



BOARD MANUAL

Approved By: Board Number: 6-1
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SUBJECT: Board Quality Policy

The Board is accountable for the quality of care provided by the organization. This accountability is demonstrated by ensuring that the hospital establishes appropriate structures and processes, and other systems to support its responsibility for quality. Further, the Board monitors and evaluates the quality performance of the organization against agreed-upon objectives that are directly linked to strategic goals.

Definition

Quality: Within healthcare, there is no universally accepted definition of 'quality'. However, the following definition, from the Institute of Medicine (now the National Academy of Medicine), is often used:

[quality is] the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

The Institute of Medicine (now the National Academy of Medicine) has identified six dimensions of healthcare quality (STEEEP). These state that healthcare must be:

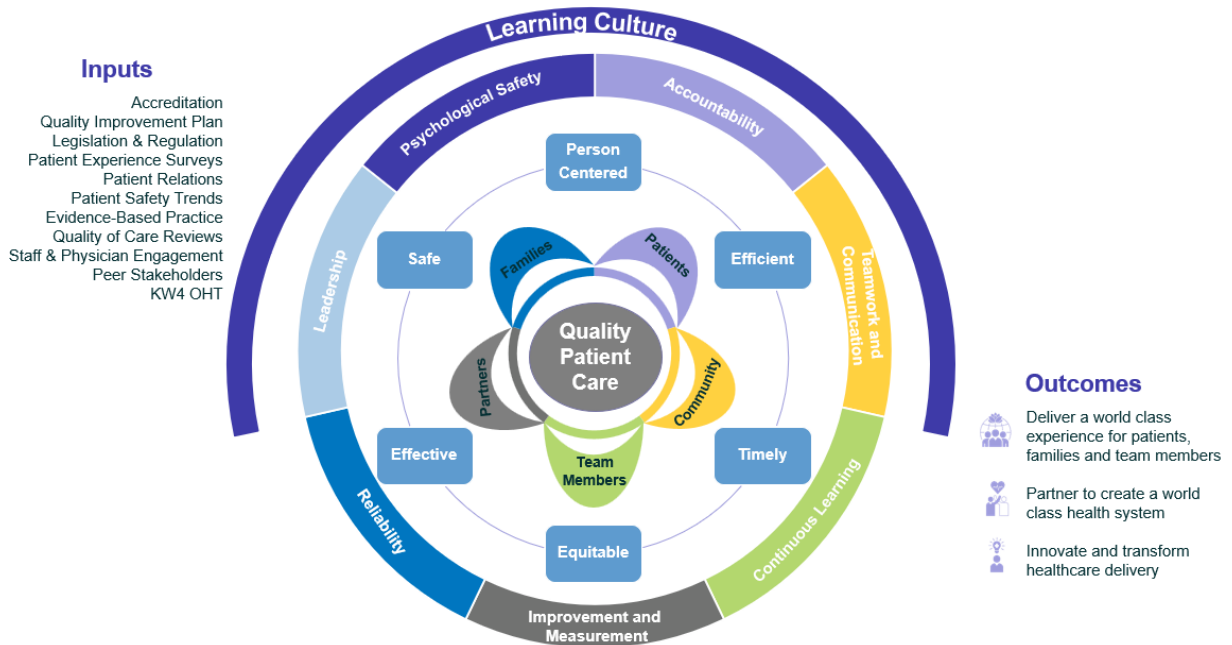
- Safe
- Timely
- Effective
- Efficient
- Equitable
- Person-centred

 Safe Avoiding harm or injury to service users.	 Efficient Avoiding waste of equipment, supplies ideas and energy.
 Timely Reducing waits and harmful delays for staff and patients.	 Equitable Does not vary because of location or characteristics.
 Effective Based on scientific knowledge for all who could benefit.	 Person Centred Respectful of individual needs and preferences.

Quality Framework

The Quality Framework (below) is a tool for developing a collective understanding of quality of care and quality improvement. It provides a structure for achieving the high-quality outcomes in the GRH Strategic Plan. The Quality Framework provides a means to

plan, organize and integrate quality improvement activities, and to measure to evaluate progress.



Process

- The CEO will:
 - Ensure the hospital has a clearly defined quality framework to continually monitor, evaluate, report and improve quality
 - Foster and support alignment and effective engagement of staff, physicians, and volunteers in quality improvement
- The Board delegates the following responsibilities to the Quality Committee (QC) as per the *Excellent Care for All Act (2010)*:
 - To monitor and report to the Board on quality issues and on the overall quality of services provided in the organization
 - To consider and make recommendations to the Board regarding quality improvement initiatives and policies
 - To ensure that best practices information supported by available scientific evidence is translated into materials that are distributed to employees and persons providing services within the organization, and to subsequently monitor the use of these materials by people
 - To oversee the preparation of the annual quality improvement plan
 - To carry out any other responsibilities provided for in the regulations
- QC is responsible for reporting back to the Board on the work of the committee (e.g. quality issues, quality improvement initiatives, progress on quality improvement plan, etc.)

Other Related Policies

3-B-10 Roles and Responsibilities of the Board

3-C-10 Quality Committee Terms of Reference

6-2 Performance Measurement and Monitoring Policy