

Part Four: The Strategic Plan and Monitoring Corporate Performance

The most current strategic plan is included at Appendix 13. The Strategic Plan is reviewed annually and is updated every five years. The current Strategic Plan is for the 5-year period starting with 2016 and ending in 2021 fiscal year.

The strategic plan identifies Board priorities. The role of the Board is to approve the Strategic Plan and monitor its implementation. The CEO and senior staff are responsible for implementation of this plan, reporting results and identifying any barriers to implementation. Directors must assess and evaluate progress and make adjustments to the plan when external conditions impact upon the ability to achieve results. Directors must also be prepared to assess and react to systemic barriers which may hinder implementation of the strategic plan based on information and recommendations provided by the CEO. The CEO provides regular monitoring reports as to progress on the strategic plan.

The current-year operating budget, approved by the Board of Directors, is a tangible demonstration of how resources are allocated to support the mission, vision, values and strategic plan. Resource allocation should flow consistently with identified board priorities. The Board approves the annual budget and must be assured that resource allocation decisions presented by management are consistent with Board-approved priorities.

The Board of Directors is responsible for overall financial performance. The Board delegates its responsibility for budget management and performance to the CEO and the Finance Committee of the Board of Directors. All directors have a responsibility to provide oversight in this area and to ensure that resources are managed prudently, effectively and efficiently.

Strategic Directions and Priorities Matrix

STRATEGIC DIRECTION	STRATEGIC PRIORITIES	KEY PERFORMANCE MEASURES	LINK TO PROVINCIAL PRIORITIEIS, GOALS & HEALTH OBJECTIVES
1. Improve Population Health	1. Focus on prevention and Promotion activities	1. Premature mortality rate 2. Breastfeeding initiation rate 3. Community Mental Health Services Wait Times	Priority 6 – Improving health status and reducing health disparities among Manitobans
	2. Improve health equity throughout the region	1. Referral rate of clients newly diagnosed with diabetes into the diabetes program, comparing the referral rate from our non-direct service communities to the rate of our direct service communities	

Strategic Directions and Priorities Matrix

STRATEGIC DIRECTION	STRATEGIC PRIORITIES	KEY PERFORMANCE MEASURES	LINK TO PROVINCIAL PRIORITIEIS, GOALS & HEALTH OBJECTIVES
2. Deliver Accessible, Quality Health Services	1. Improve access to health services.	1. Attachment to a primary care provider 2. PCH median wait times 3. Cancer Patient Journey Navigator Referral Turnaround Time 4. Pain Management wait times 5. Average Length of Stay: Expected Length of Stay 6. Third next appointment available	Priority 4– Improved access to care Priority 5 – Improved service delivery Priority 6 - Improving health status and reducing health disparities among Manitobans Objective – Family Doctor for all by 2015 Objective – Wait Times and Access Objective – Continuing Care Strategy
	2. Promote a culture of Patient Safety	1. Patient Safety Culture Survey 2. Occurrence reporting data	

Strategic Directions and Priorities Matrix

STRATEGIC DIRECTION	STRATEGIC PRIORITIES	KEY PERFORMANCE MEASURES	LINK TO PROVINCIAL PRIORITIEIS, GOALS & HEALTH OBJECTIVES
3. Be a Sustainable & Innovative Organization	1. Increase services closer to home as appropriate	1. # of Non-Core Specialist patient encounters	Priority 3– Health system sustainability
	2. Ensure fiscal responsibility	1. Corporate Cost 2. Year to Date variance as % of budget	Priority 4 – Improved access to care Priority 5 – Improved service
4. Be an Employer of Choice	1. Enhance recruitments	1. Turnover rate 2. Vacancy rate	Priority 1– Capacity building Priority 2 – Health system innovation
	2. Enhance employee engagement	1. Patient Experience rates 2. Sick time as a % of eligible employee salary expenses	Priority 3– Health system sustainability

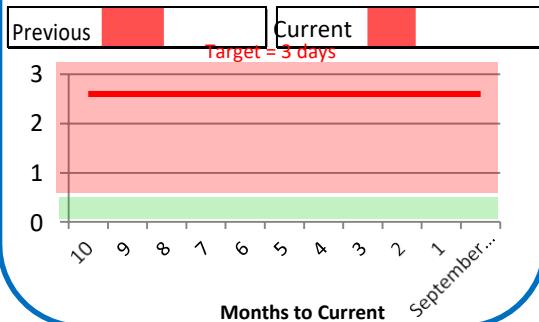
Duties of the Chief Executive Officer:	Met	Partially Met	Unmet
Provide operational leadership and management of clinical divisions, directorates and support services across the whole system with particular emphasis on implementing revised pathways and new models of care aligned with Northern Regional Health Authority objectives designed to improve patient flow.			
Work effectively in partnership with other members of the Management Executive, to ensure a corporate approach to the delivery and outcome of clinical services.			
Reflect and promote the values of the Northern Regional Health Authority in all activities, and take an active leadership role in the promotion of equality in the delivery of services and the development of the workforce.			
With the input of other members of the management team, develop a Regional Health Plan for the Organization for presentation to, and approval by, the Board of Directors by a date to be set by the Minister of Health.			
In collaboration with the members of the management team, and in the context of the Organization's Regional Health Plan, develop annual goals and objectives for the Organization, establishing the appropriate and necessary policies and operating plans for the Organization, and submit these to the Board of Directors for its approval.			
Ensure that the Organization's policies and Regional Health Plan are uniformly understood, and properly interpreted and administered by everyone in the Organization.			
Prepare and present reports, including monthly operational and financial reports, to the Board at each regular meeting of the Board and as required by the Board.			
Annually present proposed operating and capital expenditure budgets for review and approval by the Board of Directors, and with the Board, review quarterly the performance of the Organization against budget.			
With the prior knowledge and approval of the Board of Directors, plan, direct, and undertake negotiation with facilities, government, and such other organizations as directed by the Board.			
Regularly analyze performance and operating results of the Organization and its principal components relative to established and approved goals and objectives, and ensure that appropriate steps are taken to correct unsatisfactory conditions.			
Ensure the adequacy and soundness of the Organization's financial structure, review projections of working capital requirements, and together with the facilities, establish similar sets of criteria, reviewing projections for operating and capital requirements, and with prior approval of the Board, negotiate necessary financing arrangements with the Province.			
Establish and maintain an effective system of communication throughout the Organization, between the facilities and the Organization, and with such other organizations and agencies doing business with the Northern Regional Health Authority.			
Challenge, motivate and empower clinical leaders, managers and staff to deliver improvements in quality, efficiency and effectiveness in all areas of work.			
Prescribe the specific limitations of authority of subordinates regarding policies, contractual commitments, expenditures, etc., and review and approve the appointment, employment, transfer, and termination of all management employees, recognizing approval of the Board of Directors will be required for all positions reporting directly to the Chief Executive Officer.			
Ensure clear lines of accountability and effective management of all direct reports, in accordance with the employment policies and practices of the Northern Regional Health Authority, including performance management, identification of training and development needs, and setting of annual objectives in line with Northern Regional Health Authority objectives.			
Ensure the adequacy and proper utilization of services provided by the Organization to the facilities, and resolve any conflicts arising between operating groups, staff units, and facilities as necessary.			

Plan for the development of human resources within the Organization and establish and maintain programs that will encourage successful future management of the Organization.			
Provide assistance, as directed by the Board of Directors, in the establishment of the advisory committees established by the Board of Directors pursuant to the Regional Health Authority Act and Regulations.			
Serve as an ex-officio, non-voting member of committees of the Board of Directors as determined by the Board.			
Act as spokesperson for the Board of Directors as determined by the Board of Directors.			
Carry out such other duties and responsibilities as determined by the Board of Directors, and in accordance with the by-laws of the Organization as well as the Acts.			



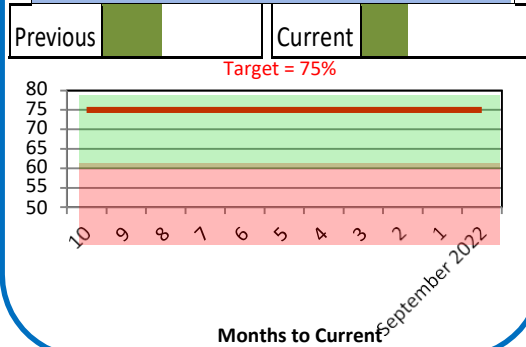
3rd Next Appointment

Number of calendar days to the third next appointment. Averaged for all providers in Thompson, Flin Flon and The Pas



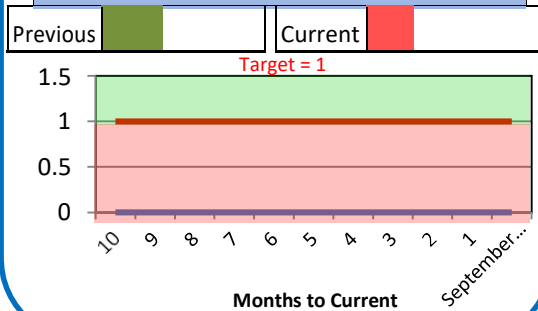
Breastfeeding Initiation

Percentage of newborns with breastfeeding initiation upon entry into the community.



