective outcomes</li> <li>• Percentage of leaders, employees and physicians who respond positively to measures related to professional development on the work-life pulse survey</li> <li>• Percentage of leaders, employees and physicians who respond positively to measures related to leadership on the work-life pulse survey</li> </ul>
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**STRATEGIC DIRECTION: ENGAGEMENT WITH NOVA SCOTIANS TO CREATE A HEALTHIER FUTURE**  
NSHA will engage Nova Scotians to promote and support our shared accountability for health and improvement in health status.

<p><b>GOAL</b> Nova Scotians' understanding of and engagement with activities to become healthier are enhanced through increased collaboration between NSHA and the public.</p> <p><b>MEASURES</b></p> <ul style="list-style-type: none"> <li>• Number of strategic relationships with stakeholders to facilitate engagement with Nova Scotians regarding health</li> <li>• Number of engagement sessions and community conversations per year related to health</li> <li>• Percentage of positive responses on Public and Patient Engagement Evaluation Tools (PPEET) related to "being heard" and "being better informed"</li> <li>• Percentage of positive responses on PPEET Project Evaluation Tools related to "collaboration and common purpose"</li> </ul>	<p><b>GOAL</b> Nova Scotians' shared accountability for health and improvement in health status is enhanced through increased collaboration with community health boards.</p> <p><b>MEASURES</b></p> <ul style="list-style-type: none"> <li>• Percentage of community health board priorities and recommendations that reflect a shared focus on accountability of citizens and the health system for health and health status</li> <li>• Percentage of shared priorities among community health boards</li> <li>• Number of initiatives to improve health status recommended by community health boards and supported by NSHA</li> </ul>
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## Appendix B: Accreditation Canada Required Organizational Practices 2017

SAFETY CULTURE	<ul style="list-style-type: none"> <li>▪ Accountability for quality</li> <li>▪ Patient safety incident disclosure</li> <li>▪ Patient safety incident management</li> <li>▪ Patient safety quarterly reporting</li> </ul>
COMMUNICATION	<ul style="list-style-type: none"> <li>▪ Client identification</li> <li>▪ The 'do not use' list of abbreviations</li> <li>▪ Information transfer at care transitions</li> <li>▪ Medication reconciliation as a strategic priority</li> <li>▪ Medication reconciliation at care transitions</li> <li>▪ Safe surgery checklist</li> </ul>
MEDICATION USE	<ul style="list-style-type: none"> <li>▪ Antimicrobial stewardship</li> <li>▪ Concentrated electrolytes</li> <li>▪ Heparin safety</li> <li>▪ High-alert medications</li> <li>▪ Infusion pumps safety</li> <li>▪ Narcotics safety</li> </ul>
WORKLIFE/WORKFORCE	<ul style="list-style-type: none"> <li>▪ Client flow</li> <li>▪ Patient safety: education and training</li> <li>▪ Patient safety plan</li> <li>▪ Preventive maintenance program</li> <li>▪ Workplace violence prevention</li> </ul>
INFECTION CONTROL	<ul style="list-style-type: none"> <li>▪ Hand-hygiene compliance</li> <li>▪ Hand-hygiene education and training</li> <li>▪ Infection rates</li> </ul>
RISK ASSESSMENT	<ul style="list-style-type: none"> <li>▪ Falls prevention</li> <li>▪ Home safety risk assessment</li> <li>▪ Pressure ulcer prevention</li> <li>▪ Skin and wound care</li> <li>▪ Suicide prevention</li> <li>▪ Venous thromboembolism prophylaxis</li> </ul>

Source: <https://accreditation.ca/rop-handbooks>

# Appendix C: Quality Improvement and Safety Plan (2016–19)



## Healthier Together – NSHA Strategic Plan

### Quality Improvement and Safety Plan: Objectives and Key Initiatives

<b>VISION</b>	HEALTHY PEOPLE, HEALTHY COMMUNITIES — FOR GENERATIONS	<b>MISSION</b>	TO ACHIEVE EXCELLENCE IN HEALTH, HEALING AND LEARNING THROUGH WORKING TOGETHER	<b>VALUES</b>	RESPECT, INTEGRITY, INNOVATION, COURAGE, ACCOUNTABILITY
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**STRATEGIC DIRECTION: PERSON CENTRED, HIGH QUALITY, SAFE AND SUSTAINABLE HEALTH AND WELLNESS FOR NOVA SCOTIANS**  
NSHA will deliver a person-centred, high-quality, safe, accessible, equitable and sustainable health and wellness system through a focus on performance, accountability, education, research and innovation.

