



# Qmentum Program

## STANDARDS

### *Leadership*

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**ACCREDITATION CANADA  
AGRÉMENT CANADA**

*Driving Quality Health Services  
Force motrice de la qualité des services de santé*

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Accreditation Canada's Leadership standards help Canadian health care organizations meet demands for excellence in leadership. They are based on research and best practice and align with the Framework for the Analysis of Management in Health Care Organizations and Proposed Standards for Practice, researched and developed by J.L. Denis et al. (2006). The standards address leadership functions across and throughout all levels of the organization, rather than individual or position-specific capabilities. They clarify the requirements for effective operational and performance management supports, decision-making structures, and infrastructure needed to drive excellence and quality improvement in health service delivery.

The Leadership standards are grouped into four sections that each address a key leadership responsibility that organizations must have in place as part of their pursuit of quality and safety.

The four sections are:

**Creating and sustaining a caring culture:** Addresses identifying, strengthening, and disseminating the culture and values throughout the organization. In particular, it addresses the need for health care organizations to create a culture that supports a safe and healthy work environment and ongoing quality improvement.

**Planning and designing services:** Addresses the organization's ability to assess trends in the environment, including the service needs of the populations it serves, and use that information to plan its structures, management systems, and services. It also deals with the organization's relationships with stakeholders and its processes to manage change.

**Allocating resources and building infrastructure:** Addresses managing resources, working with partners to share and optimize resources, allocating resources fairly and in accordance with organizational priorities, human resources and performance management systems, the physical environment, and information systems infrastructure.

**Monitoring and improving quality and safety:** Addresses the organizational systems and processes needed to deliver safe, high quality services and achieve the organization's goals and objectives, including assessing and improving client flow, preparing for disasters and emergencies, and improving client safety on an ongoing basis.

The approach taken to meet these responsibilities will vary according to the organization's size, structure, and mandate. Some criteria specify that certain responsibilities and activities are carried out in collaboration with the governing body. In organizations where there is no governing body, the organization's leaders take responsibility for these. In some jurisdictions, government may be involved in the operations of the organization and will be responsible for certain activities outlined in these standards. When this is the case, the organization's leaders remain as involved as possible in the process.

As you consider Accreditation Canada's Leadership standards and criteria, you may want to refer to the Leadership Capabilities Framework, LEADS in a Caring Environment, developed by the Health Care Leaders Association of British Columbia working in partnership with the Royal Roads University Centre for Health Leadership Research, embraced by the Canadian Health Leadership Network, and approved by the Canadian College of Health Leaders. A framework developed to strengthen health care leadership capacity, Leads in a Caring Environment is based on current literature, best practice, and a systematic review of existing leadership competency frameworks. The framework represents the key skills, abilities, behaviours and knowledge required for health leaders at all levels and includes five domains: Lead Self, Engage Others, Achieve Results, Develop Coalitions, and Systems Transformation. Each of these five domains consists of four core, measurable leadership capabilities.

More information on the LEADS in a Caring Environment framework can be found on the Leaders for Life web site at [www.leadersforlife.ca/leads-framework](http://www.leadersforlife.ca/leads-framework).



# Leadership

## CREATING AND SUSTAINING A CARING CULTURE

### 1.0 The organization's leaders deliver services and make decisions according to the organization's values and ethics.



Effectiveness

- 1.1 The organization's leaders participate in defining or updating the organization's values statement.

#### **Guideline**

Defining organizational values helps to establish parameters for expected behaviour and acceptable relationships with other organizations. Values may include duty, respect, confidentiality, integrity, transparency, honesty and ethical behaviour, equity and fairness, safety, workplace health and treating people as the organization's greatest asset. The organization establishes timelines on how often the values statement is defined and updated.

The governing body is responsible for defining the organization's values. Depending on the governance model, the organization's leaders support the process by seeking input from staff and service providers and providing advice to the governing body about the values.

In organizations where there is no governing body, the organization's leaders define and update the values statement.



Worklife

- 1.2 The organization's leaders communicate and model the values throughout the organization.

#### **Guideline**

The Chief Executive Officer (CEO) is responsible for disseminating the values throughout the organization so staff and service providers can relay the values to clients and families. The values may be communicated orally or in the form of handouts, pamphlets, or posters.





Client-centred  
Services

- 1.3 The organization's leaders develop and implement policies addressing the rights and responsibilities of clients.

**Guideline**

The policies should be developed with client input and consultation with ethics experts. The policies should cover treating clients with respect and dignity and protecting their privacy, confidentiality, safety, and security as well as the responsibilities of clients in their own service delivery.

In some jurisdictions, policies on rights and responsibilities of clients are developed and mandated by an external body such as a ministry of health.



Effectiveness



- 1.4 The organization's leaders develop and implement an ethics framework to support ethical practice.

**Guideline**

An ethics framework provides a standardized approach to working through ethics issues and making decisions. The framework can include codes of conduct, guidelines, processes, and values to help guide decision making. Having an ethics framework helps promote ethical behaviour and practices throughout the organization and clarifies ethical issues when they arise. The ethics framework may address issues related to organizational ethics, business ethics, research ethics, clinical ethics, and bioethics, as applicable. Ethical behaviour includes, but is not limited to, maintaining confidentiality; protecting and properly using the organization's assets; and complying with laws, rules, and regulations.

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



Worklife

- 1.5 The ethics framework defines processes and tools for managing ethics issues, dilemmas, and concerns.

**Guideline**

The processes defined in the ethics framework encourage anyone involved with the organization to raise ethics issues and concerns, confidentially if necessary. The process includes criteria to guide discussions and decision making about ethics issues.

Ethics issues include, but are not limited to, conflict of interest, ethical behaviours, non-compliance with the ethics framework such as breaching confidentiality, ethical implications of resource allocations, the importance of informed consent, and withdrawing life-sustaining treatment.





Worklife

- 1.6 The organization's leaders assign and monitor accountability for the ethics framework and the processes to address ethics issues.

**Guideline**

Accountability for the ethics framework and ethics issues means there is an individual, group, or committee responsible for developing, disseminating, and revising the framework. This role is identified in the organizational structure, on the organizational chart, and through defined reporting relationships.



Worklife

- 1.7 The organization's leaders build the organization's capacity to use the ethics framework.

**Guideline**

Capacity to use the ethics framework includes providing support for the governing body, leaders, staff, and service providers to develop and enhance their ethics-related knowledge, skills and expertise. Developing and enhancing ethics-related skills and expertise may be done by providing access to formal education, ensuring ethics frameworks and tools are available, providing forums for case reviews, and disseminating best practices in ethics. The organization's leaders may also build ethics-related capacity by involving staff, service providers, community representatives, and clients in ethics-related discussions and decision-making.



Worklife

- 1.8 The organization's leaders have a process for gathering and reviewing information about trends in ethics issues, challenges, and situations.

**Guideline**

In addition to supporting the provision of general ethics-related information, the organization's leaders analyze trends in the organization's ethics issues to facilitate and inform quality improvement. The ethics framework may be used to gather this information.



Worklife

- 1.9 The organization's leaders use information about trends in ethics issues, challenges, and situations to improve the quality of services.





Effectiveness



- 1.10 The ethics framework includes a process for reviewing the ethical implications of research activities.

**Guideline**

The process to review ethical implications of research includes criteria for determining when a research project requires ethics approval or when new innovations are considered research, and processes to assess the implications of and approve client participation in research projects.



Effectiveness

- 1.11 An objective reviewer or body reviews the organization's formal research projects.

**Guideline**

The reviewer or body may be external, e.g., through academic or university linkages; internal, e.g., through a tri-council process; or through a private consultant. The reviewer or body is unbiased, objective, and free from conflict of interest.

The review assesses the merits of the research proposal; the benefits and risks to the participants and the organization; the refusal and exclusion criteria; the process for obtaining informed consent from study participants; the process used to deal with harmful effects that may occur in the course of research; the adequacy of the research design, including its compliance with accepted ethics standards; the qualifications of the project's coordinators; the quality of the background research completed to date, e.g., literature review; the potential impact on the organization's resources; the identification of research sponsors and possible conflicts of interest; and the proposal's compliance with national and provincial or territorial guidelines and protocols, e.g., Research Ethics Boards, tri-council protocols.

## 2.0 The organization's leaders promote a healthy and safe work environment and support a positive quality of worklife.



Worklife



- 2.1 The organization's leaders identify a healthy and safe work environment as a strategic priority.

**Guideline**

The organization's leaders update the governing body on healthy and safe work environment priorities and progress toward achieving the priorities. The organization's healthy and safe work environment initiatives are aligned with the strategic direction, goals, and objectives.

Initiatives to create a healthy and safe work environment may include role modelling, teaching and coaching staff, motivating staff and other service providers, demonstrating worklife balance, supporting open communication and collaborative decision making, allocating rewards and recognition, and developing and implementing criteria for recognizing and promoting staff.





Worklife

- 2.2 The organization's leaders provide support for quality of worklife and healthy and safe work environment improvement activities.

**Guideline**

Support to improve the quality of worklife and create and maintain a healthy and safe work environment may include educational support for activities such as workshops, conferences, or courses; access to research and best practice information; allocating human or financial resources specifically to organizational quality of worklife improvement; re-organizing existing staff responsibilities to provide additional time for quality of worklife improvement initiatives; communicating concrete examples of management commitment to organizational quality of worklife; or signing on to the Quality Worklife–Quality Healthcare Collaborative's Healthy Healthcare Leadership Charter, at <http://www.qwqhc.ca/take-action-charter.aspx>.



Worklife

- 2.3 The organization's leaders are involved in quality of worklife and healthy and safe work environment improvement initiatives.

**Guideline**

The organization's leaders should model the organization's values and strive to foster a culture of engagement, where staff and service providers contribute to the quality of the work environment and are open to collaboration and innovation.

