Accreditation Canada International
Defining Health Excellence

Sébastien Audette, CEO
Accreditation Canada International
Today’s goal

To walk you through:

- Introduction to the Accreditation Canada International and the Qmentum International Program
- Overview of the accreditation standards
- Tour of the new client portal
- Accreditation Canada’s experience with quality improvement globally
Vision
The leader in raising the bar for health quality.

Mission
Driving quality in health services through accreditation.

Values
Excellence    Integrity    Respect    Innovation
Accreditation: Early Beginnings (1917)
The Past (cont’d.)

1951  CMA and RCPSC joined with AMA and AHA and ACP to form the Joint Commission on the Accreditation of Hospitals (JCAHO)

1953  Canadian Commission on Hospital Accreditation (CCHA) formed

1980  CCHSA Accredits its first international organization, the Bermuda Hospitals Board

2008  CCHSA became Accreditation Canada
2010  Accreditation Canada launches its Qmentum International program in English
2010  Accreditation Canada achieved its fourth ISQua accreditation for standards and organization
Accreditation Canada – World Leader in Accreditation

- Fifty years of experience in standard setting
- Non-governmental, non-profit, private
- Accreditation across the full continuum of care
- Internationally proven standards
- Credibility and support in Canadian and International health systems and global experts
In 2010...

- **Over 500 surveyors** who are senior health care professionals recruited and qualified from accredited organizations
- **Close to 400 on-site assessments and surveys** a year, in private and public organizations
- **More than 1,000 organizations or 4,400 sites accredited** in Canada and internationally
On the International front...

<table>
<thead>
<tr>
<th>Caribbean</th>
<th>Middle East and North Africa</th>
<th>Europe</th>
<th>Latin America</th>
<th>Other regions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anguilla</td>
<td>Iran</td>
<td>Italy</td>
<td>Brazil</td>
<td>Bermuda</td>
</tr>
<tr>
<td>St. Lucia</td>
<td>UAE</td>
<td>France</td>
<td>Costa Rica</td>
<td>Philippines</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>Saudi Arabia</td>
<td>Ireland</td>
<td>Columbia</td>
<td>Kazakhstan</td>
</tr>
<tr>
<td>Turks &amp; Caicos</td>
<td>Kuwait</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bahrain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lebanon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Egypt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tunisia</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
International Recognition

- Founding member of ISQua (International Society for Quality in Health Care)
- Host for international research portal on accreditation
- Accreditation Canada achieved ISQua international accreditation in 1998, 2002, 2006 and 2010 for its:
  - Standards
  - Organization
  - Education Programs
One third of all new accreditation programs and standards developed worldwide have taken the lead from Accreditation Canada.

(International Society for Quality in Health Care)
International Programs

- Accreditation and Certifications
- Distinctions
- Advisory and Education
Health Care Accreditation
Patient Safety Challenges

Patient Safety Incident Types

Non Preventable Incidents

Preventable Incidents

Source: Analysing potential harm in Australian general practice: an incident-monitoring study, Bhasale et al. 1998
Preventing Patient Safety Incidents

Based on the concepts from Reason\textsuperscript{16}, Reason\textsuperscript{37}, and Palmieri \textit{et al.}\textsuperscript{23}
# Identifying Best Practices

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination of care</td>
<td>• reduced duplication of services</td>
</tr>
<tr>
<td>• continuity of care</td>
<td>• greater patient satisfaction</td>
</tr>
<tr>
<td>• collaborative team-based care</td>
<td>• better patient compliance</td>
</tr>
<tr>
<td>• integrated health service delivery</td>
<td>• saved consultation time</td>
</tr>
<tr>
<td>• effective communication</td>
<td>• less hospitalization and ED use for ambulatory care-sensitive conditions</td>
</tr>
<tr>
<td>• standardized referral processes</td>
<td>• improved screening and immunization rates</td>
</tr>
<tr>
<td>• continuity of patient information from previous visits and other providers</td>
<td>• improved chronic disease prevention and management</td>
</tr>
<tr>
<td>• effective electronic medical records with system-to-system interoperability</td>
<td>• improved patient safety</td>
</tr>
<tr>
<td></td>
<td>• lower costs</td>
</tr>
</tbody>
</table>

