

# OUR EXCELLENCE IN CARE JOURNEY

## »»» In This Issue:

- **Milestone:** C.A.R.E. Network membership
- **Published:** Terms of Reference
- **Looking Ahead:** Local-level governance
- **Tour:** Clinical governance model
- **Patient Partners:** Future of engagement

## TOP NEWS OF THE MONTH



### C.A.R.E. NETWORK MEMBERS SELECTED

#### ABOUT C.A.R.E. NETWORKS:

- Thirteen C.A.R.E. Networks are the core clinical services committees at the regional level, reporting to the Integrated Clinical Governance Council (ICGC).
- Networks include: Critical Care; Diagnostic Imaging; Emergency Medicine; Home and Community Care; Laboratory Medicine; Long-term Care; Medicine; Mental Health & Substance Use; Pediatrics; Perinatal, Newborn & Women's Health; Primary Care; Rehabilitation / Restorative Health and Surgery.

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Members of new C.A.R.E. Network committees have been identified, paving the way for committees to begin functioning in September. Reached through the collaborative efforts of Quality Councils, medical staff, clinical leaders, frontline staff, and many corporate support areas, this is an important milestone on the journey towards the diverse representation of interprofessional clinical experts in decision-making. Thank you to all those who have stepped up, and those who helped to make this process successful.

Most new committee members were identified through an organization-wide expression of interest that drew more than 500 applications. Selection committees carefully reviewed every application to ensure that each C.A.R.E. Network has diverse representation of geographies, levels of expertise, and skill sets. In some cases members were appointed to provide that diversity within a certain network.

New committee members will receive onboarding support in preparation to carry on valuable work done by quality councils. C.A.R.E. Networks are the first new governance structures to begin operating, paving the way for other structures and teams.



**[CLICK HERE for more details about the member selection process.](#)**

## ABOUT C.A.R.E. NETWORKS

- C.A.R.E. Networks are the organizing structure for shared decision-making that define, monitor and enable quality of care for services in a specific Network, with the goal of reducing variation in practice and promoting integrated service design.
- **Each C.A.R.E. Network includes a Clinical Excellence Committee (CEC) and Operations Excellence Committee (OEC).**
- As described in the Terms of Reference, **the primary function of a CEC** is to provide expertise in the identification of clinical risks and the appropriate response based on leading practice. **The primary function of an OEC** is to provide expertise on how to make operational changes to clinical policy, standards, and clinical operating models, and sustain performance.
- These committees have distinct but complementary functions to enable one group to focus on establishing the standard for quality and another to focus on excellence in implementation.
- The CEC and OEC within each Network will share responsibility for the development of annual quality improvement plans, identification of clinical innovations, regional service standards and policies.



**LEARN MORE:**  
**Terms of Reference**



## CLINICAL GOVERNANCE MODEL: LOCAL LEVEL



**Work in the spring and summer of 2023 focused on detailed design of regional structures including 13 new C.A.R.E. Networks. With those committees moving to implementation in September, it is time to shift the design focus to another part of the new governance model: the local level.**

The goal of this work is to design a standard model for local quality and operations structures that is consistent across Island Health communities and adaptable to unique local needs, enabling clear accountabilities for local decision-making focused on improving quality of care and health equity.

The model's development process will include local leaders, medical staff, and key partners in communities across Island Health. There will be multiple ways to engage in local-level design discussions, including focus groups, interviews, town halls, surveys, online platforms, and existing meetings.

