



TITLE:	Integrated Quality Management Framework		
Manual/Policy#:	MRHA Boards of Directors # III-1	Entity:	AGH/ CPDMH
Original Issue:	May 2012	Issued by:	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: August 2019 CPDMH: April 2019	Approved by:	Allied Boards of Directors
Last Date Reviewed:	May 2021	Cross Reference(s):	MRHA Corporate Policy A50

1. POLICY STATEMENT:

The Allied Boards of the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation (“the Corporations”) will ensure that the integrated quality management framework is an integral component of the day-to-day work of the Corporations in providing quality care and service to patient, residents, colleagues and others who interact with The Corporations.

Every staff member, medical staff member and volunteer is accountable to provide quality and safe care to all patients and residents in the Corporations.

2. SCOPE:

This policy applies to all Directors of the Allied Boards, staff, medical staff and volunteers who all play an active role to provide the best possible care to patients and residents of the Corporations.

3. GUIDING PRINCIPLES:

The Corporations mission, vision, values and strategic plan provide the direction to guide the delivery of high-quality health services.

An integrated Quality Improvement Plan incorporates risk and utilization management, performance measurement including monitoring strategic goals and objectives, patient safety and quality improvement. It recognizes that these activities are interrelated and therefore need to be coordinated (Accreditation Canada 2019).

The quality improvement initiatives for this plan are based on the ongoing commitment to adopt best practice standards and emerging safety solutions that enhance patient/ resident experiences and outcomes driven by performance measurement and operational actions

4. DEFINITIONS:

High Quality Health System: a health system that delivers world-leading safe, effective, patient-centred services, efficiently and in a timely fashion, resulting in optimal health status for all communities (Health Quality Ontario, 2015).

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LEAN Methodology: a process focused on understanding the system from the client's experience in it and using that information to increase efficiency, minimize waste and increase quality (Accreditation Canada, 2019).

5. PROCEDURE:

The Allied Boards are ultimately responsible for the quality of services provided to patients, residents, families, staff, medical staff and all who interact with the Corporations. The Allied Boards ensure that an accountability structure for quality exists as follows:

1A) The Allied Boards establish the strategic direction for quality and provides oversight of quality and risk management. The governance structure includes committees with a mandate to monitor and report on quality and risk management in their areas of governance, and advise the Allied Boards, as follows:

- The Allied Boards Quality Committee: Monitors and makes recommendations on clinical quality and safety issues, ensures compliance with legislated requirements such as those in the Excellent Care for All Act, and oversees the development and implementation of the annual quality improvement plan .
- The Allied Boards Human Resources Committee: Monitors and makes recommendations regarding human resource issues and planning.
- The Allied Boards Finance, Resources and Audit Committee: Monitors and makes recommendations regarding financial planning.
- The AGH and the CPDMH Medical Advisory Committees: Monitors and makes recommendations regarding quality of care to the Allied Boards Quality Committee and makes recommendations to the Allied Boards concerning physician, dental, midwifery or extended class nursing privileges and by-laws.

1B) The Allied Boards delegate to the Integrated Chief Executive Officer and Chiefs of Staff, responsibility to ensure that appropriate organizational infrastructure and culture exist to support continuous improvement of clinical and operational quality and risk management.

This infrastructure includes formal committees with responsibility for various aspects of quality and safety: i.e. the Senior Management Team, AGH Quality Improvement Risk Management Committee, CPDMH Patient Care Committee, MRHA Infection Control Committee, MRHA Occupational Health and Safety Committee, MRHA Emergency Preparedness Committee, MRHA Ethics Committee and program/service committees. It also includes advisory groups such as the MRHA Patient and Family Advisory Council, Fairview Manor Resident Council and FVM Family Council.

As well, the implementation of appropriate standards, policies and procedures is essential to support quality in clinical, operational and patient/resident relations.

1C) The Allied Boards expect employees, medical staff volunteers and students to conduct themselves in accordance with the Code of Conduct and through a just culture of quality and safety as follows:

- Practice in a safe manner.
- Practice in accordance with organizational and applicable professional standards.

- Behave in accordance with the values and ethical standards of the Corporations.
- Participate in ongoing learning as required to maintain competence.
- Participate actively in identification and follow-up of quality, safety and risk management issues.
- Engage in open, fair and blame-free dialogue, in a context of personal and professional accountability.
- Ensure that patients/residents and families are treated with respect and honesty.
- Implement ethical patient relations and disclosure practices.

The Boards expect the same of external service providers.

2. Quality Improvement Methodology

The Corporations approach quality improvement based on the Plan-Do-Study-Act cycle based on LEAN Methodology. Quality improvement opportunities are identified through a variety of formal and informal mechanisms including incident reports, inspection reports, performance indicators and patient/resident and staff satisfaction surveys. Improvement targets are set based on analysis of the data to determine where impactful change can be implemented. Execution of an improvement activity is tracked against pre-determined milestones, data and feedback are collected to measure the impact of the change and adjustments are made as necessary to achieve better results.