# Identifying Best Practices

## Service Delivery – Unique Attributes

<table>
<thead>
<tr>
<th>First contact care / accessibility</th>
<th>Longitudinality / long-term person-focused care</th>
</tr>
</thead>
<tbody>
<tr>
<td>use of practice as place of first contact</td>
<td>reduced wait times</td>
</tr>
<tr>
<td>practice accessible in terms of office hours, wait times, etc</td>
<td>improved coordination</td>
</tr>
<tr>
<td>coordinated patient flow processes</td>
<td>improved referrals</td>
</tr>
<tr>
<td>gatekeeping</td>
<td>reduction in redundant services</td>
</tr>
<tr>
<td>patient has a regular source of care</td>
<td>more timely care</td>
</tr>
<tr>
<td>practice has knowledge of the patient</td>
<td>appropriate preventative care</td>
</tr>
<tr>
<td>long-term patient-provider relationship</td>
<td>greater likelihood of health problems recognition</td>
</tr>
<tr>
<td></td>
<td>fewer diagnostic tests and prescriptions,</td>
</tr>
<tr>
<td></td>
<td>more accurate diagnoses</td>
</tr>
<tr>
<td></td>
<td>lower costs</td>
</tr>
<tr>
<td></td>
<td>reduced ED and hospital use for ambulatory care sensitive conditions</td>
</tr>
<tr>
<td></td>
<td>reduce health disparities associated with socio-economic status</td>
</tr>
</tbody>
</table>

Accreditation: From Research to Patients

- Development of standards and criteria adapted to a given health care environment
- Education and training of staff
- Measure of the achievement of standards by organizations, through:
  - Self-assessment
  - Peer reviews
  - Patient and staff surveys
  - Clinical outcome indicators
- Scoring system to recognize the level of achievement made by the organization
- Recognition and celebration of successes
What is Accreditation at Accreditation Canada?

- Strategic change and risk management tool
- Proactive and continuous
- Transparent and rigorous analysis of service provision
- Addresses current and future client needs facilitated by:
  - Independent third party
  - Quality Improvement focus
  - Objectivity
Changing behaviors for patients

Performance management

Root-Cause Analysis

PDCA

Balanced Score Card

Patient Safety Week
Qmentum International

Quality, Momentum, QMENTUM
Qmentum International

- Organization wide development and sustainability
- Empowering the organization to “map” their quality journey
- Focus on quality improvement, patient safety, risk management
- Performance measures and accountability
- Step by step approach
Qmentum International: A step by step approach to accreditation

Striving for Excellence

Advancing Client-centered Care and Quality Improvement

Setting the Foundation for Quality and Safety
Qmentum International Accreditation Program
Three-year Cycle

SELF-ASSESSMENT
- Client organization completes questionnaires and submits instrument and indicator data
- Organization updates on-line profile

EDUCATION
Core and comprehensive sessions available

READINESS ASSESSMENT and REPORT
- Organization completes on-line profile
- Assessment of fundamental elements of quality and safety using questionnaires and initial visit

ACCRREDITATION DECISION and REPORT
Accreditation Canada reviews evidence of action taken and amends accreditation decision if applicable. Annual update of indicators required

ON-SITE SURVEY
Surveyors assess services and report findings

PROGRESS REVIEW
Accreditation Canada reviews evidence of action taken and amends accreditation decision if applicable. Annual update of indicators required

www.accreditation.ca
<table>
<thead>
<tr>
<th>DIMENSION</th>
<th>TAG LINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>POPULATION FOCUS</td>
<td>Working with communities to anticipate and meet needs</td>
</tr>
<tr>
<td>ACCESSIBILITY</td>
<td>Providing timely and equitable services</td>
</tr>
<tr>
<td>SAFETY</td>
<td>Keeping people safe</td>
</tr>
<tr>
<td>WORKLIFE</td>
<td>Supporting wellness in the work environment</td>
</tr>
<tr>
<td>CLIENT-CENTRED SERVICES</td>
<td>Putting clients and families first</td>
</tr>
<tr>
<td>CONTINUITY OF SERVICES</td>
<td>Experiencing coordinated and seamless services</td>
</tr>
<tr>
<td>EFFECTIVENESS</td>
<td>Doing the right thing to achieve the best possible results</td>
</tr>
<tr>
<td>EFFICIENCY</td>
<td>Making the best use of resources</td>
</tr>
</tbody>
</table>
## Qmentum International Standards

### Service Excellence Standards

#### Standard Sections

- **Sustainable Governance**
- **Effective Organization**
- **Service Excellence**