Over the summer information is being collected about existing local structures, and an advisory network of people with diverse local-level experience is being formed to guide the process. A consultant has also been identified to complete a jurisdictional scan and help with engagement activities

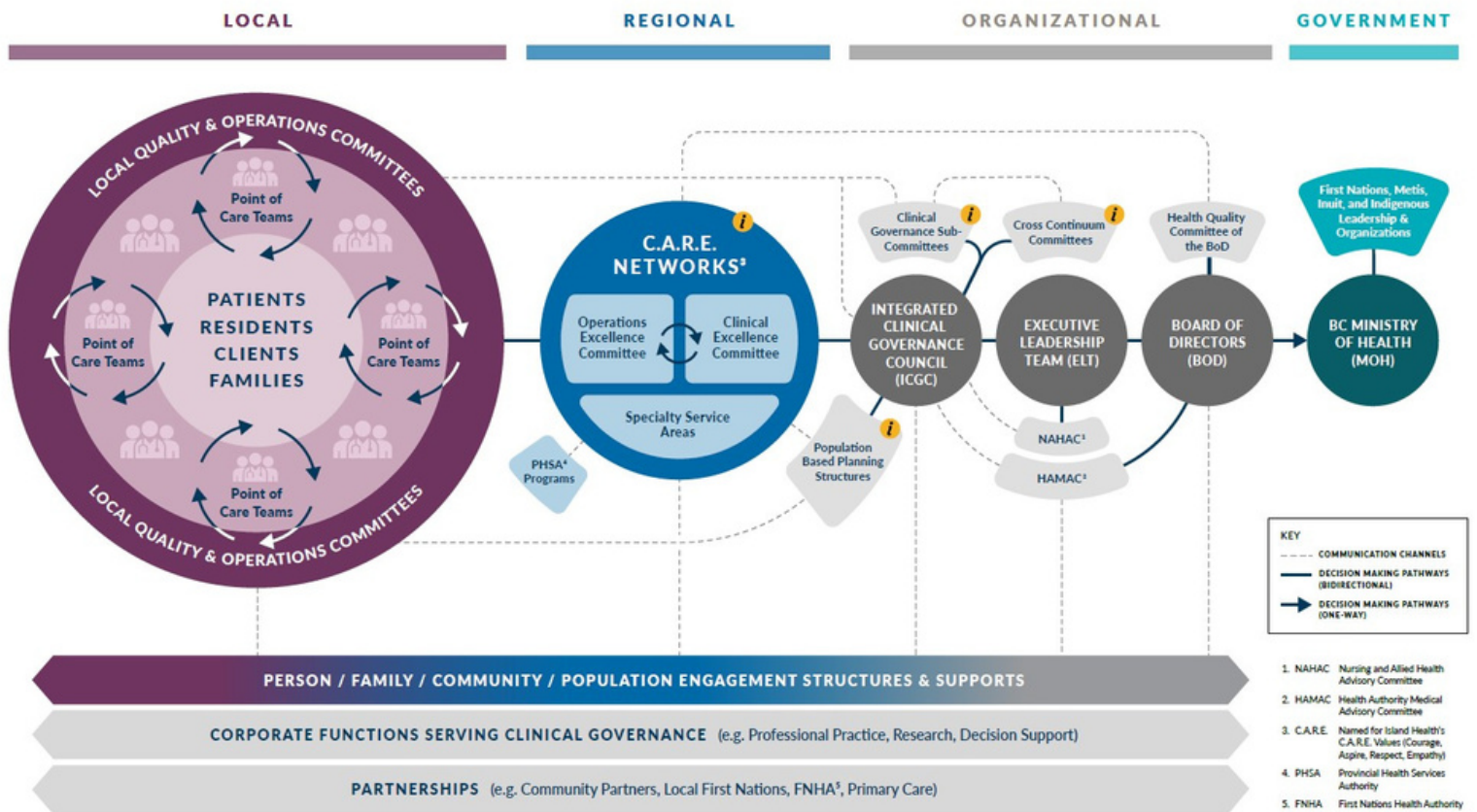
We will collaborate with local interest-holders through the fall to develop design principles and then draft and refine the standard for the local-level structures and processes within the clinical governance model. Detailed implementation planning will begin early in 2024.

### ***IN NEXT MONTH'S NEWLETTER:***

*How you can be involved in designing the local level of the new clinical governance structure.*

## Island Health's new framework for quality & safety

# CLINICAL GOVERNANCE MODEL



[click on the image above for a larger view](#)


## »»» A NEW VIEW

Island Health's new clinical governance model was approved in December 2022. While detailed design of some structures within the model is ongoing, we have worked with interest-holders to develop a new visualization that is pictured above (*no structures or processes have changed*). What do you think? Let us know at [CGII@islandhealth.ca](mailto:CGII@islandhealth.ca).

