Continuing Care
Quality Management Framework
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Executive Summary

The AHS Continuing Care Quality Management Framework outlines the structure, functions, responsibilities and accountabilities for monitoring, improvement and operational delivery of quality\(^1\) safe care and service\(^2\) that may influence or impact the safety of individuals\(^3\) receiving continuing care services.


As outlined in this Provincial AHS Continuing Care Quality Management Framework, the quality vision, quality enablers, quality outcome indicators and risk management mechanisms have been developed through wide stakeholder engagement and informed evidence. AHS Community Seniors Addiction and Mental Health (CSAMH), and Quality and Healthcare Improvement (QHI), in collaboration with clients, residents and their families, Zone Operations, Contracted Providers, and Alberta Health (AH) are leading the ongoing development and implementation of this Framework through the establishment of the Continuing Care Quality Committee (CCQ). The CCQ will provide the governance structure and vital link to ensure provincial consistency; to consolidate all risk and quality activities into a single registry; to enhance the ability to identify quality of care issues earlier; and to reduce the time and administrative burden for operators by better coordinating quality activities.

Introduction

The Alberta Health Services Continuing Care system provides ongoing care services and accommodation that support Albertans to remain independent and receive the appropriate amount and type of service to meet their health care needs. Continuing care clients are defined by their need for care and not by age, diagnosis or the length of time they may require service.

Continuing care healthcare services are intended to supplement and complement, not replace, care provided by primary healthcare, individuals, families, and communities.

\[\text{\^{1} Quality as defined by the Health Quality Council of Alberta Quality Matrix, including the six dimensions of Quality}\]
\[\text{\^{2} Safe care and service relates to individual(s) receiving publicly-funded continuing care healthcare}\]
\[\text{\^{3} Individuals include patients, residents, clients and the individual’s family or legal representative}\]
• These services are provided across living arrangements including those that are community based and facility based; and,
• these services and supports are provided through a combination of internal AHS, external contracted providers, and carers / informal supports.

The following diagram (Figure 1) provides an overview of AHS’ publically funded Continuing Care System. The purple sections represent the service supports and location where they are provided. The blue sections represent accountabilities and supports to meet those accountabilities.

AH, AHS, and community partners in delivery of continuing care services have been working to ensure that Albertans are receiving the right care, in the right place, at the right time no matter where they live in the province. As outlined in the AHS Progressing the Continuing Care Strategy: the Right Care in the Right Place 2010, AHS has been deliberate through this Seniors Health Strategy to provide a consistent approach to continuing care across Alberta. With these changes well underway, the focus must now be on developing a Continuing Care Quality Management Framework supported by a leadership, and a structure to support continuous quality improvement.

**Figure 1: AHS’ Publically Funded Continuing Care System**
The Wellness Paradigm

Continuing Care Services are grounded in a wellness paradigm focused on abilities, strengths, and maintaining independence across a person’s lifespan, and based on the following assumptions:

- Aging is a normal part of the lifespan;
- Health is defined by individuals themselves in terms of their own unique strengths and challenges, value systems, quality of life, and integral interdependent relationships;
- Individuals are responsible for their own lives and make choices in relation to their own health and wellbeing;
- Individuals with chronic illness, frailty related to aging, or disability can, and do, lead healthy and productive lives;
- Restorative care can influence the wellness and independence of even the most health compromised;
- Those with chronic health conditions usually spend more time in caring and supporting themselves than do the health professionals involved in their formal healthcare services;
- Individuals and their families are capable of learning new skills and acquiring new competencies.
- Family and natural support networks are full partners in care and bring their own strengths and resources;
- Most individuals, families and communities value improvements that increase their competence, enhance control over their lives, and promote their functioning at the highest possible level while remaining in their own home or close to home, as long as possible; and
- Inability to recognize and support people’s self-care efforts encourages unnecessary dependency on formal health care services.

