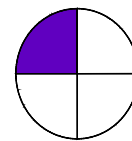


Board of Directors Policy



Policy Type: Governance Process

Policy #: GP16

Policy Name: Quality Assurance

Page #: 1 of 3

Creation Date: October 20, 2021

Effective Date: November 15, 2021

Monitoring: May

A primary function of the Board is to provide policy direction and to oversee the performance of the organization in meeting its Mission and Values and achieving its approved Ends. The quality of services delivered is at the core of this function and is viewed as an essential component of organizational excellence.

The Board as part of its governance style and stewardship role, believes that the Board must set in policy the overarching standards and expectations about quality and what quality means in terms of both,

- a. Governance quality – overseen by the Governance Committee
- b. Client services quality – overseen by the Quality Committee

It is the role of the Board to ensure that all quality functions are aligned with the organization's overall strategic priorities.

DEFINITION

It is recognized that quality must be defined in order to be measured. A single shared definition allows the agency to assess whether or not it's achieved. Quality, from a governance perspective, is defined as the result of many efforts, activities and processes all aimed at providing services that are:

- **Safe:** Services do not cause harm.
- **Client-Centred:** Client goals, preferences and diversity are respected within the process of service delivery.
- **Effective:** Services improve the quality of life.
- **Efficient:** Services are coordinated, cost-effective and least intrusive.
- **Timely:** Wait times for services are monitored closely and support is available during the waiting period.
- **Equitable:** Services are accessed, provided and ended in fair and transparent way.

PRINCIPLES

Proactive not Reactive

- Know/understand current and future requirements
- Identify barriers and take the time to make sure it's right before it can negatively impact clients
- Focus on preventative strategies to eliminate error rather than detecting them after they occur

Evidence-Informed

- Integrate clinical expertise, client needs/preferences and the best research evidence in order to provide optimal services to clients
- Ensure a continuing process and integration of ever-evolving clinical expertise and external evidence in day-to-day practice

Monitoring, Evaluation and Planning are Key

- Make business decisions based upon measured data, rather than on the basis of instinct, authority or anecdotal data
- "Only that which can be measured can be improved"
Ensure that planned and systematic activities and processes are in place to fulfill the requirements of quality and continuous improvement activities

Higher Quality means Lower Risk

- Create a culture of high quality that benefits both the clients and the organization overall
- Invest in high quality which usually requires less resources over the long term than it does to correct something that failed such as:
 - Dissatisfied clients
 - Inconsistent service delivery practices
 - Higher staff turnover and lower staff morale
 - Ineffective use of resources
 - Poor accountability mechanisms
 - Poor community image
 - Wasted time and effort spent on correcting errors rather than preventing them

Open and Transparent Communication

- Break down barriers between service areas and organizational levels
- Encourage feedback loops and opportunities for all stakeholders to provide input
- Create safety and promote open, honest dialogue
- Communicate regularly and broadly as much as possible

Engagement of Staff and Clients

- Recognize the role of staff/clients in making a difference to quality
- Create and maintain an environment for staff/clients to become fully involved in achieving quality
- Share the responsibility for service delivery processes and improvement initiatives

To ensure that Quality is at the core of all services, the Board shall:

1. Endorse a common definition of quality for the organization as defined in policy.
2. Include explicit responsibility for quality in the CEO's Limitation policies.
3. Appoint a Board Quality Committee with a minimum of 3 Directors to make recommendations to the Board regarding quality.

The Quality Committee shall:

- 3.1. Develop a governance dashboard of key service quality indicators that the Board will use to monitor quality;
- 3.2. Ensure quality is a topic for Board orientation and ongoing education;
- 3.3. Ensure Board meeting agendas include topics related to the quality of client services and the quality of governance;
- 3.4. Review and revise the CEO Limitation policy (EL11 Quality) that requires the CEO to have a quality improvement program and an annual Board-approved service quality plan with regular reporting of progress related to operational quality;
- 3.5. Provide leadership with respect to Accreditation;
- 3.6. Meet as required to fulfill responsibilities;
- 3.7. Annually evaluate the work of this committee to determine if a committee is required or this work should be done by the Board as a whole.