

Department of Well-Being

# QUALITY IMPROVEMENT FRAMEWORK

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# **Six Nations Department of Well-being**

## **Quality Improvement Framework**

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## 1.0 INTRODUCTION



The Six Nations Department of Well-being achieves the delivery of care across the lifespan through weaving Haudenosaunee culture as a foundation into programs and services. This is a framework and practice model that is both trauma-informed and centers culture as a foundation for care delivery. Six Nations Department of Well-Being strives to harmonize traditional Indigenous practices and beliefs with western

“mainstream” practices and beliefs, and explore how the two can complement one another to allow for better health outcomes. Continuous quality improvement is a fundamental part of being an effective organization. In order to improve our services, Six Nations Department of Wellbeing seeks out different ways to measure quality care, including: Implementation of quality indicators that are monitored through customized dashboards; auditing tools; feedback from staff, clients and stakeholders through various committees and surveys; and through the accreditation process.

The benefits to a continuous quality improvement program include:

- Enhanced quality and safety of services for clients and residents
- Improved stakeholder satisfaction
- Improved customer services
- Cost effectiveness
- Staff empowerment and leadership
- Improved processes and time management, and
- Effective change management

Six Nations Department of Well-being is committed to the delivery of safe, quality care that is client, family and community centered. The following Quality Improvement Framework serves as an integral component of this commitment. The framework provides a brief overview of the system wide approach to ensuring quality care and services throughout our organization.

The Quality Improvement Framework was developed with input from an interdisciplinary care team of staff who sit on the Esadatgehs committee, clients, Managers and staff families and community stakeholders. Indicators are developed utilizing feedback from the Esadatgehs committee; Health and Safety Committee; Senior Leadership Team meetings; data from community focused research and reports, and departmental client and staff surveys (PES, GWS).

This framework has roots in several organizational practices, complex reporting relationships and is reflective of the Six Nations -Department of Well-Being’s mission, vision, core values and strategic plan (2023).

## 2.0 THE QUALITY IMPROVEMENT AND RISK MANAGEMENT PROCESS

The Quality Improvement Framework outlines the continual process, ensures the integration of management and delivery of safe, quality care.

The Quality Improvement Framework is a continual process required to:



- Identify and analyze the actual and potential problems and opportunities to improve resident and client care
- Take action required to minimize risk and improve quality of care
- Activate the risk mitigation plan to minimize impact
- Provide follow up necessary to ensure improvement
- Report and communicate across and as per organizational structure

## **Six Nations Department of Well-being Quality Assurance Goals**

- There shall be a systematic, ongoing monitoring system to evaluate the efficiency and effectiveness of client/resident/patient services.
- The mission, goals and standards of the quality program shall be consistent with the overall mission, goals and standards of the Six Nations Department of Well-being and Six Nations Elected Council.
- The quality program shall be based on principal (key) functions, standards, identification of quality indicators, which service as a basis of measuring outcomes to evaluate services.
- Quality improvement activities shall provide a mechanism to maintain and continuously improve new standards to improve optimum quality care.
- Risk management and utilization shall be part of the quality improvement initiatives.
- The finding of Quality Improvement program shall serve as a basis for overall planning.
- The quality program shall identify educational, organizational, managers/supervisors and Providers priorities.

The quality improvement program shall use valid reliable, clinical and operational indicators to identify potential problems within the organization, and the provision and monitoring client/resident/patient services.

## **Factors that Determine Quality: 8 Quality Dimensions**

### **1. Client-Centred Services**

Services are respectful of and responsive to individual client preferences, needs, and values, ensuring clients are active participants in their care.

### **2. Population Focus**

Services are designed with awareness of the health needs, priorities, and characteristics of the populations served, including vulnerable and diverse groups.

### **3. Accessibility**

Clients have timely and equitable access to appropriate health services and information, without unnecessary barriers.

### **4. Safety**

The organization prioritizes minimizing risks and harm to clients, staff, and visitors through safe practices, environments, and systems.



### **5. Worklife**

A healthy, supportive work environment promotes staff well-being, collaboration, and continuous professional development.

