EFFECTIVE GOVERNANCE
FOR QUALITY AND PATIENT SAFETY

OBJECTIVES

- Establish the importance of alignment of the entire organization (Board and the staff) around quality of care

- Establish the importance of creating an effective, positive and integrated relationship with all the healthcare organizations and healthcare providers, who are involved in the patient/client journey.

Current Reality

- Too often Boards defer the responsibility for quality to the Executive Director and/or the clinical leadership.

- The Board is legally responsible for quality. It must play the leadership role working with the Executive Director and clinical leadership.

RELATIONSHIPS WITH BOARD

- Formal, written documentation or terms of reference should be developed for the Board including its responsibility for the quality of care provided.

- The capability of the Board to function effectively and to move appropriately between fiduciary, strategic and generative modes relies on trust, candour and inquiry.

RELATIONSHIPS WITH BOARD AND ED

- Board and Executive Director need to have a clear understanding of each other's roles and responsibilities and to create a strong collaborative relationship to achieve organizational goals.

- Position descriptions for board members and staff – should be clear and outline their expectations in promoting quality and patient/client safety

- Performance expectations for Executive Director

RELATIONSHIPS WITH CLINICIANS

- Clarity around own responsibilities and roles
- Commitment to the organization's quality journey
- Performance expectations clearly specified and shared with other clinical leaders
- Commitment to engage with the board and senior leadership in the quality agenda

RELATIONSHIPS WITH BOARD AND STAKEHOLDERS

- Ministry, Local Heath Integration Network, Health Quality Ontario
- Other Service Providers
- Media / Public

Public – *Patients and Families*

Responsibilities:
•Make better choices and be more health literate

Outcomes:
•Healthier population and greater satisfaction

Providers - Accountable Organization

Responsibilities:
•Deliver best care to patients

Outcomes:
•Increased access (same/next day)
•Smoother transitions

Health Links *– Shared Accountability for Improvement*

Responsibilities:
•Ensure better care is provided within a defined funding envelope
•Lead regional quality improvement planning

Outcomes:
•Better care standards
•Efficiencies in delivery

LHINs *– Performance Manager*

Responsibilities:
•Measure & monitor performance
•Hold accountability agreements

Outcomes:
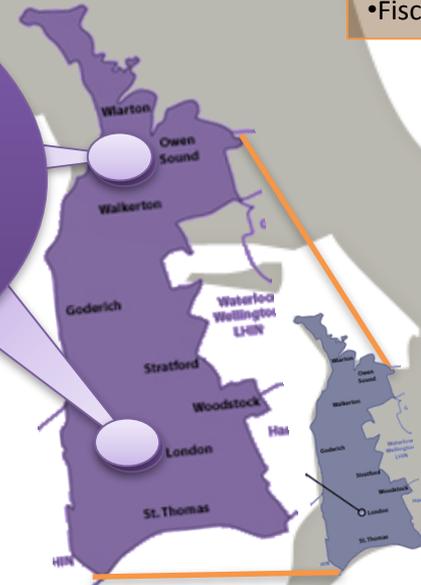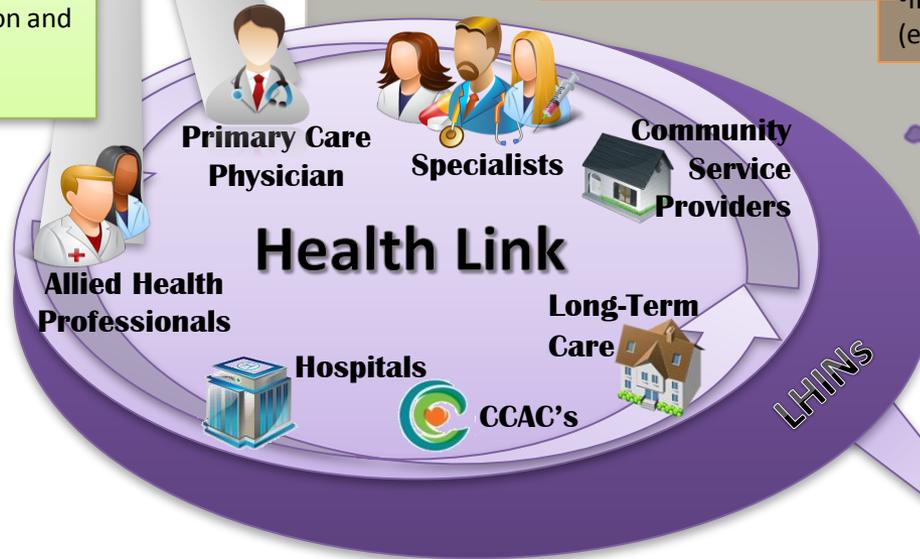•Improvements on metrics (e.g., ALC, readmissions)

MoHLTC *– Leader and Enabler*

Responsibilities:
•Set strategic direction and remove barriers

Outcomes:
•Faster Access
•Right Care/Time/Place
•Healthier Population
•Fiscally Sustainable

Primary Care Physician

Specialists

Community Service Providers

Allied Health Professionals

Health Link

Long-Term Care

Hospitals

CCAC's

LHINS

RELATIONSHIPS WITH PATIENT/CLIENT AND FAMILY

- **Patient/Client and Family Centred Care**

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GOVERNANCE STANDARDS

Examples:

➢ **Accreditation Canada**

- *Standard 9*

The governing body works effectively with the CEO, senior management and clinical leadership to achieve the strategic goals and objectives and improve the organization's performance.

➢ **Canadian Centre for Accreditation**

- *Standard 7.0*

The working relationship between the members of the governing body and the chief executive supports the organization's goals and objectives.

RELATIONSHIP STORIES

- Community Engagement

THANK YOU

QUESTIONS?

CAPABILITY ASSESSMENT