

Canterbury District Health Board

# Quality Strategic Plan

2004 - 2006

**Canterbury**

District Health Board

Te Poari Hauora o Waitaha





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## Message from the Chair

### Reducing Risk of Harm, Improving Health Care Safety and Quality



There is increasing recognition that it is possible to monitor, assess and improve the quality and safety of our health services, and that this can be performed in a constructive and proactive way, rather than waiting for periodic exposés and commissions of inquiry to bring these issues onto the policy agenda. Furthermore, there is growing acknowledgement that the public needs to be taken into our confidence and deserve to be informed as much about issues of quality and safety in our health system as they are currently appraised of its financial state.

We are now much better prepared for this task than we were even a short time ago. Firstly, we have much more information on quality and patient safety. In particular, the 1998 New Zealand Quality of Healthcare Study provided the first representative, nationwide audit of medical injury treated in public hospitals. This was a very useful first step on patient safety, but much broader information systems and measures are required to assess the quality of the health system. Secondly, the Ministry of Health has released a number of reports and established legislative frameworks within which we can work on quality and safety issues at DHB level.

It is partly in response to these developments that the Canterbury District Health Board established its Quality and Patient Safety Council as an advisory board to the Chief Executive on safety and quality matters. Its membership draws on a range of health services across the region and it is supported by the quality unit at the DHB.

The Council has a dual orientation – to the health services (and those who work in them) and to the public. Thus, a primary goal is for the Council to act as a forum that will show leadership in improving quality and patient safety in the health services covered by the CDHB. But it is equally important to communicate this information to the people of Canterbury.



To this end we have identified three broad goal areas – community participation/community involvement, initiating organisational change and development, and instituting mechanisms for effective reporting and accountability.

Our main responsibility is to provide strong and consistent leadership to achieve these goals for the Canterbury region. As a representative forum with a key advisory and signalling role within the regional health system, we have a real chance to achieve this.

Professor Peter Davis  
Chair  
Canterbury DHB Quality & Patient Safety Council  
September 2004



## Executive Summary

The CDHB has a strong commitment to the provision of high quality health care services. CDHB is striving to ensure that it provides an integrated health service that strongly encourages evidence based clinical care and is responsive to consumer needs.

This document is the Strategic Quality Plan for CDHB. It encompasses the Hospital and Specialist Services and Contracted Provider Groups. It was developed within the context of the Ministry of Health document Improving Quality (IQ): A Systems Approach for the NZ Health & Disability Sector. It builds on the areas of quality and the five core directions outlined in the Towards A Healthier Canterbury: Directions 2006 Strategic Plan. The core directions have been identified as:

1. Improving the health status of our community
2. Finding better ways of working
3. Working together
4. Developing Canterbury's health care workforce
5. Being a leader in hospital and health care services.

The purpose of the Strategic Quality Plan is to assist in further development of a health care system that is focused on consumer needs, and that strives for continuous improvement in all aspects. It is a model that will strengthen consumer involvement in areas of planning, delivery, monitoring and evaluation of health services. It will also enhance innovation and foster clinical best practice and risk management to ensure safety and quality in health care. Organisational systems that support a culture of accountability for quality within clinical and non-clinical services will be developed as part of this Plan.

This Plan adopts a framework that promotes leadership as the underlying driver of quality improvement. Responsibility for this leadership has to be understood, accepted and implemented by staff at all levels. Moreover, the framework presents quality improvement as a continuum, commencing with the goal of attaining minimum standards and moving towards a model of strategic organisational development.

The CDHB Quality Plan has 10 initiatives grouped into 5 goal areas.



## **Canterbury DHB Quality & Patient Safety Council**

The Canterbury DHB Quality & Patient Safety Council was launched in March 2003 by the Minister of Health, the Honorable Annette King. The establishment of the Council was a significant milestone in Canterbury DHB's quest to improve quality and patient safety in Canterbury. The initiative will benefit the population served by Canterbury DHB by providing leadership for quality issues and ongoing improvement in the quality of healthcare delivered by the DHB.

Through the establishment of the Council it is intended to ensure quality is at the centre stage. The Council includes representatives from general practice, community providers, hospital staff and consumer representation. It has the benefit of taking a coordinated approach in considering quality issues and solutions as it covers the whole spectrum of health care and the DHB's responsibilities, from primary health care through to hospital services.

