

# EFFECTIVE GOVERNANCE FOR QUALITY AND PATIENT SAFETY



# WELCOME

# Disclosure of Commercial Support

- This program has received financial support from the Ministry of Health and Long-Term Care in the form of an educational grant
- This program has received in-kind support from the Association of Family Health Teams of Ontario, Association of Ontario Health Centres, Nurse Practitioners' Association of Ontario and Ministry of Health and Long-Term Care in the form of advisory in the customization of the learning session.

## **Potential for conflict(s) of interest:**

Presenters have received an honorarium from the Association of Family Health Teams of Ontario.

None of the supporting organizations have developed any products or services that will be discussed in this program.

# Mitigating Potential Bias

- Not applicable.

# Our Partner Sponsors

- Association of Family Health Teams of Ontario
- Association of Ontario Health Centres
- Canadian Patient Safety Institute
- Ministry of Health and Long-Term Care
- Nurse Practitioners' Association of Ontario

# Why Are We Here?

- Ontario's Action Plan for Health Care: Strong focus on primary care
- Quality Improvement Plan: Required for primary care 2013/14
- Increasing role of the board in supporting quality
- Increasing need for data and performance measurement to support quality in primary care
- New Health Links: Primary care is a critical part of the team

***Thus, Governance training for quality in primary care.***

# Overview of the Day

- Presentation
- Questions/Discussion
- Capability Assessment
- Action Plan at the end of the day

# Our Commitment To You

- A framework for Effective Governance for Quality and Patient Safety
- Experienced peer facilitators
- Opportunity to share
- Canadian Patient Safety Institute/Canadian Health Services Research Foundation Toolkit

# Our Expectation of You

## PARTICIPATION!

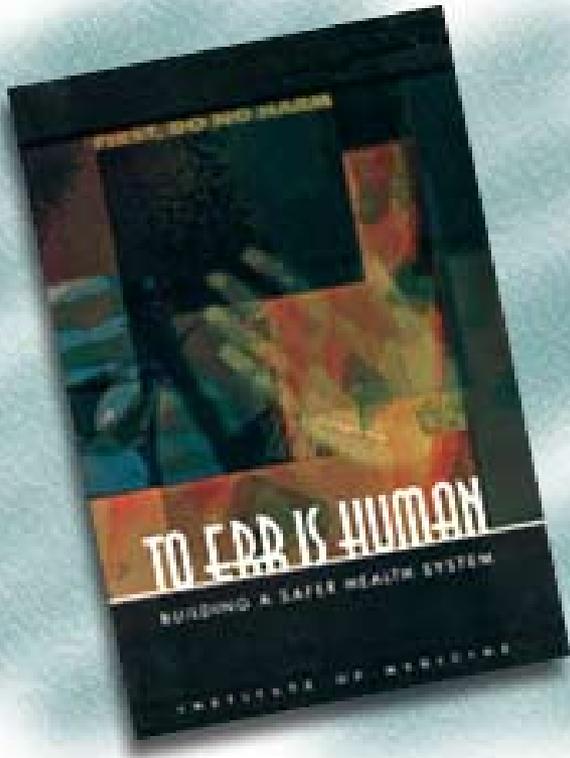


# WHY QUALITY IS IMPORTANT

# Objectives

- Set context for the need for quality care
- Review the evolution of quality and patient/client safety journey across the healthcare sectors
- Discuss alignment with current quality requirements (integration, access, and patient-centred care)

# Institute of Medicine Report 2000



44,000–89,000 patients  
die yearly from adverse  
events

Equivalent to 1 jumbo jet  
going down every 2 days  
25–50% are preventable

# Milestones of the Modern Era

- 2000 BMA/BMJ London Conference on Medical Error
- 2000 SAEM: San Francisco Conference on EM Error
- 2001 Adverse events in British hospitals: preliminary retrospective record review
- 2001 Crossing the Quality Chasm – A New Health System for the 21<sup>st</sup> Century
- 2001-03 Halifax Symposia on Medical Error
- 2001 Royal College of Physicians and Surgeons of Canada (RCPSC) National Steering Committee on Patient Safety
- 2002 RCPSC Report: Building a Safer System 
- 2003 Canadian Patient Safety Institute 
- 2004 Canadian Adverse Events Study 
- 2010 Patient Safety in Primary Care 
- 2010 Excellent Care for All Act 
- 2004-10 Canadian Healthcare Safety Symposium (Halifax Series) 

