BOARD GOVERNANCE & HUMAN RESOURCES COMMITTEE
BRIEFING NOTE
Date: 20 June 2022

Agenda Item	Accreditation Canada Visit Jan 2023 – Governance Standards
Submitted By	Cameron Brine, VP Employee Experience
Guests Participating	Joanne Longson,
Time Required	15 mins
Expected Outcome	X Decision □ Discussion □ Information

Question We Are Asking
Does the Board Governance and Human Resources Committee accept the recommendation to restart the Governance Standards accreditation preparations from scratch for the Accreditation Canada survey visit in January 2023?

Background
- Accreditation is an external quality assurance program that guides and reinforces our internal quality monitoring and improvement processes with a focus on people-centered care (Appendix 1). Following several postponements due to COVID, Fraser Health will have two Accreditation Canada survey visits in January and April 2023 that will complete this accreditation cycle. (Appendix 2).
- The Governance Standards for the Board will be evaluated at the first visit, during the week of 23-27 January 2023, at a meeting of the Board with Accreditation Canada surveyors. The Governance Standards (Appendix 3) contain the following sections:
    - Functioning as an effective governing body
    - Developing a clear direction for the organization
    - Supporting the organization to achieve its mandate
    - Being accountable and achieving sustainable results
- As part of the accreditation process, the members of the Board are asked to review the criteria in the Governance standard to identify any opportunities for education or improvements to current policies or processes. This initial information is for internal quality improvement purposes and is not shared with Accreditation Canada. Each member of the Board is also required to complete an anonymous Governance Functioning Survey (Appendix 4) and these results are submitted to Accreditation Canada. We are allowed to decide how best to undertake these two steps.
- We are expected to prepare an electronic binder of evidence, prior to the visit, to demonstrate how we comply with the Required Organizational Practice in the Governance Standards (p40, item 12.1.1 to 12.1.6). In addition, we will collect material that the surveyors need to review during the visit e.g. policies, minutes etc. We will also hold one or more mock survey meetings for the Board, with Dr Williams (Executive Medical Director for Quality and our own surveyor) with questions that simulate the meeting that will occur with the accreditation surveyor, and we will provide tip sheets with key examples that Board members wish to highlight to the surveyors.
- A Governance Functioning Survey was carried out with Board members in fall 2019 and an initial meeting was held in February 2020 to discuss the results and to begin the review of the Governance Criteria. This accreditation work was halted due to other priorities for the Board during the pandemic.

Options

(A) Continue and complete the accreditation preparations by using and building on the survey results and criteria review material from 2019.

Timelines	Key tasks
Aug/Sep 2022	Separate meeting for the full Board: • Re-visit the 2019 survey results and review material • Finish review of criteria • Plan and initiate improvements/education as needed
Oct – Dec 2022	• Continue to implement improvements/education • Gather pre-survey documentation, develop "tips" for surveyor meeting and approve the evidence
Dec 2022	• Hold practice survey meeting(s) with Dr Williams with full Board • Submit pre-survey documentation and evidence
24-27 Jan 2023	• Accreditation Canada survey visit to Fraser Health

(B) Restart the accreditation preparations from scratch – including an orientation session with Dr Williams and running the Governance Functioning Survey again.

Timelines	Key tasks
July 2022	• Orientation session with Dr Williams, for full Board • Run online Governance Functioning Survey
Aug 2022	Separate meeting for the full Board: • Share results of Governance Functioning Survey • Start review of criteria
Sep 2022	Separate meeting for the full Board: • Finish review of criteria • Plan and initiate improvements/education as needed
Oct – Dec 2022	• Continue to implement improvements/education • Gather pre-survey documentation, develop "tips" for surveyor meeting and approve the evidence
Dec 2022	• Hold practice survey meeting(s) with Dr Williams with full Board • Submit pre-survey documentation and evidence
24-27 Jan 2023	• Accreditation Canada survey visit to Fraser Health

Recommendation

- We recommend **Option B**: **Restart the accreditation preparations from scratch.**
- It is almost three years since we began working on accreditation and membership of the Board has changed in that time. Policies and processes have also been updated, so results from 2019 are no longer an accurate reflection of current state. In addition, an orientation session with Dr Williams will help the Board understand and appreciate what the accreditation visit meeting will be like and it will be easier to understand and review the criteria with that extra context.