The Council as a group will be positioned to address quality concerns as they emerge, the implication of new standards and legislation, knowledge derived from new research, and the particular local reference and importance of new strategies.

The Council will promote quality improvement in the DHB and thereby ensure the provision of patient centred, evidence based, systems minded, safe, sustainable health care to the population served by the Canterbury DHB. They will promote the sharing of information and establishing best practice across the DHB.



## CDHB Vision & Values

<b>Our Vision</b>	<b>Ta Matou Matakite</b>
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To promote, enhance and facilitate the health and wellbeing of the people of the Canterbury District

Ki te whakapakari, whakamaanawa me te whakahaere i te hauora  
Mo te orakapai o ka takata o te rohe o Waitaha

<b>Our Values</b>	<b>A Matou Uara</b>
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Care and respect for others  
Manaaki me te kotua i etahi

Integrity in all we do  
Hapai i a matou mahi katoa i ruka i te pono

Responsibility for outcomes  
Kaiwhakarite i ka hua



## **CDHB Strategic Quality Plan**

### *Goal 1: Community Participation/Community Involvement*

The views of patients and consumers of health care services are considered essential in health service planning, delivery, monitoring and evaluation. Consumer participation in health care services must be meaningful, with their concerns being addressed and their feedback used to enhance service delivery practices. The community needs to be fully informed about the quality and effectiveness of the services provided in the region. To this end the community should have available to it information on quality, effectiveness and safety with the same level of transparency and robustness as financial data. This will lead to Consumers having an informed expectation of quality service. The data will be presented in a customer friendly format.

#### *Strategic Initiative: 1.1 Strengthening the Consumer Voice*

- Build capacity at all levels, for consumers to be more effective partners in the care process.
- Increase the number of Consumer representatives involved with improvement initiatives.

#### *Strategic Initiative: 1.2 Reporting non-budgetary information to the community*

- Develop measures on quality, effectiveness, safety and other aspects of service important to patients and consumers from existing data sources where possible.
- Communicate this information in tandem with financial data, in a format that is meaningful to consumers.



## *Goal 2: Organisational Change & Development*

The application of a programme of carefully designed change and planned development will:

- ensure that health care service delivery is as safe as possible,
- promote continuous improvement and the capacity for quality improvement,
- ensure clinical best practice,
- engender an environment that supports innovation and the application of existing knowledge and methodology,
- support an environment that allows for mentoring, orientation, preceptorship programmes and ongoing education,
- foster a workforce culture that embraces a healthy workplace and employee well-being.

While a commitment to quality improvement is essential, in itself it does not provide a guarantee that organisational and cultural changes will result. Therefore, a further commitment to implement the necessary development and change, through the strategic initiatives below, is required.

### *Strategic Initiative 2.1: Fostering Clinical Best Practice*

- Incorporate clinical practice guidelines, clinical pathways and other support tools as part of each health service's approach to quality care.
- Clinical practices must be safe and of high quality. As a result, care should be based on scientific evidence and expert judgement.
- Encourage an environment which fosters two-way communication between health care providers and promotes mutual respect and understanding.
- Encourage and promote mentoring, orientation, preceptorship programmes and ongoing education for health care workers.



### *Strategic Initiative 2.2: Enhancing Innovation*

- Encourage innovation in the method of service delivery at all levels of the organisation.
- Encourage and support innovation in patient safety and quality of care.
- Develop a mechanism for rewarding innovation and communicating successful innovation throughout the sector.

### *Strategic Initiative 2.3: Education*

- Increase safety and quality educational forums and quality information sources.
- Increase, where required, resource information on quality.

This initiative is aimed to provide healthcare workers with the knowledge and tools to implement quality and safety schemes.

### *Strategic Initiative 2.4: Communication; Primary Care, Contracted Providers and Hospital interface*

- Strengthen effective communication between Primary Care and the Hospital Services.
- Strengthen effective communication between Contracted Providers and the Hospital Services.



### *Goal 3: Clinical Risk Management*

Risk management involves achieving an appropriate and cost-effective balance between realising best health outcomes for patients whilst minimising the potential for adverse events. It is an integral part of good clinical and management practice and an essential element of corporate governance. For a risk management system to become fully effective it must become embedded within the organisation's culture, policies, processes and practices.

