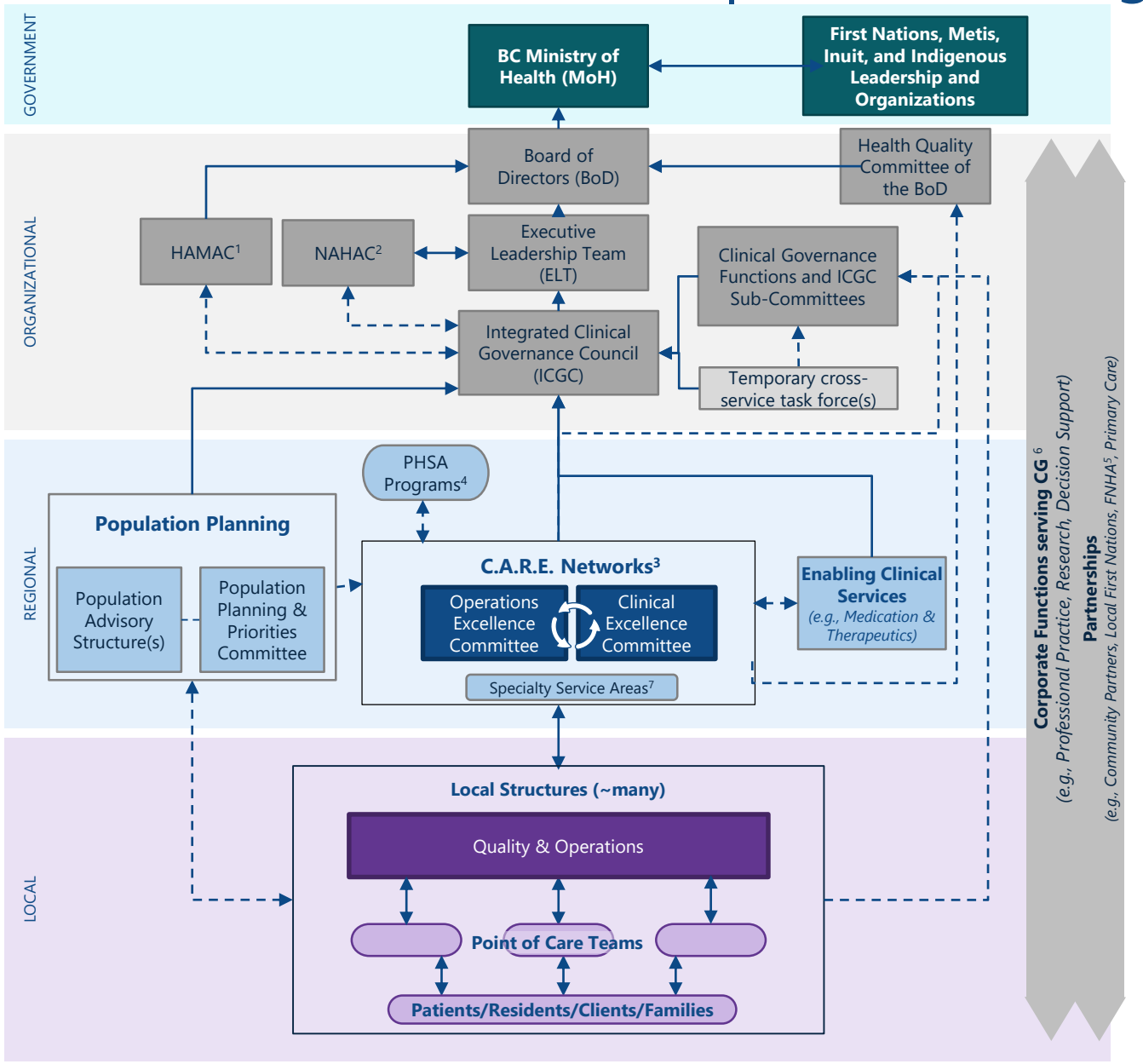
Island Health Clinical Governance Improvement Initiative (CGII)

Future State Model

Last Updated:
March 21, 2023

Future state CG model | What is changing?



One single organizational structure for shared decision-making that integrates all regions and Service Dyads and provides oversight and direction for clinical governance functions (e.g., clinical service planning, policy/standards, etc.).

Integrated, cross-service CG substructures support cross-continuum and Island Health-wide initiatives and provide specialized expertise to regional and local teams.