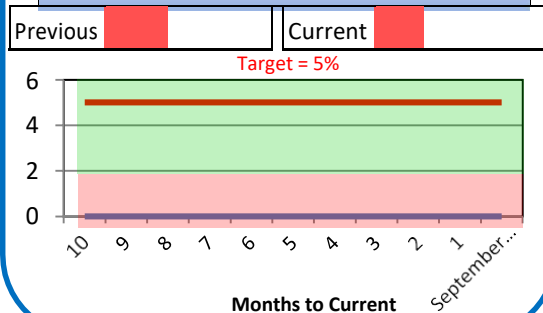
Diabetes Referral Equity Ratio

Ratio of people residing in service vs non-service communities newly diagnosed with Diabetes with a referral to the Diabetes Program



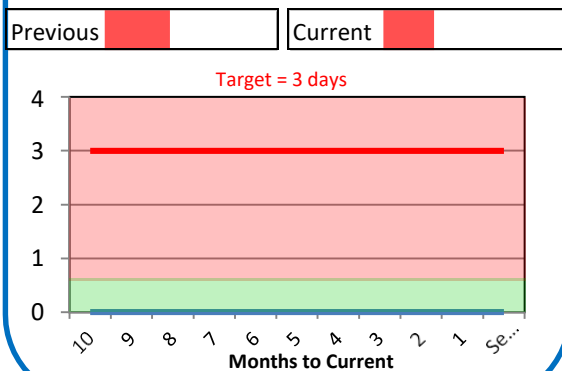
Telehealth Increase

Percentage increase of Cumulative Total of Distinct Clinical Telehealth Appointments, year to date vs the same time period in the previous year.



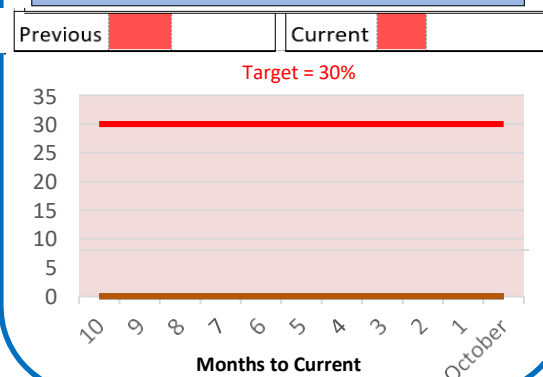
Mental Health Wait Time

Time from referral to first appointment date with services provided.



Virtual Visit

Number of patients' visit to physicians by phone and other online means.



Legend

Current = Current Month
Previous = Previous Month

Indicator = [Blue line]
Target = [Red line]

Good result = [Green box]
Poor result = [Red box]



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

STANDARDS

Governance

For Surveys Starting After:
January 01, 2019

Date Generated: November 23, 2018
Ver. 14

IMPORTANT: PLEASE READ THE FOLLOWING CAREFULLY. USE OF THIS PUBLICATION IS SUBJECT TO THE TERMS AND CONDITIONS SET OUT BELOW.

This publication is provided by Accreditation Canada. This publication, and all content contained herein, is owned by Accreditation Canada and/or its licensors and is protected by copyright and other intellectual property rights in Canada and around the world.

You are entitled to use this publication internally within your organization for information purposes only. You may reproduce, retransmit, and redistribute this publication internally within your organization (physically or on a digital network) solely for such limited purpose as long as the copyright notice and proper citations and permissions are included. Internal use is limited to a network of up to 30 personnel. **All other use and all other exploitation are expressly prohibited without the express permission of Accreditation Canada.**

Except as otherwise specifically provided above (or except as expressly permitted by Accreditation Canada otherwise), you may not: (i) use this publication for any other purpose (including without limitation, for commercial purposes), (ii) reproduce, retransmit, reprint or distribute this publication to any other person or entity, (iii) modify, amend or translate this publication, (iv) remove, modify or obscure any trade names, trademarks or copyright notices included in this publication, (v) combine this publication (in whole or in part) with any other materials (or software).

This publication is provided “as is” without warranty of any kind, whether express or implied, including without limitation any warranties of suitability or merchantability, fitness for purpose, the non-infringement of intellectual property rights or that this publication and the contents thereof is complete, correct, up to date, and does not contain any errors, defects, deficiencies or omissions. In no event shall Accreditation Canada and/or its licensors be liable to you or any other person or entity for any direct, indirect, incidental, special or consequential damages whatsoever arising out of or in connection with this publication and/or the use or other exploitation thereof (including lost profits, anticipated or lost revenue, loss of data, loss of use of any information system, failure to realize expected savings or any other economic loss, or any third party claim), whether arising in negligence, tort, statute, equity, contract (including fundamental breach), common law, or any other cause of action or legal theory even if advised of the possibility of those damages.

If you do not accept these terms and conditions (in whole or in part) you may not use this publication. Your failure to comply with any of these terms and conditions shall entitle Accreditation Canada to terminate your right to use this publication.

Nothing in these terms and conditions shall be construed or deemed as assigning or transferring to you or your organization any ownership, title or interest in this publication and any content thereof, or any intellectual property rights therein.

For permission to reproduce or otherwise use this publication or the contents thereof for any other purpose, including commercial purposes, please contact standards@accreditation.ca.

© 2017, Accreditation Canada and its licensors

GOVERNANCE

Accreditation Canada's *Governance Standards* help health organizations meet demands for excellence in governance practice. They are a response to system-wide changes in health care delivery structures and an increasing need for public accountability.

The *Governance Standards* are meant to be used by the governing body in conjunction with Accreditation Canada's *Leadership Standards*, used by the organization's leaders. The responsibility of the governing body to be engaged and involved in the activities of the organization, in particular those pertaining to quality, safety, and a culture of client- and family-centred care, is critical for the organization's success.

Accreditation is one of the most effective ways for organizations to regularly and consistently examine and improve the quality of their services. The standards provide a tool for organizations to embed accreditation and quality improvement activities into their daily operations with the primary focus being on including the client and family as true partners in service delivery.

Client- and family-centred care is an approach that guides all aspects of planning, delivering and evaluating services. The focus is always on creating and nurturing mutually beneficial partnerships among the organization's staff and the clients and families they serve. Providing client- and family-centred care means working collaboratively with clients and their families to provide care that is respectful, compassionate, culturally safe, and competent, while being responsive to their needs, values, cultural backgrounds and beliefs, and preferences (adapted from the Institute for Patient- and Family-Centered Care (IPFCC) 2008 and Saskatchewan Ministry of Health 2011).

Accreditation Canada has adopted the four values that are fundamental to this approach, as outlined by the IPFCC, and integrated into the standards. The values are:

- 1. Dignity and respect:** Listening to and honouring client and family perspectives and choices. Client and family knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.
- 2. Information sharing:** Communicating and sharing complete and unbiased information with clients and families in ways that are affirming and useful. Clients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.
- 3. Partnership and participation:** Encouraging and supporting clients and families to participate in care and decision making to the extent that they wish.
- 4. Collaboration:** Collaborating with clients and families in policy and program development, implementation and evaluation, facility design, professional education, and delivery of care.

The *Governance Standards* are built on five key functions of governance, aligning with J.L. Denis et al.'s *Towards a Framework for the Analysis of Governance in Healthcare Organizations*. These five key functions are: developing the mission, vision, and values; collecting and using knowledge and information; developing the organization;

building relationships with stakeholders; and demonstrating accountability.

The standards are grouped into four sections based on these functions:

Functioning as an effective governing body: Addresses the internal development of the governing body, including composition, structure, and roles and responsibilities including the division of responsibility with organization leaders.

Developing a clear direction for the organization: Addresses the process for defining the organization's mission and long-term vision, including broad organizational goals and values.

Supporting the organization to achieve its mandate: Addresses the governing body's role in the processes that support the organization's achievement of its strategic goals and objectives. It includes the recruitment and evaluation of the Chief Executive Officer (CEO), relationships with the CEO and the organization's other leaders, and resource allocation.

Being accountable and achieving sustainable results: Addresses accountability and organizational performance, including quality improvement and risk management.

The approach a governing body takes to address these responsibilities will differ according to the organization's size, structure, mandate, and governance model. In some cases the organization's CEO and other leaders will be directly involved in many of the governance activities and responsibilities outlined here, while in other cases there will be a more distinct division of responsibilities.

In some jurisdictions, government may be involved in the operations of the organization's governing body, and will be responsible for certain activities outlined in these standards. When this is the case, the governing body should remain as involved as possible in the process.