A risk management framework should reflect the needs of the patient and the organisation, be in keeping with its external context and objectives, and embed effective and sustainable risk management capabilities within the organisation.

#### *Strategic Initiative 3.1: Risk Management*

- Ensure that a mechanism for identifying and mitigating risk exists within provider groups.



#### *Goal 4: Accountability*

Accountability for quality in health services is a vital component of quality and safety of care. This involves developing key measures and reporting this information to a range of stakeholders including the community, funding, professional and other quality assurance bodies. Accountability should encompass a broad range of measures focusing not only on individuals or groups but also on systems as a whole. The clarification of responsibilities and a commitment to evaluation and review are some ways of ensuring the application of accountability.

##### *Strategic Initiative 4.1: Measuring Quality and Outcomes*

- Develop robust measures of quality outcomes as relevant to the provider groups.
- Promote quality and budget as equal partners in health.

The purpose of measuring quality and outcomes is to lay the groundwork for improvement. The collection reporting and benchmarking of standardised quality of care indicators will contribute to the demonstration of achievement in improved safety and quality enhancement outcomes.

##### *Strategic Initiative 4.2:*

###### *External Recognition of Quality Systems*

- Strengthen organisational quality system processes through external review with an overarching requirement that all provider groups meet minimum standards and comply with relevant legislation.

The focus should be on genuine service delivery improvements, not just on the attainment of recognition. A way forward will be to support quality improvement projects and promote quality system processes as an active means of improving health care services, with an objective of establishing, reviewing and maintaining high standards of health care.



### *Goal 5: Knowledge Management for Clinical Services and Quality*

Knowledge management recognises knowledge as a fundamental component for effective performance within an organisation and incorporates a number of processes/activities that allow organisations to use knowledge efficiently.

These knowledge activities are:

- *Creating, Discovering and Acquiring Knowledge*

This process is about how an organisation accumulates knowledge. Examples include:

- bringing staff together to foster innovation,
- scanning and analysing the external environment,
- purchasing relevant publications.

- *Capturing and Storing Knowledge*

Knowledge can be captured and stored in many ways, from traditional paper files, books and journals to repositories, intranets, portals, databases and electronic documents.

- *Presenting, Distributing and Sharing Knowledge*

To be of value, knowledge needs to be shared with or presented to users in some way. This can be through systems that provide access to explicit knowledge or person-to-person sharing of tacit knowledge.

- *Revising and Disposing of Knowledge*

This process covers activities that authenticate and update knowledge, and ensures explicit forms of knowledge are disposed of when no longer required.

#### *Strategic Initiative 5.1: Knowledge Management*

- Incorporate knowledge management activities into organisational processes.



## **Implementation**

The Quality Strategic Plan provides a framework to be included in the Canterbury DHB Hospital and Specialist Service business plans.

Canterbury DHB's Planning & Funding Division will also reflect the goals and initiatives of the Quality Strategic Plan in the contracts with contracted providers, where this is appropriate. Some of the goals and initiatives contained in this document are already covered by legislative and contractual requirements. The Planning & Funding team will work towards organising voluntary provider forums to focus on how the remaining quality goals can be implemented. In addition, the monitoring of service delivery, including routine audits, will assist in meeting goals.

## **Reporting**

Progress towards achieving these goals will be monitored through the development of robust reporting structures within the Canterbury DHB. It is recognised that some services already have reporting mechanisms in place. The role of the council is to maintain a watching brief throughout the year and, if necessary, commission an independent audit of activity.

The Council will also prepare an annual report on the strategic plan activity.

The Council also has as one of its objectives a project to develop quality activity reports for presentation to the Board.



## Clinical Governance

### 1. *Clinical Governance*

Clinical governance is the way the Canterbury DHB quality assure its services and ensures it provides a safe service as well as creating the conditions for quality improvement. It means creating a culture which is patient-centred and which places quality at the top of the agenda.

“Clinical governance can be defined as a framework through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.” *A First Class Service: Quality in the new NHS*.

“Clinical Governance requires:

- *commitment* from the top of the organisation to put quality of care and patient safety at the top of the agenda,
- the creation of a *culture* in which quality of care and service to patients can flourish. The right culture is characterised by shared passion for quality, by openness and respect, by support and by fairness. It is not a culture in which people are swift to blame, to find scapegoats, or seek retribution,
- *procedures and practices* which mean that people throughout the organisation will know how well care is being provided, understand their contribution to the quality of care, and can identify and act upon opportunities for improving quality and safety.” *Building a Safer NHS for Patients*.



