

QHP801

STRATEGY AND PERFORMANCE MANAGEMENT POLICY AND PROCEDURES

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1. POLICY INTRODUCTION

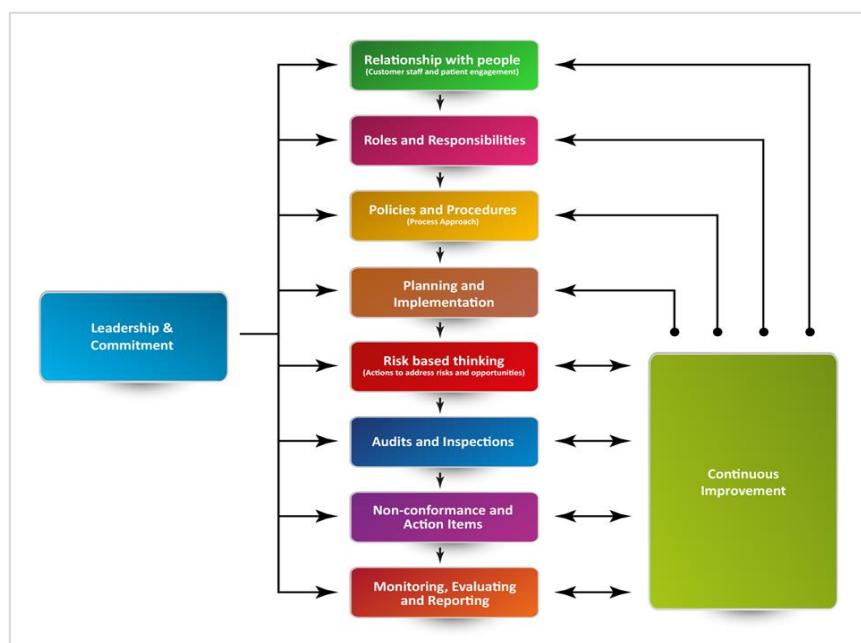
The Performance and Evaluation function of National Ambulance includes the coordination of Strategy and Business Planning, Performance Management, Quality Management, Program Management, Business Intelligence and Knowledge Management.

National Ambulance strives to make Strategy Execution and Performance Management a key competency by integrating the principles of Excellence, Continual Improvement, Sustainability Management and adopting identified best practice standards such as ISO, JCI etc. Developing the corporate strategy plan helped National Ambulance identify its high level corporate objectives, KPIs and projects. Also, representing and communicating the strategy down to the departments and individual teams helps provide clarity and linkage towards achieving the strategic objectives of the company. This way National Ambulance staff can see how performance management and reporting drives the implementation of the strategy.

National Ambulance utilizes the process of Performance Management and Reporting to assess the progress toward achieving organizational objectives and gauging the progress of business planning. It entails two levels; corporate planning and reporting and departmental planning and reporting.

National Ambulance sees the performance management and reporting as a process for establishing goals and frequently checking the progress toward attaining these goals. The feedback loop that takes place in the monitoring and reporting, management of non-conformances and action items and auditing and inspections renders a great value in creating continual improvement and becoming an excellent strategy focused organization.

This policy is relevant to the Implementation Monitoring and Reporting and Continuous Improvement Management System Components.



2. SCOPE

This Policy covers all of National Ambulance activities and services and involves all National Ambulance stakeholders including patients and customers, in their role of strategy and performance management, quality, and continual improvement.

3. ROLES AND RESPONSIBILITIES

1. Board of Management

- Approve the corporate strategic and operational objective setting and KPIs;
- Regularly review and approve the quality plan and application of International Patient Safety Goals;
- Demonstrate visible and active leadership that shapes the quality and continual improvement culture of the organization;

2. Executive Team

- Drive the planning and strategic and operational objective setting;
- Demonstrate visible and active leadership that shapes the quality and continual improvement culture of the organization;
- Identify and prioritize areas such as critical, high risk processes that directly relate to the quality of care and safety of staff, patients, and the environment;
- Ensure the quality and improvement plan is planned and implemented organization wide;
- Identify areas of improvement from previous experience, knowledge, performance reporting trend analysis and benchmarking;
- Set clear priorities on what to improve;
- Oversee the quality and continual improvement component within the QHSE Management System;
- Set priorities for monitoring of performance metrics, setting targets and reporting timelines;
- Review performance based on indicator data and make improvements based on comparison to other organizations, both nationally and internationally;
- Ensure quality and continual improvement is discussed periodically within team meetings; and,
- Make available resources needed for successful implementation of this policy.

