



Eastern
Health

Quality and Risk Management Framework

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Quality and Risk Management Framework

Eastern Health

The Eastern Regional Integrated Health Authority (Eastern Health) is a board operated, publicly funded organization providing a continuum of programs and services to the people of Eastern Newfoundland. Eastern Health has four primary lines of business: to promote health and well being; provide supportive care; treat illness and injury; and advance knowledge. These lines of business are supported through: primary health care, acute care, long term care and supportive services, education and provincial programming (Eastern Health -Strategic Plan 2006-2008).

Promote Health and Well-being

Health Protection
Disease Prevention

Health Promotion
Child Protection

Provide Supportive Care

Individual, Family and Community Supportive Services
Short-term adult residential care
Long-term adult residential care

Treat Illness and Injury

Outreach Services
Community Health Centres
Regional Hospitals
Rehabilitation Centres
Mental Health and Addictions Services
Home Visits

Primary Health Care
Regional Cancer Centres
Tertiary Hospitals
Patient Transport Services

Advance Knowledge

Education Services
Centre for Nursing Studies

Patient Research Unit
Continuing Education

Vision

The vision of Eastern Health is "Healthy People, Healthy Communities".

Values

The following organizational values support the vision.

Collaboration
Excellence
Integrity

Confidentiality
Growth
Respect

Quality

Quality is the degree of excellence; the extent to which the organization meets client/patient/resident needs and exceeds their expectations (Canadian Council on Health Services Accreditation (CCHSA), 2006).

This definition implies that Eastern Health must ensure that clients/patients/residents participate in decisions about their health so that we understand the health needs and priorities of individuals and communities. In turn, Eastern Health must provide appropriate and cost effective programs and services to meet the needs. Eastern Health will apply uniform standards, policies and procedures related to quality across the organization. The standards related to quality and risk management will include the CCHSA standards, professional practice standards for specific disciplines and other evidence based standards developed and/or adopted by Eastern Health. The organizational policies and procedures will promote consistent approaches factoring in elements specific to sites and services.

Quality Improvement

Quality improvement is an organizational philosophy that seeks to meet clients' needs and exceed their expectations by using a structured process that selectively identifies and improves all aspects of service (CCHSA, 2006).

This definition requires Eastern Health to continually identify the populations that it serves, the processes that it uses to provide services and to employ a valid method to continually evaluate and improve the services. It allows Eastern Health to prioritize initiatives considering information from environmental scanning and strategic planning. The process involves management, staff and other health professionals in the continuous improvement of work processes to achieve better outcomes of client/patient/resident care.

Eastern Health will measure, monitor and report indicators of achievement of the standards of quality. Eastern Health will evaluate quality considering the CCHSA dimensions of quality.

Population Focus: Working with communities to anticipate and meet their needs.

Accessibility: Providing timely and equitable services.

Safety: Keeping people safe.

Worklife: Supporting well being in the work environment.

Client-Centred Services: Putting clients and families first.

Continuity of Services: Experiencing coordinated and seamless services.

Effectiveness: Doing the right thing to achieve the best possible outcomes.

Efficiency: Making the best use of resources.

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Risk

Risk is defined as the chance or possibility of danger, loss or injury. For health service organizations this can relate to the health and well-being of clients, staff and the public; property; reputation; environment; organizational functioning; financial stability, market share, and other things of value. (CCHSA, 2006)

Risk Management

Risk Management is a proactive strategy which has as its components: risk identification, risk assessment, risk control and evaluation of risk management activities. (CCHSA, 2006)

Guiding Principles

The following principles are the foundation for Eastern Health's approach to quality:

Eastern Health is committed to continuous quality improvement and the pursuit of excellence.

Quality of care will be equitable and will not vary because of characteristics such as gender, geographic location, ethnicity or social-economic status.

Quality is the responsibility of each staff member, physician and volunteer.

Interdisciplinary team work and the use of the rapid PDSA (Plan, Do, Study, Act) cycle will guide our approach to quality improvement.

Root Cause Analysis will guide our approach to handling of sentinel events and occurrences.

Eastern Health's approach to quality is evidence-based and informed by current research.

Eastern Health recognizes that there are elements specific to sites and services that will need to be factored into the approach to quality.

Eastern Health is committed to reporting to internal and external stakeholders on a regular basis.

