Canadian Health Accreditation Report
Required Organizational Practices:
Emerging Risks, Focused Improvements
Accreditation Canada is a not-for-profit organization that accredits health organizations in Canada and around the world. Its comprehensive accreditation program uses evidence-informed standards, survey tools, and a rigorous peer review process to foster ongoing quality improvement. Accreditation Canada has been helping organizations improve health care quality and patient safety for more than 50 years.

**Required Organizational Practices: Emerging Risks, Focused Improvements**

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An Expectation and a Right for Safe Health Care

If a family member is in a long-term care institution, would you expect there is a strategy for preventing falls? If you undergo an operation, do you expect the surgical team to use a safe surgery checklist?

Despite the implementation of strategies to minimize risks, harm continues to occur in the Canadian health care system. Falls impact one in three persons aged 65 years and older each year and result in over 73,000 hospitalizations annually (Gillespie et al., 2009; Scott, Wagar, & Elliott, 2010). In March 2012, Montreal hospitals publicly confirmed that medical accidents “contributed to or resulted in” the deaths of at least 10 patients over the previous year and caused permanent disabilities in 16 patients (Derfel, 2012). Among the causes of death were a medication overdose, a patient fall in hospital, and an undetected malfunction of critical equipment. According to the Canadian Adverse Events Study, between 9,000 and 24,000 Canadians die annually following a preventable medical error (Baker et al., 2004).

Given this context, which aspects of health care should be prioritized to improve safety and prevent harm? With increasing demands for safety and quality in health care services in a tight fiscal environment, how do we know that financial investments in patient safety actually lead to improvement and reduced costs?

This year’s Canadian Health Accreditation Report highlights the value of Accreditation Canada’s patient safety goals — the Required Organizational Practices — in contributing to patient safety, reducing harm, improving client outcomes, and decreasing unnecessary health care system costs. The report looks at the areas of excellence and opportunities for improvement as compared to previous years.

In the aviation industry, every flight uses a safety checklist. Should surgery be any different? How often is the safe surgery checklist actually being used in Canada? This report also profiles how Canadian health care organizations are performing relative to four areas of risk and the new Required Organizational Practices (ROPs) that were introduced in 2011 to mitigate these risks: venous thromboembolism prophylaxis, workplace violence prevention, home safety risk assessment, and the safe surgery checklist.

Wendy Nicklin
President and Chief Executive Officer, Accreditation Canada
Every year, Accreditation Canada staff and surveyors support hundreds of health organizations throughout the accreditation process. This ongoing interaction and partnership, as well as the information collected from health organizations and teams providing care in all sectors and regions, offers a unique perspective on health care in Canada.

During the on-site survey, external peer surveyors assess the leadership, governance, clinical programs, and services of health care organizations against the Accreditation Canada national standards.

This assessment and validation of compliance contributes to improving quality and safety, and promotes organizational effectiveness by identifying areas of strength and improvement.

A key part of this process is determining whether organizations meet the Required Organizational Practices (ROPs).

While over 1,000 organizations participate in Accreditation Canada programs every year, this report focuses on the 288 Canadian organizations that underwent a Qmentum on-site survey in 2011.
Depending on the province or territory in which they are located, their health care sector, and whether of public or private composition, Accreditation Canada’s client organizations differ greatly in size, scope, and context. A client organization can be an entire provincial health system, made up of many sites providing a wide range of services, or a single-site independent organization offering a narrower scope of services. The distribution of Accreditation Canada client organizations that underwent a Qmentum on-site survey in 2011 is displayed by region (Table 1) and by sector (Table 2).

Client organizations that underwent a Qmentum on-site survey in 2011

Table 1 – Canadian region

<table>
<thead>
<tr>
<th>Western &amp; Northern</th>
<th>Ontario</th>
<th>Quebec</th>
<th>Eastern</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td>74</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alberta</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saskatchewan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manitoba</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yukon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northwest Territories</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>118</td>
<td>73</td>
<td></td>
<td>20</td>
<td>288</td>
</tr>
<tr>
<td>Total</td>
<td>288</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No on-site surveys were conducted in Nunavut and Prince Edward Island. The total includes three Canada-wide organizations.