3. Chief Administrative Medical Officer

- As a member of the Executive Team, provide medical expertise, direction and oversight in the Quality and Continual Improvement program
- Identify areas of improvement from previous experience, knowledge, performance reporting trend analysis and benchmarking
- Act as the owner and key authority for Clinical performance and metrics

4. QHSE and BC Manager

- Assist in the strategic planning process and organizational alignment
- Provide internal expertise in Strategy and Performance Management
- Develop and maintain a quality plan which identifies against each objective the improvement priorities and KPIs for annual Board approval and oversight.
- Coordinate the quality management and improvement program
- Communicate information on the program to staff regularly
- Provide performance reporting training for the relevant staff participating in the program;
- Provide briefing and performance reporting updates to all staff on key outcomes
- Ensure key processes (current, new or modified) are monitored and operate as per expectations
- Ensure best practice data, information and knowledge practices are implemented
- Assists in data analysis to identify potential improvements or reduce (or prevent) adverse events
- Provides routine overview of performance reports and assist those individuals and departments closest to the processes or activities to be improved.
- Identify areas of improvement from previous experience, knowledge, trend analysis, benchmarking and QHSE reporting
- Annually review the effectiveness of the communication process within management

5. Managers

- Assist in the strategic planning process and organizational alignment
- Contribute to the strategic and performance planning process
- Ensure key processes (current, new or modified) are monitored and operate as per expectations
- Ensure best practice data, information and knowledge practices are implemented.
- Assist in data analysis to identify potential improvements or reduce (or prevent) adverse events
- Ensure quality and continual improvement is discussed periodically within team meetings

- Identify areas of improvement from previous experience, knowledge, performance reporting trend analysis and benchmarking.

6. All Employees

- Identify areas of improvement from previous experience and knowledge
- Read, understand and follow what is written in the policy

7. Metric/ KPI Administrator

- Assist in metric/KPI development and target setting
- Responsible for the quality of metric/KPI data
- Responsible for populating the performance report metrics/KPI data

8. Metric/ KPI Owner

- Leads in metric/KPI development and target setting
- Provide ownership, oversight and analysis of the performance metric
- Recommend corrective actions on the given metric when required

4. STRATEGY AND PERFORMANCE MANAGEMENT POLICY

National Ambulance strives to deliver a consistently high level of service throughout our extensive and diverse business activities.

National Ambulance is committed to performance management and continuous improvement through the implementation of appropriate quality management systems and processes to enable us to deliver the highest practicable quality services. We will therefore:

- work with our customers and partners to develop our services to meet their needs
- conduct our business in a way that reflects our core values
- create an environment that promotes continuous improvement and knowledge sharing across all stakeholders
- ensure compliance with legal and other applicable standards
- educate and train our people to support the delivery of high quality services.

We recognize the importance of monitoring and reviewing our quality management systems and through continual monitoring and planned reviews we have the opportunity to identify improvements to our service and maintain compliance with legal and ethical standards. This will effectively provide our customers with the confidence that the provision of service will be delivered consistently to predetermined high standards. Where appropriate we seek and attain external accreditation for the services we provide.

4.1. STRATEGIC PLANNING

The Strategic Plan is reviewed as required by the Executive Management, presented to the Board of Management for approval and subsequently re-released to all staff on the QHSE Noticeboard. It is also summarized in a Corporate Strategy Map with is also used for simplification of Strategy Communication.

The Corporate Strategy is then used for Departmental Level 2 (L2) or Team Strategy Level 3 (L3) development and alignment. These Level 2 and Level 3 Strategy Maps are used to ensure:

- Departmental and Team alignment to the Corporate Strategy
- KPI and target setting aligned to both the department / team strategy but also the corporate strategy

Sample - Corporate (L1) Strategy Map



Sample – QHSE (L2) Strategy Map



Key Performance Indicators (KPIs) and other performance metrics are identified and prioritized based on the following considerations:

- Is important to the Vision & Strategic Performance Priorities;
- Key drivers to drive the required behaviors and quality outcomes;
- Provides significant leadership interest;
- Measurement reduces business risk;
- Measurement improves patient outcomes;
- Measurement improves quality or reduces service variability;
- Measure can be benchmarked;
- Measure is appropriately balanced between lead and lag indicators;
- Measure is relevant to performance standards such as ISO, JCI; and,
- It is feasible and reliable to measure – (SMART, based on completeness, timeliness, reliability and verifiable).

