

Nova Scotia Quality & Patient Safety Advisory Committee

Advice and recommendations prepared for submission to the Minister of Health and Wellness. April 2012

Strategic Plan 2011-16



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A health system that puts quality and patient safety first is better managed, a better draw for health care providers and will provide better care for Nova Scotians.

-Kevin McNamara, Deputy Minister
Department of Health & Wellness



Background

Patient Safety is one of the most important issues facing the Canadian and Nova Scotian Health Care Systems. Quality and patient safety are an integral part of health system sustainability and improved patient outcomes.

There are many different definitions of quality that exist. The following is the definition that was chosen by QPSAC, based on the quality dimensions identified by Dr. Don Berwick (former CEO of IHI):

Quality health care maintains the patient as the centre of the provincial health care system; the care received is appropriate, timely, safe, efficient and equitable.

The Nova Scotia government validated its commitment to quality and patient safety in the March 25, 2010 Speech from the Throne. From this public commitment, the Department of Health – now the Department of Health and Wellness -- re-established a forum of experts, the Quality and Patient Safety Advisory Committee (QPSAC), to provide advice to the Minister on issues of quality and patient safety and to create a provincial perspective that spans the continuum of care. (Please see Appendix A for a list of committee members).

Through QPSAC collaboration with the District Health Authorities (DHAs), IWK Health Centre, provincial programs, EHS, community services, primary care, public health, continuing care and other branches and divisions within the Department of Health and Wellness (DHW), a provincial

culture of quality and patient safety can be achieved. With province wide collaboration, across the continuum of care, where health care providers, policy and decision makers work together to improve patient outcomes, a systems approach to quality and patient safety can be realized.

The draft strategic plan grew out of a full-day strategic planning session in summer 2011. The advisory committee continued to develop the plan through the remainder of 2011. It is intended to guide committee activities over a five-year period, with established goals and timelines. Throughout the strategic planning development, there was occasional concern voiced by stakeholders over the potential fiscal investments needed to achieve a province wide impact in quality and patient safety. The QPSAC recognizes that improvement can require financial investments or re-allocation of current resources; however, given the impact of substandard quality and patient safety, both financially and from a patient/family community hardship perspective, quality and patient safety are and must continue to be a key lens to be applied to all health care decision-making. It is also clear that improvements in quality and patient safety are frequently not about investing or spending more money but can instead be achieved through changes in how we work and think.

The Advisory Committee's mandate and roles and responsibilities serve as a foundation for four strategic priorities for 2011-2016:

1. Bring a provincial perspective to patient safety and quality improvement activities by making Quality a Systems Strategy.
2. Facilitate the building of capacity and expertise in patient safety through Educating Leadership.
3. Demonstrate transparency and accountability to patients and the public for the quality of care provided in Nova Scotia by defining and reporting on Quality and Patient Safety Results.
4. Prioritize areas of quality and patient safety for improvement.

It is the position of the QPSAC that safety is a **key dimension** of and is the **necessary foundation** of quality: greater patient safety means higher quality healthcare. The following strategic plan was written with this in mind. Please note the word 'patient' in this document is also intended to reflect residents of long term care facilities and others for whom we provide care.

Mandate

To **provide advice and make recommendations to the Minister of Health and Wellness** on matters related to quality and patient safety of care across the continuum of Nova Scotia's health care system.

Guiding Documents

- Department of Health and Wellness Statement of Mandate (2011)
- QPSAC Strategy Development Summary Report (2011)
- QPSAC Terms of Reference (2011)
- QPSAC Quality and Patient Safety: a Provincial and National Snapshot (2011)
- Healthcare Safety Advisory Committee Working Group Report (Nova Scotia Department of Health, 2009)

Key Directions, Roles and Responsibilities

System Wide Leadership

- Provide advice and make recommendations to the Minister of Health and Wellness to facilitate setting clear and consistent strategic direction for quality and patient safety improvement in Nova Scotia.
- Recommend adoption of national and international best practices, guidelines, protocols and practice known to improve patient safety, quality, and health outcomes for patients and clients across the continuum.
- Form networks, sub-committees and working groups and commission other activities as necessary in response to emerging quality and safety issues in the province, including issues that may be referred to the advisory committee by the Minister of Health and Wellness or District Health Authorities and the IWK Health Centre.