C.A.R.E. Networks (as defined by the clinical services plan) with aligned Clinical Excellence and Operations Excellence Committees consisting of unique membership and representation of all local structures delivering the services.

- Unique membership enables teams to focus on their area of expertise allowing for greater decentralization of decision-making.
- Representation of all local structures ensures the local context, population needs and scheduling of implementation are considered in design and planning.

A system of individual and shared responsibility supported by standards for clinical governance practices/functions and guided by annual priority-setting

- Annual priorities for each service are established through the C.A.R.E. Networks in alignment with the organizational-level priorities and with input from local teams.
- Support teams consisting of experts are aligned to the priorities defined at each level of the model.

A systematic mapping of membership to each committee to ensure all regions, disciplines, services and where appropriate people/families/communities are represented in decision making.

- Terms of Reference (ToR) will have a clear mandate to ensure appropriate representation in decision-making, supported by oversight from senior leadership (e.g., VPs) to ensure compliance.
- An assessment of current structures and their mandate (ToRs) will provide an understanding of which structures align with the future state model, and where consolidation/decommissioning may be required

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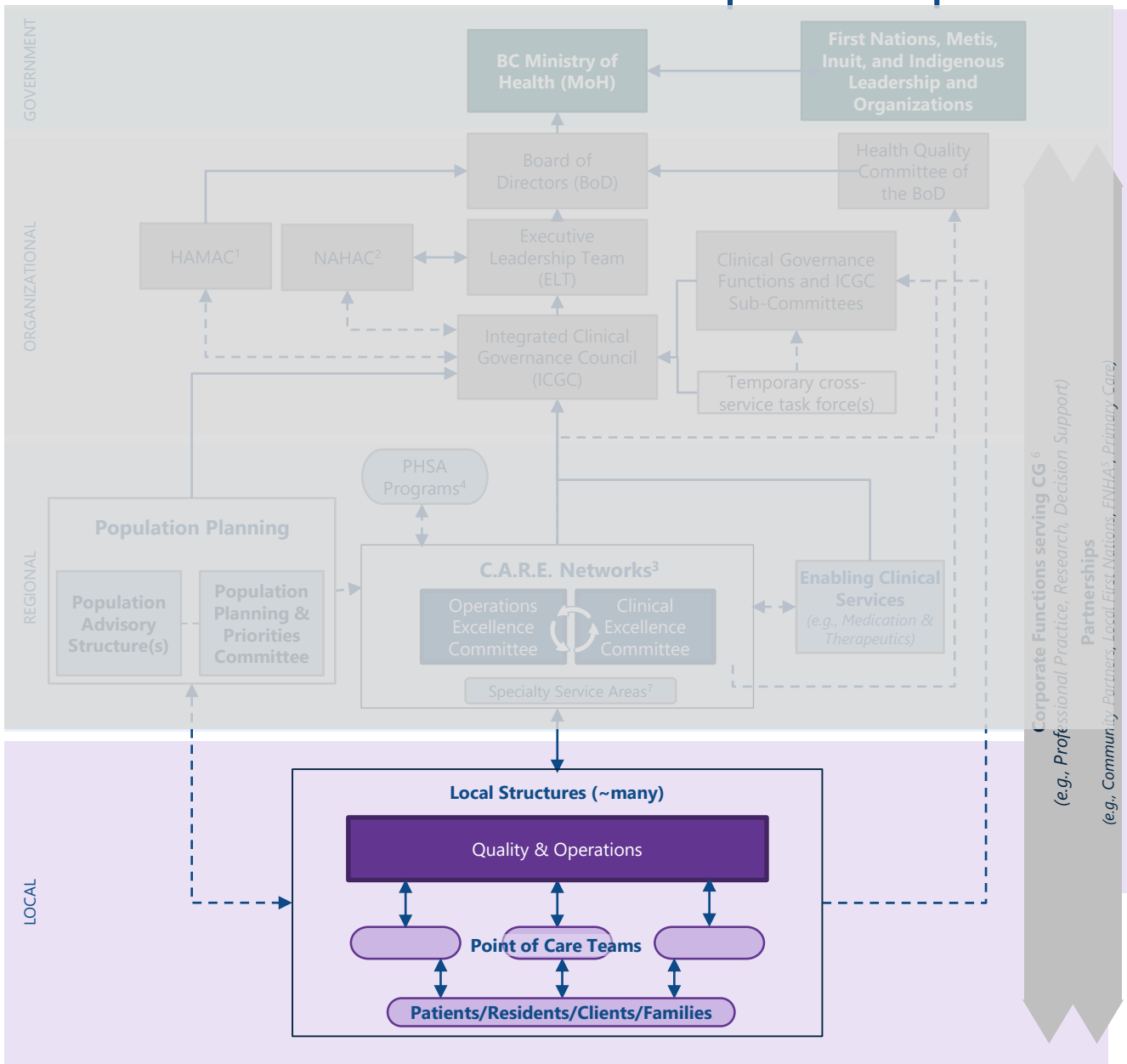
[6] Resource allocation to the local, regional, organizational levels determined based on clinical priorities
[7] Specialty Service Areas – Substructures aligned to a specific C.A.R.E. Network that support shared decision-making for highly specialized services (e.g., heart health)
[8] Clinical Governance Sub-Committees - regional enabling committees or services that enable efficient cross continuum decision-making.
[9] Enabling Clinical Services – Cross-continuum services that work across all C.A.R.E. Networks (e.g., Medication & Therapeutics)