STRATEGIC DIRECTION GOALS				
Access to quality, evidence informed and appropriate health service is improved in defined priority service areas.	Experience of care and engagement in health service decision making are improved for persons who access NSHA care or service.	A sustainable health and health service system is promoted through appropriate allocation and management of resources.	Improved delivery of quality health services is enhanced through an increase in province-wide outcomes based research and inter-professional education and research opportunities.	Health service needs across populations and life spans are addressed through the development of provincial health service plans that are locally implemented.

**QUALITY IMPROVEMENT & SAFETY PLAN: OBJECTIVE AND INITIATIVES**

High quality and safe health service for Nova Scotians through:

- Implementation of a comprehensive, collaborative, and effective quality improvement and oversight structure
- Assessment and monitoring of quality indicator data
- Use of NSHA accreditation preparedness activities to drive quality improvement
- Implementation of NSHA Infection Control Surveillance Strategy
- Optimization of the Antimicrobial Stewardship Program
- Implementation of strategies to enhance appropriateness of services

**STRATEGIC DIRECTION: A HEALTHY, HIGH-PERFORMING WORKFORCE**  
NSHA will create a positive and healthy organizational culture that enables employees, physicians, learners and volunteers to support the health and wellness of Nova Scotians. We will foster safety, learning, respect, leadership, accountability, inclusiveness, role optimization and collaboration among our teams.

NSHA STRATEGIC DIRECTION GOALS		
A high performing workplace is developed through enhancement of a positive, healthy, safe and productive work culture and environment.	A qualified, diverse and engaged workforce, working to optimal scope is developed to meet the health needs of Nova Scotians	Learning, leadership and inter-professional collaboration in teams is increased and enhanced.

**QUALITY IMPROVEMENT & SAFETY PLAN: OBJECTIVE AND INITIATIVE**

Optimizing the capacity of NSHA’s workforce to deliver high quality and safe health service through:

- Evaluation of and improvement of patient safety culture

**STRATEGIC DIRECTION: ENGAGEMENT WITH NOVA SCOTIANS TO CREATE A HEALTHIER FUTURE**  
NSHA will engage Nova Scotians to promote and support our shared accountability for health and improvement in health status.

NSHA STRATEGIC PLAN GOALS	
Nova Scotians’ understanding of and engagement with activities to become healthier is enhanced through increased collaboration between NSHA and the public.	Nova Scotians’ shared accountability for health and improvement in health status is enhanced through increased collaboration with Community Health Boards.

**QUALITY IMPROVEMENT & SAFETY PLAN: OBJECTIVE AND INITIATIVES**

Improving the experience of care of Nova Scotians through:

- Evaluation and enhancement of patient and family experience
- Increased patient, client, and family engagement in quality
- Implementation of patient and family presence initiatives

Quality Improvement and Safety Plan (2016-19)	
<b>Objective</b>	High quality and safe care for Nova Scotians
<b>Initiatives</b>	<b>Action Items</b>
Implementation of a comprehensive, collaborative, and effective quality improvement and oversight structure	Implement quality structure oversight framework
	Develop NSHA Interdisciplinary Quality Improvement & Safety Council
	Develop Zone Interdisciplinary Quality Improvement & Safety Councils
	Develop Interdisciplinary Quality Improvement & Safety Teams & Councils
	Approve quality review policy
	Implement quality review policy
	Provide education on quality review policy and processes
	Develop a toolkit to support quality review
Assessment and monitoring of quality indicator data	Consult clinical leaders regarding trends or incidents that require quality and prospective review
	Identify areas of focus
	Identify quality structures to support improvement in these areas of focus
	Develop action plans to address areas of focus
	Implement action plans
Use of NSHA accreditation preparedness activities to drive quality improvement	Maintain Accreditation through successful completion of 2016 Bridging surveys
	Support interdisciplinary teams in the completion of accreditation surveys and self-assessment questionnaires
	Identify priorities and develop action plans to address survey results
	Develop action plans to address results of assessments through quality structures
	Implement action plans for assessments and for successful 2017 Accreditation