Measurement and Evaluation

- Assist the Department of Health and Wellness in the development of indicators related to quality and patient safety improvement.

Legislation and Regulations

- Provide advice regarding health care legislation and regulations to promote and advance a provincial quality and patient safety improvement agenda.

Education and Professional Development

- Inform the quality and patient safety improvement research agenda and commission research in safety and quality to support the work of the Quality and Patient Safety Advisory Committee.
- Promote improvement in the safety and quality of care through recommendation of training and education programs and activities.

- Promote the inclusion of quality and patient safety in the curricula of health professionals.

Information and Communication

- Recommend strategies to inform the public as active participants in their own care.
- Recommend strategies to improve health system transparency and accountability to patients for the safety and quality of care in Nova Scotia.

Mission, Vision, and Values

Mission

We will bring health system stakeholders together in a collaborative partnership to promote and inform a provincially coordinated, innovative and patient-centered approach to quality and patient safety improvement in Nova Scotia.

Vision

Health system stakeholders working as a team towards an accountable system transformation and the provision of safe, quality care with improved patient outcomes

Values

- Excellence
- Collaboration
- Innovation
- Continuous improvement
- Province wide standardization
- Transparency

Strategic Priorities and Goals

The Advisory Committee's mandate and roles and responsibilities serve as a foundation for four strategic priorities:

1. Bring a provincial perspective to patient safety and quality improvement activities by making Quality a Systems Strategy.
2. Facilitate the building of capacity and expertise in quality and patient safety through Educating Leadership.
3. Demonstrate transparency and accountability to patients and the public for the quality of care provided in Nova Scotia by defining and reporting on Quality and Patient Safety Results.
4. Prioritize areas of quality and patient safety (QPS) for improvement.

The following table expands upon each of the strategic priorities to show the associated goals.

Strategic Priorities	Goals
<p>1. Bring a provincial perspective to patient safety and quality improvement activities by making Quality a Systems Strategy.</p>	<ul style="list-style-type: none"> ▪ Facilitate QPS as a “mandatory lens”* to be applied to all DHA/IWK, provincial programs, continuing care, EHS and DHW decisions including but not limited to policy formation, strategic planning, and funding that impacts the provision of health care and the maintenance and promotion of a healthy population.
<p>2. Facilitate the building of capacity and expertise in quality and patient safety through Educating Leadership.</p>	<ul style="list-style-type: none"> ▪ Educate both formal and informal healthcare leaders and support competencies in QPS. ▪ Integrate/improve QPS in the curricula of medical professional programs. ▪ Improve physician engagement in QPS.
<p>3. Demonstrate transparency and accountability to patients and the public for the quality of care provided in Nova Scotia by defining and reporting on Quality and Patient Safety Results.</p>	<ul style="list-style-type: none"> ▪ Raise awareness of QPSAC achievements and activities within the health care system related to QPS. ▪ Support development of a Nova Scotia indicator framework for QPS.
<p>4. Prioritize areas of quality and patient safety (QPS) for improvement.</p>	<ul style="list-style-type: none"> ▪ Collaborate with Medical Examiner, DHAs/IWK, provincial programs, continuing care, EHS and the DHW and others who provide the continuum of care in evaluating critical patient safety and quality issues in Nova Scotia. ▪ Demonstrate transparency in the communication of QPS data to the public and provincial stakeholders.

***Mandatory lens:** where quality and patient safety is one of the lenses that should be applied to all decisions in health care service.

Strategic Priority 1:

Bring a provincial perspective to patient safety and quality improvement activities by making quality a systems strategy.

Goal

Facilitate Quality and Patient Safety (QPS) as a mandatory lens to be applied to all DHA/IWK, provincial programs, continuing care, EHS and DHW decisions including but not limited to strategic planning and funding that impact the provision of health care and the maintenance and promotion of a healthy population.

