



northern health
the northern way of caring

Quality Framework

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Introduction to the Northern Health Quality Framework

This document provides a hands-on guide to quality and quality improvement for staff, physicians and management at Northern Health.

It is meant to be an introduction to the concept of quality, how quality improvement processes support Northern Health's strategic priorities, and how anyone can participate in quality improvement in their daily work lives.

The Quality Framework is organized into four sections. Each is meant to stand alone as an introduction to a specific aspect of the quality improvement

journey. Or all four sections can be read together to provide an overall understanding of quality at Northern Health.

In this document, the term “patient” is used to represent the people that we provide health services to in Northern Health. Other terms that you may use include “clients” and “residents”.

For more information on Quality Improvement at Northern Health, contact the Quality Support Team at: PQIMteam@northernhealth.ca



Section 1: What is Quality?

Quality is a concept that is both simple and complex: simple in its most basic definition; complex in its implementation.

So let's start with the simple part:

What is quality, specifically in a health care environment?

"Quality health care is about delivering the best possible care and achieving the best possible outcomes for all people every time." ~ Health Canada

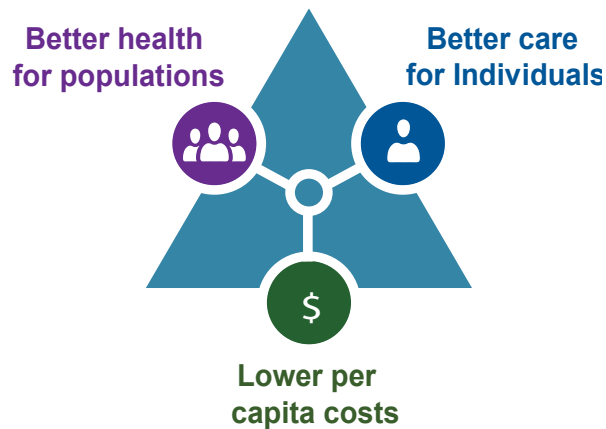
Quality health care is also about delivering culturally safe care by culturally competent care providers. Cultural safety is felt or experienced by a person when health care providers communicate and act in respectful, inclusive ways. Quality health care is also supported by

considering the broader determinants of health like education, income, housing and community belonging in which patients, families and communities experience their health care journey.

Let's take it a step further, and ask:
What is quality improvement?

"Quality improvement is the use of a structured process that seeks to meet clients' needs and exceed their expectations by selectively identifying and improving all aspects of service."

~ Accreditation Canada



The Triple Aim

Quality in health care builds on a foundation described by the Institute for Healthcare Improvement (IHI) in its Triple Aim.

The Triple Aim represents an approach to improving the quality of health system performance across three dimensions:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

It's within this context that quality improvement is designed and implemented in British Columbia.



Person and Family Centred Care

Person and Family Centred care is at the heart of quality care. It is a partnership between the person we serve in the health care system, their family, and their care providers. The widely accepted principles of person and family centred care are:

- **Dignity and Respect:** Person and family knowledge, values, beliefs and cultural backgrounds are respected and incorporated into the planning and delivery of care.
- **Information Sharing:** Health care practitioners communicate and share

complete and unbiased information with people and their families in ways that are affirming and useful. Information is timely, complete and accurate for effective participation in care and decision-making.

- **Participation:** People are encouraged and supported in participating in care and decision-making at the level they choose.
- **Collaboration:** Patients, families, health care practitioners, and health care leaders collaborate in policy and program development, implementation and evaluation; in facility design; and in professional education, as well as in the delivery of care.

Model for Health Care Quality

In British Columbia, quality is framed within seven dimensions that wrap around the patient and family. **Five dimensions of quality focus on the patient experience** in the delivery of health services.

Effective

Care that is known to achieve intended outcomes.

Appropriate

Care provided is evidence-based and specific to individual clinical needs.

Accessible

Ease with which health services are reached.

Safe

Avoiding harm resulting from care, including physical, mental, emotional, spiritual and cultural harms.

Acceptable

Care that is respectful to patient and family needs, preferences and values. The remaining **two dimensions of quality measure the performance of the system** in which health services are delivered:

Efficiency

Optimal use of resources to yield maximum benefits and results.

Equity

Distribution of health care and its benefits fairly according to population need.

Within the context of the seven dimensions of quality, wrapped around the patient and family, teams across Northern Health are encouraged to think about what patient and family centred care might mean in their day-to-day activities.

