

OUR EXCELLENCE IN CARE JOURNEY

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TOP NEWS OF THE MONTH



MILESTONES: C.A.R.E NETWORKS & ICGC

Clinical Governance began coming to life in September, with the achievement of two major milestones – activation of C.A.R.E. Network committees and the first meeting, and decision, from the Integrated Clinical Governance Committee (ICGC) to support recommendations from the Seniors Population Planning Committee.

C.A.R.E. Networks:

[READ MORE >>> pg 3](#)

ICGC decision:

[READ MORE >>> pg 6](#)

Work in the spring and summer of 2023 focused on implementing the regional and organizational sections of the new governance model. This fall focus has shifted to completing detailed design of the local level of that model.

The goal of the local level design is to provide a consistent structure for decision-making for communities and sites aligned to the Ministry of Health Consolidated Local Health Area (CLHA). This will enable clear pathways for escalation and communication between regional and local structures.

LEARNING ABOUT:



Throughout September leaders have been sharing their insights and experiences about working in local-level quality and operations. Information collected in interviews and focus groups will inform recommendations for the design and function of local-level committees.

[READ MORE ABOUT LOCAL LEVEL DESIGN](#)

WHO IS INCLUDED?

Through the fall staff and medical staff involved in local quality and operations are being invited to participate in focus groups, surveys and interviews to discuss local structures, opportunities for improvement and design options. Engagement with interest-holders will expand through the fall.

To learn more or express interest in participating please email CGII@islandhealth.ca



SPOTLIGHT: LOCAL LEVEL DESIGN

WHAT GROUPS ARE AFFECTED?

Within the context of Island Health’s new approach to clinical governance, ‘local level’ refers to quality governance at the community and acute-site level. While we are still learning about many local structures, we know definitively that **this process will not include or recommend changes to:**

- Existing committees that govern physician quality processes (eg LMACs). These groups will be engaged and consideration will be made for how they relate to the rest of the system.
- Operational reporting relationships
- Completed components of the new governance model.

>>> WHY NOW?

Providers have shared their frustration with decision-making processes and strongly desire more input into decisions. The Clinical Governance Improvement Initiative, launched in 2021, clearly identified a need for a new governance model and processes that support those changes. The local level is an essential component of that model.

>>> WHAT IS THE LOCAL BENEFIT?

Local quality and operations teams will:

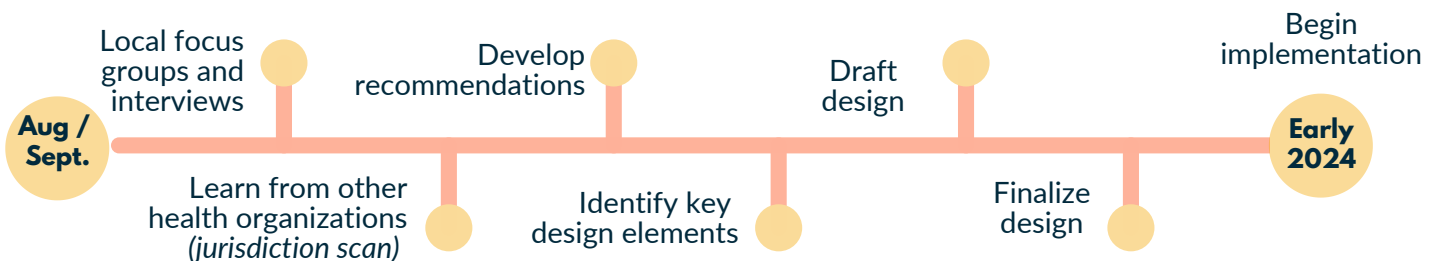
- Have clear pathways to raise quality and operations concerns;
- Influence the creation and implementation of plans and policies;
- Have input into organization-wide service priority-setting;
- Be responsible for local quality plans and establishing whole community clinical services plans as part of an organization-wide process.
- Enable better communication about decisions.

