



Capital Health

Capital District Health Authority

Integrated

Quality & Patient Safety

Framework

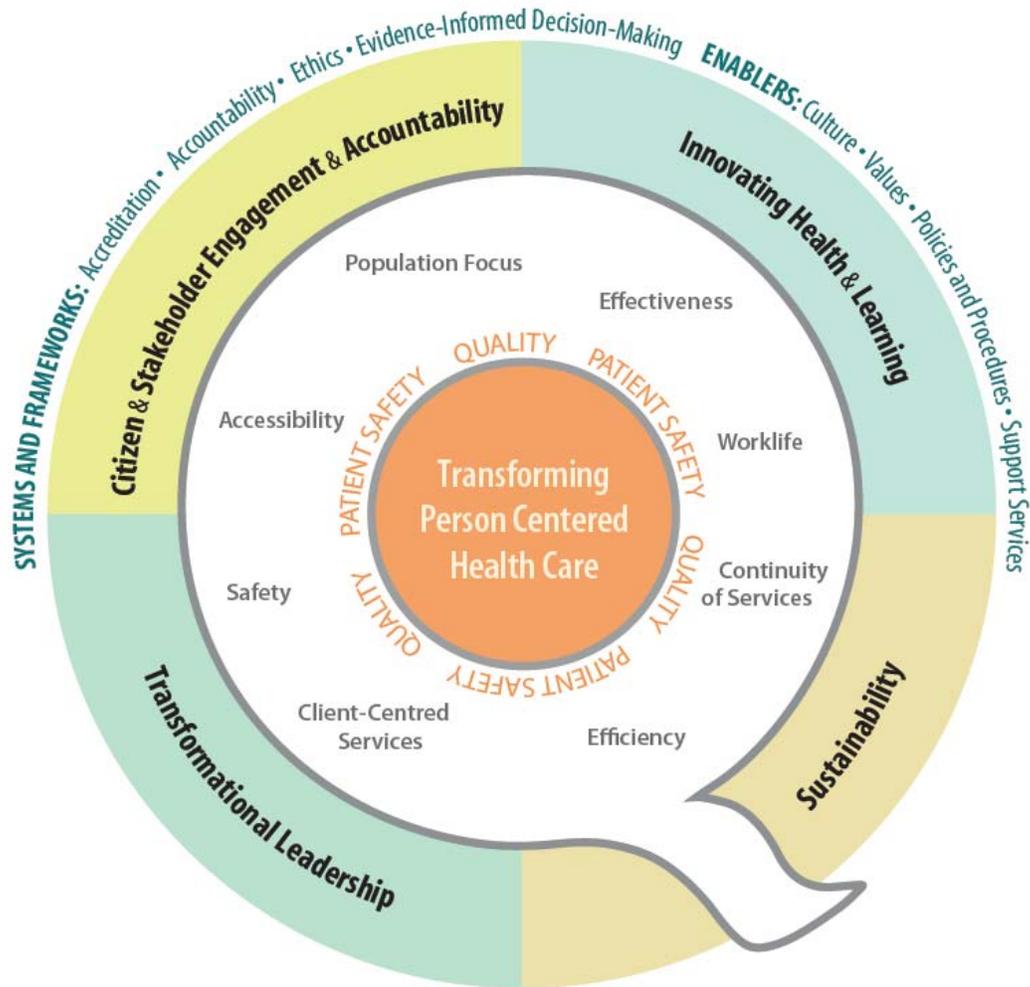
Capital District Health Authority
Integrated Quality & Patient Safety Framework

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The Framework (Figure 1)

Integrated Quality and Patient Safety Framework



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



Purpose

The intent of the Capital District Health Authority (CDHA) Integrated Quality Management Framework (Figure 1) is to provide a structure for *Our Promise*: CDHA's journey to become a world-leading haven for health, healing and learning. The framework is supported by the multi-year business plan and incorporates processes for risk management, utilization management, performance measurement, patient safety and quality improvement. It provides a vital link between the dimensions of quality, our foundation as an academic health sciences network and the services we provide for our patients, families, learners and staff.

