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Effective Governance For Quality and Patient Safety in Primary Care in Ontario

Faculty/Presenter Disclosure

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- **Relationships with commercial interests:** None

Disclosure of Commercial Support

- This program has not received commercial financial support
- This program has received support from the Canadian Patient Safety Institute (CPSI) in the form of an educational grant

Potential for conflict(s) of interest:

- Dr. Ross Baker received support and funding from CPSI

Mitigating Potential Bias

- Recommendations are evidence-based

Agenda

- Introduction
- Research Questions
- Study Background
- Key Findings and Recommendations
- Conclusion
- Q & As

Introduction

In April of 2013, the Ontario government selected primary care as the next sector required to develop “Quality Improvement Plans” and established new accountabilities for performance

In other sectors, effective governance structures and processes have been shown to contribute to the implementation of quality and patient safety initiatives

The assumption was that the experience of the acute care sector is transferable to the primary sector

Research Questions

Research examines the current state of primary care governance in Ontario and its capability to influence the quality and safety of patient care

Research questions:

- What are the key drivers for effective primary care governance?
- How can primary care governance be strengthened?

Study Background

This study was commissioned by the Canadian Patient Safety Institute (CPSI) and includes:

- **Literature Review**
- **Key Informant Interview**
  - Data: 17 healthcare executive leaders in Ontario (Ministry, HQO, LHIN, CCAC, Provider Associations)
- **Case Study**
  - Case Sites: 1 CHC, 1 FHT, 1 NPLC
  - Selection: Nomination of High Performing Organizations
  - Data: 14 primary care leaders (Board Members, Provider Leads)
- **Analysis**
  - Thematic analysis of detailed interview notes

Key Findings and Recommendations

Board Composition and Expertise

Results:

- Provider led boards face inherent conflict of interest issues
- Community led boards face knowledge gaps of health care
- All sites face knowledge gaps of quality and patient safety
- All sites lack allied health care providers & quality improvement (QI) experts

Recommendation:

- Broader board membership by appointment of community member(s), or allied provider(s), or non-practice physician(s)/nurse(s), and QI experts

Develop Board-to-Board Collaboration

Results:

- Primary care sites have poor linkages to other organizations to align QI efforts and to create joint accountabilities
- Boards do not formally collaborate with external boards in the community and work in “silos”
- Collaboration takes place at the management or staff level

Recommendations:

- Organize board-to-board meetings to discuss: community issues; alignment of priorities and quality indicators; and sharing of resources
- Invite other board members as “ex-officio” members

Effective Executive Leadership

Results:

- All case sites have strong & experienced executive leaders
- Collaborative relationship with the board
- Foresight into the future requirements for Quality Improvement Plans (QIPs)
- Critical drivers of the quality agenda

Recommendations:

- Recruit competent, experienced and confident leaders that support shared board-management collaboration
- Provide adequate compensation for leaders
- Empower leaders and hold them accountable
- Provide board with concise information
- Establish operational committee

Establish Quality Committee

Results:

- Instrumental in moving the QI agenda in 2 case sites
- Diverse composition of board, management and staff on Quality Committee

Recommendations:

- Establish Quality Committee
- Include QI experts and diverse representation
- QI is standing item on agenda at board meetings, presented by Quality Committee

Create Quality Improvement Plan

Results:

- All case sites initiated development of QIPs prior to Ministry requirements
- Board members involved in QIP development via board retreat or quality committee
- QI experts were hired through internal resources in 2 sites
- Quality indicators aligned with government requirements but lacked indicators for patient safety

Recommendations:

- Establish vision and strategic direction for the organization in which quality of care is key priority
- Develop an up-to-date strategic plan
- Ministry provide support for dedicated QI resources
- Seek consensus on quality priorities and indicators

Engage Staff

Results:

- Extensive engagement of staff in development of business plan and QIP in 2 sites
- Physician and nurse champions instrumental in engagement of colleagues
- Staff have the opportunity to present to the board

Recommendations:

- To foster buy-in for QI, engage broad range of staff in development of vision, strategic plan and QIP
- Identify and engage champions to encourage adoption of QI initiatives

Information on Quality and Patient Safety

Results:

- All case sites are reporting high level activity based information
- Significant challenges include lack of:
  - Standardized, valid evidence based quality indicators across multiple practices and primary care models
  - Standardized data and interoperability between EMRs
  - Information Technology support for data mining
  - Consistent Internal vs. External reporting requirements
  - Clear and concise information (i.e. Dashboard)

Recommendations:

- Ministry continue to invest in dedicated support for IT
- HQO establish standardized set of required quality indicators for measurement
- Ministry support mechanisms to allow primary care leaders to discuss inclusion of local level quality indicators
- Implement board policies to harmonize EMRs
- Ministry, LHINs, HQO, and other organizations develop one user-friendly template for reporting by primary care organizations

Create More Effective Accountability

Results:

- Paradox: Submission of QIPs is mandatory but provider participation is voluntary
- All providers are not participating in QI initiatives
- All organizations have board effectiveness review policies; CHC is only organization that completed review through accreditation process

Recommendations:

- Ministry consider strategies on how to engage providers in QI initiatives (i.e., incentives, re-investment in training and support, forums to show benefits, champions)
- Boards consider accreditation
- Board effectiveness reviews are conducted each year based on process and outcome indicators

Governance Education & Training

Results:

- In all case site, board received expert advice or governance training
- Participants felt there was insufficient investment on board training

Recommendations:

- Ministry support governance education and training for all board members
  - Board governance 101
  - Roles and Responsibilities for Board & Management
  - Conflict of Interest
  - Structure and composition
  - Information reporting mechanisms
  - Evaluation of board effectiveness
- Provide structured ongoing support for education and training (e.g., QIIP)

Conclusion: The Context Matters!

- The experience of the acute care sector is not completely transferable to the primary care sector
- Primary care organizations are in early stages of developing effective governance structures, processes, knowledge and relationships to influence quality and patient safety
- To achieve the goals of quality and patient safety, primary care organizations require appropriate support at the board, management, and staff level

Q & As