<b>Quality Improvement and Safety Plan (2016-19)</b>	
<b>Objective</b>	High quality and safe care for Nova Scotians
<b>Initiatives</b>	<b>Action Items</b>
Implementation of NSHA Infection Control Surveillance Strategy	Assess current surveillance programs used and surveillance needs by collaborating with stakeholders and benchmarking with other jurisdictions
	Develop plan for province wide surveillance program
	Develop reporting process for surveillance information with decision support on hand hygiene compliance, antibiotic resistant organisms and surgical site infections and other IPAC indicators to be shared with internal and external stakeholders
	Implement provincial surveillance program
	Internally and publicly report on IPAC indicators required by the Patient Safety Act
Optimization of the Antimicrobial Stewardship Program	Develop NSHA wide oversight structure for Antimicrobial Stewardship (AMS) Program
	Develop NSHA AMS Steering Committee
	Establish and monitor antimicrobial stewardship metrics
	Collect and evaluate process and outcome measures to ensure successful antimicrobial stewardship practices
	Develop / implement evidence based guidelines
	Education for prescribers, pharmacists, clinicians about AMS, enhancing knowledge on antimicrobials and their appropriate use
Implementation of strategies to enhance appropriateness of services	Consult with interdisciplinary teams, senior leadership team, executive leadership team and Board regarding appropriateness of care
	Assess the current status of Choosing Wisely initiatives
	Identify areas of focus
	Develop implementation plans
	Implementation of initiatives

<b>Quality Improvement and Safety Plan (2016-19)</b>	
<b>Objective</b>	Optimizing the capacity of NSHA's workforce to deliver high quality and safe health service
<b>Initiatives</b>	<b>Action Items</b>
Evaluation of and improvement of patient safety culture	Assess patient safety culture
	Develop action plans to address patient safety culture
	Implement action plans to enhance values as a basis for decision making and to address results of patient safety cultural assessment
	Freeing up management time to action

<b>Quality Improvement and Safety Plan (2016-19)</b>	
<b>Objective</b>	Improving the experience of care of Nova Scotians
<b>Initiatives</b>	<b>Action Items</b>
Evaluation and enhancement of patient and family experience	Assess patient experience
	Develop action plans to address feedback from patient experience
	Implement action plans to address results of patient experience feedback.
Increased patient, client, and family engagement in quality	Assess patient/ client/ family engagement in quality teams/ councils
	Provide ongoing education to support meaningful engagement of patients/ clients/ families in quality and patient and family centred care
	Develop a patient/ client/ family quality engagement guide
	Engage patient/ clients/ families in quality (e.g. quality initiatives, Quality Improvement & Safety Teams and Councils, reviews, quality related ethical consultation)
	Public education and engagement in relation to the public's role in quality and patient safety
Implementation of patient and family presence initiatives	Assess NSHA visiting hour practices
	Consultation regarding patient and family centred approach to visiting hours
	Recommend policy for patient and family centred approach to visiting hours

