



Health PEI



2022 Accreditation Information Toolkit

**Quality, Risk and Patient Safety Division
April 2021**

Introduction

Accreditation is the continuous process of evaluating and identifying whether or not a program or service is meeting established evidence-based standards. The accreditation process offers Health PEI a valuable opportunity to measure ourselves against national standards of excellence. The *2022 Accreditation Information Toolkit* provides information to support the process of accreditation.

Key Messages

- Health PEI is committed to the delivery of high quality and safe patient care in all of our health care services and programs across Health PEI.
- Accreditation is a quality improvement process that helps Health PEI to identify what we are doing well and where we need to focus our improvement efforts.
- Accreditation is a journey – a continuous process; there is always room for improvement.
- Accreditation touches our entire health system and involves everyone from frontline staff, physicians, leadership, and volunteers to board members, patients/clients/residents and families.
- The accreditation process and the resulting evaluation report provides our organization with feedback to ensure that our health services meet national standards and compare favourably to other health systems across Canada.
- Health PEI uses the accreditation report as a tool in our ongoing efforts to continuously improve the quality and safety of the care we provide to Islanders.

Accreditation Basics

What is health care accreditation?

Health care accreditation through Accreditation Canada's *Qmentum* program is an ongoing process of assessing health care organizations against standards of excellence to identify what is being done well and what needs to improve (Accreditation Canada, 2016).

Accreditation provides health organizations an independent, third-party assessment of their organization using standards built upon best practices used and validated by similar organizations around the world (Accreditation Canada, 2020).

What is the value of accreditation?

- ♦ Accreditation helps health care organizations improve quality and safety by shining a light on processes that work well, and those that need more attention.
 - ✓ The result? Reduced risk and higher quality care.
- ♦ Accreditation creates stronger teams by improving communication and collaboration and promoting learning around leading practices.
 - ✓ The result? More effective teams and better care outcomes.
- ♦ Accreditation demonstrates Health PEI's commitment to quality, safety and accountability.
 - ✓ The result? Greater public confidence in the Island's health system.

What is Accreditation Canada?

Accreditation Canada is an independent, not-for-profit, non-governmental organization dedicated to working with patients/clients/residents, policy makers and the public to improve the quality of health care and services. For more than 60 years, Accreditation Canada has been working with health, social and community service organizations to advance quality and safety (Accreditation Canada, 2021).

Accreditation Canada exists because Canadians expect high-quality health care and want to feel that health systems—from the largest to the smallest and everything in between—offer safe, quality health care.

What are Accreditation Canada Standards?

Accreditation Canada Standards are statements that help program areas focus on providing the highest achievable quality and safety for patients/clients/residents and their families. The Accreditation standards have been developed by clinicians and policy makers and have been tested and validated in over 6000 facilities in Canada.

Accreditation Canada, in collaboration with the global group Health Standards Organization, have developed over 100 standards. Health PEI will be evaluated using **four mandatory**

standards: **Governance, Leadership, Medication Management, and Infection Prevention and Control** and 28 additional programs/service area standards related to the various services and programs we currently offer in our organization.

Health PEI works hard to meet the standards because quality and safe health care matters.

What is Qmentum?

Accreditation Canada's Qmentum program is a four-year continuous cycle, called Qmentum – meaning quality and momentum. Qmentum is an ongoing process of assessing health organizations against standards of excellence to identify what is being done well and what needs improvement. *Qmentum is more than just an on-site survey. It is about quality improvement, every day, with everyone that walks through our doors.*

What are Required Organizational Practices (ROPs) and High Priority Criteria?



Required Organizational Practices (ROPs) are essential practices that organizations **must** have in place to enhance patient/client/resident safety and minimize risk. An example of an ROP is *Falls Prevention and Injury Reduction*. There are 31 ROPs that Health PEI must have in place.



High Priority Criteria are criteria related to safety, ethics, risk management, and quality improvement. These criteria are the next level from the ROPs. An example of a high priority criteria is Health PEI having an ethics framework.

Quick Tip: Do you know which ROPs and standards are important to your area of work? If not, contact your manager, supervisor or a member of your program's quality improvement team to learn more.

What are Priority Processes and Tracers?

Priority processes are critical areas and systems known to have a significant impact on the quality and safety of care and services. An example of a priority process is a patient/client/resident episode of care.

A **tracer** is the method surveyors use to evaluate priority processes during an on-site survey.

In a tracer, surveyors work with staff to gather evidence about our health system and the quality and safety of the care and service we provide.

There are four components to a tracer:

1. **Reviewing files and documents:** surveyors review documents relevant to the priority process they are evaluating. These may include patient/client/resident medical records, human resource files and policies/procedures.
2. **Talking and listening:** surveyors meet with Health PEI staff, patients/clients/residents, families or other partners/team members related to the priority process they are evaluating.
3. **Observing:** surveyors tour Health PEI facilities and observe processes, procedures, and direct care activities in the service areas.
4. **Recording:** surveyors record their perceptions and observations about what they see, hear and read.