Formal accountability and reporting
Information flow through routine reporting
Council/Committee
Sub-Committee
Non-structural element

Future state CG model | Conceptual level - Local



- Local structures:
  - Are responsible for the day-to-day delivery of service, continuously improving quality and ensuring safety within regional standards, plans, and approved resources.
  - Provide input into Island Health-wide service priority setting and standard development.
  - Have a clear escalation pathway to the C.A.R.E. Networks to bring up quality and operations concerns (e.g., clinical risks, patient safety issues) enabled by regular reporting.
  - Inform the implementation of improvement plans, standards and policies, based on their site-specific or regional context.
  - Conduct clinical audits in alignment with established priority topics and with oversight from the C.A.R.E. Networks
- Where applicable, point of care teams are accountable to the leaders that comprise the local quality and operations structures with regular, bi-directional communication between them.
- Local structures work with community and Indigenous partners to support community level engagement and planning in a bi-directional flow, with clear understanding to meet regional standards.

Note: Local structures will be reviewed **starting in 2023** and a standardized, effective and efficient approach to organizing this level will be defined to address current state challenges.

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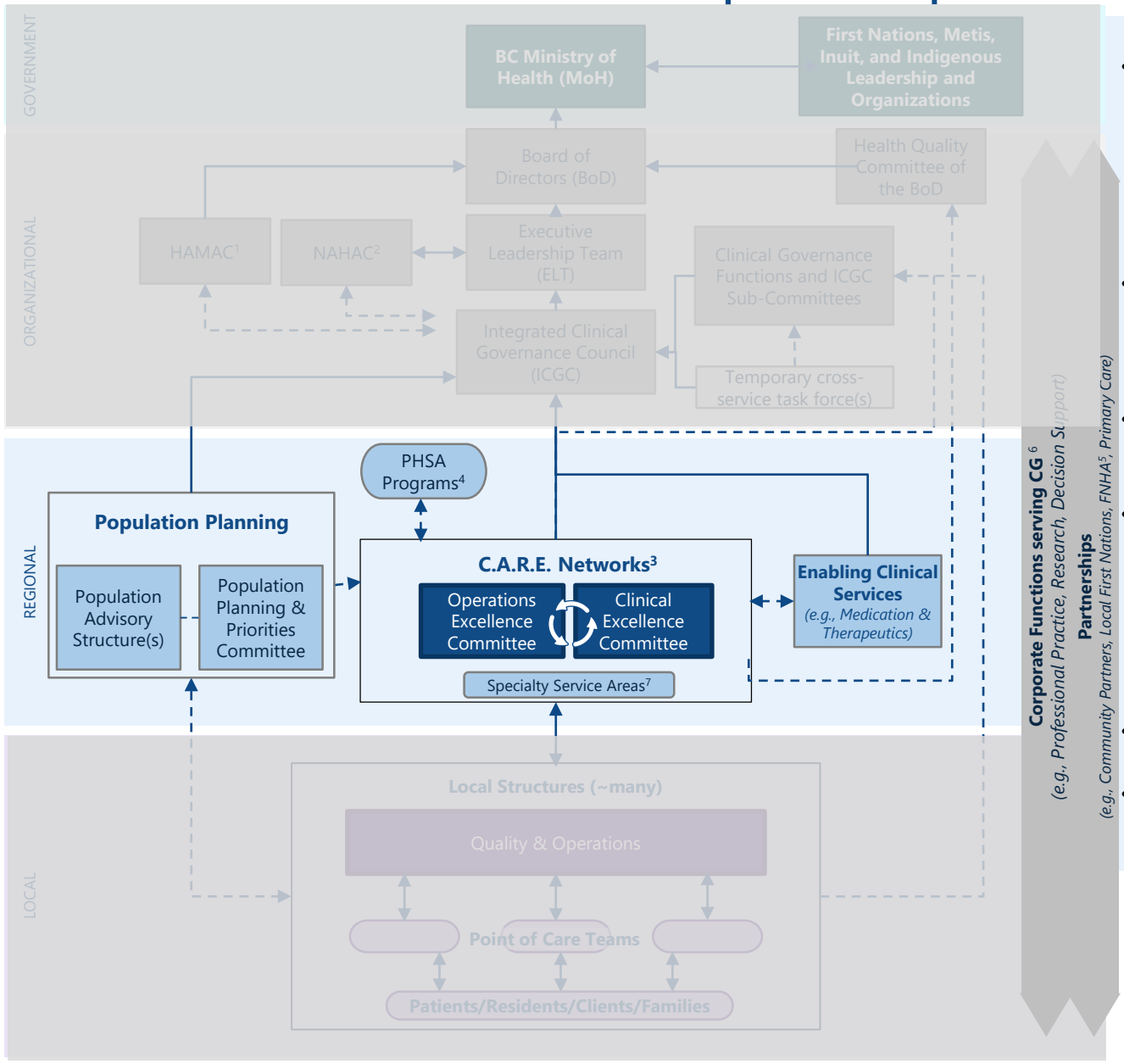
Future state CG model | Conceptual level – Regional