Specific Measurable (Not applicable)

Timelines (See above)

Motion

- THAT the Board Governance and Human Resources Committee recommend to the Board of the Fraser Health Authority that accreditation preparations restart from scratch from July 2022 onwards.

Accreditation Canada's Accreditation Program

Background

Accreditation Canada's independent accreditation program evaluates health care services against standards of excellence to identify what is being done well and what needs improvement.

We take part in accreditation because we're committed to ongoing learning, quality improvement and patient safety. Our focus is on reviewing the systems and processes that support high quality care and positive experiences - it is not about individuals' performance. Everyone is involved in this continuous improvement journey, from care providers to board members, including our patients, clients and their families.

Accreditation Canada Standards

'Sets' of standards contain detailed criteria that describe expectations and guidance for a wide range of clinical and organizational services. *For example:*

Inpatient	Medication Management
Obstetrics	Primary Care
Mental Health	Public Health
Home Care	Leadership
Long Term Care	Governance

The criteria relate to different aspects of quality: client-centred services, safety, effectiveness, accessibility, continuity of services, efficiency, worklife and population focus. 'Required Organizational Practices' aim to prevent harm from pressure ulcers, falls, medications and other high risk areas.

People-centred Care

We must:

- Partner with patients, clients and families in planning and delivering their care
- Ask for and respond to feedback on their experiences, and seek input into our policies, processes and improvement work
- Engage with people in our communities, to assess needs and shape health services

Internal Self-assessment & Improvement

We bring teams and managers together to discuss how well we meet the criteria in the standards. We visit clinical areas to talk with care providers and review records to see if our policies and processes are being followed. We ask patients, clients and families about their experiences and involvement. We survey staff about their work environment and their views on the culture of patient safety. We look at the work done at our committees, and how we measure and report on our performance.

We take note of what we are doing well, and identify the opportunities to do better. We explore the reasons why some things are more challenging to get right, and take appropriate actions so that we can meet the criteria fully. Actions may include: communications to raise awareness, education and training, developing policies/processes/guidelines or carrying out quality improvement work.

We collect key documents that demonstrate how we meet the standards and share the information with Accreditation Canada.

Accreditation Canada Survey Visit

Surveyors are experienced health care professionals from other organizations, who are trained by Accreditation Canada. At least once every four years, a team of surveyors visit us to evaluate how well we meet the accreditation standards and to identify opportunities for improvement. They will discuss our self-identified improvement work and share their expertise.

During the survey visit, meetings are held with the:

- Executive Committee and Board
- Physician leaders, and Quality, patient safety, and patient experience leads
- Site, area, program and network members
- Patient advisors and Community partners

The surveyors will also visit clinical teams to follow, or 'trace', a patient's care journey, a piece of medical equipment, or even how a regional policy is implemented at a site and unit level. They will review relevant criteria during these flexible 'tracers' and discussions. (Note - Surveyors are evaluating systems, policies and processes, not individual performance).

Activities that take place include:

- Visiting clinical areas
- Reviewing files and documents
- Observing day-to-day practice
- Talking with staff, physicians, patients, clients, residents and families

At the end of the visit, the surveyors present a high level summary of their findings and observations, highlighting strengths and suggesting areas for improvement.

Patient Surveyor

The survey team can also include a trained Patient Surveyor. Their role is to:

- Participate in the leadership and governing body discussions
- Lead the patient/resident/family engagement focus group
- Partner with other surveyors on visits to clinical teams
- Provide advice to organization and survey team members
- Assess the people-centered care related criteria in the standards

Pairing the unique patient lived experience with the expertise of peer surveyors gives a more comprehensive assessment of our organization.