The organization's leaders demonstrate support for and participate in the organization's quality of worklife and healthy and safe work environment initiatives to promote a positive worklife through all levels of the organization. They may be involved by supporting an engagement process to determine which initiatives are meaningful to staff; leading improvement projects or initiatives; coaching and mentoring staff, volunteers, and students; or identifying and supporting quality of worklife and healthy and safe work environment champions.



Worklife



- 2.4 The organization's leaders develop healthy workplace strategies to help staff and service providers manage their health.

**Guideline**

Factors such as organizational culture, work demands, scheduling, human and other resources, and outside demands all have an impact on workplace health. Healthy workplace strategies address all aspects of health including physical, emotional, and mental health and may include education about health and determinants of health; programs to help manage stress, reduce weight, and quit smoking; initiatives to encourage healthy lifestyles; flexible work time; Employee Assistance Programs (EAP) or other counselling services to help individuals to manage work and outside demands; or seeking staff and service provider input on scheduling and work design.





Worklife

- 2.5 The organization's leaders support leaders throughout the organization to develop their capabilities to promote a safe and healthy work environment.

**Guideline**

Helping leaders throughout the organization to understand, experience, and support quality worklife may include developing clear guidelines on span of control, effective delegation, and links between authority and accountability to make workload manageable; communicating expectations about worklife quality; mentoring new leaders; developing knowledge related to factors influencing worklife quality and their impact on the work environment; implementing human resource practices and best practice leadership development guidelines (e.g., the Engage Others domain in the LEADS in a Caring Environment Leadership Capabilities Framework, which underscores the importance of fostering the development of others and contributing to the creation of a healthy work environment); and creating an organizational culture that supports the development of healthy leadership styles.



Worklife

- 2.6 The organization's leaders support continuing professional development and learning throughout the organization.

**Guideline**

Supporting continuing professional development and learning may include providing resources for courses or conferences or innovative and new ways to access learning and resources so that leaders, staff, and service providers can keep up with advancements in their field and develop skills.

Information on continuous professional development and learning can be found in the resource document LEADS in a Caring Environment Leadership Capabilities Framework, specifically the Lead Self and Engage Others domains. The Lead Self domain addresses how to engage in lifelong learning and self-development through exercising self-awareness and self-management, developing oneself, and demonstrating character. The Engage Others domain provides guidance and information on supporting the development of leaders, staff, and service providers by supporting and challenging them to achieve their professional and personal goals and creating a healthy organization where they have meaningful opportunities to contribute and the resources and capabilities to fulfill their responsibilities.



Worklife



- 2.7 The organization's leaders develop, implement, and maintain workplace health and safety policies that comply with relevant legislation.

**Guideline**

Relevant legislation includes occupational health and safety legislation and workplace safety and insurance legislation.

A comprehensive approach to workplace health and safety can include identifying and assessing risks to staff, service providers, and clients; creating and maintaining a disability management system; identifying staff and service provider roles in promoting and ensuring safety; conducting regular safety audits; or providing education about safe work practices and emergency prevention and preparedness.





Worklife

- 2.8 The organization's leaders develop a policy and procedure for staff and service provider immunization that includes recommending specific immunizations, as required.

**Guideline**

Immunizations required for staff and service providers vary depending on the type of organization and the clients it serves (e.g., requiring and recommending specific immunizations in children's hospitals).

In some jurisdictions, immunization requirements may be the mandate of public health.



Safety

- 2.9 The organization's leaders monitor staff and service providers' fatigue and stress levels and work to reduce safety risks associated with fatigue and stress.

**Guideline**

Stress and fatigue can result from scheduling and staffing issues, or environmental distractions such as noise. The organization's leaders may monitor this by tracking how often staff and service providers are working extended hours and double shifts or through staff and service provider experience surveys.

The Productive Ward: Releasing Time to Care improvement modules enable and empower front line staff and service providers to optimize systems and processes and minimize inefficiencies in their work environment to increase the amount of time spent on direct patient care.





Safety



2.10

**REQUIRED ORGANIZATIONAL PRACTICE:** The organization implements a comprehensive strategy to prevent workplace violence.

**Guideline**

Workplace violence is very common in health care settings, more so than in many other workplaces. One-quarter of all incidents of workplace violence occur at health services organizations. Furthermore, workplace violence is an issue that affects staff and health providers across the health care continuum.

Accreditation Canada has adopted the modified International Labour Organization definition of workplace violence as: 'Incidents in which a person is threatened, abused or assaulted in circumstances related to their work, including all forms of harassment, bullying, intimidation, physical threats, or assaults, robbery or other intrusive behaviours. These behaviours could originate from customers or co-workers, at any level of the organization.'

The Registered Nurses Association of Ontario describes four classifications of workplace violence:

1. Type I (Criminal Intent): Perpetrator has no relationship to the workplace.
2. Type II (Client or Customer): Perpetrator is a client, visitor, or family member of a client at the workplace becomes violent toward a worker or another client.
3. Type III (Worker-to-worker): Perpetrator is an employee or past employee of the workplace.
4. Type IV (Personal Relationship): Perpetrator has a relationship with an employee (e.g. domestic violence in the workplace).

A strategy to prevent workplace violence should be in compliance with applicable provincial or territorial legislation, and is an important step to respond to the growing concern about violence in health care workplaces.

Test(s) for Compliance

- 2.10.1 The organization has a written workplace violence prevention policy.
- 2.10.2 The policy is developed in consultation with staff, service providers, and volunteers.
- 2.10.3 The policy names the individual(s) responsible for implementing and monitoring the policy.
- 2.10.4 The organization conducts risk assessments to ascertain the risk of workplace violence.
- 2.10.5 There is a documented process in place for staff and service providers to confidentially report incidents of workplace violence.



- 2.10.6 There is a documented process in place for the organization's leaders to investigate and respond to incidents of workplace violence.
- 2.10.7 The organization's leaders review quarterly reports of incidents of workplace violence and use this information to improve safety, reduce incidents of violence, and make improvements to the workplace violence prevention policy.
- 2.10.8 The organization provides information and training to staff on the prevention of workplace violence.



Worklife

- 2.11 The organization's leaders develop a confidential process for staff, service providers, and volunteers to bring forward complaints, concerns, and grievances.

**Guideline**

Staff feel comfortable raising issues with their team leaders and with the organization's leaders.



Effectiveness

- 2.12 The organization's leaders identify and monitor process and outcome measures related to worklife and the work environment.

**Guideline**

Process measures may include rates of participation in healthy workplace activities; the number and type of complaints, concerns, and grievances; and participation rates in professional development. Outcome measures include staff satisfaction; employee sick time or absenteeism; vacancy and retention rates; and amount of overtime. The Quality Worklife/Quality Health Care Collaborative has identified a core list of worklife indicators that are available online at <http://www.qwqhc.ca/take-action-measure.aspx>.





Worklife



2.13

**ACCREDITATION CANADA REQUIRED INSTRUMENT:** The organization monitors the quality of its worklife culture using the Worklife Pulse Tool.

**Guideline**

The organization evaluates the quality of worklife and staff attitudes to and perceptions of the workplace. Results can be used to identify areas that are already strong as well as areas that require improvement. Results also provide a baseline against which future assessments can be compared.

Instrument Information

2.13.1 The organization administers the Worklife Pulse Tool at least once every three years. Organizations in the joint CQA/Accreditation Canada Program administer the « sondage sur la mobilisation du personnel » and the Worklife Pulse Tool is optional.

2.13.2 The organization has taken action on the most recent Worklife Pulse Tool or « sondage sur la mobilisation du personnel » results.

### 3.0 The organization's leaders promote a quality improvement culture throughout the organization.



Effectiveness



3.1

The organization's leaders identify quality improvement as a strategic priority.

**Guideline**

The organization's leaders advise the governing body on quality improvement priorities, and update the governing body on progress toward achieving the priorities. The organization's quality improvement initiatives are aligned with the strategic direction, goals, and objectives, and the governing body provides oversight and monitors the achievement of the quality improvement initiatives.

In organizations where there is no governing body, the organization's leaders take responsibility for identifying quality improvement priorities.



Effectiveness

3.2

The organization's leaders provide resources to support quality improvement activities.

**Guideline**

Resources to support quality improvement activities may include allocating staff or financial resources specifically to quality improvement, or re-organizing existing staff responsibilities so they have additional time for quality improvement initiatives.





Worklife

- 3.3 The organization's leaders support leaders throughout the organization to develop the knowledge and skills necessary to carry out ongoing quality improvement.

**Guideline**

The organization's leaders should act as quality improvement champions and facilitate creativity and innovation by encouraging and building the capacity of leaders throughout the organization to think proactively about quality improvement.

Educational support for quality or process improvement may include workshops, conferences, courses, and access to research and best practice information. Other supports may include providing access to education or information sessions on improvement methodology and theory and how to undertake quality improvement projects through initiatives and cycles.



Effectiveness

- 3.4 The organization's leaders provide opportunities for leaders throughout the organization to participate in collaborative quality improvement initiatives.

**Guideline**

Opportunities for participation and collaboration in quality improvement initiatives may include providing opportunities to undertake or lead quality improvement projects with mentors, or providing opportunities to lead projects that are part of larger projects or initiatives.



Worklife



- 3.5 The organization's leaders are involved in leading quality improvement initiatives.

**Guideline**

The organization's leaders act as quality improvement champions by sponsoring, supporting and participating in quality improvement initiatives to promote a culture of quality improvement throughout the organization. They may be involved in initiating or leading specific quality improvement projects or initiatives; coaching and mentoring staff, volunteers, and students about ongoing quality improvement; identifying quality improvement champions; or facilitating changes throughout the organization based on quality improvement project results.

Information on the role of leadership in quality improvement can be found in the resource document LEADS in a Caring Environment Leadership Capabilities Framework specifically the Systems Transformation and Achieve Results domains, which address how to lead change and approaches for overcoming challenges in implementing change.





