Accreditation Governance Tracer (Session #1)
October 23, 2025

Test for Compliance 3.1.12
The governing body applies a recognized framework for guiding the activities related to quality of care provided by the organization.

Example Questions

1. What framework does the Board use to guide decisions related to quality and patient safety?
2. How does the Board ensure that its decisions and oversight align with the principles of the Canadian Quality & Patient Safety Framework?
3. How is the framework reflected in reports or presentations that come before the Board?
4. Can Board members describe how this framework informs strategic and operational priorities?

Example Answers

- Safety and Quality of Care Framework
- This framework was based on the Canadian Quality and Patient Safety Framework with core principles of: People-centred, Safe, Accessible, Appropriate, Integrated
- This framework is embedded in the Strategic Plan, Quality Improvement Plan and Board Reports.
- There is a Quality of Care section on the Quality Governance and Risk Management agenda that focused on items connected with the framework.

The governing body provides its members with education and continuous learning on the topic of quality of care (quality frameworks, key principles, key indicators).

Example Questions

1. How does the Board ensure that members receive ongoing education related to quality of care?
2. Can you describe recent examples of quality education opportunities offered to Board members (e.g., Board Retreat, OHA sessions, webinars)?
3. How are new Board members oriented to their responsibilities regarding quality and patient safety?
4. What mechanisms are in place to assess the effectiveness of these learning opportunities?

Example Answers

- Ongoing education includes: Board Retreats, OHA sessions, Webinars (e.g., Miller-Thomson series), Rainbow Health & Anti-Black Racism training, Indigenous cultural sensitivity training
- New members receive: Orientation on Strategic Plan, QIP, and governance roles. Mentorship and access to OHA training.
- Effectiveness assessed via: Post-meeting surveys, Peer evaluations, Integration with DEI initiatives.

The governing body ensures the organization's executive leaders have accountability for quality of care in their performance objectives.

Example Questions:

1. How does the Board ensure that the CEO and Chief of Staff have clear accountability for quality-of-care outcomes?
2. Where is this accountability documented (e.g., performance appraisal forms, job descriptions, policies)?
3. How does the Board evaluate the CEO's performance related to quality indicators?
4. Can you provide an example of how the Board has held leadership accountable for quality outcomes?

Example Answers:

- CEO and Chief of Staff are evaluated annually with a focus on quality indicators.
- Accountability documented in: Performance appraisals, Job descriptions, Narrative and tick-box evaluations.
- Board receives: Quarterly reports on safety metrics, complaints, satisfaction scores, and strategic goals.
- Stoplight reports (Green = resolved, Yellow = in progress, Red = unresolved).

The governing body ensures there is an organizational action plan to address quality of care.

Example Questions:

1. Is there a documented organizational action plan focused on quality of care and patient safety?
2. How does the Board review and monitor progress on this action plan?
3. Who is responsible for implementing and updating the plan?
4. How will the plan be integrated into existing structures, such as the Safety Plan or Quality Improvement Plan (QIP)?
5. How are priorities in the action plan linked to identified quality and safety risks?

Example Answers:

- Action plans include: Quality Improvement Plan, Strategic Plan, Incident reporting system
- Board monitors progress via: Quarterly reporting, Committee-level reviews
- Plans are living documents, updated based on patient/staff feedback and evolving needs.
- Priorities linked to: Healthcare trends, Identified risks (e.g., PPE donning/doffing audits)

Additional Questions Reviewed

1. How does the Board ensure that quality of care is regularly discussed at meetings?
    a. Quality of Care is a standing agenda item for QGRM.

2. How are patient satisfaction, complaints, and safety indicators reported and discussed?
    a. Via briefing notes, scorecards, and transparent presentations with opportunity for Board questions.

3. How does the Board use these discussions to inform strategic or operational decisions?
    a. Discussions influence strategic goal setting, resource allocation (e.g., ED expansion) and advocacy efforts.

4. Is there a Board committee that is primarily focused on resource management?
    a. Yes- Finance/Audit and Property Committee

5. Are regular reports on financial management reviewed, and is the review coordinated with utilization reviews?
    a. Yes – monthly financial and utilization reports are reviewed and contextualized.

6. How is the Board engaged in deficit planning and financial decision-making?
    a. Through transparent forecasting, discussion of structural deficits, and implementation of fail-safes (e.g., line of credit, reserves).

7. Is there a communication plan?
    a. Yes – includes annual reporting, social media metrics, and community engagement sessions. Reviewed by the board as part of the overall Operational Plan.

8. How does the Board assess the effectiveness of communication initiatives?
    a. Through feedback from partners, community sessions, and monitoring engagement metrics (e.g., Social Media reach).

9. Are Board meetings open to the public?
    a. Yes – Both regular meetings and the Annual meeting are open to the public.

10. Is there a policy to go in camera? Why would the Board go in camera?
    a. Yes – as outlined in Board Policy #400.

11. Where does the Board go for governance guidance?
    a. The OHA Guide to Good Governance is available on the Board portal; a recent legal review of bylaws and policies was recently conducted.