All Accreditation Canada standards are developed through a rigorous process that includes a comprehensive literature review, consultation with a standards working group or advisory committee comprised of experts in the field, and evaluation by client organizations and other stakeholders.

If you would like to provide feedback on the standards, please complete the feedback form in this document.

Glossary

Appointment: The process by which a health care professional becomes a member of the medical staff of an organization.

Care delivery model: A conceptual model that broadly outlines the way services are delivered. It is based on a thorough assessment of client needs, involving a collaborative approach and stakeholder input, which considers the best use of resources and services that are culturally appropriate. The benefits of using a care delivery model include improving access to services, providing safe, quality care, promoting a client-centred continuum of care, providing access to a balanced range of services, supporting a highly skilled and dedicated workforce, and reducing inequities in health status.

Care plan: May also be known as the service plan, plan of care, or treatment plan. It is developed in collaboration with the client and family and provides details on the client history as well as the plan for services including treatments, interventions, client goals, and anticipated outcomes. The care plan provides a complete picture of the client and their care and includes the clinical care path and information that is important to providing client-centred care (e.g., client wishes, ability/desire to partner in their care, the client's family or support network). The care plan is accessible to the team and used when providing care.

Client: The recipient of care. May also be called a patient, consumer, individual, or resident. Depending on the context, client may also include the client's family and/or support network when desired by the client. Where the organization does not provide services directly to individuals, the client refers to the community or population that is served by the organization.

Client engagement: In the Qmentum standards, two levels of client engagement are described

In partnership with the client and family: The team collaborates directly with each individual client and their family to deliver care services. Clients and families are as involved as they wish to be in care delivery.

With input from clients and families: Input from clients and families is sought collectively through advisory committees or groups, formal surveys or focus groups, or informal day-to-day feedback. Input can be obtained in a number of ways and at various times and is utilized across the organization.

Client representative or client advisor: Client representatives work with the organization and often

individual care teams. They may be involved in planning and service design, recruitment and orientation, working with clients directly, and gathering feedback from clients and team members. Integrating the client perspective into the system enables the organization to adopt a client- and family- centred approach.

Clinical governance: The framework by which the governing body, leaders, and health care providers have responsibility and accountability for the quality of care. Clinical governance processes address individual performance, team performance, and health system and population outcomes.

Credentialing: An approach to obtaining, verifying, and assessing the qualifications of a health care professional against consistent criteria for the purposes of licensing and/or granting privileges.

Co-design: A process that involves the team and the client and family working in collaboration to plan and design services or improve the experience with services. Co-design recognizes that the experience of and input from the client and family is as important as the expertise of the team in understanding and improving a system or process.

Disruptive behavior: Inappropriate conduct, whether in actions or in words, that interferes with or has the potential to interfere with quality healthcare delivery. Examples include inappropriate words, abusive language, shaming, outbursts of anger, and refusal to work cooperatively with others.

Electronic Health Record (EHR): An aggregate, computerized record of a client's health information that is created and gathered cumulatively from all of the client's health care providers. Information from multiple Electronic Medical Records is consolidated into the EHR.

Electronic Medical Record (EMR): A computerized record of a client's health information that is created and managed by care providers in a single organization.

Family: Person or persons who are related in any way (biologically, legally, or emotionally), including immediate relatives and other individuals in the client's support network. Family includes a client's extended family, partners, friends, advocates, guardians, and other individuals. The client defines the makeup of their family, and has the right to include or not include family members in their care, and redefine the makeup of their family over time.

Governance: The system by which authority, decision-making ability, and accountability is exercised in an organization.

Governing body: The body that holds authority, ultimate decision-making ability, and accountability for an organization and its services. This may be a board of directors, a Health Advisory Committee, a Chief

and Council, or other body.

Indicator: A single, standardized measure, expressed in quantitative terms, that captures a key dimension of individual or population health, or health service performance. An indicator may measure available resources, an aspect of a process, or a health or service outcome. Indicators need to have a definition, inclusion and exclusion criteria, and a time period. Indicators are typically expressed as a proportion, which has a numerator and denominator (e.g., percentage of injuries from falls, compliance with standard procedures, staff satisfaction). Counts, which do not have a denominator, may also be used (e.g., number of complaints, number of clients harmed as a result of a preventable error, number of policies revised). Tracking indicator data over time identifies successful practices or areas requiring improvement; indicator data is used to inform the development of quality improvement activities. Types of indicators include structure measures, process measures, outcome measures, and balancing measures.

Interoperable: The ability of two or more systems to exchange information and use the information that has been exchanged.

Licensing: The process whereby an authorized regulatory body (e.g., College of Physicians and Surgeons) issues a permit to practice.

Medical devices and equipment: An article, instrument, apparatus or machine used for preventing, diagnosing, treating, or alleviating illness or disease; supporting or sustaining life; or disinfecting other medical devices. Examples include blood pressure cuffs, glucose meters, breathalyzers, thermometers, defibrillators, scales, foot care instruments, client lifts, wheelchairs, syringes, and single-use items such as blood glucose test strips.

Medical equipment: A subset of medical devices, considered to be any medical device that requires calibration, maintenance, repair, and user training.

Medical staff: Physicians and other health care providers (e.g., midwives, dentists, pharmacists, nurse practitioners) who are permitted by law and by the organization (through the granting of privileges) to provide care within that organization. May also be referred to as “professional staff” or “licensed independent practitioners.”

Organization’s leaders: Leaders at all levels, including directors, managers, supervisors, clinical leaders, and others who have leadership responsibilities within the organization.

Partner organization: An organization or person who works with another team or organization to address a specific issue by sharing information and/or resources. Partnership can occur at the organization level, team level, or through individual projects or programs.

Patient safety incident: An event or circumstance that could have resulted, or did result, in unnecessary harm to a client. Types of patient safety incidents are:

- Harmful incident: A patient safety incident that resulted in harm to the client. Replaces adverse event and sentinel event.
- No harm incident: A patient safety incident that reached a client but no discernible harm resulted.
- Near miss: A patient safety incident that did not reach the client.

Policy: A document outlining an organization's plan or course of action.

Population: Also known as community. A specific group of people, often living in a defined geographical area who may share common characteristics such as culture, values, and norms. A population may have some awareness of their identity as a group, and share common needs and a commitment to meeting them.

Privileges: Permission from an authorized body to a health care provider to conduct a specific scope and content of client care. Privileges are granted based upon an evaluation of the provider's training, experience, and competence related to the service, and are specific to a defined practice setting (e.g., context-based privileges).

Procedure: A written series of steps for completing a task, often connected to a policy.

Process: A series of steps for completing a task, which are not necessarily documented.

Scope of practice: The procedures, actions, and processes that are permitted for a specific health care provider. In some professions and regions, scope of practice is defined by laws and/or regulations. In these cases, licensing bodies use the scope of practice to determine the education, experience, and competencies that are required for health care providers to receive a license to practice.

Self-efficacy: A person's estimate or judgment of his or her ability to cope with a given situation, or to succeed in completing tasks by attaining specific or general goals. An example of achieving a specific goal includes quitting smoking, whereas achieving a general goal includes continuing to remain at a prescribed weight level.

Stakeholder: A person with an interest in or concern for the organization and its services. Stakeholders may be internal (e.g., staff) or external (e.g., community members).

Talent management: A process that ensures that the organization has adequate and appropriate human resources and leadership capacity-building, including planning for future needs, and encompasses all

team members.

Team/Team members: In the context of the Governance standards, ‘the team’ represents all individuals working, volunteering, or learning within the organization, including leaders, staff, health care professionals who hold privileges, contracted providers, volunteers, and students.

Timely/regularly: Carried out in consistent time intervals. The organization defines appropriate time intervals for various activities based on best available knowledge and adheres to those schedules.

Transition in care: A set of actions designed to ensure the safe and effective coordination and continuity of care as clients experience a change in health status, care needs, health-care providers or location (within, between, or across settings (as defined by the Registered Nurses’ Association of Ontario).

Legend

Dimensions



Population Focus: Work with my community to anticipate and meet our needs



Accessibility: Give me timely and equitable services



Safety: Keep me safe



Worklife: Take care of those who take care of me



Client-centred Services: Partner with me and my family in our care



Continuity: Coordinate my care across the continuum



Appropriateness: Do the right thing to achieve the best results



Efficiency: Make the best use of resources

Criterion Types



High Priority High priority criteria are criteria related to safety, ethics, risk management, and quality improvement. They are identified in the standards.



Required Organizational Practices Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk.

Tests for Compliance

Minor Minor tests for compliance support safety culture and quality improvement, yet require more time to be implemented.

Major Major tests for compliance have an immediate impact on safety.



Performance Measures Performance measures are evidence-based instruments and indicators that are used to measure and evaluate the degree to which an organization has achieved its goals, objectives, and program activities.