>>> LOCAL-LEVEL DESIGN PHASE

This phase of work aims to establish clear accountabilities and decision-making authority that supports local teams to monitor and improve the quality of care and health equity for people in their communities. Objectives include:

- Ensure meaningful and inclusive engagement
- Define communities for which the structures are responsible
- Develop a recommended design for local quality structures and functions that aligns with the overall new governance model, enabling efficient and collaborative decision-making, innovation and problem-solving.

Local-level design timeline





C.A.R.E. NETWORKS

C.A.R.E. Networks, which are replacing Quality Councils, became operational in September. Committees began meeting and working toward the development of their first annual quality plans. Committee chairs are listed below, and you can find complete membership lists on the [CGII Resource section](#) of the Intranet.

C.A.R.E Network	OEC Chair	CEC Chair
Critical Care (ICU)	Candice Keddie	Omar Ahmad
Community Health Services	Marni Radford	Christine Therriault-Finke
Emergency Medicine	Rebecca McGregor	Stefan Da Silva
Laboratory Medicine	Ivan Miller	Sasha Finn
Long-Term Care	Jae Yon Jones	Margaret Manville
Medical Imaging	Jeff Beresford	Alan Andrew
Medicine	Kristal Speed	Al Buckley
Mental Health and Substance Use	Tracey Nigro	Wei Yi Song
Pediatrics	Emma Carrick	Gustavo Pelligra
Perinatal, Newborn & Women's Health	Trina Knight	Hayley Bos
Primary Care	Ryan Forsyth	William Cunningham
Restorative Health	Jillian Bates	Ross Davidson
Surgery	Alison Dormuth	Will Orrom

Clinical Excellence Committee

CEC monitors & assesses the quality of care & patient safety, defines and develops quality & safety priorities and initiatives



Quality and safety initiatives are initiatives that set out to achieve **measurable improvements** in services or processes (efficiency, effectiveness etc.), aiming to improve population health, care experience, care team and well-being, health equity or costs

Quality and safety initiatives in the **design, planning, or evaluation** phase

- **Design of a new model of care**
- **Development of a new policy**
- **Planning of a scope of practice change**

Operational Excellence Committee

OEC informs the implementation feasibility of quality & safety priorities and initiatives, defines supporting plans, and monitors implementation progress.



Quality and safety initiatives in the **implementation or sustainment** phase

- **Implementation planning for a new clinical standard**
- **Monitoring of the implementation of a new policy**

ROLES

Each C.A.R.E. Network includes a **Clinical Excellence Committee (CEC)** and an **Operations Excellence Committee (OEC)**.

They are jointly responsible for monitoring and defining the quality of care at the regional level and implementing quality and safety initiatives for specific service areas. See examples in the chart on the left.

GOVERNANCE MODEL: DEVELOPING SPECIALTY SERVICE AREAS

Some C.A.R.E. Networks include Speciality Service Area (SSA) sub-committees, where only a limited group of experts are qualified to participate in decision-making, and the services are not large enough to warrant a separate C.A.R.E. Networks. Currently there are seven SSAs mapped to four Networks (see below).

Work is now underway to meet with Quality Council chairs, Executive Directors and Executive Medical Directors associated with specialty services to validate the alignment to C.A.R.E. Networks, understand their current ways of working and unique considerations. In the months ahead these groups will participate in workshops, develop

Terms of Reference and identify committee members. Launch of the new structures is expected to start in January 2024.

Next Month:

Learn more about the development and roles of **cross-continuum committees** and **population-based planning structures**

C.A.R.E. Network	Surgery	Medicine			Community Health Services		Medical Imaging
S.S.A.	Trauma	Brain Health	Heart Health	Renal Health	Geriatrics Specialty Services	Palliative Specialty Services	Modality Excellence Teams (x6)