# Appendix D: Performance and Accountability Plan (2016-19)



## Healthier Together – NSHA Strategic Plan

### Performance and Accountability Plan: Objectives and Key Initiatives

<b>VISION</b> HEALTHY PEOPLE, HEALTHY COMMUNITIES — FOR GENERATIONS	<b>MISSION</b> TO ACHIEVE EXCELLENCE IN HEALTH, HEALING AND LEARNING THROUGH WORKING TOGETHER	<b>VALUES</b> RESPECT, INTEGRITY, INNOVATION, COURAGE, ACCOUNTABILITY
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<b>Performance And Accountability Plan Objectives And Key Initiatives</b>	<b>STRATEGIC DIRECTION: PERSON CENTRED, HIGH QUALITY, SAFE AND SUSTAINABLE HEALTH AND WELLNESS FOR NOVA SCOTIANS</b> NSHA will deliver a person-centred, high-quality, safe, accessible, equitable and sustainable health and wellness system through a focus on performance, accountability, education, research and innovation.
	<p>Improve health service and system performance through:</p> <ul style="list-style-type: none"> <li>• Optimization of access to and use of data and data analytics to inform health service planning and quality</li> <li>• Activation of NSHA reporting strategy for Key Performance Indicators at the macro, meso and micro levels</li> <li>• Enablement of evidence informed, data driven decision making and knowledge translation</li> <li>• Proactive and responsive performance monitoring, and analytics to improve effective and efficient high quality, safe health services</li> </ul>
	<b>NSHA Strategic Plan Goals</b>
	<p>Enhance health and health system sustainability and accountability through:</p> <ul style="list-style-type: none"> <li>• Implementation of a comprehensive, collaborative, and effective performance oversight structure</li> <li>• Data analysis and interpretation to inform and guide areas for improvement, investment, change and focused planning</li> <li>• Enhancement of data integrity and reliability to improve confidence in and use of data</li> </ul>
	<b>STRATEGIC DIRECTION: A HEALTHY, HIGH-PERFORMING WORKFORCE</b> NSHA will create a positive and healthy organizational culture that enables employees, physicians, learners and volunteers to support the health and wellness of Nova Scotians. We will foster safety, learning, respect, leadership, accountability, inclusiveness, role optimization and collaboration among our teams.
	<p>Enhance health and health system sustainability and accountability through:</p> <ul style="list-style-type: none"> <li>• Implementation of a comprehensive, collaborative, and effective performance oversight structure</li> <li>• Data analysis and interpretation to inform and guide areas for improvement, investment, change and focused planning</li> <li>• Enhancement of data integrity and reliability to improve confidence in and use of data</li> </ul>
	<b>NSHA Strategic Plan Goals</b>
	<b>STRATEGIC DIRECTION: ENGAGEMENT WITH NOVA SCOTIANS TO CREATE A HEALTHIER FUTURE</b> NSHA will engage Nova Scotians to promote and support our shared accountability for health and improvement in health status.
	<p>Enhance health and health system sustainability and accountability through:</p> <ul style="list-style-type: none"> <li>• Implementation of a comprehensive, collaborative, and effective performance oversight structure</li> <li>• Data analysis and interpretation to inform and guide areas for improvement, investment, change and focused planning</li> <li>• Enhancement of data integrity and reliability to improve confidence in and use of data</li> </ul>
	<b>NSHA Strategic Plan Goals</b>
	<b>STRATEGIC DIRECTION: ENGAGEMENT WITH NOVA SCOTIANS TO CREATE A HEALTHIER FUTURE</b> NSHA will engage Nova Scotians to promote and support our shared accountability for health and improvement in health status.
	<p>Enhance health and health system sustainability and accountability through:</p> <ul style="list-style-type: none"> <li>• Implementation of a comprehensive, collaborative, and effective performance oversight structure</li> <li>• Data analysis and interpretation to inform and guide areas for improvement, investment, change and focused planning</li> <li>• Enhancement of data integrity and reliability to improve confidence in and use of data</li> </ul>
	<b>NSHA Strategic Plan Goals</b>
	<b>STRATEGIC DIRECTION: ENGAGEMENT WITH NOVA SCOTIANS TO CREATE A HEALTHIER FUTURE</b> NSHA will engage Nova Scotians to promote and support our shared accountability for health and improvement in health status.
	<p>Enhance health and health system sustainability and accountability through:</p> <ul style="list-style-type: none"> <li>• Implementation of a comprehensive, collaborative, and effective performance oversight structure</li> <li>• Data analysis and interpretation to inform and guide areas for improvement, investment, change and focused planning</li> <li>• Enhancement of data integrity and reliability to improve confidence in and use of data</li> </ul>
	<b>NSHA Strategic Plan Goals</b>

<b>Performance and Accountability Plan (2016-19)</b>	
<b>Objective</b>	Improve quality and system performance
<b>Initiatives</b>	<b>Action Items</b>
Implementation of a comprehensive, collaborative, and effective performance oversight structure	Consult leaders, clinical programs, departments and teams regarding opportunity to enhance, refine, or change Macro indicators for future years
	Support, guide and facilitate the development and monitoring of SMART (i.e., specific, measurable, actionable, realistic, and time –sensitive) indicators and measures for NSHA (macro), program (meso), department (micro level)
	Implementation of the Performance and Accountability Framework
	Participate in interdisciplinary NSHA quality structures
Activation of NSHA reporting strategy for Key Performance Indicators at the macro, meso and micro levels	Report and disseminate Macro Key Performance Indicator results to NSHA Board, ELT, SLT, the public, and DHW in accordance with Accountability Agreement
	Support and facilitate the collection, extraction, reporting, analytics, interpretation and dissemination of results on Strategic plan measures
	Develop and implement NSHA wide user friendly indicator reporting strategy (e.g., Dashboard, and comprehensive KPI report) for Macro KPIs and Strategic Plan Measures
	Implement strategy to support and facilitate Meso level and Micro level indicator identification, collection, monitoring, and reporting, in collaboration with zones, programs, and teams
	Select and implement business intelligence solution(s) to support Macro, Meso and Micro Indicator analytics and dissemination
Enablement of evidence informed, data driven decision making and knowledge translation	Provide Evidence–Informed Decision Making education sessions to leaders, programs, employees, physicians and learners
	Support and educate leaders, programs, and teams regarding access to and understanding of information, data, and analytics to inform planning and decision making
	Provide utilization statistics reporting and analytics to accompany budget variance reports
	Provide data monitoring and analytics to support priority quality improvement and operational activities
	Develop leadership briefing process for to-be-released data sets

