Clinical Accountability Framework

Department of Anesthesia

February 2010

Capital Health

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WHAT IS AN ACCOUNTABILITY FRAMEWORK?

An accountability framework is a written document that articulates activities and establishes clear standards and expectations against which achievements can be measured and results evaluated. The Department of Anesthesia has adapted its accountability framework from the Treasury Board of Canada Secretariat's *Guide for the Development of Results-based Management and Accountability Frameworks*.

DEPARTMENTAL ACCOUNTABILITY FRAMEWORKS

Thus far, the Treasury Board's framework has been modified for use by the Department of Anesthesia's Office of Research and the Blood Management Service. The framework has proven to be an effective tool in identifying, monitoring and tracking salient outcomes and productivity in these two departmental areas.

The uniqueness of the Department of Anesthesia's clinical needs and activities once again necessitated a modification of the framework's content. The *Clinical Accountability Framework*, in keeping with the Office of Research and Blood Management Service frameworks, has four key sections:

1. Profile: In this section, the need for an accountability framework within the departmental and district health authority context is described, as is the department's governance structure.

2. Results Chain: In this section, a flow chart that links resources devoted to clinical care to clinical outcomes through a logical sequence of activities and outputs is provided.

3. Measurement and Reporting Plan: A key element of any accountability framework is the identification of the most appropriate indicators of clinical activity and productivity, current targets, and how to measure indicators and report results.

4. Evaluation Strategy: The purpose of measuring and reporting results is to inform sound decision making and performance management. The evaluation strategy outlines a cyclical, iterative strategy for ongoing learning from results and strategy adjustments as required.

The information contained in each of these sections is specific to the clinical work being done by the Department of Anesthesia at Capital District Health Authority (CDHA).

APPROACH

Throughout November and December 2009, Department of Anesthesia clinicians and the Executive Director of Anesthesia formed a small working group (*see Contributors, Appendix A*) that met regularly over a four-week period. The group drafted the accountability framework best suited to the department's clinical activities and needs and reached consensus on clinical activities, outputs, indicators and outcomes.

The draft was then distributed to all departmental clinicians for input. This input was incorporated into a second draft of the framework.

Draft II was brought forward to a January 2010 departmental town hall meeting. Changes resulting from this feedback were incorporated into *Draft III*, which was once again distributed department wide for final approval.

WHY AN ACCOUNTABILITY FRAMEWORK?

The Department of Anesthesia initially identified the need for a Clinical Accountability Framework during its 2007 and 2008 departmental strategic planning sessions; the need for a framework was endorsed once again in 2009.

The accountability framework serves many purposes:

- It supports departmental values of transparency and accountability by describing the clinical work that occurs within the department
- It establishes clear standards and expectations against which actual performance is reported
- It enhances credibility with stakeholders of the department's clinical care
- It supports a management culture based on ongoing learning and results
- It supports AFP requirements to the Department of Health, which in turn positions the department positively for future negotiations