# Canadian Adverse Event Study 2004

## Findings:

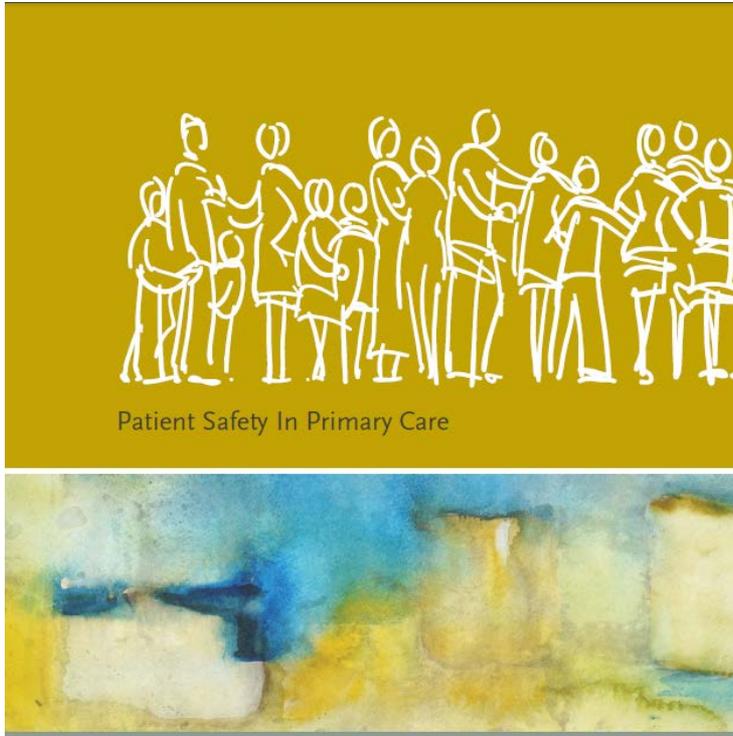
- 3,745 charts reviewed
- ~7.5% of hospital admissions involve adverse event; 37% of adverse events considered preventable

## Extrapolation:

- Of ~ 2.5 million hospital admissions in Canada in 2000
  - 185,000 experienced 1 or more adverse events
  - 70,000 of the 185,000 were determined to be preventable
  - between 9,000 and 24,000 deaths due to adverse events could have been prevented

Baker, G. Ross, et al. "The Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada." *Canadian Medical Association Journal* 170, no. 11 (2004): 1678-86.

# Primary Care Research



- Major Themes
  - Missed – Delayed Diagnosis
  - Medication Management
- Sub-Themes
  - Communication
  - Administrative Processes
  - Knowledge & Skills of Provider

# Primary Care Research

Downloaded from [bmjopen.bmj.com](http://bmjopen.bmj.com) on January 9, 2013 - Published by [group.bmj.com](http://group.bmj.com)