- C.A.R.E. Networks represent the groupings of common/aligned services provided by interdisciplinary and collaborative teams to meet the needs of our patients/ residents/clients, families and communities in alignment with our vision, purpose and values.
    - Comprised of Operations Excellence Committee (OEC) and Clinical Excellence Committees (CEC), each with specialized expertise to meet delegated responsibilities.
- Each structure has unique and interdisciplinary (including Medical Staff) membership, specific expertise and representation across all relevant Local Quality & Operations Committees to ensure a broad understanding of the diversity of needs and resources throughout Island Health.
- Regular planning and reporting to ELT and the Board of Directors occurs via the Integrated Clinical Governance Council, with unfiltered data provided to the Health Quality Committee of the Board.
- Clinical and Operations Excellence Committees work together to ensure quality and safety are maintained and continuously improved within each C.A.R.E. Network.
    - Each committee takes on responsibility/accountability for distinct activities in the planning and execution of CG functions (e.g., performance and quality improvement, clinical standards and policies, clinical risk).
    - Membership is unique across the two committees to ensure expertise is leveraged appropriately.
- Specialty Service Teams are services that align to the C.A.R.E. Network but have a more specialized focus (e.g., heart health) and require specific clinical expertise
- **Note:** The term C.A.R.E. aligns with Island Health's values (Courage, Aspire, Respect, Empathy)

