



## STAFF REPORT INFORMATION ONLY

### Cummer Lodge Accreditation Results

<b>Date:</b>	December 28, 2007
<b>To:</b>	Advisory Committee on Homes for the Aged
<b>From:</b>	General Manager, Homes for the Aged
<b>Wards:</b>	24
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#### **SUMMARY**

The Canadian Council on Health Services Accreditation (CCHSA) is the national, non-profit, non-government, independent body that offers health organizations a voluntary, peer review process to assess quality by developing national standards and assessing compliance with those standards. Their mandate is to promote excellence in health care and efficient use of health care resources in Canadian health organizations. CCHSA has been Canada's leading quality organization for over 45 years and is responsible for accrediting more than 3,500 health organizations across every province and territory.

CCHSA's accreditation program is essentially comprised of: (a) establishing standards and criteria for excellence in care and service for all health sectors; (b) asking participating organizations to conduct a self-assessment based on those standards, as a means of promoting quality improvement; (c) conducting on-site peer surveys in which CCHSA representatives assess the organization's effectiveness and compliance with the national standards; (d) providing written reports of the survey team's observations and recommendations, to guide further improvements.

CCHSA has established standards to address all areas of a health organization's operation, including leadership and management, care and service delivery, environment, human resources and information management. The standards are written as goal statements. They are client-focused and are based on well-researched and valid dimensions of quality. There is emphasis on quality management, ethical decision-making, the promotion of a culture of safety, the delivery of evidence-based care and service and the achievement of positive outcomes.

In 2006, CCHSA introduced a new concept of Required Organizational Practices (ROPs), which focus on requirements related to safety, in the areas of culture, communication, medication use, worklife and infection control. In addition to needing to meet the ROPs,

there is a requirement to annually complete a comprehensive prospective analysis related to one significant safety risk, as a condition of accreditation. CCHSA anticipated that since the ROPs and prospective analysis were new requirements, most organizations would not fully comply, resulting in CCHSA issuing more conditional accreditation reports with recommendations related to the ROPs. This assumption held true for many if not most surveys conducted by CCHSA in 2006 and year-to-date in 2007.

Cummer Lodge was successfully re-surveyed in the period October 24-26, 2007, resulting in full accreditation, with no recommendations. Rather, the survey team provided a large number of commendations to the home, for its varied successes, strengths and innovations.

In the summary of the report, the CCHSA surveyors noted that “the organization’s successes are numerous and varied and just a few are mentioned here”. The team commented on the strong, stable management team, the teamwork evident throughout the home and the collaborative work with the Local Health Integration Network (LHIN) and the mental health outreach team. The team also applauded the family advisory committee for its successful contributions to the home, the strong staff education program, the consistent medical services, the effective Joint Health and Safety Committee (JHSC), the effectiveness of the quality of worklife committee and the home’s strong focus on and commitment to safety. The summary of the report also noted some opportunities for continued improvement, namely prioritizing indicators, undertaking a wound prevalence study to contribute to best practice information, developing a website specific to Cummer Lodge and providing reception services closer to the front door.

In terms of rating the standards based on the quality dimensions of responsiveness, system competency, client/community focus and worklife, the ratings provided evidence of a very high level of compliance with the national standards. It is noteworthy that 246 criteria were assessed to be met at level 5 or 6 on the 7-point likert scale (which denotes above-average or full compliance); 5 criteria were rated at a level 4 (which denotes average compliance).

The Required Organizational Practices (ROPs) related to safety were all assessed to be fully implemented and effective.

### **Financial Impact**

There are no financial implications arising out of this report. As a result of maintaining accreditation status, the Ministry of Health and Long-Term Care will continue to fund Cummer Lodge at a slightly higher rate of subsidy (\$0.33 per resident per day), which will ensure the continuation of approximately \$47,096.00 in provincial funding annually. This funding has already been included in the home’s 2008 operating budget.

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### **DECISION HISTORY**

CCHSA surveys all participating health organizations at a minimum of every three (3) years. If CCHSA confirms an award of full accreditation, re-survey occurs

approximately three (3) years later. Less than 48 percent of organizations receive full accreditation. If CCHSA confirms an award of accreditation with condition, then CCHSA requires interim visits and/or interim progress reports from the organization. Cummer Lodge received full accreditation in the 2007 survey visit.

## **ISSUE BACKGROUND**

Cummer Lodge was surveyed October 24-26, 2007 and the written report from CCHSA has been received, confirming an award of full accreditation. The survey visit by the CCHSA survey team was preceded by intensive work by the home's staff to consistently meet the national standards, building them into day-to-day operations. The home also completed a comprehensive self-assessment, identifying areas of strengths and areas for ongoing improvement, building these into the home's quality improvement plan.

