

Executive Summary

Accreditation Report

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**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Fraser Health Authority

Accredited

Fraser Health Authority has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement. It is accredited until April 2019 provided program requirements continue to be met.

Fraser Health Authority is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **Fraser Health Authority** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) www.isqua.org, a tangible demonstration that our programs meet international standards.

Find out more about what we do at www.accreditation.ca.

Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

On-site survey dates

April 19, 2015 to April 24, 2015

Locations surveyed

- **13** locations were assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed **Accredited** as of the date of this report.

See **Appendix A** for a list of the locations that were surveyed.

Standards used in the assessment

- **6 sets of standards** were used in the assessment.

Summary of surveyor team observations

These surveyor observations appear in both the Executive Summary and the Accreditation Report.

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

The Fraser Health Authority is commended for their ongoing commitment towards the accreditation process. The vision, purpose and values of the organization remain foundational. Since the 2014 accreditation survey, the Fraser Health Authority has seen significant change and also achievements of some key milestones. In the fall of 2013, the Minister of Health commissioned that a strategic and operational review be undertaken of Fraser Health Authority. The findings and recommendations from the Ministry of Health review were received in May of 2014. As a result of the review 10 priority actions were developed including 4 overarching priorities and 6 enabling priorities. These include: 1) Capacity for care across all sectors, 2) Quality and Safety, 3) Staff and physicians, 4) Patient and Family Centeredness, 5) Public Health measures, 6) Accountability, 7) Governance, 8) Operational organization and management, 9) Lower Mainland collaboration, and 10) Budget accountability.

The progress and updates on the organization's strategic and operational plan is reported to the Ministry of Health on a quarterly basis. Targeted outcomes, detailed action plans, current results and milestones achieved are reported. The reporting is also done in the spirit of transparency and enhanced visibility by sharing the results openly and through the use of dashboards and the "Our Health Care Report Card". Reports are presented at the organizational and site level.

The organization is commended on their openness to report their results. This is a demonstration of their commitment in being a learning and improving organization. The organization recognizes the opportunities and challenges and is implementing sound processes to ensure that they can be addressed. The efforts of the Fraser Health Authority has also been recognized at the Ministry of Health level whereby the learnings are now being applied more generally by the Ministry and quality assurance monitoring is beginning for other health authorities as well.

The organization also welcomed the appointment of a new board chair, new board members and a new CEO. As well, changes to executive committee and vice president portfolios, current restructuring of clinical programs and services and the quality improvement and patient safety department and the establishment of a new portfolio of patient experience which has a dedicated vice president patient experience has taken place. The organization has also celebrated the opening of the new tower at the Surrey Memorial Hospital and the releasing of the "Our Health Care Report

Card.” Extensive planning was also undertaken with regards to Ebola preparations as Fraser Health Authority –Surrey Memorial Hospital was the designated Ebola site for the province of British Columbia. The staff and leadership are to be commended on the preparation of this unit and significant education for all staff. As the organization continues to mature into their new structure which will have site and program leadership, it will be essential for the organization to develop processes to sustain the standardization of policies, guidelines and clinical best practices.

This is a supplementary survey (2015) as the organization prepares to move towards a 4 year survey cycle, this survey only focused on 9 Leadership related required organizational practices, tracers in emergency departments, acute adult mental health services, medication management, patient flow, infection prevention and control and ambulatory systemic cancer services. The survey also validated findings from the 2011 and 2012 survey visits. The organization also requested that the nurse sensitive adverse events initiative be reviewed as part of the survey visit.

Since the previous survey that reviewed infection prevention and control, the organization is commended on their response, implementation and ongoing efforts to manage and reduce hospital acquired infections and outbreaks. It was noted that the organization had implemented a number of strategies including the cohort of CPE patients with dedicated staff and equipment to reduce transmission. This initiative would be an excellent initiative to publish. The organization should also be commended on a comprehensive hand hygiene program which has significantly improved hand hygiene for staff, volunteers and physicians. They are encouraged to continue with this program to ensure sustainability and ongoing compliance.

The organization has established an access and flow operations committee whose purpose and mandate is to identify, review and monitor strategies to support client flow throughout the Fraser Health Authority. They undertake several activities such as identification of access and flow education for staff, development and implementation of physician escalation processes and overcapacity protocols. The committee has access to real time capacity information in order to continually monitor access and flow within the organization. The committee has broad representation which ensures that key stakeholders are involved in planning and decision making processes. This committee also reviews and approves any proposals from program areas that could impact flow and capacity (e.g. closing surgical inpatient beds when operating rooms are closed). Through the efforts of the committee there is a heightened awareness and understanding of the importance of patient flow. The committee works under the principle of influence versus authority. In the spirit of being proactive, the committee undertook the development of a winter congestion strategy which served the organization well. The committee also supports sites and teams in implementing process improvements to support patient flow and capacity management. This committee is commended on their commitment and innovative strategies to support patient flow and to minimize overcrowding in the emergency departments. The committee is encouraged to explore strategies to improve the engagement of frontline physicians. The mental health program has implemented daily 11 am “congestion calls” which facilitates the movement of patients out of emergency departments to more appropriate inpatient units. The collaboration amongst all mental health facilities is clearly evident on these calls.