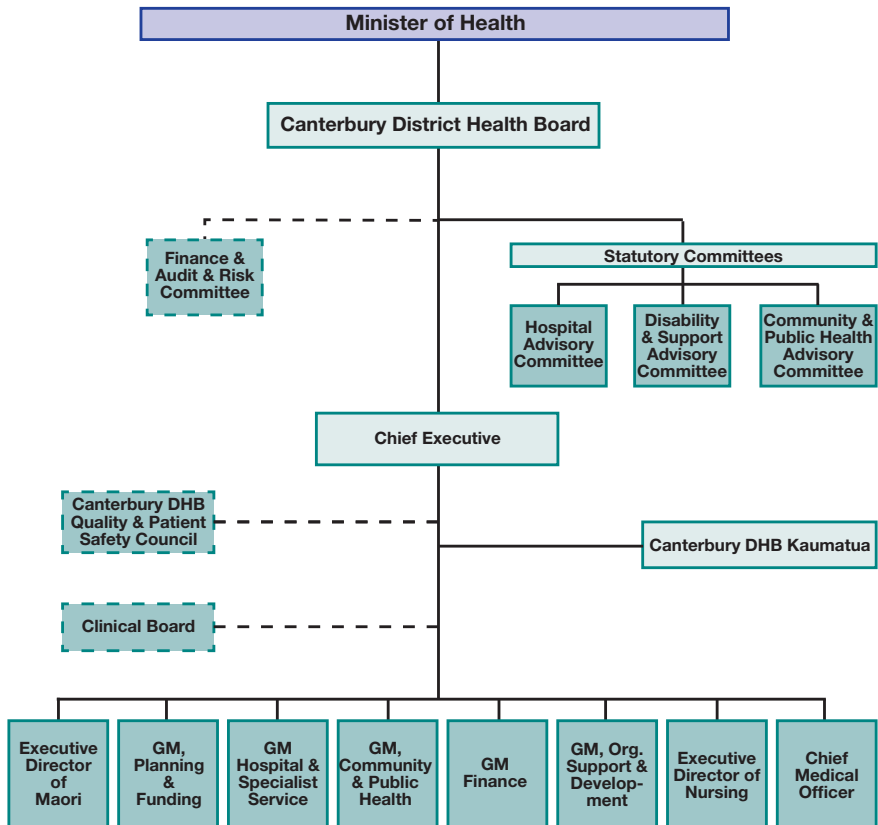
## 2. *Compliance with Legislation*

The Health & Disability Services Safety Act that was passed by Parliament in December 2001 enables the Minister of Health to approve standards, which must then be met by providers of hospitals, rest homes and residential care.

Health provider organisations must be certified by the Ministry of Health as having met the standards, following an audit (or accreditation survey) by designated agencies. The Ministry of Health is responsible for ensuring that health providers are fully compliant with the Health and Disability Services (Safety) Act 2001 and have achieved certification against the Health & Disability Sector Standards by 1 October 2004.