Where required, sub metrics are also provided to assist in the KPI interpretation.

All KPIs and indicators follow minimum knowledge management requirements with the identification of:

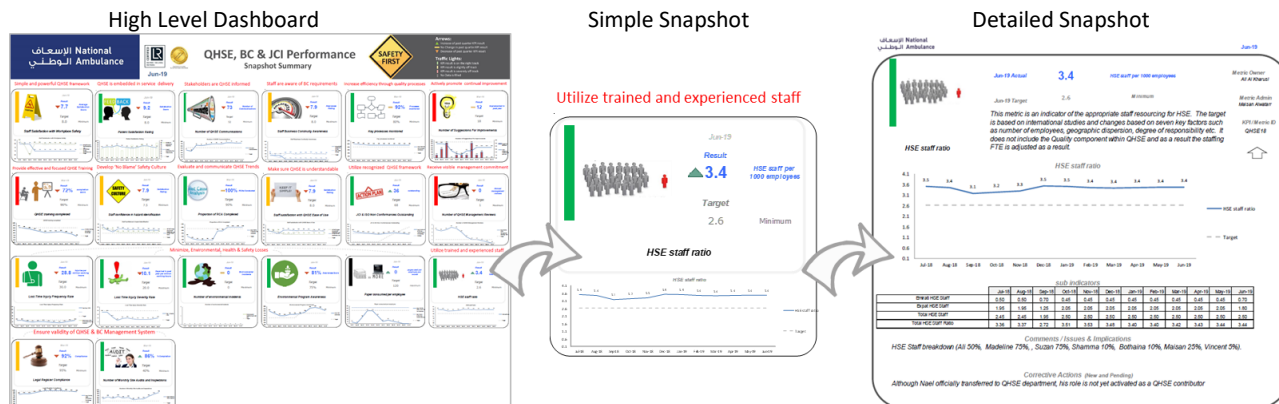
- KPI/Metric Owner
- KPI/Metric Administrator
- Formula for Calculation and Data Elements
- Unit of Measure
- Frequency of Calculation
- Frequency of Reporting
- Strategic Objective (if KPI)
- Benchmark (if available – versus history, versus local, versus international)

Target setting - National Ambulance uses the information from data analysis to identify potential improvements or reduce (or prevent) adverse events. Routine monitoring data, as well regular reporting contributes to this understanding of where improvement should be planned and what priority should be given to the improvement. National Ambulance uses the appropriate target setting as a key driver of performance management and continual improvement. Stretch targets are used to help drive performance improvements. These stretch targets are reviewed and agreed by the relevant management and functional experts.

4.2. PERFORMANCE REPORTING

All strategic objectives and supporting KPIs will be reported quarterly through the Performance Snapshot.

This snapshot represents a high level traffic light dashboard but also the ability to drill down into the detail of a particular result.



Snapshots are to be provided for all Strategy Map reporting and form the key part of the Quality Plan. There are two key contributors to the performance snapshot reports:

- **KPI Admins:** who are responsible for populating the data in a timely manner within the report and verifying that it is correct.
- **Objective/KPI Owners:** who are responsible for interpreting the data and driving the quality and continual improvement for that objective.

When an indicator is off track or trending off track, the Objective/KPI Owner is responsible for providing an Issue, Implication, Action and Accountability (IIAA) analysis.

- **Issue** – what is the issue causing the metric to be off track or trending off track
- **Implication** – what is the implication of this both currently and potentially into the future
- **Action** – What corrective action needs to be taken to address the issue and mitigate any implications
- **Accountability** – Who is accountable for implementing the Action.

All corrective actions or action plans and initiatives identified within the Objective definition should be entered and tracked through task and reporting tracking system as per the QHP201 Risk Management Policy and Procedure.

Comparative analysis is also conducted over time, across other similar entities/organizations, with standards and professional bodies and against practical guidelines if possible.

