

BOARD MANUAL

SUBJECT: Quality and Patient Safety	NO.: 2-C-10
SECTION: Corporate Performance and Oversight	
APPROVED BY: Board of Directors	DATE: September 30, 2020

Policy

Exceptional healthcare is defined as the provision of care that is safe, effective, and efficient provided by knowledgeable and caring people. It is supported through an approach of continuous improvement in service, guided by strategic planning, goal setting, measurement, and accountability. **Our Vision**

Framework

Quality is monitored using the 4 dimensions of quality in the CMH quality framework: (1) safe, effective and accessible; (2) patient and people focused; (3) efficient; and (4) integrated and equitable.

Safe, effective, and accessible

Patient safety is an integral component of quality that focuses on reducing risk of harm to the patient. We will endeavour to keep our patients safe so that they will not be harmed by accident or mistakes from care received at CMH. Our patients will receive timely and appropriate healthcare that is based on the best available scientific evidence known to achieve the best possible outcomes. The primary goal of using quality improvement methodology is to improve patient outcomes and operates with the philosophy that there is always opportunity to improve the operations, processes, and activities to increase quality.

Patient and people focused

Whenever possible, we will co-design our care and services with patients so that patients will receive care that is sensitive to the individual's needs and uniqueness. Co-design involves the patients in the design process and works with them to understand their met and unmet needs. CMH will continue to promote and enhance a healthy work environment so that staff, medical/professional staff, and volunteers are effectively supported as individual practitioners and as members of a team and as members in cross-unit and hospital-wide teams, as they endeavour to provide the best possible care to patients and families.

Efficient

Staff, medical/professional staff, and volunteers will strive to achieve the best value of health service for the community's health care needs. Health service providers will continually look for ways to reduce waste, including waste of supplies, equipment, and time. They will respectfully gather ideas and information with the aim of providing appropriately resourced care within the fiscal capacity of CMH.

Integrated and equitable

Patients and families will receive quality care regardless of who they are and where they live. Health service providers at CMH will collaborate with our regional and community partners, stakeholders, suppliers, and funders to be organized, connected, and working with one another aiming to provide high quality care for the region that is integrated throughout the continuum of care. We will collaborate with tertiary and quaternary care providers and other providers of services not available within our region and needed by patients in the region.

Key components of quality and patient safety include:

- the oversight role of the Board
- the operational roles of administrative and clinical leadership
- teamwork and communication
- transparency of data and accountability and
- patient and family engagement including input from Patient and Family Advisory and Mental Health Family Advisory Councils.

Standards

The following are some of the standards that guide the hospital's quality work:

- Accreditation Canada, Standards and Required Organizational Practices, 2020
- Ontario Ministry of Health and Long-Term Care publicly reported indicators and other mandated measures of quality
- Excellent Care for All Act, 2010, S.O 2010, c. 14
- Quality of Care Information Protection Act, 2016, S.O. 2016, c.3, Schedule B
- Health Quality Ontario (HQO), Quality Improvement Plan, 2020

Procedure

The Board is accountable for ensuring the establishment, monitoring and oversight of appropriate structures, processes, and other systems to support its responsibility for quality and patient safety. The Board Quality Committee, the Board Resources Committee, and the Medical Advisory Committee (MAC) are key structures for monitoring and supporting quality and patient safety (see Figure 1: Quality Monitoring Committees). The Board uses evidence-based methods for evaluating performance in quality and patient safety.

Board oversight includes, but is not limited to:

- driving the quality and patient safety plan
- development and monitoring of the annual Quality Improvement Plan (QIP)
- approval and monitoring of system collaborative QIPs
- reviewing policies and safety standards, exploring opportunities for continued improvement in quality and patient safety
- overseeing compliance with quality and safety related issues, including accreditation standards and related legislation (Excellent Care for All Act, Quality of Care Information Protection Act)
- reviewing recommendations following adverse events
- reviewing and approving a multi-year Quality and Safety Plan that sets out goals and objectives as part of the strategic plan
- reviewing at least quarterly, a scorecard containing up-to-date measures, analyses, and action plans on the performance indicators
- reviewing the quality of programs and departments on an established schedule, and other events or issues at its discretion
- reviewing, at least twice per year, aggregate patient relations data and themes

The Chief Executive Officer, Chief of Staff and Senior Management Committee are responsible for developing an annual quality and patient safety plan in conjunction with the Quality Committee, assigning accountability to its committee members, and implementing processes, structures, and systems to support and achieve quality and patient safety goals.

The senior team fosters an environment of transparency and accountability, teamwork and communication on goals and issues related to quality and patient safety for the purpose of continuous improvement and goal achievement. This includes the fostering oversight of a patient safety culture, where staff is comfortable discussing any quality and safety concerns. The Chief Executive Officer, Chief of Staff and senior team, work with health service providers to ensure processes and structures are in place to encourage the engagement of patient and family in their care, including a patient relations process. The senior team provides leadership and fosters the development of leadership abilities and skills throughout the organization with the aim of achieving quality and patient safety.

