



Leadership for Performance Excellence:

Driving Improvement in Your Organization

GAP ANALYSIS

OCSA Quality Advantage Project
Board/Senior Leader Workshop

GAP ANALYSIS

Role, Knowledge, Skills

Do you recruit Board members based on a competency profile, and does it include someone with quality knowledge/experience as a competency?

Are new members to the Board provided with a comprehensive orientation that includes basic quality and safety information?

Do Board members have a good grasp of current organizational performance & a sense of what excellent or better looks like? What about Senior Leaders?

Is quality and safety a strategic imperative for your organization and is it a specific agenda item at all Board meetings? For example, could you say that your Board spends a minimum of 25% of its time discussing quality and safety? How much time do Senior Leaders spend visibly coaching staff or engaging with clients?

Do Board members ask questions that allow the Board to get below the surface when it comes to quality and safety issues? If not, what strategies might be helpful in facilitating this level of discussion?

Does your organization have an adequate plan in place to build capability for quality improvement and patient safety at all levels of the organization? (Board to front line) Are sufficient resources allocated?

Discuss and record 1-2 changes you will consider making to enhance your Board's role, knowledge and skill in relation to the quality agenda, based on the gaps identified.

GAP ANALYSIS

Culture

Does you have a method for understanding the staff's perceptions of organizational culture?

Are clients sufficiently involved in:

- Setting goals and making decisions about their own service delivery?
- Organizational committees that make decisions about client service delivery?
- Processes for improving service delivery (ie quality improvement projects)?

Are client stories about harm or quality a part of Board meetings (either in person, by video, or as told by staff)? If so, are the stories tied to another agenda item?

Is there opportunity to increase the transparency of information either internally or externally? For example, do you publically post metric results – on your website? On your walls? What specifically would you recommend, if anything, to increase transparency?

Does your organization have policies in place regarding client disclosure and apology when adverse events occur?

When engaged in discussions on quality and safety at your Board, is there sufficient time spent in strategic and generative discussion?

Discuss and record 1-2 changes you will consider making to enhance your organization's culture of continuous improvement, based on the gaps identified.

GAP ANALYSIS

Quality Improvement Plan

Has your Board established and adopted 2-3 high level Quality Improvement Aims/priorities? If so, are they articulated in “how much, by when” terms?

Have the Board and Senior Leaders discussed the required investments in decision support, quality improvement support & training, and other enablers required to support your priority quality improvement initiatives?

For outcomes that extend beyond your organization’s control, are you partnered with other stakeholders to help you achieve your goals? Is there more work necessary in this area to ensure success?

Would all staff in your organization be able to tell you the top 2-3 quality priorities for your organization? Would they know how their work contributes to those priorities?

Are there mechanisms for assigning roles for quality improvement initiatives included in your plan, and for holding staff accountable for results?

Discuss and record 1-2 changes you will consider making to enhance your organization's plan for quality, based on the gaps identified.

GAP ANALYSIS

Measurement and Information

Do your Board & Senior Leaders monitor quality and safety indicators on at least a quarterly basis? Are your data points calculated at least monthly, where possible?

Do your Board and staff have a solid understanding of different kinds of measures (outcome, process), and does your Board focus its review of metrics on outcome measures?

Does your Board or Board Quality Committee periodically review the process and outcome measures linked to projects to understand progress on achieving your quality aims?

Do you know how many patients each metric reflects? If not, what strategy could you use to improve the relevance of these metrics for Board members and others?

Are both positive and negative results on indicators shared with your Board, staff, and the public?

Are your data displayed in a way that informs your Board and staff about real change in indicator results over time?

Do you have a quality scorecard with a manageable number of balanced outcome measures to support your Board in its oversight role?

Discuss and record 1-2 changes you will consider making to enhance your organization's display and understanding of measures, based on the gaps identified.