Introduction and Background

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

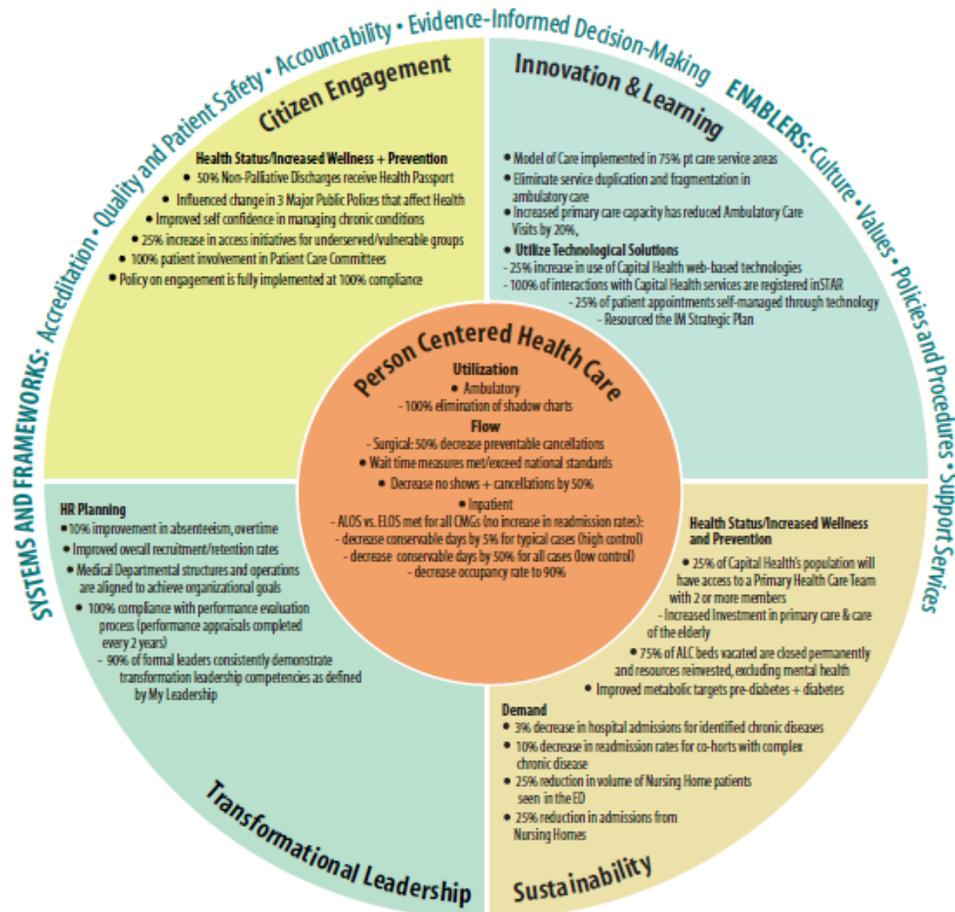
The work to achieve *Our Promise* is focused in five strategic streams:

1. Person-centred health care
2. Citizen and stakeholder engagement and accountability
3. Transformational leadership
4. Innovating health and learning
5. Sustainability

The strategic streams are recurring themes in the Quality Management Framework. To help to strengthen the organizations focus on the five streams, *Our Promise: 2013 Milestones* (Figure 2) have been identified for the organization.

The milestones are not meant to represent all of the work of Capital Health in caring for patients, teaching and research, and improving quality and patient safety. They are to help ensure the work is in keeping with a vision of improved health and a sustainable system. *Our Promise: 2013 Milestones* are grouped under the five strategic streams; they are intended to ensure the work of Capital Health is aligned with improving the health status of our population while being responsible stewards of health system resources. Annual targets and oversight groups for each milestone have been established (see Appendix 1).

Our Promise: 2013 Milestones



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

Figure 2

Quality and Patient Safety

Integral to becoming a world-leading haven of people-centred health, healing and learning is a focus on quality and patient safety. Quality is achieved by providing the right care to the right patient by the right care provider at the right time. Patient safety is an integral aspect of quality.

The Canadian Patient Safety Institute defines the patient safety culture of an organization as the collective values, knowledge, skills and commitment to safer patient care that is demonstrated by every member of the organization. At Capital Health, every person who works, learns or volunteers must act with an awareness of whether an action could harm a patient and what should be done to prevent or minimize that harm. The focus is preventing harm and minimizing the possibility of harm.

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

1. Patients First Initiative (see Appendix 2)
2. Patient Safety Plan 2008-11 (process to update)
3. Confidential reporting of adverse events (Patient Safety Reporting System)
4. Quality review process (risk reviews and other critical review tools)
5. Implementation of Safer Healthcare Now initiatives
6. Leadership safety rounds
7. Participation in the national hand washing campaign
8. Provision of courses for Quality Teams, including Lean, Quality Improvement and Change Implementation and Program Evaluation
9. Patient Safety - annual education requirements
10. Patient safety research

2010 – 2013 Business Plan

Capital Health launched its first multi-year (2010 – 2013) business plan in the belief that we can create a better tomorrow. The plan outlines new and ongoing ways to address the health and health care challenges of today.

The need for change underlines the work of developing the business plan. Nova Scotians – and by extension those who live in Capital Health, the province’s largest district by population – are among the unhealthiest citizens in the country. We have high rates of diabetes and obesity and among the highest rates of deaths from cancer and respiratory and circulatory diseases.

Performance measurement and evaluation (Figure 3)