The Chief Executive Officer, Chief of Staff and senior management responsibilities include, but are not limited to:

- establishing in conjunction with the Quality Committee a quality and patient safety plan on an annual basis, and revising the goals and measures with the aim of continuous improvement, in areas of highest priority and with attention to all 4 dimensions of quality and patient safety
- reviewing and disseminating performance results to the Board, Board committees, MAC, Quality and Operations Councils, and other stakeholders, including the public
- receiving information from all quality forums and taking actions and planning as required

- implementing best practices methods and techniques known to enhance quality and patient safety, such as:
 - performance measurement and reporting
 - credentialing of physicians through the Medical Advisory Committee
 - skills review and enhancement of clinical and non-clinical staff
 - patient safety education for staff
 - staff engagement
 - patient and family engagement
 - patient relations process
 - process improvement using tools such as value stream mapping and prospective analysis reviews

CMH Quality Monitoring Committees

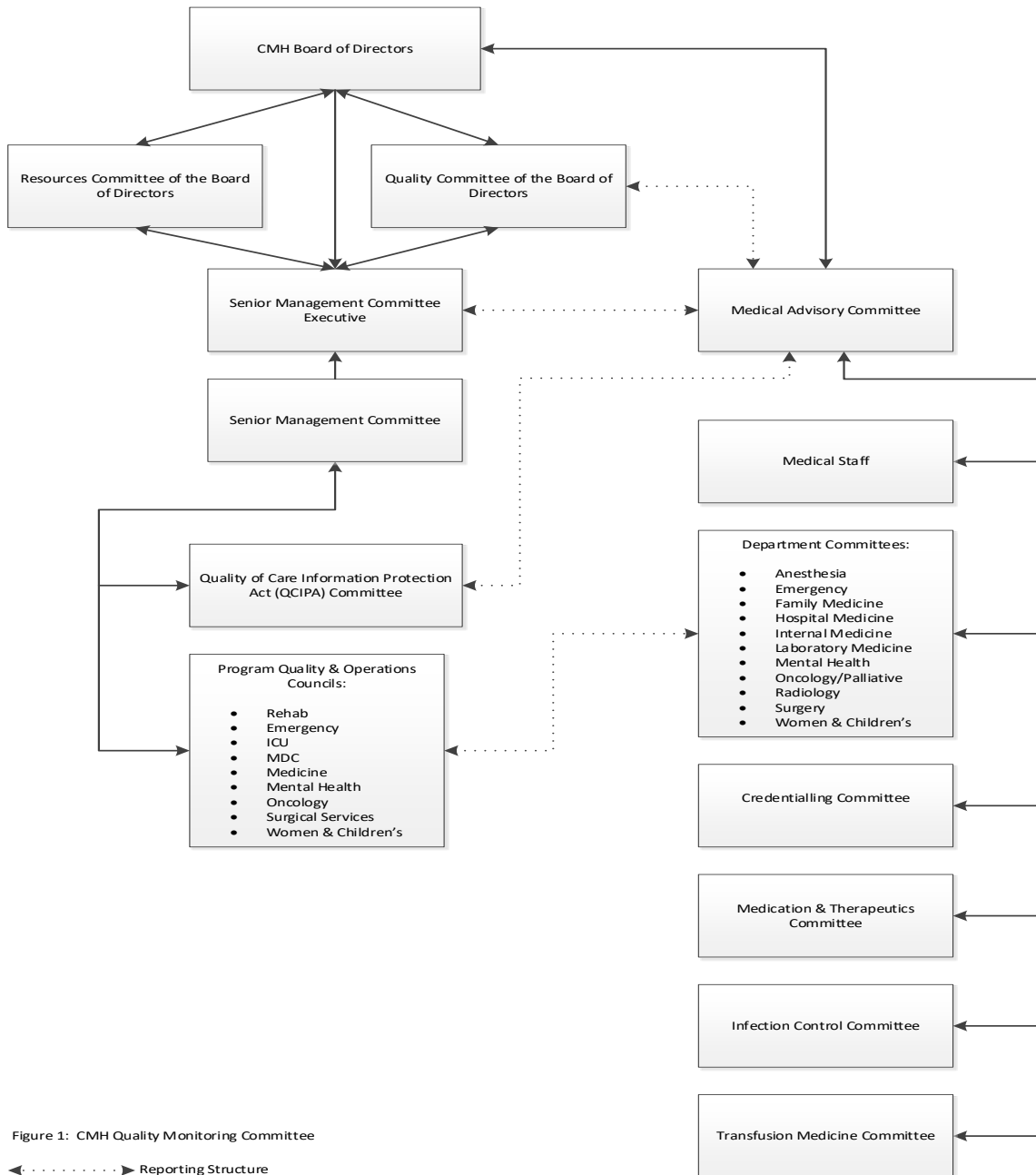


Figure 1: CMH Quality Monitoring Committee

← → Reporting Structure
 ↔ Linkage

As of April 1, 2019

References

1. Canadian Patient Safety Institute <http://www.patientsafetyinstitute.ca/>
2. Ontario Hospital Association, A Guidebook to Patient Safety Leading Practices:2010
3. Ontario Hospital Association Governance Centre of Excellence
4. Safer Healthcare Now!
<https://www.patientsafetyinstitute.ca/en/About/Programs/SHN/Pages/default.aspx>
5. What exactly is patient safety? Emanuel L., Berwick D., Conway J., et. al.

DEVELOPED: February 22, 2012		REVISED/REVIEWED:
May 25, 2016	September 30, 2020	June 28, 2022
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