Strategic Activity	Performance Indicator	Target Completion
Work with health service providers* to determine current level of patient safety culture.	Compile and examine provincial safety culture baseline data to focus strategic change priorities.	2012/2013
Build foundational quality and patient safety elements around <i>IHI's Triple Aim</i> . (Improve the health of the population. Enhance patient experience of care. Reduce/control the per capita cost of care.)	1. Select measures that define the health of a population, experience of patient care and per capita cost.	1. 2012/2013
	2. Create a portfolio of projects and investments to support pursuit of the Triple Aim.	2. 2014/2015
	3. Design a means of governing and integrating the province's initiatives.	3. 2015/2016

Strategic Activity	Performance Indicator	Target Completion
Support health service providers in promotion of a culture driven by quality.	Guidance, through position papers and research materials on best practices and standards, provided to health service provider boards and senior leadership teams.	Position Papers- 2012/2013 Research materials- Ongoing
Build on existing collaborations within NS; Atlantic Learning Collaborative, Provincial Quality Directors, Community Health Boards and others.	Growth in knowledge exchange and capacity building activities signals a collaborative culture amongst stakeholders; improved QPS knowledge in the patient population.	Ongoing
Provide advice to the Minister on amendments or enabling legislation that support quality and patient safety.	Advice to the Minister includes existing and new legislation and regulation amendments where required.	Ongoing

*Please note “health service provider” refers to any health service providers that are licensed or funded by the Nova Scotia Department of Health and Wellness; this includes the DHAs/IWK, continuing care programs, EHS, public health, mental health, primary care and provincial programs.

Strategic Priority 2:

Facilitate the building of capacity and expertise in patient safety through educating leadership.

Goal 1

Educate and support leadership competency needs in QPS. The QPSAC recognizes that there are formal and informal leaders; those who may be leaders by their title or position and those leaders that are QPS champions within their scope of practice. All those who are part of the health system have a role in teaching and learning; Nova Scotia has strong foundations that already exist in QPS, it is hoped the following strategic activities will access these foundations in more deliberate and intentional ways.

Strategic Activity	Performance Indicator	Target Completion
Inventory patient safety education for health service provider governing Boards and SLT.	Patient safety education environmental scan.	Dec 2011
Work with health service providers and academia to establish a plan to embed QPS into formal and on the job education programs (patient safety education is also an Accreditation Canada requirement).	Number of health service provider partners with written plans to integrate QPS into education of health care professionals.	40% by Dec 2012 60% by Dec 2013 80% by Dec 2014 100% by Dec 2015

Strategic Activity	Performance Indicator	Target Completion
Identify and recommend minimum QPS education requirements/courses for leaders.	QPSAC list of leaders complete recommended QPS program.	60% by end of 2012/2013 75% by end of 2013/2014
Work with provincial Community Health Boards to assist with education of the community/public.	Greater number of education initiatives for the community/patient population.	Ongoing

Goal 2

Integrate/improve QPS in the curricula of health professional programs.

Strategic Activity	Performance Indicator	Target Completion
Inventory patient safety education for Atlantic Canadian health professional programs.	Provincial mechanism for supported and improved patient safety curriculum in health professional programs is in place.	2012/2013
Work with academia, regulatory and professional bodies to explore development of a graduate level/degree or certificate program in Patient Safety and QI.	Explore potential for program with academic, regulatory and professional partners; develop feasibility report.	2015/2016

Goal 3

Improve Physician Engagement in Quality and Patient Safety.

Strategic Activity	Performance Indicator	Target Completion
Work with Doctors Nova Scotia and NS College of Physicians and Surgeons to develop a plan to integrate QPS workshops into CME and licensure requirements for physicians.	Patient Safety Education schedule template.	2012/2013

Strategic Priority 3:

Demonstrate transparency and accountability to patients and the public for the quality of care provided in Nova Scotia by defining and reporting on quality and patient safety results.

Goal 1

Raise awareness of QPSAC achievements and activities within the health care system related to quality and patient safety.

Strategic Activity	Performance Indicator	Target Completion
Share QPSAC meeting minutes with provincial stakeholders.	QPSAC minutes shared with provincial stakeholders.	Ongoing

Goal 2

Support development of a Nova Scotia indicator framework for QPS. Once an indicator framework is finalized, the QPSAC will assist provincial health care providers in decisions around a reporting process (to the DHW) and schedule. These indicators will be used to inform the DHW and QPSAC what areas of the provincial health system need greater development and highlight areas of successful integration of best practices or improved patient outcomes.