### **6. Efficiency**

Resources are used wisely to achieve desired outcomes with minimal waste and duplication, maximizing value

### **7. Appropriateness**

Services are relevant to client needs, provided competently and in line with evidence-based practice and ethical standards.

### **8. Continuity of Services**

Clients experience coordinated care across programs, providers, and settings, ensuring seamless transitions and consistent follow-up.

## **2.0 Quality Improvement Framework**

This framework provides a common approach for improving quality and mitigating risk across the organization. The framework can be used for both conceptual and practical purposes by frontline staff, departmental managers, and senior leadership

# Department of Well-Being Framework

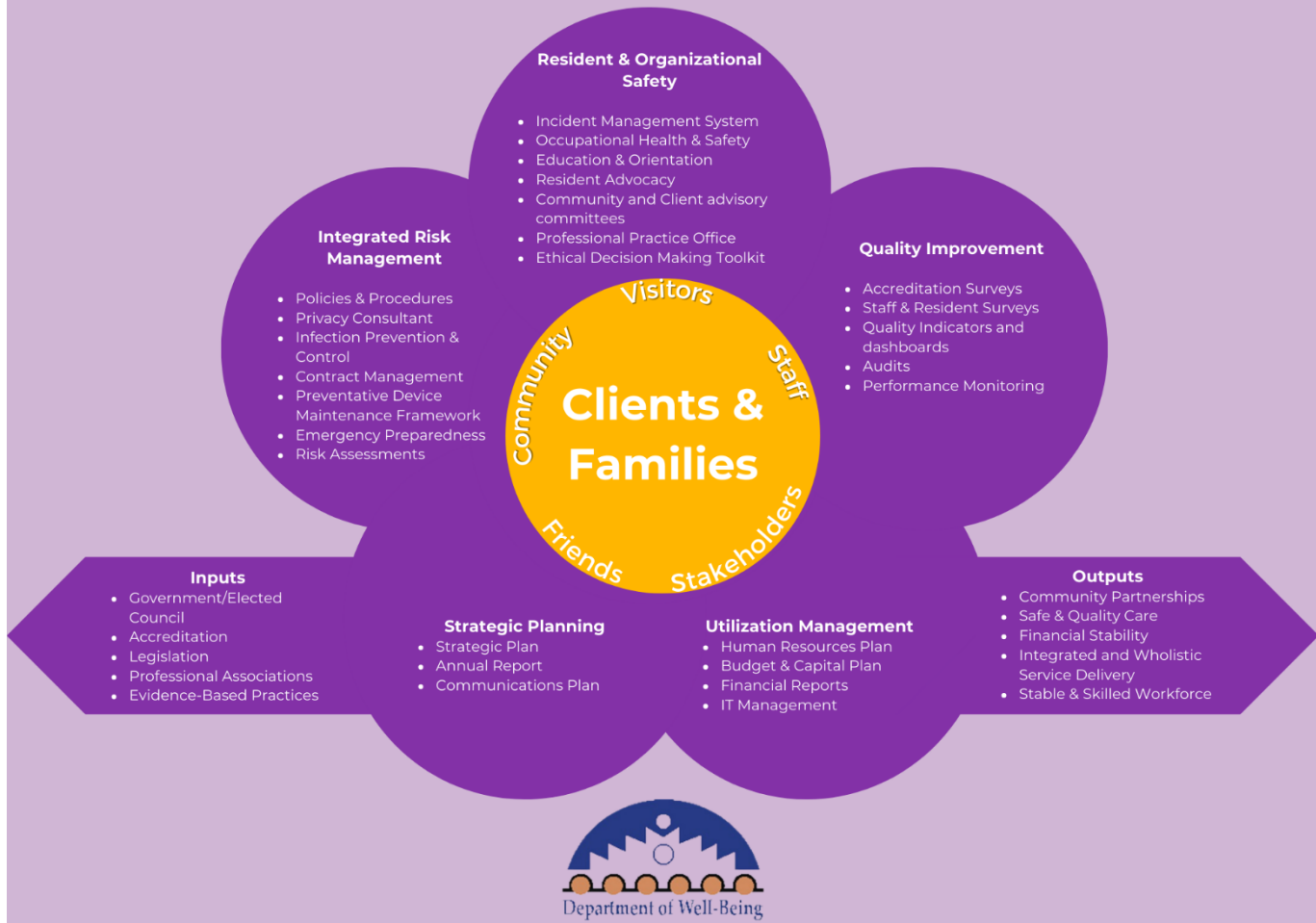


Figure 1 - Six Nations Department of Well-being Quality Improvement Framework

## 4.0 Components of the Quality Improvement Framework



The Quality Improvement Framework is comprised of 4 main components:

1. Inputs into the framework
2. Partnerships
3. Elements of Quality Improvement
4. Expected outcomes of the framework (outputs)

### 4.1. Framework Inputs

The inputs into the framework are stakeholder groups that determine the priorities of quality improvement and how risk is to be mitigated.

#### 4.1.1 Accreditation Canada

Accreditation Canada's standards provide guidance on the development and implementation of quality improvement and risk mitigation activities for the organization.

Accreditation's evaluation process ensures that we continue to meet evolving health and peer standards and best practices.

#### 4.1.2 Legislation and Regulatory Bodies

Legislation and regulatory bodies provides formal direction from governmental bodies to ensure the delivery of quality safe health care services. Legislation that governs the Six Nations Department of Well-being includes: Ontario Long Term Care Homes Act 2007, Connecting People to Home and Community Care Act 2020, Ambulance Act Ontario 2019, and The People's Health Care Act, 2019 to name a few.

Other acts and regulations governing service for children, youth, adults and seniors, include the Mental Health Act, Public Guardian and Trustee, Personal Health Information Protection Act, among others.