Organizational Quality Improvement and Risk Management

Eastern Health is committed to quality improvement and risk management as an ongoing process for program management and service delivery.

The organization has several key structures that have organizational quality improvement and risk management as key elements of its mandate.

Board of Trustees Safety and Quality Improvement Committee

Regional Quality Council and Its Subcommittee Structures
Portfolio Quality and Safety Committees and its Subcommittee Structures
Quality and Risk Management Department
Program and Departmental Leadership Teams
Quality Improvement Teams

Considering the information from the team surveys, strategic priorities and CCHSA, Eastern Health regional quality improvement teams will be program/portfolio based in line with the executive management structure. Membership will include management, staff, and other representatives as deemed appropriate. Quality improvement teams will be responsible for:

- identifying, monitoring and reporting indicators of performance.
- identifying, prioritizing, implementing and/or sharing actions, strategies and/or initiatives for quality improvement. When it is necessary to include others in the team process, those consulted also contribute to the prioritizing of actions, strategies and/or initiatives.
- facilitating the accreditation process including completing the self-assessment, participating in the survey processes and acting on the recommendations from surveys.

Regional quality improvement teams will report on these objectives, including their achievements and plans for continued quality improvement, to the relevant portfolio based Quality and Safety Committee annually. The Chief Operating Officer/Vice-President representing each portfolio will provide reports from Quality and Safety Committee to Eastern Health Regional Quality Council. Quality Council will apprise Eastern Health Board members on quality improvement indicators, priorities and achievements and key risk management issues on a regular basis. Through this reporting mechanism, the Regional Quality Council will ensure that the regional quality improvement teams remain active and focused on the organizational quality improvement priorities.

Eastern Health also supports Accreditation. Accreditation is a process that health services organizations use to evaluate and to improve the quality of their services. This process provides recognition that an organization meets national standards of quality. The Canadian Council on Health Services Accreditation is the major national accrediting body for health services organizations across Canada. In addition to CCHSA, Eastern Health participates in other accreditation processes related to other organizations including: Council for the Accreditation of Respiratory Therapy Education (CoARTE); Dietetic Internship Accreditation; The Commission on Dental Accreditation; Canadian Association of Schools of Nursing; Canadian Radiology Association for Mammography; Canadian Board of Prosthetists and Orthotists; Intersocietal Commission for the Accreditation of Vascular Laboratories; Royal College Accreditation; and the Canadian Medical Association – Paramedicine Program.

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Eastern Health Programs/Processes for Quality Improvement and Risk Management

Eastern Health employs many programs, services and processes that help the organization to identify areas of opportunity and/or risk, plan for change, and monitor indicators for performance/program evaluation. These include the following:

- Accreditation
- Auditing
- Benchmarking
- Claims Management
- Clinical Efficiency
- Clinical Practice Guidelines
- Clinical Safety Standards and Initiatives
- Communicable Disease Surveillance
- Complaints Management
- Coroners' (Medical Examiner's)Reports
- Credentialing
- Emergency Preparedness
- Equipment Maintenance Reports
- Ethics Review
- Evidence Based Practice Council
- Human Resource Planning
- Infection Control
- Insurance
- Morbidity and Mortality Rounds
- Needs Assessment
- Occupational Health and Safety
- Occurrence Reporting and Analysis
- Organizational Development
- Orientation
- Peer Review Activities
- Performance Appraisal
- Performance Reporting
- Policy and Procedure Manuals
- Property & Materials Management
- Quality Committees
- Quality Improvement Teams
- Quality Reviews
- Regional Quality Council
- Research and Evaluation
- Risk Management
- Risk Self-Assessment
- Satisfaction Surveys
- Security
- Sentinel Event Reviews
- Shared Learning Bulletins
- Staff Health
- Strategic Planning
- Utilization Management
- Waitlist Management
- Workplace Wellness

Organizational Accountability

- Action plans to mitigate risk and improve utilization are incorporated into annual quality improvement plans.
- Plans are reviewed by responsible vice president/chief operating officer to ensure consistency with the organization's strategic direction and goals.
- Monitoring of Quality (including Utilization) and Risk Issues is done in a regular basis by the program and departmental leadership.
- Annual quality and risk reports are compiled by each Director/Medical Leader and submitted to the Portfolio Quality and Safety Committee via the responsible vice president/chief operating officer.
- Annual reports are submitted by each COO/VP to the Regional Quality Council.
- Reports of the Quality Council are submitted to the Board via the Quality and Safety Committee of the Board.