## »»» TAKE A DEEPER DIVE

Island Health's Simulation program has created an interactive learning module called 'Advancing the Understanding' that gives you the opportunity to:

- Tour the new Clinical Governance model
- Learn about supports and resources
- Interact with case studies and process maps
- Review the decision-making process
- View the Clinical Governance Glossary
- Explore clinical governance and the principles that inform our efforts

The module will be updated as we continue to refine the work. [Click here to explore the module](#)  and share your comments and questions.




# PATIENTS FAMILIES & COMMUNITIES



## EXPLORING THE FUTURE OF ENGAGEMENT

Island Health is taking steps to improve our engagement and partnership practices and strengthen the inclusion of the voices of our patients, clients, families, and community partners in our decision-making processes. We have heard from the organization and partners that Island Health engagement practices are highly variable. Our goal is to develop a standardized model for supporting meaningful engagement, informed by leading practices and patient partners themselves.

Our Patient Experience team is engaging with patient partners using surveys, focus groups, and online sessions to learn about how we can offer a more welcoming, inclusive, and meaningful experience.

The outcome of this work is directly connected to one of the Clinical Governance Improvement Initiative’s top recommendations: **‘Establish a standardized approach to integrating the person, family and community voice in CG structures and decision-making. Create specific processes to elicit meaningful input, ensuring diverse and inclusive representation and regularly monitor these to ensure their continuous effectiveness.’** (*Learn more about these and other recommendations on the [CGII Intranet page](#) and [Medical Staff website](#).*) 

We will continue to share information as this work progresses.

### DID YOU KNOW?

#### CA.R.E. Networks are named for Island Health's C.A.R.E. Values:

- COURAGE:** To do the right thing, to change, innovate and grow.
- ASPIRE:** To the highest degree of quality and safety.
- RESPECT:** To value each individual and bring trust to every relationship.
- EMPATHY:** To give the kind of care we would want for our loved ones.

## USEFUL LINKS

### Clinical Governance

#### Improvement Intranet

[intranet.islandhealth.ca/org/cgii/](http://intranet.islandhealth.ca/org/cgii/)

#### Medical Staff Website

[www.medicalstaff.islandhealth.ca/cgii](http://www.medicalstaff.islandhealth.ca/cgii)

### Governance Model

### Advance Your Understanding

### Glossary

### Recommendations

*\*You can find these and other resources on the CGII pages on Island Health's Intranet and Medical Staff website.*

## >>> CONTACT US

[CGII@islandhealth.ca](mailto:CGII@islandhealth.ca)

## COMING

## >>> NEXT MONTH

- **C.A.R.E. Network details**
- **How to participate in local-level design**
- **About the new Secretariat**

## REFERENCE

## >>> **FEEDBACK INFORMS UPDATED TERMS OF REFERENCE**

Earlier this year we shared the first version of draft terms of reference for the Integrated Clinical Governance Council (click here to learn more about this group) and C.A.R.E. Network committees (Operations Excellence and Clinical Excellence). We collected feedback that identified gaps and helped us understand that these documents can be difficult to understand, due to the shift from the current state and because people are still learning about the new model overall.

In Version 2.0 we have addressed gaps, updated changes to membership and meeting management cadence, and tried to simplify the language. As the committees begin operations, we will create version 3.0 with more input from committee members, and look to update the ToRs in 2024.

Find Version 2.0 of Terms of Reference documents in the [CGII resource library](#).

## IN CASE YOU MISSED IT

## >>> **VIDEO: LEARNING ABOUT THE 'ONE CANOE' MODEL OF CARE**



*click on the image or headline to watch the video.*

Krista Allan, Island Health's Vice President for Knowledge and Practice and Chief Nursing Officer, and Connie Paul, a health-care leader and Nursing and Community Support Manager for Snuneymuxw Hulit Lelum, discuss collaboration, equity and change in health care.