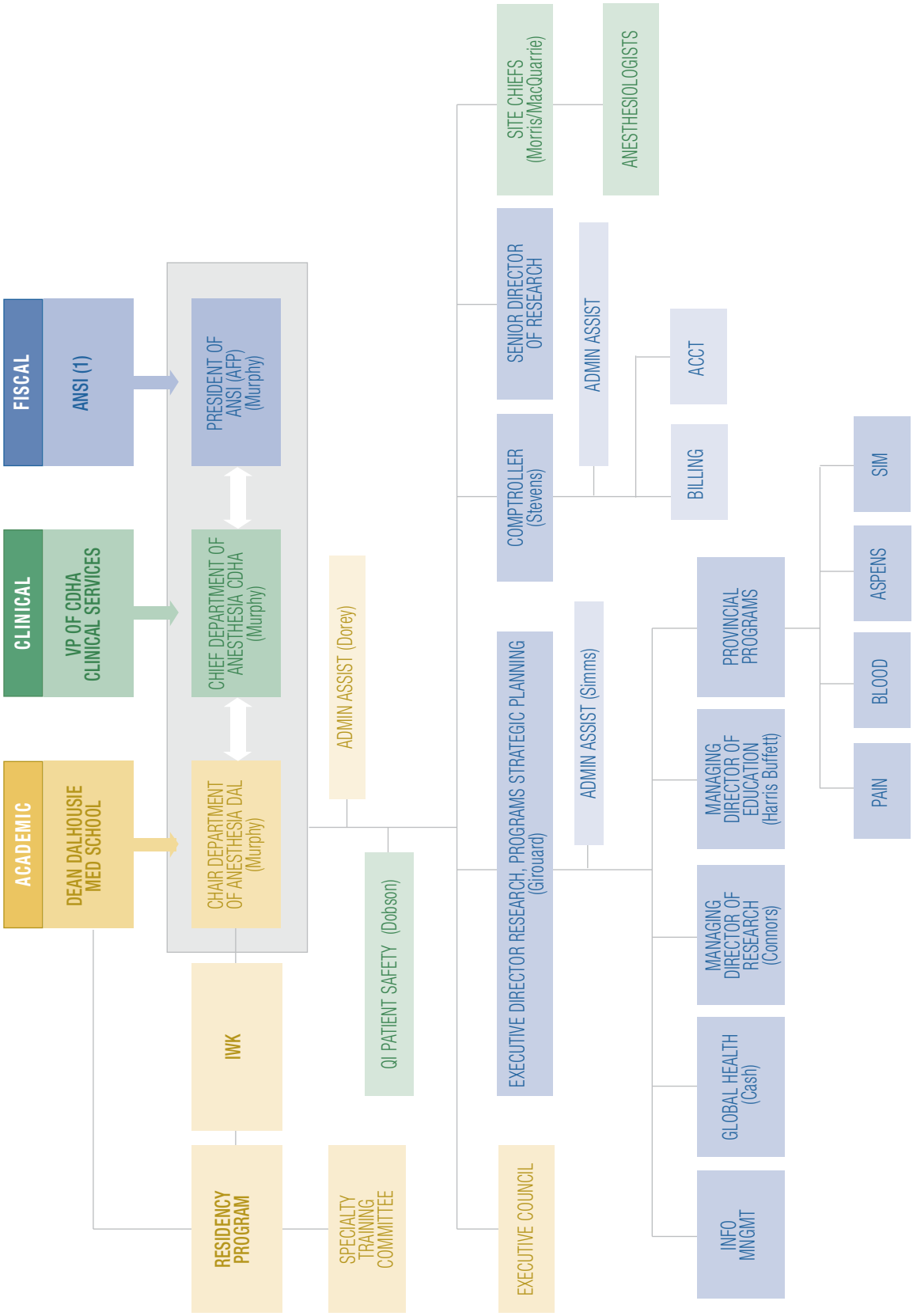
BACKGROUND/CONTEXT

The Department of Anesthesia has a four-fold mandate encompassing safe, quality patient care, education, research and stewardship of people's health at home and abroad.

Created in 1945, the Department of Anesthesia has grown to provide a full spectrum of critical care and general clinical services. It subspecializes in cardiac surgery, neurosurgery, obstetrics, pediatrics, thoracic surgery and transplantation. To date, the department has performed a record number of clinical procedures and has recruited and maintained some of the best and brightest anesthesiologists locally and abroad.

The aim of the department is to foster a culture of excellence in clinical practice and programs. In 2007, the department established its collective vision and mission, and the ways by which these could be achieved. In addition, during the department's initial and subsequent strategic planning sessions, it determined that a Clinical Accountability Framework needed to be developed and implemented.

GOVERNANCE STRUCTURE



RESULTS CHAIN

The results chain is a logic model (or flow chart) that identifies the linkages between the various activities undertaken by anesthesiologists and the achievement of outcomes. It serves as a succinct roadmap that shows the chain of results connecting the resources devoted to clinical practice to key activities and outputs, and identifies indicators that demonstrate progress and final outcomes.