FUNCTIONING AS AN EFFECTIVE GOVERNING BODY

1.0 **The roles, responsibilities, and legal obligations of the governing body are defined and followed.**



Appropriateness



1.1 The roles, responsibilities, and legal obligations of the governing body are defined and regularly reviewed.

Guidelines

As a rule, the governing body is accountable for the quality of services/care, and supports the organization to achieve its goals, consistent with its mandated objectives and its accountability to stakeholders. In carrying out this mandate, the governing body selects the CEO, oversees process for granting privileges (where applicable), approves major policies, makes decisions that impact the organization's long-term sustainability, oversees the organization's performance, and serves as an external advocate.

Applicable legislation is considered when defining or updating roles, responsibilities, and accountabilities.

Where there are several levels of governance, the roles and responsibilities are well defined and understood by each level, information flows smoothly and consistently between levels, and the governing body coordinates and integrates its work with each level.

Where the federal, provincial, or territorial government is closely involved in the oversight of the organization, the scope of authority and roles and responsibilities of the governing body and the government are well defined, either by government or by government working with the governing body.

The governing body defines what “regularly” means and adheres to that schedule.



Appropriateness



1.2 There is written documentation that identifies the governing body's roles and responsibilities, as well as how those roles and responsibilities are carried out.

Guidelines

The documentation, which may include a charter, constitution, by-laws, or policy documents, clarifies the division of responsibility between the governing body and the organization's leaders. Division of responsibility between governing bodies and CEOs or other leaders varies according to particular governance models.

The governing body is accountable for the quality of care and services provided by the organization. In general, the governing body's responsibilities are strategic and focused on decisions that affect the organization's long-term sustainability. Specifically, the governing body is usually accountable for overseeing the quality of clinical services; overseeing its own membership; selecting and evaluating the CEO; granting privileges to health care professionals; overseeing the strategic planning process; approving the organization's capital and operating budgets and providing overall financial oversight; approving the organization's corporate policies and ensuring the policies are followed; working with the organization to identify and manage risks and identify strategic opportunities for improvement; monitoring the organization's performance including the achievement of the strategic goals and objectives; approving major transactions such as capital investments or major equipment purchases; ensuring the organization meets legal and regulatory requirements as well as reporting, monitoring, and accountability obligations; ensuring codes or frameworks for ethical behaviour are in place; ensuring appropriate communications plans and strategies are in place; and governing appropriately and effectively through regular meetings, sub-committees, task forces, and work groups.

In some cases the division of responsibility between the governing body and the organization's leaders is defined in provincial or territorial legislation.



Appropriateness



1.3

The governing body approves, adopts, and follows the ethics framework used by the organization.

Guidelines

An ethics framework provides a standardized approach to working through ethical issues, addressing conflicts of interest, and making decisions. The framework can include codes of conduct, guidelines, processes, and values to help guide decision-making.

The organization's leaders develop the ethics framework for the organization, but may receive input from the governing body.

The governing body's minutes reflect that the ethics framework is used as part of its regular activities.



Appropriateness



1.4

The governing body adopts a code of ethical conduct for its members.

Guidelines

The code of ethical conduct addresses conflict of interest; the protection and appropriate use of the organization's assets; confidentiality of information obtained through one's role on the governing body; compliance with laws, rules, and regulations; and the obligation to report to the governing body any breach of the code of ethical conduct, or any illegal or unethical behaviour.



Appropriateness

1.5

There is a process to develop the governing body's by-laws and policies and update them regularly.

Guidelines

The schedule for updating the by-laws and policies is identified and followed.

Where the organization's governing body is appointed by government, developing and updating by-laws and policies may be the responsibility of government, but the governing body participates in the process.



Appropriateness



- 1.6 The governing body's by-laws and policies are consistent with its mandate, roles, responsibilities, accountabilities, and the organization's ethics framework.



Worklife



2.0 The governing body has the appropriate membership to fulfill its role.

- 2.1 The mix of background, experience, and competencies needed in the governing body's membership is identified.

Guidelines

Where the organization's governing body is appointed by government, identifying the required membership mix may be the responsibility of government, but the governing body may have input into the required competencies and background.

A competency matrix may be used to identify competency gaps in the background, experience, and skills of its members, and recruits members to fill these gaps. The particular competencies sought may vary depending on an organization's mandate and the skills needed to complement its leadership team, and will change over time as the organization evolves in response to changes in its operating environment.

To optimize its engagement in quality and safety processes, the governing body recruits members who have competencies in quality and safety.

In addition to specific competencies, members possess appropriate personal attributes, including integrity and high ethical standards, sound judgment, strong interpersonal skills, and a high level of commitment to the organization and its success.

Client-centred
Services

- 2.2 There are established mechanisms for the governing body to hear from and incorporate the voice and opinion of clients and families.

Guidelines

Mechanisms may include establishing client and family advisory councils, inviting community health boards to present, or hearing directly from clients and families about their experience(s) with the organization.



Client-centred Services

2.3 The governing body includes clients as members, where possible.

Guidelines

Client representation on the governing body should be appropriate, and the individuals supported through education and information to provide a meaningful contribution to the governing body.

Where the organization's governing body is appointed by government, identifying the required membership mix may be the responsibility of government.



Appropriateness

2.4 There is a documented process that is followed to elect or appoint the chair of the governing body.

Guidelines

Where the organization's governing body is appointed by government, the election or appointment of the chair may be the responsibility of government.



Worklife



2.5 The roles and responsibilities of the chair are described in a position profile, terms of reference, or by-laws.

Guidelines

The chair of the governing body is responsible for managing governing body affairs, including setting meeting agendas, running meetings effectively, controlling discussions among members, managing dissent, and working toward consensus; evaluating the governing body, committees, and members; managing conflicts of interest; building and maintaining a sound working relationship with the CEO and government representatives; working with the organization's leaders; serving as the governing body's spokesperson; and establishing a culture of active involvement and engagement among members of the governing body.

When government is responsible for setting out the roles and responsibilities of the chair, the governing body remains aware of these roles and responsibilities.



Appropriateness

2.6

There are written criteria and a defined process for recruiting and selecting new members of the governing body.

Guidelines

Where the organization's governing body is appointed by government, recruitment and selection of members may be the responsibility of government.

Identification of new members may be done through examining the governing body's current skills and those that are needed. In cases where the governing body does not select its own members, they may make recommendations to the selecting body (e.g., government).



Worklife

2.7

New members of the governing body receive an orientation before attending their first meeting.

Guidelines

The orientation includes, at minimum, information about the governing body's role and responsibilities; the formal governance structure; the governing body's constitution and by-laws; the organization's mission, vision, and values; the organization's operations and working environment; the organization's philosophy, plan, and progress toward their goals for client- and family-centred care; and the governing body's responsibilities for quality improvement, client and team safety, and positive worklife.



Worklife



2.8

Each member of the governing body signs a statement acknowledging his or her role and responsibilities, including expectations of the position and legal duties.

Guidelines

The statement covers fiduciary duty and duty of care to the organization; guidelines for behaviour including communication and interaction with other members and the organization's leaders, team members, and the community; attendance at and preparation for meetings; confidentiality; compliance with the organization's ethics framework, including disclosure of conflicts of interest; a commitment to being informed about the organization and representing the interests of the organization; a commitment to self-evaluation and evaluation of the governing body; and a commitment to orientation and ongoing education.



Worklife

2.9

Members of the governing body receive ongoing education to help them fulfill their individual roles and responsibilities and those of the governing body as a whole.

Guidelines

Ongoing education is provided to help members of the governing body to maintain or improve their skills and increase their understanding of the organization, its sector, and its governance practices. Education may take place as part of regular meetings, e.g., speakers or presentations from the organization's leaders; as part of an annual retreat, e.g., team building activities; or in separate educational sessions, e.g., conferences, courses, or certifications. Education may be targeted to individual members or to the governing body as a whole.

Education to increase members' knowledge about quality and patient safety in health care is of particular importance in assisting the governing body to fulfill its role. This could include how to interpret scorecards and identify risks to safety and quality, and national trends and best practices in quality improvement. Regular opportunities to hear directly from clients, and receiving reports from client advisory councils, assists the governing body to build a culture of client- and family-centred care within the organization. Refer to the Canadian Patient Safety Institute and Canadian Health Services Research Foundation's Effective Governance for Quality and Patient Safety Toolkit, or other resources found in the references.



Appropriateness

- 2.10 The governing body's membership policies and/or by-laws address term lengths and limits, attendance requirements, and compensation.



Appropriateness



- 2.11 The governing body's renewal cycle supports the addition of new members while maintaining a balance of experienced members to support the continuity of corporate memory and decision-making.

Guidelines

Where the organization's governing body is appointed by government, defining the membership renewal cycle may be the responsibility of government.