Open Access

Research

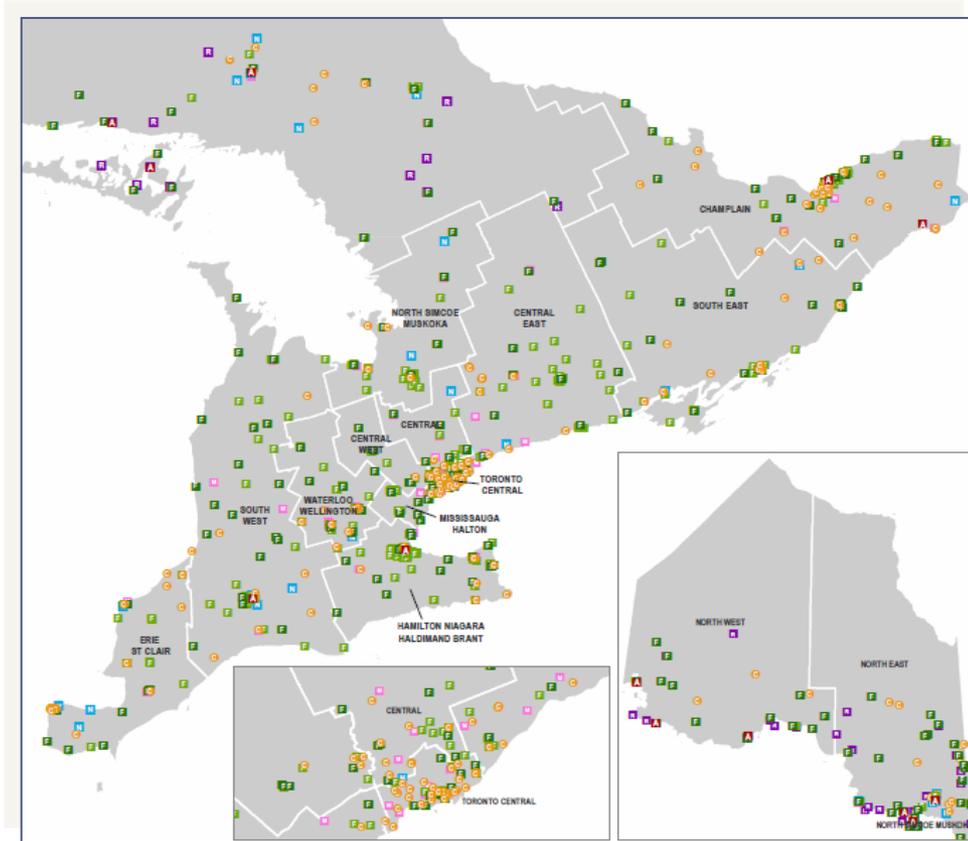
**BMJ**  
**open**  
accessible medical research