<b>Performance and Accountability Plan (2016-19)</b>	
<b>Objective</b>	Enhance health and health system sustainability and accountability
<b>Initiatives</b>	<b>Actions</b>
Data analysis and interpretation to inform and guide areas for improvement, investment, change and focused planning	Support evidence-informed decision making and business planning with information, data analysis and predictive analytics
	Provide data monitoring, analytics and interpretation, in a timely and responsive manner to inform quality improvement, investment, change and planning
	Provide Industrial Engineering and project management and analytics expertise to support the development of evidence informed current and future state assessments for health service planning, transformation priorities, and business planning
Enhancement of data integrity and reliability to improve confidence in and use of data	Work in collaboration with Finance, Health Information Services, Clinical Programs to optimize application of MIS standards, business processes, and MIS reporting NSHA-wide
	Enhance standardization of business processes and data collection to support efficiency, data validity and accuracy
	Implement an NSHA MIS interdepartmental steering committee
	Participate in Provincial Health Information Steering Committee with DHW and IWK
Optimization of access to and use of data and data analytics to inform health service planning and quality	Assess opportunities to streamline collection, monitoring and reporting of health system indicators, in collaboration with new DHW structure, and IWK
	Enable appropriate levels of source system access (e.g., facility, zonal, and NSHA-wide) within the system performance team.
	Identify source systems, access requirements, and process redesign opportunities to enhance performance reporting for NSHA
	Implementation of new Service Agreements with Canadian Institute of Health Information (CIHI)
	Collaborate with health system partners to implement process redesign, change to access, and optimize source systems accordingly across organizations

<b>Performance and Accountability Plan (2016-19)</b>	
<b>Objective</b>	Enhance health and health system sustainability and accountability
<b>Initiatives</b>	<b>Actions</b>
Proactive and responsive performance monitoring, and analytics to improve effective and efficient high quality, safe health services	Develop, support, facilitate and disseminate analytic reports to support ongoing monitoring of system performance at macro and meso level
	Develop and implement intake and reporting process for 'emerging issue' data requests
	Provide pro-active data monitoring to inform quality improvement, quality review and quality assurance
	Enhance and streamline the review process for embargoed CIHI data sets
	Re-develop and implement system performance resource, data and analytics intake form and process