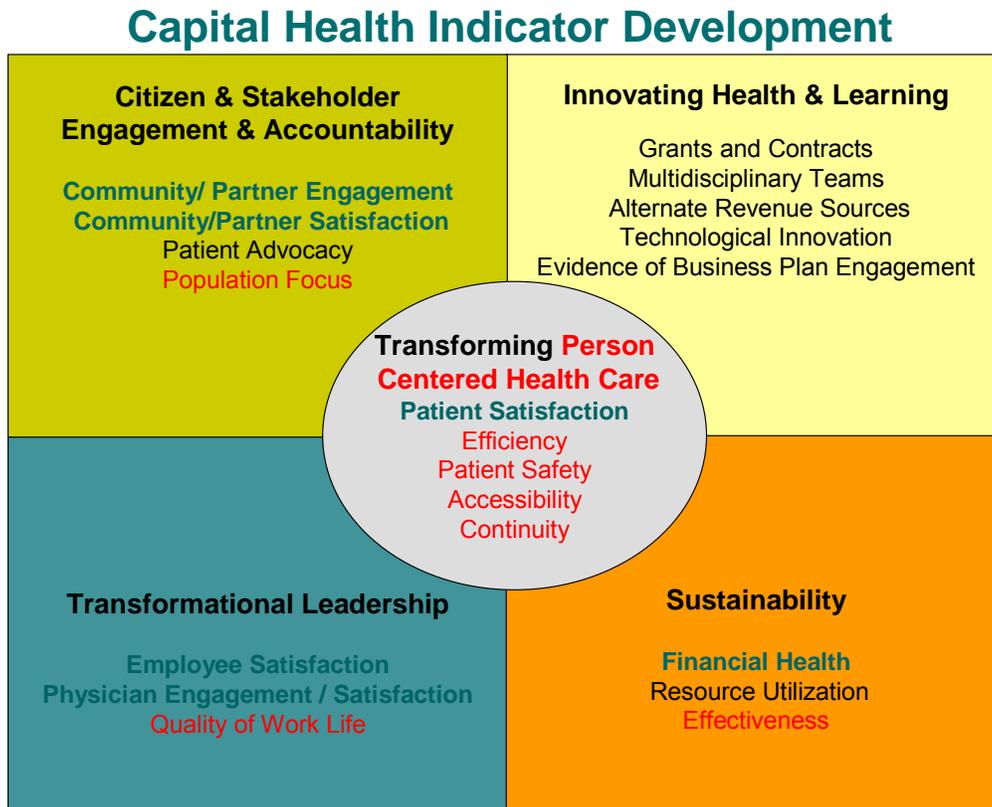


Figure 3

The performance indicators, benchmarking and evaluation activities are a coordinated effort that builds upon previous and concurrent work underway throughout Capital Health. The performance indicators selected and how the data are used, for decision-making and evaluation, will be key elements in success along the journey to fulfill *Our Promise*.

To become a world-leading learning haven, the goals for Capital Health's performance indicators, benchmarking and evaluation are aligned with all aspects of the multi-year business plan. This will require timely information regarding service delivery outcomes and progress toward achieving the 2013 Milestones. Performance measurement and evaluation goals include:

1. Identification and further development of Capital Health performance indicators. The challenge is to focus on the key performance indicators. Indicators and data must not only represent acute care but also reflect the spectrum of services across the district (e.g., primary care, mental health, population health). Indicators must be multipurpose to track strategic and operational measures and meet a range of requirements (e.g.,

accreditation, patient safety, provincial reporting). New indicators and reports will be identified over time and will be integrated into this model.

2. Stakeholder engagement to ensure that indicators and relevant, meaningful data are available for decision-making and evaluation.
3. Key, timely data accessible at the point of care and to the organization. Data will help determine if Capital Health is doing well and where opportunities for improvement exist. Use of the information management strategy will be a key component to enabling the organization to be as efficient as possible.
4. Support to the organizational case costing initiative and integration of results for use in evidence-based decisions.
5. Decisions based on ethics, evidence and economics. Application of a decision-making framework to facilitate the balanced application of different perspectives to planning at all organizational levels.
6. A culture of inquiry fostered and the practice of evidence-informed decision-making advanced within Capital Health. Ensure the appropriate infrastructure and supports are created to sustain the practice.
7. Performance indicators aligned to reflect identified milestones stimulate improved performance.
8. Structures developed to support organizational performance indicators, benchmarking and evaluation.
9. Accountability for reporting performance indicators and innovative solutions to address issues related to quality and safety.