## A systematic review of evidence on the links between patient experience and clinical safety and effectiveness

Cathal Doyle,<sup>1</sup> Laura Lennox,<sup>1,2</sup> Derek Bell<sup>1,2</sup>

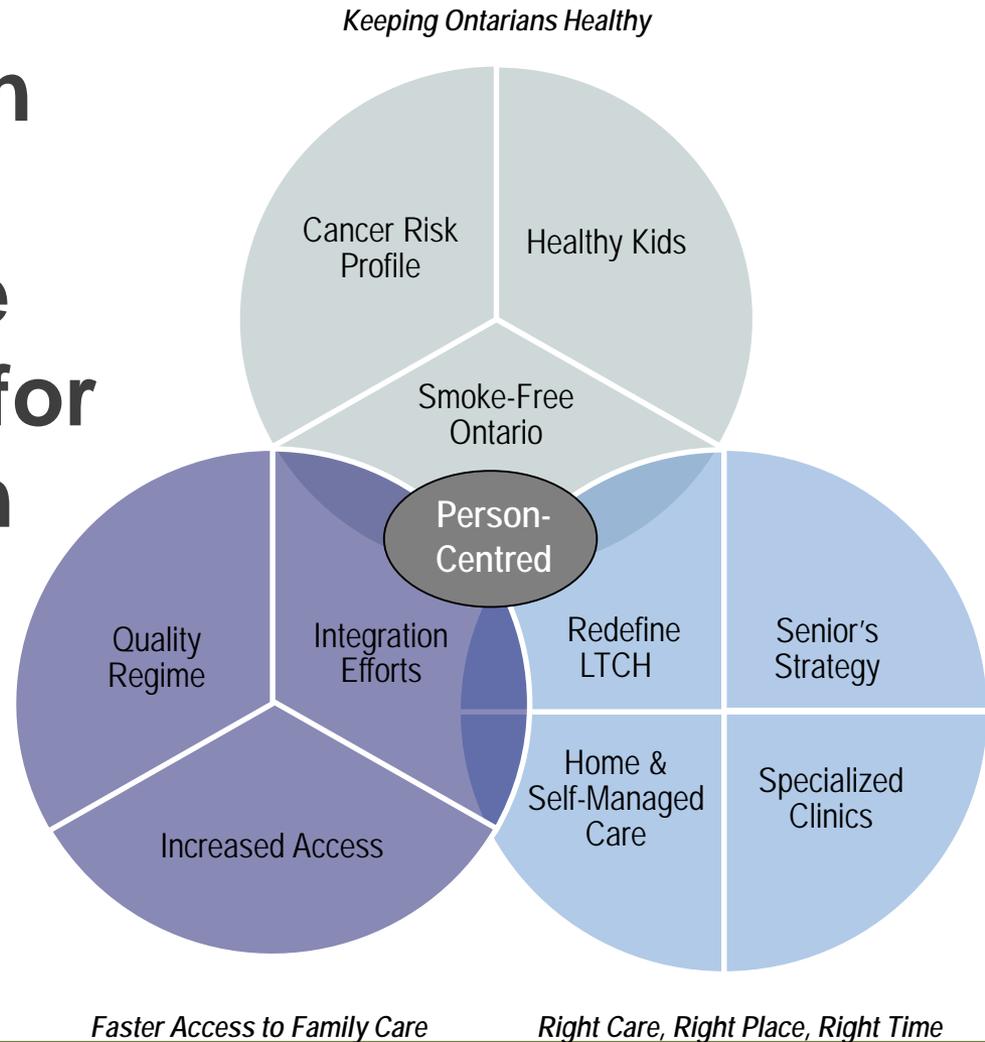
# Primary healthcare at a glance

- Primary care is a diverse sector with over 4,000 entities delivering primary healthcare to Ontarians.



- **738** group practice models (FHO, FHN, FHG, RNPGA, etc); **7,562** physicians
- Approx **3,000** solo practice physicians in fee for services or enhanced fee for service
- **184** family health teams
- **79** midwifery practice groups
- **73** community health centres
- **26** nurse practitioner led clinics
- **10** aboriginal health access centres
- Several specialized models.

# Ontario's Action Plan for Health Care Sets the Course for Transformation



# Ontario's Action Plan for Health Care

## Faster Access & Stronger Link to Family Health Care

### Better Quality

- In consultation with doctors, nurses and other health care providers, expand focus on quality improvement to family health care.

### Faster Access

- A family health care provider for every Ontarian who wants one.
- Provide more patients with faster and more convenient access, including same day/next day appointments.
- Expand access to house calls from health care professionals like doctors, nurses and occupational therapists.
- Improve on-line and phone consultations.

### Greater Integration

- Integrate family health care into LHINs.
- Identify a model that will bring family health care planning & accountability to LHINs, with ministry to retain physician funding.

*Better patient  
care through  
better value  
from our  
health care  
dollars*

# Primary Care Governance: Greater Integration

*If family health care providers are to have an even stronger role in our health care system, they must be well integrated at a local level with all the other providers involved in the patient journey.*

- Primary care providers must continue to be leaders in their community as they continue to drive service integration & patient navigation efforts through coordination with local hospitals, various groups and organizations, and their communities at large.
- Integration should be based on community and patient need, not the need of one organization or another

# Primary Care Governance: Greater Integration

***“Health Links will break down barriers for Ontarians, making access to health care easier and less complicated. By encouraging local health providers to work together to co-ordinate care for individual patients, we’re ensuring our most vulnerable patients – seniors and those with complex conditions – get the care they need and don’t fall between the cracks.”*** Deb Matthews

## 19 Health Links

- 7 Family Health Teams
- 1 Family Health Organization
- 4 Community Health Centres
- 1 Community Support Service Agency
- 2 Community Care Access Centres
- 4 Hospitals

# Primary Care Governance: Access

*Our goal is to have a family health care provider for every Ontarian who wants one and provide more patients with faster and more convenient access to this care.*

Access is about more than just providing patients with an available appointment – it needs to be with the right provider, at the right time.

Uniform commitment to timely access is needed – Same day/next day appointment scheduling needs to be offered not only by physicians, but all interdisciplinary health providers

Some communities still struggle with recruitment and retention, which negatively affects patient care and access to services

After hours services are not always advertised and may not be provided during times that are most conducive to patients who require this service.

