Integrated Quality and Safety Framework
Contents

Introduction .................................................................................................................................. 4
Background .................................................................................................................................. 4
Glossary of Key Terms .................................................................................................................. 4
Purpose .......................................................................................................................................... 5
Framework Development ............................................................................................................... 5
Integrated Quality and Safety Framework ..................................................................................... 6
Inputs to Quality and Safety Management .................................................................................... 7
Elements of Quality and Safety Management ............................................................................... 7
  Enterprise Risk Management ........................................................................................................ 7
  Organizational Safety .................................................................................................................. 8
Planning ......................................................................................................................................... 9
Quality Improvement ...................................................................................................................... 10
Resource Utilization ...................................................................................................................... 11
Strategic Foundations .................................................................................................................... 11
Dimensions of Quality .................................................................................................................. 12
Introduction

Background
Over the past few years, North York General Hospital (NYGH) has demonstrated its commitment to advance our culture of quality and safety. The integrated quality and safety management initiative is a sub-project of the overarching strategic initiative “Deliver High Quality Safe and Accessible Care (Deliver). This strategic initiative builds upon the great work done to date as we strive to become an innovative leader in providing patient- and family-centred care, enhance quality, safety and risk management, maintain fiscal stewardship, and build a stable and skilled workforce.

In keeping with our mission, providing exceptional health care to diverse communities, North York General Hospital has developed the Integrated Quality and Safety Framework which is grounded in well-established industry standards for quality management. This framework will ensure a system-wide approach to quality and safety that meets the needs of the entire organization. In order to establish integration, the framework will define five elements of quality and safety management: Organizational Safety, Quality Improvement, Enterprise Risk Management, Planning, and Resource Utilization.

Glossary of Key Terms
Activities of Quality and Safety Management: specific programs, principles, and approaches to managing the work done at NYGH to promote or improve quality and safety.

Elements of Quality and Safety Management: five major themes of activities, processes, departments, or programs focused on managing hospital processes that affect the dimensions of quality and safety.

Dimensions of Quality and Safety: seven themes of quality and safety that provide focus on specific needs and expectations with regards to all stakeholders receiving care and services.

Inputs to Quality and Safety Management: stakeholder or external influences that provide input into the priorities of how quality and safety is managed.

Integrated Quality and Safety Framework – the definitions, guiding principles and activities required for NYGH to enhance and manage quality and safety.

Patient- and Family-Centred Care: partnering with you and your family (as defined by you), respecting you, listening to you, informing you, and supporting you to make the best decisions about your care.

Quality and Safety: the extent to which an organization meets a client’s needs and exceeds their expectations. The conceptual components are defined by the seven dimensions of quality and safety: accessible, effective, efficient, equitable, integrated, patient- and family-centred, and safe. At North York General Hospital (NYGH) this will be achieved by partnering
with patients and families through collaboration, participation, information sharing and, respect and dignity throughout their entire experience.

**Strategic Foundations:** five enabler themes which outline the key resources that require investment and cultivation to ensure the activities of quality and safety management can be facilitated.

**Purpose**
The purpose of the *Integrated Quality and Safety Framework* is to provide a structure for our promise to excel in integrated patient- and family-centred care and evolve our culture of quality and safety. This document outlines the definitions and guiding principles of the *Integrated Quality and Safety Framework* and communicates specific activities and processes undertaken by NYGH to manage quality and safety.

**Framework Development**
An inter-professional committee was formed to focus on the enhancement and deployment of a framework aimed at communicating how quality and safety is defined and managed (Figure 1). Initially, an assessment of frameworks from other industries was conducted to understand the components and processes included in quality and safety management. As part of this review phase, the team conducted a peer review of other health care facilities to understand the specific hospital based activities included in quality and safety frameworks.

After conducting a background review, the committee facilitated multiple focus groups with staff from both NYGH’s General site and Branson Ambulatory Care Centre to gather feedback on quality and safety activities within individual roles. This feedback was consolidated and categorized to create all components of the framework.
Integrated Quality and Safety Framework

The Integrated Quality and Safety Framework (Figure 2) is comprised of four main components: (1) Inputs to Quality and Safety Management, (2) Elements of Quality and Safety Management, (3) Strategic Foundations, and (4) Dimensions of Quality and Safety (Output). The combination of each component describes how quality and safety are managed at NYGH and across all levels of the organization.

The framework can be used for both conceptual and practical purposes and for assessing the state of the hospital, or individual departments.

Across the hospital, the framework depicts philosophies and activities used in managing quality and safety. At the most basic level, annually senior leaders can use the framework to review how well different aspects of quality and safety have been managed and focus on certain areas to improve in the next year.
Example #1: The hospital has identified that there was a lack of departmental planning this year and it may have attributed to deficiencies in overall efficiency across the hospital. Therefore, senior leaders have decided to develop a task team to improve departmental annual planning with a focus on efficiency.