Monitoring and Reporting

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

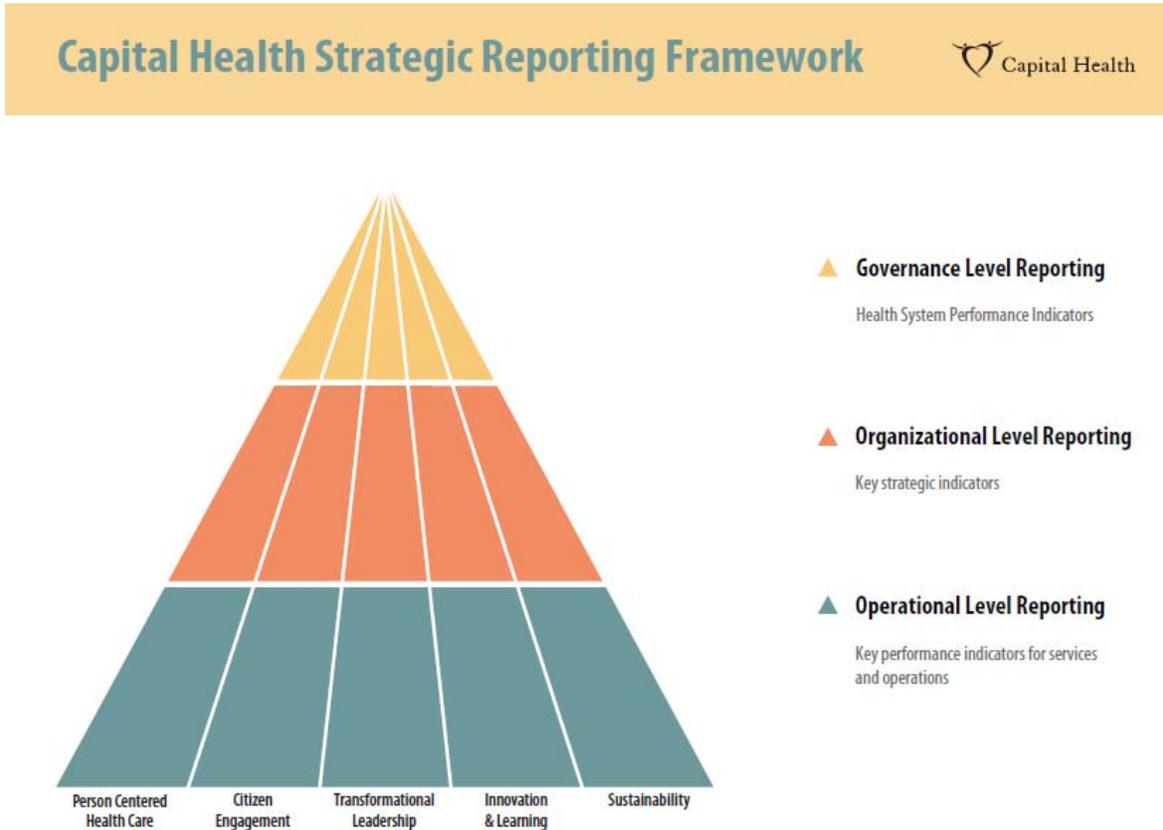


Figure 4

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

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

Organizational level indicators include the 2013 milestones and are a subset of the operational level indicators. The organizational indicators are reported in the Strategic Indicator Report (SIR) which is updated monthly and presented to the Board quarterly. The report provides evidence of progress toward achieving the 2013 milestones as well as trending performance of service specific activities.

Governance level indicators monitor Capital Health system level performance including but not limited to evidence of transformation.

Indicator data and associated reports are available via the Capital Health intranet on the Performance Indicator page and under Capital Health Data.
(<http://chdintra.cdha.nshealth.ca/departmentservices/planningperformance/performanceIndicatorsReports/index.html>)

Responsible VPs and their clinical/community teams present their relevant performance indicators to the Quality & Patient Safety Committee of the Board on a monthly rotational basis.

Action Plans

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

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

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

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

Quality Structure and Accountabilities (Figure 5)