Accreditation Canada Report & Award

Accreditation Canada reviews and validates the on-site survey results then sends a detailed report and an executive summary to us. We also receive a letter confirming our accreditation decision award. There are four possible awards, based on performance:

- Not Accredited
- Accredited
- Accredited with Commendation
- Accredited with Exemplary Standing

If any major gaps are found during the survey visit, we are asked to take follow up action by set deadlines. We then send reports to Accreditation Canada with evidence of our improvement and new compliance.

We share our accreditation report and results widely, and use the information to celebrate success and support ongoing improvement.

Appendix 2

Fraser Health 2019-2023 Accreditation Canada Survey Visits v2

Assessment of Standards

2019-2022: No visits, accreditation cycle extended to 2023

Continue & spread use of tracers

Support local work through ongoing learning & QI to address gaps

Patient experience surveys

Governance Functioning Survey

Staff survey 'Total Health Index'

Patient Safety Culture Survey

23-27 Jan 2023: Core Standards & Programs

Governance

Leadership*

Medication Management

MICY Program

- *Ambulatory Care*
- *Critical Care*
- *Inpatient*
- *Obstetrics*

MHSU Program

- *Community Mental Health*
- *Mental Health*

Renal Program

- *Ambulatory Care*

24-28 Apr 2023: Sites, Communities, Networks, Core Standard, & Programs

Ambulatory Care
Critical Care
Emergency Department
Home Care
Hospice, Palliative Care & End of Life
Infection Prevention & Control
Inpatient
Long Term Care
Medical Device Reprocessing
Perioperative & Invasive Procedures
Population Health
Primary Care
Public Health
Rehabilitation

*__Leadership Stds__ *include:*

Communication
Emergency preparedness
Human capital
Integrated quality management
Patient flow
People-centred care
Physical environment
Planning & service design
Principle-based care & decision-making
Resource management

fraserhealth

Appendix 3

ACCREDITATION
AGRÉMENT
CANADA
Qmentum

STANDARDS

Governance

For Surveys Starting After:
January 01, 2019

Date Generated: December 10, 2018
Ver. 14

GOVERNANCE

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

The *Governance Standards* are meant to be used by the governing body in conjunction with Accreditation Canada's *Leadership Standards,* used by the organization's leaders. The responsibility of the governing body to be engaged and involved in the activities of the organization, in particular those pertaining to quality, safety, and a culture of client- and family-centred care, is critical for the organization's success.
Accreditation is one of the most effective ways for organizations to regularly and consistently examine and improve the quality of their services. The standards provide a tool for organizations to embed accreditation and quality improvement activities into their daily operations with the primary focus being on including the client and family as true partners in service delivery.
Client- and family-centred care is an approach that guides all aspects of planning, delivering and evaluating services. The focus is always on creating and nurturing mutually beneficial partnerships among the organization's staff and the clients and families they serve. Providing client- and family-centred care means working collaboratively with clients and their families to provide care that is respectful, compassionate, culturally safe, and competent, while being responsive to their needs, values, cultural backgrounds and beliefs, and preferences (adapted from the Institute for Patient- and Family-Centered Care (IPFCC) 2008 and Saskatchewan Ministry of Health 2011).

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

1. Dignity and respect: Listening to and honouring client and family perspectives and choices. Client and family knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.

2. Information sharing: Communicating and sharing complete and unbiased information with clients and families in ways that are affirming and useful. Clients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

3. Partnership and participation: Encouraging and supporting clients and families to participate in care and decision making to the extent that they wish.

4. Collaboration: Collaborating with clients and families in policy and program development, implementation and evaluation, facility design, professional education, and delivery of care.

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

building relationships with stakeholders; and demonstrating accountability.

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

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

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

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

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

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

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

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

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

Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

and Council, or other body.

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

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

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

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

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

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

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

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

Patient safety incident: An event or circumstance that could have resulted, or did result, in unnecessary harm to a client. Types of patient safety incidents are:
- Harmful incident: A patient safety incident that resulted in harm to the client. Replaces adverse event and sentinel event.
- No harm incident: A patient safety incident that reached a client but no discernible harm resulted.
- Near miss: A patient safety incident that did not reach the client.