Background: Building the Continuing Care Quality Management Framework

Since 2007 with the implementation of Continuing Care Health Service and Accommodation Standards, government and industry have been establishing and streamlining clinical business structure (e.g. InterRAI tools), information management systems, quality improvement processes and audit processes to monitor quality of care and service. However, gaps still occur which have influenced public trust in the continuing care system. (e.g. sentinel events; media). Available information and data systems are not currently able to provide timely and consistent evidence on whether or not there is consistently efficient, effective or exceptional quality continuing care services nor to provide consistent feedback to our operators; there is a fragmented performance auditing reporting system that needs to be simplified and streamlined; and there is a need for open exchange of ideas and information sharing of learning and best practices. Consequently, AHS’ Continuing Care Services launched a collaborative process for development and implementation of a provincial Continuing Care Quality Management Framework.
With the Wellness Paradigm as the foundation of the AHS Continuing Care Quality Management Framework, the framework intends to address the need to:

- Have the individuals’ voice embedded, as it is critical for the delivery of safe care;
- Identify, categorize and prioritize issues for improvement that impact quality of care and service or introduce risk within the continuing care system in Alberta;
- Seek out, monitor and respond to quality and safety issues;
- Identify emerging knowledge and evidence, internal and external trends or innovations that may impact the quality of care and service;
- Inform and support the development and implementation of key strategies / initiatives that directly or indirectly influence the ability to successfully provide high quality safe care and service, and;
- Assess and inform the resourcing, infrastructure, processes and relationships required to facilitate continuous quality improvement in order to achieve desired outcomes inclusive of quality assurance, risk management, monitoring and auditing.

The Minister of Health is ultimately responsible for public assurance; consequently, the oversight role of AH provides strategic and directional policy, legislation, and setting standards for public assurance. AHS is responsible for ensuring delivery of high quality continuing care health and care services throughout Alberta. AH is in development of an Assurance Strategy, and Continuing Care Performance Measurement Framework which will further inform the AHS Continuing Care Quality Management Framework.

The AHS quality goals and the Health Quality Council of Alberta Quality Matrix for Health dimensions of Quality are foundational concepts for this Framework.

A literature review and feedback received informed how to define quality of care and the quality enablers within the Framework.

Stakeholders have been instrumental in the development of, and will be key in implementation of, the AHS Continuing Care Quality Management Framework. These stakeholders include (but are not limited to): Patients, Residents, Clients and family members; AHS (Seniors Health; Seniors Health Strategic Clinical Network; Zone Operations; Quality Healthcare Improvement; Finance; Contracting, Procurement and Supply Management(CPSM); Capital Planning; Infection Prevention and Control; Nutrition & Food Services and Linen & Environmental Services); Affiliates; Contracted Providers (inclusive of their three recognized Associations); and, Alberta Health.

**Principles underpinning the Continuing Care Quality Management Framework**

The following set of principles is the underpinning for continuing care quality assurance and continuous improvement:

- **Put people and their families at the centre of their health care** – “The only true measures of quality are the outcomes that matter to the individual receiving the care and their family”

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4 The quality assurance cycle (Figure 6, page 16) is designed to provide a robust structure to ensure continuous quality improvement and risk management of all continuing care services.
• **Be committed to quality and safety** – “All processes and standards drive towards quality improvement for improved patient outcomes”

• **Foster a culture of trust and respect** – “Transparency in sharing the journey with all stakeholders inclusive of the public is the key to reporting quality outcome”

• **Be focused on wellness and public health** – “Fostering the shift in mindset and culture from a focus on illness and treatment to recognizing that a person’s quality of life is determined as much or more by their outlook of wellness and independence”

• **Enable decision-making using the best available evidence** – “Quality assurance and continuous improvement is embedded in everything we do and is integral part of our daily practice and work”

• **Ensure equitable access to timely and appropriate care** – “Right care in the right place at the right time will be guided by best practices in quality assurance both nationally and internationally”

_A foundation for a better health system, Alberta Health, January 2010_

**Vision**

The vision to guide the AHS Continuing Care Quality Management Framework journey over the next five years is:

_Individuals and their families will access and receive quality safe continuing care services from a high performing, highly reliable Continuing Care System._

**Quality Management Definition**

There must be a clear and accepted definition of what quality continuing care service looks like for individuals receiving continuing care services, and the health system providing the care and service. HQCA articulated that high-quality health care is based on excellent performance through maturing to the right balance within the context of HQCA six dimensions of quality which will result in a sustainable health system (HQCA 2010).

“Quality is the ongoing process designed to improve performance within a particular institution and setting . . . Some element of risk is always embedded with quality improvement and evaluation” (AHS Ethics Framework, 2014).