Continuum of Care

The BC Health Quality Matrix can be used to identify, develop and measure quality improvement efforts across four primary areas of care. Each area of care represents a different point on a person's health care journey:

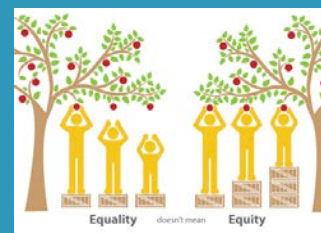


The Dimensions of Quality across the Continuum of Care is adapted from the BC Health Quality Matrix. The Matrix can be used at any level of the health care system: at the individual patient or staff level, from a population health perspective, or from a system-wide perspective. The Matrix provides the foundation for a common language, understanding and approach to health care quality among the province's health care organizations and individual health care providers.

For further information on the BC Health Quality Matrix: <http://bcpsqc.ca/blog/knowledge/bc-health-quality-matrix/>

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PQIMteam@northernhealth.ca



Equity means that “all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance.” (NCCDH, *Let's Talk Equity*, 2013). Health equity also means that we must pay attention to the context of people's lives and how that context can impact – positively or negatively – their capacity to achieve optimum health.



Section 2: Quality at Northern Health

In the words of Cathy Ulrich: “Quality happens where you, our staff and physicians, work everyday, on a moment-by-moment basis. It’s about how you think about, how you design, and how you deliver the services you provide every day.”

Northern Health takes a strategic yet practical approach to quality. It starts with the organization’s mission statement:

“Through the efforts of dedicated staff and physicians, in partnership with communities and organizations, we provide exceptional health services for the people in Northern BC.”

To remain exceptional through systems change, we need to continuously improve.

At Northern Health, quality must always be seen from the perspective of the people we serve.

- In the foreground must be an excellent patient experience: accessible, friendly, culturally safe, empathetic interactions with every patient every time.
- In the background must be excellent health service: safe, coordinated, respectful, effective service every time.

The Process of Continuous Quality Improvement

Quality improvement takes place at any level of the organization and is led by anyone with an idea and the will to put in place quality improvements. It can be a system-wide approach directed by regional leadership, or it can be a program of quality improvement within a single department.

Regardless of the size or scope of the change envisioned, there is a fairly standard process to follow to ensure it meets the goals and objectives of the specific initiative and of the organization. The process is iterative; in other words, at each stage of the improvement process, new things can be learned, which then inform planning going forward.

Prioritize

Improvements happen when there is focus. Therefore, the first step in developing a quality improvement process is to ask yourself:

1. Will the initiative support Northern Health's strategic goals and objectives?
2. Will our stakeholders have a real personal connection with the improvement? (For example, can they see how the changes impact patients, their families, themselves, etc.?)
3. Is there compelling evidence that the improvement will be achievable and sustainable?

Plan

In order to have the greatest chance of success, initiatives are informed with the best available evidence and based on sound planning.

1. While remaining flexible, implementation is facilitated when people understand the steps and actions required.
2. Consider and plan for all aspects that can support an improvement effort: people, process, information flow/ information technology, equipment/ capital and structure.
3. Ensure clear communication throughout the process: people need to understand why improvement is necessary, how we plan to improve, and who needs to do what.

Lead

The most important factors in the success of any improvement initiative are the perceived quality of the evidence behind the change initiative and the leadership of the process.

1. Those people involved in the process must believe in the benefits that will result from the initiative.
2. The organization must ensure adequate resources are dedicated to the initiative, that there is clear operational support, and that the initiative has champions from within regional, medical, clinical and support staff.

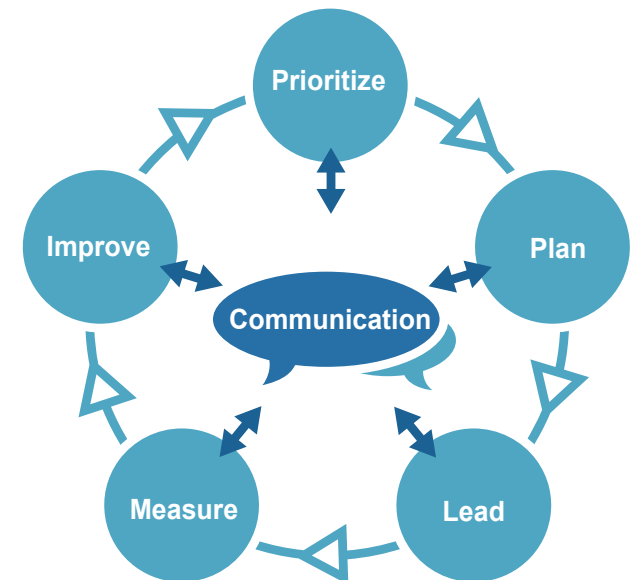
3. People in all positions must be encouraged and empowered to act.