The resources committed to clinical activity in the department include staff time, number of people, compensation, equipment and space; these represent the majority of resources consumed by the department.

The activities identified here are not an all-inclusive list, but rather a reflection of the major activities the majority of clinicians engage in on a daily/weekly basis.

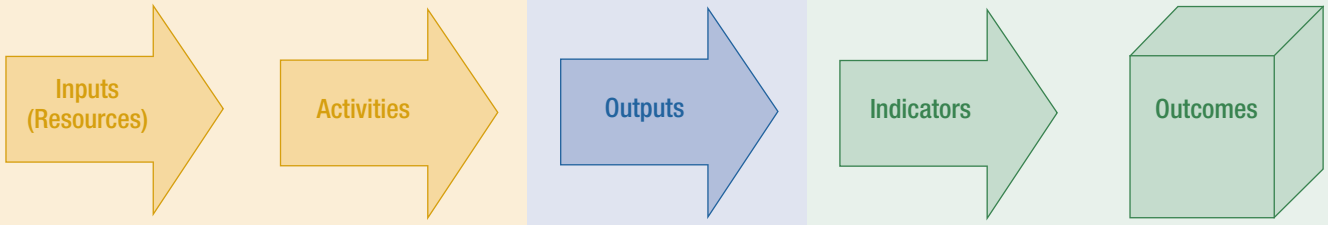
The following proviso should be noted in regard to the indicators and targets: only those occurrences that are a direct result of care being provided by an anesthesiologist and/or are within the control and purview of anesthesia are considered. Anesthesiology is an interdependent discipline with many variables not entirely within its control or scope. Consequently, only those actions and results that are clearly the direct responsibility of the anesthesiologist have been identified as indicators/targets.

In addition, it should be noted that the targets have, for the most part, a desired success rate of 100%. This reflects the department's belief that patients deserve safe, effective, efficient care 100% of the time. While this may not be attainable in all instances, it remains the department's goal as it strives to provide world-leading anesthesia services within a culture of excellence.

The following is a snapshot or summary of the clinical results chain, which is more fully explained in *Appendix B (Comprehensive Results Chain).*

RESULTS CHAIN

A clinical department that continues to provide world-leading anesthesia services and programs in support of CDHA's mission.



Inputs (Resources)	Activities	Outputs	Indicators	Outcomes
Money AFP funds the department's clinical activities including sub-specialty, team leaders, Anesthesia coordinators, etc.	Provides safe anesthesia care Provides pain control Assures patient satisfaction	Safe, effective, efficient clinical care	Family-centred clinical practice that consistently meets/exceeds standards	World-leading anesthesia services and programs
People • 96 FTE anesthesiologists • App. 10 anesth. assistants (A.A.s) • App. 22 anesth. techs (A.T.s) • Support staff (e.g. scheduler, admin assistant, chief, A.C.s, manager)	Delivers highest quality care with integrity, honesty and compassion Communicates effectively with patients and colleagues Engages in departmental educational and/or research activities	Professionalism Effective communication Lifelong learning	Accountable practice Establishment of an effective patient/physician relationship An informed consumer/user of anesthesia services Evidence-informed clinical practice	Culture of clinical excellence Recognized for high calibre of care provided External individuals /agencies request information, site visits to learn/see "how it's done"
Time • Site Chiefs X 8 hours per week • Approximately 10 A.A.s assigned as needed	Collaboratively provides clinical care; works on projects/initiatives and develops policies and procedures Acts as an advocate for patients and health system improvements Chairs/participates in departmental, provincial, national groups and committees	Collaborative working relationships Leadership	Respectful, inter-professional working relationships Transformational change	
Square Footage **Equipment**	Engages in the day-to-day operations of the department in an efficient and cost effective manner	Effective management Refer to Appendix B for complete version	Manages clinical practice in an effective, sustainable manner with due regard for the larger healthcare system	

MEASUREMENT AND REPORTING PLAN

The comprehensive list of departmental clinical activities and key indicators identified in the results chain have been grouped in the measurement and reporting plan according to safe care, professionalism, effective communication, lifelong learning, collaborative working relationships, leadership and effective management. From these activities and key indicators flow more specific, detailed indicators and targets.