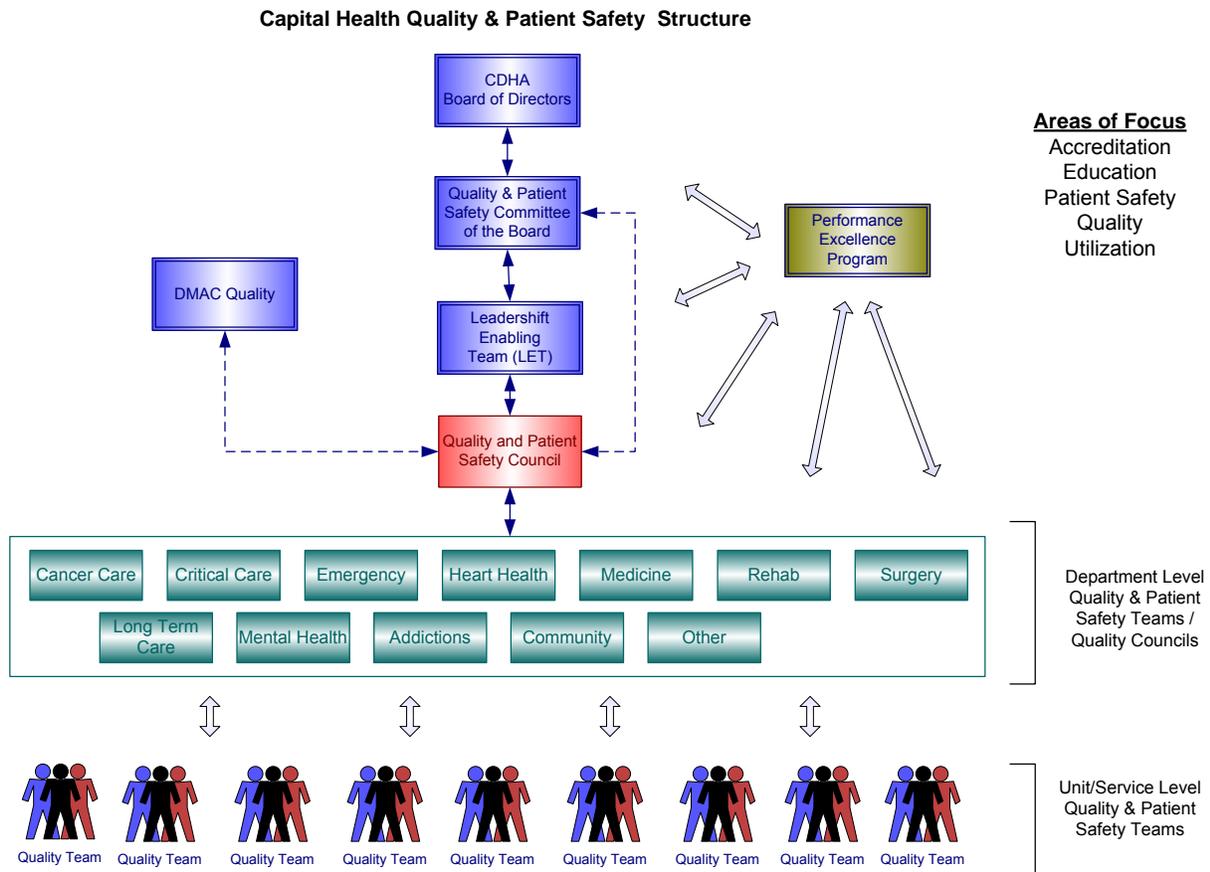


Figure 5

Board of Directors

- Ultimately responsible for the quality of service provided for our patients, families, learners and staff.

Quality and Patient Safety Committee of the Board

- Review, report and recommend to the Board on all matters related to the quality and safety of patient care provided by Capital Health. The committee will, together with other relevant Board subcommittees, seek to improve health outcomes of the population served by Capital Health (see Appendix 3 for Terms of Reference).

DMAC Quality Committee

- Provide leadership and direction for reviewing, evaluating and making recommendations in relation to specific health care, learning and research initiatives related to the medical staff at Capital Health.
- Identify and support quality management programs to enhance quality health care.

- Educate, communicate and liaise with Medical Staff, Family Practitioners, community based specialists and other clinical care providers on quality improvement / management programs and activities (see Appendix 4 for Terms of Reference).

Leadership Enabling Team (LET)

- Provide administrative oversight of services provided for our patients, families, learners and staff.

District Quality and Patient Safety Council

- Recommend to LET and the Quality Committee of the Board annual improvement initiatives in the areas of patient safety, quality, utilization, accreditation and any related educational requirements.
- Establish and monitor quality benchmarks and initiatives through key performance indicators, measuring quality, patient safety, patient and staff satisfaction and related education to meet quality objectives.
- Monitor and promote compliance with Accreditation Canada standards and ROPs, provide leadership and support to meet and exceed these requirements. (see Appendix 5 for Terms of Reference).

Quality and Patient Safety teams / councils

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

Performance Excellence Program

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

Summary

The Quality and Patient Safety Framework outlines the quality and patient safety structure, functions, responsibilities and accountabilities at Capital Health. The framework is not a stand alone document – it is supported by Our Promise, Our Declaration of Health, the Patient Safety Plan, Our 2013 Milestones, our Strategic Indicators Reporting Framework, Capital Health Ethics Framework, Research Ethics Framework and many other educational offerings and research opportunities. It provides information and guidance to the organization for selection and measurement of our achievements in service quality, care outcomes and risk mitigation. It is not intended to be a detailed procedure for designing or implementing quality and patient safety initiatives. The framework is reviewed on a regular basis to ensure continued alignment with the vision mission and strategic direction of Capital Health.

Capital District Health Authority
Integrated Quality & Patient Safety Framework

Appendix 1

Our Promise 2013 Milestone Definitions and Targets

	Milestone	Oversight Group	Definition	Year 1 2010/11 Target	Year 2 2011/12 Target	Year 3 2012/13 Target
1	100% Elimination of shadow charts	IM/IT Council / Medical Services	Elimination of department charts that contain key patient care information NOT accessible in the organizations health record - HPF	25%	50%	100%
2	ALOS vs. ELOS met for all CMGs (no ↑ in readmission rates):	Clinical Flow Operations Group	Average Length of Stay as compared to national Expected Length of Stay for similar Case Mix Groups – calculated & reported through CIHI	40%	70%	100%
3	↓ conservable days by 5% for typical cases (high control)	Clinical Flow Operations Group	<i>Conservable Days</i> are calculated by multiplying ALOS x # cases and subtracting ELOS x # of cases. Typical cases only which excludes: Transfers, Deaths, Sign Outs, and Long Stay Outliers	2%	4%	5%
4	↓ conservable days by 50% for all cases (low control)	Clinical Flow Operations Group	<i>Conservable Days</i> are calculated by multiplying ALOS x # cases and subtracting ELOS x # of cases. Includes all typical and atypical cases.	25%	35%	50%
5	↓ occupancy rate to 90%	Clinical Flow Operations Group	Unit occupancy rate calculated as total Inpatient Days of Care divided by the total bed days available.	92%	91%	90%
6	↓ no shows + cancellations by 50%	Ambulatory Care Council	Clinic No Shows and Cancellation	25%	35%	50%
7	↓ Preventable surgical cancellations by 50%	OR Executive Council	Elective surgeries cancelled for hospital or patient related reasons by individual Site	25%	35%	50%
8	Wait time measures meet /exceed national standards	OR Executive / Ambulatory Care	The percentage of people who had their first visit within the target number of days for each triage category.	10%	50%	100%
9	25% of CH population will have access to Primary Health Care Team with 2 or more members	Primary Health Care Team	Defined as access to a nurse or other health professional (for example, dietician, and nutritionist) or both at their medical doctor or regular place of care	10%	15%	25%
10	Increased investment in primary care & care of the elderly	Barbara Hall Portfolio	Primary Health Care Outpatient / Community Geriatrics Continuing Care	1%	1%	1%
11	75% of ALC beds vacated closed – resources reinvested (excluding Mental Health)	Barbara Hall Portfolio	Based on bed volumes fiscal 2009/10	40%	60%	75%