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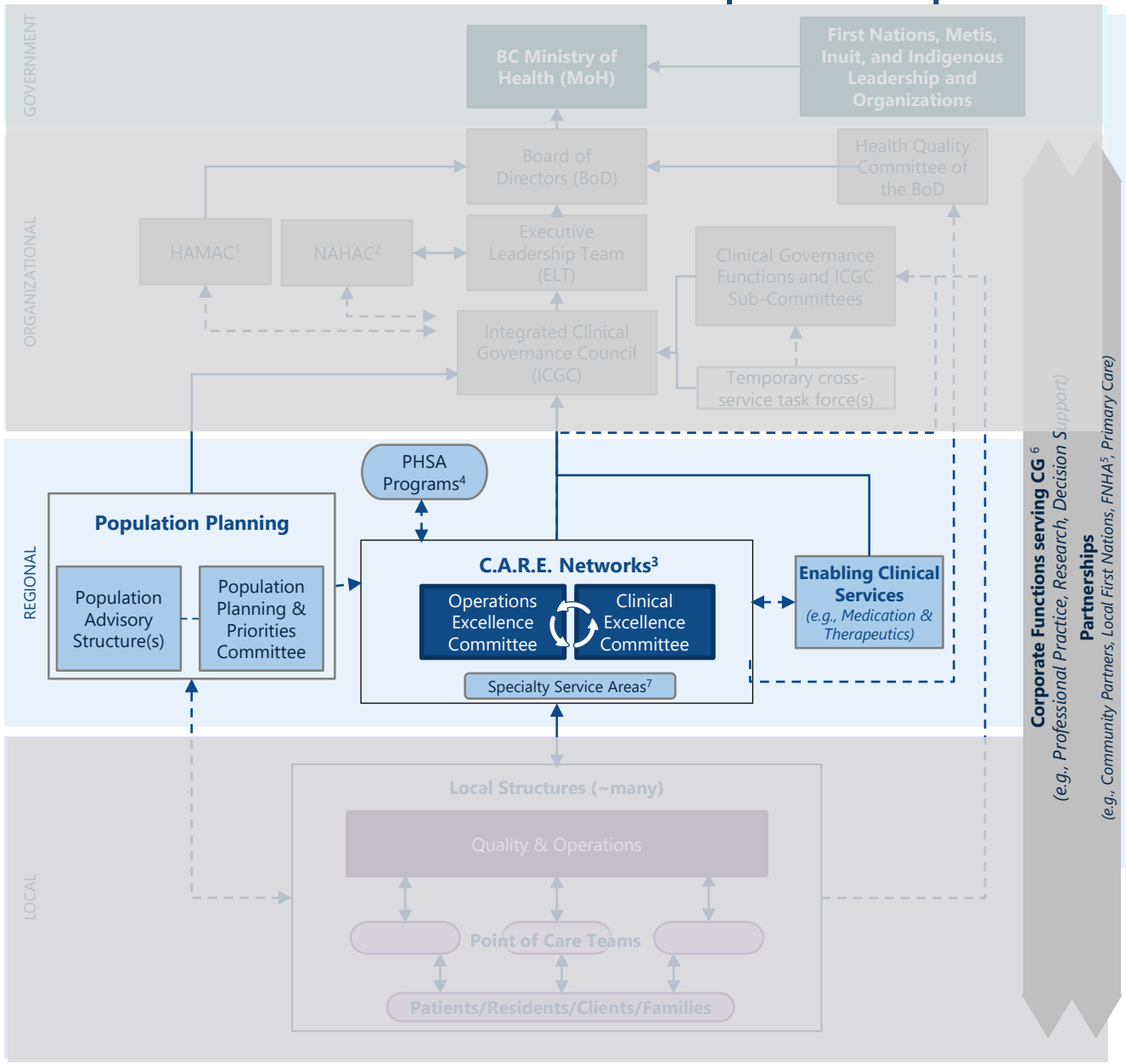

	Operations Excellence Committee	Clinical Excellence Committee
High-level membership	• Co-chaired by administrative (operational) leaders • Members with operation and implementation expertise	• Co-chaired by clinical (quality) leaders • Members with quality expertise
	Interdisciplinary (including Medical) and regional representation (SI/CI/NI)	
Key Functions	***Jointly developing a feasible annual QI plan and monitoring progress***	
	• Informing the implementation feasibility of the QI plan (e.g., resource impact, timeline, etc.) • Monitoring its implementation progress	• Defining quality improvement priorities • Monitoring its progress in meeting the QI priorities
	Jointly developing regional service standards and policies	
	• Informing and planning the implementation of clinical standards and policies	• Designing and approving regional service standards and policies
	Jointly monitoring and managing performance	
	• Developing corrective actions to improve performance gaps	• Monitoring and assessing the quality of care and patient safety through regular data and reporting
	Jointly support the identification and development of clinical innovations	
	• Identify implementation resources, support pilot development and scale and spread of innovation	• Assess appropriateness of innovation, support evaluation and scale and spread of innovation
Enablers	• Regular meetings and interaction between committee chairs • Aligned meeting cadence, agenda-setting, support resources and prioritization of activities	