As previously stated, it needs to be clearly understood that the indicators identified refer to the results of care provided directly by the anesthesiologist and are within the control and purview of anesthesiology. Those variables not within the control or scope of anesthesiology are not included in this document.

In addition, it should be noted that the targets have, for the most part, a desired success rate of 100%. This reflects the department's belief that patients deserve safe, effective, efficient care 100% of the time. While this may not be attainable in all instances, it remains the department's goal as it strives to provide world leading anesthesia services within a culture of excellence.

The measurement tools to be used and the person responsible for gathering the relevant data are also identified in the measurement and reporting plan.

A preliminary report based on the indicators/targets identified will be provided to the chief of the department in May of each year with a final report in September of each year. This will serve to inform the Department of Anesthesia's strategic planning process and be consistent with CDHA's business planning cycle. Key stakeholders for reporting purposes include the department chief; the executive director; the Department of Health; and the public through the Department of Anesthesia's annual report.

Catagory/Activity	Indicator	Target	Measurement Tool	Responsibility
Deliver safe, effective, efficient and evidence-based clinical care	Family-centred clinical practice that consistently meets and/or exceeds standards	• 100% compliance with CAS 'Guidelines to the Practice of Anesthesia'	• Biannual (January/June) audit • Anesthesia Information Management System	Quality Improvement Office
		• 100% of patients have a pre-op assessment completed consistent with department guidelines	• Annual chart audits of airway; pain management plan (July)	Q.I. Office
	Optimal Pain Control/ Management	• 100% of patients have a documented plan for pain control	• Annual manual chart review/audit (July)	Q.I. Office
		• 100% of patients have an airway assessment completed	• As per above	Q.I. Office
		• 95% of patients scheduled for same-day surgery seen preoperatively in clinic or via consult do not have their procedure cancelled the day of the surgery for an anesthesia-specific cause	• Annual audit (July) • OR database (HSM)	Q.I. Office
		• 100% of patients do not have their surgery stopped for preventable anesthesia causes	• Annual audit (July) • AIMS	Q.I. Office
		• 100% of patients do not experience awareness during general anesthesia	• Annual audit (July) • Nursing and surgery to report in systematic way	Q.I. Office
		• 100% of patients do not experience a preventable anesthesia-related cardiac arrest and/or death	Monthly • Self report • PACU nursing database • HSM	Q.I. Office
		• 100% of patients do not experience preventable anesthesia-related complications subsequent to an invasive procedure	Monthly • AIMS • Self report	Q.I. Office
		• 100% documentation/ compliance with blood management practice e.g. management of blood products guidelines		
		• No unplanned overnight admissions of day surgery patients for anesthetic reasons	• Annual audit (July)	Q.I. Office
		• 100% of patients do not require reintubation in the OR or recovery room	• Self report • PACU nursing database • HSM	Q.I. Office

