



ACCREDITATION CANADA
AGRÉMENT CANADA

Driving Quality Health Services
Force motrice de la qualité des services de santé



From Creation to Compliance: Accreditation Canada's Required Organizational Practices

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BC Patient Safety & Quality Council
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Overview

- Intro to Accreditation Canada
- What is an ROP?
- Development process
- ROP compliance: 2010 report
- Safe Surgery Checklist
- VTE Prophylaxis
- Coming in 2011...

Accreditation Canada

- National accreditation body for organizations across all health sectors since 1958
 - Over 1000 client organizations
 - Over 600 surveyors; approx. 400 surveys/year
- Independent, non-governmental, non-profit organization
- Accredited by



Patient Safety in Qmentum

- Standards of Excellence
 - Renewed focus on Patient Safety & Quality Improvement
- Performance Measures
 - Health Care-Associated Infections
 - Surgical Site Infections
 - Medication Reconciliation at Admission
 - Patient Safety Culture Survey
- ★ Required Organizational Practices (ROPs)

REQUIRED ORGANIZATIONAL PRACTICES

Our objective of guiding our clients toward safe and quality health care is strengthened by the Required Organizational Practices listed below.

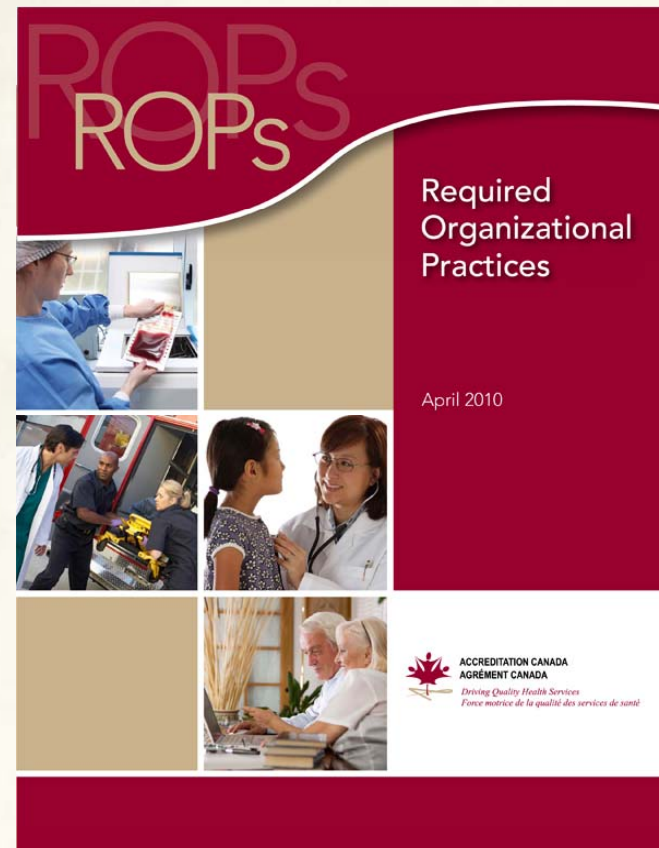
ROPs that will come into effect in 2011 are indicated with a ★.

SAFETY CULTURE	COMMUNICATION	MEDICATION USE	WORKLIFE/ WORKFORCE	INFECTION CONTROL	RISK ASSESSMENT
<ul style="list-style-type: none">▪ Adverse events disclosure▪ Adverse events reporting▪ Client safety as a strategic priority▪ Client safety quarterly reports▪ Client safety-related prospective analysis	<ul style="list-style-type: none">▪ Client and family role in safety▪ Dangerous abbreviations▪ Information transfer▪ Medication reconciliation at admission▪ Medication reconciliation at referral or transfer▪ Surgical checklist ★▪ Two client identifiers▪ Verification processes for high-risk activities	<ul style="list-style-type: none">▪ Concentrated electrolytes▪ Drug concentrations▪ Heparin safety▪ Infusion pumps training▪ Narcotics safety	<ul style="list-style-type: none">▪ Client safety plan▪ Client safety: roles and responsibilities▪ Client safety: education and training▪ Preventive maintenance program▪ Workplace violence prevention ★	<ul style="list-style-type: none">▪ Hand-hygiene audit▪ Hand-hygiene education and training▪ Infection control guidelines▪ Infection rates▪ Influenza vaccine▪ Pneumococcal vaccine▪ Sterilization processes	<ul style="list-style-type: none">▪ Falls prevention strategy▪ Home safety risk assessment ★▪ Pressure ulcer prevention▪ Suicide prevention▪ Venous thromboembolism (VTE) prophylaxis ★

- ROP: An essential practice that organizations must have in place to enhance patient safety and minimize risk.