#### Primary Health

- **Primary Care**

#### Acute / Ambulatory Care

- Ambulatory Care
- Critical Care
- Diagnostic Imaging
- Emergency and Disaster Preparedness
- Emergency Department
- Medicine
- Obstetrics/Perinatal
- Operating Rooms
- Reprocessing & Sterilization
- Surgical Care
- Global Healthcare Standards

#### Laboratories

- Biomedical Laboratory Services
- Blood Bank and Transfusion Services
- Laboratory and Blood Services

---

**Medication Management – Infection Prevention and Control**
2011 Standards Release

Health systems
- Public Health
- Developmental Disabilities Services
- Home Care
- Mental Health
- Senior Care
- Substance Abuse
- Animal Health and Food Safety

Acute Care/Ambulatory
- Global Health
- Rehabilitation
- Cancer Care and Oncology
Required Organizational Practices (ROPs)

- An essential practice that client organizations must have in place to enhance patient/client safety and minimize risk.

<table>
<thead>
<tr>
<th>Client Safety Area</th>
<th>ROP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Client verification</td>
</tr>
<tr>
<td></td>
<td>Transfer of client information at transition points</td>
</tr>
<tr>
<td></td>
<td>Medication reconciliation</td>
</tr>
<tr>
<td></td>
<td>Safe surgical practices</td>
</tr>
<tr>
<td>Medication Use</td>
<td>Control of concentrated electrolytes</td>
</tr>
<tr>
<td>Worklife</td>
<td>Training on patient safety</td>
</tr>
<tr>
<td>Infection Prevention and Control</td>
<td>Hand hygiene</td>
</tr>
<tr>
<td></td>
<td>Timely administration of prophylactic antibiotics</td>
</tr>
<tr>
<td></td>
<td>Safe injection practices</td>
</tr>
</tbody>
</table>
Organization Portal Overview
Self-assessment

- Questionnaires
- Indicators
- Instruments
Self Assessment

- Self Assessment Questionnaires are tailored to the organization
- For each standard section there is a corresponding Self Assessment Questionnaire
<table>
<thead>
<tr>
<th>Question</th>
<th>How well is your team doing compared to the standards?</th>
<th>Can’t Answer?</th>
<th>How important is this practice to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. How are the physical environments cleaned and disinfected?</td>
<td>○ There are often problems with the physical environment in terms of cleanliness.</td>
<td>○ This question does not apply to my organization</td>
<td>○ Not important</td>
</tr>
<tr>
<td>Infection Prevention and Control 10.1, 10.2, 10.3</td>
<td>○ Our physical environment is usually cleaned and disinfected. Roles and expectations for cleaning and disinfecting the areas have been defined, but they may not be accessible to or clearly understood by everyone in the organization.</td>
<td>○ This question does not apply to my own work</td>
<td>○ Somewhat important</td>
</tr>
<tr>
<td></td>
<td>○ Our physical environment is properly cleaned and disinfected. Roles and expectations for cleaning and disinfecting areas are clear, and all staff have access to the cleaning schedule and to a number of cleaning standards and protocols.</td>
<td>○ I don't understand this question</td>
<td>○ Very important</td>
</tr>
<tr>
<td>23. How are the organization’s heating, ventilation and air conditioning cleaned and maintained?</td>
<td>○ Our heating, ventilation and air conditioning are only checked if there is a problem.</td>
<td>○ This question does not apply to my organization</td>
<td>○ Not important</td>
</tr>
<tr>
<td>Infection Prevention and Control 10.4</td>
<td>○ We have standards for cleaning and maintaining air quality, heating, ventilation and air conditioning. We lack consistency for cleaning and maintaining them.</td>
<td>○ This question does not apply to my own work</td>
<td>○ Somewhat important</td>
</tr>
<tr>
<td></td>
<td>○ We follow standards for cleaning and maintaining air quality, heating, ventilation and air conditioning. We consistently clean and maintain them.</td>
<td>○ I don't understand this question</td>
<td>○ Very important</td>
</tr>
<tr>
<td>24. What does your team do during the time of renovation and construction to avoid infection control issues?</td>
<td>○ Infection prevention and control is a challenge during periods of renovation or construction.</td>
<td>○ This question does not apply to my organization</td>
<td>○ Not important</td>
</tr>
<tr>
<td>Infection Prevention and Control 10.5</td>
<td>○ During times of renovation or construction, we work to and have been generally successful at maintaining current standards to prevent and control infections, although we have had to react to infections or concerns (e.g., legionnaires' disease).</td>
<td>○ This question does not apply to my own work</td>
<td>○ Somewhat important</td>
</tr>
<tr>
<td></td>
<td>○ During times of renovation or construction, we use a proactive process to identify possible risks and consider infection prevention and control. The process includes consulting with experts and referring to available guidelines and standards.</td>
<td>○ I don't understand this question</td>
<td>○ Very important</td>
</tr>
<tr>
<td>25. How does the team ensure and monitor the cleanliness and disinfection of the physical environment?</td>
<td>○ We do not review our policies and guidelines for cleaning and disinfection of our building.</td>
<td>○ This question does not apply to my organization</td>
<td>○ Not important</td>
</tr>
<tr>
<td>Infection Prevention and Control 10.6</td>
<td>○ We occasionally review our cleaning and disinfection policies and guidelines for the physical environment. We lack consistent follow up.</td>
<td>○ This question does not apply to my own work</td>
<td>○ Somewhat important</td>
</tr>
<tr>
<td></td>
<td>○ We regularly review our cleaning and disinfection processes for the physical environment and use the information to make improvements to our policies and guidelines.</td>
<td>○ I don't understand this question</td>
<td>○ Very important</td>
</tr>
</tbody>
</table>
Quality Performance Roadmap