Catagory/Activity	Indicator	Target	Measurement Tool	Responsibility
Deliver safe, effective, efficient and evidence-based clinical care		• 100% of patients have a body temperature of ≥ 36° upon arrival in PACU	Biannual audit (January/June) • AIMS and nursing HSM data • Do at end of surgery	Q.I. Office
		• 100% of patients do not experience peripheral nerve deficit as the result of a preventable anesthesia-related cause	• OR database	Q.I. Office
		• 100% of ambulatory/ outpatients receive comprehensive preoperative assessments		
	Patient Satisfaction	• 80% of patients express satisfaction with the service	Annual (July) • Surveys • Focus groups	Executive Director
Professionalism	Accountable practice	• 100% on time arrival and ready for work	• Monthly audit	
		• 100% of billings are consistent with work completed	• Biannual (January/June) audit	Comptroller
		• 100% of preoperative assessment forms are signed, dated and legible	• Annual audit/chart review (August)	Q.I. Office
		• 100% of controlled substance records are filled out accurately and completely	• Biannual (January/June) audit of pharmacy records	Q.I. Office
		• 100% compliance with adverse event reporting policies and procedures	• AIMS • Self report	Q.I. Office
		• Absence of complaints regarding personal and interpersonal professional behaviours	• Biannual audit (January/June) Site Chiefs/Chair	Office of the Chair/Chief
		• 100% of anesthesia consults are completed and documented by staff within 24 hours of referral	Monthly • Check with Scheduler Assistant • Check with Q.I. Office • Check billing cards	Q.I. Office
		• 100% compliance with zero-tolerance policies regarding discrimination, harassment, bullying, etc.	Biannual (January/June) • Check Site Chiefs/Chair • Check with Residency Program Director, R.T.C.	
		• 100% of chronic pain consults are completed within 48 hours of referral		

Catagory/Activity	Indicator	Target	Measurement Tool	Responsibility
Communication	Establishment of an effective patient/physician relationship	• Complaints from patient representative are absent	Biannual (January/June) • Check with Site Chiefs/Chair • Check with Q.I. Office	Q.I. Office
	Create informed consumers of anesthesia services	• 100% of documentation related to pre-op care and consultations is completed appropriately	• Annual audit/chart review (August)	Q.I. Office
		• 80% of patient and family surveys indicate satisfaction with quality and timeliness of information received	• Annual survey and/or focus group (August)	Executive Director
		• Information posted on public website is current	Biannual (January/June) • Communication Report	I.T. Communications
		• Trending of the number of hits on website indicates increasing numbers year on year	• Annual report (August)	I.T.
		• 100% of patients are given relevant handouts in pre-op assessment clinic	Biannual (January/June) • Audit checklist	
		• 50% of departmental committees/working groups have representation from other disciplines, professions and/or departments	• Annual audit of terms of reference (August)	Executive Director
		• Learner evaluations indicate 80% satisfaction or good to excellent ratings	• Biannual review (January/June)	Residency/ Undergrad Program Office
Lifelong Learning	Evidence-informed clinical practice	• 100% of staff members participate in some type of personal continuing education	Biannual (January/June) • Check Q.A. tracking records	Office of Education
		• 100% participation in M&M rounds when asked	• Research Office report	Office of Research
Collaborative working relationships	Works collaboratively with interdisciplinary group	• 80% of colleagues cite satisfaction in working with anesthesiologists and other departmental members	• Focus group • Clinical appraisal group	Executive Director
		• Other disciplines request assistance/participation in committees, working groups, etc.	• Chief • C.V. updates	Department Chief/Chair