3. Performance Standards, Monitoring and Reporting

Performance expectations will be set, monitored and reported at the most appropriate level in the Corporations. The oversight process will include:

- Appropriate communication regarding quality and safety to the Boards, employees, medical staff, volunteers, students, patients, residents, and families.
- Policies regarding quality improvement, occupational and patient/resident safety, patient/resident relations (including full disclosure of adverse events and harm), whistleblower protection, and ethical practices.
- A standardized reporting system for actual and near miss incidents and follow-up.
- Clear processes for employees, medical staff, volunteers, students, patients, residents, families to report quality and safety concerns.
- Constructive responses to reports of quality and risk management concerns.
- Provision of education, as required, to employees, medical staff, volunteers, students, patients, residents, and families, regarding quality, safety and patient/resident relations issues and policies.
- Performance standards set based on best practice and/or industry standard with due regard to legislative and regulatory requirements

6. REFERENCES:

AccreditationCanada,2019. Qmentum Program: Leadership. Cited at:
https://www3.accreditation.ca/OrgPortal/Node_StdList.aspx

Health Quality Ontario, 2015. Quality Matters. Cited at:
<https://www.hqontario.ca/Blog/category/quality-improvement/quality-matters-a-playbook-for-health-system-improvement-1>

7. APPENDICES:

Appendix A Quality Management Model

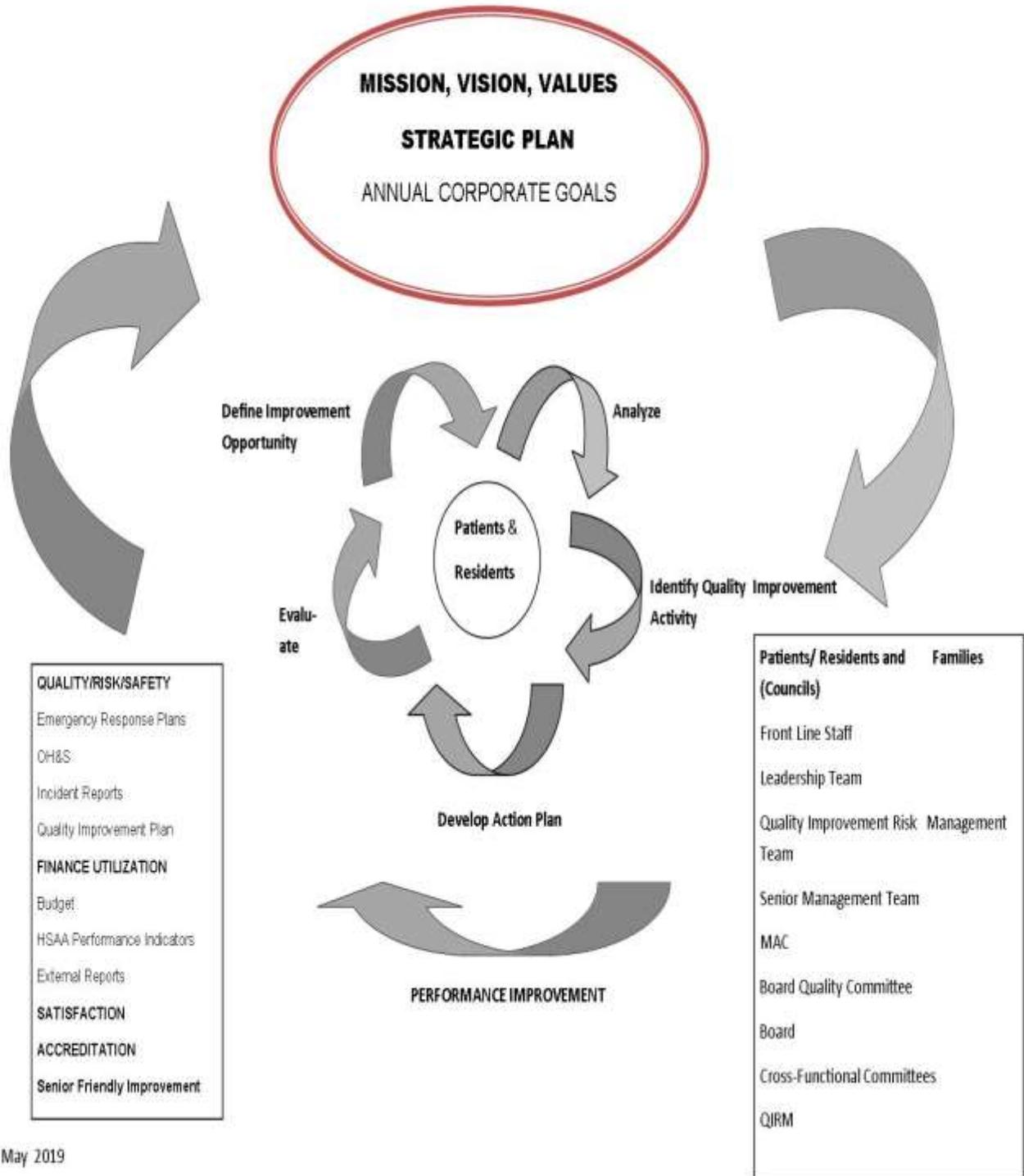
Appendix B Organizational Structure Supporting Quality Management