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

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

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

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

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

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

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

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

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

team members.

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

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

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

Legend

Dimensions


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


Accessibility: Give me timely and equitable services


Safety: Keep me safe


Worklife: Take care of those who take care of me


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


Continuity: Coordinate my care across the continuum


Appropriateness: Do the right thing to achieve the best results


Efficiency: Make the best use of resources

Criterion Types

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

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

Tests for Compliance

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

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


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

FUNCTIONING AS AN EFFECTIVE GOVERNING BODY

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

Appropriateness

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

Guidelines

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

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

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

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

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

Appropriateness

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

Guidelines

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

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

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

Appropriateness

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

Guidelines

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

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

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

Appropriateness

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

Guidelines

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

Appropriateness

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

Guidelines

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

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

Appropriateness

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

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

Worklife

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

Guidelines

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

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

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

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

Client-centred Services

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

Guidelines

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

Client-centred Services

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

Worklife

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

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

Worklife

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

Guidelines

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


Worklife

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

Guidelines

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


Worklife

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

Guidelines

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

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

Appropriateness

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

Appropriateness

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

Guidelines

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

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

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

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

Appropriateness

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

Efficiency

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

Guidelines

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

Appropriateness

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

Guidelines

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

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

Efficiency

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

Guidelines

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

Efficiency

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

Guidelines

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

DEVELOPING A CLEAR DIRECTION FOR THE ORGANIZATION

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


Appropriateness

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

Guidelines

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


Population Focus

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

Guidelines

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


Appropriateness

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

5.0 The governing body defines and models the organizational values.

Appropriateness

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

Guidelines

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

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

Population Focus

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

Client-centred Services

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

Guidelines

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

Client-centred Services

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

Guidelines

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

Appropriateness

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

Appropriateness

6.3

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

Guidelines

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

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

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

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

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

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

SUPPORTING THE ORGANIZATION TO ACHIEVE ITS MANDATE

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


Appropriateness

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

Guidelines

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

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


Efficiency

7.2 The governing body follows a policy on CEO compensation.


Worklife

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

Guidelines

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

Worklife

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

Guidelines

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

Worklife

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

Guidelines

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

Appropriateness

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

Guidelines

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

Appropriateness

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

Guidelines

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

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

Efficiency

7.8 The governing body has a succession plan for the CEO.

Guidelines

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

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

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

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

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

Guidelines

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

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

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

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

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

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

Appropriateness

8.1 A documented process is followed for granting privileges.

Guidelines

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

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

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

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

Guidelines

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

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

Guidelines

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

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

Timeframes for renewal of privileges are set and are documented.

Appropriateness

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

Guidelines

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

Appropriateness

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

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

Efficiency

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

Guidelines

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


Efficiency

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


Efficiency

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

Guidelines

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


Efficiency

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

Guidelines

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


Efficiency

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


Efficiency

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

Guidelines

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

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


Efficiency

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

Guidelines

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


Efficiency

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

Guidelines

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

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

Efficiency

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

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

Safety

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

Guidelines

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

Safety

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

Guidelines

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

Safety

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

Guidelines

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

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

Safety

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

Guidelines

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

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

Safety

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

Guidelines

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

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

BEING ACCOUNTABLE AND ACHIEVING SUSTAINABLE RESULTS

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

Population Focus

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

Guidelines

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

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

Population Focus

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

Guidelines

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

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

Population Focus

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

Guidelines

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

Appropriateness

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

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

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

Population Focus

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

Guidelines

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

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

Population Focus

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

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

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

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

Test(s) for Compliance

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

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

Appropriateness

12.2 The governing body works with the CEO and the organization's leaders to develop an integrated quality improvement plan.

Guidelines

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

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

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

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

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

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

Appropriateness

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

Guidelines

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

Client-centred Services

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

Continuity

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

Guidelines

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

Appropriateness

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

Guidelines

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

Worklife

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

Guidelines

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

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

Appropriateness

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

Guidelines

Expectations for public disclosure apply particularly to public sector organizations.