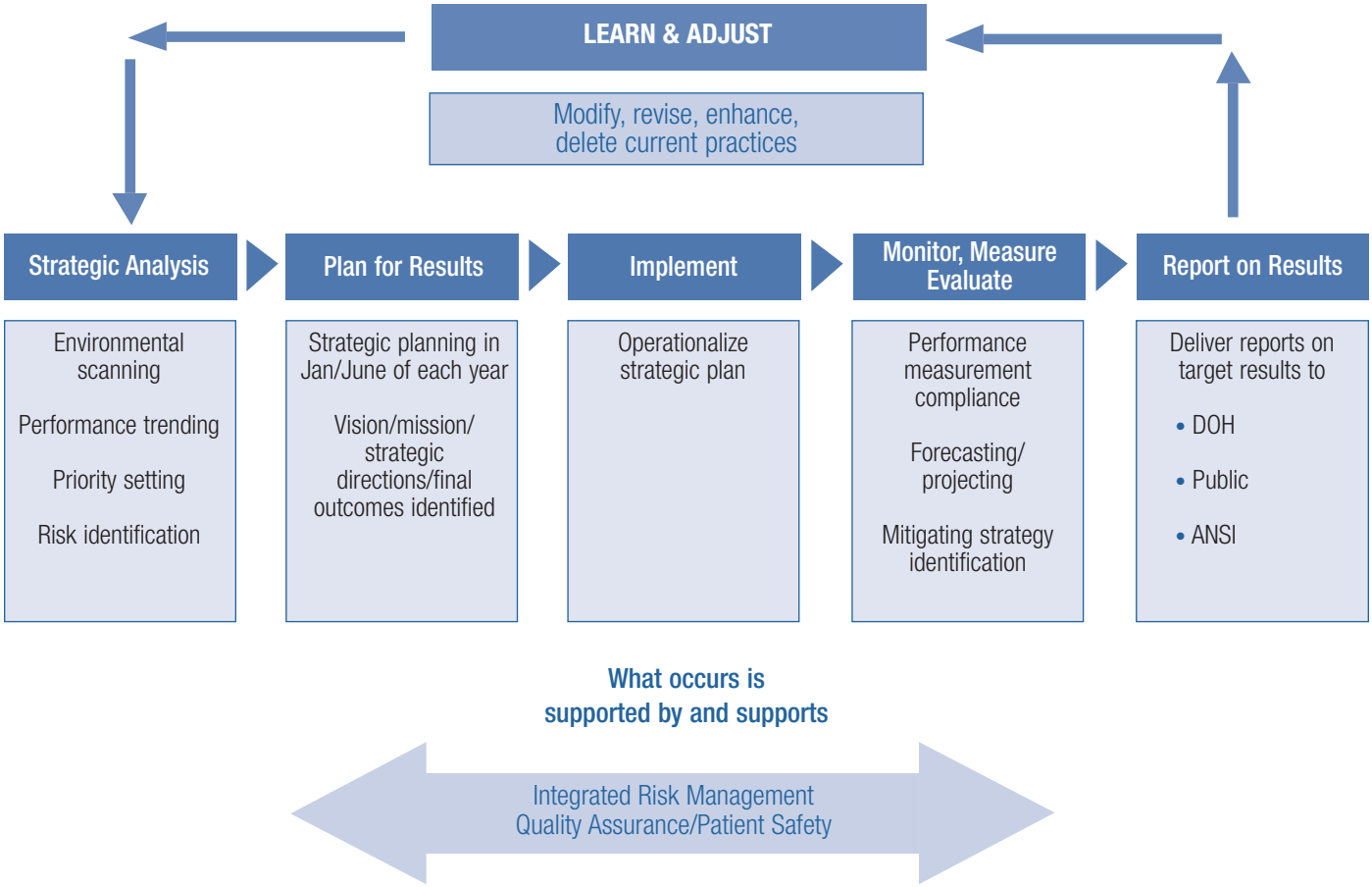
Catagory/Activity	Indicator	Target	Measurement Tool	Responsibility
	Cognizant of Royal College requirements for residency education (CanMeds) and actively participates in/ contributes to the education of residents	• Volunteers to serve as a mentor and/or agrees when asked	Biannual (January/June)	
		• Accepts medical students as assigned	Biannual (January/June)	
		• Provides learning opportunities to residents as required	Bimonthly	Residency Program
		• 95% of ITERS are completed according to guidelines	Monthly	Residency Program
		• Provides timely, constructive feedback to residents	Daily Monthly As required	Residency Program
Leadership	Transformational change	• A change in practice or procedure is instituted	• Chief • C.V.	
		• Trending reflects that new programs, initiatives and projects are underway e.g. Collaborative Pain Network	• Chair's report • Subspecialty reports	Chair/Chief
		• A new initiative/program is undertaken internal/ external	• Chair's report • Subspecialty reports	Chair/Chief
		• Synergistic partnerships are established	• Chair's report • Subspecialty reports	Chair/Chief
Effective Management	Manages clinical practice in an effective, sustainable manner with due regard for the larger healthcare system	• 80% attendance at assigned meetings e.g. subspeciality, operational, scientific advisory	• Audit minutes	Office of Education
		• 80% attendance at departmental strategic planning sessions	• Attendance	Executive Director
		• 100% completion of billing cards as per departmental guidelines	• AIMS	Comptroller
		• 100% compliance with assigned shifts/on call schedule, clinical practice guidelines	• AC report • Comptroller's report • Clinical Practice Guidelines	Scheduler Q.I. Office
		• 100% usage of available technology e.g. AIMS, emails, etc.	Monthly audits for 1 year post implementation	Executive Director I.T.
		• Appropriate resources utilized		

