

**Date:** November 2019



## ACCREDITATION FOCUS

The Accreditation Canada on-site survey take place at the end of this month (Nov.25-29<sup>th</sup>). The work to prepare for the survey is now almost complete. With the survey less than a month away, this month's report will focus on all things Accreditation. Basic information about Accreditation Canada, the accreditation process and basic terminology are included for those who have been wondering what accreditation is and why it matters. Also included is the accreditation process—the work completed in order to be ready for the on-site survey. Lastly, practical information and tips about the actual on-site survey are provided.

### Basics about Accreditation Canada & Why Accreditation Matters:

#### What is Accreditation Canada?

Accreditation Canada is an independent, not-for-profit, 100% Canadian Organization. They have been Canada's accreditor for more than 55 years.

## What is the purpose/benefit of Accreditation Canada?

Accreditation Canada exists because Canadians expect high-quality health care and want to feel that health systems—from largest to smallest and everything in between—offer safe, high-quality health care. Accreditation helps health care organizations improve quality and safety by shining a light on processes that work well, and those that need attention. The result? Reduced risk and higher quality care along with more effective teams and better care outcomes. Overall, patients have greater confidence in our organization when we are accredited.

## What program does Accreditation Canada use?

Accreditation Canada uses the Qmentum program to assess health care and social services organizations. Organizations are assessed based on standards of excellence to identify what is being done well and what needs to be improved. Organizations evaluated by Accreditation Canada can participate in open reviews of the standards.

***Basically, the accreditation process is continuous improvement—improvement that connects us to organizations across the country.***

Accreditation follows a four-year cycle.



## Basic Facts to know about the accreditation on-site process:

The onsite survey is an assessment of our Priority Processes through Tracers.

### What are priority processes?

- ✦ Critical areas, processes & systems known to have a significant impact on the quality & safety of Care/services.
- ✦ During the on-site survey, surveyors use tracers to evaluate the key areas. Surveyors look for evidence/proof that we comply with the standard.

### What are Tracers?

- ✦ Tracers are a method used by Accreditation Canada surveyors to evaluate priority processes during the on-site survey. During the tracer, surveyors observe and interact with a wide variety of staff, clients, and stakeholders to gather evidence about the quality and safety of care and services in a particular service area. Anyone in the area can be asked questions or observed doing their work. Tracers help surveyors evaluate both clinical and administrative processes.



- ✦ The tracer method is flexible and responsive, allowing surveyors to observe and interact directly with staff in their working environment. As surveyors conduct a tracer, they rate each standard using “yes”, “no”, or “n/a”.

- ✦ ***It is important to note that surveyors are not evaluating individual staff performance during the tracer. They are observing processes and procedures to assess compliance with the standards.***

### What are Standards?

- ✦ Standards outline specific practices, activities and expectations that Accreditation Canada has determined as best practice. Accreditation Canada has given some standards a higher

weighted score than others. There are regular standards, high priority standards and Required Organizational Practices (ROPs).

Standard Teams		
Ambulatory Care - Paeds Ambulatory Care - Ambulatory Clinics Ambulatory Care - Renal Biomedical Laboratory Cancer Care - WRCC Critical Care - ICU, CCU Critical Care - NICU	Diagnostic Imaging Emergency Governance - Board Infection Prevention & Control Inpatient Services Leadership Medication Management - Pharmacy Mental Health	Obstetrics - FBC Organ Donation Perioperative Surgery - OR & PACU Perioperative Surgery - Cath Lab Point of Care Testing Reprocessing & Sterilization - MDRD Transfusion

### What are ROPs?

- ✦ ROP stands for “Required Organizational Practice”.
- ✦ ROPs are special standards because they have the highest weighted score and are assessed across more than one service area. This year, WRH has 31 ROPs which are sub-divided into 136 Tests of Compliance. A Test of Compliance is the term used for an ROP standard. We must meet the tests of compliance.
- ✦ ROPS are divided into 6 dimensions which are Safety Culture, Communication, Medication Use, Worklife/Workforce, Infection Control, and Risk Assessment.