As a result of data related to nurse sensitive adverse events within the Fraser Health Authority the organization undertook a significant initiative to address nurse sensitive adverse events. Recently

they have transitioned to care sensitive adverse events (CSAEs) as the opportunities to reduce these events are a responsibility of all health care providers. The goal is to reduce the number of care sensitive adverse events down to 10 events per 1,000 discharges for patients 55 years or older. This excludes mental health, obstetrics, neonatal, and pediatrics. The organization is commended on mobilizing the necessary resources and expertise to oversee this initiative and to give the team the time and space to do this work. There is no doubt that the planning, implementation and evaluation components of the initiative have had a tremendous impact on the results to date. Targets have been set and are monitored on an ongoing basis through the CSAE dashboard. Events monitored are pneumonia rates, urinary tract infections, pressure ulcers and in-hospital fractures from falls. The strategies that have been undertaken to address CSAEs and the organizational and local leadership is phenomenal. Ongoing audits to ensure compliance, unit data reports, site wide action plans, visible dashboards, posters, simplified algorithms, visual reminders, newsletters, inservices, care champions, the “Reducing Adverse Events – rover cart – care talks” and committed staff and leadership have all contributed to the success to date. The organization is commended on the success so far and encouraged to keep up the great work and ensure that it can be sustained – a special thanks to the Burnaby site for demonstrating the power of the CSAE initiative. It was evident throughout this tracer that there is a passion and desire from the staff to make care better for patients. This is truly a testament to patient-centred care. With the success of this model the organization is encouraged to formally publish this work. There may be an opportunity to align the activities of medication reconciliation and infection prevention control practices with CSAE since these efforts also contribute to the goal of reducing care sensitive adverse events.









The organization has the key elements and components in place to have an effective and responsive quality management and patient safety structure. As the organization solidifies the new structure for quality and patient safety, it will be important to ensure that there is a quality and safety framework with clear accountabilities, measureable deliverables and alignment at the leadership and board level. Change can be expected to be an ongoing and dynamic occurrence in health care. The cohesiveness of governance and leadership, coupled with meaningful staff and community engagement and effective communication will assist Fraser Health Authority in realizing its vision - Better health. Best inHealth Care.

Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

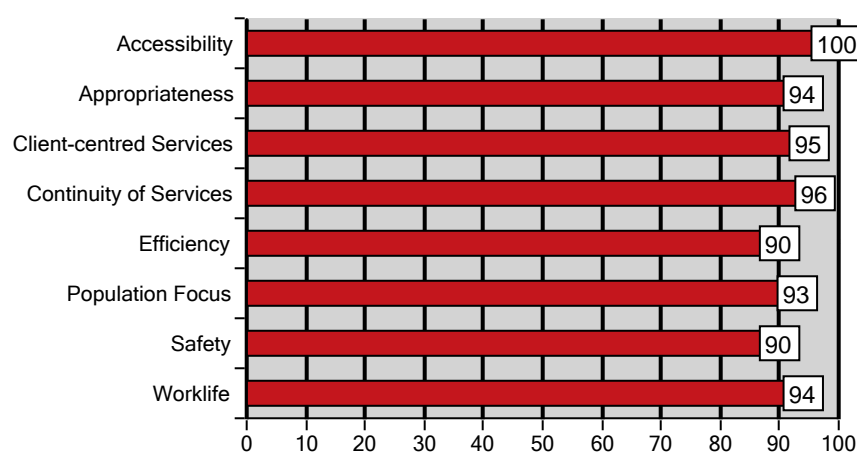
The quality dimensions are:

	Accessibility:	Give me timely and equitable services
	Appropriateness:	Do the right thing to achieve the best results
	Client-centred Services:	Partner with me and my family in our care
	Continuity of Services:	Coordinate my care across the continuum
	Efficiency:	Make the best use of resources
	Population Focus:	Work with my community to anticipate and meet our needs
	Safety:	Keep me safe
	Worklife:	Take care of those who take care of me

Taken together, the dimensions create a picture of what a high quality health care program or service “looks like.” It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

