SUBJECT:

Governance Process
QUALITY, PATIENT SAFETY AND RISK MANAGEMENT

POLICY:

Providing oversight to quality, patient safety and risk management is a fundamental fiduciary role of healthcare governance. Accordingly, the Board of Directors demonstrates accountability for quality, patient safety and risk management through its commitment to effective governance which includes but is not limited to the following:

1. Governing with a commitment to having quality, patient safety and risk management woven throughout Southern Health-Santé Sud's core values, Vision and Mission, Board ENDs, Strategic Directions and policies, practices and processes in alignment with the Manitoba Quality & Learning Framework.

2. Setting the tone for a high-functioning organization:
   a. Fostering a board culture that embraces quality, patient safety and risk management and engenders that culture throughout the organization
   b. Encouraging a just culture of safety around organizational processes
   c. Developing a strong and effective partnership with organizational leaders
   d. Promoting person-centeredness throughout the organization
   e. Actively seeking knowledge on quality, patient safety and risk management
   f. Promoting ethical behavior and decision-making
   g. Establishing and maintaining a Governance Accountability and Quality Framework in alignment with national and provincial directives

3. Including 25% of the board meeting on quality, patient safety & risk as a standing agenda item[1]:
   a. Informing, educating and involving all board members through the reporting of and initiatives by the Quality and Patient Safety Committee functioning as a committee-of-the-whole
   b. Monitoring reports including but not limited to:
      i. Compliance with the provincial health system risk management policy by providing appropriate direction as stated in Executive Limitation Policy 1 – Global Executive Restraint and Risk Management

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[1] 25% is the standard target outlined by HealthCareCAN

ii. ii. Governance dashboard reports with limited numbers of measures that reflect strategic goals to track and monitor organizational performance

iii. Critical Incident/Critical Occurrence Reports including Patient Safety Learning Advisories

iv. Leadership Reports

c. Compliance with Accreditation Canada standards through insightful/generative discussions

4. Actively engaging in the Accreditation Canada process, including publicly reporting the accreditation results.

5. Promoting patient and public engagement by:

a. Partnering with Community Stakeholder Groups.

b. Hearing patient and family stories from diverse groups at Board meetings or other board committee and public community events.

c. Supporting opportunities for patients and families to participate in quality improvement initiatives.

d. Using the Community Health Assessment to:

i. Hear about the health of our communities

ii. Promoting and supporting a focus on health equity and creating awareness about the health of our population.