Strategic Activity	Performance Indicator	Target Completion
Based upon the Accreditation Canada quality dimensions, support DHW identification of indicators across the continuum of care at the system level.	DHW completes and makes available system level indicators. DHW provides indicator reports to QPSAC for review.	2012/2013
Based upon the Accreditation Canada quality dimensions, support DHW gathering of indicators across the continuum of care at the DHA, EHS and continuing care facility level.	DHW completes and makes available DHA, EHS and continuing care facility level indicators. DHW provides indicator reports to QPSAC for review.	2013/2014

Strategic Activity	Performance Indicator	Target Completion
Based upon the Accreditation Canada quality dimensions, support DHW gathering of indicators across the continuum of care at the provincial program level.	DHW completes and makes available program level indicators. DHW provides indicator reports to QPSAC for review.	2013/2014

Goal 3

Demonstrate transparency in the communication of QPS data to the public and provincial stakeholders.

Strategic Activity	Performance Indicator	Target Completion
QPSAC recommendation that the Accreditation Canada final reports are published on the health service provider websites.	All health service providers publish Accreditation Canada reports.	60% publish reports in 2012/2013 75% publish reports in 2013/2014 100% publish reports in 2014/2015

Strategic Priority 4:

Prioritize areas of quality and patient safety for improvement.

Goal

Collaborate with Provincial programs, Medical Examiner, DHA's /IWK, EHS, and continuing care in evaluating critical patient safety and quality issues in Nova Scotia. As these issues are recognized, the QPSAC will identify the most effective avenues for communication of 'lessons learned' to better achieve provincial collaboration. The QPSAC views a provincial adverse event reporting system as an initial step towards capturing events and supporting a culture of safety. As a provincial reporting system is implemented, healthcare organizations may want to consider use of additional safety tools such as standardized chart audits, reports of compliance with standardized safety practices and their associated outcomes and the Global Trigger Tool to promote a more comprehensive approach to reporting on patient safety.

Strategic Activity	Performance Indicator	Target Completion
Establish a QPS improvement (prioritization) framework.	Complete framework and make available to health system stakeholders.	2012/2013
Support and provide advice on the development of a provincial adverse event reporting system.	All health service providers report adverse events to DHW using consistent definitions for adverse events and severity classifications.	60% report events in 2013/2014 75% report events in 2014/2015 100% report events in 2015/2016

Strategic Activity	Performance Indicator	Target Completion
Share adverse event summaries with the public and relevant stakeholders.	Adverse event summary reports are available on DHW website.	2015/2016

References

Healthcare Safety Advisory Committee Working Group Report (Nova Scotia Department of Health, 2009)

Nova Scotia Department of Health and Wellness Statement of Mandate (2011)

QPSAC Quality and Patient Safety: a Provincial and National Snapshot (2011)

QPSAC Strategy Development Summary Report (2011)

QPSAC Terms of Reference (2011)

Appendix A

Quality and Patient Safety Advisory Committee Members:

Dr. Pat Croskerry (chair): Professor of Emergency Medicine at Dalhousie University with a cross appointment in the Faculty of Medical Education. Dr. Croskerry has worked in patient safety for over 15 years; he has published over 50 articles and 24 book chapters in the area of patient safety. He is also a member of the Board of Directors at the Canadian Patient Safety Institute (CPSI).

Catherine Gaulton (vice-chair): Vice President of Performance Excellence and General Counsel for the Capital District Health Authority (CDHA) in Halifax. Ms. Gaulton is a member of the Board of Directors at CPSI and holds a Bachelor of Law and Masters of Law Degree from Dalhousie University where she lectures on health law, policy and patient safety.

Theresa Fillatre: Senior Director for CPS Atlantic Canada and Safer Healthcare Now Flagship Program. Ms. Fillatre held a lead role in establishing the Atlantic Health Quality and Patient Safety Collaborative (AHQPSC); Theresa has held a broad range of clinical and senior leadership positions with the mental health, public health, acute care and long term care sectors, and is an Accreditation Canada Surveyor.