#### 4.1.3 Professional Colleges and Associations

Professional Colleges and Associations play a vital part in the development and promotion of profession-specific best practices. Professional Associations set standards of practice and/or regulate health care professionals (including but not limited to: College of Registered Nurses of Ontario, College of Physiotherapists of Ontario of Ontario, College of Occupational Therapy of Ontario, College of Physicians and Surgeons of Ontario, College of Audiologist and Speech Language Pathologists of Ontario, College of Social Workers and Social Service Workers, and College of Dietitians of Ontario)

#### 4.1.4 Evidence Based Practices

Evidence-based practices are approaches that integrate the best available research evidence, clinical expertise, and the clients' preferences and values. Evidence-based practices are rooted in

the understanding that our approaches to care are ever changing and evolving. Practice-based evidence considerations support the adaptation of practices to ensure community and culturally



safe care. The Department of Well-being's Professional Practice Office, along with program Clinical Leads work collaboratively to ensure that best practices are incorporated into clinical practice.

## **4.2 Partnerships**

### **4.2.1 Client and Family**

Clients and families are at the center of the Quality Improvement framework. This placement represents Six Nations Department of Well-Being commitment to the values of client and family centered care. Client and Family Centered Care is an approach that fosters respectful, compassionate, culturally appropriate, and competent care that responds to the needs, values, beliefs and preferences of clients and their family members. There are various committees/councils that are client/resident led, who meet regularly to evaluate program efficacy and discuss the client experience, to ensure that the client voice is at the center of program development and delivery.

### **4.2.2 Staff, Visitors, Friends, Community and Stakeholders**

The partnership Six Nations Department of Well-Being maintains with these groups is essential to the delivery of quality and safe care. Six Nations Department of Well-Being understands that these relationships support and enhance quality improvement and risk management initiatives. The Department of Nation Building supports this work through its 'Yerihwahronkas "They Hear the Matters" role, in which complaints and concerns from clients are received and managed.

