Promoting quality health care in Canada’s North:
Learnings from the Accreditation Canada Program

Bernadette MacDonald
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Outline

- Overview of Accreditation Canada
- Overview of the Qmentum program and Aboriginal Health Services
- Key learnings from the Accreditation Canada Qmentum program
- Summary of next steps
Accreditation Canada

- National accreditation body for organizations across all health sectors since 1958
  - Over 1200 client organizations
  - Over 600 surveyors
- Independent, non-governmental, non-profit organization
- Accreditation Canada International
- Accredited by ISQua
National Standards

- Standards of excellence
- National scope
- Enable an organization/team to ‘stretch’ to improve care, to reach and raise the bar
- Developed with the input and guidance of experts in the field
- Updated on a regular basis to ensure relevance and value
QMENTUM FOUR-YEAR CYCLE

On-site survey

Receive Accreditation Report and Decision
10 to 15 days after on-site survey

Complete Self-Assessment Questionnaires
(optional)
Starting 24 months before on-site survey

Accreditation Primer

Ongoing education, coaching, and support

Mid-cycle consultation
Teleconference with Accreditation Specialist
24 months after on-site survey

11/09/2012

Driving Quality Health Services
Force motrice de la qualité des services de santé

www.accreditation.ca
Qmentum Program

Tracer methodology

- Clinical tracer - following the client journey and experience
- Administrative tracer - following the path of a quality improvement project or the process used following a safety incident
- Engaging staff, clients, and partners in the process

Holistic approach

- Looking at the entire organization
- How it works together to provide quality care
Involvement in Aboriginal Health

- Started in 1999
- Partnership with FNIHB
- Various product offerings (Primer, Qmentum, tailored education)
- 77 Surveyors for Aboriginal Communities
- Aboriginal Representative on our Board of Directors
- Dedicated internal team
Aboriginal Health Services Team
Surveyors
Northern and AHS Clients

Client organizations offering a variety of services:

- Health Authorities
- Acute Care
- Community health and wellness centres
- Substance misuse organizations/treatment centres
- Nursing stations
- Long-term care
- Home care
Key learnings from the Accreditation Canada Qmentum Program
Aboriginal Health Services [AHS] and Northern organizations were analyzed

<table>
<thead>
<tr>
<th>Type of organization</th>
<th>2011-2013</th>
<th>Total client organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Health Services</td>
<td>58</td>
<td>105</td>
</tr>
<tr>
<td>North*</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*North includes the Northwest Territories, Nunavut, and the Yukon.
Accreditation Decisions

- Aboriginal Health Services organizations:
  - 91% were accredited
  - 9% were not accredited

- Northern organizations:
  - All were accredited
AHS and Northern organizations, 2011-2013

<table>
<thead>
<tr>
<th>Core standards set</th>
<th>AHS</th>
<th>North</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>Opportunities for improvement*</td>
<td>Strengths**</td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection Prevention and Control</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Opportunities for improvement indicate standard compliance rates of at least 5 percentage points below the Canadian average.

** Strengths indicate standard compliance rates higher than the Canadian average.
Strengths by standards set: AHS and Northern organizations

- Mental Health Services
- Long-term Care Services
- Home Care Services
- Aboriginal Substance Misuse Services
  [Aboriginal health services organizations]
## Opportunities for improvement: Northern organizations, compliance (%)

<table>
<thead>
<tr>
<th>Standards set</th>
<th>North</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Care Services</td>
<td>84</td>
<td>94</td>
</tr>
<tr>
<td>Emergency Department Services</td>
<td>80</td>
<td>93</td>
</tr>
<tr>
<td>Point-of-Care Testing</td>
<td>66</td>
<td>73</td>
</tr>
</tbody>
</table>
Required Organizational Practices (ROPs)

- Essential, evidence-based practices that client organizations must have in place to mitigate risk and contribute to improving the quality and safety of health services
Required Organizations Practices (ROPs) (Cont’d)

- Integrated into the Qmentum standards
- Organized according to patient safety goal areas:
  - Safety Culture, Communication, Medication Use, Worklife/Workforce, Infection Control, and Risk Assessment.
- Each ROP has tests for compliance that are assessed by surveyors during the on-site survey
- Client organizations are assessed against ROPs that are relevant to their sector or services
ROP strengths: common to AHS and Northern organizations