## Appendix E: Enterprise Risk Management Plan (2016–19)



### Healthier Together – NSHA Strategic Plan

#### Enterprise Risk Management Plan: Objectives and Key Initiatives

<b>VISION</b> HEALTHY PEOPLE, HEALTHY COMMUNITIES — FOR GENERATIONS	<b>MISSION</b> TO ACHIEVE EXCELLENCE IN HEALTH, HEALING AND LEARNING THROUGH WORKING TOGETHER	<b>VALUES</b> RESPECT, INTEGRITY, INNOVATION, COURAGE, ACCOUNTABILITY
<b>Enterprise Risk Management Plan: Objectives And Key Initiatives</b> <p>Develop and implement an enterprise risk structure for NSHA through:</p> <ul style="list-style-type: none"> <li>Mechanisms to monitor, mitigate, and report on enterprise risks</li> <li>Implementation of strategies to support the VPs and teams, who are accountable as per the risk register, to develop specific risk registers, mitigation strategies, and reports.</li> </ul> <p>Enhance the understanding and application of Enterprise Risk Management principles in NSHA through:</p> <ul style="list-style-type: none"> <li>Developing and implementing actions to enhance an ERM culture</li> <li>A proactive education and orientation strategy</li> <li>Leveraging communication and established collaborative team structures</li> </ul>	<p><b>STRATEGIC DIRECTION: PERSON CENTRED, HIGH QUALITY, SAFE AND SUSTAINABLE HEALTH AND WELLNESS FOR NOVA SCOTIANS</b></p> <p>NSHA will deliver a person-centred, high-quality, safe, accessible, equitable and sustainable health and wellness system through a focus on performance, accountability, education, research and innovation.</p>	
	<p><b>NSHA Strategic Plan Goals</b></p> <ul style="list-style-type: none"> <li>Access to quality, evidence informed and appropriate health service is improved in defined priority service areas.</li> <li>Experience of care and engagement in health service decision making are improved for persons who access NSHA care or service.</li> <li>A sustainable health and health service system is promoted through appropriate allocation and management of resources.</li> <li>Improved delivery of quality health services is enhanced through an increase in province-wide outcomes based research and inter-professional education and research opportunities.</li> <li>Health service needs across populations and life spans are addressed through the development of provincial health service plans that are locally implemented.</li> </ul>	
	<p><b>STRATEGIC DIRECTION: A HEALTHY, HIGH-PERFORMING WORKFORCE</b></p> <p>NSHA will create a positive and healthy organizational culture that enables employees, physicians, learners and volunteers to support the health and wellness of Nova Scotians. We will foster safety, learning, respect, leadership, accountability, inclusiveness, role optimization and collaboration among our teams.</p>	
	<p><b>NSHA Strategic Plan Goals</b></p> <ul style="list-style-type: none"> <li>A high performing workplace is developed through enhancement of a positive, healthy, safe and productive work culture and environment.</li> <li>A qualified, diverse and engaged workforce , working to optimal scope is developed to meet the health needs of Nova Scotians</li> <li>Learning, leadership and inter-professional collaboration in teams is increased and enhanced.</li> </ul>	
<p><b>STRATEGIC DIRECTION: ENGAGEMENT WITH NOVA SCOTIANS TO CREATE A HEALTHIER FUTURE</b></p> <p>NSHA will engage Nova Scotians to promote and support our shared accountability for health and improvement in health status.</p>		
<p><b>NSHA Strategic Plan Goals</b></p> <ul style="list-style-type: none"> <li>Nova Scotians’ understanding of and engagement with activities to become healthier is enhanced through increased collaboration between NSHA and the public.</li> <li>Nova Scotians’ shared accountability for health and improvement in health status is enhanced through increased collaboration with Community Health Boards.</li> </ul>		

Enterprise Risk Management Plan (2016-19)	
<b>Objective</b>	Develop and implement an enterprise risk management structure
<b>Initiatives</b>	<b>Actions</b>
Develop ERM structure to support monitoring, mitigation, and reporting on enterprise risks	Develop and implement NSHA wide user friendly risk register format
	Prepare leaders and teams to achieve or surpass the 2017 Accreditation requirements related to ERM
Implement a strategy to support the VPs and teams, who are accountable as per the risk register, to develop specific risk registers, mitigation strategies, and reports	Review ERM best practices from like organizations
	Choose a risk identification and ranking tool
	Develop a plan and timeline to implement the tool
	Facilitate process to populate the specific risk registers as data becomes available
	Develop the reporting, accountability and mitigation strategies with teams as data becomes available
	Use specific risk registers, and data for the purpose of populating the annual review of the NSHA organizational macro risk register

Enterprise Risk Management Plan (2016-19)	
<b>Objective</b>	Enhance the understanding and application of Enterprise Risk Management principles in NSHA
<b>Initiatives</b>	<b>Actions</b>
Develop and implement actions to enhance an ERM culture	Implement ERM policy and process
	Support members of NSHA Board to obtain education on Risk Governance
Proactive education and orientation strategy	Develop and implement an orientation packet (learning module) for new leadership staff within NSHA.
	Provide education on ERM to NSHA leaders, managers, and teams
	Create and disseminate ERM education and resource materials to leaders, managers, and teams
Leverage communication and established collaborative structure	Develop and implement a communication strategy regarding ERM
	Participate in interdisciplinary NSHA quality structures