The governing body's renewal cycle is balanced between the need for new members and the need for members with corporate history and knowledge. Many governing bodies have established the position of past-chair to provide continuity.

Members' terms should expire in an orderly fashion. Monitoring the renewal cycle includes succession planning as members near the end of their term.

3.0 There is a defined and formal process for decision making.

- 3.1 The ethics framework and evidence-informed criteria are used by the governing body to guide decision making.

Guidelines

Decision making is guided by the values and principles of the governing body and the organization, as well as by lessons learned from past decisions. Decisions are values- and evidence-informed and consistent with the organization's mission and vision and aligned with a culture of client- and family-centred care.

Decision making can be aided by the use of checklists or criteria matrices that are aligned with the values and principles of the organization.

- 3.2 Areas where decision making is shared with government, funding authorities, and other health organizations are identified.



Appropriateness



Appropriateness

Guidelines

Areas of shared decision making are often specified in legislation or policy. Whatever the degree of the governing body's decision-making autonomy, its accountability is strengthened by identifying areas of shared decision making to reduce ambiguities that could detract from its ability to govern effectively.



Efficiency

- 3.3 The information required to support decision making is available and accessible to the governing body.

Guidelines

Strategic information to support decision making may include trends and changes in the environment; services offered by other organizations; service or program evaluation reports; research and best practice information; community health assessments; organizational performance measures and the impact of quality improvement initiatives; risk management reports; fiscal reports; utilization management reports; direction from government or other funding authorities; and feedback from clients, stakeholders, and the community.



Appropriateness



- 3.4 The governing body has processes in place to oversee the functions of audit and finance, quality and safety, and talent management.

Guidelines

Depending on the size and organization of the governing body, these functions may be overseen by the governing body itself as a committee of the whole, or by separate sub-committees. In instances where separate sub-committees are required, the governing body defines terms of reference and reporting requirements for each committee.

The processes used by the governing body or its sub-committees to monitor these functions may include defining the number of meetings where audit and finance, quality and safety, and talent management will be discussed and setting regular opportunities to connect with the organization's leaders to get updates on the organization's activities.



Efficiency



3.5

Required information and documentation is received in enough time to prepare for meetings and decision making.

Guidelines

The governing body sets clear expectations about the amount of time it requires to review information prior to meetings.



Efficiency

3.6

The governing body reviews the type of information it receives to assess its appropriateness in helping the governing body to carry out its role.

Guidelines

Information used by the governing body may include patient safety data, finance and audit reports, enterprise risk management assessments, reports from the organization's ombudsperson, and client and team satisfaction survey results.

DEVELOPING A CLEAR DIRECTION FOR THE ORGANIZATION

4.0 **The governing body works with the organization's leaders to develop the organization's mission statement.**



Appropriateness



4.1 The governing body works in collaboration with the organization's leaders to develop the organization's mission statement.

Guidelines

The mission statement, sometimes referred to as the statement of purpose, describes the organization's purpose and mandate, the populations it serves, and its scope of services.



Population
Focus

4.2 When developing or updating the mission statement, input is sought from team members and external stakeholders, including clients, families, and partners.

Guidelines

The process to seek input differs from organization to organization. Input is often sought and compiled by the CEO or other delegates and brought back to the governing body. In the case of public organizations, the process may include open consultation with the community.



Appropriateness

4.3 Government or the organization's shareholders are regularly consulted to confirm the appropriateness of the organization's mandate and core services and to develop a common understanding about performance expectations.

Guidelines

To maintain and improve a common understanding about performance expectations, the outcome of these consultations and discussions are often recorded in performance or accountability agreements between the organization and its funding authority.

The governing body defines what “regularly” means and adheres to that schedule.



Appropriateness

- 4.4 The organization's mission statement is regularly reviewed and revised as necessary to reflect changes in the environment, scope of services, or mandate.

Guidelines

It is not necessary to revise the mission statement on an annual basis. The governing body is aware of issues that may prompt a review and adjustment of the mission statement.



Appropriateness



5.0 The governing body defines and models the organizational values.

- 5.1 The governing body works with the organization's leaders to define or update the organization's values statement.

Guidelines

Defining organizational values helps establish parameters for behaviour and acceptable relationships with other organizations. Values may include duty, respect, confidentiality, integrity, honesty and ethical behaviour, equity and fairness, safety, treating people as the organization's greatest asset, and workplace health.

The governing body is responsible for defining and updating the organization's values statement; however, depending on the organization's model of governance, the organization's leaders support the process by seeking input from team members and providing advice to the governing body.



Population
Focus

5.2

The governing body collaborates with the organization's leaders to seek input from team members, clients, and families to define or update the organization's values statement.



Client-centred
Services



5.3

The governing body provides oversight of the organization's efforts to build meaningful partnerships with clients and families.

Guidelines

A growing body of evidence demonstrates that improving the client experience and developing meaningful partnerships with clients and families are linked to improved health outcomes. Governing bodies educate themselves on the principles of client- and family-centred care and demonstrate the organization's culture is focused on client- and family-centred care.



Client-centred
Services



5.4

The governing body monitors and evaluates the organization's initiatives to build and maintain a culture of client- and family-centred care.

Guidelines

There are a variety of ways that governing bodies can evaluate the client- and family-centred care initiatives, including reviewing client experience results, measuring the number of teams that have implemented the organization's client- and family-centred care philosophy and how they have done so, and monitoring the number of client and family advisors actively participating on advisory councils.



Appropriateness

- 5.5 The governing body has a formal process to understand, identify, declare, and resolve conflicts of interest.

Guidelines

A conflict of interest occurs when an individual has competing professional or personal interests that may make it difficult for them to fulfill their duties fairly. The governing body is aware of what constitutes a conflict of interest, the process for declaring conflicts of interest, and the steps that may be taken to resolve or mitigate the effects of the conflict of interest.



Appropriateness



- 6.0 **The governing body oversees a strategic planning process to develop the organization's vision and set the strategic plan, goals, and objectives.**

- 6.1 The governing body oversees the strategic planning process and provides guidance to the organization's leaders as they develop and update the organization's vision and strategic plan.

Guidelines

The process is used to identify the organization's long-term vision and strategy for achieving the vision. The frequency and formality of the strategic planning process may differ according to the size and type of organization. The governing body ensures that clients and families (through client and family advisory councils or other similar forums) and team members are partners in the process.

In some jurisdictions development of the organization's vision and strategic plan may be the responsibility of government.



Appropriateness



- 6.2 The governing body, in consultation with the organization's leaders, identifies timeframes and responsibility for achieving the strategic goals and objectives.

Guidelines

In some jurisdictions this process may be the responsibility of government.



Appropriateness



6.3

The governing body works with the organization's leaders to conduct an ongoing environmental scan to identify changes and new challenges, and ensures that the strategic plan, goals, and objectives are adjusted accordingly.

Guidelines

An environmental scan involves considering all factors that might affect the organization and its ability to achieve the goals and objectives.

One way to conduct an environmental scan is using the PEST analysis. The PEST analysis looks at:

- Political factors (government and policy changes)
- Economic factors (costs of goods and services)
- Social factors (population growth, population age, size of workforce)
- Technological factors (availability of technology, automation of processes)

All factors in PEST may affect an organization and the way it operates. For example, a projected increase in the number of seniors requiring care would be a social factor that affects an organization.

The governing body should review and understand the environmental scan and its potential impact on the organization.

Not every change in the environment requires changes to the organization's strategic plan, goals, and objectives. The governing body and organization's leaders set criteria to determine the conditions under which the plan should be changed, based on potential impact to the organization.

SUPPORTING THE ORGANIZATION TO ACHIEVE ITS MANDATE



Appropriateness



7.0 The governing body recruits, selects, supports, and evaluates the CEO and ensures an organizational talent management plan is in place.

7.1 The governing body oversees the recruitment and selection of the CEO.

Guidelines

The CEO may also be called the executive director, chief executive director, or administrator.

Where the CEO is appointed by an external body such as government or is specified in legislation, the governing body still plays a role in identifying potential candidates and in the screening, nomination, and selection process.



Efficiency

7.2 The governing body follows a policy on CEO compensation.



Worklife



7.3 The governing body develops and updates the position profile for the CEO.

Guidelines

The position profile describes the CEO's duties and responsibilities, as well as the division of responsibility between the CEO and the governing body. The governing body should seek input from the current or outgoing CEO to develop or update the position profile.



Worklife

7.4 In partnership with the CEO, the governing body sets performance objectives for the CEO and reviews them annually.

Guidelines

The performance objectives are tied to the organization's strategic goals and objectives, and quality and safety outcomes.



Worklife

7.5 The governing body supports and commits resources to the ongoing professional development of the CEO.

Guidelines

The governing body supports the CEO's professional development by making suggestions for professional development opportunities, e.g., executive coaching, and includes periodic 360 degree reviews as part of the CEO's performance evaluation.