Annual Director Reports

Each Director/Medical Leader provides a Quality Report on an annual basis via the responsible vice-president to the Portfolio Quality Council. The report will include:

- A brief overview of the department or program including such information as types and volumes of services provided, number of staff and physicians, location of service delivery, budget, etc.
- A brief description of Achievements from the past year.
- Identification of the top three quality and risk issues and plans to address them. The Quality Improvement Plan should outline where possible:
 - Area For Improvement
 - Goal
 - Critical Actions
 - Timelines
 - People Involved
 - Lead Responsibility
 - Evaluation Tools/Indicators
 - Results
 - Next Steps/Holding The Gains

It may be helpful to put the plan in a chart format.

- Identification of supports required to implement change.

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- Key performance indicators: (see sample below)
 - Indicator and Definition
 - Baseline (Previous two years if available)
 - Benchmark
 - Target
 - Results for Current Reporting Year
 - Comments

Sample Indicator Reporting Format Annual Reporting year 2005-2006

Indicator	Baseline		Benchmark	Target	Results	Comment
Definition of indicator	Measurement as of March 31, 2004	Measurement as of March 31, 2005	Desired outcome – best practice – may involve making an estimate	Specific change identified for annual period	Current Level as of March 31, 2006	Identify any data limitations or other factors affecting results
ALOS- Average length of stay for typical patients (typical patients exclude deaths, sign outs, acute care transfers and long-stay outliers)	5.0 Days	4.6 Days	3.8 Days	4.2 Days	4.4 Days	Reduction in Community Health Services

Note:

At a minimum, programs should report on indicators such as occurrences, complaints, client satisfaction survey outcomes, access, budget performance, attendance management, staff influenza vaccinations, and infection rates, and laboratory and diagnostic imaging turnaround times, where appropriate, utilization management indicators such as percentage of alternate level of care, length of stay, etc. It is desirable to try to identify indicators that would fall within each of the eight dimensions of quality as identified by CCHSA. Quality and Risk Management Staff will work with the Program and Departmental Leadership to facilitate the identification of appropriate indicators. It is recognized that outcome indicator development and measurement is in its infancy, thus for some indicators there may be no baseline data available or there may be no established benchmark. A steering committee has been established and will oversee the development of indicator reporting for the organization.

Annual Chief Operating Officer / Vice President Reports

Each COO/VP will compile an annual report that will be submitted to the Regional Quality Council outlining:

- A brief overview of programs and services within their portfolio including such information as types and volumes of services provided, number of staff and physicians, location of service delivery, budget, etc.
- A brief overview of Achievements from the past year
- Report of key performance indicators from portfolio
- Summary of the top 3 quality issues related to their portfolio and action plans to address them
- Identification of any cross-portfolio issues and supports needed for implementing change.

Reporting Schedule

To be determined by each Portfolio Committee and Regional Quality Council.

Information Sources for Quality and Risk Management Planning

- Audits
- Best Practices Reports
- CCHSA Self Assessment
- CIHI Data
- Complaints Management Information
- HIROC Self Assessment
- Internal And External Reviews
- Occurrence Reporting Information
- Operational Data
- Research Findings
- Staff And Client Satisfaction Surveys
- Staff Meetings
- Quality and Risk Management Manual

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**Eastern Health
Board of Trustees
Safety and Quality Improvement Committee**

Purpose

To receive and monitor Executive Limitations and Ends reports related to Clinical Safety and Quality Improvement.

Objectives

- To initiate governance policies relating to Safety and Quality Improvement.
- To regularly review governance policies relating to Safety and Quality Improvement.
- To receive regular reports from the CEO on Safety and Quality Improvement.
- To provide feedback to the Board of Trustees on required changes to governance policies on Safety and Quality Improvement.
- To advise the CEO on the nature of the information required to support the CEO's interpretation of governance policies related to Safety and Quality Improvement.

Composition

- 4 Trustees
- President and Chief Executive Officer
- Chief Operating Officer, Cancer Care, Children's and Women's Health, Rehabilitation/Continuing Care, Quality/Risk Management & Professional Development
- Vice-President, Medical Services and Diagnostics
- Director of Quality and Risk Management

Meetings

The committee will meet quarterly.