EVALUATION STRATEGY: LIFE CYCLE MODEL

The life cycle approach to evaluation aims to establish a culture firmly rooted in results, ongoing evaluation and learning.

The life cycle approach to evaluation and delivering results supports

- Results that are clearly defined and aligned with departmental priorities
- Early detection of variances requiring adjustment/modifications
- Clear reporting of results
- Use of data/results to inform strategic analysis and priority setting



Contributors

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Alex Finlayson	Chief of Anesthesia, Dartmouth General Hospital
Marilyn Girouard	Executive Director, Anesthesia
Jane Henderson	Staff Anesthesiologist, Anesthesia
Gordon Launcelott	Director of Acute Pain, Anesthesia
Kirk MacQuarrie	Site Chief, Halifax Infirmary Site
Ian Morris	Site Chief, Victoria General Site

COMPREHENSIVE RESULTS CHAIN

Strategic Direction: A Clinical Department that continues to provide world leading anesthesia services and programs in support of Capital District Health Authority's mission.

INPUTS	ACTIVITIES	OUTPUTS	INDICATORS	OUTCOMES
Money AFP funds the department's clinical activities **People** 96 FTE anesthesiologists 10 A.A.s (approx.) 22 A.T.s (approx.) Support staff (e.g. scheduler, admin assistant, chief, anesthesia coordinators, manager) **Time** • Site Chiefs X 8 hours per week • Approximately 10 A.A.s assigned as needed **Square Footage** **Equipment**	• Completes pre-anesthetic assessments including comprehensive airway assessments • Completes consultations/ referrals • Delivers safe care • Engages in best practices • Completes comprehensive pain assessments	Safe, effective, efficient and evidence based clinical care Optimal Pain Control/ Management	• 100% compliance with CAS 'Guidelines to the Practice of Anesthesia' **Preoperatively:** • 100% of patients have a pre-op assessment completed consistent with department guidelines • 100% of patients have a documented plan for pain control • 100% of patients have an airway assessment completed **Intraoperatively:** • 95% of patients scheduled for same-day surgery seen preoperatively in clinic or via consult do not have their procedure cancelled the day of the surgery for an anesthesia-specific cause • 100% of patients do not have their surgery stopped for preventable anesthesia causes • 100% of patients do not experience awareness during general anesthesia • 100% of patients do not experience a preventable anesthesia-related arrest and/or death • 100% of patients do not experience preventable anesthesia-related complications subsequent to an invasive procedure	• World leading anesthesia services and programs • Culture of clinical excellence • Recognized for high calibre of care provided • External individuals/ agencies request information, site visits to learn/see "how it's done"