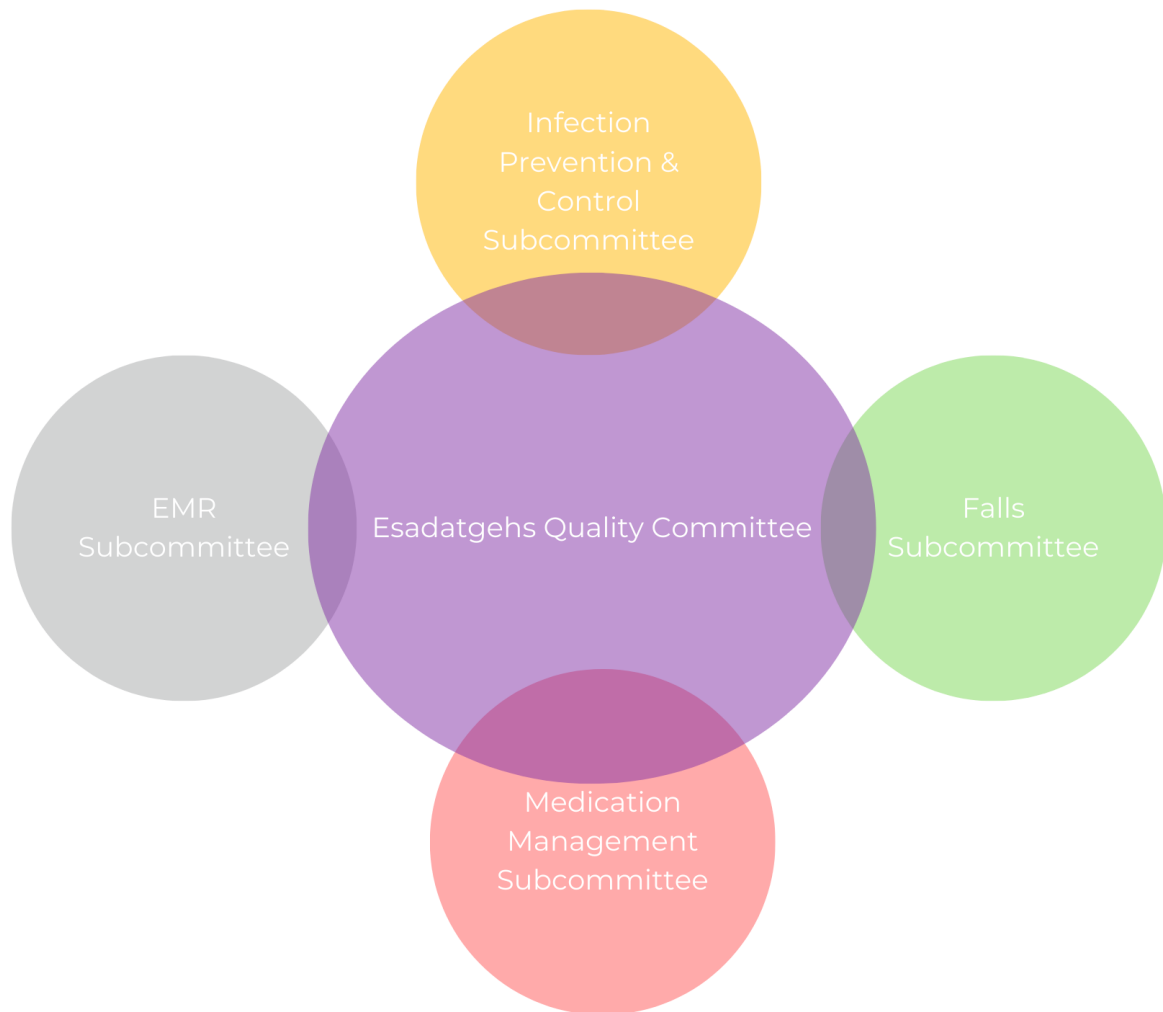
## **4.3 Elements of the Quality Improvement Framework**

The Eṣadatgeḥs Committee is the official quality improvement committee for Six Nations Department of Well-Being. Eṣadatgeḥs is a Cayuga term meaning 'to reflect, to look at yourself'; the term speaks to our need to learn from our past and move forward thoughtfully. The quality improvement framework is rooted in Haudenosaunee culture as the foundation.

