Governance for Aboriginal Health Services Standards-A Collaborative Journey

Corrine Duck Chief
Janice McVeety
Hélène Tassé

FNHMA Conference Workshop-Montreal
November 5th, 2015
Objectives

- About Accreditation Canada
- Aboriginal Health Services and accreditation
- Governance for Aboriginal Health Services Standards development process
- Standards working group experience
- The new Governance for Aboriginal Health Services standards
- Workshop-break out session
Accreditation Canada

Janice McVeety
Accreditation Product Development Specialist
Accreditation Canada
Accreditation Canada

- Incorporated in 1958 as not-for-profit
- Over 1,100 clients
- Over 6,000 sites
- 300-400 surveys/year
- Approximately 500 peer surveyors

- Accreditation may be mandatory or voluntary
- Accreditation Canada International
- Accredited by ISQua
Mission / Vision / Strategic Directions

- **Vision:** Excellence in Quality Health Services for All
- **Mission:** Driving Quality through Innovative Approaches to Accreditation
- **Values:**
  - Excellence
  - Respect
  - Integrity
  - Innovation
Values of Accreditation

- Clients tell us it enables and encourages quality improvement
- Aligns with organizations’ quality improvement program
- Quality contributes to efficiency
- Quality is fundamental to:
  - good patient outcomes
  - organizational success
  - sustainability
Qmentum Standards

What is a standard?

Standards of excellence, national in scope

- Enable organization/team to ‘stretch’ to improve care; raise the bar
- Developed with guidance of experts in the field
- Updated on regular basis
Aboriginal Health Services and Accreditation Canada
Involvement in Aboriginal Health

- Started in 1999
- Partnership with FNIHB
- Various product offerings (e.g., Primer, Qmentum, tailored education)
- Currently 106 clients
- 82 Surveyors for Aboriginal Communities
- 14 primary AHS Surveyors
- Aboriginal Representative on our Board of Directors
- Dedicated internal team
Northern and Aboriginal Health Services (AHS) Clients

- Client Organizations offering a variety of services:
  - Health Authorities
  - Large/small
  - Rural/urban
  - Remote
AHS-Specific Standards

- Leadership for Aboriginal Health Services
- Aboriginal Community Health and Wellness
- Aboriginal Integrated Primary Care
- Aboriginal Substance Misuse Services (ASMS)
- Medication Management for ASMS
- Infection Prevention and Control for ASMS
- Remote/Isolated Health Services
- Medication Management for Remote/Isolated Health Services
Others Commonly Used in the AHS Market

- Long-Term Care
- Community-Based Mental Health
- Home Care
- Acute Care Standards (e.g., Medicine Services)
- Governance

- Medication Management for Community-Based Organizations
- Infection Prevention and Control Standards for Community-Based Organizations
New Standards or Revisions

- New products
  - Gaps?
  - Quality and safety issues?
  - Tools

- Revisions
  - Ongoing cycle depending on standard section
  - Determined by risk, feedback, usage volume, changing trends
  - For example: introduction of Client and Family-Centred Care to our standards (2016)
Language Access: Self-Assessment Tools

Rationale:

- Communication barriers are a significant safety and quality issue

Research findings:

- ↓ access to care
- inadequate primary care or health prevention
- ↑ risk of non-adherence with treatment plans
- ↑ rates of infectious diseases and infant mortality
- ↑ incidence of chronic conditions
- longer lengths of stay in hospital
Self-Assessment Tools

- Pan-Canadian
- Integrated into current accreditation process
- Optional/voluntary
- Does not affect the accreditation decision

Statement examples:

1. **Governance:** The governing body endorses the organization’s language access policy statement.

2. **Health Services:** Consent forms and other vital documents are available to clients and their families in the languages most commonly spoken by the community served.

   - YES   √   NO   •   NOT APPLICABLE   •

On-site:
- 3-5 sites
- Targeted consultation:
  - Desktop review
  - Mock self-assessments

For more information:
- Please contact Alyssa Bryan
  - alyssa.bryan@accreditation.ca
  - 613-738-3800 ext. 507
Governance for Aboriginal Health Services Standards

- Development Process
Accreditation Canada  Governance Standards

Governance:

- The system by which authority, decision-making ability, and accountability is exercised in an organization
- Responsibilities and activities carried out by the governing body
- Qmentum Governance Standards used along with Leadership Standards
Standards Development Process

1. Review of the literature and background research
2. Formation of standards working group and develop draft standards
3. Conduct evaluation: pilot testing, national consultation, and focus groups
4. Revise standards based on feedback
5. Release as part of accreditation process
Project Background

Clients and surveyors were telling us:

- Governance standards did not reflect structure of AHS organizations and their systems of governance.

