



STAFF REPORT INFORMATION ONLY

Final Report – Accreditation Canada Survey of the Long-Term Care Homes and Services Division

Date:	December 29, 2009
To:	Advisory Committee on Long-Term Care Homes and Services
From:	General Manager, Long-Term Care Homes and Services
Wards:	All
Reference Number:	

SUMMARY

Accreditation Canada is a not-for-profit, independent organization providing national and international healthcare organizations with voluntary, external peer reviews to assess the quality of each organization's services based on pre-determined standards of excellence. 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.

Although the City of Toronto's Long-Term Care Homes and Services Division has participated in the accreditation program since 1985, 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, with only three (3) unmet criteria, out of a total of six hundred and nineteen (619) criteria assessed during the survey. Following survey visits, Accreditation Canada requires submission of evidence taken in relation to the forecast report, prior to issuing the final report. The final report was issued on December 23, 2009, and verified compliance with one hundred percent (100%) of the criteria and divisional results that exceeded national averages in relation to every criteria and every required organizational practice (ROP). This report summarizes the final report received from Accreditation Canada.

Financial Impact

As a result of being accredited, the Ministry of Health and Long-Term Care augments 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 operating budget. As a result, this report has no financial impact beyond what has already been included in the 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.

Accreditation Canada's program contains rigorous qualitative and quantifiable measures and has a rigorous focus on safety. There is substantial evidence to verify that complying with Accreditation Canada's standards and required organizational practices (ROPs) reduces the potential for adverse events to occur within healthcare and service organizations.

Accreditation Canada's program provides a forecast report immediately after a survey visit and a final report and accreditation award is provided six (6) months after the survey visit, based on the completeness of the actions in the organization's quality improvement plan, in response to the forecast report.

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 services program, the ten (10) long-term care homes, two (2) supportive housing locations and two (2) adult day program locations.

Forecast Report

In terms of key strengths, the survey team noted the division's excellent integrated quality management program, unique and effective governance structure, commitment to safety, stellar community connections, respect for diversity, effective communication and the focus on and encouragement for learning, innovation and research.

The survey team identified three (3) leading or exemplary practices which they found to be commendable examples of high quality leadership and service delivery. As defined by Accreditation Canada, leading practices are worthy of recognition for excellence in a specific field or commendable for what they contribute to health care as a whole. The three (3) leading practices noted within the division were the Homemakers and Nurses Services (HMNS) 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 dose 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.

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

Quality Improvement Plan

The division implemented and completed follow up action on the three (3) unmet, submitting the required report to Accreditation Canada on December 11, 2009. It should be noted that each incident of an unmet was limited to one observation/location and thus assessed to be easy to correct in a timely and effective manner. The division advised Accreditation Canada of the steps taken to improve residents' understanding of and compliance with the *Smoke Free Ontario Act* and detailed the division's multi-year capital, with strategic directions and priorities affirmed. To ensure consistent non-use of unacceptable abbreviations, symbols and dose designations, the division affirmed that physicians, pharmacists and nurses were re-instructed and e-pens were implemented,

providing new technology to more easily ensure consistency of compliance. Documentation related to preventive maintenance at the identified location was strengthened.

Final Report

The final report was received on December 23, 2009. The final report shows an overview of the division's results, displayed according to three (3) significant components of the accreditation program: quality dimensions, required organizational practices, and standards sections.

Overview by Quality Dimensions

Accreditation Canada standards and criteria are categorized into eight (8) quality dimensions. The following chart details the division's results, in comparison to national averages. The national averages mean the percentage of organizations in the Accreditation Canada accreditation program that are in compliance with the specified criteria:

Quality Dimension	Division's Compliance Rate (%)		National Compliance Rate (%)
	Forecast Report	Final Report	
Population Focus	100	100	90
Accessibility	98	100	97
Safety	100	100	90
Worklife	100	100	93
Client Centred Services	100	100	96
Continuity of Services	100	100	96
Effectiveness	100	100	91
Efficiency	100	100	94

Overview by Required Organizational Practice (ROP)

Required Organizational Practices are essential practices that Accreditation Canada requires organizations to have in place to enhance patient and client safety and minimize risk. The following chart details the division's results, in comparison to national averages. The national averages mean the percentage of organizations in the Accreditation Canada accreditation program that are in compliance with the specified ROP:

Required Organizational Practice	Division's Compliance Rate (%)		National Compliance Rate (%)
	Forecast Report	Final Report	
Safety as a written, strategic priority	Met	Met	91
Quarterly reports on safety	Met	Met	89
Reporting and follow-up system	Met	Met	89

Required Organizational Practice	Division's Compliance Rate (%)		National Compliance Rate (%)
	Forecast Report	Final Report	
Disclosure policy	Met	Met	86
Prospective analysis	Met	Met	71
Educates clients and families about safety	Met	Met	71
Accurate information at transition points	Met	Met	92
Verification of high-risk activities	Met	Met	90
Medication reconciliation at admission	Met	Met	41
Medication reconciliation at transfer	Met	Met	43
Two identifiers prior to procedures	Met	Met	86
"Do Not Use" abbreviations, symbols and dose designations	Unmet	Met	54
Stores electrolytes away from units	Met	Met	92
Standardizes medication concentrations	Met	Met	97
Training on infusion pumps	Met	Met	78
Limits heparin products	Met	Met	89
Limits narcotic products	Met	Met	97
Safety training annually	Met	Met	91
Safety plan	Met	Met	88
Clear roles, responsibilities, accountabilities for safety	Met	Met	65
Complete, documented preventive maintenance for medical devices, equipment, IT	Unmet	Met	79
Effective infection control	Met	Met	98
Training on hand hygiene	Met	Met	97
Tracks and shares infection rates	Met	Met	75
Influenza vaccination policy and practice	Met	Met	92
Pneumococcal vaccination policy and practice	Met	Met	95
Effective hand hygiene	Met	Met	72
Falls prevention strategy	Met	Met	63
Prevention of pressure ulcers	Met	Met	83

Overview by Standards Section

Accreditation Canada also benchmarks each organization's results in relation to high priority criteria in the standards sections. The following chart details the division's

results, in comparison to national averages. The national averages mean the percentage of organizations in the Accreditation Canada accreditation program that are in compliance with the specified criteria:

Standards Section	Division's Compliance Rate (%)		National Compliance Rate (%)
	Forecast Report	Final Report	
Sustainable Governance	100	100	94
Effective Organization	96	100	88
Infection Prevention and Control	100	100	94
Managing Medications	98	100	94
Community Health Services	100	100	87
Long-Term Care Services	100	100	89

Commitment to Quality

The final report from Accreditation Canada verifies that the division is in compliance with one hundred percent (100%) of the Accreditation Canada quality dimensions, standards, criteria and required organizational practices. Accreditation Canada extended congratulations to the division for its commitment to and achievement of quality. The division's senior management recognize that the high level of quality and safety 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 and to consistently continue the quest for quality.

CONTACT

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SIGNATURE

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