Effectiveness

- 3.6 The organization's leaders promote and support the spread and sustainability of quality improvement results.

**Guideline**

In addition to leading quality improvement initiatives at the micro-level, it is important for leaders throughout the organization to consider how improvements in their team, unit, or program may affect other areas of the health organization or system. Considerations should include the implications or impacts to other areas and methods for spreading the improvements or changes. The organization's leaders should provide ideas, strategies, resources, and information to support the spread and sustainability of improvements.



Effectiveness

- 3.7 The organization's leaders promote learning from quality improvement results, and making decisions informed by research and evidence, patient experience, and ongoing quality improvement.

**Guideline**

Learning from results includes learning from positive as well as negative or surprising results. This process may include providing time to reflect on results, 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.



Effectiveness

- 3.8 The organization's leaders promote and support the consistent use of standardized processes, protocols, or best practice guidelines to reduce variation in and between services, where appropriate.

**Guideline**

While recognizing that each client may present with unpredictable and unique needs, reducing inappropriate variation in services and care through the use of standardized processes, protocols, or best practice guidelines reduces risks to client safety.



Worklife

- 3.9 The organization's leaders, staff, service providers, volunteers, and students are recognized for their quality improvement work.

**Guideline**

Recognition may include awards, announcements in newsletters or at staff meetings, or other rewards. Recognition may be individual, team-, or program-based.



## PLANNING AND DESIGNING SERVICES

### 4.0 The organization's leaders plan and design the organization's services to meet the needs of the community.



Effectiveness

- 4.1 The organization's leaders participate in a process to develop or update the mission statement.

#### Guideline

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. The mission statement is easy to understand and simply written.

How the organization's leaders participate in the process to develop or update the mission statement may vary. The governing body requires input from within the organization and its stakeholders, including staff, service providers and clients. It is often through the CEO that input is gathered and brought back to the governing body. In the case of public organizations, gathering input may include consultation with the public and community.

In organizations where there is no governing body, the organization's leaders take responsibility for developing the mission. In some jurisdictions, this process may be the responsibility of government.



Effectiveness

- 4.2 The organization's leaders develop a vision and strategic plan, with oversight and guidance from the governing body.

#### Guideline

The frequency and formality of the strategic planning process may differ according to the size and type of the organization. The strategic planning process is used to identify the organization's long-term vision and strategy to achieve the vision. The organization's leaders should engage a broad network of stakeholders in the strategic planning process, including staff, service providers, clients, and families.

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

Population  
Focus

- 4.3 The organization's leaders engage the community when planning services.

#### Guideline

The organization's leaders may engage the community and seek input in a variety of formal or informal ways, e.g. focus groups, town hall meetings, feedback or complaint mechanisms, and other community engagement activities and consultation processes.





Effectiveness

- 4.4 When developing the organization's vision and strategic plan, the organization's leaders incorporate the needs of the community and priorities set by government and other stakeholders.

**Guideline**

In some cases, particularly for publicly-funded organizations, the priorities may be set by government through legislation or through performance or accountability agreements.

In the case of private organizations, emphasis may be placed on aligning the vision and strategic plan with the priorities of stakeholders, including shareholders.



Effectiveness

- 4.5 When developing the organization's vision and strategic plan, the organization's leaders assess risks and opportunities for the organization.

**Guideline**

The organization's leaders understand the environment and consider any anticipated changes that may be a risk or present an opportunity for the organization. The organization's leaders assess these risks and opportunities and incorporate strategies to address them within the strategic plan.

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



Effectiveness

- 4.6 The organization's strategic plan includes goals and objectives that have measurable outcomes that are consistent with the mission and values.

**Guideline**

The goals and objectives reflect input from within the organization, the community's changing needs and health status, priorities set by government or other stakeholders, and risks and opportunities for the organization. The goals and objectives contribute to improved service results and organizational performance.



Effectiveness

- 4.7 The organization's leaders conduct an ongoing environmental scan to identify changes and new challenges, and adjust the strategic plan, goals, and objectives as needed, with oversight and guidance from the governing body.

**Guideline**

In some jurisdictions this process may be the responsibility of government, in which case, the organization's leaders should be aware of the content of the environmental scan and use the results for service planning.



Population  
Focus

- 4.8 The organization's leaders share the mission, vision, and values with staff, service providers, clients and families, and stakeholders.

**Guideline**

Sharing the mission, vision, and values may include making them publicly accessible by, for example, posting them in the organization's reception or lobby, or on the organization's website.



Effectiveness

- 4.9 The organization's leaders communicate the strategic goals and objectives to leaders throughout the organization, staff, and service providers and verify that goals at the team, unit, or program level align with the strategic plan.



Effectiveness

- 4.10 The organization's leaders report on the organization's progress toward achieving the strategic goals and objectives to internal and external stakeholders and the governing body where applicable.



Effectiveness

- 4.11 The organization's policies and procedures for all key functions, operations, and systems in the organization are documented, authorized, implemented, and up to date.

**Guideline**

Key functions may vary depending on the organization's scope of services. It is up to the organization's leaders to determine the key functions, operations, and systems. Policies and procedures include standard operating procedures and organizational policies, procedures, and plans.



## 5.0 The organization's leaders understand the changing needs and health status of the community they serve.



Population  
Focus

- 5.1 The organization's leaders collect or have access to information about the community's health status, capacities, and health care needs.

### Guideline

This information may be called a health or community needs assessment, or a community profile. It includes trends and changes in the environment, including demographic information, e.g., age, cultural diversity, literacy, language; the impact of the determinants of health, e.g., housing conditions, and socioeconomic status; the prevalence of risk factors that may lead to health issues, e.g. smoking rates, rates of overweight/obesity; and feedback from clients and the community about their health care needs.

If it is not within the organization's mandate to collect information or conduct the community needs assessment, the organization accesses and uses information that is available. Information may be obtained from a variety of sources, e.g., Canadian Institute for Health Information, Public Health Agency of Canada, and census data.



Population  
Focus



- 5.2 The organization's leaders use information about the community to assist in planning the organization's scope of services.

### Guideline

As new information becomes available or as the community's needs evolve, the organization adapts to meet those needs.

If the organization does not determine its scope of services, (e.g., the scope of services is mandated by government or through legislation), information about the community is used to understand how the organization's mandate and services contribute to meeting the community's needs, and to identify service gaps.



Population  
Focus

- 5.3 The organization's information about the community is maintained in a format that is up-to-date and easy to understand.

### Guideline

The information about the community is clear and easy for staff and service providers to understand.

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



Population  
Focus

- 5.4 The organization's leaders share the information about the community with the governing body, staff and service providers, and stakeholders, including other organizations, clients, and families.

**Guideline**

The organization identifies how information about the community is disseminated, including the format and the degree of detail. It also identifies any restrictions such as privacy legislation.

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

**6.0 The organization's leaders develop and implement operational plans to achieve the strategic plan, goals and objectives.**



Effectiveness



- 6.1 The organization's leaders develop annual operational plans to support the achievement of the strategic plan, goals, and objectives, and to guide day-to-day operations.



Worklife

- 6.2 When developing the operational plans, the organization's leaders seek input from staff, service providers, volunteers, and other stakeholders, and communicate the plans throughout the organization.



Efficiency

- 6.3 The operational plans identify the resources, systems, and infrastructure needed to deliver services and achieve the strategic plan, goals and objectives.

**Guideline**

The operational plans take into account the organization's human resources, information management, and infrastructure capacities and requirements.

Depending on the size of the organization, these elements may be addressed in one plan such as a business plan. Alternatively, the organization may develop separate plans to address each element. If separate plans are developed, there is a process to ensure that priorities and resource allocations among the various plans are aligned.





Effectiveness

- 6.4 The organization's structures and services or program areas are designed, implemented, and adjusted as required to support service delivery and achievement of the operational plans.

**Guideline**

Structures include reporting relationships as defined on the organizational chart and in practice, including support services such as administration, finance, or accounting. Reporting relationships need to balance professional autonomy with the organization's leaders' responsibility for overall coordination and control. This may be done by distinguishing clinical leadership, e.g., Medical Affairs, Chief Medical Officer or Chief Nursing Officer, from operational leadership, e.g., Chief Operating Officer.

The organization's leaders adapt the organization's structures, services, or program areas to accommodate changes and new challenges such as emerging health problems or needs, knowledge and technological advances, or the need for adjustments to the strategic direction, goals, and objectives.



Effectiveness

- 6.5 The organization's leaders develop and implement a process to manage change.

**Guideline**

Organizational approaches to managing change differ according to the type and scope of the change, and its impact on the organization, staff and service providers, clients, families, and the community. Change may be operational, financial, or departmental.

A formal change management process includes identifying a clear vision for change and communicating the vision to staff, service providers, and volunteers; creating an operating plan to implement the change; defining roles and responsibilities for managing change; allocating financial and human resources to support the change process; and monitoring and evaluating the results when the change management process is implemented.



Effectiveness



- 6.6 The organization's leaders select management systems and tools to monitor and report on the implementation of operational plans.

**Guideline**

Management systems and tools are selected to support coordination, assessment, and evaluation of organizational processes and services, including decision making processes. They may include report cards, e.g., balanced scorecards; ensuring process and outcomes measures are tied directly to strategic goals and objectives; financial reporting tools such as forecast and actual budgets; and project management tools.



## 7.0 The organization's leaders collaborate with a broad network of stakeholders.



Population  
Focus



- 7.1 The organization's leaders work with the governing body to identify and collaborate with external stakeholders.

### Guideline

External stakeholders may include governments or other funding authorities, partner or similar organizations, interest or volunteer groups, professional bodies and associations, contractors or contracting agencies, marginalized populations, and the community as a whole.

This is a collaborative process between the organization and the governing body, in which the organization's leaders play an important role in advising the governing body on who its stakeholders are and how to anticipate and respond to stakeholders' interests.

If the organization does not have a governing body, the organization's leaders are responsible for identifying and interacting with external stakeholders on the organization's behalf.