Appropriateness



7.6 The governing body has a mechanism to receive updates or reports from the CEO.

Guidelines

Governing bodies may choose to have the CEO provide a written report, or present at the governing body's meetings.



Appropriateness

7.7 The governing body, with the input of the organization's leaders, evaluates the CEO's performance and achievements annually.

Guidelines

The process to complete a comprehensive evaluation of the CEO includes seeking input from the organization's leaders as well as from stakeholders or partners.

Where the CEO reports to government rather than to the governing body, the governing body works closely with government officials to conduct the CEO evaluation.



Efficiency

7.8

The governing body has a succession plan for the CEO.

Guidelines

Succession planning goes beyond planning to hire a new CEO: it is a talent management strategy intended to build internal talent. A sound succession plan demonstrates the organization's commitment to developing and supporting its team members to pursue opportunities for advancement, and can minimize the departure of a key person by having other internal people prepared to step into the role. While the organization may still look to external sources in their search for a CEO, considering internal talent has added benefits – primarily, the person's familiarity with the organization and its practices.

A succession plan includes:

- A list of the skills, knowledge, abilities, and competencies required for the position, now and in the future
- A process for assessing existing team members and identifying those with high-potential for development into the role of CEO
- A plan for developing and supporting team members to advance (e.g., formal leadership training, developmental assignments)
- Evaluating the results of development efforts through performance review and other human resources information

The governing body may have both an emergency succession plan and a longer-term succession plan. An emergency succession plan allows the governing body to appoint an interim CEO should an emergency arise (e.g., the current CEO is taken ill). The longer-term succession plan should look 3-5 years into the future in preparation for a planned exit by the current CEO.

The governing body and the CEO should engage in regular, formal discussions about succession planning for the CEO at least annually.



Worklife



7.9

The governing body oversees the development of the organization's talent management plan.

Guidelines

Talent management includes ensuring that the organization has adequate and appropriate human resources, including planning for future needs, and encompasses all team members.

Considering current needs includes assessing the current human resources and the skills available in the organization, and determining any gaps that could be filled through training, education, or hiring activities.

When looking to future needs, in addition to facilitating succession planning, there is a need to build leadership capacity and skills among current team members. Building leadership capacity throughout the organization contributes to a healthy work environment by empowering and engaging team members. Leadership development should be continuous and ongoing, fostering a coaching or learning culture.

Strategies for developing skills throughout the organization may include leadership workshops, coaching, mentoring, simulation activities, and leadership exchange programs. An important aspect of leadership is the development of skills such as motivational skills, interpersonal communication skills, conflict management, team management, and confidence building.

Information on fostering the development of leaders can be found in the resource document LEADS in a Caring Environment Leadership Capabilities Framework, specifically the “Lead Self” and “Engage Others” domains, which address how to build capabilities to effectively carry out leadership behaviours and processes.

8.0 The governing body oversees a process for granting and renewing privileges to health care providers.

8.1 A documented process is followed for granting privileges.



Appropriateness

Guidelines

The structure for granting privileges varies across jurisdictions, and may be carried out by a committee (e.g., a Medical Advisory Committee), an individual (e.g., Chief Medical Officer), or provincial or regional body.

Whatever structure is used, the process for granting privileges should take into account the demonstrated training and competence (credentials) of the individual provider, and should ensure that the privileges align with the mandate and scope of services offered by the organization and are supported by resources sufficient to provide safe care.

Privileges may be granted for a health care professional to practice in the organization generally, or may be specific to the service or procedure that the professional may provide, or the context in which they may provide services.



Appropriateness



8.2

A documented process is followed to review and evaluate the performance of health care professionals who have been granted privileges.

Guidelines

Performance review, also called performance enhancement or professional development, should be focused on setting and monitoring achievement of goals toward professional and skills development for each provider. The review can include measures of skills, performance, outcomes, and behaviours. Clear targets and expectations should be set for each professional, to ensure that they are aware of what is expected of them, and so that they can share their goals for professional development.



Appropriateness



8.3

A documented process is followed for reviewing and renewing privileges (including processes for addition of new privileges or alteration of privileges) on a regular basis.

Guidelines

The process outlines the situations under which providers may apply to add new clinical privileges, and under which the organization may cancel or restrict some or all of a provider's privileges to maintain alignment with the organization's service delivery and resource allocation plans.

Outcomes from performance reviews are used to inform the renewal of privileges, as appropriate.

Timeframes for renewal of privileges are set and are documented.



Appropriateness



8.4

There is a documented process to address any performance issues identified with health care professionals with privileges.

Guidelines

The process addresses restriction of privileges, suspension of privileges, removal of privileges, or cancellation of appointment.



Appropriateness



8.5

The governing body verifies that documented processes for appeals of decisions regarding privileges are followed.

9.0

The governing body has an effective system of financial planning and control which supports achievement of the strategic goals and objectives.



Efficiency



9.1

The governing body approves the organization's capital and operating budgets.

Guidelines

The governing body reviews the annual capital and operating budgets and the impact of these budgets on the organization's mandate, the strategic goals and objectives, and health outcomes.



Efficiency



9.2

The governing body ensures the integrity of the organization's financial statements, internal controls, and financial information systems.



Efficiency



9.3

The governing body reviews the organization's financial performance in the context of the strategic plan and key performance areas such as utilization, risk, and safety.

Guidelines

Reviewing the use of resources, i.e. utilization management, is an important part of a governing body's role in integrated quality management. As part of its review of financial performance, the governing body considers the way resources are used in the organization and seeks opportunities for efficiencies.



Efficiency



9.4

The governing body reviews and approves the organization's capital investments and major equipment purchases.

Guidelines

The governing body reviews and approves major purchases taking into consideration risk management for the organization and alignment with the organization's strategic plan.



Efficiency



9.5

The governing body oversees the organization's resource allocation decisions as part of its regular planning cycle.



Efficiency



9.6

When reviewing and approving resource allocation decisions, the governing body assesses the risks and benefits to the organization.

Guidelines

Risks may impact client or team safety, the organization's reputation, cash-flow and the organization's overall financial position, and compliance with legislation. In for-profit organizations, risks may also include potential market share and competition.

Some amount of risk is to be expected and is desirable. The governing body will determine, with the participation of the organization's leaders, the acceptable level of risk.



Efficiency



9.7

When approving resource allocation decisions, the governing body evaluates the impact of the decision on quality, safety and client experience.

Guidelines

Depending upon the organization's scope of services, resources may be distributed across populations, geographic regions served, and the continuum of service. Before approving budgets or making allocation decisions, the governing body assesses the costs and benefits of each decision and the impact on the ability to provide services according to the organization's mandate, while giving consideration to the impact on clients and families, ethics, values, social costs and benefits, value for money, and sustainability.



Efficiency

9.8

The governing body anticipates the organization's financial needs and potential risks, and develops contingency plans to address them.

Guidelines

Financial risks may include shifts or trends in funding, sudden increases in service needs, and insurance coverage. As part of its fiduciary responsibilities, the governing body may assess the organization's insurance needs and secure insurance as needed.

Contingency plans will vary depending on whether the organization is a publicly funded, private not-for-profit, or private for-profit organization. They may include exploring ways of sharing resources with other organizations, negotiating with the funding authority to obtain additional resources, identifying services that may be contracted or referred to other providers or organizations, approving plans to raise additional resources through fundraising or donors, or exploring the costs of its services and the impact of changing those costs to generate additional revenue.



Efficiency

9.9 The governing body addresses recommendations in financial reports and from the CEO and the organization's leaders.

10.0 The governing body fosters and supports a culture of patient safety throughout the organization.



Safety



10.1 The governing body adopts patient safety as a written strategic priority for the organization.

Guidelines

Ensuring safety in the provision and delivery of services is among a governing body's primary responsibilities to clients and team members.



Safety



10.2 The governing body monitors organization-level measures of patient safety.

Guidelines

The governing body receives regular reports and updates on measures related to patient safety, such as organization-wide infection rates, or data on client falls or medication reconciliation. The data are compiled at the organization level rather than at the program or team level, presenting a global picture of patient safety in the organization, and play an integral part in the governing body's strategic planning process.



Safety

10.3

The governing body addresses recommendations made in the organization's quarterly patient safety reports.

Guidelines

The governing body is ultimately accountable for the quality and safety of the organization's services. It plays an important role in promoting an organizational culture that enhances patient safety.

Organizations are more likely to make safety and quality improvement a central feature if the governing body is aware of patient safety issues and leads the quality improvement efforts. Organizations with active governing body engagement in patient safety are able to achieve improved outcomes and processes of care.



Safety



10.4

The governing body regularly reviews the frequency and severity of safety incidents and uses this information to understand trends, client and team safety issues in the organization, and opportunities for improvement.

Guidelines

Information about safety incidents is provided to the governing body in aggregate reports.