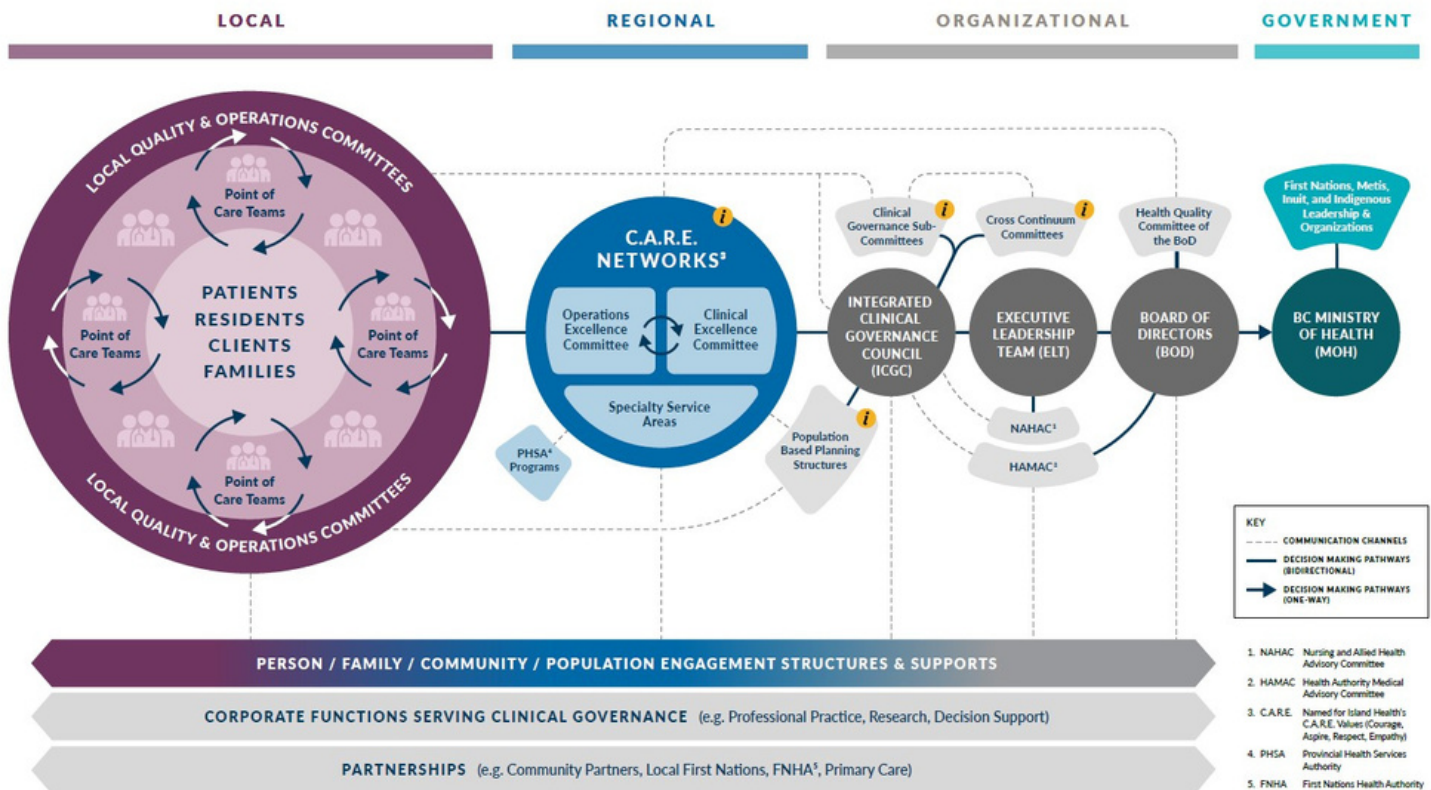
LEARNING TOOL: CASE STUDIES

It can be difficult to look at a graphic of Island Health’s new clinical governance model, below, and envision how it might function as part of our daily work. New process maps and case studies have been added to a virtual learning tool to help bring the model to life. Examples include:

- LPN scope-of-practice change
- Emergency Department waiting times
- Connecting with a governance structure
- Pediatric restraints



Click on the green button or visit the CGII section of the Intranet or Medical Staff website to link to the Model learning tool



1. NAHAC Nursing and Allied Health Advisory Committee
2. HAMAC Health Authority Medical Advisory Committee
3. C.A.R.E. Named for Island Health's C.A.R.E. Values (Courage, Aspire, Respect, Empathy)
4. PHSA Provincial Health Services Authority
5. FNHA First Nations Health Authority



PRIORITIES TO IMPROVE SENIORS HEALTH

Advisory Group’s recommendations will inform C.A.R.E. Network plans

The new Integrated Clinical Governance Council (ICGC) has endorsed recommendations designed to improve the quality of care and health outcomes for seniors across Island Health.