Table 2 – Sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number of Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute care</td>
<td>52</td>
</tr>
<tr>
<td>Health systems</td>
<td>72</td>
</tr>
<tr>
<td>Home care</td>
<td>18</td>
</tr>
<tr>
<td>Long-term care</td>
<td>80</td>
</tr>
<tr>
<td>Other*</td>
<td>66</td>
</tr>
<tr>
<td>Total</td>
<td>288</td>
</tr>
</tbody>
</table>

* Other includes organizations providing services in acquired brain injury, assisted reproductive technology, mental health, community health services, rehabilitation, and hospice and palliative care. Due to the small number of organizations surveyed in these sectors, data are aggregated.
The implementation and monitoring of ROPs is one of the many ways that Accreditation Canada fosters safe, high quality care and ongoing quality improvement. First introduced into the accreditation program in 2005, ROPs are evidence-based practices that mitigate risk and contribute to improving the quality and safety of health services. As with the Accreditation Canada standards, all ROPs are developed and integrated in the program with input from health care experts including practitioners, researchers, policy-makers, ministries of health personnel, academics, and health services providers at the provincial, territorial, and national levels. Existing initiatives and priorities within each jurisdiction are also important considerations in the development process. Each ROP is supported by research, including evidence that the safety practice contributes to reducing health care costs, in large part through cost avoidance. For example, preventing a client from falling avoids incurring additional expenses from the resulting injury.

Not all ROPs apply to each sector, such as the home safety risk assessment ROP that applies to home care organizations. However, organizations participating in Qmentum are expected to meet the ROPs that apply to their sectors. An organization’s performance with respect to the ROPs impacts its accreditation decision.

The ROPs are organized according to patient safety goal areas: Safety Culture, Communication, Medication Use, Worklife/Workforce, Infection Control, and Risk Assessment. Table 3 shows a list of all ROPs in the Qmentum program.
**Table 3 – Accreditation Canada’s Required Organizational Practices in Qmentum**

<table>
<thead>
<tr>
<th><strong>Required Organizational Practices</strong></th>
<th></th>
</tr>
</thead>
</table>
| **Safety Culture**                    | – Adverse events disclosure  
– Adverse events reporting  
– Client safety as a strategic priority  
– Client safety quarterly reports  
– Client safety-related prospective analysis |
| **Communication**                     | – Client and family role in safety  
– Dangerous abbreviations  
– Information transfer  
– Medication reconciliation as an organizational priority  
– Medication reconciliation at admission  
– Medication reconciliation at transfer or discharge  
– Safe surgery checklist  
– Two client identifiers  
– Verification processes for high-risk activities |
| **Medication Use**                    | – Antimicrobial stewardship ★  
– Concentrated electrolytes  
– Heparin safety  
– Infusion pumps training  
– Medication concentrations  
– Narcotics safety |
| **Worklife/Workforce**                | – Client safety: education and training  
– Client safety plan  
– Client safety: roles and responsibilities  
– Preventive maintenance program  
– Workplace violence prevention |
| **Infection Control**                 | – Hand-hygiene audit  
– Hand-hygiene education and training  
– Infection control guidelines  
– Infection rates  
– Influenza vaccine  
– Pneumococcal vaccine  
– Sterilization processes |
| **Risk Assessment**                   | – Falls prevention strategy  
– Home safety risk assessment  
– Pressure ulcer prevention ◆  
– Suicide prevention  
– Venous thromboembolism (VTE) prophylaxis |

★ New in 2013  
◆ New in 2013 for select acute care standard sets
In January 2010, as a result of extensive consultation and development, four new ROPs were introduced, to be evaluated as part of Qmentum on-site surveys beginning in 2011.* These ROPs — home safety risk assessment, workplace violence prevention, safe surgery checklist, and venous thromboembolism (VTE) prophylaxis — respond to significant safety risks and will contribute to enabling change in practice within health care organizations across Canada.

For the first time, the compliance rates for these four new ROPs are being released in this report. A breakdown of the ROP tests for compliance are provided to show where organizations are excelling and where there are opportunities for improvement.