Measure

Process measures let us know whether we are making the changes proposed. Outcome measures are established to let us know whether our change efforts are having the desired impact.

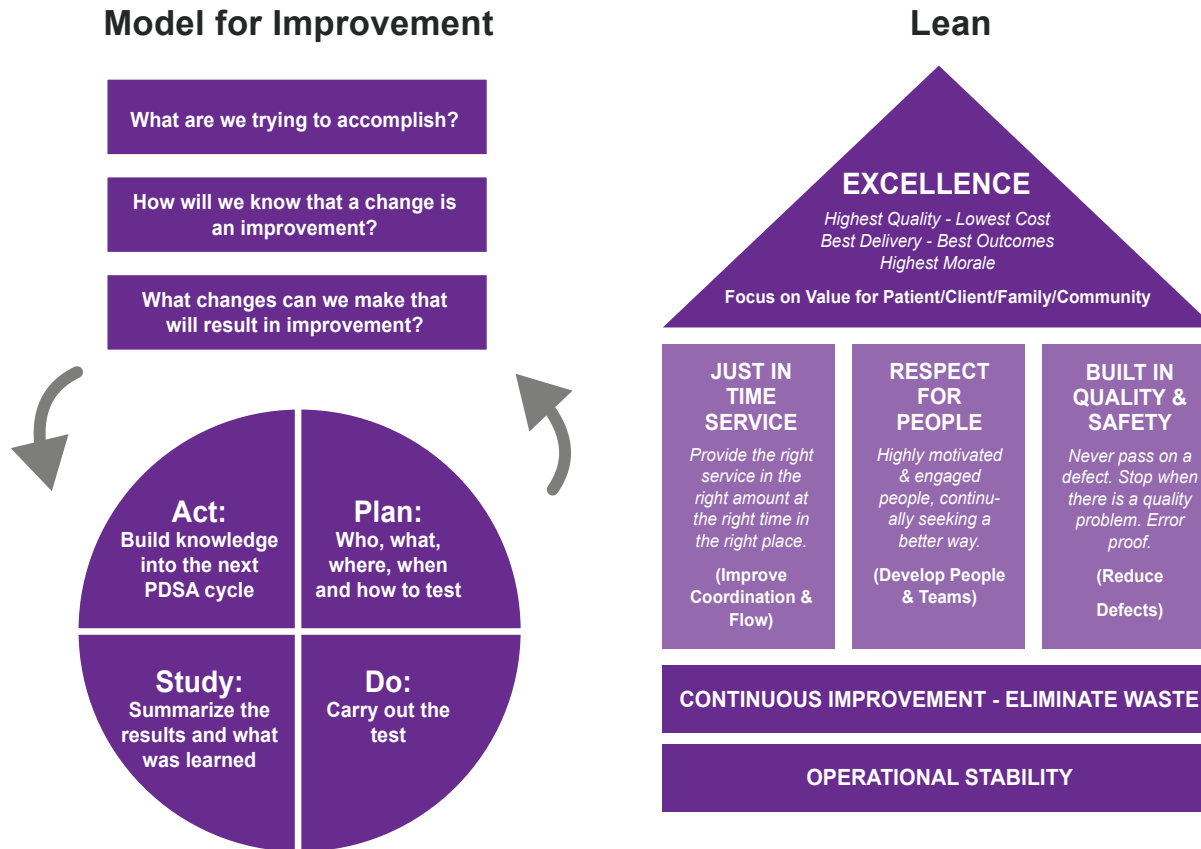
Improve

Teams come together to iteratively test and improve changes. They reflect on practice, examine recent evidence, review progress, evaluate and plan any required changes.



Quality Improvement Methods

These are methods that Northern Health staff are formally learning and applying to make improvements.



The Model for Improvement is a framework for improvement activity. We answer three questions and then use Plan-Do-Study-Act cycles to test small changes for learning and improvement.

Developers of the Model for Improvement: Langley G.L., Nolan K.M., Nolan T.W., Norman C.L., & Provost L.P. (2009). *The Improvement Guide: A practical approach to enhancing organizational performance* (2nd ed). San Francisco: Jossey Bass.

Lean is a mindset of continuous improvement. It is a system that empowers people at all levels to remove waste and maximize what is of value to the people we serve.