The ROP Handbook

- Now found at:
www.accreditation.ca
- Provides full listing of ROPs, including new reference sections



ROP Development Process

1. High priority patient safety areas identified
2. Literature review of evidence base and leading practices
3. Expert consultation
4. Accreditation Program Advisory Committee (APAC) review

Continued →

ROP Development Process cont.

5. National consultation

- Client organizations, surveyors, ministries of health, national partners
- Measure each ROP on 4-point scale for:
 - Intent and clarity
 - Feasibility and measurability of tests for compliance
 - Importance in driving patient safety

Continued →

ROP Development Process cont.

6. APAC endorsement

→ Implementation

- Evaluation begins 1 year after introduction to program
- Education for client organizations and surveyors
 - Regional sessions, webinars, newsletters, Surveyor National Conference
- Regular review and updating
 - Increased specificity across the care continuum, e.g. medication reconciliation



2010 Canadian Health Accreditation Report

- Now available at:
www.accreditation.ca
- Explores connection between Patient Safety and Quality of Worklife
- ★ ROP report scheduled for release in November



ROPs with national compliance rates of 75% or more

ROP	Theme	2008 Compliance Rate (%)	2009 Compliance Rate (%)
Standardizes and limits number of medication concentrations	Medication Use	92	97
Ensures policies and procedures meet infection control guidelines	Infection Control	91	97
Delivers hand hygiene education and training.	Infection Control	94	97
Evaluates and limits availability of narcotic (opioid) products	Medication Use	n/a	94
Stores concentrated electrolytes away from client service areas	Medication Use	89	93
Ensures effective information transfer at transition points	Communication	74	92
Uses verification processes and other checking systems for high-risk activities	Communication	73	92
Administers the influenza vaccine	Infection Control	86	92
Monitors clients for risk of suicide	Risk Assessment	n/a	92
Administers the pneumococcal vaccine	Infection Control	93	91
Adopts client safety as a written, strategic priority or goal	Safety Culture	74	90
Evaluates and limits availability of heparin products	Medication Use	n/a	90

 Introduced in 2009
 Among the most notable improvements

ROPs with national compliance rates of 75% or more cont.

ROP	Theme	2008 Compliance Rate (%)	2009 Compliance Rate (%)
Delivers client safety training and education at least annually	Worklife/Workforce	79	90
Produces quarterly reports on client safety, including recommendations from adverse incidents	Safety Culture	78	88
Has a reporting and follow-up system for sentinel events, adverse events, and near misses	Safety Culture	87	88
Discloses adverse events to clients and families	Safety Culture	79	88
Develops and implements a client safety plan	Worklife/Workforce	81	88
Uses two client identifiers before administering medications	Communication	67	87
Monitors processes for reprocessing equipment	Infection Control	88	87
Conducts one client safety-related prospective analysis per year	Safety Culture	55	81
Provides training on infusion pumps	Medication Use	64	81
Implements interventions to prevent pressure ulcers	Risk Assessment	n/a	81
Tracks and shares information on infection rates	Infection Control	63	76
Has a preventive maintenance program for medical devices, equipment, and technology	Worklife/Workforce	78	75

 Introduced in 2009
 Among the most notable improvements

ROPs with national compliance rates of less than 75%

ROP	Theme	2008 Compliance Rate (%)	2009 Compliance Rate (%)
Educates clients and families about their roles in promoting safety	Communication	52	73
Evaluates compliance with hand hygiene practices	Infection Control	r/a	72
Defines roles, responsibilities, and accountabilities for client care and safety	Worklife/ Workforce	60	71
Implements a falls prevention strategy	Risk Assessment (formerly Falls Prevention)	42	70
Identifies abbreviations, symbols, and dose designations that are not to be used	Communication	r/a	66
Conducts medication reconciliation at admission	Communication	32	46
Conducts medication reconciliation at transfer	Communication	38	44

 Introduced in 2009
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Safe Surgery Checklist

Why the Safe Surgery Checklist?

