

BOARD MANUAL

SUBJECT: Quality and Patient Safety	NO.: 2-C-10
SECTION: Corporate Performance and Oversight	
APPROVED BY: Board of Directors	DATE: December 3, 2025

Policy

Exceptional healthcare is defined as the provision of care that is safe, effective and efficient provided by knowledgeable and caring people. It is enabled through continuous improvement in service, a just culture that prioritizes seeking systemic improvements over individual blame, and is guided by strategic planning, risk identification, goal setting, measurement, and accountability.

Framework

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

Safe, accessible and integrated

Patient safety is an integral component of quality that focuses on reducing the risk of harm to patients. Cambridge Memorial Hospital (CMH) strives to implement systems and processes to ensure patients shall not be harmed by accident or mistakes from care received at CMH. Patients shall receive timely and appropriate healthcare that is based on scientific evidence known to achieve the best possible outcomes. Health service providers shall collaborate with regional and community partners, stakeholders, suppliers and funders to provide high quality care integrated throughout the continuum of care. Staff shall collaborate with providers of services not available within our region to ensure access.

People focused

Whenever possible, the hospital shall co-design with patients so that patients shall receive care and services that are 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. The hospital shall evaluate feedback received via multiple channels to make improvements to care and service delivery.

CMH shall continue to promote and enhance a safe and healthy work environment so that staff, medical/professional staff, and volunteers are supported as individuals and as members of a team. CMH shall create multiple channels for feedback and strive to continually improve.

Efficient

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

Equitable

Patients and families shall receive quality care regardless of who they are and where they live. Care and services shall be designed and delivered based on socioeconomic and health outcome data; acknowledging that a one-size fits all approach does not always work. CMH shall actively work to understand the community its serve.

Key components of quality and patient safety include:

- the oversight role of the Board,
- the operational roles and accountability of administrative and medical/professional leadership,
- teamwork and communication,
- commitment to a just culture that prioritizes systemic improvements over individual blame,
- transparency of data,
- and active patient and family engagement.

Standards

Some of the standards, legislation and organizations that guide the hospital's quality work include:

- Accreditation Canada ([Accreditation Canada](#))
- Beryl Institute ([Home - The Beryl Institute](#))
- Canadian Institute for Health Information ([Patient safety | CIHI](#))
- *Excellent Care for All Act, 2010*, S.O 2010, c. 14 ([Excellent Care for All Act, 2010, S.O. 2010, c. 14 | ontario.ca](#))
- Healthcare Excellence Canada ([Healthcare Excellence Canada](#))
- [Ontario Health \(Home | Ontario Health\)](#)
- *Public Hospitals Act, 1990*, Reg. 965 Hospital Management ([R.R.O. 1990, Reg. 965 HOSPITAL MANAGEMENT | ontario.ca](#))
- *Quality of Care Information Protection Act, 2016*, S.O. 2016, c.3, Schedule B
- Office of the Chief Coroner ([Office of the Chief Coroner and the Ontario Forensic Pathology Service | ontario.ca](#))
- Institute for Safe Medication Practice Canada ([Home - ISMP Canada](#))

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 Quality Committee, the 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-informed methods for evaluating performance in quality and patient safety.

Board oversight includes, but is not limited to:

- developing and monitoring of the annual Quality Improvement Plan (QIP)
- approving and monitoring of system collaborative QIPs
- ensuring that appropriate policies and safety standards exist, 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*)
- ensuring recommendations are implemented in a timely manner following critical incidents
- 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 President and Chief Executive Officer (CEO), Chief of Staff (COS) and senior executive members (collectively referred to as the “senior executives”) are responsible for developing an annual quality and patient safety plan in conjunction with the Quality Committee, implementing processes, structures and systems to support and achieve quality and patient safety goals.

The senior executives foster an environment of transparency and accountability, teamwork and communication on issues related to quality and patient safety for the purpose of continuous improvement and goal achievement. This includes fostering a just culture that prioritizes systemic improvements over individual blame, where staff are comfortable raising quality and safety concerns without fear of retribution.

The senior executives work with health service providers to ensure processes and structures are in place to include patient and their families in their care, including a patient relations process.

The senior executives provide leadership and fosters the development of leadership abilities and skills throughout the organization with the aim of achieving quality and

patient safety.

The senior executives' 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 practice 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 corporate staff
 - patient safety education for staff
 - incident reporting
 - staff engagement
 - patient and family engagement
 - patient relations process
 - process improvement using tools such as value stream mapping and prospective analysis reviews

DEVELOPED: September 30, 2020		
REVISED/REVIEWED:		
May 25, 206	September 30, 2020	
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