Quality Principles

In Northern Health, we always look at quality through our rural context, with our strengths of community and partnership. The BC Health Quality Matrix looks at quality across seven dimensions:

- Acceptability
- Appropriateness
- Accessibility
- Safety
- Effectiveness
- Equity
- Efficiency

At Northern Health, we believe there are some additional guiding principles to all of the work we do to improve quality:

- **Know whom we serve:** quality improvement is customer-focused.
- **What we do impacts others:** ensure all parts of the system work together in a coordinated way to reach the goal of the whole system
- **Improvement requires teamwork:** quality improvement is about empowering individuals who “do the work to improve the work” in collaboration with others in well-designed systems.
- **Improvement involves measurement:** the purpose of measurement is for learning, not judgement.
- **Celebrate and share our work:** when we achieve quality improvement goals, we share, facilitate and sustain the improvements.

NH Structures to Support Quality Improvement

The quality improvement process at Northern Health is managed within a structure that allows for participation from the Northern Health board, physicians, and staff at all levels of the organization. It can be drawn as a series of circles surrounding the patient and family.

At The Core

At the core are the people we serve – our patients and families. They are surrounded by NH staff on the **Care Team** who provide direct clinical care to patients and **Support Teams** who interact with our patients and families everyday (e.g., food services, lab, unit clerks).

- **The Patient Care Quality Office (PCQO)** is a service for patients who have a suggestion for improvement or a concern about the quality of care that they received.

Middle Ring

Our teams are supported to provide safe, culturally competent and effective care by management teams and medical staff leadership including Medical Advisory Committees (MACs). Staff are also members of development and implementation teams that design and implement our evidence-informed practice changes.

- **Management Teams:** Quality is part of good day-to-day management of our services, so our management teams are integral to quality improvement.
- **Medical Staff Leadership and Medical Advisory Committees (MAC):** Northern Health has the benefit of a medical quality office and a comprehensive medical administrative and advisory team that has set quality improvement as a priority.
- **Development Teams** do research on leading practices, consider how to apply the leading practice in our organization and develop tools for local **Implementation Teams** to use in implementing the evidence-informed practice change. Implementation Teams are multidisciplinary care teams that come together specifically to plan and implement a desired change in practice to improve quality.

Outer Ring

The outer ring includes supports throughout the organization for staff, management teams and medical leadership to identify, plan, implement and evaluate quality improvements.

- **Quality Programs**
Northern Health has established a variety of programs to focus on quality in specific clinical and support areas or for specific populations. These programs include Child &

Youth, Chronic Disease, Critical Care, Diagnostics, Elder Services, Emergency/Trauma, Infection Prevention & Control, Mental Health & Addictions, Perinatal, Pharmacy, Primary Care, and Surgical Services.

- **Planning, Quality & Information Management (PQIM) Team** is available to help you find the support you need for quality improvement. This includes assistance in identifying opportunities for improvement, planning improvements, learning about and applying quality improvement methods in your workplace, considering ethics in your quality improvement, and measurement and evaluation.
- **The Risk Management Office** provides consultation and support on how to prevent quality issues and how to manage situations when quality concerns arise.
- **Indigenous Health** works to support the integration of Indigenous perspectives into all aspects of the organization. All Indigenous Health programs and services are designed to support cultural competence. Indigenous Health team members are available to Northern Health leaders and staff as resources to: facilitate relationships with Indigenous communities and organization, identify and develop resources and tools, and provide training and mentoring.

- **Population Health** works to support people across northern BC to stay as healthy as possible by promoting healthy living, healthy communities, healthy schools, and healthy behaviours. Population Health programs and services support internal and external partners to engage in quality improvement efforts via clinical guidance, policy and resource development, and educational offerings.
- **Internal Audit**
- **Professional Practice**
- **Education**

What's my role?

At Northern Health, quality is everyone's responsibility.