The recommendations are part of the first annual report by the new Seniors Population Planning Committee (see description, right).

The committee recommends action in four areas over the next three years, including:

- Improve delirium outcomes in acute care through an evidence-informed delirium care pathway;
- Reduce rate of community falls by adopting a 5-part evidence-based community falls prevention program;
- Increase family caregiver capacity by formally recognizing them as part of the care team and including FCG education as core clinical curriculum; and
- Improve overall seniors health by promoting the AVOID frailty model.

The Seniors Population Planning Committee will make recommendations for how to leverage work in progress and integrate into C.A.R.E. Network Quality Plans.



GROUPS INVOLVED IN THIS DECISION



INTEGRATED CLINICAL GOVERNANCE COUNCIL

The Integrated Clinical Governance Council (ICGC) provides oversight for quality and safety across all C.A.R.E. Networks, directs key Clinical Governance functions (e.g., clinical risk, clinical services planning) and integration for cross-continuum design, supported by and aligned with corporate functions. It is chaired by the Chief Medical Officer and Chief Nursing and Allied Health Officer and includes all Vice Presidents accountable for clinical and quality processes.



SENIORS POPULATION PLANNING COMMITTEE

Population-based planning committees are distinct structures that enable evidence-based decision-making and meaningful engagement with patients, families and communities. There are currently two structures in place, for Seniors and Palliative / end-of-life. Their role is to inspire excellence in care and provide expert analysis and advice to guide the Integrated Clinical Governance Council (ICGC) and C.A.R.E. Networks on the priorities, actions and progress measures required to achieve the improved health and well-being of their populations.

Read all committee Terms of Reference and reports on the CGII Resources and Decision-Tracker pages

LEARN MORE



»»» SUPPORTS AND RESOURCES



OFFICE OF THE SECRETARIAT

People working in Island Health's new clinical governance structures now have the support of a dedicated Secretariat team with expertise in both administration and analysis.

At the beginning of the Clinical Governance Improvement Initiative in 2021, staff and medical staff identified the need for dedicated resources to enable them to participate in clinical governance work.

The Secretariat began functioning in September, and now includes four leads who are supporting new C.A.R.E. Network members with:

1. Administration: This includes logistical support, such as helping chairs with consistent agendas, minutes, decision records and communications.
2. Analysis: Secretariat Leads will assist with preparing briefings, gathering background materials, and other forms of research to support well-informed decision making.
3. Action: The committee chairs and Secretariat Leads will manage decision-making processes and committee alignment

Email CGII@islandhealth.ca or click the link below for more information.

LEARN MORE



Coordinating Support Unit is your gateway to governance structures

The Coordinating Support Unit (CSU) is a governance wayfinding body that provides the information and tools you need to effectively navigate Island Health's evolving clinical governance structure and processes. The CSU includes members of the new Governance Secretariat and the CGII project team.

The mandate of the CSU is to help people find the governance pathway they need and to reduce the number of meetings required to get a decision. The CSU is accessible to everyone at Island Health. While the team is building the information infrastructure to support an electronic request tool, you can reach the CSU via email at CGII@islandhealth.ca



USEFUL LINKS



[Clinical Governance Improvement Intranet](https://intranet.islandhealth.ca/org/cgii/)

intranet.islandhealth.ca/org/cgii/

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

www.medicalstaff.islandhealth.ca/cgii

[Governance Model](#)

[Advance Your Understanding](#)

[Recommendations](#)

[Glossary](#)

**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