As per the diagram below, the Eṣadatgeḥs Quality Committee has many sub-committees that support the Quality Improvement Framework, and Quality Improvement Plan. For more information, refer to its Terms of Reference.



Figure 2 - Six Nations Department of Well-being Esadatgehs Quality Committee structure



#### 4.3.1 Client Care and Organizational Safety

The quality of care and safety of our clients, families, staff, companions, and visitors is a priority for Six Nations Department of Well-Being and the organization. The monitoring and improvement of care and safety is a critical component of the Quality Improvement Framework. Some examples and formal

committees that support this element include:



Examples	Reporting
Esadatgehs Committee	<p>Quality indicators (QIP) associated with the Quality Improvement framework and the 8 dimensions of quality are reviewed at the Esadatgehs committee:</p> <ul style="list-style-type: none"> <li>- Incident reporting data</li> <li>- IPAC data</li> <li>- Medication occurrence reporting data</li> <li>- Falls reporting data</li> <li>- Client Complaints</li> <li>- Privacy auditing data</li> </ul>
Department of Well-Being Health and Safety Committee	Committee meets monthly to review safety inspections, data, and to identify and discuss safety improvements. Updates are provided to the Director of Well-Being and to the Esadatgehs committee monthly.
Incident Management	Reported to HR where incidents are entered into incident management tool (At Work Care) and investigated quickly and efficiently by leadership. Data is reviewed at the Esadatgehs committee meeting
Medication Management Sub-committee	Medication Occurrence report analysis Sub-committee meets monthly Reporting monthly to the Esadatgehs Quality committee
Education and Orientation	At time of hire orientation is provided by HR and through the Well-Being Department; Cornerstone Learning Management System (LMS) utilized for both ongoing education/professional development and orientation of new staff - overseen by the Professional Practice Office (Professional Practice Coordinator) Annual renewal of required certifications/licenses
Infection Prevention and Control Sub-committee	Hand hygiene auditing data analysis Sub-committee meets monthly Reporting monthly to the Esadatgehs Quality Committee, and reports submitted to each program
Falls Sub-committee	Falls reporting data analysis Sub-committee meets monthly Reporting monthly to the Esadatgehs Quality Committee
Ethical Decision Making Framework (Tool)	Ethical Decisions are made utilizing a framework/tool and reviewed monthly at Esadatgehs committee and at program staff meetings



### 4.3.2 Integrated Risk Management

Integrated Risk Management is the practice of proactively identifying risks and developing measures to mitigate those risks should they occur. Work that support this element include:

Example/Committee/Action	Reporting
Emergency Preparedness	Emergency Management Planning Committee meets quarterly Emergency Control Group Incident Management Team
Policies and Procedures	Departmental policies are reviewed and updated monthly through the Policy Working Group, comprised of senior leaders, managers and staff. Program level procedures (and policies) are updated as needed throughout the year
Preventive Device Maintenance Program	Maintenance log is reviewed throughout the year, with updates made by program managers (delegates) as required. Program overseen by Managers and the Professional Practice Office

### 4.3.3 Utilization Management

Utilization management uses quality improvements tools and methodologies to find cost savings and reduce waste to ensure scarce resources are used effectively. Formal committees and items that support this element include:

Example/Committee/Action	Reporting
Budget	Prepared Annually by CFO Approved by Band Council
Cost Centres Reports	Reviewed monthly by Senior Managers, Director of Department of Well-Being and Finance
Human Resource Plan	Annually reviewed and updated by HR Director

### 4.3.4 Quality Improvement

Quality Improvement is a fundamental part of an effective organization management framework as it defines specific quality priorities, measures, and activities. Formal committees and items that support this element include:

Example/Committee/Action	Reporting
Esadatgehs Committee	Quarterly quality report



Data, Analysis and Insight	Program performance Monitoring via Dashboards
Quality Improvement Plan (QIP) Quality Indicators – Professional Practice Office	Monthly/Quarterly
Accreditation	As per Accreditation Cycle
Staff Satisfaction Surveys: Global Workforce Survey	Annually
Client Satisfaction Surveys: Patient Experience Survey Program level surveys	Annually; monthly

