

TERMS OF REFERENCE – MULTI-PROFESSIONAL QI WORKING GROUP

True leadership is shown when the people accomplish a great deed and say “we did it ourselves” (Chapter 17; Tao Te Ching)

Vision

A health care system composed of functional, adaptive health care teams striving to do their highest and best work in an environment where teams can function and thrive within supportive systems of continuing Quality Improvement (QI), in service to positive patient and population health outcomes.

Purpose

The Multi-professional Quality Improvement (QI) Working Group acts as a venue to bring relevant partner organizations together to share information, experiences and a mutual commitment to deliver the best possible patient centered care and health outcomes.

Definition

Quality Improvement is defined in this context as the ongoing processes and activities that maintain and improve the delivery of appropriate, safe and evidence-informed care at the patient, organization and system levels of the health care system. This includes processes that support professional self-reflection *and* peer review at the individual, team and system levels.

Role

The Multi-professional QI Working Group acts as a forum within the framework of the BC Medical Quality Initiative (BC MQI) to bring partner organizations together. The Group provides the opportunity to:

- Link a wide range of activities focusing on quality improvement and professional development.
- Play a significant role in identifying and promoting the development of tools necessary for measurement and feedback purposes.
- Respond to emerging issues and opportunities for innovation in quality and practice improvement related activities.
- Strike task groups and advisory panels to complete the work related to the working group’s vision and purpose.

Evaluation

The terms of reference (including mandate, membership, role and functions) of the Quality Improvement Group will be reviewed annually to ensure ongoing relevance and appropriateness to current work and emerging opportunities.

Evaluation of success for this committee will be assessed through:

- Awareness of the quality improvement initiatives and innovations that are occurring within and beyond British Columbia.
- Recognition by all partners that quality patient-focused health care is a self-regulated professional responsibility.
- Health care professionals and teams working in British Columbia are engaged and participating in various forms of QI activities.
- The ability to model reflective practice in conducting our affairs.
- The working group having contributed to a positive and trusting relationship between health authorities and health care teams in service to patient centered care and health impact.

Values

- Health systems should reflect Canadian's ability to care for one another.
- Human relationships are the foundation of any effective health care system.
- Effective teams also promote the individual's need for autonomy, mastery and self-fulfillment.
- Quality is best enabled by supporting health care professionals and teams in doing their highest and best work.
- Sharing successes is foundational to our work.

Objectives

The Multi-professional QI Working Group will engage with health care provider organizations and their respective leaders to enhance quality improvement activities by:

1. Exploring and identifying existing inter-professional care teams reflecting high-functioning QI teamwork.
2. Exploring and identifying examples of systems and tools supportive of quality improvement (QI) that are working effectively. These will be sought at local, regional, provincial levels and potentially outside of BC.
3. Using a formal "Appreciative Inquiry approach" to identify the "roots of success" and methods to address the challenges identified in the examples identified in #1 and #2 above.
4. Developing a communication strategy to link, leverage and disseminate positive change and processes using the "epidemic model" of infectious enthusiasm for successful examples of QI initiatives across the province.
5. Conducting our work within the framework of the "Triple Aim"* for health systems improvement.

Reporting/Accountability

Committee members have a bi-directional accountability to report to the Medical Quality Oversight Committee (MQOC) through the co-chairs and back to their own organizations.

Membership

The Multi-professional QI Working Group has a fluid membership.

Committee Functioning

Chair(s) - The Multi-professional QI Working Group will be co-chaired by two members of the committee. Terms of office are suggested for a 2-year period and should be reviewed on an annual basis.

Individual member responsibilities –

- Work collaboratively to resolve issues and reach decisions to support successful outcomes.
- Be accountable to connect and communicate with their organization and/or the committee they represent, to help integrate and align across the system.
- Ensure that meeting materials for discussion are forwarded to the secretariat according to a predetermined schedule.
- While primarily responsible for ensuring the perspective of their home profession and / or organization are considered in all committee work, members are expected to contribute to creative consensus building such that the Committee reflects collaborative work that is found in effective clinical teams.

Committee Responsibilities include the same as members plus;

- Reporting to the group on activities of the Medical / Physician QI and QA collaborations. Coordinating, with the assistance of the secretariat, the meeting materials, agenda, minutes.
- Coordinating, with the assistance of the group, the meeting schedule, group aims, projects and queries.
- Chair meetings using respectful meeting practices.

Out of pocket Expenses - Participating organizations are responsible for remunerating individuals for time investment, travel and any other out of pocket expenses for their participating representative.

Funding for specific work / project activity – The committee may establish time-limited, issue-specific working groups or direct standing working groups to undertake work in follow-up to decisions or discussions at meetings. Funding for these activities will come from a variety of sources and will be discussed once the scope and focus of work is prioritized.

Meeting logistics - The Co-Chairs will set a tentative meeting schedule 6 months in advance. Meetings may be held in person or by video/teleconference. Location of in person meetings is negotiable.

Secretariat - A common secretariat function will support all the committees and working groups in the medical quality governance structure and will be responsible for booking meeting space, distributing agendas, taking minutes and preparing related information in a timely manner. The secretariat will work closely with the co-chairs.

Confidentiality

On occasion, QI Working Group members may possess documentation or information of a confidential nature. Members are expected not to disclose this to any person(s) other than the members of the committee without consultation with and agreement of the committee.

*The IHI Triple Aim is a framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance. It is IHI's belief that new designs must be developed to simultaneously pursue three dimensions, which we call the "Triple Aim":

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care

(Institution of Health Care Improvement; retrieved from

<http://www.ihl.org/engage/initiatives/tripleaim/pages/default.aspx>)