- Set priorities based on flagged results and priority ratings
- Establish action plans
<table>
<thead>
<tr>
<th>Flag</th>
<th>Action Item &amp; Linkage to Accreditation Canada Criteria</th>
<th>Date Created</th>
<th>Source</th>
<th>Priority for Action</th>
<th>Follow-up Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>🚧</td>
<td>During the past 12 months, how many days did you work despite an illness or injury because you felt you had to (counting each full or partial day as 1 day)?</td>
<td>June 2008</td>
<td>Instruments - WorkLife Pulse Effective Organization</td>
<td>Accreditation Canada: High</td>
<td>Not Started</td>
</tr>
<tr>
<td>🚧</td>
<td>How often do you feel you can do your best quality work in your job?</td>
<td>June 2008</td>
<td>Instruments - WorkLife Pulse Effective Organization</td>
<td>Accreditation Canada: High</td>
<td>Not Started</td>
</tr>
<tr>
<td>🚧</td>
<td>Overall, I am satisfied with this organization.</td>
<td>June 2008</td>
<td>Instruments - WorkLife Pulse Effective Organization</td>
<td>Accreditation Canada: High</td>
<td>Not Started</td>
</tr>
<tr>
<td>🚧</td>
<td>Working conditions in my area contribute to patient safety.</td>
<td>June 2008</td>
<td>Instruments - WorkLife Pulse Effective Organization</td>
<td>Accreditation Canada: High</td>
<td>Not Started</td>
</tr>
<tr>
<td>🚧</td>
<td>How satisfied are you with your job?</td>
<td>June 2008</td>
<td>Instruments - WorkLife Pulse Effective Organization</td>
<td>Accreditation Canada: Low</td>
<td>Not Started</td>
</tr>
<tr>
<td>🚧</td>
<td>My job allows me to balance my work and family/personal life.</td>
<td>June 2008</td>
<td>Instruments - WorkLife Pulse Effective Organization</td>
<td>Accreditation Canada: Low</td>
<td>Not Started</td>
</tr>
</tbody>
</table>
Action Plans

- Determine priorities and areas for action considering:
  - Team’s priorities for action
  - Accreditation Canada’s priorities based on areas of risk

- Develop concrete action plan for each standard including:
  - Key success factors
  - Detailed timelines for completion
Indicators used in Qmentum International

- Time to 3rd next available appointment
- In-date blood product wastage
- Timely follow-up of abnormal test results
- Medication Reconciliation at Admission
- Pressure ulcers
- Turn-around time of a critical test
- Transfusion reactions
QUALITY IMPROVEMENT
Three-year Cycle

ON-SITE SURVEY
Surveyors assess services and report findings

EDUCATION
Core and comprehensive sessions available

SELF-ASSESSMENT
- Client organization completes questionnaires and submits instrument and indicator data
- Organization updates on-line profile

READINESS ASSESSMENT and REPORT
- Organization completes on-line profile
- Assessment of fundamental elements of quality and safety using questionnaires and initial visit

GUIDANCE

QUALITY PERFORMANCE ROADMAP

ACTION PLAN

EVIDENCE OF ACTION

MONITOR RESULTS

SUPPORT

ACREDITATION DECISION and REPORT

PROGRESS REVIEW
Accreditation Canada reviews evidence of action taken and amends accreditation decision if applicable. Annual update of indicators required
On-site Survey
QUALITY IMPROVEMENT
Three-year Cycle