During the survey visit, the CCHSA survey team met with three (3) focus groups, made up of: (i) residents and families; (ii) staff and volunteers; and (iii) community partners, to assess their satisfaction with the home. The survey team also met with staff teams related to: (i) resident care; (ii) leadership and partnerships; (iii) environment; (iv) human resources; and (v) information management, to determine how well the home was meeting the national and the ROPs. The survey team also had access to and reviewed extensive documentation in the home, including printed material about the home, the strategic plan and other planning documents, written policies and procedures, monitoring systems, health care records (with individual consent), employee records (with individual consent), etc. in order to determine if an adequate infrastructure existed.

## **COMMENTS**

### **Focus Groups**

Feedback from the three (3) focus groups interviewed during the Cummer Lodge survey visit was consistently positive.

First, the client focus group noted that they feel very well informed by the home. They noted that the home involves residents and families in decision-making and care planning and that "sometimes the home exceeds their expectations". Residents noted that they "are pleased with living here". However, the focus group did have several ideas for improvement, including increasing the amount of physiotherapy available, making the home décor more homelike, landscaping the area behind the home with walkways and gardens and decreasing the use of the intercom system.

The staff focus group was extremely positive, noting that communication is excellent. They noted that "safety is discussed everywhere" and that "on-the-spot training" is appreciated by staff. Staff stated that they appreciate the wellness programming and the wellness newsletter. They noted that the home is flexible about supporting time off for personal commitments and school. They noted that managers are accessible and approachable.

Community partners expressed the good working relationship that they have with the home. They complimented the strong leadership from the management team and the fact that the management team reaches out to community partners and provides assistance to them when the need arises. They noted that the home's staff are innovative and receptive to new ideas. Partners commended the home's effectiveness in infection prevention and control. They also commended the home's assessment processes. When asked for opportunities for improvement, the partners noted that they would like reception to be closer to the front door, would like to be "more in the loop" regarding the home's strategic plan, would like more timely feedback on proposals and would like a full-time chaplain within the home.

## Teams

The **leadership and partnerships team** was commended for the extensive links with the local community and excellent community reputation. The home was commended for the development of excellent programs to meet the needs of residents with dementia, developmental disabilities and chronic illnesses. The home was also commended for its strong links to various cultural groups in the community. The surveyors noted that "corporate citizenship is displayed in the vast contributions made by senior staff on various local, regional and provincial committees. The Guide for Ethical Decision Making and Standards of Employee Conduct were noted favourably, as was the management leadership style that "promotes teamwork and innovation". The surveyors noted the strong culture of safety, the effective risk management processes and that "there is evidence that staff understand the principles of quality management and apply the theory to practice in daily work processes".

Although the leadership and partnerships team received no recommendations, the surveyors made some minor suggestions to enhance quality even further, including expanding training re RAI-MDS, expanding ethics education, reconciling the terms critical events, near misses and adverse events, so that the terminology used is consistent with CCHSA standards and will support future national benchmarking.

The **environment team** also received high ratings and positive comments, including the multiple upgrades to the physical environment and equipment, the system of preventive and corrective maintenance, the wellness centre, the strength in infection prevention and control, the implementation of retractable needles and individual glucometers and the careful attention to hand washing. The survey team also commended the strength in fire safety and emergency preparedness and its progressive approach to waste reduction, recycling, reuse and energy conservation. In terms of opportunities for improvement, the survey team encouraged the paving of walkways at the back of the home as requested by residents, enhancing work on MSD prevention and ensuring that the parking lot is de-iced and cleared of snow on a timely basis in winter. The environment team received no recommendations.

Several key strengths of the **human resources team** were noted to be effectiveness in occupational health and safety and pandemic planning, the coordinated process for recruitment, selection, hiring and staff recognition, the wellness program and the good

orientation and staff education programs in place within the home. The survey team also commended the “stable, enthusiastic management team” and the effective communication in place at all points of transfer of resident information. The surveyors also provided commendation for “staff awareness on safety” and the “teamwork evident throughout the organization”. Minor suggestions included improving the organization of the employee sub-files kept on site in the home. The human resources team received no recommendations.

The **information management team** was complimented for its well-developed information management plan, its good communication mechanisms at all levels of the organization and the emphasis placed on computer training for staff. The “Your Opinion Counts” satisfaction survey process was noted as a good practice. The home was complimented for its good communication with volunteers. The volunteer handbook and the home’s newspaper were both cited as good practices. Privacy policies were noted to be appropriate and upheld. Suggestions for improvement included increasing the number of computers available in the home and reducing the number of indicators tracked. This team received no recommendations.

The **long-term care team** was highly commended for the variety of unique programs to fit the diverse community. Assessment and care planning processes were noted to be sound. Effective processes related to least restraint, mobility programming, dysphasia response, behavioural management, medication management and wellness programming were all noted favourably. This survey team noted that this team understands the principles, tools and techniques of quality improvement very well and uses them effectively. This team received no recommendations.

It was extremely rewarding that the Cummer Lodge report noted such high quality within all aspects of the home’s operation. This was a very favourable accreditation report, with no recommendations. Notwithstanding the fact that there were no recommendations in the report (meaning that the home consistently met all national standards), the home will be considering the minor suggestions made throughout the report as a means of enhancing quality even more.

## **CONTACT**

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## **SIGNATURE**

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