How does the Accreditation Canada program work?

Phase One - The Self-Assessment Process

- ♦ In September 2020, Health PEI staff completed self-assessment surveys on the various accreditation standards that will be evaluated at our next on-site survey taking place in April 2022.
- ♦ The goal of the self-assessments is to raise staff awareness of, and participation in the accreditation process. The self-assessment process is a tool provided to organizations as a learning opportunity to stimulate discussion about quality and safety, identify areas for further review and investigation, and develop action plans. The program Quality Improvement Teams (QITs) review the results and develop work plans focused on quality improvement.
- ♦ Accreditation Canada Surveyors do not see the results of self-assessments and the results have no bearing on Health PEI's overall accreditation decision.

Phase Two – Preparation

- ♦ QITs and other teams/committees will continue collaborating and working together to ensure action/work plans are advancing.
- ♦ Mock tracers will take place throughout Health PEI programs/facilities. Mock tracers provide an opportunity for Health PEI staff to become more familiar with the accreditation survey process and helps units/programs prepare for the on-site survey visit. Mock tracers are a good way to identify if further action/attention is required in an area/program – they can help showcase strengths and opportunities for further improvement.
- ♦ Evidence on how we are meeting Accreditation Standards will be compiled and submitted to the survey team in advance of the on-site survey. Examples of evidence includes policies, organizational charts, audit tools, indicator data.

Quick Tip: The Staff Resource Centre has a number of different Accreditation resources, presentations, posters, fact sheets – check it out at <https://src.healthpei.ca/accreditation>

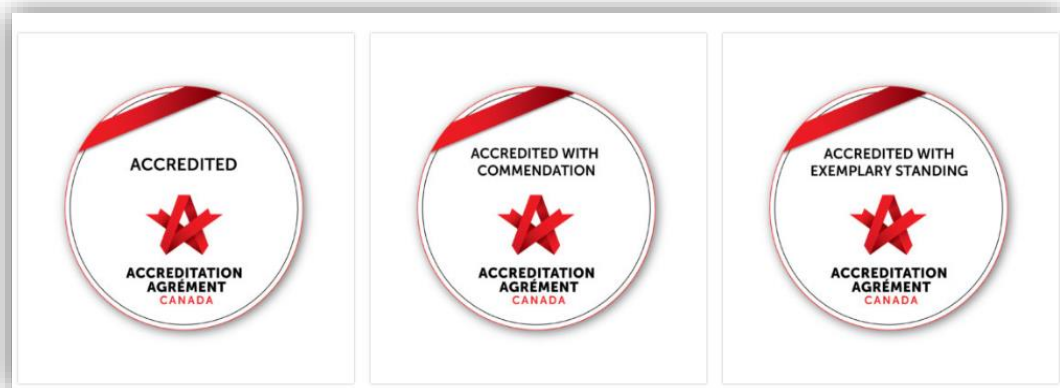
Phase Three – On-site Survey

- ♦ A team of trained peer-surveyors will visit Health PEI facilities and programs in **June 2022** to evaluate our organization’s clinical and administrative processes against national standards. A schedule of events for the on-site survey will be shared with Health PEI staff prior to the survey visit.
- ♦ Surveyors are health care professionals and administrators from accredited health care organizations and have a vast amount of experience. They are not only to help us, but to learn from us and build capacity within the entire Canadian health care system and beyond. Surveyors are looking for what we are doing well and where we might be able to improve.
- ♦ The surveyors will spend time in various Health PEI facilities conducting tracers to assess various clinical and administrative priority processes.

- ◆ Health PEI staff, no matter where you work or what you do, may be asked to participate in the on-site survey visit and/or other accreditation activities.
- ◆ A general debriefing session with the survey team will be organized on the last day of the survey visit. The debrief is open to all staff and will take place utilizing appropriate technology such as tele or video conference. During the debrief, the surveyors will provide a synopsis of the survey onsite process, visit and key findings.

Phase Four - Post on-site survey

- ◆ After the on-site survey, the surveyors submit a preliminary report to Health PEI and to Accreditation Canada. Accreditation Canada examines the surveyor team's report and then provides Health PEI with a final report and an accreditation decision based on the on-site survey. The accreditation decision lasts for four years.
- ◆ Health PEI can receive any of the following accreditation decisions



- Not Accredited – supplemental survey required
 - Accredited (with report)
 - Accredited with commendation
 - Accredited with exemplary standing
- ◆ The Accreditation Decision is anticipated approximately 14 days following the on-site survey visit. The Decision will be communicate both internally within Health PEI and externally to other stakeholders and partners and to the general public.

What is expected of me as a Health PEI staff member or physician?

Having a chance to interact with an Accreditation Canada surveyor is an opportunity to highlight all the great care and services we deliver at Health PEI every day. The discussions you will have with the surveyors are all about the work you do each day. There are no trick questions.