Evaluation

This policy will be reviewed every two years

APPENDIX A

QUALITY MANAGEMENT MODEL

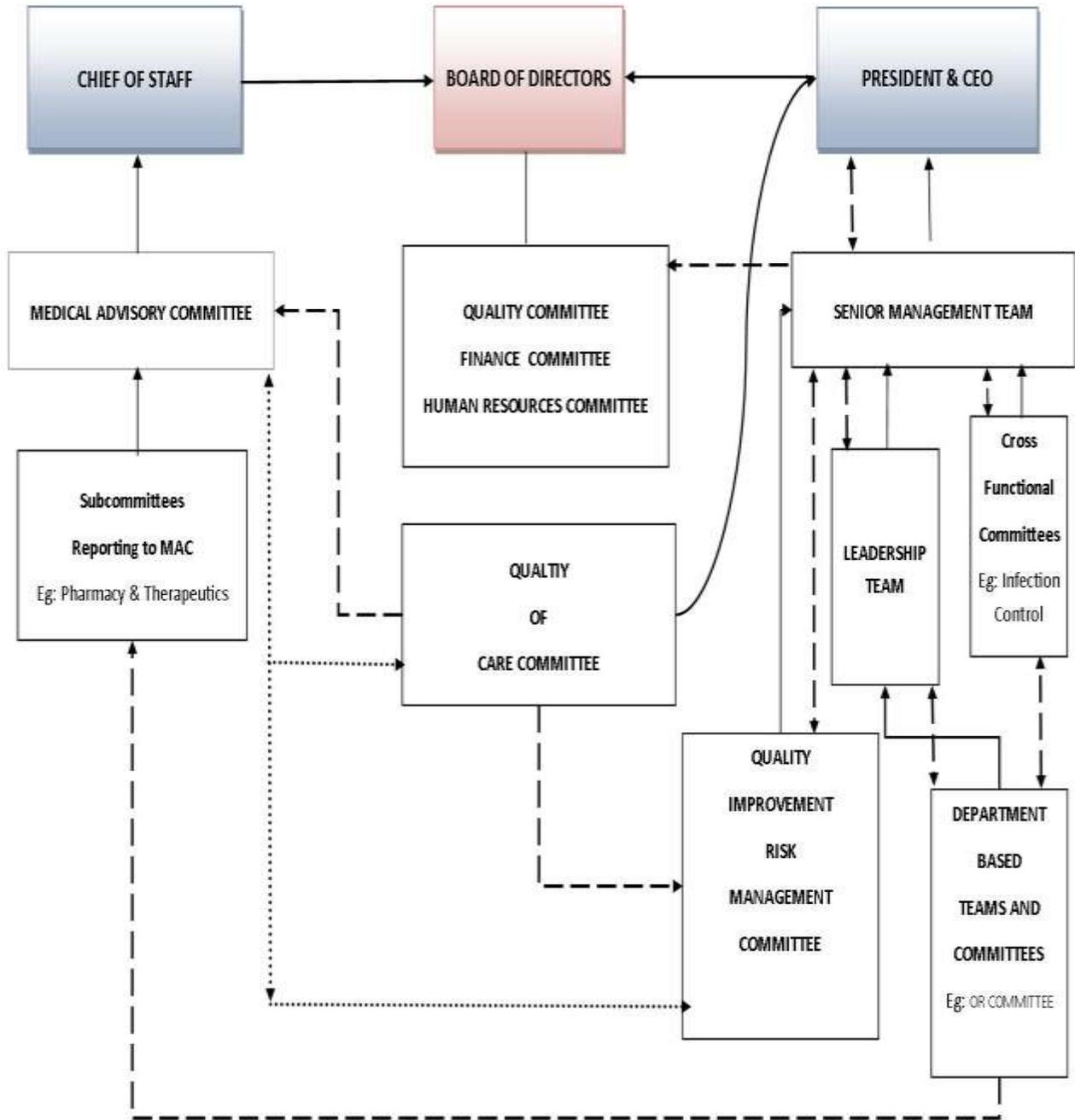


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ORGANIZATIONAL STRUCTURE SUPPORTING QUALITY MANAGEMENT

APPENDIX B



Accountability _____ Information Sharing _____ Common membership _____

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