*A one year advance notice of new ROPs is always provided, allowing health care providers and organizations an opportunity to become familiar with the ROP as they put necessary mechanisms in place to promote compliance.
Home Safety Risk Assessment

The team conducts a safety risk assessment for clients receiving services in the home.

Overall national compliance rate in 2011: 94%

Why introduce this ROP?

Health services provided in a client’s home present unique considerations for clients, families, and health care staff. The home health environment differs from other health sectors in a number of ways because of factors such as the unique characteristics of each client's home, the intermittent presence of health care staff, and the larger role played by families or caregivers in providing health services (Lang et.al., 2007; Doran et al., 2009).

Representatives of the home care sector identified and suggested this ROP. While home care agencies may have little direct control over risks in a client’s home environment, the safety of clients, families, and staff is improved when a risk assessment is conducted. Results from a home safety risk assessment are considerations in selecting priorities for care, identifying safety strategies to include in care plans, and communicating with clients, families, and partner organizations.

About the ROP

Across Canada, the rates were very high for each test for compliance.

Table 4 – Home Safety Risk Assessment

<table>
<thead>
<tr>
<th>Tests for Compliance</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>The team conducts a safety risk assessment for each client at the beginning of service.</td>
<td>97%</td>
</tr>
<tr>
<td>The safety risk assessment includes a review of internal and external physical environments; chemical, biological, fire and falls hazards; medical conditions requiring special precautions; client risk factors; and emergency preparedness.</td>
<td>96%</td>
</tr>
<tr>
<td>The team uses information from the safety risk assessment when planning and delivering client services, and shares this information with partners who may be involved in the planning of care.</td>
<td>98%</td>
</tr>
<tr>
<td>The team regularly updates the safety risk assessment and uses the information to make improvements to the client's health services.</td>
<td>95%</td>
</tr>
<tr>
<td>The team educates clients and families on home safety issues identified in the risk assessment.</td>
<td>98%</td>
</tr>
</tbody>
</table>
**Workplace Violence Prevention**

The organization implements a comprehensive strategy to prevent workplace violence.

Overall national compliance rate in 2011: 85%

Why introduce this ROP?

Accreditation Canada was asked by representatives of the health system including ministries of health and health organizations to examine an area of grave concern within health care and to strengthen the Qmentum program to mitigate risk of violence. Workplace violence is common in health care settings, more so than in many other workplaces. One quarter of all incidents of workplace violence occur within health services organizations (Kling et al., 2009; Gacki-Smith et al., 2009). Workplace violence affects staff and health providers across the health care continuum (Gates et al., 2005; Peek-Asa et al., 2009). Alignment with applicable provincial or territorial legislation was an important consideration as the ROP was developed. A comprehensive strategy is an important step to respond to the growing concern about violence in health care workplaces. This ROP applies to all health care organizations.

About the ROP

Very high compliance rates were shown across Canada for each test for compliance. The lowest-rated aspect of this ROP concerns taking measures to assess the risk of workplace violence, meaning that a greater focus in assessing the risk of workplace violence is required.

**Table 5 – Workplace Violence Prevention**

<table>
<thead>
<tr>
<th>Tests for Compliance</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organization has a written workplace violence prevention policy.</td>
<td>97%</td>
</tr>
<tr>
<td>The policy is developed in consultation with staff, service providers, and volunteers (as appropriate).</td>
<td>94%</td>
</tr>
<tr>
<td>The policy names the individual(s) responsible for implementing and monitoring the policy.</td>
<td>97%</td>
</tr>
<tr>
<td>The organization conducts risk assessments to ascertain the risk of workplace violence.</td>
<td>91%</td>
</tr>
<tr>
<td>There is a documented process in place for staff and service providers to confidentially report incidents of workplace violence.</td>
<td>98%</td>
</tr>
<tr>
<td>There is a documented process in place for the organization's leaders to investigate and respond to incidents of workplace violence.</td>
<td>97%</td>
</tr>
<tr>
<td>The organization's leaders review quarterly reports of incidents of workplace violence and use this information to improve safety, reduce incidents of violence, and make improvements to the workplace violence prevention policy.</td>
<td>93%</td>
</tr>
<tr>
<td>The organization provides information and training to staff on the prevention of workplace violence.</td>
<td>93%</td>
</tr>
</tbody>
</table>

What is workplace violence?