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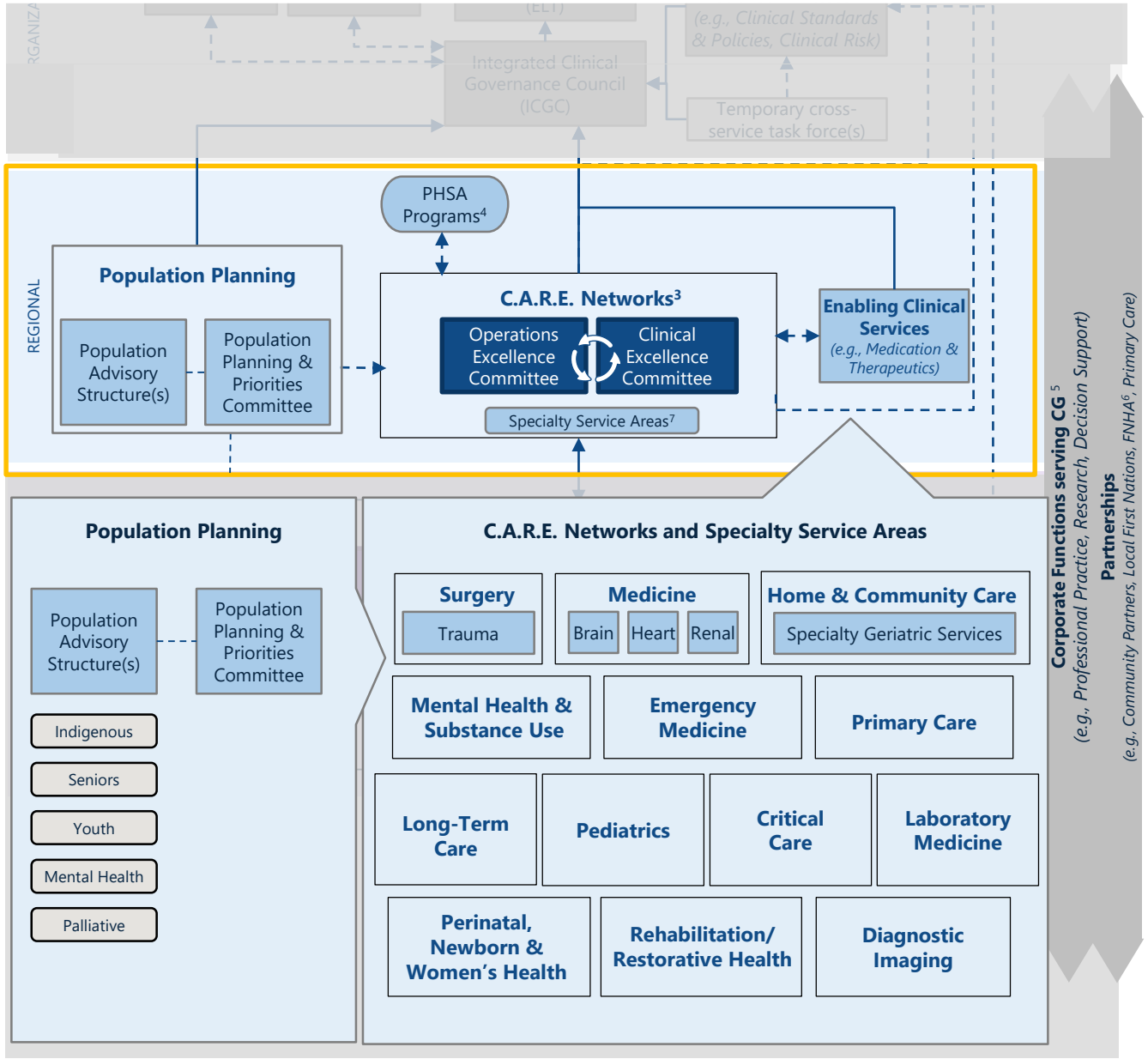

C.A.R.E. Networks *(and Aligned Specialty Service Areas)*

Surgery *(Trauma)*
Medicine *(Renal, Brain, Heart)*
Home and Community Care *(Specialty Geriatrics)*
Mental Health and Substance Use
Emergency Medicine
Primary Care
Long-Term Care
Pediatrics
Critical Care
Laboratory Medicine
Perinatal, Newborn and Women's Health*
Rehabilitation/ Restorative Health*
Diagnostic Imaging

**titles to be confirmed*

Note: Specialty Service Areas based on existing quality councils identified

Gap areas for inclusion:

Population Oriented	Clinical Services	Enabling Clinical Services
• Palliative & End of Life (hospice) • Indigenous Health • Chronic Disease Management • Rural & Remote	• Population & Public Health • Ambulatory Care • Cancer Care • Pain Management • Nutrition • Anesthesiology	• Patient Flow • Infection Prevention Control • Electronic Health Record • Virtual Care • Clinical Research