SELF-ASSESSMENT
- Client organization completes questionnaires and submits instrument and indicator data
- Organization updates on-line profile

ON-SITE SURVEY
Surveyors assess services and report findings

EDUCATION
Core and comprehensive sessions available

GUIDANCE

CLIENT ORGANIZATION

ACTION PLAN

EVIDENCE OF ACTION TAKEN

QUALITY PERFORMANCE ROADMAP

MONITOR RESULTS

SUPPORT

READINESS ASSESSMENT and REPORT
- Organization completes on-line profile
- Assessment of fundamental elements of quality and safety using questionnaires and initial visit

ACCREDITATION DECISION and REPORT
Accreditation Canada reviews evidence of action taken and amends accreditation decision if applicable. Annual update of indicators required

PROGRESS REVIEW

© Accreditation Canada, 2009
v1.3 09/11/2009

© Accreditation Canada International
Accreditation Decision

- Accreditation
- Accreditation with Condition
  - Report and/or Focused visit
- Non-accreditation
Recap

What is involved in the process?

- Standards of Excellence
- Self Assessment
- Collecting indicators
- Identifying areas for improvement
- Developing action plans
- On-Site Survey with Tracers
## Patient Safety Culture: Strengths 2008 - 2010 Q1 Trends

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Areas of strength</th>
<th>Rating scale</th>
<th>Canada overall (n=170,008)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean</td>
<td>Std Dev</td>
</tr>
<tr>
<td>1</td>
<td>If I make a mistake that has significant consequences and no body notices, I do not tell anyone about it</td>
<td>4.43</td>
<td>0.97</td>
</tr>
<tr>
<td>2</td>
<td>Asking for help is a sign of incompetence</td>
<td>4.39</td>
<td>0.94</td>
</tr>
<tr>
<td>3</td>
<td>I will suffer negative consequences if I report a patient safety problem</td>
<td>4.04</td>
<td>1.07</td>
</tr>
<tr>
<td>4</td>
<td>I am less effective at work when I am fatigued</td>
<td>3.88</td>
<td>1.13</td>
</tr>
<tr>
<td>5</td>
<td>I work in an environment where patient safety is a high priority</td>
<td>3.85</td>
<td>1.25</td>
</tr>
<tr>
<td>6</td>
<td>My unit does a good job managing risks to ensure patient safety</td>
<td>3.83</td>
<td>1.29</td>
</tr>
<tr>
<td>7</td>
<td>Reporting a patient safety problem will result in negative repercussions for the person reporting it</td>
<td>3.82</td>
<td>1.17</td>
</tr>
<tr>
<td>8</td>
<td>Patient safety decisions are made at the proper level by the most qualified people</td>
<td>3.78</td>
<td>1.15</td>
</tr>
<tr>
<td>9</td>
<td>I have made significant error constitutes a real and significant risk to patients that we treat</td>
<td>3.77</td>
<td>1.42</td>
</tr>
<tr>
<td>10</td>
<td>My unit takes the time to identify and assess risks to patients</td>
<td>3.71</td>
<td>1.34</td>
</tr>
</tbody>
</table>
Education and Capacity-building
International Health Care Education

- Five areas of specialty offered via face-to-face sessions or webinars:
  - **Leadership and Governance** (E.g. Strategic Planning in Health Care Organizations)
  - **Management** (E.g. Effective Human Resources Management)
  - **Quality and Accreditation** (E.g. Policies and Procedures in Health Care Organizations)
  - **Specialty Series** (E.g. Medical Device Sterilization)
  - **Certified Accreditation Specialist Course and Certified Healthcare Surveyor Course**
The future of accreditation

- Better involve medical practitioners in the quality agenda
- Recognize the evolution of factors promoting changes
- Develop innovative tools and educational products
- Provide comparative data on indicators, accreditation results and measurement tools
- Maintain a high level of proficiency and consistency among surveyors
In conclusion...

Accreditation Canada:

- Is a well established organization with more than 50 years of experience
- Offers internationally recognized standards covering the full continuum of care and medical specialties
- Has extensive presence in Brazilian, European, Middle Eastern and Asian health care institutions
- Can rely on a network of over 500 surveyors and 1000 organizations who are looking to share their expertise and contribute to continuous quality improvement in peer health care organizations
The leader in raising the bar for health quality

www.accreditation.ca