Information on collaborating with external stakeholders strategically can be found in the resource document LEADS in a Caring Environment Leadership Capabilities Framework, specifically the Develop Coalitions domain, which addresses how to proactively determine the appropriate situations in which to build meaningful partnerships and networks to achieve positive results.



Population  
Focus



- 7.2 The organization's leaders develop the community partnerships needed to efficiently and effectively deliver and coordinate services.

### Guideline

Meeting the full range of the community's service needs is beyond the capabilities of any one organization. The organization's leaders identify partnerships needed to provide access across the continuum of service, and looks for ways to reduce duplication and share resources with other organizations.

For organizations with more than one service or setting, partnerships identified by the governing body and the organization's leaders are used as a starting point for each program or service area to develop their own partnerships to coordinate services and make it easier for clients to access services. Community partnerships may be formed with, for example, organizations providing acute care, primary care, community-based programs, public health services, outpatient services, long-term care, home care, or counselling services.





Population  
Focus

- 7.3 The organization's leaders support and participate in ongoing community initiatives to promote health and prevent disease.

**Guideline**

The organization's level and type of involvement will vary according to its size, mandate, and whether it is public or private. It may participate in fundraising initiatives, or by advocating for healthy public policy affecting determinants of health. The organization may also be involved through initiatives supported by individual programs or service areas, e.g. supporting healthy eating and exercise initiatives for diabetic populations, or promoting community awareness of conditions such as Alzheimer's disease or stroke, although it is not necessary that every team or service area have its own community development initiatives.



Population  
Focus

- 7.4 The organization's leaders work with the governing body to develop and implement a communication plan to disseminate information to and receive information from internal and external stakeholders.

**Guideline**

The communication plan is used to develop open, two-way communication with stakeholders. It identifies different communication mechanisms that may be available to target different groups, as well as what information is shared, how it is shared and with whom, and the goals and objectives of sharing information with stakeholders and the community. For public organizations, it also addresses dissemination of information to government.

The organization's internal stakeholders may include staff, service providers, and volunteers; foundations; unions; potential and actual clients and families, including family councils or advisory committees; and shareholders. The organization understands who its internal stakeholders are (e.g. both individuals and groups), their needs and interests, and their roles in supporting and implementing strategic and operational decisions.

In organizations with a governing body, the governing body oversees the development of the communication plan and the organization's leaders implement the communication plan.



Effectiveness

- 7.5 The organization's leaders seek input from stakeholders on a regular basis to evaluate the effectiveness of their relationships with them.

**Guideline**

The frequency of evaluating the effectiveness of relationships with stakeholders should be established and followed by the organization's leaders. They may seek input in a variety of formal or informal ways, e.g. focus groups, feedback or complaint mechanisms, community engagement activities and consultation, or union or other deliberations.



## ALLOCATING RESOURCES AND BUILDING INFRASTRUCTURE

### 8.0 The organization's leaders allocate and control the organization's financial resources to maximize efficiency and meet the service needs of the community.



Efficiency

- 8.1 The organization's leaders, working with the governing body where applicable, make resource allocation part of the regular planning cycle.

#### Guideline

The organization's leaders are responsible for making resource allocation recommendations to the governing body. The governing body assumes responsibility for risk identification and assessment to guide resource allocation, and oversees senior leaders' resource allocation decisions.

In organizations where there is no governing body, leaders take responsibility for resource allocation decisions, including risk identification and assessment. In some jurisdictions, this process may be the responsibility of government.



Efficiency



- 8.2 The organization's leaders prepare the annual operating and capital budgets according to the organization's financial policies and procedures.

#### Guideline

The financial policies include generally accepted accounting principles (GAAP), board or government guidelines, and operating and capital budgets demonstrate that resources are appropriately allocated throughout the organization. The operating budget tracks the organization's profits and losses, as well as the costs of services.

When preparing the annual operating and capital budgets, the organization's leaders consider the mission, vision, and strategic goals and objectives, and seek input from staff and service providers.



Effectiveness

- 8.3 The organization's leaders provide leaders throughout the organization with opportunities for education on how to manage and monitor their budgets.





Population  
Focus

- 8.4 The organization's leaders gather input from external and internal stakeholders to make resource allocation decisions.

**Guideline**

Input may include information gathered about the community, e.g., the community needs assessment; advice from community partners, clients and the community about service priorities or about opportunities to share resources to maximize efficiency; resource allocation dictated by provincial or territorial governments, donors or foundations; and resource requests from internal committees, e.g., capital planning.



Effectiveness



- 8.5 The organization's leaders follow set criteria to guide resource allocation decisions.

**Guideline**

Resources are distributed according to set criteria that address populations, geographic regions served, and the continuum of service. The criteria used to guide resource allocation decisions will differ according to the size, mandate, and scope of the organization, but, in general, they consider the community's needs and priorities; funding available from public and private sources; ethical guidelines and processes; the organization's mission, vision, values, and strategic goals and objectives; and data and evidence, e.g., cost-effectiveness analyses.

In some publicly funded organizations, the resource allocation process may be the responsibility of government. In these cases, the organization's leaders understand the process by which resources are allocated and the criteria that guide those decisions.



Effectiveness



- 8.6 The organization's leaders have the annual operating and capital budgets approved by the governing body.

**Guideline**

In organizations where there is no governing body, the organization's leaders take responsibility for developing and approving the budgets. In some jurisdictions, this process may be the responsibility of government.





Efficiency

- 8.7 When allocating resources, the organization's leaders have a process to move resources to where they are needed most within and across operational and service or program areas.

**Guideline**

The process for resource allocation is flexible enough to respond to changing needs and priorities. This may include contingency plans to respond to changes in a timely manner.

In organizations where the resource allocation process is the responsibility of government, the organization's leaders are involved in identifying changing needs and priorities, appealing for additional resources, and responding accordingly.



Efficiency



- 8.8 The organization's leaders regularly analyze the impact of resource allocation decisions.

**Guideline**

The frequency of analyzing the impact of resource allocation decisions is established and followed by the organization's leaders. They analyze how resource allocation decisions affect quality of care, the ability to meet the community's needs, worklife culture, staff health, and the achievement of the strategic goals and objectives.

When moving resources from one service area to another, the organization's leaders anticipate the impact and plan accordingly.



Efficiency

- 8.9 The organization's leaders monitor the budget and generate regular reports on financial performance.

**Guideline**

The frequency of monitoring the budget and generating reports on financial performance is established and followed by the organization's leaders. They are responsible for providing reports and other information about financial performance, e.g., potential risks to the organization's financial position, to the governing body.

In organizations where there is no governing body, financial performance reports are provided to the owner, shareholders, or other individuals or groups responsible for monitoring financial performance.





Efficiency



- 8.10 Reports on financial performance include an analysis of the utilization of resources and outline opportunities to improve the effective and efficient use of resources.

**Guideline**

Resource utilization analysis is used to identify and address opportunities for efficiencies. There are several techniques to review the utilization of resources. The organization may complete a formal utilization review, e.g., retrospective review of the use of resources overall or by a specific program or service areas; case costing by diagnosis; or comparisons of actual to forecast budgets and an analysis of the drivers affecting gaps.



Effectiveness



- 8.11 The organization's leaders verify that the organization meets legal requirements for managing financial resources and financial reporting, e.g., audit, running a deficit.

**Guideline**

Legal requirements for financial management and reporting will vary by the size of the organization and whether it is public or private.

**9.0 The organization's leaders manage the physical environment to promote client and staff health and safety.**



Safety



- 9.1 The organization's leaders verify that the physical space meets applicable laws, regulations, and codes.

**Guideline**

Considerations include maintaining heating, ventilation, and air-conditioning systems that control temperature, humidity, odours, and availability of fresh air; preventing exposure to second-hand smoke; ensuring the physical infrastructure, e.g. windows, roofs, and elevators, are in working order and meet applicable codes; having suitable furniture and equipment that considers ergonomics and addresses the needs of clients and staff with special needs; and security systems to protect staff and clients.

Many health care organizations face constraints related to older buildings and physical infrastructure. The organization's leaders verify that the physical space meets laws, regulations, and codes, and make improvements as required.

In cases where services are delivered in clients' homes, there are mechanisms to assess the safety of the home.





Safety

- 9.2 The organization's leaders protect client and staff health and safety at all times and particularly during periods of construction or renovation.

**Guideline**

During periods of construction or renovation, client and staff safety considerations may include infection prevention and control; restricted access to areas under construction; control of dangerous substances or equipment; and isolation of construction and renovation activities to limit the impact on service delivery.



Effectiveness

- 9.3 The organization's leaders have a formal and open process for selecting and buying medical devices and equipment, and for selecting qualified suppliers.

**Guideline**

The process for selecting and buying medical devices and equipment takes into account standardization of equipment throughout the organization; information from staff, service providers and clients; the level and type of services provided, including clients' functional abilities; the knowledge and skills needed for use; potential risks or impacts on infection control including sterilization and reprocessing, occupational health and safety, and waste creation and disposal; the latest research and evidence and advances in technology; and whether the benefits are worth the costs.

Organizations may want to consult the following references for additional information: "Medical Device Technology Management" (Section 3) in Clinical Engineering Standards of Practice for Canada (Rev. September 2007) by the Canadian Medical and Biological Engineering Society (CMBES); and "Processus de gestion et de suivi des dispositifs médicaux: Acquisition" (BPO-06-2) in Guide des bonnes pratiques biomédicales en établissement de santé – adaptation québécoise (June 2005) by l'Association des médecins et ingénieurs biomédicaux du Québec (APIBQ) and l'Association des technicien(ne)s en génie biomédical (ATGBM).

In organizations where medical devices and equipment are outsourced, e.g., loaned, consigned or leased, the organization applies the same selection process as for medical devices and equipment that are purchased, and follows the same process to select suppliers.