#### 4.3.5 Strategic Planning

Strategic Planning establishes priorities and goals for the future and must be aligned with quality improvement and risk mitigation. Formal committees and items that support this element include:

Example/Committee/Action	Reporting
Strategic Planning	Every 3-5 years Regular reports to Elected Council
Ethics Framework	Ethical dilemmas reviewed at Eşadatgehs Quality Committee monthly; and within programs regularly (clinical leads, managers)
Communication Plan	Annually reviewed by Director of Well-Being and Department Communications Officer
Annual Report	Developed Annually Share with staff, clients & community

#### 5.0 Quality Improvement Plan

The Six Nations Department of Well-Being's Quality Improvement Plan (QIP) serves as an operational roadmap for advancing the quality and safety of care across all programs and services. The QIP is grounded in Haudenosaunee values, trauma-informed practice, and culture-as-foundation approaches, ensuring that continuous improvement aligns with community priorities, cultural knowledge, and organizational goals.

The QIP integrates evidence from community engagement, client and staff feedback, accreditation requirements, and performance monitoring data. It identifies priority areas, establishes measurable indicators, and outlines concrete change initiatives that enhance service, accessibility, safety, effectiveness, and client experience. These indicators are reviewed through the Eşadatgehs Quality Committee and its subcommittees,

ensuring accountability and alignment with the strategic pillars of the Department of Well-Being and the Six Nations of the Grand River Elected



Council.

The QIP is not a stand-alone document but a living component of the Quality Improvement Framework. It translates the framework's vision into actionable steps by:

- Defining clear aims, measures, and change initiatives for priority quality dimensions (e.g., safety, client-centred services, accessibility, effectiveness, efficiency, and appropriateness).
- Embedding community-identified strengths and addressing service gaps
- Utilizing process and outcome measures to monitor progress, supported by departmental surveys, chart audits, risk reports, and incident reviews.
- Ensuring reciprocal accountability by reporting back to staff, clients, and community members on QIP outcomes and lessons learned.

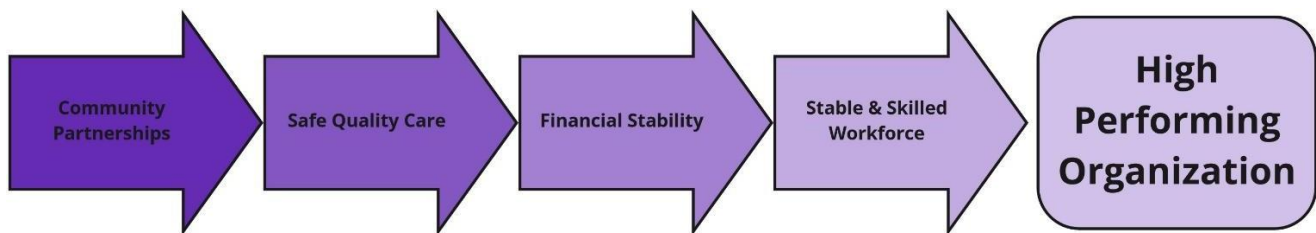
Through this cyclical process of planning, measuring, acting, and evaluating, the QIP advances the Department's commitment to safe, high-quality, culturally safe, and community-driven care. It is a practical tool to guide annual priorities while remaining flexible to adapt to emerging community needs and systemic opportunities for improvement.

## 6.0 Expected Outcomes of the Quality Improvement Framework



The outputs of the Quality Improvement Framework represent demonstrable objectives for the Six Nations Department of Well-being. The outputs encompass all parts of the organization including the delivery of care, human resources, finance, and community collaborations.

While we strive towards the outcomes of this framework, we understand that the road to providing exemplary care and service has no end-point. Rather, the delivery of exemplary care and service requires a cycle on continuous learning and improving.



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### **Related documents**

Êsadatgêhs Quality Committee Terms of References, 2025

Quality Improvement Plan, 2025

Six Nations Department of Well-being Administrative

Policies, 2025

Risk Management Plan, 2025

Strategic Plan, 2021