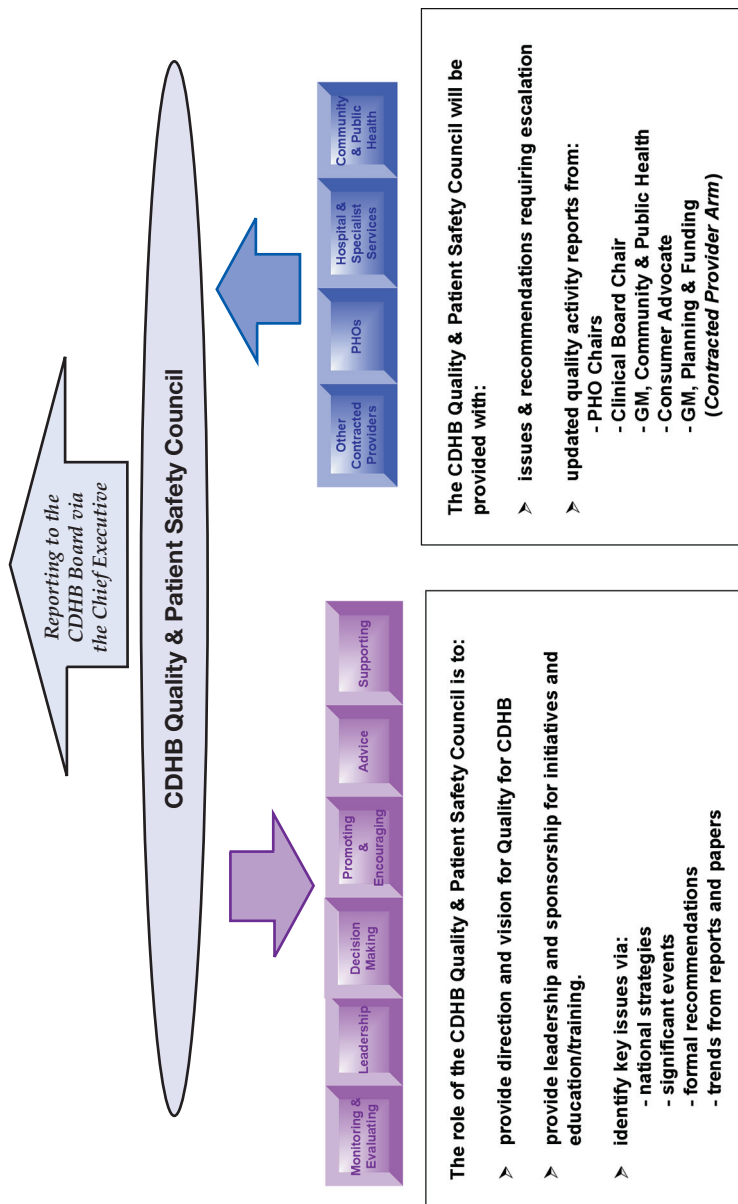
### 3. CDHB Organisational Structures



As a District Health Board we are responsible for funding all publicly funded health care in our region. We allocate funding to providers such as family doctors, mental health services, pharmacy and laboratory services. We provide hospital based care as well as funding many community services.



#### 4. Functions of the CDHB Quality & Patient Safety Council





## Glossary of Terms

### *Clinical Practice Guidelines*

Systematically developed statements to assist practitioners and patient decisions about appropriate health care for specific clinical circumstances.

### *Consumer*

Any person or group of persons who use or who have the potential to use health services.

### *Consumer Participation*

A process of establishing working partnerships. It is about consumers and clinicians becoming more aware of each other's perspectives, about changes in service delivery, resolving issues, sharing problems and finding lateral solutions and about developing good communication and respect.

### *Contracted Provider (aka Community Based Services)*

An organisation or individual that is contracted by Canterbury DHB to provide health care services, for example, pharmacies, medical centres, aged care providers etc.

### *Council*

For the purposes of this document, all references to the 'Council' mean the Canterbury DHB Quality & Patient Safety Council.

### *Effectiveness*

The extent to which a service achieves an expected and measurable benefit.

### *Framework*

A basic system; an essential supporting structure; can refer to a way of thinking about a particular subject or topic.

### *Health System*

A conceptual system that consists of the totality of entities (and their interrelationships) that intend to maintain or improve people's health.

### *Knowledge*

A body of understanding and skills that is constructed by people. Knowledge is increased through interaction with information (typically from other people).



### *Knowledge Management*

A multi-disciplined approach to achieving organisational objectives by making best use of knowledge. It involves the design, review and implementation of both social and technological processes to improve the application of knowledge, in the collective interest of stakeholders.

### *Process*

A particular method of doing something, generally involving a number of steps or operations, that results in an outcome or produces an output.

### *Primary Care*

Primary health care means essential health care based on practical, scientifically sound, culturally appropriate and socially acceptable methods. It is universally accessible to people in their communities, involves community participation, is integral to, and a central function of, the country's health system, and is the first level of contact with the health system.

### *Safety*

The extent to which harm is kept to a minimum.

### *Strategy*

A course of action to achieve targets.

### *Quality*

Quality may be defined as the degree to which the services for individuals or populations increase the likelihood of desired health outcomes and/or increase the participation and independence of people with a disability, and are consistent with current professional knowledge (adapted from Lohr 1990). Quality is the cumulative result of the interactions of people, individuals, teams, organisations and systems.