Safety



- 9.4 The organization's leaders have a process to provide education for service providers on the safe operation of medical devices and equipment.





Effectiveness

- 9.5 The organization's leaders develop a process or policy to ensure that service providers using specialized medical devices and equipment are authorized and trained to do so.

**Guideline**

The process or policy may include maintaining a list of authorized and trained users for specialized medical devices and equipment or having access codes or numbers that must be entered before the devices and equipment are used.



Effectiveness

- 9.6 The organization's leaders verify that plans or processes for maintaining, upgrading, and replacing medical devices and equipment are followed.

**Guideline**

Plans address maintenance schedules and documentation processes for service checks and routine and preventive maintenance; life cycle management; safe, secure, and efficient storage; and emergency servicing or repair.

Organizations may want to consult the following references for additional information: "Medical Device Technology Management" (Section 3) and "Technology Planning and Evaluation" (Section 4) in Clinical Engineering Standards of Practice for Canada (Rev. September 2007) by the Canadian Medical and Biological Engineering Society (CMBES); and "Processus de gestion et de suivi des dispositifs médicaux: Planification" (BPO-06-1) and "Processus de gestion et de suivi des dispositifs médicaux: Maîtrise et maintien en exploitation" (BPO-06-4) in Guide des bonnes pratiques biomédicales en établissement de santé – adaptation québécoise (June 2005) by l'Association des physiciens et ingénieurs biomédicaux du Québec (APIBQ) and l'Association des technicien(ne)s en génie biomédical (ATGBM).



Safety



- 9.7 **REQUIRED ORGANIZATIONAL PRACTICE:** The organization's leaders implement an effective preventive maintenance program for medical devices, medical equipment, and medical technology.

**Guideline**

An effective preventive maintenance program helps the organization ensure medical devices, medical equipment, and medical technology are safe and functional. It also helps identify and address potential problems with medical devices, medical equipment, or medical technology that may result in injury to staff or clients.

Test(s) for Compliance

- 9.7.1 There is a preventive maintenance program in place for all medical devices, medical equipment, and medical technology.
- 9.7.2 There are documented preventive maintenance reports.



- 9.7.3 The organization's leaders have a process to evaluate the effectiveness of the preventive maintenance program.
- 9.7.4 There is documented follow-up related to investigating incidents and problems involving medical devices, equipment, and technology.



Safety



- 9.8 The organization's leaders develop and follow policies and procedures to manage adverse events and incidents involving medical devices, equipment, and technology, including cases involving misuse.

**Guideline**

The policy includes a requirement for follow-up on medical equipment or devices involved in an adverse event.

Organizations may want to consult the following references for additional information: the Incident Investigation standard of "Patient Safety and Risk Management" (Section 5) in Clinical Engineering Standards of Practice for Canada (Rev. September 2007) by the Canadian Medical and Biological Engineering Society (CMBES); and "Processus de gestion des risques et de la qualité: processus de gestion des risques" (BPO-02-1) in Guide des bonnes pratiques biomédicales en établissement de santé – adaptation québécoise (June 2005) by l'Association des médecins et ingénieurs biomédicaux du Québec (APIBQ) and l'Association des technicien(ne)s en génie biomédical (ATGBM).



Safety

- 9.9 The organization's leaders implement plans, including back-up systems, to reduce the impact of utilities failures on client and staff health and safety.

**Guideline**

Utilities include electricity, potable water, sterile water, fuel, medical gases and vacuum systems.

In community-based settings such as clients' homes, the organization's leaders may arrange for back-up systems if the power goes out, e.g., batteries or mini-generators for home ventilator equipment.





Population  
Focus

- 9.10 The organization's leaders, with partners and the community, participate in initiatives to minimize the impact of its operations on the environment.

**Guideline**

Initiatives may include increasing opportunities to reduce, reuse, and recycle; conserving resources such as water and energy; using products and promoting practices that are environmentally friendly, e.g., phosphate-free soap or environmentally friendly food preparation; controlling emissions; properly disposing of substances that are dangerous to the environment; participating in community programs or events to improve the environment, e.g., "clean up" days; partnering with local environmental management agencies; or beautifying and maintaining its outdoor surroundings.

**10.0 The organization's leaders invest in the organization's people and in the development of capabilities and competencies among leaders throughout the organization, staff, service providers, and volunteers.**



Worklife

- 10.1 The organization's leaders recruit and select staff in an equitable manner according to individual qualifications and the organization's values, goals, and objectives.



Worklife

- 10.2 The organization's leaders implement staff recruitment and retention strategies for leaders, staff, service providers, and volunteers.

**Guideline**

Staff retention is closely related to the work environment and workplace health. As such, many staff retention strategies are similar to strategies to promote a healthy and safe work environment and workplace health, such as introducing specific strategies for workplace flexibility, e.g., flexible work hours; recognizing and rewarding contributions; providing child care services; creating opportunities for mentoring, promotions, transfers, or job shadowing; offering professional development including the opportunity to develop leadership skills; and monitoring stress and fatigue to minimize gaps in service and risk of staff burnout.

Other strategies may include reviewing compensation to make sure it is fair and equitable.

Retention strategies depend on the organization's size; types of staff, service providers, and volunteers; and other factors such as geography.





Worklife

- 10.3 The organization's leaders use a staffing process that is evidence-based and makes appropriate use of individual skills, education, and knowledge.

**Guideline**

The staffing process is based on objective criteria such as client health needs, client acuity, service complexity, and organizational resources.

The staffing process includes evaluating staffing effectiveness on a regular basis, and identifying ways to rectify the situation when staffing levels fall below a safe level.

The staffing process may be influenced or impacted by collective agreements, e.g., seniority provisions.



Worklife

- 10.4 The organization's leaders establish a talent management plan that includes strategies for developing leadership capacity and capabilities within the organization.

**Guideline**

The talent management plan should address succession planning, human resources development planning, and plans for building leadership capacity throughout the organization. This contributes to a healthy work environment by empowering and engaging staff and service providers to pursue leadership roles and positions.

Leadership development should be continuous and ongoing, fostered by a coaching or learning culture.

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



Worklife

- 10.5 The organization's leaders define reporting relationships for staff, service providers, and volunteers.

**Guideline**

Reporting relationships are reflected in the organizational chart and understood by everyone in the organization. They are aligned with the organization's structure; the scope and type of services offered; efficient and effective leadership and teamwork throughout the organization; the types of staff, service providers, and volunteers; the flow of staff, service providers, and volunteers across the organization; and the integration of services across the continuum of care.





Worklife

- 10.6 The organization's leaders ensure that position profiles for each position are developed and updated regularly.

**Guideline**

The frequency of updating position profiles is established and followed by the organization's leaders.

Position profiles, also referred to as role descriptions, job descriptions, or position descriptions, align with the organization's mission, vision and values and contain a position summary as well as describing the roles and responsibilities of the position. They also outline the nature and scope of the work, the qualifications required for the position, reporting relationships, and lines of communication.



Safety



- 10.7 **REQUIRED ORGANIZATIONAL PRACTICE:** The organization defines the roles, responsibilities, and accountabilities of the organization's leaders, staff, service providers, and volunteers for client care and safety.

**Guideline**

The organization's leaders, staff, service providers, and volunteers play important roles in client safety. System errors that are a result of multiple breakdowns in processes and communication often contribute to adverse events.

Roles and responsibilities for client safety may be defined in position profiles, performance appraisals, handbooks, and orientation material. In addition, client safety can be addressed on a regular basis in newsletters and client safety committee minutes.

Test(s) for Compliance

- 10.7.1 Attention to client safety is demonstrated by defining roles and responsibilities for client safety.
- 10.7.2 The organization's leaders, staff, service providers, and volunteers can articulate how they contribute to client safety. Policies and procedures outline behaviours to promote client safety.
- 10.7.3 Policies and procedures outline behaviours to promote client safety.





Safety



10.8

**REQUIRED ORGANIZATIONAL PRACTICE:** The organization delivers client safety training and education at least annually to the organization's leaders, staff, service providers, and volunteers, including education targeted to specific client safety focus areas.

**Guideline**

Annual education on client safety is made available to the organization's leaders, staff, service providers, and volunteers, and organizations identify specific client safety focus areas such as safe medication use, using the reporting system for adverse events, human factors training, techniques for effective communication, equipment and facility sterilization, handwashing and hand hygiene, and infection prevention and control.

Test(s) for Compliance

10.8.1 There is annual client safety training, tailored to staff needs and the organization's client safety focus areas.



Worklife

10.9

The organization's leaders regularly evaluate reporting relationships and leaders' span of control.

**Guideline**

Evaluating reporting relationships and span of control includes regularly assessing leaders' training and competencies to fulfill position requirements and verifying that they have authority over the things for which they are accountable.

The frequency of evaluating reporting relationships and span of control is established and followed by the organization's leaders.



Worklife



10.10

The organization's leaders implement policies and procedures to monitor staff performance that align with the organization's mission, vision, and values.

**Guideline**

The policies and procedures address having guidelines for expected behaviours that align with the organization's values; giving regular, objective performance appraisals; documenting performance; and developing individual performance management plans based on strengths, areas for improvement, and individual goals and career plans.

The policies and procedures are shared with all leaders, staff, service providers, and volunteers.





Worklife

- 10.11 The organization's policies and procedures to monitor performance include how to deal with performance issues in an objective and fair way.

**Guideline**

Dealing with performance issues may be influenced by collective agreements.



Worklife

- 10.12 The organization's leaders conduct exit interviews and use this information to improve performance, staffing, and retention.

**Guideline**

The organization's leaders analyze exit interview information to identify trends that may be used to improve staffing or retention strategies. For example, if many staff members are leaving due to a lack of advancement opportunities, the organization may work to create new advancement opportunities or other incentives to encourage staff to stay with the organization, e.g., professional development opportunities or opportunities for secondment.



Worklife

- 10.13 The organization's leaders develop a process for maintaining human resource records for staff members, service providers, and volunteers.

