Alberta Health Services

TITLE
QUALITY IMPROVEMENT

SCOPE	**DOCUMENT #**
Provincial: Continuing Care	HCS-240
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Vice President, System Innovations & Programs	May 21, 2019
SPONSOR	**REVISION EFFECTIVE DATE**
Quality Management, Continuing Care	Not applicable
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Not applicable	May 21, 2020

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To recognize quality improvement processes that identify, improve and evaluate the quality of care and services delivered within Continuing Care.

- To support compliance with the *Continuing Care Health Service Standards (CCHSS)*.

PRINCIPLES

Alberta Health Services (AHS) has adopted the *Alberta Quality Matrix for Health*, which identifies six (6) dimensions of quality:

- Appropriateness: Health services are relevant to user needs and are based on accepted or evidence-based practice.

- Acceptability: Health services are respectful and responsive to user needs, preferences and expectations.

- Accessibility: Health services are obtained in the most suitable setting in a reasonable time and distance.

- Effectiveness: Health services are provided based on scientific knowledge to achieve desired outcomes.

- Efficiency: Resources are optimally used in achieving desired outcomes.

- Safety: Mitigate risks to avoid unintended or harmful results.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1.   Quality Indicators

1.1   Data measurements and quality indicators support the evaluation and analysis of the quality of care and services within Continuing Care; these may include, but are not limited to the following sources:

   a)   interRAI (Resident Assessment Instruments) outcomes and quality indicators;

   b)   Reporting & Learning System for Patient Safety (RLS);

   c)   accreditation surveys;

   d)   **patient** and employee immunization rate reports;

   e)   Infection Prevention and Control reports;

   f)   *CCHSS* audits;

   g)   patient and family feedback and/or survey reports; and

   h)   other applicable measurements appropriate for the care setting, such as wait list measures and admission/discharge/transfer information.

1.2   Data measurements and quality indicators shall be identified, tracked, trended and reviewed by the provincial, zone or site **accountable leader** in collaboration with the patient, family and care team, and/or Resident and Family Councils, Quality Councils as applicable, to identify opportunities for improvement and monitor progress on quality improvement initiatives underway.

   a)   Refer to *Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events* Policy suite and education resources for the documentation, tracking, and trending of adverse events, close calls, hazards and near misses.

2.   Quality Improvement Process

2.1   Quality improvement shall follow an established process/methodology appropriate for the initiative and care setting.

   a)   *AHS Improvement Way (AIW)* is the organization-wide recommended method for structuring quality improvement initiatives. AIW is inclusive of

change management; the recommended approach adopted organization-wide is Prosci®.

    b) Equivalent quality improvement process or methodology such as Lean, Six Sigma, Collaboratives, Total Quality Management, etc. may be used.

    c) Evidence-based quality improvement tools such as process maps, fishbone diagrams, and plan-do-study-act (PDSA) worksheets are recommended to structure and document quality improvement activities.

2.2 Education and training in the selected or identified quality process/methodology used in the care setting is recommended for leadership and care teams involved in quality improvement initiatives.

2.3 In order to ensure safe, quality care and services, AHS Continuing Care site/facility/program(s) should have a minimum of one (1) quality improvement initiative underway.

DEFINITIONS

Accountable leader means the individual who has ultimate accountability to ensure consideration and completion of the listed steps in the management of the policy. Responsibility for some or all of the components of management may be delegated to the appropriate level responsible administrative leader, but accountability remains at the senior level.

Patient means all persons; inclusive of residents and clients who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:
    a) a co-decision-maker with the person; or
    b) an alternate decision-maker on behalf of the person.

REFERENCES

- Alberta Health Services Governance Documents:
  - *Recognizing and Responding to Hazards, Close Calls and Clinical Adverse Events* Policy Suite (#PS-95)
- Alberta Health Services Resources:
  - *Alberta Health Services Improvement Way (AIW)*
  - *Continuing Care Quality Management Framework*
  - *Continuing Care Quality Plan*
  - *Identifying Indicators of Quality: Populating the Quality Matrix*
  - *Institute for Health Care Improvement (IHI) Online Courses and Certificate Programs*
  - *What is a Quality Indicator?*
- Non-Alberta Health Services Documents:
  - *Health Quality Council of Alberta Act* (Alberta Health)
  - *Continuing Care Health Service Standards* (Alberta Health)
  - *The Alberta Quality Matrix for Health* (Health Quality Council of Alberta)

POLICY

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VERSION HISTORY

Date	Action Taken
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