afhto association of family health teams of ontario

Governance Fundamentals

Quality and Safety

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1 Quality and Safety

Oversight of quality of care and patient safety is an important responsibility of a health care organization's board of directors. The board is responsible for the quality of care that is provided by the organization. This section will:

- Introduce quality and safety and its relevance for FHTs and NPLCs
- Present two quality frameworks
- Examine the components of a quality plan

For more information on quality and safety, please refer to the work that AFHTO and CPSI are undertaking on Effective Governance for Quality and Patient Safety.

1.1 What do we mean by quality and safety and why is it important?

The board's role in overseeing quality and safety has increased steadily over the past few years. Previously, most health care boards had been much more concerned with issues of finance and other fiduciary obligations and had considered quality and safety to be more the purview of an organization's physician leaders including, in larger providers, the medical advisory committee. This is also true for FHTs and NPLCs, and because these organizations are relatively new they have been understandably focused

on start-up issues. This has now changed and boards are expected to have a good understanding of quality and risk issues relating to patient and client safety.

As a result of the increased emphasis on quality and patient safety, many boards have identified the need for board education on how best to address these issues. Provider-led FHTs and NPLCs have the advantage of significant clinical expertise on their boards. However, these boards still need to consider how best to assess current performance and develop plans for improvement. These issues require a systems lens and quality improvement knowledge that differs from the expertise gained from providing care to individual patients.

1.2 How do we build a quality performance measurement framework?

Before developing its quality plan, a board needs to build a framework to better understand and measure quality of care in its organization. This begins with defining quality. Quality care is care that is safe, leads to good outcomes, is responsive to the patient, and is delivered on time, in an efficient way, that all people can access. These considerations are often referred to as dimensions of quality with the labels of safety, effectiveness, patient-centeredness, timeliness, efficiency and equity, respectively. A framework for measuring quality requires a range of measurements to capture indicators in each dimension. In Ontario's primary care landscape, there are two predominant and closely related frameworks: the Starfield model (based on work by Barbara Starfield and adopted by AFHTO) and the Primary Care Performance Measurement Framework (PCPMF) whose development was led by the Primary Care Performance Measurement Summit Steering Committee, sponsored by Health Quality Ontario and the Canadian Institute for Health Information.

The Starfield model includes the following key components (domains) of primary care:

- access to and use of first-contact care
- patient-focused (rather than disease-focused) care over time for defined populations
- services that are comprehensive and timely
- coordination of care when patients need services elsewhere
- comprehensiveness

In the Starfield model, there is an emphasis on *comprehensiveness*; research has shown that investment in *comprehensive* primary care improves system quality, equity and health care system costs. The Starfield model tracks outcomes of care, capacity to

provide care, and the cost of delivering that care and incorporates the patient perspective in the measurement of performance. See Resources and References below for more details on the indicators in the Starfield model.

The Primary Care Performance Measurement Framework (PCPMF) is divided into eight domains of measures including:

- access
- integration
- efficiency
- effectiveness
- focus on population health
- safety
- patient-centredness
- appropriate resources

The framework also includes equity as a domain that cuts across all others. (Note that risk is captured in this definition of quality through the safety domain). For more detail on the indicators included in the PCPMF, see Resources and References below.

There is considerable overlap in the general categories (i.e. domains) and indicators between the two models. Though implementation is in the early stages for both models, boards may refer to both to help in the selection of indicators to track the quality of care.

Boards may also wish to follow the progress of "Data to Decisions: Advancing Primary Care 1.0", an initiative undertaken by AFHTO in April 2014. Data to Decisions: Advancing Primary Care 1.0 (D2D 1.0) is a summary report that will include performance of AFHTO member organizations on a small number of primary care indicators and will be a practical, useful readiness assessment for and pilot test of primary care performance measurement models such as Starfield and The Primary Care Performance Measurement Summit Steering Committee's PCPMF.

1.3 How does the Quality Improvement Plan fit into this?

Once the board has defined what aspects of quality to focus on, it needs to develop a plan to improve quality in the organization. While each board should consider this a fiduciary responsibility, and thus be accountable to itself for progress, the Ministry has

compelled attention to quality through the requirement for Quality Improvement Plans (QIP), applying aspects of the *Excellent Care for All Act* (ECFAA) to FHTs and NPLCs.

In its roll out, the Ministry began with requiring organizations to focus on three of the measurement domains in the PCPMF: Access, Integration and Patient-centredness. As FHTs and NPLCs gain experience in defining and measuring quality and safety, their QIPs will address more of the dimensions of quality noted above.

The board chair must sign off on the QIP prior to its submission, signalling the need for the board to understand and agree to this plan. As in some other highly important areas, such as strategy, the executive director should be working closely with the board in the preparation of the Quality Improvement Plan. The board should not wait until the final draft to review it. It is also good practice for the organization from which the corporate members are drawn (e.g. the FHO) to also approve the plan, as it represents most, if not all, of the physicians who will be playing a critical role in the execution of the plan.

1.4 What to do with the plan?

The board's role does not end with the submission of the QIP. The executive director and his or her staff and physicians then must implement the plan. Depending upon the initiatives being undertaken, there are a variety of approaches that can be employed. One is the HQO Quality Improvement Framework (see Tools, below). It is not the board's job to implement the improvement plan, but the board must ensure that staff and physicians have sufficient resources and are using the appropriate tools to carry out the improvement efforts. The board often does this through a quality committee of the board that can track progress on meeting the goals of the quality improvement plan and help steer the organization on its quality journey. The Quality Committee will report to the board, providing a clear report on progress toward meeting quality and safety indicators.

Patient satisfaction surveys are one important component of a quality and safety plan and are required by the Ministry. As data is gathered, the board will find it useful to measure improvements over time and to identify trends and themes related to quality of care and patient safety. The full board should devote a portion of every board meeting to discussing issues raised by the committee around progress on the QIP, as well as any adverse events relating to patient safety. Another leading practice in governing for patient safety and quality to begin every board meeting with a patient

story to focus attention on issues related to quality and safety. Some health care boards ask patients to present to board meetings; other boards rely on charts, stories and anecdotes that illustrate elements of quality and safety. Increasingly, organizations are posting their QIP on their website, which is already mandatory for hospitals under ECFAA.

Tools

HQO Quality Improvement Framework

Terms of Reference, Quality Assurance Committee

Resources and references

Institute of Health Improvement based in Boston, is widely recognized as the leading provider of research and tools to promote quality and safety.

AFHTO - Valuing Comprehensive Primary Care