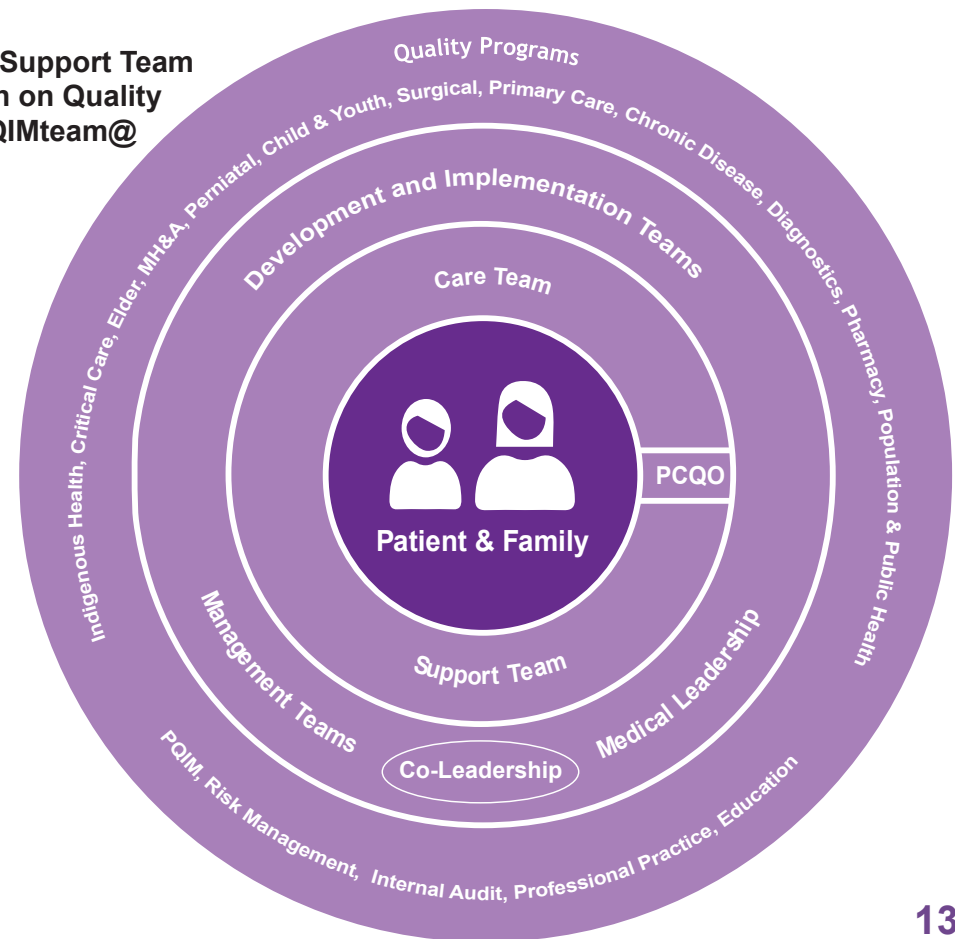
Staff and physicians should be encouraged to identify opportunities for quality improvements and should feel comfortable identifying and addressing quality issues when they arise.

It is management's responsibility to make sure everyone knows how to bring a quality improvement opportunity or issue forward and that people have the time and support they need to reflect, assess quality, and improve. It's not always easy to do this, but experience has shown that a focus on quality actually makes things better for everyone.

Staff and physicians continually assess the level of skills and training required to meet the demands of their roles, and take steps to meet those requirements.

If you have an idea for improvement or a quality concern, you can:

- **Connect with your supervisor/manager;**
- **Discuss with your local chief of staff, medical director or department head;**
- **Raise it at your team huddle or department quality board**
- **Raise it with your related program lead; and/or**
- **Contact the Quality Support Team for more information on Quality Improvements at PQIMteam@northernhealth.ca**





Section 3: Measurement

Improvement involves measurement with the focus on learning.

Measurement actually begins at the start of the quality improvement process. It is critical to identifying quality improvement opportunities.

Developing measurement objectives at the start of the process provides a benchmark against which you can determine if an initiative is working during the process, whether it was successful at its conclusion, and what might be done to adjust the process in its next iteration.

The Process Behaviour Method of Measurement

Northern Health uses process behaviour charts to measure its quality improvement initiatives.

This form of measurement allows us to look at a process as a whole over time (rather than, for example, comparing individual data at moments in time or averages of data over time).

As you can see from the sample chart, a process behaviour chart allows us to identify variations in processes over time. It provides a visual representation of the variations in a process. It allows us to see if the variation has a special or common cause (see below). And it can be used to monitor the quality of a process or procedure. Ideally, our goal is to reduce variations. The result is higher quality.

Variation in Process

There will always be some variation in any process. The questions we need to ask are: is the variation normal, or abnormal? And if it is abnormal, is there a special cause, or a common cause?

A **common cause** is a natural variation in the process. For example, the amount of time it takes you to drive to work is influenced by factors such as the route you take, the volume of traffic and traffic lights. There will be variations in your commute

time from day to day, depending on these factors. These are called common causes. A **special cause** is an unnatural or atypical variation, and needs to be investigated to determine the reason it occurred. For example, a construction delay, traffic accident or vehicle breakdown is a special cause that would cause a variation in your commute.