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

Appropriateness

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

Appropriateness

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

Guidelines

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

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

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

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

Appropriateness

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

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

Worklife

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

Instrument Information

13.8.1 The governing body monitors its team functioning by administering the Governance Functioning Tool at least once every accreditation cycle.

13.8.2 The governing body has taken action based on its most recent Governance Functioning Tool results.

Appropriateness

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

Guidelines

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

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

Appropriateness

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

Guidelines

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

Resources

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

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

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

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

Accreditation Canada would appreciate your feedback on these standards

Your Name: _____

Organization Name: _____

Email address or telephone number: _____

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

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

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

You may also submit your feedback online HERE

[YOUR COMMENTS HERE]

Thank you for your input! Please send this page to:
Program Development, Accreditation Canada, 1150 Cyrville Road, Ottawa, ON K1J 7S9
Fax: 1-800-811-7088, Email: ProgramDevelopment@accreditation.ca

Appendix 4

ACCREDITATION AGRÉMENT CANADA
Qmentum

Governance Functioning Tool

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Not Applicable
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	❍	❍	❍	❍	❍	❍
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	❍	❍	❍	❍	❍	❍
3. Subcommittees need better defined roles and responsibilities.	❍	❍	❍	❍	❍	❍
4. As a governing body, we do not become directly involved in management issues.	❍	❍	❍	❍	❍	❍
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	❍	❍	❍	❍	❍	❍
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	❍	❍	❍	❍	❍	❍
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	❍	❍	❍	❍	❍	❍
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	❍	❍	❍	❍	❍	❍
9. Our governance processes need to better ensure that everyone participates in decision making.	❍	❍	❍	❍	❍	❍
10. The composition of our governing body contributes to strong governance and leadership performance.	❍	❍	❍	❍	❍	❍
11. Individual members ask for and listen to one another's ideas and input.	❍	❍	❍	❍	❍	❍
12. Our ongoing education and professional development is encouraged.	❍	❍	❍	❍	❍	❍
13. Working relationships among individual members are positive.	❍	❍	❍	❍	❍	❍
14. We have a process to set bylaws and corporate policies.	❍	❍	❍	❍	❍	❍
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	❍	❍	❍	❍	❍	❍
16. We benchmark our performance against other similar organizations and/or national standards.	❍	❍	❍	❍	❍	❍
17. Contributions of individual members are reviewed regularly.	❍	❍	❍	❍	❍	❍
18. As a team, we regularly review how we function together and how our governance processes could be improved.	❍	❍	❍	❍	❍	❍
19. There is a process for improving individual effectiveness when non-performance is an issue.	❍	❍	❍	❍	❍	❍
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	❍	❍	❍	❍	❍	❍
21. As individual members, we need better feedback about our contribution to the governing body.	❍	❍	❍	❍	❍	❍

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Not Applicable
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	❍	❍	❍	❍	❍	❍
23. As a governing body, we oversee the development of the organization's strategic plan.	❍	❍	❍	❍	❍	❍
24. As a governing body, we hear stories about clients who experienced harm during care.	❍	❍	❍	❍	❍	❍
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	❍	❍	❍	❍	❍	❍
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	❍	❍	❍	❍	❍	❍
27. We lack explicit criteria to recruit and select new members.	❍	❍	❍	❍	❍	❍
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	❍	❍	❍	❍	❍	❍
29. The composition of our governing body allows us to meet stakeholder and community needs.	❍	❍	❍	❍	❍	❍
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	❍	❍	❍	❍	❍	❍
31. We review our own structure, including size and subcommittee structure.	❍	❍	❍	❍	❍	❍
32. We have a process to elect or appoint our chair.	❍	❍	❍	❍	❍	❍

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	Poor	Fair	Good	Very Good	Excellent	Not Applicable
33. Patient safety	❍	❍	❍	❍	❍	❍
34. Quality of care	❍	❍	❍	❍	❍	❍

Thank you for completing this survey.