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	Milestone	Oversight Group	Definition	Year 1 2010/11 Target	Year 2 2011/12 Target	Year 3 2012/13 Target
12	3% ↓ in hospital admissions for identified chronic diseases	Clinical Flow Operations Group / Primary Health Care	Admission of patients with Chronic Heart Failure, Chronic Obstructive Pulmonary Disease or Diabetes	1%	2%	3%
13	10% ↓ readmission rates for co-horts with complex chronic disease	Clinical Flow Operations Group / Primary Health Care	Readmission within 28 days of patients with Chronic Heart Failure, Chronic Obstructive Pulmonary Disease or Diabetes	3%	5%	10%
14	25% ↓ in admissions from Nursing Homes	Continuing Care / Primary Health Care	Patients with residence identified as Nursing Home through STAR.	10%	15%	25%
15	25% ↓ in volume of Nursing Home patients seen in the ED	Continuing Care / Primary Health Care	Patients with residence identified as Nursing Home through STAR.	10%	15%	25%
16	Improved metabolic targets Pre-diabetes & Diabetes	Primary Health Care	Achieve set metabolic targets for glucose levels for patients involved with Collaborative Project	10%	30%	50%
17	10% improvement in absenteeism, overtime	People Services	Absenteeism includes all General Leave types.	5%	7%	10%
18	Improved overall recruitment/retention rates	People Services	Targeted hard to recruit positions: Diagnostic Imaging Professionals, Medical Laboratory Technicians, and Nursing staff. Retention will be reflected by the number of permanent employees who voluntarily leave Capital Health.	10%	30%	50%
19	100% compliance with Performance Evaluation process (Performance Appraisals completed every 2 years)	People Services	Biannual Performance Reviews completed for all employees. Performance Appraisals recorded as received when filed in employee's file.	25%	75%	100%
20	Medical Dept structures + operations aligned to achieve organizational goals	Co-Leadership Group	Co-Leadership Rates	40%	60%	100%
21	90% of formal leaders consistently demonstrate transformational leadership competencies as defined by My Leadership	People Services	Evaluation of pre / post organizational change	50%	75%	90%
22	50% Non-Palliative Discharges receive Health Passport	To be determined	Health Passport provided upon discharge	25%	35%	50%

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	Milestone	Oversight Group	Definition	Year 1 2010/11 Target	Year 2 2011/12 Target	Year 3 2012/13 Target
23	Influenced change in 3 Major Public Health Polices	Barbara Hall Portfolio	Public Health Target Issues: Nutrition in School, Food Security, Tobacco Reduction	1	2	3 policies
24	Improved self confidence in managing chronic conditions	Primary Health Care Team	Changes in self reported efficacy within chronic condition management workshops (WT2W)	10%	40%	100%
25	25% ↑ access initiatives for underserved/ vulnerable groups	Barbara Hall Portfolio	Improvement for: GLLBTI, MOSH, MH through 10 targeted interventions	10%	15%	25%
26	100% patient involvement in Patient Care Committees	Citizen Engagement Team	% patient involvement in Accreditation / Quality committees	70%	90%	100%
27	100% compliance with policy on engagement	Citizen Engagement Team	Citizen Engagement Plan & LET Community Stakeholder Engagement Plan	70%	90%	100%
28	Model of Care review complete in 75% pt care service areas	Model of Care Team	Model of Care Plan Phase 1: Acute and sub acute inpatient units	50%	75%	100%
29	Eliminate service duplication & fragmentation in ambulatory services	Ambulatory Care Council / Medical Services	Ambulatory clinics that treat similar/same patient populations with the similar/same desired outcomes	10%	40%	100%
30	20% reduction of Amb Care visits by increased primary care capacity	Ambulatory Care Council / Medical Services	Appropriateness targeting Return Visits	10%	15%	20%
31	25% ↑ in use of web-based technologies	IM / IT Council	Based on fiscal 2009/10 web hit volumes	10%	15%	25%
32	100% patient interactions registered in STAR	IM / IT Council / Medical Services	Capital Health patients interactions (e.g. visits and diagnostic testing)	70%	85%	100%
33	25% patient appointments self-managed through technology	IM / IT Council / Ambulatory Care Council	Patient appointments (e.g visits and diagnostic testing)	0%	15%	25%
34	Resourced the Information Management Strategic Plan	LET / IM / IT Council		To Be Determined		

Appendix 2

Patients *first*

PATIENT SAFETY: OUR COMMITMENT, OUR DUTY.



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Appendix 3

CAPITAL DISTRICT HEALTH AUTHORITY

BOARD OF DIRECTORS

Quality COMMITTEE

TERMS OF REFERENCE

Revised and Approved by Quality Committee: September 17, 2009

Approved Board of Directors : November 5, 2009

NAME: QUALITY & PATIENT SAFETY COMMITTEE

AUTHORITY: Board of Directors

PURPOSE:

To review, report and recommend to the Board on all matters related to the quality and safety of patient care provided by Capital Health. The committee will, together with other relevant Board subcommittees, seek to improve health outcomes of the population served by Capital Health.