The governing body defines what “regularly” means and adheres to that schedule.



Safety



10.5

The governing body regularly hears about quality and safety incidents from the clients and families that experience them.

Guidelines

Hearing about a safety incident provides additional context that cannot be gleaned from hearing about numbers or frequency of incidents. This context provides valuable information on next steps for improvement and incident prevention.

The information can be shared directly (face-to-face), in writing, through a representative group, or in other ways that best meet the organization's, governing body's, and community's needs.

BEING ACCOUNTABLE AND ACHIEVING SUSTAINABLE RESULTS



Population
Focus

11.0 **The governing body strengthens relationships with stakeholders and the community.**

11.1 The governing body works with the CEO to identify stakeholders and learn about their characteristics, priorities, interests, activities, and potential to influence the organization.

Guidelines

This is a collaborative process between the governing body and the CEO. The CEO plays an important role in advising the governing body about stakeholders and their interests.

Stakeholders include governments or other funding authorities, foundations, unions, clients and families, shareholders, partner or similar organizations, interest or volunteer groups, professional bodies and associations, contractors or contracting agencies, referral organizations, and the community as a whole. The governing body's network of stakeholders will vary depending on the organization's model of governance, the type of organization, whether the organization is private or public, and the organization's role in the social and political environment.



Population
Focus

11.2 In consultation with the CEO, the governing body anticipates, assesses, and responds to stakeholders' interests and needs.

Guidelines

The governing body has a mechanism to balance competing interests and priorities. It looks for ways to increase collaboration with stakeholders who share common objectives or who provide services to the same populations or client groups.

The governing body puts priority on accountability relationships, e.g., relationships with government.



Population
Focus

- 11.3 The governing body works with the CEO to establish, implement, and evaluate a communication plan for the organization.

Guidelines

The communication plan should address both internal and external communication (it may be two separate plans). Included in the plan(s) are: what information is shared, how and with whom, and the goals and objectives of sharing information with clients and families, team members, stakeholders, and the community.



Appropriateness

- 11.4 The communication plan includes strategies to communicate key messages to clients and families, team members, stakeholders, and the community.

Guidelines

With the CEO, the governing body communicates with team members, stakeholders, and the community about key areas, including the strategic plan, goals, and objectives; decisions that affect the day-to-day operations of the organization or how services are delivered; changes in the external environment that impact the organization's services or create risks or opportunities; and changes in its own membership, structure, or operations.

Although different communication strategies may be used to target different groups, messages are clear and consistent, and communication among the organization, its stakeholders, and the community is open and two-way.



Appropriateness

- 11.5 The governing body promotes the organization and demonstrates the value of its services to stakeholders and the community.

Guidelines

Advocacy is a shared responsibility among the governing body, the organization's leaders, and team members.

The governing body plays an important role in ensuring that the community and government are aware of the services delivered by the organization and the organization's role in the community. By advocating or encouraging support for the organization, the members of the governing body can increase the profile of and bring recognition to the organization.

In consultation with the CEO and the organization's leaders, the governing body determines its level of involvement and the scope of its advocacy activities. Activities may include participating in community events, e.g., fundraisers, campaigns; supporting healthy public policy to address the determinants of health, e.g., smoking bans in public places, environmental health legislation; communicating the results of quality improvement initiatives; demonstrating performance in key areas; and raising community awareness about issues.



Population
Focus

- 11.6 The governing body regularly consults with and encourages feedback from stakeholders and the community about the organization and its services.

Guidelines

The governing body defines what “regularly” means and adheres to that schedule.

The governing body may seek input from stakeholders and the community through public forums, consultation on new or changing services, or an annual general meeting.



Population
Focus

- 11.7 The governing body, in collaboration with the organization's leaders, share reports about the organization's performance and quality of services with teams, clients, families, the community served, and other stakeholders.

Guidelines

The frequency of performance reporting is established by the governing body and the organization's leaders. The reports include information about current performance, including opportunities for improvement, as well as plans or initiatives to improve performance.

12.0 The governing body works with the CEO to reduce risks to the organization and promote ongoing quality improvement.

12.1 REQUIRED ORGANIZATIONAL PRACTICE: The governing body demonstrates accountability for the quality of care provided by the organization.



Appropriateness



Guidelines

Governing bodies are accountable for the quality of care provided by their organizations. When governing bodies are engaged in overseeing quality, their organizations have better quality performance (better care, better client outcomes, better worklife, and reduced costs).

The members of the governing body need to be aware of key quality and safety principles if they are to effectively understand, monitor, and oversee the quality performance of the organization. Knowledge gaps among the membership can be addressed through targeted recruitment for specific competencies (e.g., quality assurance, risk management, quality improvement, and safety) from health care or other sectors (e.g., education or industry) or by providing education through workshops, modules, retreats, virtual networks, or conferences.

The governing body can demonstrate a clear commitment to quality when it is a standing agenda item at each meeting. Often the governing body overestimates the quality performance of an organization, so discussions need to be supported with indicator data and feedback from clients and families. A small number of easily understood performance indicators that measure quality at the system level (i.e., 'big-dot' indicators) such as number of clients who died or were harmed by patient safety incidents, quality of worklife, number of complaints, and client experience results will help answer the question "are the services we provide getting better?"

Quality performance indicators need to be directly linked to strategic goals and objectives and balanced across a number of priority areas. Knowledge gained from the review of quality performance indicators can be used to set the agenda, inform strategic planning, and develop an integrated quality improvement plan. It can also be used to set quality performance objectives for senior leadership and to determine whether they have met their quality performance objectives.

Test(s) for Compliance

Minor	12.1.1	The governing body is knowledgeable about quality and safety principles, by recruiting members with this knowledge or providing access to education.
--------------	--------	--

Major	12.1.2	Quality is a standing agenda item at all regular meetings of the governing body.
Major	12.1.3	The key system-level indicators that will be used to monitor the quality performance of the organization are identified.
Major	12.1.4	At least quarterly, the quality performance of the organization is monitored and evaluated against agreed-upon goals and objectives.
Minor	12.1.5	Information about the quality performance of the organization is used to make resource allocation decisions and set priorities and expectations.
Major	12.1.6	As part of their performance evaluation, senior leaders who report to the governing body (e.g., the CEO, Executive Director, Chief of Staff) are held accountable for the quality performance of the organization.
!	12.2	The governing body works with the CEO and the organization's leaders to develop an integrated quality improvement plan.



Appropriateness

Guidelines

An integrated quality improvement plan incorporates risk and utilization management; performance measurement, including monitoring of strategic goals and objectives; client- and family-centred care, patient safety; and quality improvement. It recognizes that these activities are interrelated and therefore need to be coordinated.

As part of the integrated quality improvement plan, organizations may use a balanced scorecard, which allows alignment of performance measurement and quality improvement with strategic goals and objectives. Involving relevant departments and leaders at all levels in achieving the strategic goals and objectives is important. The scorecard is adaptable to the organization's goals and objectives. It may address financial issues; client and team experience; and internal systems or process performance information.

Organizations can share performance information with the governing body, where appropriate; generate dashboards or scorecards for specific programs, units or teams; generate client or team experience reports; and generate information related to other system-wide indicators.

Lean is a methodology for analysis and improvement of processes and overall quality in an organization. Lean focuses on increasing efficiency, minimizing waste, and increasing quality. There are many resources for applying Lean in health care quality improvement (e.g., the Institute for Healthcare Improvement, the Lean Enterprise Institute).

Another approach for improving quality and minimizing variability is Six Sigma, which uses data and statistical analysis to identify where errors are occurring and make improvements.

Both the British Columbia Patient Safety and Quality Council and Health Quality Ontario offer quality improvement and patient safety educational programs and tools online.



Appropriateness



12.3

The governing body ensures that an integrated risk management approach and contingency plans are in place.

Guidelines

The organization's leaders inform the governing body about real or potential risks facing the organization and work with it to incorporate risk management approaches into the strategic plan.



Client-centred
Services

12.4

The governing body receives summary reports of client and family complaints received by the organization.



Continuity

12.5

The governing body monitors and provides input into the organization's strategies to address client flow and variations in service demands.

Guidelines

Strategies to address client flow may be across a health region, a network of health care institutions, or within an individual health care organization. Once barriers to client flow and their causes are identified, improving client flow may include addressing inefficient or ineffective activities or processes that contribute to the inefficient flow of clients through the organization.



Appropriateness

12.6

The governing body promotes learning from results, making decisions that are informed by research and evidence, and ongoing quality improvement for the organization and the governing body.

Guidelines

Learning from results includes learning from positive as well as negative or surprising results. This process may include ensuring support and teaching skills needed to learn from results, providing mechanisms for collective feedback and reflection such as briefings, and balancing between learning from results and focusing on end results.



Worklife

- 12.7 The governing body demonstrates a commitment to recognizing team members for their quality improvement work.