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5 Individuals include patients, residents, clients and the individual’s family or legal representative.
Within this context of the Quality Management Framework (Figure 2) high quality care comprises of the following:

- **Bringing appropriate care to the community that is person-centred and continuously improving** - we support a culture where staff and leaders in operational areas implement practices that enhance the care experience and improve key outcomes through the inclusion of, responsiveness to, and partnering with clients/residents and their families to gain their perspective at the point of care.

- **Partnering for better outcomes delivered within a fair and consistent learning culture that is evidence informed** – We support clients/residents and their families, staff, and leaders to build relationships in a learning environment where reporting and learning are key elements of accountability. This learning environment results from a range of resources (e.g. experience, evaluations, research, and context) that has been subjected to testing and is found credible (Higgs & Jones 2000; Seidel et al. 2009).

- **Achieving health system sustainability through seamless and reliable team work that is measurable** – we support clients/residents and their families in transitions between care providers and healthcare services that ensure the right information and interventions are provided at the right time by a high functioning group of healthcare providers using quantitative and qualitative data, quality assurance, risk management and continuous improvement processes in reflecting the quality of care provided.

The AHS Quality Management Framework (Figure 2) describes the characteristics, enablers, and HQCA six dimensions of quality to support the integration of quality into daily work, promotes continuous quality improvement, and aligns improvement work to the AHS vision and strategic directions.
Figure 2: AHS Quality Management Framework
The AHS Quality Management Framework represents a shared understanding of how quality of care will be operationally defined, measured, reported and continuously improved upon including identification and mitigation of risk, with the ultimate goal of assurance of quality safe care.

The context of Continuing Care, for our vision to become a reality (Figure 3) we must be able to substantiate outcomes from the perspectives of: the individual receiving the services as the foundation of the system; of frontline providers; health system oversight; and to ensure our provincial health system reflects the six dimensions of quality described in the Alberta Quality Matrix for Health (HCQA, 2004).

**Figure 3: Goals and Outcomes of Continuing Care Quality Management**
At the same time, we must acknowledge that the provision of high quality care is an inherently complex and fragile operation that is a collective endeavor, requiring collective effort and collaboration at every level of the system (NHS 2013), and be able to identify the critical components which allow quality safe care to prevail. Figure 4 illustrates the continuing care quality management quality initiative critical components to drive this change:

- **The vision (green)** that Individuals and their families will access and receive quality safe continuing care services from a high performing, highly reliable Continuing Care System to keep our focus;
- The balance of the **six dimensions of quality (blue)** reflecting the lived experience of the individual and their family receiving the care, and;
- The **risk categories (yellow)** which represent the key components of quality assurance to measure performance, and understand the business risks facing every level of the continuing care system in the delivery of care and service.

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**Figure 4:** Drivers of the vision

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6 Risk categories as per AHS Enterprise Risk Management

Quality & Patient Safety: Events / risks that could affect the provision of key services causing major problems for quality and/or patient safety and could cause significant disruption to health service delivery

Policy, External Environment & Public Confidence: Results could be inconsistent with political/strategic mandate for health care delivery. Significant legal or contractual risks. Risks to the reputation of AHS.

Human Capital: Risks that could affect the delivery of health service delivery or that could threaten the safety or wellness of AHS personnel

Infrastructure: Risks that can affect the delivery of health service delivery or that could threaten the safety or wellness of AHS personnel

Finance: Risk resulting from inadequate or failed internal financial systems and/or from business practices that are inconsistent with generally accepted financial regulations and practices or that would have significant impact on AHS financially.
Enablers of Quality Management

The identified quality enablers from the Quality Management Framework (Figure 2) are essential for maturation into a high performing, highly reliable continuing care system and provides the actions required in our emerging vision. These enablers have required actions to achieve the emerging vision as outlined in this continuing care quality management framework. (see Appendix 1: Defining enablers of continuing care quality management).

Continuing Care Quality Management Governance Structure

There are many stakeholders/roles within the Continuing Care system such as patients/clients/residents/families, primary care physicians and teams, professional consultative providers, continuing care operators, AHS, and AH. All of these stakeholders and their roles are accountable for pieces of the quality journey of service continuing care service delivery. However, continuing care quality processes sometimes overlap and are complex. The Continuing Care Quality Management Framework includes the governance structure required to identify the roles and accountabilities.