RESPONSIBILITIES:

- Review studies, research, reports or programs ongoing within the Capital District Health Authority for the purpose of improving the quality of health, health care provision or education to the population of patients served;
- Ensure processes are in place to ensure high ethical standards are met in care, education and research, through regular communication with those responsible for ethical behaviour in research and clinical practice
- Ensure processes are in place to measure and report organizational performance at the administrative and service level;
- Provide feedback to subcommittees, departments and services, with regard to quality and patient safety;
- Stimulate, support and monitor quality improvement initiatives through all services
- Monitor, the use of quality and patient safety indicators and other performance measures to improve quality and patient safety in all departments and programs
- Monitor the use of effective District-wide quality improvement, risk management and utilization review systems and processes.
- Review reported serious incidents, Failure Mode Effects Analysis (FMEA) reports and other quality/risk/utilization review reports with a view to supporting the District's implementation of recommendations to prevent recurrence and correct system failures;

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- Regularly report to the Board on organizational performance quality, based on the Capital Health's Operational Measures Indicators Report or such other Indicators Framework as may be adopted by the Committee
- Lead the ongoing accreditation processes on behalf of the Board., reviewing accreditation reports to ensure progress in addressing issues and deficiencies identified
- Contribute to the establishment of the District's Quality and Patient Safety Council as the leading administrative structure for Quality Management
- Monitor and approve the District's communication of quality and patient safety issues and system performance to the public

MEMBERSHIP
4 Board Members, one of whom shall be Chair and one of whom shall be Vice Chair
3 Representative members of Capital Health Staff, including one representative from Mental Health Quality Council, one representative of Community Care, and one other representative of front-line health professions staff (membership shall rotate annually to promote broad representation from the different health professions)
1 Patient Representative, Capital Health
1 Representative, Capital Health Ethics Support (CHES)
1 Representative, Quality and Patient Safety Council, once in operation
1 Representative, Medical Student or Health Professions Student
1.Vice President, Performance Excellence
3 Vice Presidents of Person Centred Care , 1.Vice President Innovation and Learning or designate
1 Vice President, Medicine
1 Vice President, People (or designate)
1 Chief Nursing Office and Director, Professional Practice or designate
1 Chair, District Medical Advisory Committee (or designate)
1 Representative, District Medical Advisory Quality Committee
1 Director of Continuing Care or designate
1 Representative Community Care
1 Director of Performance Excellence (or designate)
1 Representative Decision Support
Chair, Board of Directors (Ex-Officio)

President and CEO (Ex-Officio)
Others as appointed by the Chair

REPORTING:

Reports to the Board of Directors through the Chair of the Committee.

Subcommittees/services that report to the Board Quality Committee include: REB (Research Ethics Board), CHES (Capital Health Ethics Support) and the District Quality and Patient Safety Council (when operating).

ADMINISTRATION:

Staff and secretarial support will be provided through the Office of the Vice President, Performance Excellence or the Director of Performance Excellence.

TERM OF APPOINTMENT:

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

Unless noted otherwise in the membership section of these Terms of Reference.

The term of appointment for Staff Representatives is 2 years, renewable for one additional term of 2 years. Maximum total term of 4 years.

Terms of appointment for medical or other health professions students shall be for a one year period and shall rotate annually amongst the various health professions to ensure representation from those health professions

All other members of the Committee will serve during the term of their appointment to the position identified unless noted otherwise in the membership section of these Terms of Reference.

The Chair shall normally serve one two-year term.

VOTING:

All members shall be eligible to vote. Unless otherwise specifically covered in these Terms of Reference, the provisions of Capital Health's Corporate By-laws shall apply to the operations and meetings of this Committee, including but not limited to those provisions of the Corporate by-laws relating to Conflict of Interest.

QUORUM:

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

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SCHEDULING:

Meets at least quarterly.

EVALUATION:

The Committee's effectiveness will be evaluated annually.

APPROVED:

Quality Committee of the Board

Capital Health Board of Directors

DATE:

September 17, 2009

November 5, 2009

Appendix 4

TERMS OF REFERENCE DMAC QUALITY COMMITTEE

Purpose

On behalf of the District MAC, the DMAC Quality Committee will:

- Provide leadership and direction for reviewing, evaluating and making recommendations in relation to specific health care, learning and research initiatives related to the medical staff functioning at Capital Health including but not limited to, quality measurement and quality improvement for medical care provided to patients and clients of Capital Health;
- In cooperation and collaboration with the District Quality and Patient Safety Council take a leadership role in supporting and meeting the objectives and goals of the District Quality and Patient Safety Council as outlined in the terms of reference attached hereto;
- Identify and Support quality management programs to enhance quality health care, learning and research across Capital Health and the Communities it serves;
- Educate, communicate and liaise with Medical Staff, Family Practitioners, community based specialists and other clinical care providers on quality improvement/management programs and activities; and
- Liaise with the Capital Health Board Quality & Patient Safety Committee.