At the departmental level, the framework can be used to review how teams manage quality and safety internally. Departmental leaders can ask members of their team what things they do specifically to enhance the dimensions of quality and safety, and identify which key inputs this will appease.

Example #2: At a monthly staff meeting, a unit manager took the quality and safety dimension, Accessible, and asked the team what they did to ensure that patients could access their services easily. One staff member mentioned “our local wait time improvement project” (Quality Improvement). Another staff member mentioned “dealing with patient complaints on booking” (Enterprise Risk Management). The manager finalized by summarizing and celebrating the things the team does to help manage accessibility concerns.

Inputs to Quality and Safety Management
Each input represents a themed stakeholder groups who help determine the priorities of how quality and safety is managed.

Patients and Families provide input through feedback on their care on a daily basis, or through organize patient engagement activities such as feedback surveys and focus groups.

Secondary organizations that look to provide a system-wide approach to managing quality and safety are themed as; Advisory Bodies, such as Health Quality Ontario or the Ontario Hospital Association; Professional Associations, such the Registered Nurses’ Association of Ontario or the College of Physicians and Surgeons of Ontario; and Accreditation Bodies such as Accreditation Canada.

Lastly, formal Legislation and informal direction set by the Government provides input to the long-term transformation of quality and safety.

Elements of Quality and Safety Management

Enterprise Risk Management
Enterprise Risk Management (ERM) is a framework for a corporate approach to assessing risk and developing strategies to manage these risks. Using this methodology, a comprehensive, prioritized graphic representation of risk is developed for the organization. This is seen as a proactive, not reactive process. Outcomes from an ERM program should include reducing operational surprises and losses. This is an inclusive process for stakeholders and customers.
to be able to share their perspectives. As a result of this ERM process, mitigating strategies with formal accountabilities and timelines are developed then monitored.¹

**Emergency Preparedness**, as defined by Health Canada, includes all activities, such as plans, procedures, contact lists and exercises, undertaken in anticipation of a likely or unforeseen emergency.

When quality and safety incidents happen, issues need to be immediately resolved or mitigated by corrective actions through defined processes called the **Incident Reporting Framework** policy. Over time, archived incidents provide a basis for larger system improvements.

**Legislative Compliance Management** is a method to help reduce regulatory risk, defined as the risk of non-compliance with applicable regulatory requirements. Applicable regulatory requirements include recent legislation governing health care and hospitals through federal and provincial governments as well as regulations and regulatory directives.

**Medical-Legal Claims** is a defined process undertaken to help resolve and manage potential or active litigations against the hospital and/or staff.

**Policy Development and Review** is a series of activities and processes all related to the development, revision and deletion of policies, procedures, and guidelines.

**Enterprise Risk Management Links:**
- NYGH Intranet (eric) – [Emergency Preparedness](#)
- NYGH Intranet (eric) – [Corporate Policies and Procedures](#)

**Organizational Safety**
Safety across the organization is a concern for all patients, families, visitors, staff, physicians, volunteers, and students. All people who are in the hospital must be able to live and work in a safe environment where any potential harm is minimized.

**Joint Occupational Health and Safety** comprises a number of committees and activities geared towards ensuring the hospital’s policies and procedures are aligned to existing legislation and to specific health and safety concerns of employees.

Clinical practice guidelines, best practice guidelines, and evidence-based standards are all ways to ensure **Clinical Care** safety. In Ontario, 25 health regulatory colleges have guidelines and standards that help guide how clinical care will be provided safely.

**Education and Training** includes informal and formal activities that focus on improving and sharing knowledge with regards to safe environments in the hospital.

Physical Environment refers to specific best practices which may include other designated professionals and regulations outside of health regulatory colleges. Also, this may include practices in workplace ergonomics and fire safety as examples.

Wellness Communication is important to ensuring all staff, physicians and volunteers are working in a healthy and safe environment.

Organizational Safety Links:
Occupational Health, Safety and Wellness – Safety Program
Federation of Health Regulatory Colleges of Ontario – Who We Are

Planning
The underlying theme in planning is that it creates a roadmap of work needed to be undertaken to improve or manage quality, safety and health care resources. These activities involve the engagement of stakeholders, analysis of performance, and balancing / alignment against other priorities and plans.

The Hospital Strategy is a three to four year plan that outlines the key strategies and initiatives that are required to build on the hospitals past successes, address changes in the health care environment to better position North York General to meet the needs of our community. The hospital strategy also reaffirms the hospital's mission, vision, and values.

Corporate-wide quality and safety is directly managed through the Quality Improvement Plan. This plan is developed annually and outlines the major projects needed to improve quality and safety directly. The Quality of Care Committee oversees this plan.