INPUTS	ACTIVITIES	OUTPUTS	INDICATORS	OUTCOMES
			• 100% documentation/ compliance with blood management practice guidelines **Postoperatively:** • There are no unplanned overnight admissions of day surgery patients for anesthetic reasons • 100% of patients do not require reintubation in the OR or recovery room • 100% of patients have a body temp of ≥ 36° upon arrival in PACU • 100% of patients do not experience preventable peripheral nerve deficit resulting from anesthetic care • 80% of patients express satisfaction with the service **Ambulatory/Outpatients** • 100% of patients receive comprehensive assessments	
	• Engages in ethical practice • Follows departmental guidelines for handling controlled substances • Delivers highest quality care with integrity, honesty, and compassion • Exhibits appropriate personal and interpersonal professional behaviours • Respects confidentiality • Abides by university policies regarding discrimination, harassment, etc. • Observes departmental zero-tolerance policy related to discrimination, harassment, bullying, etc.	Professionalism	• 100% on time arrival and ready for work • 100% of billings consistent with work completed • 100% of preoperative assessment forms are signed, dated and legible • 100% of controlled substance records are filled out accurately and completely • 100% compliance with adverse event reporting policies and procedures • Absence of complaints regarding personal and interpersonal professional behaviours • 100% of anesthesia consults are completed and documented by staff within 24 hours of referral	

INPUTS	ACTIVITIES	OUTPUTS	INDICATORS	OUTCOMES
			• 100% compliance with zero-tolerance policies regarding discrimination, harassment, bullying, etc. • 100% of chronic pain consults are completed and documented within 48 hours of referral	
	• Discusses plan of safe care with patients, families, colleagues • Accurately solicits relevant information from patients, families and other team members • Provides information to patients regarding anesthetic services (informational material such as brochures)	Effective communication	• Complaints from patient representative are absent • 100% documentation related to pre-op care and consultations is completed appropriately • 80% of patient and family surveys indicate satisfaction with quality and timeliness of care • Information posted on the public website is current • Trending of the number of hits on website indicate increasing numbers year on year • 100% of patients are given relevant handouts in pre-op assessment clinic • 50% of departmental committees/working groups have representation from other disciplines, professions or departments • Learner evaluations indicate 80% satisfaction or good to excellent ratings	
	• Mentors and teaches a variety of learners • Prepares/delivers presentations • Supports research studies • Develops, implements and monitors a personal continuing education strategy	Lifelong learning	• 80% of staff participate in personal continuing education, e.g. attendance at department rounds, journal club and research day • 100% participation in M&M rounds when asked	100% Royal College certified or equivalent

INPUTS	ACTIVITIES	OUTPUTS	INDICATORS	OUTCOMES
	• Critically appraises sources of medical information		• Supports research studies when requested	
	• Works collaboratively with interdisciplinary group in provision of clinical care • Seeks out other professional groups to develop policies/ procedures • Includes other disciplines/professions/ occupations and perspectives on projects, initiatives and committees • Considers/assesses impact of changes on colleagues (impact analysis) • Participates in conflict resolution	Collaborative working relationships	• Volunteers to serve as a mentor and/or agrees when asked • Accepts medical students as assigned • 80% of colleagues cite satisfaction in working with anesthesiologists and other departmental members • Other disciplines request assistance/participation in committees, working groups, etc.	
	• Leads subspecialty groups • Acts as patient advocate for one-on-one individual issues as well as more generalized health issues • Engages in internal/external leadership activities • Chairs/member of department, CDHA community, provincial, national committees, groups • Displays intellectual honesty, courage to act and stewardship	Leadership	• A change in practice or procedure is instituted • Trending reflects that new programs, initiatives, projects are underway e.g. Collaborative Pain Network • A new initiative/program is undertaken internally/ externally • Synergistic partnerships are established	
	• Attends meetings • Completes assessments, referrals, consultations • Completes billing cards as per departmental guidelines • Works assigned shifts/on-call schedule • Uses available technology appropriately	Effective management	• 80% attendance at assigned meetings e.g. subspecialty, operational, scientific advisory • 80% attendance at department strategic planning sessions • 100% completion of billing cards as per departmental guidelines	

INPUTS	ACTIVITIES	OUTPUTS	INDICATORS	OUTCOMES
			• 100% compliance with assigned shifts/on-call schedule, clinical practice guidelines • 100% usage of available technology e.g. AIMS, emails, etc. • Appropriate resources utilized	

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