As an identified enabler of the Quality Management Framework (Figure 2), governance is the structure by which entities and individuals share responsibility and are held accountable for client care, minimization of risks to consumers and for continuously monitoring and improving the quality of care (reference). The Continuing Care Quality Committee (CCQ) will provide coordinated and collaborative oversight to the monitoring and improvement in the delivery of continuing care services in Alberta.

The committee will be accountable for ensuring all quality improvement structures, processes and outcomes, including those related to patient safety and quality assurance, are necessary, sufficient and effective in achieving quality and safety within the continuing care health sector.

To enable the mandate of this committee there needs to be a clear understanding of the governance and oversight role of AH and the services oversight role of AHS.

AH membership will inform and provide consultation to ensure awareness and collaboration; strategic and directional policy; performance measurement and compliance assurance related to quality and safety of continuing care services.

The CCQ will provide the structure and processes to share knowledge, learning, and build consensus in the development and implementation of the Continuing Care Quality Governance Structure and Quality Management Framework (see Appendix 2 and 3 for Continuing Care Quality Governance Structure, and CCQ Terms of Reference).

The CCQ is where information related to quality safe care can be enacted upon to influence improvement of the continuing care system in delivery of quality safe care. HQCA (2010) states, “Effective and integrated health information is vital to both system and clinical level decision making”. As shown in the HQCA (Figure 5), establishment of an integrated health information system supports this decision making process.
Measurement and Reporting

The Quality Management Framework enablers (Figure 2) of information, technology and access to data will make possible the ability to provide the evidence of indicators of quality safe care. These indicators of quality safe continuing care services need to be able to stand alone as well as be able to have fluidity to report the performance of the system with the ability and agility to identify and mitigate potential risk to achieve optimal performance, and sustainable health care service delivery.

HQCA (2010) states, “The power of measurement, as a business strategy, is most evident when measures of quality and safety are embedded at every level of the system”. And goes on to state, “Health information and measurement have considerable potential to enable improved patient management and health care quality as well as better decision – making at all level of the system- strategies are pillars of sustainability” (HQCA 2010).

As noted in the Provincial Continuing Care Reporting Framework (Appendix 3), the goal for continuing care measurement and reporting will be to support person-focused and quality continuing care health programs and services that are accessible and sustainable.
for Albertans. This framework outlines the processes to identify, develop, publish, report, and cycle measures/indicators. As well, insight into the type of measure required (i.e., transactional, tactical, strategic, or outcome measure). As well, AH is in development of an Assurance Strategy and Continuing Care Performance Measurement Framework that will further inform the AHS Continuing Care Quality Management Framework and guide the identification and development of the indicators/measures related to quality safe care.

**Quality Management Cycle**

The Continuing Care system relies upon a variety of service delivery models and providers/operators including public and private operators. Coordination and overall monitoring of this complex system requires examination of both quality indicators and risk levels from both the patient and system sustainability perspectives. In order to do this, the Continuing Care Quality Management Framework incorporates a risk management component (Figure 2 enabler of quality assurance/quality controls).

To be able to better react to anticipated, perceived or actual risk (to the client, and/or system viability and sustainability), it is important for all stakeholders to work together for effective risk management that would include:

- Capability across the continuing care system to manage risk through standard operational quality management process for consistent application;
- established benchmarks indicative of levels of risk;
- monitoring and analyzing trends in identified actual or potential risk;
- proactively establishing risk mitigation strategies; and
- establishing a culture of continuous quality improvement to decrease the likelihood and severity of potential risk.

The quality assurance cycle (Figure 6) is designed to provide a robust structure to ensure continuous quality improvement and risk management of all continuing care services.

“A simple but powerful (quality assurance) focus is measuring satisfaction – client/resident satisfaction; family satisfaction; health provider/staff satisfaction”

~Stakeholder Feedback
February 26, 2014
The AHS Patient Safety Strategic Plan 2013-2016 states that, “Delivering quality and safe care to Albertans is the foundation of all activities undertaken by Alberta Health Services. While patient safety is implicit throughout the strategic direction of the organization, patient safety efforts tend to be ad hoc and reactive, rather than proactive”. AHS Enterprise Risk Management (ERM) Framework and Guidelines provide the context, structure and processes to mature the continuing care quality management and assurance cycle to become proactive in addressing risk.