- Surgical procedures
 - Significant risk of avoidable harm
 - Substantial cost savings using checklists
- Alignment with World Health Organization, Canadian Patient Safety Institute, Ontario MOHLTC
- 2009 National Consultation
 - Respondents strongly supported the importance of the surgical checklist in driving patient safety (98%)

The View From Aviation

“One wonders whether such checklists would have been introduced much earlier in medicine if surgeons shared the fate of their patients, as pilots share that of their passengers”

Adrian Boelen, Retired Pilot
Dorval, Quebec

Safe Surgery Checklist ROP

ROP: The team uses a safe surgery checklist to confirm safety steps are completed before beginning a surgical procedure.

- Patient safety area: Communication
- Released to organizations February 2010, for on-site visits beginning January 2011

Two-fold Purpose of Checklist

A. Communication tool

- Foster meaningful discussions amongst surgical teams
- Shared mental model

B. Patient safety tool

- Confirmatory failsafe
- Uptake of best practices

Test for Compliance #1

- 1) The team has agreed on a standard checklist to be used in the operating room.
 - Organizations are encouraged to customize a checklist for their environment
 - Multitude of resources are available (Canadian Patient Safety Institute)
 - What is a 'surgical procedure'?
 - In the Operating Room

Test for Compliance #2

- 2) The team uses the checklist 'before' every surgical procedure.
 - Content references the 3-stage checklist:
 - i. Briefing
 - ii. Time out
 - iii. Debriefing

Tests for Compliance #3, 4, 5

- 3) The team has an ongoing process of monitoring compliance with the checklist.
- 4) The team evaluates the use of the checklist and shares results with staff and service providers.
- 5) The team uses results of the evaluation to make improvements to implementing and expanding the use of the surgical checklist.

Challenges

- Participation of surgeon
- Sign off
- ★ Successful implementation may require changes in workflow and culture





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Venous Thromboembolism (VTE) Prophylaxis

VTE Prophylaxis

- Selected based on:
 - Alignment with national initiatives
 - Strong evidence base
 - Widespread human and financial impact
 - VTE is the most common preventable cause of hospital death
 - Associated with increased mortality, hospital costs, and length of stay

VTE Prophylaxis

- ROP: The team identifies medical and surgical clients at risk of VTE (DVT and PE) and provides appropriate thromboprophylaxis.
 - Patient safety area: Risk Assessment
 - Released to organizations February 2010, for on-site visits beginning January 2011

Tests for Compliance #1, 2

- 1) The organization has an organization-wide, written thromboprophylaxis policy or guideline.
- 2) The team identifies clients at risk for VTE (DVT and PE) and provides appropriate evidence-based, VTE prophylaxis.
 - ACCP Evidence-Based Clinical Practice Guidelines (8th edition) - recommended, not mandated
 - Approach developed by each hospital based on their patient mix and available options.

Test for Compliance #3

- 3) The team establishes measures for appropriate thromboprophylaxis use, audits the implementation of appropriate thromboprophylaxis, and uses this information to make improvements to their services.

Tests for Compliance #4, 5

- 4) The team identifies major orthopedic surgery clients (hip and knee replacements, hip fracture surgery) who require post-discharge prophylaxis and has a mechanism in place to provide appropriate post-discharge prophylaxis to such clients.
- 5) The team provides information to health professionals and clients about the risks of VTE and its prevention.

National Initiatives

- Safer Healthcare Now! VIP (VTE Improvement Program)
 - Content development led by team at Sunnybrook Health Sciences Centre
 - Quality improvement efforts modeled around the VTE Prophylaxis ROP

Coming in 2011...

- Improvements to current ROPs
 - Verification processes for high-risk activities
 - Med rec at referral or transfer
 - Med rec at admission – ambulatory care
- Enhanced reporting in health regions
 - Site-specific reporting with increased granularity
- Investigate ROP development in new standard sections, i.e. Primary Care



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