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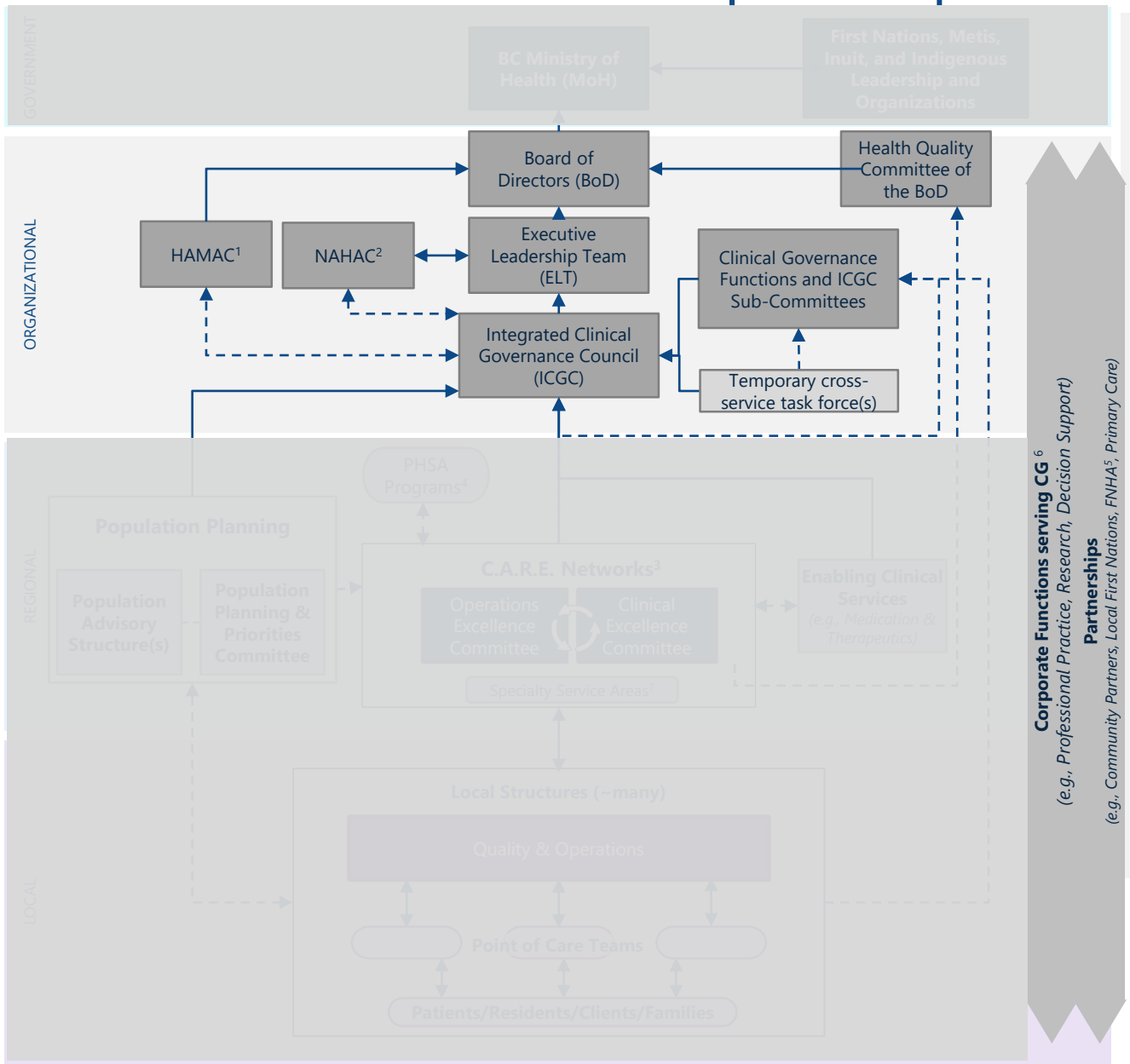

- The **Integrated Clinical Governance Council** (ICGC) provides oversight for quality and safety across all C.A.R.E. Networks, directs key CG functions (e.g., clinical risk, clinical services planning) and integration for cross-continuum design, supported by and aligned with corporate functions. It is chaired by the CMO and CNAHO and includes all Vice Presidents accountable for clinical and quality processes.
  - The oversight/direction of all CG functions is supported by **Clinical Governance Function and ICGC Sub-Committees** that report into the ICGC. These structures are in place to provide the ICGC recommendations for organizational or cross-service (C.A.R.E. Network) decisions.
- Interdisciplinary advisory structures (e.g., HAMAC, NAHAC) support both clinical governance and corporate governance processes and structures. Medical Staff are governed by a separate legislative structure.
- Distinct structures for meaningful engagement of people/residents/clients, families and communities, as well as specific population groups are in place to provide input into service design and evaluation.