**Guideline**

The records include information about hiring; orientation, training, and education; performance appraisals and performance issues; and dismissal or resignation, including the exit interview.



Effectiveness



- 10.14 Human resource records are stored in a manner that protects individual privacy and meets applicable regulations.

**Guideline**

The organization meets federal, and provincial or territorial, regulations regarding privacy, and stores records for the required amount of time after an individual has left the organization.



## 11.0 The organization's information management policies and systems meet current information needs, anticipate future information needs, and enhance organizational performance.



Effectiveness

- 11.1 The organization's leaders select and implement information management systems that meet the organization's current needs, and anticipate future needs.

### Guideline

When choosing information management systems, the organization's leaders consider current and evolving information needs; hardware and software reliability, security, and user-friendliness; input from system users; available resources; and applicable legal requirements.

In some jurisdictions, selection and implementation of information management systems is the responsibility of government.



Effectiveness



- 11.2 The organization's leaders verify that the organization meets applicable legislation for protecting the privacy and confidentiality of client information.

### Guideline

Applicable legislation may be federal as well as provincial or territorial, e.g., the Personal Information Protection and Electronic Documents Act.



Effectiveness



- 11.3 The organization's leaders implement, review, and update policies and procedures to support the collection, entry, use, reporting, and retention of information.

### Guideline

The organization's leaders decide on the frequency of reviewing and updating the policies and procedures.

Policies and procedures related to information management include standardized methods for collecting, coding, classifying, and entering data; education, training, and support so users can use the information system appropriately; maintaining confidentiality, security, and integrity of data and information; reporting data and information in a standardized and accurate way; and establishing retention and destruction timelines that specify how long information, including data and records, should be retained.





Effectiveness

- 11.4 The organization's leaders manage access to and support and facilitate the flow of clinical and administrative information throughout the organization, to the governing body, across sites or regional boundaries, and to external partners and the community.

**Guideline**

Information may be clinical or administrative. It may address clients, staff, safety, e.g., infection control, or organizational performance, e.g., quality, outcomes, or financial performance. Access is provided on an as-needed basis to protect privacy and meet applicable laws and regulations. To improve the flow of information, the organization's leaders may establish different levels of access, and adapt the information for each audience.



Effectiveness



- 11.5 The organization's leaders provide staff and service providers with timely access to research-based evidence and leading and best practice information.

**Guideline**

Access to research-based evidence and best practice information may differ among clinical teams or units.

The organization's leaders collaborate with partners and other stakeholders to facilitate access to clinical information in a timely manner, including databases, books, or journals and evidence-based guidelines. This may include initiatives to expose leaders throughout the organization to research and best practice; developing library services or links to professional libraries to manage the organization's research and best practice information; or becoming involved in research networks or partnerships.



Effectiveness

- 11.6 The organization's leaders regularly assess the quality and usefulness of the organizations' data and information, and improve the organization's information systems.

**Guideline**

The frequency of evaluating the quality and usefulness of data and information is established and followed by the organization's leaders.

The assessment includes processes and checkpoints to ensure that data and information are accurate, reliable, secure, confidential, and reported in a timely way. It may also include maintaining an inventory of existing information sources to support the integration of information coming from several sources; preventing unnecessary duplication, e.g., collection of the same information from multiple sources; pinpointing gaps and identifying new data collection fields; and encouraging a more complete approach to information management.

The organization's leaders seek input from users to ensure that the data and information provided are useful and relevant.



## MONITORING AND IMPROVING QUALITY AND SAFETY

### 12.0 The organization's leaders have a process to manage and mitigate risk in the organization.



Effectiveness



12.1 The organization's leaders use a structured process to identify and analyze actual and potential risks or challenges.

#### Guideline

Analyzing potential risks involves evaluating and classifying the risk according to the likelihood of its occurrence and the potential severity of its impact or consequences.

Potential risks or challenges may include shifts in funding, political changes or labour disruptions, and human or other resource shortages.

By proactively identifying potential risks or challenges, the organization's leaders are able to mobilize resources quickly and effectively to prevent or limit crisis situations, and have mechanisms to ensure the continuity of operations in the event of a crisis.



Safety



12.2 The organization's leaders implement an integrated risk management approach to mitigate and manage risk.

#### Guideline

An integrated risk management approach means that risk management is integrated into the culture of the organization. The organization's leaders involve leaders throughout the organization in risk management planning and encourage them to consider risk management in day-to-day activities. This includes operational objectives or plans and the assignment of responsibilities and accountabilities throughout the organization.

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. Enterprise risk management, including organizational or administrative risk management, addresses financial, infrastructure, reputational and marketplace risks. It may include assessment of insurance protection, budget and capital planning processes; human resources; corporate governance; compliance risks associated with standards, policies, and legislation; information systems and technology; property and physical infrastructure; emergency or disaster preparedness; contract management; and risks related to reputation, credentialing, and liability.

Reducing clinical risks to clients, staff, and service providers relates to providing safe and effective care and may address specific high-risk areas such as preventing and controlling infections, providing laboratory services, or other potential clinical risk areas identified by the organization.

One tool to help organizations identify and assess risk is the Risk Management Self-Appraisals Modules (RMSAM) offered by the Healthcare Insurance Reciprocal of Canada. This tool focuses on reducing preventable risks through organization-wide participation in their identification, assessment, and management.

In organizations where there is no governing body, the organization's leaders take responsibility for integrating risk management into organizational decision-making.





Effectiveness



- 12.3 As part of the integrated risk management approach, the organization's leaders develop contingency plans.

**Guideline**

The organization's contingency plans are based on the frequency and severity of the risk. They address identified risks or challenges and outline the actions to be taken by the organization to reduce the impact of incidents should they occur.



Effectiveness



- 12.4 The organization's leaders disseminate the risk management approach and contingency plans throughout the organization.



Effectiveness

- 12.5 The organization's leaders evaluate the effectiveness of the integrated risk management approach and make improvements as necessary.

**Guideline**

The frequency of evaluation is established and followed by the organization's leaders.

Evaluating the effectiveness of the approach involves monitoring performance against pre-determined objectives and making improvements based on the results. This may include developing an internal audit that can be used to audit the risk management processes and procedures across the organization and identify areas for improvement. The internal audit is conducted on the processes or actions implemented as a result of the integrated risk management approach at various levels throughout the organization. The internal audit should include an analysis of the cost-effectiveness of the approach and monitoring risk performance indicators to evaluate the contribution of the integrated risk management approach to the organization.



Effectiveness

- 12.6 As part of the integrated risk management approach, the organization's leaders follow established policies and procedures for selecting and negotiating contracted services.

**Guideline**

The organization has policies and procedures for selecting contracted organizations; negotiating the terms of the agreement; signing, reviewing and updating all contracts; and anticipating and addressing risks associated with contracted services.





Effectiveness

- 12.7 As part of the integrated risk management approach, the organization's leaders evaluate the quality of contracted services.

**Guideline**

When dealing with contracted services, the organization's leaders follow processes to monitor and evaluate the quality of the contracted services in alignment with the evaluation of other internal or in-house services, including ensuring that the services are safe for clients and staff; evaluating client and staff satisfaction; dealing with disputes and issues of non-compliance; and addressing opportunities for improvement.

Contracted services may include housekeeping, laundry, reprocessing, or food services.

**13.0 The organization's leaders assess and improve client flow throughout the organization.**

Client-centred  
Services

- 13.1 The organization's leaders collect and analyze client flow information to identify barriers to optimal client flow, their causes, and the impact on client experience and safety.

**Guideline**

Barriers to optimal client flow include situations where the demand for services exceeds the organization's capacity to deliver those services, impairing seamless transitions through the continuum of care for clients. This may include waits, delays, bottlenecks, or back logs. Settings within the organization that are most likely to be barriers to efficient, optimal client flow include primary care, emergency departments (waits for inpatient admission), critical care units or post-anesthesia care units (waits for surgical care or medical care beds), inpatient units (waits for beds in the next setting of care), community settings (waits for long-term care, home care, home support, housing or palliative care).

Analyzing flow should include examining the system from the client's perspective and reviewing occupancy and how often clients are held in areas while they wait for another level or setting of care. It may also include analyzing variability in demand for services including surgical volume trends or wait times for emergency care, surgical procedures, or long-term care and the organization's ability to meet those demands.

One approach for analyzing and optimizing client flow is the Lean methodology, which focuses on understanding the system from the client's experience in it and using that information to increase efficiency, minimize waste, and increase quality. There are many resources that can be used to apply Lean in healthcare (e.g. the Institute for Healthcare Improvement and the Lean Enterprise Institute). The Six Sigma methodology is another approach that can be used to improve quality and minimize variability in services.





Effectiveness

- 13.2 The organization's leaders use information about barriers to client flow to develop a strategy to build the organization's capacity to meet the demand for service and improve client flow throughout the organization.

**Guideline**

The client flow strategy may be across a province, health region, network of health care institutions, or stand-alone health care organization. The organization's leaders involve staff and service providers when developing the client flow strategy. Once the barriers or challenges and their causes are identified, improving client flow may include addressing inefficient or unsafe activities or processes that contribute to the inefficient flow of clients through the organization.

Improving client flow may require evaluating and improving triage processes; adding or shifting bed capacity or having surge capacity policies and procedures, including thresholds for creating extra capacity; improving bed-cleaning turnaround times; improving the transfer of information between departments or service providers; establishing which clients or cases have priority for beds and protecting beds for those that are prioritized; or balancing the surgical schedule with elective and non-elective surgeries so that there is room for flexibility in carrying out unscheduled or emergency surgeries.

Continuity of  
Services

- 13.3 The organization's leaders collaborate with other service providers and partners to improve and optimize client flow.