Accreditation Canada has adopted the modified International Labour Organization definition of workplace violence: “Incidents in which a person is threatened, abused or assaulted in circumstances related to their work, including all forms of harassment, bullying, intimidation, physical threats, or assaults, robbery or other intrusive behaviours. These behaviours could originate from customers or co-workers, at any level of the organization” (World Health Organization and Public Services International, 2002).

Types of workplace violence include criminal intent (where the perpetrator has no relationship to the workplace), client or customer violence, worker-to-worker violence, and personal relationship (where the perpetrator has a relationship with an employee, e.g., domestic violence in the workplace) (Registered Nurses Association of Ontario, 2009).
Safe Surgery Checklist

The team uses a safe surgery checklist to confirm safety steps are completed for a surgical procedure.

Overall national compliance rate in 2011: 79%

Why introduce this ROP?

The purpose of a safe surgery checklist is to initiate, guide, and formalize communication among the team members conducting a surgical procedure and to integrate these steps into surgical workflow. The use of the safe surgery checklist is strongly recommended as a critical element to reduce risk. Sample checklists are available from the Canadian Patient Safety Institute (CPSI, 2012) and internationally from the World Health Organization (WHO, 2009). Organizations are encouraged to enhance these checklists to suit their reality. Some Canadian jurisdictions mandate the use of the safe surgery checklist, such as Ontario.

“At the national level, Accreditation Canada has taken the crucial step of recognizing the importance of the surgical checklist in its regular assessments of Canadian hospitals. The surgical safety checklist is now a Required Organizational Practice in the accreditation process highlighting a critical component of the safe and effective management of the surgical patient.”

Dr. Bryce Taylor, MD. Surgeon-in-Chief, University Health Network, 1999-2010 Medical Director, International Patients Program, University Health Network

Given that surgical procedures represent significant risk of avoidable harm, safe surgery checklists play an important role in effective and safe surgery. Using a safe surgery checklist reduces the likelihood of complications following surgery, and can improve surgical outcomes (Haynes et al., 2009; Panesar et al., 2009). The safe surgery checklist reduces risk by improving communications among members of the surgical team during surgery, and increases consistency in using proven standards of surgical care to reduce preventable complications and mortality. Substantial cost savings can be achieved if checklists are widely used; savings are estimated in the United States of 15-25 billion dollars (Semel et al., 2010).

Each checklist has three phases: briefing (before the induction of anesthesia), time out (before skin incision), and debriefing (before the patient leaves the operating room).
About the ROP

This ROP applies to organizations providing acute care services, including health systems, as well as independent medical surgical facilities. There were high compliance rates across Canada for most of the tests for compliance. Across Canada, 84% of the time surgery was performed using a safe surgery checklist. The lowest rated aspects of this ROP were evaluating the use of the checklist and sharing the results for improvement (each at 79% compliance across Canada).

Table 6 – Safe Surgery Checklist

<table>
<thead>
<tr>
<th>Tests for Compliance</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>The team has agreed on a three-phase checklist to be used in the operating room.</td>
<td>91%</td>
</tr>
<tr>
<td>The team uses the checklist for every surgical procedure in the operating room.</td>
<td>84%</td>
</tr>
<tr>
<td>The team has developed a process for ongoing monitoring of compliance with the checklist.</td>
<td>84%</td>
</tr>
<tr>
<td>The team evaluates the use of the checklist and shares results with staff and service providers.</td>
<td>79%</td>
</tr>
<tr>
<td>The team uses results of the evaluation to improve the implementation of and expand the use of the checklist.</td>
<td>79%</td>
</tr>
</tbody>
</table>
Venous Thromboembolism (VTE) Prophylaxis

The team identifies medical and surgical clients at risk of venous thromboembolism and provides appropriate thromboprophylaxis.

Overall national compliance rate in 2011: 50%

Why introduce this ROP?

Both hospital costs and length of stay are greatly increased for patients developing VTE. VTE is associated with increased patient mortality, and is one of the most commonly preventable causes of hospital death. VTE can be substantially reduced or prevented by identifying clients at risk and providing appropriate interventions (Geerts, 2009; Maynard & Stein, 2008; Safer Healthcare Now, 2011).