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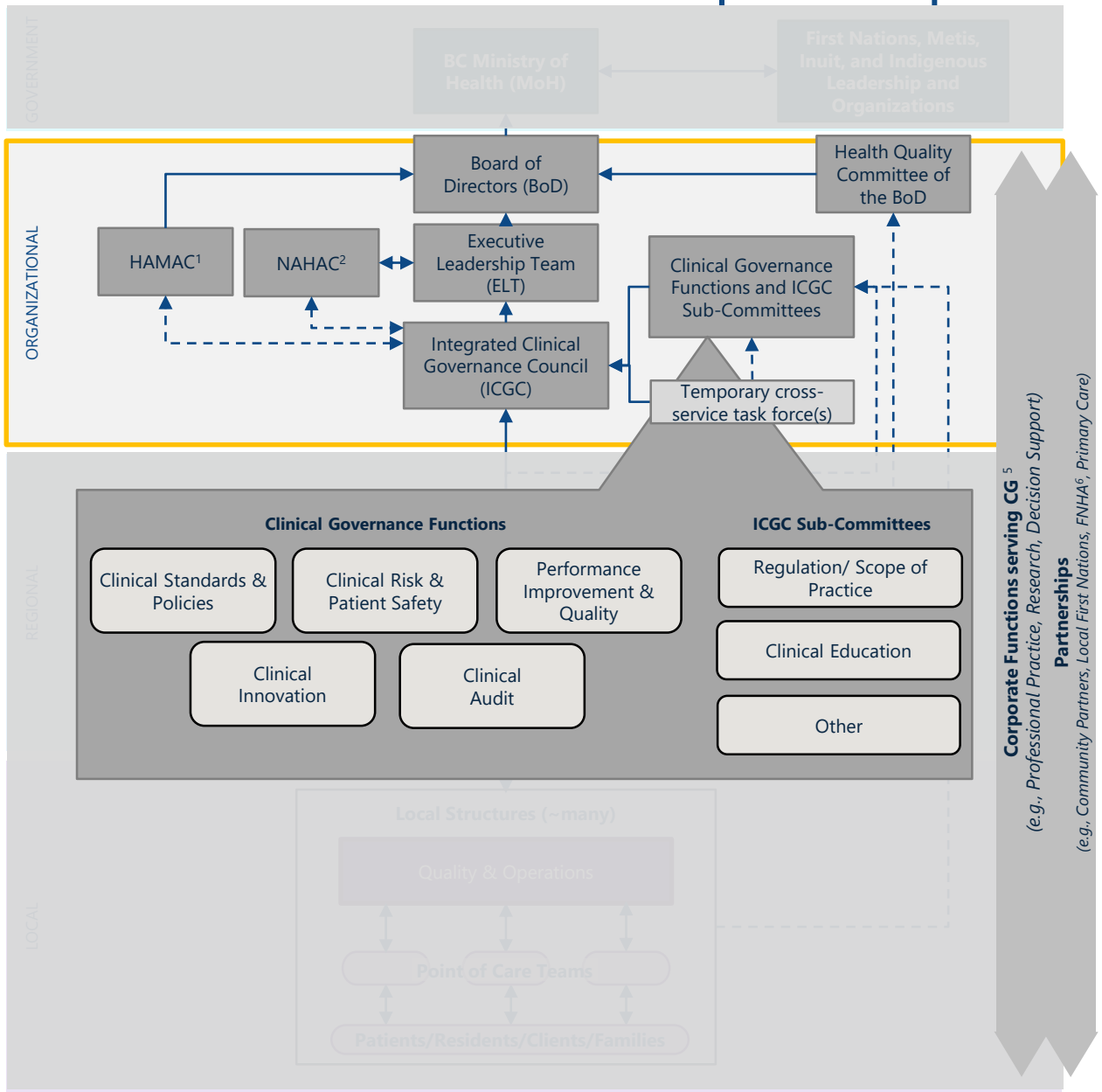

Clinical Governance Functions, ICGC Sub-Committees and Temporary Cross-Service Task Forces

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Clinical Governance Functions

- Clinical Standards and Policies
- Clinical Risk and Patient Safety
- Performance Improvement and Quality
- Clinical Innovation
- Clinical Audit

ICGC Sub-Committees

- Regulation and Scope of Practice
- Clinical Education
- Other

Note: Where appropriate, **temporary, cross-service task forces** may be established to address a specific change initiative. Other sub-structures may also be established.

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