When approached by an Accreditation Canada surveyor keep in the mind the following tips:

- ♦ Relax and be yourself.
- ♦ Be prepared to have the surveyor watch you perform your job duties: identifying patients, drawing blood, passing medications etc. Follow your normal procedure with confidence.
- ♦ Be familiar with your departmental policies and procedures and their location in your unit/service/program area.
- ♦ Be prepared to help a surveyor navigate an electronic file or to provide information or directions.
- ♦ Be prepared to help your coworkers (when they are struggling) if you know where something is located in the medical record or on the unit.
- ♦ You are not expected to know everything – answer the surveyor’s questions to the best of your ability. If the question is about a situation you do not often encounter and you are not sure about the answer, explain to the surveyor how you would get the right information (e.g. look it up in a procedure manual, ask a co-worker or supervisor).
- ♦ If you are not able to provide the information requested, do not be afraid to say so and to refer the surveyor to the right person who can answer their questions.
- ♦ Share your success. Be prepared to provide examples of what your program/ unit or facility is doing to improve patient/client/resident care or services: For example:
 - What have you done to improve the client experience in your area?
 - What do you do to promote safety in your area?
 - What quality improvement activities are happening in your area? What quality indicators are being monitored in your area? Can you show me your area’s results, information etc.?

Remember, surveyors focus on the processes we use to deliver care and services. Surveyors do not focus on an individual’s practice.

Sample questions Accreditation Canada surveyors might ask:



- What steps would you take if you discovered a fire?
- How are patient/clients/residents and families provided with information on their rights and responsibilities?
- Have you received training on infusion pumps? What type of training? Where would I find that information?
- How do you report a patient or staff safety incident?
- Do you know who to contact if you have an ethical issue or question that needs to be addressed?
- How does your area/organization promote a healthy workplace?
- What processes are in place to transfer client information? (e.g., hand off or shift reports)
- Tell me about the medication reconciliation process on admission.
- How do you check a patient/client/resident's identity before administering a medication, collecting or administering blood or performing other treatments or procedures?
- What education/training did you receive related to hand hygiene?
- What education/training do you provide to patients/clients/residents and families related to hand hygiene?
- When and how are patients/clients/residents educated about their medications?
- How do you determine if a patient/client/resident is at risk of developing a pressure injury? What tool(s) are used? How frequently is the assessment completed?
- Can you show me your falls prevention approach? What tool(s) are used? How frequently is the assessment completed?
- What changes have been made to improve safety in your area?
- Do you have a policy that outlines the process for disclosure of patient safety incidents? Can you show me a copy?
- Do you know if Health PEI has an all hazards disaster and/or an emergency response plan? Did you receive education on this? Where can you find a plan?
- Where can I find your policies and procedures? Can you show me where your policies and procedure manuals

Quick Tip: Remember that Accreditation is an opportunity to highlight all the quality and safe care services provided at Health PEI – show your pride in your area and in the organization

Accreditation 2022 Checklist

		ACTIONS	STATUS
First Phase – Assessment until December 2020	All instruments completed, results shared with organization	2019 Patient Safety Culture Survey results shared with QIT and frontline staff	✓
	Self-assessment surveys completed	2020 Worklife Pulse Survey results shared with QIT and frontline staff	✓
	Work plans developed, work to improve underway	2020 Self-assessment results reviewed by QIT and shared with frontline staff	✓
	Education/training on accreditation, quality improvement (ongoing)	Key actions/summary of work plan posted on Quality Boards	in progress
Second Phase – Preparation January 2021 – May 2022	Continue completing work plans	QIT work plan finalized by March 31, 2021	✓
	Complete Mock Tracers throughout organization	Work plans a standing agenda item on all QIT meetings	ongoing
	Compile and submit evidence for surveyors	Mock tracer exercises occurring in and across programs/units/sites	ongoing
	Finalize on-site survey schedule, logistics	Quality Boards regularly updated with key information including: <ul style="list-style-type: none"> - Accreditation Toolkit - ROP of the Week Templates - Did You Know Templates - Indicator results 	ongoing
		On-site survey visit schedule finalized and shared with Health PEI staff. Information on surveyor team (bios) shared with staff	anticipated in early 2022
Third Phase – On-site Survey June 2022	Meet on-site with Accreditation Canada surveyors in Health PEI facilities		
	Attend all staff debrief with survey team on the final day of the on-site survey week		
Fourth Phase- Post - Survey The Evaluation Report	Review final report from Accreditation Canada, identifying areas of strength and opportunities for improvement		
	Share final report with Health PEI, staff, Board of Directors, general public		
	Submit additional evidence on unmet criteria (as requested by Accreditation Canada)		

References

Accreditation Canada. (2021). About Accreditation Canada. Retrieved from <https://accreditation.ca/about/>

Accreditation Canada. (2019). *Priority process guideline for regional health authorities*. Ottawa, ON: Author.

Accreditation Canada. (2016). *Share your accreditation story: Communications Kit*. Ottawa, ON: Author.