The quality improvement response to variations as a result of common cause and special cause is different:

- **Common cause requires a systemic change.** For example, to improve your commute time, you will need to change something such as your route, the time you leave, your mode of transportation, or even the location of where you live.
- **Special cause may only require short-term action on one aspect of the process.** For example, if your car breaks down, you need to get it fixed. You can also be proactive in addressing special causes. For example, ensure you maintain your vehicle regularly to prevent future breakdowns.

Process and Outcome Measures

Measures tell us if the changes we are making actually lead to concrete improvements, and provide us with evidence to support our case for change. Best practice is to use three types of measures for quality initiatives.

Outcome measures

These measures are the “voice of the patient” and aspirations of the community, and capture system performance. In other words, what are the results? Examples include pressure ulcer rates, falls rates, or chronic disease rates. Outcome measures are also known as lag measures – they can take longer, even decades, to show a change in outcomes.

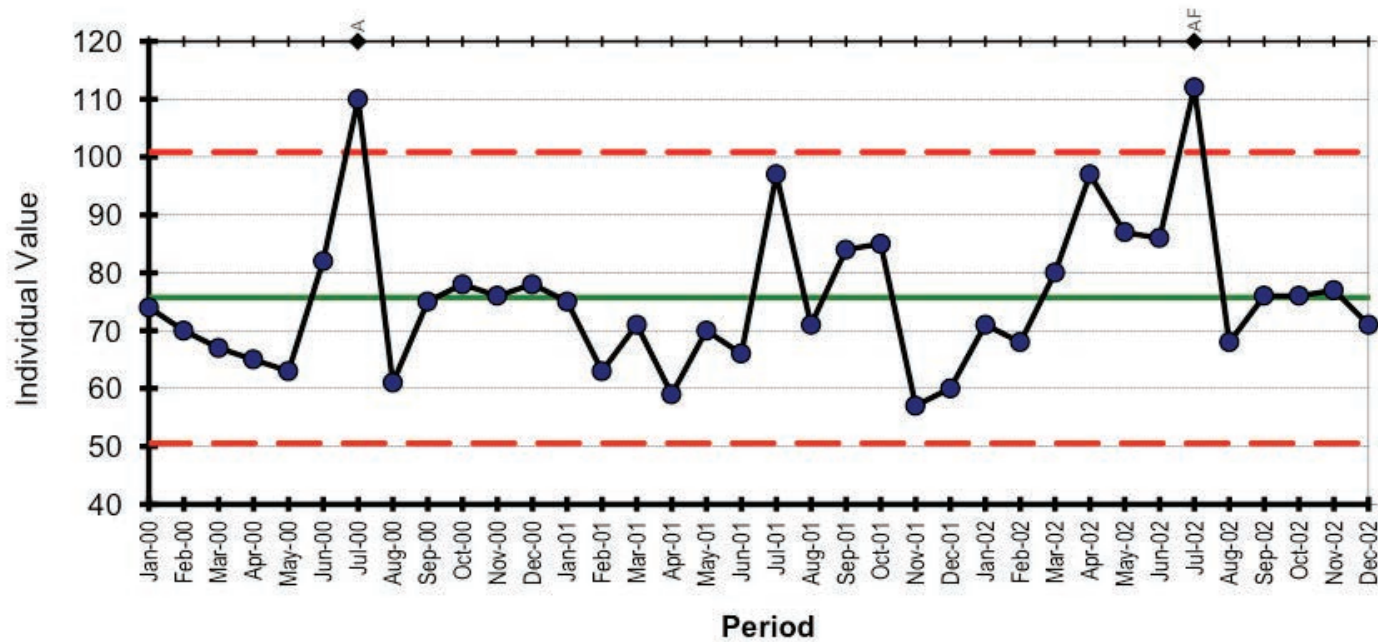
Process measures

These measures are “the voice of the workings of the system.” In other words, are the steps in the process that support the system performing as planned? Is what we are changing really happening? Examples include risk assessment rates for falls and pressure ulcers, and % of care plans completed. Process measures are also known as **lead** measures – they change more quickly than outcome measures. Process/lead measures are measures that are **predictive of change** on the outcome measure, and are able to be **influenced by the team working on improvements**.

Balancing measures

These measures look at the system from a different perspective and help us to measure whether any unintended consequences might occur. In other words, are changes designed to improve one part of the system causing new problems in other parts of the system? Examples of balancing measures include staff or patient satisfaction, financial implications, and hospital re-admission rates.

Sample Chart



What's my role?

If you are involved in a QI process, you can access measurement tools to help you establish the objectives of your initiative, and to measure your process improvements and outcomes.