- The way Governance standards are applied varies by type of organization:
  - Community Health Services
  - Aboriginal Substance Misuse Services
Literature Review

Findings:

- Aboriginal governing bodies vary
- Corporate and community governance frameworks
- Governance standards based on traditional corporate (board) may not fit Aboriginal community context
- Language and terminology should be culturally relevant
Background Research

- First Nations Health Managers Competency Framework (FNHMCF)

- British Columbia Assembly of First Nations (BCAFN) Governance Toolkit-standards

- Teleconference with British Columbia First Nations Health Authority (BCFNHA)

- 3 Focus groups with clients and surveyors
Feedback - Focus Groups

Clients told us:

- They value accreditation
- They like being recognized for their hard work
- They like how accreditation is dedicated to quality improvement
- Knowledge of new best practices through accreditation is valuable

Both clients and surveyors told us:

- The governance structures vary across communities and types of organizations.
- This determines how they apply governance standards
Feedback- Focus Groups

- First Nation governing bodies vary
  - difficult to apply governance standards based on traditional corporate (board) models to their contexts.
- Some standards are not seen as relevant for the organization.
- Standards language and terminology difficult to interpret.
- More inclusive language relevant to AHS context recommended.
- Guidelines would benefit from more culturally relevant examples.
Standards Working Group (SWG)

- Group of content experts for the standard set being developed or revised
- National representation
- Provide guidance
- Meet to review/discuss content to be implemented into Qmentum
Governance for AHS SWG Members

- Elaine Allison- Wagmatcook Health Center, NS [Surveyor]
- Sheila Arnold- Previously Kateri Memorial Hospital Centre, QC [Surveyor]
- Corrine (Kory) Duck Chief- Siksika Health Services, AB
- Colleen Labillois- Listuguj Community Health Services, QC
- Erica Perkins- Pic River First Nation Health Centre, ON
- Rhonda Ross- Previously Opaskwayak Health Authority, MB
- Greg Shea- First Nations Health Authority, BC
- Ceal Tournier- Saskatoon Tribal Council Health & Family Services Inc., SK

Thank You!
Feedback from SWG

- Make terminology and language changes to reflect:
  - Culture
  - Size of organization

- Application of standards/criteria to the different governance structures

- Provide more examples in the guidelines

- Focus on function instead of ‘who’ but still know who is accountable:
  - Is it about structure or how the system works?

- Organizations need to see themselves in the standards:
  - Customization

- Add resources such as BC Assembly of First Nations Governance Toolkit
Evaluation-National Consultation

- Client organizations
- Stakeholders (e.g., provincial bodies, colleges, ministries of health, associations)
- Accreditation Canada Surveyors

Participants:
- 35 accessed the Accreditation Canada national consultation web survey page
- 18 provided feedback by e-mail and/or using the evaluation questionnaires
National Consultation Results

- Positive feedback
- Recruitment to board positions challenging
- Important factors
  - Accountability & responsibility
  - Understanding legal obligations
  - Cultural safety/competency
  - Strategic planning & partnerships

- each community is culturally different as well as their governing bodies
Post-Evaluation

- Feedback incorporated into a final draft
- Presented to the standards working group
- Final changes
- Standards are translated and prepared for release to client organizations
- New requirements - 1 year delay for organizations
- Release in 2016
- Survey use in 2017
The Standards Working Group Experience

Corrine Duck Chief
Accreditation Coordinator
Siksika Health Services
Siksika, Alberta
In our every deliberation,
We must consider the impact
of our decisions on the next
Seven Generations
Siksika Health Services is located on Siksika First Nation about 220 Km east of Calgary, Alberta and is the second largest reserves in Canada with a population of approximately 6500 people.
VISION STATEMENT

Quality Health Care and Wellness for Siksikawa

MISSION STATEMENT

To improve and promote Siksíka quality of life through safe, accountable and efficient health service delivery based on the needs of Siksíka Nation members
Siksika Health Services
Corporation Structure

Research, Discussions & Development of Enhancement paths for Siksika Health Services (Info prepared for submission)

December 2008
Submission to Siksika Governance Council Team
January 2009
Approval of Enhancement of SHS

Schedule “A” Enhancement Plan Implemented
Incorporation name chosen
Committee Members appointed through Siksika Nation Committee process
Technicians organized: Legal Counsel, Finance team leader, MNP, internal staff
Review of information and technician updates
Transition Plans developed

July, 2009
Siksika Health Services designated as a Federal Corporation
Board Orientation
Board Planning
Continued education and communication of process to staff
Joint roles for implementation of various organizational existing and future practices