## Our Preparation Work

Accreditation 2019 — Timeline				Status
Phase 1 Assessment Jan.- Mar.	Surveys	→ Distribute Worklife Pulse Surveys → Distribute Patient Safety Culture surveys	Nov. 26 - Dec. 21	✓
		→ Distribute Professional Staff Worklife Pulse Survey	Dec. 20 – Jan. 15	✓
		→ Governance Survey	Jan. 15 - Feb. 15	✓
	ROPs	→ Create teams → Complete ROP assessments → Create action plans for ROPs	Jan. 7 – Mar. 1	✓
Standards	→ Create teams → Complete mock tracers (optional) → Complete & submit AC self-assessment	Jan. 15 - Mar. 15	✓	
Phase 2 Preparation Apr.- Nov.	Quality Road Map & Action Plan	→ Continue completing ROP action plans	Apr. 1 - Oct. 30	IP
		→ Create & complete action plans (for Standards & Surveys)	Apr. 1 - Oct. 1	IP
	Corporate Education	→ Education: Ambassadors & Bulletin Boards	June 1 – Nov. 12	IP
		→ Educate & Assess readiness: Complete mock tracers (optional)	Sept. 1 - Nov. 12	IP
	On-site Preparations	→ Compile needed documentation	Sept 15 - Nov 1	IP
→ Set-up survey schedule & Surveyor preparations		Sept 15 –Nov 20	IP	
Phase 3 On-site Survey Nov. 25-29, 2019	Accreditation Canada On-site Survey	→ Meet with on-site surveyors	Nov 25 - 29	
				<b>Legend</b>
				✓ complete
				IP in progress
				ROP Required Organizational Practices

Our work for the onsite survey started in Fall 2018. Over the fall and early winter staff, board members, and professional staff completed corporate-wide surveys from Accreditation Canada. These surveys centred on patient safety and worklife. Accreditation Canada sent us the results so we could begin to analyze and make improvements where there were opportunities.

Over the winter and early spring, teams were created for each service area and ROP. Each team completed a self-assessment of how WRH meets the 3400+ standards and ROPs. Actions plans were created to make improvements. The bulk of 2019 has been focused on completing the action plans that would help us make the improvements needed to meet all the standards.

In the spring and summer, teams provided the evidence for how WRH meets each standard. This information was put together in poster form to be utilized with our corporate education and communication plans. Throughout August until mid-November, we have been engaged in corporate-wide education directed to staff about Accreditation and how WRH meets various standards. Over 80 frontline staff have volunteered as Accreditation Ambassadors to help spread the word. These folks share accreditation news, facts, and provide education for their co-workers on how we meet the standards in each department. Please read the information they are sharing. 📌 ***Thank-you Accreditation Ambassadors for volunteering!***

Mock tracers have been offered as an optional tool. Mock tracers are done in the same way as accreditation tracers and helps staff be better prepared for what to expect during the onsite survey. Mock tracers are like practice tests that help WRH staff, volunteers, and professional staff assess how well we meet the standards. Several areas opted to complete mock tracers. The results allow us to pinpoint the standards which still need focus. Staff will be informed beforehand when a mock tracer is being completed in their area.

Logistical preparations for the on-site survey are being completed in October and November. Documentation is being gathered along with planning meetings and tours to different service areas. Meeting invitations with instructions will be sent to attendees in early November.

### **On-site Schedule**

The draft of the actual on-site survey schedule has been made. Expect the final version to be posted on the [Accreditation 2019 Intranet page](#) over the next 2 weeks. This schedule will show when surveyors are expected to be in your area.

During the on-site survey, surveyors use *tracers* to evaluate the key areas. *Tracers* involve reviewing files/documents, talking & listening to staff, patients, and families, and observing processes, procedures, and direct care activities in service areas. Surveyors evaluate by looking for evidence/proof that we comply with each of the standards.

### **Some Tips and Reminders for all staff, volunteers, and professional staff to better prepare for Accreditation:**

- Look over the ROPs that apply to your area – posters with our evidence are posted in each area and on [Accreditation 2019 Intranet page](#).
- Wear your ID badge at all times.
- Use appropriate infection control procedures & PPE.



- Use two patient identifiers PRIOR to providing care/service.
- Ensure all documentation is thorough & complete (it can be reviewed by surveyors).

**Where to find more information:**

For details about the Accreditation Process, Tracers, ROPs & Standards, go to [Accreditation 2019 on Internet, under “Programs and Services”](#).

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