Your regional QI representative can help get you started with training in the tools, and is also available to support QI

initiatives with measurement and data analysis.

For more information on Quality Improvement at Northern Health, contact the Quality Support Team at: PQIMteam@northernhealth.ca



Section 4: Current Organizational Priorities

Quality improvement efforts in Northern Health take many forms. Some are big, region-wide initiatives, while some are local. Everyone can contribute to improving quality.

To enable our organization to achieve quality, we must understand the population

that we are here to serve, and our context, through an environmental scan. We need to understand the evidence around leading practices and how well our services currently meet or exceed these quality standards. This information leads to a set of organizational directions that inform operational, local plans to focus on quality.



Our current organizational directions, for 2018-2021 are:

Improve the Health of the Population

- Promote and protect healthful environments
- Apply an equity lens to reduce further inequities
- Identify health risks early
- Collaborate with Primary & Community Care to enhance mutual understanding of relative roles in addressing formerly Public Health functions; implement new practices in prioritized areas
- Support the communities in using a preventive public health and population health approach
- Partner with the First Nations Health Authority to promote cultural safety and healthy environments
- Collaborate provincially, regionally and locally to strengthen the continuum of care for people substance use (including opioid response) issues

Improve the Health and Wellbeing of Indigenous Communities through Partnerships

- Partner with FNHA and First Nations communities to implement the Northern First Nations Health and Wellness Plan and integrate actions

into NH's operational plan with a focus on:

- Primary Care
- Mental Health and Substance Use
- Health of the population
- Maternal child health and wellbeing
- Cultural safety and humility
- Implement cultural safety and humility education strategies and develop community-based cultural resources – internal and external to NH
- Implement actions emerging from the Aboriginal/Indigenous Health Improvement Committees (AHICs/ IHICs)
- Continued development and use of knowledge translation resources (e.g. Complaints booklet, Cultural Safety, quarterly newsletter, website, etc.)
- Create partnerships necessary to support employment of locally representative workforces

Strengthen Primary Care & Community Services

- Build effective interprofessional primary and community care teams
- Provide effective Electronic Medical Record use training, guidelines & support
- Develop tools for primary & community care teams to engage, support and promote community wellness

- Establish continuous quality improvement and culture and process among teams
- Improve practice coaching among primary & community care teams
- Develop care plans for people with complex health needs
- Align PCC teams, specialists and specialty services with population health and First Nations
- Develop and use commonly agreed upon service flows and pathways

Optimize Access to and Flow through Facility-Based Care

- Work with Divisions of Family Practice to engage physicians to ensure co-leadership in improvements toward better utilization of acute and complex care services
- Implement “Care in the Right Place” strategy in all facilities to achieve inpatient day benchmark targets
- Explore and implement evidence based process improvements that lead to improved hospital utilization
- Build and implement strategies for targeted improvements to reduce long stay for seniors; reduction in acute stay for people with chronic disease beginning with COPD

- Improve access to complex care by reducing admissions where admission criteria are not met
- Develop innovative service and capital plans to meet future demand for convalescent care, home based services, assisted living, complex care, dementia care
- Spread “rehabilitative care” philosophy in all settings

Optimize Access to and Flow through Surgical Services

- Model surgical wait times to determine capacity requirements incorporating wait time targets
- Implement strategies to realize needed capacity and meet wait time targets established by the Ministry of Health (Hips, Knees, Dental surgeries)
 - Health Human Resources strategies where needed (anaesthesia, nursing, surgeons)
 - Physical space and time management
- Implement fractured hip pathway to meet hip fixation time standard
- Spread Surgical Services Program approach beginning with arthroplasty procedures
- Implement telehealth solutions for pre-surgical screening and post-surgical follow-up

- Spread Veno-Thromboembolism (VTE) prevention and Enhanced Recovery After Surgery (ERAS) standard

Establish a Culture of Quality Improvement and Safety

- Align system processes and decision-making to be increasingly service oriented to enable person and family centred care
- Further define and measure aspects of organizational culture that best align with Northern Health strategy and values
- Develop and implement mechanisms to engage point of care/service level in quality improvement
- Enhance physician leadership and engagement in quality improvement
- Develop and align organizational quality structures and supports based on a common vision
- Partner to continue to align research, education and service delivery
- Develop effective multi-directional communication of plans expectations and concerns
- Develop adequate, appropriate, timely information that supports clinical and administrative decision-making
 - Improve application of standards in emergency situations