Responsibilities

- Establish, supervise and consider reports from ad hoc or sub-committees established, by DMAC Quality Committee or DMAC from time to time, for the purpose of reviewing, evaluating or making recommendations in relation to specific medically related quality issues.
- Contribute to the establishment of annual Capital Health priorities for improvement in health care, learning and research, based on the Capital Health's strategic plan and reviews, requirements recommendations, standards, guidelines and findings of or in relation to,
 - 1) Accreditation Canada,
 - 2) the Canadian Patient Safety Institute,
 - 3) licensing bodies,
 - 4) departmental/divisional/program surveys,
 - 5) other quality based surveys and other reviews and reports which may arise from time to time,
 - 6) the District Medical Advisory Committee, other committees and individuals,

7) Capital Health's operational, health outcomes and population health performance measures.

- Work closely with the District Quality & Patient Safety Council in pursuance of the goals and objectives identified in the terms of reference attached hereto;
- Assist in the development of targets and indicators and support appropriate action to improve the quality of clinical care based on the review of quarterly operational measurements of Medical Departments/Divisions, and annual population health outcome measurements.
- Assist & support healthcare providers to identify internal and external best practices & clinical practice strategies to enhance access to and delivery of quality health services and provide direction for sharing of this knowledge and translation into future service delivery;
- Provide a forum for discussion and resolution of health systems quality issues including those that cross departments/divisions/programs/disciplines/sites.

Membership

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

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

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

Quorum:

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

Meeting Frequency and Reporting Schedule:

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

Administration:

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

Authority:

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

Approved by DMAC December 18, 2009

Approved by Capital Health Board: March 4, 2010

Appendix 5

**CAPITAL DISTRICT HEALTH AUTHORITY
DISTRICT QUALITY AND PATIENT SAFETY COUNCIL
TERMS OF REFERENCE
October 2009 – Endorsed Capital Health Board of Directors**

Purpose:

- The District Quality & Patient Safety Council with DMAC Quality Committee and Capital Health's employees, physicians, volunteers, learners and agents works to advance quality and patient safety toward achieving Capital Health's Promise to be a world-leading haven for people-centred health, healing and learning.
- The Council will report to LET and the Quality Committee of the Board and will work with DMAC Quality in relation to any policies, plans and initiatives to continually improve and sustain the quality of care provided to Capital Health's citizens.

Responsibilities:

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

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

- Recommend to LET and the Quality Committee of the Board annual improvement initiatives in the five areas of patient safety, quality, utilization, accreditation and any related educational requirements;
- Establish and monitor quality benchmarks and initiatives through key performance indicators, measuring quality, patient safety, patient and staff satisfaction and related education required to meet quality objectives.
- Receive reports from local or specialty-based Departmental Quality Councils and in their absence from unit based Quality & Patient Safety Teams operating pursuant to Capital Health's Quality Review policy;
- On a frequency determined by the District Quality and Patient Safety Council, monitor and track the unit, local and District wide (as appropriate) implementation of recommendations arising from reviews carried out by such unit based quality teams or Department quality councils;

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- Initiate, where appropriate and required, District-wide or local reviews which are not otherwise initiated by DMAC Quality Committee, quality & patient safety teams or Department quality councils under Capital Health's Quality Review policy;
- Monitor and promote compliance with Accreditation Canada standards and ROPs, providing leadership and support to Capital Health quality teams and Councils to meet and exceed these requirements
- Monitor and evaluate results of quality and safety improvement activities outlined in the Quality/ Patient Safety Plan and arising from the unit based quality & patient safety teams and local quality Councils functioning pursuant to Capital Health's Quality Review Policy
- Recommend appropriate actions to LET and the Quality Committee of the Board to address priority issues and barriers impacting the implementation of the Quality / Patient Safety Plan and the achievement of quality performance indicators as adopted by Capital Health;
- Provide leadership and support to sub-committees to direct improvement in the following areas: quality, patient safety, utilization, accreditation and required education
- Ensure implementation of and compliance with Capital Health's Quality Review policy
- Champion front line staff, patient, family member and Capital Health citizen participation in improvement initiatives and shared learning opportunities within Capital Health

Membership:

- VP of Performance Excellence (Co-chair)
- DMAC Quality Committee Chair or Vice-Chair or their delegate(Co-chair)
- DMAC Chair or designate (1)
- Acute Care Representative (1)
- Continuing Care Representative (1)
- Finance/Decision Support Representative (1)
- VP Medical Affairs or designate (1)
- Professional Practice representative (1)
- Director of Performance Excellence or designate (1)
- Front line staff representing at least 3 health disciplines (3)
- Front line physician (1)
- Director of Pharmacy (1)
- Patient , family member, citizen representation (1 -3); and
- President & CEO (ex-officio)

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

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

Accountability:

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

Meeting Frequency and Reporting Schedule:

The District Quality and Patient Safety Council will meet monthly for a minimum of 8 times a year and will report on a quarterly basis to the Board Quality & Patient Safety Committee. Each sub-committee will report to the Council on a rotating basis as per the following schedule to review indicators and initiatives:

Quality Improvement: January, April, July, October

Patient Safety: February, May, August, December

Utilization: June and November

Accreditation: March and September

Education: March and November

ADMINISTRATION:

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

Evaluation:

The Council's effectiveness will be evaluated annually.

Authority:

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

APPROVED: _____ **DATE:** _____