Next Steps:
Continue with Board Business Plan
Schedule AGM for new year with Siksika Health Services Members
Continue negotiations for Flex Agreement
Siksika Health Services is a non-share capital corporation, composed of:

- **Members** (the equivalent of shareholders in a commercial corporation);
  - Members are Siksika Chief and Council

  - **Directors Elected by the Members**; and
  - Directors elected are the current Siksika Health Committee Members as approved by Siksika Chief and Council through Siksika Nation Board Terms of Reference process and are authorized to manage the affairs of the Siksika Health Services Corporation

- **Officers appointed by the directors** (as in a commercial corporation); Chief Executive Officer, Chief Operational Officer, etc.…
  - Senior Manager in Acting capacity as Chief Executive Officer until further ratification by Siksika Health Board
Governance for Aboriginal Health Services standards—What’s new?

Hélène Tassé
Accreditation Specialist
Client Services
Accreditation Canada
Terminology changes

- The term ‘health organization governing body’ is used to clarify that the governing body to which the standards apply.
  - addictions services
  - health services centre
  - regional health authority.
  - distinguishes the health organization governing body from overall leadership of the First Nation/Band.
Terminology changes

- ‘Administrator’ used to describe the individual appointed by the health governing body to act on their behalf in the overall management of the health organization.
  - Health Director
  - Executive director
  - CEO
Criteria changes

- Relevant criteria re-written to focus on the process related to the desired outcome instead of the individual performing/facilitating it.

- The shift in focus reflects the shared oversight in decision making between AHS organizations and their community governance.
Service Detail Questions

- Some standards and criteria are not relevant for all organizations.

- Service detail questions added to ‘customize’ standards and criteria

- Client will answer the service detail question and if the standard /criterion is not relevant- it is removed
Service Detail Questions-customization

- 2.0 The health organization’s governing body has a culturally appropriate membership to fulfill its role.

- “Does your health organization have any power over who becomes a member of your governing body?”

- “Does your health organization’s governing board have a lead/chair or person in charge to run the meetings and manage the governance business?”
Service Detail Questions-customization

- 7.0 There is a process to recruit, select, support, and evaluate the Administrator and ensure an organizational human resources plan is in place.

- “Does your health organization’s governing body recruit, select, support and evaluate the Administrator?”
Service Detail Questions-customization

- 8.0 The health organization’s governing body oversees a process for granting and renewing privileges to health care providers.

- “Does your health organization grant and renew privileges to health care providers?”
Service Detail Questions-customization

- 9.0 The health organization’s governing body has an effective system for financial planning and control, which supports the achievement of the strategic goals and objectives.

- “Does your health organization’s governing body have any responsibility for financial planning and control?”
Resources

- Addition of the SWOT (strengths, weaknesses, opportunities and threats) analysis tool when conducting environmental scans for a health organization.

- Additional resources regarding governance that are specific to Aboriginal communities have been provided.
  - References and frameworks for ethics and ethical guidelines have been added.
Governance Functioning Tool

- Revised for 2016 for all organizations doing governance
- Required for AHS organizations as of 2017
- Assesses governance functioning
- Health quality focus
- 34 questions using Likert scale
Workshop-Breakout session
Companion Guide

Governance for Aboriginal Health Services Standards
Companion Guide Development

- To support clients and surveyors in application of governance standards
- Acts as a ‘learning tool’ and practical support mechanism
- Client perspective
  - How do I demonstrate meeting criteria?
  - Examples from different organizations
- Surveyor perspective
  - What questions do I ask clients?
  - What activity/evidence will meet the criteria?
Breakout session

- Divide participants into groups of 5-7 people per group
- Each group will focus on one Standard/criteria
- Each group will respond to 3 questions

- Identify the focus/size of health care for your organization
  - Community health/treatment center/large/small
- Discuss how your organization would meet the standard/criteria
- Write your answers on the flip chart paper and be prepared to share your answers with the group
Group discussion questions

1. How does your governing body do this?
   - Challenges?

2. What would you show surveyors to address this standard/criteria?

3. What kinds of questions do you think surveyors should ask?
**Next Steps**

- Review the comments and discussion from today
- Set up some focus groups via teleconference
- Internal group to work on the companion guide
- Consult with clients/surveyors
Questions?
Thank you!
Merci!

- Thank you for your expertise, time and knowledge
- It’s all about partnership!

Proud to be a Top 25 employer for five consecutive years
Fier de faire partie des 25 meilleurs employeurs depuis 5 années consécutives

Accredited by
Agréé par