<table>
<thead>
<tr>
<th>ROP</th>
<th>Goal Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducts a safety risk assessment for clients receiving services at home</td>
<td>Risk Assessment</td>
</tr>
<tr>
<td>Ensures effective information transfer at transition points</td>
<td>Communication</td>
</tr>
<tr>
<td>Uses two client identifiers before administering medications</td>
<td></td>
</tr>
<tr>
<td>Educates clients and families about their roles in promoting safety</td>
<td></td>
</tr>
</tbody>
</table>
## ROPs: Opportunities for improvement

<table>
<thead>
<tr>
<th>ROP</th>
<th>Goal Area</th>
<th>AHS (%)</th>
<th>North (%)</th>
<th>Canada (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a preventive maintenance program for medical devices, equipment, and medical technology</td>
<td>Worklife / Workforce</td>
<td>61</td>
<td>75</td>
<td>79</td>
</tr>
<tr>
<td>Identifies abbreviations, symbols, and dose designations that are not to be used</td>
<td>Communication</td>
<td>50</td>
<td>63</td>
<td>74</td>
</tr>
<tr>
<td>Implements a strategy to prevent workplace violence</td>
<td>Worklife / Workforce</td>
<td>65</td>
<td>63</td>
<td>81</td>
</tr>
<tr>
<td>Provides venous thromboembolism prophylaxis for at-risk clients</td>
<td>Risk Assessment</td>
<td>25 (1 of 4)</td>
<td>50</td>
<td>64</td>
</tr>
</tbody>
</table>
Worklife Pulse Tool

- Measures staff perceptions of key worklife factors in an organization
- Determinants: Job, work environment, organization
- Outcomes: Individual outcomes, organizational outcomes
- Substitutions accepted
- Reports provided to each organization
Worklife Pulse Tool: Strengths for AHS organizations

- 517 respondents from 12 AHS organizations in 2013
- Strengths:
  - Would you recommend this organization to friends and family who require care? (Quality)
  - I understand what is expected of me in my job. (Role Clarity)
  - How often does your work unit/team provide top-quality patient care or other services? (Quality)
Worklife Pulse Tool: Opportunities for improvement for AHS organizations

- Senior managers act on staff feedback. (Leadership)
- I receive recognition for good work. (Recognition)
- Senior managers effectively communicate the organization’s goals. (Communication)
- My supervisor provides feedback on how well I am doing my job. (Feedback)
- I am consulted about changes affecting my job. (Decision input)
Leading and Innovative Practices

- Accreditation Canada recognizes Leading Practices in Canadian organizations across the care continuum.
- Leading Practices are innovative and creative, client- and family-centred, evaluated, able to demonstrate intended results, sustainable and adaptable.
- As of February 2014, the integrated Leading Practices database also includes Innovative Practices from the Health Council’s Health Innovation Portal.
# Leading Practices: some examples

<table>
<thead>
<tr>
<th>Category</th>
<th>Leading or Innovative Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>Community Liaison Discharge Planning, First Nations Health Program, Whitehorse General Hospital</td>
</tr>
<tr>
<td></td>
<td>First Nations Health Programs, Yukon</td>
</tr>
<tr>
<td>Health Systems</td>
<td>Aboriginal Health High School Internship Program, Manitoba</td>
</tr>
<tr>
<td></td>
<td>First Nations MOU, between Guysborough Antigonish Strait Health Authority and the Paqtnkek and Potlotek First Nations, Nova Scotia</td>
</tr>
<tr>
<td></td>
<td>Use of Telemedicine to Support Care of Newborns in Rural Manitoba</td>
</tr>
<tr>
<td>Home Care</td>
<td>Mental Health Liaison, Rocky Mountain House, Alberta</td>
</tr>
<tr>
<td>Primary Care</td>
<td>Aboriginal Health Access Centers, Ontario</td>
</tr>
<tr>
<td></td>
<td>Taima Tuberculosis: Increasing awareness and screening of tuberculosis in Nunavut</td>
</tr>
<tr>
<td></td>
<td>Telehealth Services, Primary Care, Carrier Sekani Services, BC</td>
</tr>
</tbody>
</table>
Summary and next steps

- Common findings in AHS and Northern organizations
- Ongoing partnerships
  - FNIHB
  - BC Assembly of First Nations
  - First Nations Health Managers Association
- Ongoing work to ensure the program is appropriately customized for the AHS market
- Standards are currently being enhanced to emphasize client- and family-centred care
- Remote/Isolated Health Services Standards
Remote/Isolated Health Services

- Most recent addition to the Qmentum program for northern and AHS market
- Released January 2014
  - Unique circumstances for care
  - Integrated approach to care
  - Emphasis on partnerships
  - Importance on community
Proud to be a
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depuis 5 années consécutives