**Guideline**

The organization's leaders develop partnerships with service providers outside the organization such as consultants (e.g., diagnostic testing), acute care and primary care providers, outpatient clinics, and long-term care organizations to improve client flow issues at admission and discharge. One approach is to establish guidelines for determining the most appropriate setting of care (i.e., which clients should be sent to the emergency department as opposed to receiving primary care).



Effectiveness

- 13.4 The organization evaluates the effectiveness and impact of the client flow strategy.



## 14.0 The organization's leaders prepare the organization for disasters and emergencies.



Safety



- 14.1 The organization's leaders develop and implement plans for preventing and mitigating potential disasters and emergencies.

### Guideline

Prevention refers to measures taken to avoid an incident or stop an emergency or disaster from occurring. Mitigation refers to actions taken to reduce the risks and impacts posed by hazards.

Prevention and mitigation plans should be based on information obtained from hazard identification, risk assessment, and business impact analysis.



Safety



- 14.2 The organization's leaders develop, implement, and evaluate an all-hazard disaster and emergency response plan to address the risk of disasters and emergencies.

### Guideline

The plan identifies immediate actions to respond to disasters and emergencies including internal and external functional roles and responsibilities (e.g., those of community partners) and establishes lines of authority. The plan addresses all hazards identified by the organization's leaders, risk assessment, and business impact analysis.

Organizations with two or more sites follow the same or similar plans to prepare for and reduce the risk of disasters and emergencies.



Effectiveness



- 14.3 The organization's leaders align the organization's all-hazard disaster and emergency response plan with those of partner organizations and local, regional, and provincial governments.

### Guideline

The organization's disaster and emergency plans are integrated with partner organizations and governments to facilitate coordinated, large-scale responses as required.





Effectiveness

- 14.4 The organization's leaders provide access to education to support the all-hazard disaster and emergency response plan.

**Guideline**

The objective of the education is to create awareness and enhance the skills required to develop, implement, maintain, and execute the all-hazard disaster and emergency response plan.

The education may include advanced first aid (how to sustain life and prevent further injuries); field triage (sorting clients into those who need critical attention and immediate medical attention and those with less serious injuries); or the use of altered care standards (e.g., when demand for care provided in accordance with current standards exceeds resources) including conditions under which altered care standards are activated, how emergency responders will be notified of the activation, and how to apply altered care standards in the field.



Safety



- 14.5 The organization's leaders regularly test the organization's all-hazard disaster and emergency response plans with drills and exercises to evaluate the state of response preparedness.

**Guideline**

Depending on the level of risk, regular testing of at least one type of emergency or one element of the plan is done at least quarterly and annual evacuation drills are held for each shift. The timing and frequency of drills and exercises may depend on the time sensitivity or complexity of the emergency plans. A facility that experiences a high degree of staff turnover may need more frequent exercises. Often training and exercise schedules can be linked to seasonal hazards or to trigger events.

The organization's leaders encourage as many staff and service providers as possible to participate in testing disaster and emergency plans, and monitor and document participation.



Safety

- 14.6 The organization's leaders use the results from post-drill analysis and debriefings to review and revise if necessary its all-hazard disaster and emergency response plans and procedures.





Effectiveness

- 14.7 The organization's leaders develop and implement an incident management system to direct and coordinate actions and operations during and after disasters and emergencies.

**Guideline**

An incident management system (also known as an emergency management system) is a system that defines the roles and responsibilities of staff and service providers and the operating procedures to be used in the management of emergencies and other events. The roles and responsibilities will vary depending on the form of emergency or disaster.



Effectiveness

- 14.8 The organization's leaders develop and implement an emergency communication plan.

**Guideline**

The communication plan identifies the essential information and messages that must be sent and received, to whom they should be communicated, and how the organization will send communications internally and externally, including to the public.



Effectiveness

- 14.9 The organization's leaders develop and implement a business continuity plan to continue critical operations during and following a disaster or emergency.

**Guideline**

The business continuity plan is based on the results of business impact analysis, and includes the identification of time-sensitive critical functions and applications, associated resource requirements, and interdependencies.



Effectiveness



- 14.10 The business continuity plan addresses back-up systems for essential utilities and systems during and following emergency situations.

**Guideline**

Utilities include electricity, potable water, sterile water, fuel, medical gases, and vacuum systems.

Systems include elevators/escalators; heating, ventilation, and cooling systems; steam for sterilization; communication equipment such as telephones, facsimile machines, mobile phones, pagers, and intercoms; and information systems.





Population  
Focus

- 14.11 When disasters or emergencies occur, the organization's leaders provide staff, service providers, volunteers, clients, and the community with support and debriefing opportunities.

**Guideline**

Depending on the scope of the disaster or emergency, the opportunity to debrief could entail a small, informal meeting with those involved, or something larger such as an open forum with partners and the community.

**15.0 The organization's leaders monitor and improve client safety on an ongoing basis.**



Safety



- 15.1 **REQUIRED ORGANIZATIONAL PRACTICE:** The organization adopts client safety as a written, strategic priority or goal.

**Guideline**

There is an important connection between organization excellence and safety. Ensuring safety in the provision and delivery of services is among an organization's primary responsibilities to clients, staff and providers. Accordingly, safety should be a formally written component of the organization's strategic objectives. This may be in the form of the strategic plan, the annual report, or list of organizational goals.

Test(s) for Compliance

- 15.1.1 Client safety appears as a written, strategic priority or goal.

- 15.1.2 Resources are allocated to support the organization's implementation of the client safety strategic priority or goal.



Safety



- 15.2 **REQUIRED ORGANIZATIONAL PRACTICE:** The organization develops and implements a client safety plan, and implements improvements to client safety as required.

**Guideline**

Client safety may be improved when organizations consider and develop a plan for addressing safety issues. Safety plans consider the safety issues related to the organization, delivery of services, and needs of clients and families. The safety plan includes a range of topics and approaches to addressing and evaluating safety issues. Safety plans may address mentoring staff and service providers, the role of leadership (e.g. client safety leadership walkabouts), implementing organization-wide client safety initiatives, accessing evidence and best practices, and recognizing staff and service providers for innovations to improve client safety.

Test(s) for Compliance

- 15.2.1 The organization assesses client safety issues.



- 15.2.2 There is a plan and process in place to address identified client safety issues.



Safety

- 15.3 The organization's leaders assign responsibility for implementing and monitoring the client safety plan and leading client safety improvement activities.

**Guideline**

Responsibility for the client safety plan may be assigned to a council, committee, or team whose mandate includes organization-wide client safety; a designated staff member with responsibility for client safety; or client safety champions whose mandate is to facilitate and improve client safety throughout the organization or within specific work areas.



Safety



- 15.4 **REQUIRED ORGANIZATIONAL PRACTICE:** The organization establishes a reporting system for adverse events, sentinel events, and near misses, including appropriate follow-up. The reporting system is in compliance with any applicable legislation, and within any protection afforded by legislation.

**Guideline**

An adverse event is an unexpected and undesirable incident directly associated with the care or services provided to the client. The incident occurs during the process of receiving health services. The adverse event is an adverse outcome, injury or complication for the client.

A sentinel event is an adverse event that leads to death or major and enduring loss of function for a recipient of healthcare services. Major and enduring loss of function refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or began, i.e. a client dies or is seriously harmed by a medication error.

A near miss is an event or situation that could have resulted in an accident, injury or illness to a client but did not, either by chance or through timely intervention.

The reporting system for adverse events, sentinel events and near misses may be part of a larger incident reporting system.

The goal of the reporting system for adverse events, sentinel events and near misses is to learn from the event, prevent recurrences, and strengthen the culture of safety.

Test(s) for Compliance

- 15.4.1 There is a reporting policy and process to report adverse events, sentinel events, and near misses.
- 15.4.2 Improvements are made following investigation and follow-up.





Safety



- 15.5 The organization's leaders review the frequency and severity of sentinel events, adverse events, and near misses identified by the organization's reporting system.

**Guideline**

The organization's leaders analyze the frequency and severity of sentinel events, adverse events, and near misses, and provide regular (e.g. quarterly reports) reports to the governing body, if applicable, to help the governing body understand trends, client and staff safety issues, and opportunities for improvement.



Safety

- 15.6 The organization's leaders support a no-blame culture by providing opportunities for staff and service providers to learn from sentinel events, adverse events, and near misses.

**Guideline**

Learning from client safety incidents encourages a no-blame culture where the focus is on improvement and preventing the incident from recurring. This process may include reviewing trends or specific cases to determine the cause or contributing factors and how to prevent the incident from happening in the future.

The Canadian Patient Safety Institute and Safer Health Care Now! provide useful resources for learning about client safety and improving the safety and quality of services.





Safety



15.7

**REQUIRED ORGANIZATIONAL PRACTICE:** The organization implements a formal and open policy and process for disclosure of adverse events to clients and families, including support mechanisms for clients, family, staff, and service providers involved in adverse events.

**Guideline**

Research shows a positive relationship between client satisfaction with how an adverse event is handled by an organization and formal open disclosure. Disclosing adverse events in an open and timely manner may maintain the client's relationship with the health service organization, staff and service providers, and reduce the risk of litigation.

Core elements of disclosure include discussing the event with the client, family, and relevant staff or service providers; acknowledging or apologizing for the event; reviewing the actions taken to mitigate the circumstances surrounding the event; discussing corrective action to prevent further similar adverse events; responding to client, family and staff or service provider questions; and offering counselling to staff, service providers, and clients involved.

The Canadian Disclosure Guidelines, published by the Canadian Patient Safety Institute (CPSI) is a resource intended to encourage and support healthcare providers, interdisciplinary teams, organizations and regulators in developing and implementing disclosure policies, practices and training methods. They can be accessed on the CPSI website.

The disclosure policy and process is in compliance with any applicable legislation and within any protection afforded by legislation.

Test(s) for Compliance

- 15.7.1 There is a written policy for disclosure of adverse events to clients and families.
- 15.7.2 The disclosure policy includes support mechanisms for clients, families, staff, and service providers.
- 15.7.3 There is evidence of a process for disclosure of adverse events to clients, families, staff, and services providers.





