



STAFF REPORT INFORMATION ONLY

Accreditation Canada Survey of the Long-Term Care Homes and Services Division, May 2009

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To:	Advisory Committee on Long-Term Care Homes & Services
From:	General Manager, Long-Term Care Homes & Services
Wards:	All
Reference Number:	

SUMMARY

Accreditation Canada is a not-for-profit, independent organization. Previously known as the Canadian Council on Health Services Accreditation, Accreditation Canada provides national and international healthcare organizations with voluntary, external peer reviews to assess the quality of the organization's services based on pre-determined standards of excellence. Accreditation Canada's programs and guidance have been helping organizations strive for excellence for over 50 years. Accreditation Canada provides accreditation programs for all types of healthcare organizations, including regional health authorities, hospitals, long-term care homes, community care and specialized healthcare services, from both private and public sectors, in Canada and around the world.

The Long-Term Care Homes and Services Division has participated in the accreditation program since 1985. However, in the past, each long-term care home was surveyed as a single entity. In 2009, the division applied to be accredited at the divisional level, with all ten (10) long-term care homes, four (4) adult day programs, supportive housing and homemakers and nurses services being surveyed as an integrated healthcare organization. As a result, the division was able to plan and receive feedback related to operation as an integrated division, with relationships and linkages to other corporate divisions, community partners, individual homes and community programs.

The division was surveyed May 24 – 29, 2009 and received an exceptionally strong forecast report. This report summarizes the findings, strengths and leading practices identified during the survey visit and the division's quality improvement plan to respond.

Financial Impact

As a result of being accredited, the Ministry of Health and Long-Term Care will augment the provincial subsidy provided to the long-term care homes in the amount of

\$315,000.00 per annum; this has been accounted for in the 2009 approved operating budget. As a result, this report has no financial impact beyond what has already been approved in the current year's budget.

ISSUE BACKGROUND

Accreditation is one of the most effective ways for healthcare organizations to regularly and consistently examine and improve the quality of their services.

Healthcare organizations that participate in Accreditation Canada's accreditation programs evaluate their performance against national standards of excellence. These standards examine all aspects of healthcare, from quality, safety and ethics, to staff training and partnering with the community, to care and service provision.

Accreditation Canada's accreditation standards and programs are developed in close consultation with healthcare experts, and feature customized processes geared to organizational priorities, comprehensive performance measures, and automated tools for efficient data exchange. Accreditation standards assess governance, risk and quality management, leadership, infection prevention and control, and medication management, as well as services in over thirty (30) sectors, including but not limited to acute care, long-term care, home care, rehabilitation, community health services, public health, emergency medical services, First Nations healthcare, laboratories and blood banks, and diagnostic imaging. Quality and safety are integral components of all accreditation programs.

There is substantial evidence to show that complying with Accreditation Canada's standards and required organizational practices (ROPs) reduces the potential for adverse events occurring within healthcare and service organizations.

With the introduction of the current Qmentum accreditation program, Accreditation Canada introduced a number of significant changes to the accreditation process, namely:

1. inclusion of surveys (instruments) to be completed in advance of the survey visit by individual staff members related to safety and quality of work life;
2. inclusion of self-assessments related to the standards, to be completed in advance of the survey visit by individual staff members;
3. mandatory reporting of infection control indicators (i.e. MRSA, C-Diff), benchmarked against pre-determined acceptable thresholds;
4. a survey visit based on *priority processes* and *tracer methodology*, so that the survey team is able to assess workflow and the "path" or experience of residents, clients and families from first contact with the organization to present; and
5. *quality performance roadmaps* to guide actions in the quality improvement plan, related to the feedback from the staff surveys and self-assessments and the results of the survey visit (with priority determined by red, yellow and green flags).

Accreditation Canada also revised the reports provided as a result of the survey visit, detailing more quantifiable measures and providing a forecast report immediately after

the survey visit and the final report and accreditation award six (6) months after the survey visit, based on the completeness of the actions in the quality improvement plan.

COMMENTS

The division's survey visit was held May 24 – 29, 2009, with a visiting survey team of eight (8) surveyors, from British Columbia, Alberta, Manitoba, Ontario and Quebec. Their professional backgrounds spanned regional health authorities, long-term care, hospital care and community care. Throughout the course of the survey visit, the team visited the divisional office, the homemakers and nurses program, the ten (10) long-term care homes, two (2) supportive housing locations and two (2) adult day program locations.

Debriefing and Forecast Report

The survey team provided feedback to the division on the final day of the survey, May 29th. The forecast report was received by the division on June 19th. In order to allow the maximum number of staff and volunteers to directly hear the feedback from the survey team, a debriefing session was held at Metro Hall, Room 308 with audio and e-links in each long-term care home.

In terms of overall strengths, the survey team noted the excellent survey preparation, long-term, dedicated staff, a strong integrated quality management program, a unique and effective governance structure, commitment to safety, stellar community connections, respect for diversity, effective communication and a focus on and encouragement for learning, innovation and research.