## Appendix F: Emergency Preparedness Plan (2016–19)



### Healthier Together – NSHA Strategic Plan

#### Emergency Preparedness Plan: Objectives and Key Initiatives

<b>VISION</b> HEALTHY PEOPLE, HEALTHY COMMUNITIES — FOR GENERATIONS	<b>MISSION</b> TO ACHIEVE EXCELLENCE IN HEALTH, HEALING AND LEARNING THROUGH WORKING TOGETHER	<b>VALUES</b> RESPECT, INTEGRITY, INNOVATION, COURAGE, ACCOUNTABILITY
<b>Emergency Preparedness Plan: Objectives And Key Initiatives</b>  Improve health service and system performance through: <ul style="list-style-type: none"> <li>• Developing and implementing actions to enhance a culture of emergency preparedness and risk mitigation</li> <li>• Aligning Emergency Preparedness program legislation and practice standards.</li> <li>• A coordinated and comprehensive approach to the implementation of emergency preparedness practices and protocols</li> <li>• Ensuring communication strategies related to Emergency Preparedness Education and Information are consistent, easily accessible, appropriate, and relevant to the intended audience.</li> </ul>	<b>STRATEGIC DIRECTION: PERSON CENTRED, HIGH QUALITY, SAFE AND SUSTAINABLE HEALTH AND WELLNESS FOR NOVA SCOTIANS</b>  NSHA will deliver a person-centred, high-quality, safe, accessible, equitable and sustainable health and wellness system through a focus on performance, accountability, education, research and innovation.	
	<p style="text-align: center;"><b>NSHA Strategic Plan Goals</b></p> <ul style="list-style-type: none"> <li>• Access to quality, evidence informed and appropriate health service is improved in defined priority service areas.</li> <li>• Experience of care and engagement in health service decision making are improved for persons who access NSHA care or service.</li> <li>• A sustainable health and health service system is promoted through appropriate allocation and management of resources.</li> <li>• Improved delivery of quality health services is enhanced through an increase in province-wide outcomes based research and inter-professional education and research opportunities.</li> <li>• Health service needs across populations and life spans are addressed through the development of provincial health service plans that are locally implemented.</li> </ul>	
	<b>STRATEGIC DIRECTION: A HEALTHY, HIGH-PERFORMING WORKFORCE</b>  NSHA will create a positive and healthy organizational culture that enables employees, physicians, learners and volunteers to support the health and wellness of Nova Scotians. We will foster safety, learning, respect, leadership, accountability, inclusiveness, role optimization and collaboration among our teams.	
	<p style="text-align: center;"><b>NSHA Strategic Plan Goals</b></p> <ul style="list-style-type: none"> <li>• A high performing workplace is developed through enhancement of a positive, healthy, safe and productive work culture and environment.</li> <li>• A qualified, diverse and engaged workforce , working to optimal scope is developed to meet the health needs of Nova Scotians</li> <li>• Learning, leadership and inter-professional collaboration in teams is increased and enhanced.</li> </ul>	
<b>STRATEGIC DIRECTION: ENGAGEMENT WITH NOVA SCOTIANS TO CREATE A HEALTHIER FUTURE</b>  NSHA will engage Nova Scotians to promote and support our shared accountability for health and improvement in health status.		
<p style="text-align: center;"><b>NSHA Strategic Plan Goals</b></p> <ul style="list-style-type: none"> <li>• Nova Scotians’ understanding of and engagement with activities to become healthier is enhanced through increased collaboration between NSHA and the public.</li> <li>• Nova Scotians’ shared accountability for health and improvement in health status is enhanced through increased collaboration with Community Health Boards.</li> </ul>		

Emergency Preparedness Plan (2016-19)	
Objective	Improve health service and system performance
Initiatives	Actions
Developing and implementing actions to enhance culture of emergency preparedness and risk mitigation	Define scope of Emergency Preparedness accountabilities/responsibilities within the organization
	Define and finalize our Emergency Preparedness Organizational Chart and structure within the NSHA.
	Define and communicate the Emergency Preparedness committee structure addressing site, zone, and organization wide levels.
	Assess and enhance the current Management On-Call System to ensure it optimizes processes and reflects the zone and NSHA structure
	Continue to develop our Emergency Preparedness team to optimize performance, and build confidence and capacity across the NSHA.
Aligning Emergency Preparedness program with legislation and practice standards	Ensure planning process embeds the Accreditation Canada criteria to ensure NSHA meets and/or exceeds requirements.
	Ensure planning process includes review of the Hospital Act Regulations and Home for Special Care legislation to ensure NSHA meets and/or exceeds requirements.
	Develop strategies to ensure a consistent approach to business continuity planning that positions the organization to successfully respond to loss of critical infrastructure and mission critical services