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## Appendix 1: National Influences

### *Improving Quality (IQ): A Systems Approach for the NZ Health & Disability Sector*

Improving Quality provides a shared approach, shared vision and shared language to enable a systems approach to quality improvement. It is a commitment to supporting continuous quality improvement by each person who works within the system, by people affected by the system, and by the system itself.

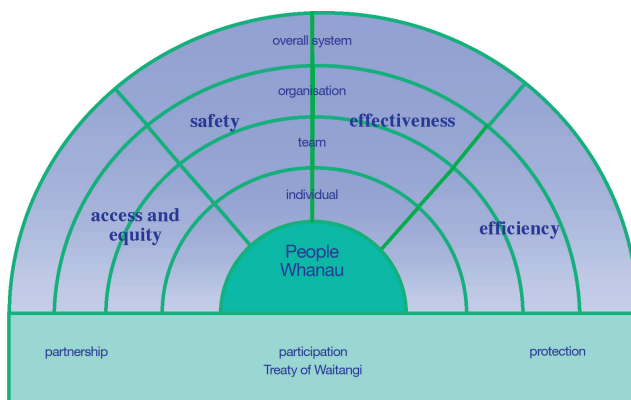
The Improving Quality vision is that the people in the New Zealand health and disability system receive people-centered, safe and high-quality services that continually improve and that are culturally competent.

Eleven goals are identified to support the vision in this document. The goals are outlined below:

- There are more effective service outcomes for Maori.
- There is a shared vision towards safe and quality care that is engendered through committed leadership at all levels.
- People are encouraged and supported to participate in the planning, delivery and assessment of health and disability services and programmes, including the active participation of Maori.
- There is widespread awareness, understanding and commitment to a quality improvement culture at all levels of the health and disability sector.
- There is evolutionary redesign of systems of care to support delivery of quality services.
- Unexpected adverse outcomes are managed in an open and supportive manner that builds trust and confidence in the system and is fair to all participants.
- There is effective and open communication, co-ordination and integration of service activities that recognise the value of teamwork.
- There is a supportive and motivating environment that provides the workforce with appropriate tools.
- Useful knowledge and information, including Maori satisfaction information and clinical evidence, is readily available and shared to support a quality-conscious culture.
- Regulatory protections that assure safe care in place to support people and service providers.
- The goals in this document and associated actions are reviewed and updated on an ongoing basis.



## Quality Dimensions



### Quality Dimensions for the New Zealand Health & Disability Systems

- People-centred is the extent to which a service involves people, including consumers, their families and whanau, and is receptive and responsible to their needs and values.
- Equity and access is the extent to which people are able to receive a service on the basis of need and likely benefit, irrespective of factors such as ethnicity, age, impairment or sex.
- Safety is the extent to which harm is kept to a minimum.
- Efficiency is the extent to which a service gives the greatest possible benefits for the resources used.
- Effectiveness is the extent to which a service achieves an expected and measurable benefit.



### *New Zealand Health Strategy*

The New Zealand Health Strategy commits to the development of a health and disability sector that embraces a culture of continual quality improvement in the delivery of health and disability services.

### *New Zealand Public Health and Disability Act 2000*

The New Zealand Public Health and Disability Act 2000 (Part 2, section 9) focuses on quality assurance. It requires that the Minister of Health determines a strategy for the development and use of:

- nationally consistent standards and quality assurance programmes for health services and consumer safety
- nationally consistent performance monitoring of health services and consumer safety against those standards and programmes.

### *Health & Disability Sector Standards*

The Government's commitment to quality and safety was also made clear in the Health and Disability Sector Standards. These standards are designed to establish consistently safe and reasonable levels of care for consumers/kiritaki of health and disability services in New Zealand. They also provide a framework for the continuous development of quality improvement systems and a platform for further development of safety and quality levels.

The Standards enable consumers/kiritaki to be clear about their rights and providers to be clear about their responsibilities for safe outcomes.

### *The Health Practitioners Competence Assurance Act 2003 (HPCA)*

The HPCA was passed by Parliament on 11 September 2003 and is intended to provide a framework for the regulation of health practitioners in order to protect the public where there is a risk of harm from the practice of the profession.

The Act will cover a diverse range of health professional occupational groups and, when fully in force (by September 2004), will repeal 11 occupational statues governing 13 professions. The Act includes mechanisms to ensure that practitioners are competent and fit to practice their professions for the duration of their professional lives.