About the ROP

This ROP applies to organizations providing acute care services, including health systems, as well as independent medical surgical facilities. Low compliance rates were shown for each test for compliance. Across Canada, providing VTE prophylaxis for at-risk clients remains an opportunity for improvement. Clients at risk are identified and provided with appropriate VTE prophylaxis 74% of the time. At 60%, the lowest rated test for compliance was establishing measures, auditing implementation, and using this information to make improvements.

Table 7 – Venous Thromboembolism (VTE) Prophylaxis

<table>
<thead>
<tr>
<th>Tests for Compliance</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organization has a written thromboprophylaxis policy or guideline.</td>
<td>63%</td>
</tr>
<tr>
<td>The team identifies clients at risk for venous thromboembolism (VTE), [deep vein thrombosis (DVT) and pulmonary embolism (PE)] and provides appropriate evidence-based, VTE prophylaxis.</td>
<td>74%</td>
</tr>
<tr>
<td>The team establishes measures for appropriate thromboprophylaxis, audits implementation of appropriate thromboprophylaxis, and uses this information to make improvements to their services.</td>
<td>60%</td>
</tr>
<tr>
<td>The team identifies major orthopaedic 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.</td>
<td>71%</td>
</tr>
<tr>
<td>The team provides information to health professionals and clients about the risks of VTE and how to prevent it.</td>
<td>70%</td>
</tr>
</tbody>
</table>

What is VTE?

Venous thromboembolism (VTE) is the collective term for deep vein thrombosis and pulmonary embolism. VTE is a serious and common complication for clients in hospital or undergoing surgery.
Developing a Profile of Safety in Health Organizations

ROP trends over the past years

Strengths in safety

Table 8 illustrates the national compliance rates for ROPs that showed 75% or greater compliance in 2011, and the corresponding rates for these ROPs over the past three years. Some change is expected in ROP compliance rates from year to year because of the three-year accreditation cycle and the different organizations that undergo on-site surveys each year. Health systems implement ROPs across multiple service areas, making the full implementation of ROPs more challenging.

Canadian health care organizations showed high ROP compliance rates across all sectors.

Of the 36 ROPs in the Qmentum program in 2011, 31 had compliance rates of 75% or greater. Over one third of these 31 ROPs (39%) were in the areas of infection prevention and control, and medication use.