Guidelines

Recognition may be formal, e.g., annual service awards, or informal. Even brief, informal recognition can have a significant impact.



Appropriateness



- 13.0 The governing body regularly evaluates the performance of individual board members and its performance as a whole.**

- 13.1 The governing body publicly discloses information about its governance processes, decision-making, and performance.

Guidelines

Expectations for public disclosure apply particularly to public sector organizations.

While these expectations continue to evolve, most governing bodies are expected to disclose information about membership and processes for identifying new members; scope of authority and roles and responsibilities; any sub-committees, including terms of reference and membership; the roles and responsibilities of the chair; the roles and responsibilities of individual members and the process to assess their performance, their attendance, and remuneration if applicable; the position profile of the CEO and process for evaluating the CEO's performance; the ethics framework and the process to disclose conflicts of interest; the approach to the orientation and education of its members; and the communication plan and practices of public disclosure.



Appropriateness



- 13.2 The governing body's activities and decisions are recorded and archived.

Guidelines

Keeping records of activities and decisions maintains continuity and builds corporate memory.

The records include a summary of discussions, rulings by the chair, motions, minutes, results of votes, and lists of documents referenced during meetings.



Appropriateness



13.3

The governing body shares the records of its activities and decisions with the organization.

Guidelines

The governing body may share the records with the organization via the CEO, who will communicate them with others in the organization as applicable.



Appropriateness



13.4

The governing body follows a process to regularly evaluate its performance and effectiveness.

Guidelines

The process to evaluate performance may include using defined standards for evaluation; seeking feedback from its members or the CEO; evaluating processes to make sure they make the best use of members' time and skills; and reviewing achievements and results relative to the strategic plan, goals, and objectives.

An assessment of the governing body's effectiveness includes whether the governing body has fulfilled its responsibilities relative to key functions such as strategic planning; budgeting; CEO evaluation; risk management; the adequacy of governing body operations and decision-making processes; monitoring the governing body's culture; and the effectiveness of the governing body's communications with the organization.

The process may also include mechanisms to review research and leading practices in governance and to compare itself with the governing bodies of other similar organizations, i.e., benchmarking.

The governing body defines what “regularly” means and adheres to that schedule.



Appropriateness



13.5

The governing body conducts or participates in an assessment of its structure, including size and committee structure.

Guidelines

The governing body's structure should suit its roles and responsibilities, areas of decision making, and the organization's strategic plan, goals, and objectives.

Where the organization's governing body is appointed by government, assessing the governing body's structure may be the responsibility of government. The governing body participates in this process and provides input on the assessment of the structure and how the structure contributes to the governing body's overall effectiveness.



Appropriateness



13.6

The governing body regularly evaluates the performance of the board chair based on established criteria.

Guidelines

The governing body defines what “regularly” means and adheres to that schedule.

The performance of the board chair can be evaluated in part against his or her achievement of roles and responsibilities, adherence to the values and ethics framework of the organization and governing body, and contribution to meetings.



Worklife



13.7

The governing body regularly reviews the contribution of individual members and provides feedback to them.

Guidelines

The governing body defines what “regularly” means and adheres to that schedule.

The review includes whether the member attends, is prepared for, and actively participates in meetings; the member's knowledge about the organization, its strategic direction, and its operational environment; adherence to the values and ethics framework of the organization and governing body; and whether the member follows through on obligations between meetings, e.g. participation in committee work.



Appropriateness



13.8

ACCREDITATION CANADA REQUIRED INSTRUMENT: The governing body regularly assesses its own functioning using the Governance Functioning Tool.

Guidelines

The governing body is responsible for assessing its own functioning as part of the overall evaluation of its performance. The Governance Functioning Tool addresses the governing body's structure, membership, roles and responsibilities, meetings and decision-making processes, and process of evaluation.

Instrument Information

- 13.8.1 The governing body monitors its team functioning by administering the Governance Functioning Tool at least once every accreditation cycle.
- 13.8.2 The governing body has taken action based on its most recent Governance Functioning Tool results.



Appropriateness

- 13.9 The governing body prepares an annual report of its achievements.

Guidelines

The statement of the governing body's achievements can be included within the organization's annual report or as a separate report from the governing body.

The governing body shares its statement of achievements at minimum with the organization's leaders, and may also choose to share it with team members, government, and the community.



Appropriateness



- 13.10 The governing body identifies and addresses opportunities for improvement in how it functions.

Guidelines

Opportunities for improvement include developing procedures to ensure smooth functioning such as monitoring the length of meetings, managing agendas to reduce time on reporting items, and improving the way the governing body operates as a team.

Resources

- Bader, Barry S [2008]. "Distinguishing Governance from Management." *Great Boards*, VIII(3).
<http://www.greatboards.org/newsletter/reprints/Great-Boards-fall-2008-reprint-distinguishing-governance-and-management.pdf>
- Bader, Barry S [2006]. "Quality and Patient Safety: Engaging Your Board to Take the Lead." *Healthcare Executive* Mar/Apr 2006: 64-67.
- Baker et al [2010]. *Effective Governance for Quality and Patient Safety in Canadian Healthcare Organizations*.
<http://www.patientsafetyinstitute.ca/en/toolsResources/GovernancePatientSafety/Pages/default.aspx>
- Barclay, Kevin [2010]. "Effective Governance: Helping Boards Acquire, Adapt and Apply Evidence to Improve Quality and Patient Safety." *Healthcare Quarterly*, 13(4) 2010: 14-15.
- BC Patient Safety and Quality Council. <http://www.bcpsqc.ca>
- Board Resourcing and Development, Province of British Columbia [2005]. *Governance and Disclosure Guidelines for Governing Boards of British Columbia Public Sector Organizations*.
- Canadian Coalition for Good Governance [2010]. *Building High Performance Boards*.
http://www.ccg.ca/site/ccgg/assets/pdf/CCGG_Building_High_Performance_Boards_Final_March_2010.pdf
- Conway, James [2008]. "Getting boards on board: Engaging governing boards in quality and safety." *The Joint Commission Journal on Quality and Patient Safety*, 34(4): 214-220.
- Davey, Tracey L. [2010]. "The strategic importance of relationships and tools for decision making." *Healthcare Management Forum* 23: 135-137.
- Denis J., Champagne, F., Pomey, M., Prével J., & Tré, G. (2005). Towards a framework for the analysis of governance in healthcare organizations [Preliminary report presented to the Canadian Council on Health Services Accreditation]. Université de Montréal.
- Governance for Quality and Patient Safety Steering Committee [2010]. *Effective Governance for Quality and Patient Safety: A Toolkit for Healthcare Board Members and Senior Leaders*.
- Health Quality Ontario. <http://www.ohqc.ca>

Institute for Healthcare Improvement. "Get Boards on Board."
<http://www.ihl.org/IHI/Programs/Campaign/BoardsonBoard.htm>

Institute of Medicine [2001]. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC. http://www.nap.edu/openbook.php?record_id=10027&page=1

Jiang, H. Joanna [2008]. "Board engagement in quality: Findings of a survey of hospital and system leaders." *Journal of Healthcare Management*, 53(2): 121-134.

Jiang et al. "Board oversight of quality: Any differences in process of care and mortality?" *Journal of Healthcare Management*. 54(1): 15-29.

LEADS in a Caring Environment Framework. <http://www.leadersforlife.ca/site/framework?nav=02>

Ontario Hospital Association [2009]. *Health Care Governance in Volatile Economic Times: Don't Waste a Crisis*.

National Centre for First Nations Governance. <http://fngovernance.org/about>

Reinertsen, J et al. [2005]. "Seven Leadership Leverage Points for Organization-Level Improvement in Health Care." IHI Innovation Series.
http://www.improvingchroniccare.org/downloads/1.1_seven_leadership_leverage_points.pdf

Six Sigma Qualtec. <http://www.ssqi.com>

Vaughn T et al. [2006]. "Engagement of Leadership in Quality Improvement Initiatives: Executive Quality Improvement Survey Results." *Journal of Patient Safety* 2(1): 2-9.

Accreditation Canada would appreciate your feedback on these standards

Your Name: _____

Organization Name: _____

Email address or telephone number: _____

(A Product Development Specialist may contact you about your feedback.)

Feedback: Please indicate the name of the standard, as well as the criterion number in your comments. Please be as specific as possible in your comments.

For example: I would like to provide comments on the Long-Term Care Services standards, criterion 3.12. Clients should be included in this process. I suggest you change the wording to "The team engages staff, service providers, and clients in the process to plan services."

You may also submit your feedback online [HERE](#)

[YOUR COMMENTS HERE]

Thank you for your input! Please send this page to:

Program Development, Accreditation Canada, 1150 Cyrville Road, Ottawa, ON K1J 7S9

Fax: 1-800-811-7088, Email: ProgramDevelopment@accreditation.ca