4.3. THE QUALITY PLAN

The Quality Plan is a summary document identifying both operational and strategic quality initiatives for the upcoming year and is reviewed and agreed by both the Executive and the Board of Management.

Operational quality initiatives are captured and reported through the Kaizen Quality Teams and any additional operational metrics that are identified.

Strategic Quality initiatives are captured and monitored through the Snapshot reporting and the use of IIAA.

4.4. COMMUNICATION, TRAINING, AND AWARENESS

The Performance and Evaluation function is responsible for ensuring that staff are aware of and trained to participate in Performance Management, Quality Management and Improvement programs. These training opportunities are available to all staff in the organization as each staff member is closest to the activities where an improvement can be made.

Performance Snapshot Summaries are posted on the QHSE Notice Boards every quarter.

4.5. SOURCES OF IMPROVEMENT

National Ambulance identifies opportunities for improvement through numerous ways. Periodic reviews of performance, through audits and inspections, identification of non-conformances and staff suggestions for improvement.

There are numerous ways these suggestions for improvement are captured:

- 1) Through a formal QHF202 QHSE Reporting Form;
- 2) Through an informal approach:
 - e-mail to QHSE@nationalambulance.ae
 - Whatsapp or call QHSE Team
- 3) Captured within team meeting QHSE discussions in the COF101 Minutes of Meeting;
- 4) From site inspection checklists
- 5) From internal or external audits
- 6) Staff satisfaction survey

The QHSE Suggestions for Improvement Register is maintained on the task and reporting tracking system. These suggestions are shared with the relevant managers for analyses and review.

Not all suggestions for improvements are captured in the register. Where the improvements are a result of corrective actions from performance reporting these are solely tracked within the periodic performance reports.

4.6. NEW AND IMPROVED ACTIVITIES/PROCESS

The assessment of improvements to key activities/processes should be conducted by the relevant experts within the organization. They should be:

- 1) aligned with the Vision Mission and Strategy of the Organization
- 2) meet the needs of our stakeholders – shareholders, patients, families, staff and others
- 3) use current practice guidelines, clinical standards, scientific literature and other evidence-based information on clinical practice design;
- 4) is consistent with sound business practices;
- 5) considers relevant risk management information;
- 6) builds on available knowledge and skills in the organization;
- 7) uses information from related improvement activities; and
- 8) integrates and connects with existing business practices and processes.

The level of approval for new and improved processes is dependent upon the criticality of the process. Any analysis of changes to significant processes should address all the above issues. Less critical/major process improvements can go through a less formalized review process.

Improvements to major processes or critical outcomes are monitored for the before and after impacts and should follow COP414 Organizational Change Management Policy and Procedure.

5. RELVANT LEGISLTATION

International, federal or local legislation and circulars relevant to this Policy. Full detail on this legislation can be found in QHP109 Legal Register.

Code, Name of Legislation	Jurisdiction
JAWDA Guidelines for Pre-Hospital Emergency Medical Service (EMS) January 2019	Abu Dhabi

6. RELATED POLICIES AND FORMS

List related policies and procedures to the created/updated policy

Policy & Procedure /Form
QHP201 Risk Management Policy and Procedure
QHF202 QHSE Reporting Form
COF101 Minutes of Meeting
COP414 Organizational Change Management Policy and Procedure

7. FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to qhse@nationalambulance.ae

8. DOCUMENT CONTROL AND OWNERSHIP

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

- QHSE and BC Manager

Change Brief

Version No.	Date	Change
1	August 2013	New Policy
2	January 2014	Rewrite for include Strategy & Performance Reporting
3	February 2017	Update to include feedback from JCI Audit Incorporate Quality Plan, Board of Management Roles and Responsibilities, improved strategic management and reporting – JCI requirement
4.0	November 2019	- Change Performance & Evaluation Department to function - Replace CMA to MD and DPE to QHSE & BC manager - Adding Task and Reporting Tracking System Software as a suggestion reporting tool and for tracking corrective actions - Ways for reporting suggestions for improvement - Removal of Supervisor, Director - Add satisfaction survey - Change ASANA to reporting tracking system.
5	December 2021	- Change Medical Director to CAMO - Remove the dispatch newsletter - change the annual review of the strategic plan to as required

CEO Approval

Board Member Verification