Support the Safe and Effective Use of Medications

- Ensure medication reconciliation at all transitions in care
- Ensure optimal medications prescribed
- Improve antimicrobial stewardship (AMS)
- Ensure medications are accurately and appropriately dispensed
- Increase standardization to reduce arbitrary variation
- Minimize inventory costs
- Ensure medications are accurately and appropriately administered

Promote Work Force Safety and Sustainability

- Understand workforce planning needs within the context of northern populations
- Stabilize and sustain NH's workforce to achieve regular consistent attendance as well as manage appropriate use of overtime and agency staff
- Design and implement an innovative recruitment and retention strategy
- Reduce the number of occupational injuries related to workplace incidents of violence
- Reduce the number of long-term disability claims

- Support the implementation of Northern Health's new onboarding program
- Education and human resources to collaborate to enhance training and support for frontline leaders
- Implement strategy to enhance cultural safety of Northern Health sites and services
- Establish supportive environments and practice models for physicians

Achieve Required Organizational Practices & Standards

In many areas of health service, both clinical and support, research has led to known ways of operating that will lead to optimal outcomes. Variation from these norms can lead to waste and even patient harm. The objective of this initiative is to support the pursuit of selected evidence based standards (e.g., standards, guidelines, required organizational practices) across the organization. Included among such standards are the Accreditation Canada Required Organizational Practices (ROPs)

- Support service teams to successfully implement Accreditation Canada Required Organizational Practices (ROPs)
- Develop and implement standard care processes prioritized by the Board:
 - Reduce 30-day readmission rates

for people with Mental Health and Addiction issues

- Reduce the rate of harm-related falls in Northern Health care settings
- Increase the percentage of vaginal delivery
- Ensure timeliness of hip fracture fixation
- Reduce the percentage of patients waiting 26 weeks or more for elective surgery
- Reduce mortality resulting from sepsis within NH facilities
- Achieve trauma distinction program accreditation in 2018/19
- Increase the rate of hand hygiene in Northern Health facilities/ services

The Quality Framework will continue to evolve to define the culture of continuous quality improvement and safety that we strive for in Northern Health to promote and provide health services for Northerners.

Quality and Safety Plan

Northern Health has a quality and safety plan that identifies activities to achieve quality and patient safety priorities. Many of these priorities are focused on the Accreditation Canada ROPs.

- Continue advancing a culture of quality and safety
- Promote quality and patient safety
- Patient safety reporting (prospective review and quarterly reports)
- Staff education/training on patient safety
- Patient/family education on their role in promoting safety
- Patient identification
- "Do not use" list of abbreviations
- Information transfer at care transitions
- Medication reconciliation at care transitions
- Safe surgical checklist
- Client Flow
- Antimicrobial stewardship
- Other medication management: high-alert medications, infusion pump safety, narcotics safety
- Falls prevention
- Home safety risk assessment
- Prevention of pressure ulcers
- Skin and wound care
- Suicide prevention
- Venous thromboembolism prophylaxis (VTE)
- Hand hygiene compliance
- Other infection control hand hygiene education and training

Required Organizational Practices (ROPs)

‘Essential practices that enhance patient safety and minimize risk’

“Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that organizations must have in place to keep patients/clients/residents safe and reduce risk.”

Do you know what you need to know about these ROPs?

Communication



1. Client identification
2. The ‘Do Not Use List’ of abbreviations
3. Information transfer at care transitions
4. Medication reconciliation as a strategic priority
5. Medication reconciliation at care transitions
6. Safe surgery checklist

Worklife/Workforce



1. Client flow
2. Patient safety: education and training
3. Patient safety plan
4. Preventive maintenance program
5. Workplace violence prevention

Safety Culture



1. Accountability for quality
2. Patient safety incident disclosure
3. Patient safety incident management
4. Patient safety quarterly reports

Medication Use



1. Antimicrobial stewardship
2. Concentrated electrolytes
3. Heparin safety
4. High-alert medications
5. Infusion pump safety
6. Narcotics safety

Risk Assessment



1. Falls prevention
2. Home safety risk assessment
3. Pressure ulcer prevention
4. Skin and wound care
5. Suicide prevention
6. Venous thromboembolism

Infection Control



1. Hand-hygiene compliance
2. Hand-hygiene education and training
3. Infection rates
4. Reprocessing

“The Northern Way of Caring” is to ensure that we achieve all of the Required Organizational Practices. Ref: NH Strategic Plan - Quality Priorities



Safety: Keep me safe

For more information on all ROP's (Required Organizational Practices) search '[ROP Handbook](#)' on OurNH

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