As part of the on-site survey process, Accreditation Canada surveyors identify *leading* or *exemplary* practices which they find to be commendable examples of high quality leadership and service delivery. These practices are worthy of recognition as organizations strive for excellence in their specific field or commendable for what they contribute to health care as a whole. A leading practice is defined as being creative and innovative, demonstrating efficiency in practice, linked to Accreditation Canada standards and adaptable by other organizations. Accreditation Canada noted three (3) *leading practices* within the division, namely the HMNS's implementation of a life-safety system for community staff (iGUARD), Carefree Lodge's development of an algorithm for care and treatment of urinary tract infections (UTI) and the division's work in LGBT inclusive care (lesbian, gay, bisexual, transgender) within a long-term care setting. It is extremely rare for an organization to be noted for multiple leading practices and this recognition demonstrates the breadth and depth of the division's quality.

The survey team also noted a number of challenges within the division, specifically the aging buildings, potential financial constraints and access to information technological advancements.

In terms of the quantifiable analysis, Accreditation Canada assesses compliance with six hundred and nineteen (619) criteria during a survey visit. The division's report notes three (3) unmet criteria, namely:

1. not all physical spaces meet applicable laws, regulation and codes;
2. there is not consistent adherence by physicians to the policy related to abbreviations, symbols and does designations that are not to be used within the division; and
3. there is need to strengthen evidence and documentation of effective preventive maintenance at one location.

There are thirty-one (31) required organizational practices (ROPs) under seven (7) themes related to safety embedded in the accreditation program. The themes are: culture, communication, medication use, worklife/workforce, infection control, falls prevention and risk assessment. A required organizational practice is defined as an essential practice that organizations must have in place to enhance patient/client safety and minimize risk. The division's report notes two (2) unmet ROPs, which are the same issues as addressed in the unmet standards noted above, namely:

1. effective preventive maintenance at all locations; and
2. full implementation of a list of abbreviations, symbols and dose designation that are not to be used within the division, and consistent compliance by all physicians at all locations.

This level of consistent compliance is extremely rare in Accreditation Canada's experience, in any healthcare organization and demonstrates the division's quality.

Accreditation Canada has a number of priorities within the accreditation program, namely: safety, ethics, risk management and quality management, and the survey team provided feedback related to each. In terms of safety, the survey team noted the division's strengths in a comprehensive approach to falls prevention, integrated quality management, effective Quality Councils and Family Committees and a comprehensive and effective infection prevention and control program. In terms of ethics, the survey team noted the division's strengths to include a comprehensive ethics framework and very good staff awareness, although they also identified the need to continue with education for frontline staff at some locations. In terms of risk and quality management, the survey team noted the division's strengths to include regular reporting of indicators, benchmarking of results, extensive implementation of quality improvement processes, a culture of quality improvement evident throughout the division and effective Quality Councils. They encouraged the division to continue to automate systems as opportunities and funding present.

The forecast report included an overall report for the division and specific content related to community programs and each of the ten (10) long-term care homes. Although there were no unmet in any of the individual reports, the various reports contained helpful minor suggestions for continued improvement that have been incorporated into the

division's quality plan. For example, the following suggestions were made for individual locations' consideration: increase ethics education for frontline staff; consider call bell and tub replacement when funds are available; enhance the scope of practice for RPNs; consider tracking clinical indicators related to convalescent care; expand GENTLECARE; increase activities for dementia care residents; and consider offering practicum opportunities for RPN students in supportive housing locations.

Next Steps

The division has developed initial work plans to guide follow-up action on the three (3) unmet, two (2) ROPs and all suggestions for enhancement. All improvements are targeted to be completed by year-end, prior to submission of a follow up report to Accreditation Canada.

With respect to physical space meeting applicable laws, regulations and codes, residents at one location have been re-instructed and reminded about the *Smoke Free Ontario Act* and the need to limit their smoking to designated areas more than nine metres away from the door. The division's multi-year capital plan has been formalized, with strategic directions and priorities affirmed.

With respect to consistency in evidence and documentation related to preventive maintenance, the survey team noted exemplary practices in four (4) locations. These exemplary practices will be adopted and implemented at the location noted to need improvement.

With respect to ensuring consistent non-use of unacceptable abbreviations, symbols and dose designations, all physicians, pharmacists and nurses have been re-instructed, audits have been increased and a plan is in place to introduce e-prescribing and e-MARS. This technology will provide tools to more easily ensure consistency of compliance.

It should be noted that the survey team acknowledged that each incident of an unmet standard or required organizational practice was limited to one observation/location and thus assessed to be easy to correct in a timely and effective manner.

Final Report

The comments contained herein reflect the content of the forecast report from Accreditation Canada. During the next six (6) months, the division will take action related to the identified items, documenting the planned and completed action and submitting a status report to Accreditation Canada by December 19, 2009. Based on Accreditation Canada's assessment of the submitted report, a final report with accreditation award decision will be issued at that time.

Commitment to Quality

Accreditation Canada extended congratulations to the division for commitment to and ongoing quest for quality. The division's senior management recognize that the high level of quality care and service within the division and the effective use of quality improvement processes would not be possible without the dedication and hard work of

everyone, including staff, volunteers, families, advisory committees and many community partners. The division also appreciates the ongoing policy and financial support from City Council, which enables the division to continue to be a leader in long-term care.

The 2009 accreditation report will be incorporated into the division's ongoing quality plan and will be used to guide further improvements.

CONTACT

Sandra Pitters, General Manager, Long-Term Care Homes & Services Division
Tel: (416) 392-8907; Fax: (416) 392-4180; Email: spitters@toronto.ca

SIGNATURE

Sandra Pitters
General Manager, Long-Term Care Homes & Services