Emergency Preparedness Plan (2016-19)	
Objective	Improve health service and system performance
Initiatives	Actions
A coordinated and comprehensive approach to the implementation of emergency preparedness practices and protocols	Develop and implement the NSHA Master Plan using a phased approach, addressing high risk areas as a priority
	Develop NSHA Emergency Preparedness Policy , including a dissemination and rollout strategy
	Develop a schedule for exercises throughout NSHA that maximizes learning, practices protocols, and is responsive to risk assessment results.
	Optimize the physical space, technology, and resources necessary to support effective Zone Emergency Operations Centers (EOCs), and facility level EOCs as appropriate
	Develop and implement consistent Incident Management System strategies for activating and operating Emergency Operation Centers (EOC) throughout the NSHA.
	Identify and collaborate with internal and external partners regarding Emergency Preparedness planning and joint activities.
	Collaborate with other portfolios (e.g., OHS, clinical programs, etc.) to enhance risk mitigation, response and preparedness
Ensuring communication strategies related to Emergency Preparedness Education and Information are consistent, easily accessible, appropriate, and relevant to the intended audience.	Develop a consistent Emergency Preparedness Orientation program for NSHA employees.
	Provide ongoing education to support NSHA plans and emergency responses (priority for education includes those having key roles in plans and responses)
	Develop a single source of access for NSHA Emergency Preparedness Information (e.g. SharePoint/Intranet)

## Appendix G: Definitions

<b>Just Culture:</b>	Refers to the importance of fairly balancing an understanding of system failure with professional accountability (CPSI 2017). In a just workplace culture, the reasons for the unexpected clinical outcomes and patient safety incidents are not pre-judged. The rights of all individuals, including patients, are protected. There is an attempt to understand the circumstances and context for the decisions and actions of providers at the time care was provided. In a just culture of safety, all individuals are able to trust that the initial response to a patient safety incident, as well as any subsequent analyses and proceedings, will be conducted with fairness, and in accordance with applicable legal frameworks and hospital policies and bylaws. In such a culture, healthcare providers are aware of what is professionally expected, and when analyzing patient safety incidents, the accountability of the provider and the organization are determined fairly. (D. Marx, 2001 as cited CMPA 2017).
<b>Patient Safety Incident:</b>	<p>An event or circumstance which could have resulted, or did result in harm to a patient, or any other person who receives care or service from NSHA, which arises from factors other than the complications of the health, treatment or services itself.</p> <p>Includes patient safety incident severity levels: near miss, no harm incident, mild harm incident, moderate harm incident, severe harm incident and death. This includes those patient safety incidents which are Serious Reportable Events. See <a href="#">NS Health &amp; Wellness Serious Reportable Events Reporting Policy</a>.</p>
<b>NSHA Program/ Network Quality Improvement &amp; Safety (QI&amp;S) Council</b>	An interdisciplinary standing Program/ Network Council for each NSHA Health Service Program or Network as applicable. Where zone QI&S Program/ Network Committees exist, they will report to the NSHA Program/ Network QI&S Council in relation to recommendations reached and for an issue/ finding or Reviewable Matters which has application to or implications beyond the program served by the Program/ Network QI&S Committee.

<b>NSHA Quality Improvement &amp; Safety (QI&amp;S) Council</b>	An interdisciplinary standing NSHA QI&S Council to which Zone QI&S Councils and NSHA Program/ Network QI&S Councils report in relation to recommendations reached and for an issue/ finding or Reviewable Matters which has application to or implications beyond the zone/ program/ network served by the QI&S Council.
<b>Patient(s):</b>	Denotes all persons receiving care or service from or through NSHA including but not limited to clients, inpatients, outpatients, residents and Veterans who reside in, are cared for and received health care service through in any NSHA facilities, programs or services.
<b>Quality Improvement &amp; Safety (QI&amp;S) Committee</b>	An interdisciplinary standing Department, Facility or Program/ Network Committee to which QI&S Teams report in relation to recommendations reached and for an issue/ finding or Reviewable Matters which has application to or implications beyond the area/ service served by the QI&S Team.
<b>Quality Review:</b>	<p>The systematic analysis and evaluation of health service structures, practices and/or results that focus on the entire continuum of care and services; including, but not limited to,</p> <ul style="list-style-type: none"> <li>a) individual cases which are reviewed based on predetermined criteria for the purposes of education and/or improvement in and increased safety of health care/service or practice;</li> <li>b) review of team/organization/system data and indicators to proactively improve quality and patient safety in specific areas of service and the system generally; and</li> <li>c) analysis of the health consumer needs with a view to improving performance, quality, safety and experience.</li> </ul>