Dr. Linda Courey: Director of Mental Health and Addiction Services at the Cape Breton Regional Hospital. Dr. Courey is a member of several provincial and national committees, including the Canadian Executive Council on Addictions. She is also a member of the CPSI Advisory Group that is examining the risk and prevention of suicide across the continuum of health settings.

Dr. Peter Vaughan: Vice President of Medicine, South Shore Health. Dr. Vaughan was Chair of the Nova Scotia Health Research Foundation's Research Advisory committee, Board Chair of

Accreditation Canada and former CEO of the Canadian Medical Association. Dr. Vaughan is a health policy and health systems expert.

Anne McGuire: CEO of the IWK Health Centre. Anne is the former CEO of the Annapolis Valley District Health Authority and previous Chair of the Nova Scotia Association of Health Organizations. Anne has extensive knowledge and experience of women's and children's health and the full spectrum of the health system.

Dr. Mark Fleming: On the faculty in the department of psychology at Saint Mary's University in Halifax. Dr. Fleming has nearly 20 years of experience working with the high reliability organizations, such as nuclear power and petrochemical industry. Dr. Fleming has a particular knowledge of safety culture and advises regulators and international organizations (e.g. IAEA) on safety culture assessment.

John Malcom: CEO of the Cape Breton District Health Authority for the past 15 years. John is also an experienced Accreditation Canada surveyor and has worked in mental health. Mr. Malcom is a strong advocate of quality and patient safety, understands the issues provincially and nationally and is knowledgeable and experienced in the full spectrum of the health system.

Ex-Officio Members:

MJ MacDonald: Executive Director of the Health Quality Safety and Wait time Improvement (HQSWTI) Branch of the Nova Scotia DHW. Ms MacDonald is the former Director of Prevention Services from the Workers Compensation Board of Nova Scotia where her work focused on the prevention of injury and promotion of worker safety throughout Nova Scotia.

Suzanne Rhodenizer Rose: Director of Quality and Patient Safety at HQSWTI Branch of DHW. Ms Rhodenizer Rose worked as an Infection Prevention and Control consultant with DHW for three

years prior to becoming Director and is the President of Community and Hospital Infection Control and Epidemiology Association for the Nova Scotia chapter (CHICA NS). Prior to her work at DHW, Ms Rhodenizer Rose worked at the district level in various staff nursing and leadership positions.

Susan Philpott: Manager of Quality and Patient Safety at HQSWTI Branch of DHW. Ms. Philpott was on the faculty at Dalhousie University in the Bachelor of Health Science Program where quality improvement and patient safety were part of the curriculum. Ms. Philpott also assisted the PEI Department of Health with development and promotion of two of the province's cancer screening programs.

Terrilyn Hayward: Senior Policy Analyst at the HQSWTI Branch of DHW. Ms. Hayward has experience developing system standards and indicators and evaluating programs, services, and supports. Ms. Hayward is the former coordinator of the Addiction Services provincial client information system, where she carried out various risk management and continuous quality improvement initiatives, including outcomes monitoring. Prior to her work at the DHW, Ms. Hayward was a Research and Statistical Officer for the South Shore, South West, and Annapolis Valley District Health Authorities.

Appendix B

Department of Health and Wellness Quality and Patient Safety Advisory Committee Terms of Reference

Purpose:

The purpose of the Provincial Quality and Patient Safety Advisory Committee is to provide advice and make recommendations to the Minister of Health and Wellness on matters related to quality and patient safety of care across the continuum of Nova Scotia's health care system, and to bring health system stakeholders together in a collaborative partnership to promote and inform a provincially coordinated, innovative, and patient-centered approach to quality and patient safety improvement in Nova Scotia.

Objectives:

The Quality and Patient Safety Advisory Committee will:

- Bring a provincial perspective to quality and patient safety improvement strategies and priorities;
- Facilitate the building of capacity and expertise for quality and patient safety improvement;
- Support District Health Authorities and the IWK in their continuous efforts to improve the quality and safety of the health system; and
- Improve health system transparency and accountability to patients and the public for the safety and quality of care provided in Nova Scotia.