Quality Dimensions: Percentage of criteria met



Overview: Standards results

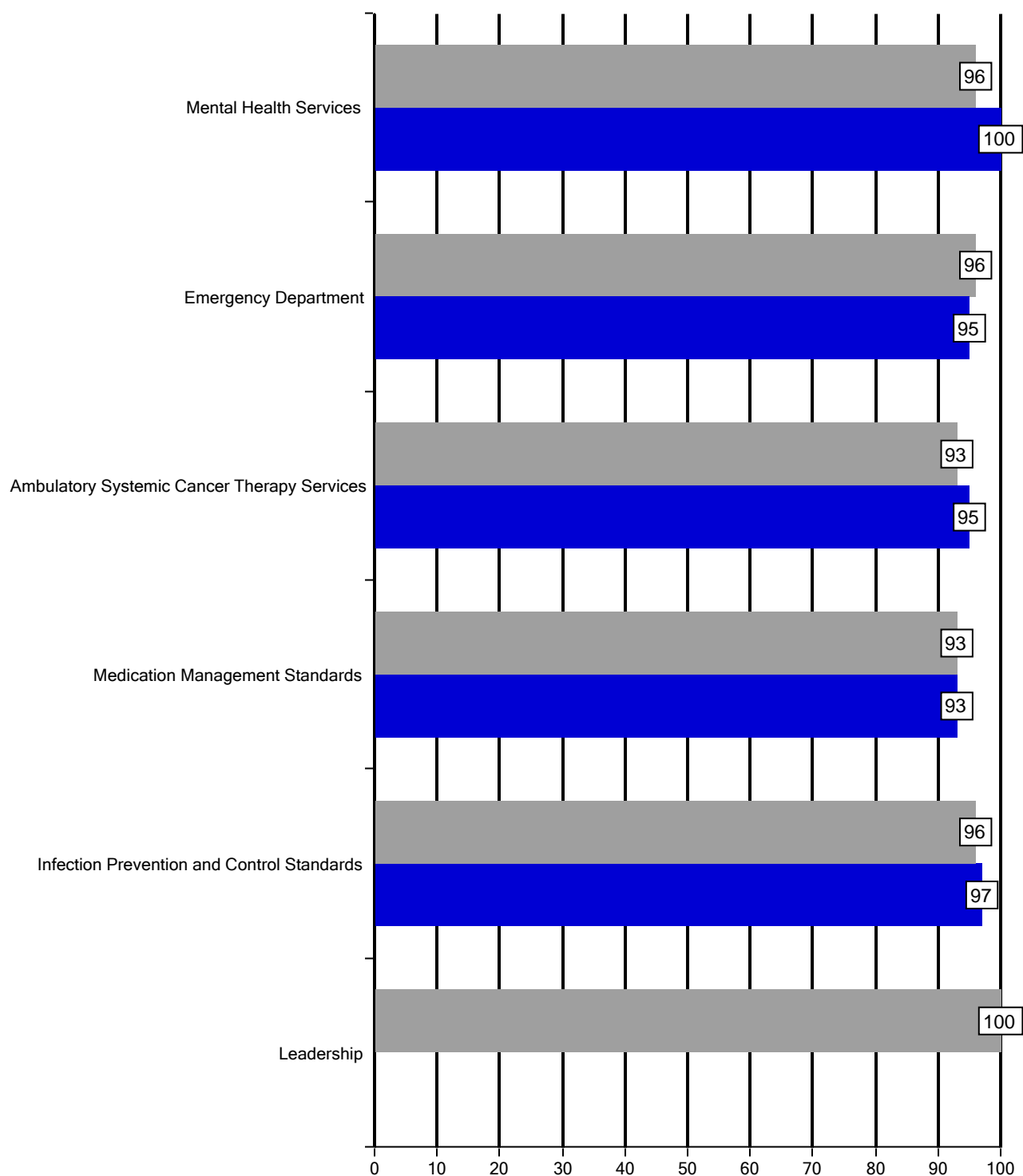
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.

