

EFFECTIVE GOVERNANCE FOR QUALITY AND PATIENT SAFETY

INFORMATION

RESIDENTS

STRATEGY

LEADERSHIP

IMPROVEMENT

COMMITMENT

CLIENTS

RISK

SENTINEL EVENT

PATIENTS

JUST CULTURE

INFORMATION

COMPETENCES

COMMUNITY

ROOT CAUSE ANALYSIS

COMPETENCES

CRITICAL INCIDENT

ADVERSE EVENT

CLIENTS

INDICATORS

RESPONSIBILITIES

LEADERSHIP

COLLABORATION

COMMITMENT

JUST CULTURE

INFORMATION

QUALITY

TEAM

COMPETENCIES

CRITICAL INCIDENT

COMMITMENT

COMMUNICATION

SAFETY

COLLABORATION

CULTURE

DASHBOARDS

COMMUNICATION

EFFEKTIVITE

CRITICAL INCIDENT

ASSESS

EFFECTIVE

RESPONSIBILITIES

CRITICAL INCIDENT

STRATEGIC PLAN

EFFEKTIVITE

CRITICAL INCIDENT

ASSESS

CLIENTS

RESPONSIBILITIES

TEAMWORK

SAFETY

SELF-EVALUATION

ASSESS

SAFETY

TEAM

COMPETENCES

SAFETY

DISCLOSURE

CLIENTS



Objective

- Review the importance of meaningful information and measurement to inform governance decisions for quality

Boards need access to **informative and relevant quality measures** that they can use to **assess current performance and target improvement strategies**

But.....

With a scarcity of data and standardized indicators in primary care, how are boards supposed to track performance?



Alignment of strategic priorities

Organization's mission and overall vision

Quality improvement initiatives are driven by and aligned with the priorities of the organization expressed in the strategic plan

Organization's Strategic Plan

Quality Improvement Plan

Dashboard showcasing performance results

Indicators and metrics tracked

Quality improvement program/ initiative



Informative and Relevant Measures

- Are **aligned** with strategic priorities for quality
- Start with a **baseline**, where we are now
- Are **sensitive** to the changes we seek to make
- Are **timely** allowing us to observe changes close to when they happen

Informative and Relevant Measures

- Can be **benchmarked** against other relevant organizations (Who is the best?)
- Can be a composite of interrelated information (a **big dot**)
- Can also include a basic actual count of the most **direct** measures that personify performance
 - E.g. Admissions, readmissions, medication reconciliation errors, patient/client complaints

Some Examples of Quality Measures

- Timely access to primary care (on the same day or next day), when needed
- ED visits for conditions best managed in primary care
- Primary care visit within 7 days of hospital discharge
- Hospital readmissions
- Involvement in decisions related to patient care
- Opportunity to ask questions
- Having enough time with doctor/nurse practitioner
- Influenza immunization rate (65+)
- Cancer screening rates

Reporting and the Person

Patient/Client Stories

- Actual counts of high-impact individual events convey strong messages.
- Personal stories add significant context to understanding quality goals and measures.*
- The community needs to be considered in how public reports of the board convey goals and measures.

**In workbook.*

Dashboards/Scorecards for the Board

- Snapshot of organization - wide, outcome driven measures associated with strategic areas
- Should be clear, easy to read / interpret and timely / updated on regular basis
- Boards should monitor indicators of clinical performance as they do financial performance.

Monitoring Reports

Examples of Dashboards/Scorecards*

- Saskatoon Regional Health Authority, Saskatchewan*
- Capital Health Authority, Nova Scotia*
- Wise Elephant Family Health Team*
- Regent Park Community Health Centre*

**In workbook.*

Summary

From:

- Many disparate measures
- Retrospective reports
- Abstract rates
- Ad hoc isolated updates
- Measuring what is available

To:

- Meaningful, summative measures associated with strategic plan
- Up-to-date or real-time reports
- Real-life stories and absolute counts
- Continuous monitoring of change
- Measuring what matters



THANK YOU!

QUESTIONS?



CAPABILITY ASSESSMENT