The broad operational planning for key resources is undertaken through several different plans such as: the eHealth Strategy which focuses on the development of a three year plan for health information technology, the Financial Roadmap focuses on annual operational and capital budgets, the Master Plan looks at short and long-term building developments, and the People Plan which is a three year plan for improving NYGH as a workplace for staff, physicians and volunteers.

Departmental Planning consists of individual annual projects that are undertaken in alignment with all other external plans along with the internally driven strategy of the program or department.

Planning Links:
Strategy – NYGH Strategy
Human Resources – People Plan
Accreditation Canada - Guide for Developing Qmentum Plans and Frameworks
**Quality Improvement**

Health Quality Ontario defines quality improvement as “a systematic approach to making changes that lead to better patient outcomes (health), stronger system performance (care) and enhanced professional development. It draws on the combined and continuous efforts of all stakeholders — health care professionals, patients and their families, researchers, planners and educators — to make better and sustained improvements.”

Quality improvement at North York General Hospital occurs throughout the organization from structured quality improvement projects to everyday continuous improvement in departments and units.

**Performance Measurement** is fundamental to each element of quality and safety management. It is the process of quantifying the effectiveness of a change through the collection and analysis of data. Measurement is conducted throughout the organization to support the decisions affecting the quality of care delivered to patients.

**Process Analysis** is a philosophical and structured approach to assessing potential problems and gaps in providing care or services that are not considered excellent quality. Many times, this involves identifying specific problems and determining how the problem can be resolved.

Structured meetings that are designed to analyze, plan, monitor and trigger work to improve quality usually take the form as **Quality Circles and Committees**. These meetings allow staff members to reflect, better understand, and communicate how well they are performing and what the priorities of a given program / department are.

**Quality Improvement Projects** are undertaken to make changes to a specific process with a goal of impacting some known set of aims and measures that affect the dimensions of quality. These projects typically follow a standard methodology (i.e.: Lean, Six Sigma), utilize standard tools (i.e.: Plan Do Study Act (PDSA), pareto) and generally differ from standard projects as the major deliverable or solution to the problem is not known when a project team is being formed.

**Quality Improvement Links:**
- Patient Experience and Quality – [Quality and Safety](http://www.hqontario.ca/quality-improvement)
- Health Quality Ontario – [Quality Improvement Framework](http://www.hqontario.ca/quality-improvement)

---

Resource Utilization
Resource Utilization is a generalized term given to the management of various types of resources used for clinical and non-clinical services. Striking a balance in the utilization of resources allows for improved management of financial costs and the risks of poor quality and safety. Utilizing more resources than is required (spending too much per patient) may reduce the availability of resources for future patients. Underutilizing resources (spending too little per patient) may create unintended risk for the immediate patients served.

Clinical Utilization Management refers to the appropriate use of clinical resources such as medications, treatments, interventions and diagnostics. The main focus is to reduce the variability in decisions of practitioners by basing utilization on evidence-based practices and guidelines. North York General Hospital is an early adopter of a pan-Canadian initiative to improve clinical utilization management called Choosing Wisely Canada.

Patient Flow and Bed Utilization focuses on managing hospital budgeted service capacity relative to patient demand. For inpatient units, total opened beds are used as the unit of capacity.

When managing human resource utilization such as staff, operational time refers to Staffing and Scheduling.

When managing other items, the term Supply and Equipment Utilization is used to outline how supplies and equipment are used, repaired, maintained and replenished.

Strategic Foundations
Strategic foundations have been identified as key resource themes that are required to be cultivated to support the activities that help manage quality and safety. People and Culture refers to all staff, physicians, volunteers, students and patient advisors that support the hospital’s services. Care environments refer to renewing our plan for the current and future development of our facilities to align exceptional care with exceptional care environment. Appropriate eHealth information is utilized and is extremely important to ensuring our processes are as high quality and safe as possible. Lastly, Funding and Philanthropy refers to the balance in financial transactions required to support quality and safety.
## Dimensions of Quality

<table>
<thead>
<tr>
<th>Accessible</th>
<th>Effective</th>
<th>Efficient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>People should be able to receive the right care at the right time in the right setting by the right health care provider.</strong></td>
<td><strong>People should receive evidence-based and specific care that works and that is based on the best available scientific information.</strong></td>
<td><strong>The health system should continually look for ways to reduce waste, including waste of supplies, equipment, time, ideas and information.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equitable</th>
<th>Integrated</th>
<th>Safe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>People should receive the same quality of care regardless of who they are and where they live.</strong></td>
<td><strong>All parts of the health system should be organized, connected and work with one another to provide high-quality care.</strong></td>
<td><strong>People should not be harmed by an accident or mistake when they receive care.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient- and Family-Centred</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health care providers should offer services in a way that is sensitive to an individual’s needs and preferences.</strong></td>
</tr>
</tbody>
</table>

---

3 Adapted from Health Quality Ontario. (2014). Adapted from the *Attributes of a High-Quality Health System.*