With the learned ERM, continuing care assurance activities will be a more intentional component to the continuous quality improvement process. This will be enabled through systematic knowledge transfer and exchange between multiple stakeholders, sites, organizations and zones with the overall goal with each audit to meet or exceed indicators (i.e. criterion) of quality and safe care.

Each specific criterion carries with it a level or degree of significance to overall health outcomes for Albertans. The cycle of auditing will depend on the regular audit results and the level of risk associated with those results. Continuing Care Audits have been

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Risk definitions as per AHS Enterprise Risk Management

- **Risk Assessment**: The overall process of risk identification, risk analysis and risk evaluation.
- **Risk Identification**: The process of finding, recognizing and describing risk.
- **Risk Analysis**: A systematic use of available information to determine how often specified events may occur and the magnitude of their consequences.
- **Risk Evaluation**: The process of comparing the results of risk analysis with risk criteria to determine whether the risk and/or its magnitude is acceptable or tolerable.
- **Risk Treatment**: Selection and implementation of appropriate management options for dealing with identified risk.
regularized in AHS to occur once every two years which has been limiting to the extent that the quality feedback loop is lengthy and hence can be less effective. Output feedback from the audits is important in order to drive the input for quality improvement activity.

Continuous quality improvement with maturing of the quality improvement and remediation component will embed the principles and practices of ERM into the auditing process with the overall goal of reducing or eliminating quality gaps, especially for those areas/criterion, which carry higher risk for Albertans.

Complex audit cycles can be added to assess high risk trends and repetitive non-compliancy status with the standards. These complex audits will require multidisciplinary team members that are experts in interpreting standards, practices and principles and have excellent relationship management and communication.

All Audit cycles, whether they are regular or complex will provide valuable, independently produced information to sites, operators and zones. This will assist in coordinating goals along with providing assurance to Albertans that the healthcare they receive is of the highest quality and care providers, clients, residents and families understand their roles and accountability for the delivery of continuing care services.

To better understand risk and manage risk, a risk classification matrix arises from this Continuing Care Quality Management Framework (Figure 7) to estimate degree of potential risk, evaluate the risk and prioritize the risk. The Provincial Continuing Care Reporting Framework (Appendix 4) will further inform this work along with current legislation, directional policy, and standards that are already in place. A consistent approach to risk management from a system perspective will be based on continuous quality improvement. The response of the continuing care system at every level (site, operator, zone, and province-wide) will become more agile to predict and proactively ensure quality safe care.

Information from a number of agreed upon care and service delivery, satisfaction, workforce, environment, and financial indicators will be combined and used to identify levels of risk to quality and safety for residents/clients across the system. Intensity of response will be based on the level of risk and will define subsequent actions.

**Figure 7: Risk Management of the Continuing Care System**
Capacity and Capability Development

The Quality Management Framework enablers of capacity and capability (Figure 2) require a focus on building learning organizations that nurture development and delivery of continuous quality improvement throughout all aspects of care delivery; quality and safety education, change management and knowledge transfer for individual receiving the care, frontline staff, organizations and, leaders of the system. This formalizes interconnections between organizations of the continuing care system and it supports the value of building capacity and capability (Figure 8).

This refocused intent on building capacity and capability associated with Continuing Care Quality Management will mature the continuing care system from a position of consensus building to an intuitive system in relationship to quality assurance from high performing, highly reliable continuing care system for Albertans.

Figure 8: AHS Continuing Care Quality Management Maturity Matrix
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Development of the Continuing Care Quality Management Literature Review and Leading Practices document has provided a solid foundational in the advancement of the Continuing Care Quality Management Framework. This leading practice document is intended to include evidenced based, research informed, and leading practices that are already in place within and across Alberta (AHS, contracted providers and AH). This leading practice document has eight areas of focus: Governance; Elements/enablers of a quality management structure; Performance measures; Risk management models; Maturity matrix (e.g. change management); Evaluation approach (related to evaluation of the implementation and impact of the CCQMF); Performance and Monitoring (e.g. Auditing), and; Best practice reporting tools.

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References


**Appendices**

**Appendix 1:** *Quality Enablers for Continuing Care Quality Management*

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