# Primary Care Governance: Quality

## Quality needs leadership and champions

- Primary care sector well positioned to champion the quality agenda that the Minister's Action Plan sets out
- Boards will be involved in new requirement to develop a quality improvement plan

# Dimensions of Quality

1. Patient-Centred
2. Safe
3. Accessible
4. Effective
5. Efficient
6. Equitable
7. Appropriately resourced
8. Integrated
9. Population Health focused

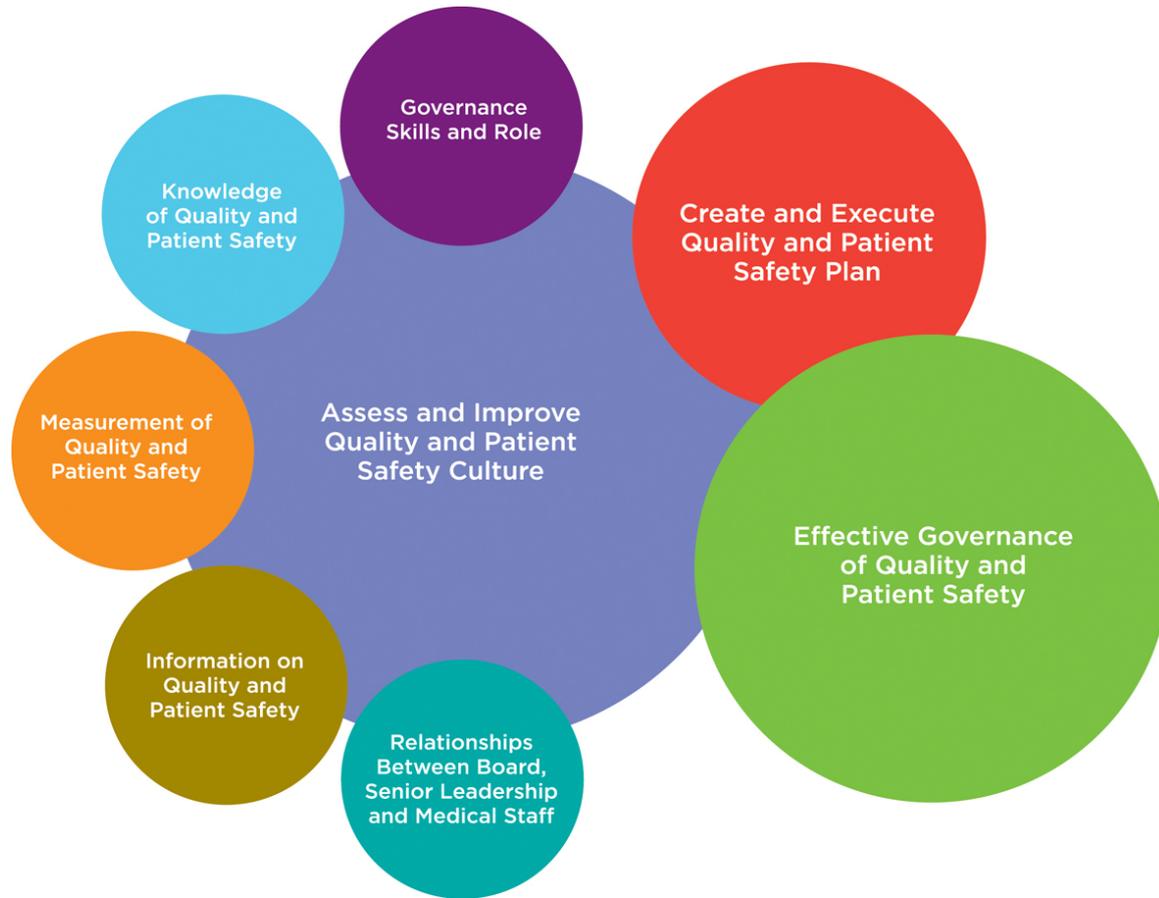
**Ministry has identified these 3 priority areas for primary care**

# Leading Board Practice

- Research Team, led by Ross Baker:
  - Synthesized the published and gray literature
  - Conducted key informant interviews
  - Prepared illustrative case studies



# The Drivers of Effective Governance for Quality and Patient Safety



# Barriers to Progress

- Increasing system complexity
  - Paradox: scientific progress brings more risk to manage
  - Creates specialization but demands cooperation
- Lingering culture of autonomy
- Effective management of change challenging
- Leadership- competing priorities

# Summary

- Currently, the models of governance and practice are highly variable
- Capability-building, practice change and policy reform are required to support this agenda
- The Primary Care sector is on a transformational journey