Standards: Percentage of criteria met

■ High priority criteria met ■ Total criteria met



Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

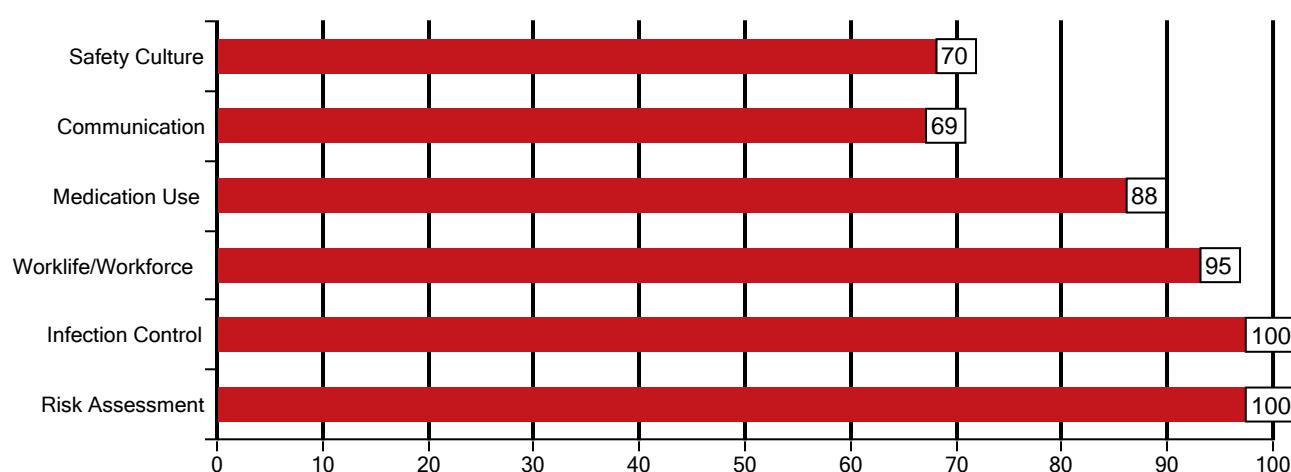
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes how select ROPs are being met across the country.

ROPs are categorized into six safety areas, each with its own goal:

- **Safety culture:** Create a culture of safety within the organization
- **Communication:** Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- **Medication use:** Ensure the safe use of high-risk medications
- **Worklife/workforce:** Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control:** Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- **Risk assessment:** Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

ROP Goal Areas: Percentage of tests for compliance met



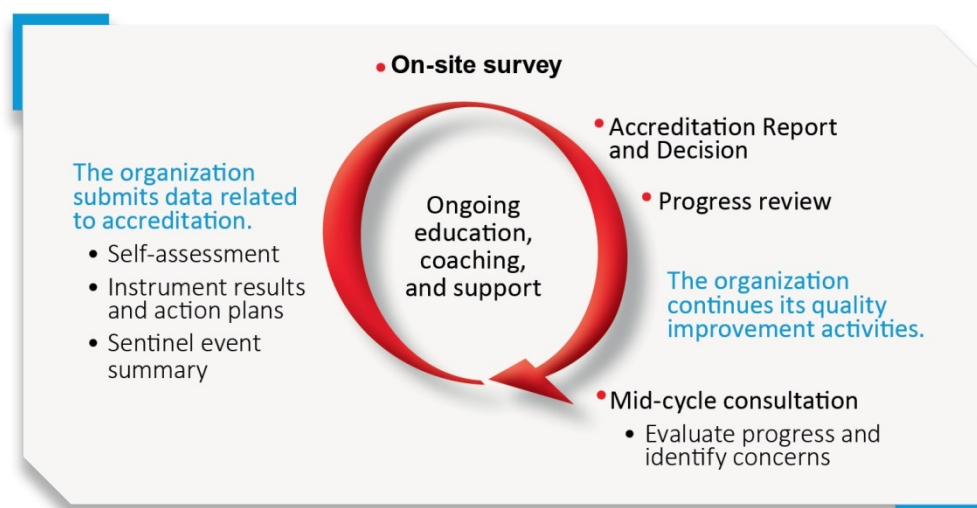
The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

Qmentum: A four-year cycle of quality improvement



As **Fraser Health Authority** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

Appendix A: Locations surveyed

- 1 Abbotsford Regional Hospital and Cancer Centre - Abbotsford
- 2 Burnaby Hospital
- 3 Central City Tower - Surrey
- 4 Chilliwack General Hospital
- 5 Delta Hospital
- 6 Fraser Canyon Hospital - Hope
- 7 Oceanside Mental Health - White Rock
- 8 Peace Arch Hospital - White Rock
- 9 Queen's Park Care Centre - New Westminster
- 10 Ridge Meadows Hospital
- 11 Royal Columbian Hospital - New Westminster
- 12 Surrey Memorial Hospital - Surrey
- 13 Timber Creek - Surrey

Appendix B

Required Organizational Practices

Safety Culture

- Adverse Events Disclosure
- Adverse Events Reporting
- Client Safety Quarterly Reports
- Client Safety Related Prospective Analysis

Communication

- Client And Family Role In Safety
- Dangerous Abbreviations
- Information Transfer
- Medication reconciliation as a strategic priority
- Medication reconciliation at care transitions
- Two Client Identifiers

Medication Use

- Antimicrobial Stewardship
- Concentrated Electrolytes
- Heparin Safety
- High-Alert Medications
- Infusion Pumps Training
- Narcotics Safety

Worklife/Workforce

- Client Flow
- Client Safety Plan
- Client Safety: Education And Training
- Workplace Violence Prevention

Infection Control

- Hand-Hygiene Compliance
- Hand-Hygiene Education and Training
- Infection Rates

Risk Assessment

- Suicide Prevention
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