The major concepts of the Medical Practitioners Act 1995 have been carried forward into the HPCA, adjusted where necessary to provide a framework that can apply to all health practitioners. The basic principles of ongoing competence, separation of the registration process from the disciplinary process and the declaration of protected quality assurance activities are carried through to the new legislation.

Only health practitioners who are registered under the new Act will be able to use the titles protected by the Act, or claim to be practising a profession that is regulated by the Act. Registered health practitioners will not be permitted to practice outside their scopes of practice.



## Appendix 2: Canterbury DHB Quality & Patient Safety Council Work Plan 2004-2006

### Goal 1: Community Participation/Community Involvement

<p><i>Strategic Initiative 1.1 Strengthening the Consumer Voice</i></p>	<p>The Council will:</p> <ul style="list-style-type: none"><li>▪ have a consumer representative on the council,</li><li>▪ consult with and involve consumers in its range of activities,</li><li>▪ provide information to the community on the role and activities of the Council,</li><li>▪ facilitate a workshop for Canterbury DHB staff on how to engage community participation.</li></ul>
<p><i>Strategic Initiative: 1.2 Reporting non- budgetary information to the community</i></p>	<p>The Council will:</p> <ul style="list-style-type: none"><li>▪ undertake a stocktake of quality reporting across the Canterbury DHB,</li><li>▪ establish a mechanism for obtaining quality reports from provider groups,</li><li>▪ identify key indicators for service and patient quality to include in reports to the Board,</li><li>▪ communicate meaningful reports on service and patient quality to the community.</li></ul>



## Goal 2: Organisational Change & Development

<p><i>Strategic Initiative 2.1 Fostering Clinical Best Practice</i></p>	<p>The Council will:</p> <ul style="list-style-type: none"> <li>▪ obtain regular updates from the Clinical Board and Contracted Provider arm,</li> <li>▪ review appropriate quality reports, (eg Quarterly HAC Report),</li> <li>▪ establish a mechanism for capturing information on projects that are being undertaken across the Canterbury DHB. Information to include the project impact on quality and the assessment criteria for enhancing quality,</li> <li>▪ promote policies and practices that support a healthy workplace.</li> </ul>
<p><i>Strategic Initiative 2.2 Enhancing Innovation</i></p>	<p>The Council will:</p> <ul style="list-style-type: none"> <li>▪ sponsor and lead the Canterbury DHB Quality &amp; Innovation Awards programme.</li> </ul>
<p><i>Strategic Initiative 2.3 Education</i></p>	<p>The Council will:</p> <ul style="list-style-type: none"> <li>▪ sponsor quality educational workshops and sessions appropriate to the quality and risk goals and objectives of the Canterbury DHB,</li> <li>▪ hold a workshop on techniques for changing practise.</li> </ul>
<p><i>Strategic Initiative 2.4 Communication; Primary Care, Contracted Provider and Hospital interface</i></p>	<p>The Council will:</p> <ul style="list-style-type: none"> <li>▪ gain an understanding of the initiatives within the DHB that support, encourage and strengthen interface communication between the groups.</li> </ul>



### *Goal 3: Clinical Risk Management*

<i>Strategic Initiative 3.1 Clinical Risk Management</i>	<p>The Council will:</p> <ul style="list-style-type: none"><li>▪ gain an understanding of the mechanisms the provider groups have for identifying and mitigating risk,</li><li>▪ facilitate the sharing of risk management activities and strategies across the Canterbury DHB.</li></ul>
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### *Goal 4: Accountability*

<i>Strategic Initiative 4.1 Measuring Quality and Outcomes</i>	<p>The Council will:</p> <ul style="list-style-type: none"><li>▪ establish a range of service and patient quality measures for the reporting of quality activities to the Board.</li></ul>
<i>Strategic Initiative 4.2 External Recognition of Quality Systems</i>	<p>The Council will:</p> <ul style="list-style-type: none"><li>▪ establish the status of the provider groups with respect to compliance with legislated quality standards.</li></ul>

### *Goal 5: Knowledge Management for Clinical Services and Quality*

<i>Strategic Initiative 5.1 Knowledge Management</i>	<p>The Council will:</p> <ul style="list-style-type: none"><li>▪ gain an understanding of the initiatives within the DHB that support and encourage the principles of knowledge management.</li></ul>
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