Key Roles and Responsibilities:

System-wide Leadership

- Provide advice and make recommendations to the Minister of Health and Wellness to facilitate setting of clear and consistent strategic direction for quality and patient safety improvement in Nova Scotia
- Recommend adoption of national and international best practices, guidelines, protocols and practice known to improve patient safety, quality, and health outcomes for patients and clients across the continuum
- Form networks, sub-committees and working groups, and commission other activities as necessary in response to emerging quality and safety issues in the province, including issues which may periodically be referred to the Advisory Committee by the Minister of Health and Wellness or District Health Authorities and the IWK

Measurement and Evaluation

- Assist the Department of Health in the development of indicators related to quality and patient safety improvement
- The committee will perform a self-evaluation as of June 2012

Legislation and Regulations

- Provide advice regarding health care legislation and regulations to promote and advance a provincial quality and patient safety improvement agenda

Education and Professional Development

- Inform the quality and patient safety improvement research agenda and commission research in safety and quality to support the work of the Quality and Patient Safety Advisory Committee

- Promote improvement in the safety and quality of care through recommendation of training and education programs and activities
- Promote the inclusion of quality and patient safety in the curricula of health professionals

Information and Communication

- Recommend strategies to inform the public as active participants in their own care
- Recommend strategies to improve health system transparency and accountability to patients for the safety and quality of care in Nova Scotia

Composition of the Patient Safety Advisory Committee

The Patient Safety Advisory Committee will consist of a Chair and seven members. The Chair and members are selected for their personal credibility, expertise and experience as it relates to quality and patient safety improvement.

Collectively the Council will reflect the following qualities:

- Extensive and recent clinical experience;
- Expertise in patient safety, quality improvement and clinical risk management in the health care system;
- Knowledge of best practice and implementation of innovation in the health care system;
- Knowledge of health services research, measurement and evaluation; and
- Significant experience at a senior executive level within government and/or the health care system;
- Knowledge of clinical epidemiology;
- Knowledge and experience across the continuum from pre-hospital to continuing care; and
- Knowledge and experience in health law as related to patient safety.

The Minister shall appoint one member to serve as Chair of the Advisory Committee who will assume full responsibility for the functioning of the Committee, and will be accountable in this role to the Minister through the Deputy Minister (or delegate thereof). All other Council members shall be appointed by the Minister on the advice of the Chair and the Quality and Patient Safety Division of the Department of Health.

The Advisory Committee will select a Vice-Chair from its membership. Where the Chair is absent or unable to act, or the office of Chair is vacant, the Vice-Chair will serve temporarily as Chair and may exercise all the powers and shall perform all the duties of this role.

Responsibilities to the Minister

The Patient Safety Advisory Committee receives its mandate from, and is ultimately accountable to the Minister of Health and Wellness for the manner in which it carries out its affairs.

The Committee shall prepare and submit for the approval of the Minister a multi-year strategic plan, an annual work plan for each fiscal year, and any other plans, reports, returns or records that the Minister requests, and provide any other information to the Minister upon request.

The Chair shall report quarterly to the Minister on the work of the Advisory Committee, or more or less frequently as requested.

The Committee will prepare an annual report for the Minister of Health and Wellness.

The Deputy Minister or delegate will serve as the key point of contact between the Minister and the Patient Safety Advisory Committee with respect to issues and activities.

The Committee may need to revise or change the Terms of Reference from time to time as they feel necessary. Any proposed changes to the TOR must be submitted to the Deputy Minister for final approval.

Term:

The term of membership will be two years, with provision to change the term for purposes of maintaining continuity.

Resources:

Except members who are self-employed, members employing agencies are responsible for any costs incurred to attend meetings.

Members will not be reimbursed for their time, exception: self-employed, and Physicians on fee-for-service.

The Department of Health and Wellness will provide secretariat support, as managed through the Quality and Patient Safety Division. Staff members will act in an ex-officio capacity with the Committee.

Meeting Management:

Meetings will take place every month for the first year and on a bi-monthly basis thereafter, or as determined by the Committee.

Meeting materials will be distributed as early as possible in advance of meetings.