Table 8 – ROPs with national compliance rates of 75% or more

<table>
<thead>
<tr>
<th>ROP</th>
<th>Patient Safety Goal Area</th>
<th>Compliance rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensures policies and procedures meet infection control guidelines</td>
<td>Infection Control</td>
<td>97 98 97</td>
</tr>
<tr>
<td>Delivers client safety training and education at least annually</td>
<td>Worklife / Workforce</td>
<td>90 91 96</td>
</tr>
<tr>
<td>Has a reporting and follow-up system for sentinel events, adverse events, and near misses</td>
<td>Safety Culture</td>
<td>88 91 96</td>
</tr>
<tr>
<td>Delivers hand hygiene education and training</td>
<td>Infection Control</td>
<td>97 94 95</td>
</tr>
<tr>
<td>Administers the pneumococcal vaccine</td>
<td>Infection Control</td>
<td>91 94 95</td>
</tr>
<tr>
<td>Standardizes and limits number of medication concentrations</td>
<td>Medication Use</td>
<td>97 91 95</td>
</tr>
<tr>
<td>Ensures effective information transfer at transition points</td>
<td>Communication</td>
<td>92 92 94</td>
</tr>
<tr>
<td>ROP</td>
<td>Patient Safety Goal Area</td>
<td>Compliance rate (%)</td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Monitors processes for reprocessing equipment</td>
<td>Infection Control</td>
<td>87</td>
</tr>
<tr>
<td>Conducts a safety risk assessment for clients receiving services at home</td>
<td>Risk Assessment</td>
<td>N/A</td>
</tr>
<tr>
<td>Stores concentrated electrolytes away from client service areas</td>
<td>Medication Use</td>
<td>93</td>
</tr>
<tr>
<td>Evaluates and limits availability of narcotic (opioid) products</td>
<td>Medication Use</td>
<td>94</td>
</tr>
<tr>
<td>Uses two client identifiers before providing any service or procedure, or administering medications</td>
<td>Communication</td>
<td>87</td>
</tr>
<tr>
<td>Administers the influenza vaccine</td>
<td>Infection Control</td>
<td>93</td>
</tr>
<tr>
<td>Develops and implements client safety plan</td>
<td>Worklife / Workforce</td>
<td>88</td>
</tr>
<tr>
<td>Evaluates and limits availability of heparin products</td>
<td>Medication Use</td>
<td>90</td>
</tr>
<tr>
<td>Monitors clients for risk of suicide</td>
<td>Risk Assessment</td>
<td>92</td>
</tr>
<tr>
<td>Discloses adverse events to clients and families</td>
<td>Safety Culture</td>
<td>88</td>
</tr>
<tr>
<td>Produces quarterly reports on client safety, including recommendations from adverse incidents</td>
<td>Safety Culture</td>
<td>88</td>
</tr>
<tr>
<td>Provides training on infusion pumps</td>
<td>Medication Use</td>
<td>81</td>
</tr>
<tr>
<td>Adopts client safety as a written, strategic priority or goal</td>
<td>Safety Culture</td>
<td>90</td>
</tr>
<tr>
<td>Uses verification processes and other checking systems for high-risk activities</td>
<td>Communication</td>
<td>92</td>
</tr>
<tr>
<td>Tracks and shares information on infection rates</td>
<td>Infection Control</td>
<td>76</td>
</tr>
<tr>
<td>Conducts one client safety-related prospective analysis</td>
<td>Safety Culture</td>
<td>81</td>
</tr>
<tr>
<td>Educates clients and families about their roles in promoting safety</td>
<td>Communication</td>
<td>73</td>
</tr>
<tr>
<td>Implements a strategy to prevent workplace violence</td>
<td>Worklife / Workforce</td>
<td>N/A</td>
</tr>
<tr>
<td>Implements interventions to prevent pressure ulcers</td>
<td>Risk Assessment</td>
<td>81</td>
</tr>
<tr>
<td>Defines roles, responsibilities, and accountabilities for client care and safety</td>
<td>Worklife / Workforce</td>
<td>71</td>
</tr>
<tr>
<td>Evaluates compliance with hand hygiene practices</td>
<td>Infection Control</td>
<td>72</td>
</tr>
</tbody>
</table>
### Patient Safety Goal Area

<table>
<thead>
<tr>
<th>ROP</th>
<th>Patient Safety Goal Area</th>
<th>Compliance rate (%)</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses a safe surgery checklist for surgical procedures in the operating room</td>
<td>Communication</td>
<td>N/A</td>
<td>N/A</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>Develops and implements a plan for medication reconciliation throughout the organization</td>
<td>Communication</td>
<td>N/A</td>
<td>61</td>
<td>77</td>
<td></td>
</tr>
<tr>
<td>Implements a falls prevention strategy</td>
<td>Risk Assessment</td>
<td>70</td>
<td>69</td>
<td>75</td>
<td></td>
</tr>
</tbody>
</table>

N/A = ROP had not yet been introduced

### Highest national compliance rates in 2011

The three ROPs with the highest national compliance rates in 2011, all above 95%, were:

- **Ensures policies and procedures meet infection control guidelines**
  The compliance rate for this ROP has been consistently high over the past three years, as discussed in last year’s ROP report. Canadian health organizations followed evidence-based international, federal, and provincial or territorial infection control guidelines. Developing and implementing comprehensive infection prevention and control guidelines reduces the risk of nosocomial infections and contributes to patient safety (Gurses et al., 2008).

- **Delivers client safety training and education at least annually**
  Canadian health organizations delivered annual client safety training, tailored to staff needs and the organization’s client safety focus areas. Examples include safe medication use, techniques for effective communication, infection prevention and control, and hand hygiene. The compliance rate for this ROP showed a significant increase of five percentage points over last year.