Safety



15.8

**REQUIRED ORGANIZATIONAL PRACTICE:** The organization reconciles clients' medications at admission, and transfer or discharge.

**Guideline**

Medication reconciliation is a structured process in which healthcare professionals partner with clients, families and caregivers for accurate and complete transfer of medication information at transitions of care. Medication reconciliation is complex and requires support from all levels of an organization, and many disciplines within the system.

Medication reconciliation is widely recognized as an important safety initiative. Research suggests that over 50% of patients have at least one medication discrepancy upon admission to hospital, with many discrepancies carrying the potential to cause adverse health effects. Evidence shows that medication reconciliation reduces the potential for medication discrepancies such as omissions, duplications, and dosing errors, while cost-effectiveness analyses have also demonstrated that medication reconciliation is an extremely cost-effective strategy for preventing medication errors. Additional research highlights that successful medication reconciliation can also reduce workload and rework associated with patient medication management.

In Canada, Safer Healthcare Now! identifies medication reconciliation as a safety priority. The World Health Organization (WHO) has also developed a Standard Operating Protocol for medication reconciliation as one of its interventions designed to enhance patient safety.

Test(s) for Compliance

- 15.8.1 Medication reconciliation is implemented in one client service area at admission.
- 15.8.2 Medication reconciliation is implemented in one client service area at transfer or discharge.
- 15.8.3 There is a documented plan to implement medication reconciliation throughout the organization.
- 15.8.4 The plan includes locations and timelines for implementing medication reconciliation throughout the organization.





Safety



15.9

**REQUIRED ORGANIZATIONAL PRACTICE:** The organization carries out at least one client safety-related prospective analysis and implements appropriate improvements.

**Guideline**

Evidence shows that conducting systematic prospective analyses of potential adverse events is an effective method to prevent or reduce errors. The principle behind the reduction of such events is the elimination of unsafe actions and conditions that can lead to potentially serious events. A study by Nickerson applied Failure Modes and Effects Analysis (FMEA) to two high-risk situations, transcription of medication errors for inpatients, and overcrowding in the emergency department. Results showed a significant improvement.

There are numerous tools and techniques available to conduct a prospective analysis. One tool is FMEA, a team-based, systematic, and proactive approach that identifies the ways a process or design might fail, why it might fail, the effects of that failure, and how it can be made safer. Other methods to proactively analyze key processes include fault tree analysis, hazard analysis, simulations, and Reason's Errors of Omissions model.

Test(s) for Compliance

15.9.1 At least one prospective analysis has been completed within the past year.

15.9.2 The organization uses information from the analysis to make improvements.



Safety



15.10

**ACCREDITATION CANADA REQUIRED INSTRUMENT:** The organization monitors its client safety culture by using the Patient Safety Culture Tool.

**Guideline**

The organization's leaders recognize their responsibility for promoting a culture of client safety, for preventing incidents and adverse events, for allocating resources to improve safety, and for fostering a no-blame culture that encourages learning from errors and mistakes. The Patient Safety Culture Tool measures these and other elements to determine organizational commitment to client safety.

The organization shares the results of the Patient Safety Culture Tool with staff and service providers, and is able to demonstrate that the results have been used to improve client safety.

Instrument Information

15.10.1 The organization administers the Patient Safety Culture Tool at least once every three years.

15.10.2 The organization has taken action on the most recent Patient Safety Culture Tool results.





Safety



15.11

**REQUIRED ORGANIZATIONAL PRACTICE:** The organization's leaders provide the governing body with quarterly reports on client safety, and include recommendations arising out of adverse incident investigation and follow-up, and improvements made.

**Guideline**

The board or governing body for each organization is ultimately accountable for the quality and safety of health services. Literature supports the important role of a governing body to enable an organizational culture that enhances client safety. An organization is more likely to make safety and quality improvement a central feature of health services if the governing body is aware of client safety issues and adverse events, and leads in the quality improvement efforts of the organization. In addition, the governing body needs to be informed about and have input into follow-up actions or improvement initiatives resulting from adverse events. Evidence is emerging that organizations with active board engagement in client safety are able to achieve improved outcomes and processes of care.

Test(s) for Compliance

- 15.11.1 Quarterly client safety reports have been provided to the governing body.
  
- 15.11.2 The reports outline specific organizational activities and accomplishments in support of client safety goals and objectives.
  
- 15.11.3 There is evidence of the governing body's involvement in supporting the activities and accomplishments, and acting on the recommendations in the quarterly reports.



## 16.0 The organization's leaders develop and implement a defined and integrated quality management system to assess performance and improve quality.



Effectiveness



### 16.1 The organization's leaders develop and implement an integrated quality improvement plan.

#### Guideline

An integrated quality improvement plan incorporates risk and utilization management; performance measurement, including monitoring of strategic goals and objectives; client 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, the organization's leaders may use a balanced scorecard, which allows alignment of performance measurement and quality improvement with strategic goals and objectives, or to translate the strategy into operational actions. 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, staff, and service provider experience; and internal systems or process performance information.

Using information from the scorecard, the organization's leaders can share performance information with the governing body, where appropriate; generate dashboards or scorecards for specific programs, units or teams; generate client or staff experience reports; and generate information related to other system-wide measures.

One approach for analyzing and improving processes and the overall quality of a health care organization is the Lean methodology, which focuses on understanding the system from the client's experience in it and using that information to increase efficiency, minimize waste, and increase quality. There are many resources that can be used to apply Lean methodology in healthcare quality improvement (e.g. the Institute for Healthcare Improvement and the Lean Enterprise Institute). The Six Sigma methodology is another approach that can be used to improve quality and minimize variability in services. This approach uses data and statistical analysis to identify where errors are occurring and make improvements.

The British Columbia Patient Safety and Quality Council offers quality improvement and patient safety educational programs online. The Ontario Health Quality Council's website offers quality improvement guides addressing models for improvement, methods, and tools; access; efficiency; and long-term care.





Effectiveness



16.2

The organization's leaders follow a defined process to select and monitor system-level process and outcome measures to evaluate the organization's performance at a strategic level.

#### Guideline

At a strategic level, the organization's leaders select system-wide measures that allow them to assess the organization's overall performance. These measures are often referred to as "big-dot" measures or indicators. They are used to assess the organization's performance over time and in relation to strategic goals and objectives; to compare the organization's performance to that of other organizations; and to plan strategic goals and objectives and quality improvement initiatives.

These measures may reflect the continuum of care (e.g., primary health care, acute care, long-term care and home care) and may address themes such as access, length of stay, client safety, client experience, or health human resources. Organizations should select measures according to how they are aligned with provincial and national priorities and with their own strategic goals for quality improvement.

The organization's leaders work with the governing body, where applicable, to select process and outcome measures that are relevant and appropriate and linked to strategic goals and objectives.

In organizations where there is no governing body, the organization's leaders take responsibility for selecting and monitoring the organization's process and outcome measures.



Effectiveness



16.3

The organization's leaders require, monitor, and support service, unit, or program areas to monitor their own process and outcome measures that align with the broader organizational strategic goals and objectives.

#### Guideline

The organization's leaders obtain a balanced perspective of the organization as a whole by using a set of system-wide measures that are complemented with micro-level measures or indicators related to the performance of services, units, or program areas.

Service or program area-level measures address service delivery effectiveness, responsiveness, client experience, and client outcomes. Using performance data for their team, teams are able to determine whether they are achieving their goals and objectives, where performance deficiencies exist, and areas for improvement.





Effectiveness



- 16.4 The organization's leaders identify opportunities for quality improvement based on trends in sentinel events, adverse events, and near misses, performance data, patient experience data, and other sources, and develop a plan to prioritize and address those opportunities.

**Guideline**

Other sources of data used to identify areas for improvement include health outcomes, e.g., changes in the health status of the populations served by the organization; client, community, and staff satisfaction results; complaints; information about the appropriateness of the organization's services; results of utilization reviews, e.g., cost-effectiveness and efficiency; and the level of integration achieved and the continuity of service.

Opportunities for performance improvement are prioritized based on the community's health needs; areas that are high risk, high volume, high cost, or problem-prone; and alignment with strategic goals and objectives.



Effectiveness



- 16.5 The organization's leaders verify that the quality improvement plans and related changes are implemented.

**Guideline**

To achieve organization-wide improvements, the organization's leaders identify opportunities for improvement and verify that the corresponding changes and improvements are implemented. Staff and service providers are involved in interpreting the results, solving problems, and making improvements.



Effectiveness

- 16.6 The organization's leaders generate regular reports about the organization's performance and share this information with the governing body, where applicable.

**Guideline**

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

The organization's leaders share the reports with the governing body to keep it informed about the organization's performance, priorities for improvement, and results. In organizations where there is no governing body, the organization's leaders take responsibility for monitoring the organization's performance and initiatives to improve performance.





Effectiveness



- 16.7 The organization's leaders communicate the results of quality improvement activities broadly, as appropriate.

**Guideline**

Broad communication of the results of quality improvement activities includes communicating with the governing body, where applicable; staff, service providers, volunteers; and clients and families. The organization's leaders may also choose to share the results of quality improvement activities with partners, stakeholders, and the community as a whole.

When results of quality improvement activities are communicated, it is done in accordance with legislation that protects information related to quality, safety, risk management, and personal health information.



## Legend:

### Dimensions:



**Population Focus**

Working with communities to anticipate and meet needs



**Accessibility**

Providing timely and equitable services



**Safety**

Keeping people safe



**Worklife**

Supporting wellness in the work environment



**Client-centred Services**

Putting clients and families first



**Continuity of Services**

Experiencing coordinated and seamless services



**Effectiveness**

Doing the right thing to achieve the best possible results



**Efficiency**

Making the best use of resources

### Criterion Types



**Required Organizational Practices**

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



**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.

### Priority



**High Priority**

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