Quorum

A quorum for the committee shall be fifty (50%) of the Trustees presently serving on the Board. Trustees attending by telephone will be considered for the quorum.

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Regional Quality Council Terms of Reference

Purpose:

To provide leadership and direction for quality improvement, clinical safety and risk management within Eastern Health.

Membership:

Chair: Chief Operating Officer, Cancer Care, Children's/Women's Acute Health Services, Rehab/Continuing Care, Quality/Risk Management & Professional Development

- President / Chief Executive Officer
- Vice-President, Medical Services and Diagnostics
- Chief Operating Officer, Peninsulas
- Chief Operating Officer, Rural Avalon
- Chief Operating Officer, Long Term Care, Community Living & Supportive Services (St. John's)
- Chief Operating Officer, Adult Acute Care (St. John's)
- Chief Operating Officer, Community, Children, Mental Health/Addictions
- Vice-President, Corporate Services
- Vice-President, People and Information Services
- Senior Director – Corporate Strategy and Research
- Director of Quality and Risk Management
- Risk Management Consultant
- 2 Physician Representatives

Frequency of Meetings:

The Council will meet monthly initially as processes are being established and then at least quarterly.

Responsibilities:

The Council will:

- Champion development of a culture that reflects Eastern Health's commitment to excellence and ensuring clinical safety;

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Responsibilities: (continued)

- Establish annual Eastern Health priorities for quality improvement including clinical safety issues, based on the Eastern Health's strategic plan, reviews by CCHSA and other licensing bodies, departmental/divisional/program surveys, recommendations from the sub-committees;
- Monitor and ensure progress on achievement of quality improvement priorities, through review of related reports;
- Review quarterly reports from the Portfolio Quality Committees and Regional Infection Control Committee regarding quality issues and plans to address them;
- Review reports on sentinel events and ensure that action plans are implemented;
- Submit regular quality and risk reports to the Board of Trustees on a quarterly basis;
- Submit issue specific quality and risk reports to the Board on an as required basis;
- Review quarterly key performance measures, including utilization measures and annual population health measures and ensure appropriate action is taken to improve quality based on these reports;
- Review CCHSA survey reports and major benchmarking reports to ensure appropriate action is taken to improve quality based on these reports;
- Support providers to identify internal and external "Best Practices" for access and delivery of quality health services and provide direction for sharing of this knowledge and incorporation into future service delivery;
- Ensure an effective process is established for the management of complaints and review annual reports on client satisfaction;
- Provide a forum for discussion and resolution of quality issues that cross portfolios that cannot be resolved through usual channels;
- Promote development of learning and leadership for quality throughout Eastern Health
- Direct and support processes for the effective and timely communication of results to internal and external stakeholders;
- Monitor progress of the "Safer Healthcare Now" initiative;
- Monitor and evaluate the effectiveness of the Council.

Accountability:

Accountable to Board Safety and Quality Improvement Committee.

Portfolio Quality and Safety Committee Terms of Reference

Purpose:

To provide leadership and direction for quality improvement, clinical safety and risk management to the programs and departments within the portfolio.

Responsibilities:

- Champion a culture that reflects Eastern Health's commitment to excellence and ensuring client safety;
- Identify key performance indicators, including utilization management that need to be monitored, monitor them, and report on them to the Regional Quality Council;
- Review annual quality reports from committees, departments and programs and provide feedback to stakeholders;
- Review reports from process improvement teams, sentinel events and quality reviews and ensure there are action plans to address any issues;
- Support providers in identifying internal and external "best practice" for access and delivery of quality health services and provide direction for sharing of this knowledge and incorporation into future service delivery;
- Review CCHSA survey reports and other related reports such as benchmarking studies and ensure an action plan is developed and implemented for any recommendations related to the programs and departments within the branch;
- Receive regular reports about the occurrences and complaints related to programs and departments within the portfolio and ensure action plans are developed and implemented in response to identified trends and issues;
- Provide quarterly reports to the Regional Quality Council, highlighting quality issues and concerns that need further support to be addressed and cross portfolios;
- Monitor and evaluate the effectiveness of the committee.

Membership:

- COO / VP (Chair)
- Quality and Clinical Safety Leader for the Portfolio
- Department Representatives (To be determined based on the portfolios)
- Invited representatives as needed

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Accountability:

The Quality Committee is accountable to the Regional Quality Council.

Meeting Frequency:

The Quality Committee will meet at least 9 times per year.