- **Has a reporting and follow-up system for sentinel events, adverse events, and near misses**
  Canadian health organizations have established reporting systems and made improvements following adverse events, sentinel events, and near misses. This promotes learning from the events, minimizes potential recurrence, and strengthens the culture of safety. The compliance rate for this ROP showed a significant increase of five percentage points over last year.
Additional strengths in safety

Nineteen ROPs showed a level of compliance of 90% or greater in 2011. In 2010, only 15 ROPs had reached this level of compliance. This increase indicates the priority placed on safety by organizations across Canada.

- For medication use, the ROPs included standardizing and limiting the number of medication concentrations (95%), evaluating and limiting availability of both narcotic (opioid) products (93%) as well as heparin products (90%), storing concentrated electrolytes away from client service areas (93%), and providing training on infusion pumps (90%).

- For infection prevention and control, the ROPs included administering the pneumococcal vaccine (95%)* and influenza vaccine (90%), delivering hand-hygiene education and training (95%), as well as monitoring processes for reprocessing equipment (94%).

* Assessed in organizations that provide long-term care services

Greatest improvements since 2009

As shown in Table 8, a number of considerable improvements in ROP compliance rates occurred since 2009.

2009 to 2011

Three ROPs demonstrated the most notable improvements since 2009:

- Conducts medication reconciliation at admission — compliance rate improved from 46% (2009) to 47% (2010) to 60% (2011)
- Educates clients and families about their roles in promoting safety — compliance rate improved from 73% (2009) to 79% (2010) to 85% (2011)
- Tracks and shares information on infection rates — compliance rate improved from 76% (2009) to 83% (2010) to 87% (2011)

Medication reconciliation represents the greatest area of improvement over the past year.

2010 to 2011

ROP compliance rates between 2010 and 2011 have remained stable. Canadian health care organizations are to be commended for the close to 15 percentage point increase in national compliance rates in all aspects of medication reconciliation.
This year, the falls prevention strategy ROP is at 75% compliance, showing a significant increase from 69% last year. Originally introduced in 2007, the falls prevention ROP rates over the past years reflect a substantial increase in organizations implementing strategies to address falls prevention.

Opportunities for improvement in safety

In last year’s Report on Required Organizational Practices, six ROPs were identified as having a compliance rate of less than 75%. This year, that number has dropped to five. These five ROPs are included in Table 9. For each ROP, the corresponding rate since 2009 is also shown.

Table 9 – ROPs with national compliance rates of less than 75%

<table>
<thead>
<tr>
<th>ROP</th>
<th>Patient Safety Goal Area</th>
<th>Compliance rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2009</td>
</tr>
<tr>
<td>Has a preventive maintenance program for medical devices, medical equipment, and medical technology</td>
<td>Worklife / Workforce</td>
<td>75</td>
</tr>
<tr>
<td>Identifies abbreviations, symbols, and dose designations that are not to be used</td>
<td>Communication</td>
<td>67</td>
</tr>
<tr>
<td>Conducts medication reconciliation at admission</td>
<td>Communication</td>
<td>46</td>
</tr>
<tr>
<td>Provides venous thromboembolism prophylaxis for at-risk clients</td>
<td>Risk Assessment</td>
<td>N/A</td>
</tr>
<tr>
<td>Conducts medication reconciliation at transfer or discharge</td>
<td>Communication</td>
<td>44</td>
</tr>
</tbody>
</table>

N/A = ROP had not yet been introduced

Lowest national compliance rates in 2011

The following ROPs have the lowest compliance rates and therefore represent the top opportunities for improvement:

- Conducts medication reconciliation at transfer or discharge
- Conducts medication reconciliation at admission

As discussed in last year’s ROP report, medication reconciliation reduces the potential for medication discrepancies such as omissions, duplications, and dosing errors (Karnon, Campbell, & Czoski-Murray, 2009). In Canada, 40% to 50% of hospital patients at admission, and 40% at discharge, experience unintentional medication discrepancies or potential errors that may cause adverse health effects [Canadian Patient Safety Institute, Institute for Safe Medication Practices Canada (ISMP), Canada Health Infoway, & Safer Healthcare Now, 2011].
National ROP rates for both medication reconciliation at admission and medication reconciliation at transfer or discharge have improved substantially over the past year. Accreditation Canada continues to collaborate with CPSI and ISMP Canada, co-leads of the strategy to support and spread medication reconciliation across the country. As well, Accreditation Canada continues to strengthen the support and guidance provided to health care organizations in implementing medication reconciliation. In 2010-2011, Accreditation Canada enhanced the medication reconciliation at admission ROPs to further reflect the unique requirements across the care continuum by including specific tests for compliance for ambulatory care services, home care services, and emergency departments. In 2011, Accreditation Canada released enhancements to the medication reconciliation at transfer or discharge ROPs, clarifying the important steps in the medication reconciliation process for acute care and long-term care services. Enhancements were also completed for home care services, home support services, case management services, and ambulatory care services in January 2012.

- **Provides venous thromboembolism prophylaxis for at-risk clients**
  Of the four ROPs introduced in 2011, VTE prophylaxis was identified as having a compliance rate of less than 75%. For a complete discussion of this ROP, see page 12.
Partnering for safety

Improving the safety of health services in Canada can only be achieved as a shared goal. In collaboration with health care organizations, quality councils, national, provincial, and territorial partners, medical experts, and advisory groups, Accreditation Canada continues to address serious safety risks in Canadian health care.

Accreditation Canada’s partnerships across Canada allow for a better understanding of the most effective strategies to improve safety. Through research and evaluation projects, tools and resources are tested and then made available to organizations to promote safety. Harm and health care costs can be reduced or costs avoided, such as in the area of falls prevention.

“The Accreditation Canada Required Organizational Practice for fall prevention among older adults is the greatest single motivator to the implementation of sustainable, evidence-based fall prevention practices since research first showed that falls can be prevented ... The ROP brings a standardized, systematic approach to fall prevention that reflects the key four steps of successful prevention programs — surveillance of fall rates, assessment of risk, prevention tailored to assessed risk, and evaluation of program effectiveness. Support for health care providers ... is provided through the Canadian Fall Prevention Curriculum www.canadianfallprevention.ca — an evaluated training program for health care professionals on how to design, implement, and evaluate their fall prevention programs.”

Dr. Vicky Scott, Ph.D., Senior Advisor on Fall and Injury Prevention for the province of British Columbia
Partnerships also allow Accreditation Canada to better support health care organizations in all jurisdictions by better understanding jurisdictional safety priorities. For example, in the province of Quebec:

“An effective partnership with Accreditation Canada, in accordance with AQESSS’ mission to support its member facilities in achieving quality care... to support [facilities] in meeting compliance levels related to evidence-based Required Organizational Practices ... AQESSS offers training events and develops tools to promote compliance with the practices identified by Accreditation Canada. Such was the case this year with the publication of a guide on integrated risk management, and participation in falls prevention training ... This partnership allows for the alignment of Accreditation Canada and AQESSS strategies, as well as an effective synergy to support facility managers and clinicians in their ongoing improvement process.”

Dr. Anne Lemay, Ph.D., Director of Performance and Quality, AQESSS [Association Québécoise d’établissements de santé et de services sociaux]

Prioritizing safety improvements in Canadian health organizations

Based on the information that Accreditation Canada collected over the past year, what are the key safety strengths and opportunities for improvement?

As shown in this report:

1. Canadian health care organizations demonstrate particular excellence in procedures to meet infection control guidelines, delivering client safety training annually, and reporting and following-up on sentinel events, adverse events, and near misses.

2. Medication reconciliation represents the greatest area of improvement over the past year.

3. The top opportunities for improvement going forward are conducting medication reconciliation at transfer / discharge and providing venous thromboembolism prophylaxis for at-risk clients (introduced as an ROP in 2011).

These findings can be used by health care leaders, ministries of health, quality councils, and national stakeholder organizations to further inform their improvement work across Canada.
Part of the value of the ROPs in Qmentum is that these collective practices serve as a roadmap to prioritize safety improvements in Canadian health care organizations. Accreditation Canada ensures the currency of this roadmap by enhancing the ROPs and the program to identify new risks as they emerge.

By providing organizations with education, resources, and introducing updated content into the Qmentum program based on research and best practice, Accreditation Canada helps client organizations to deliver quality and safe services.

Over the course of 2012, Accreditation Canada will be enhancing the medication management ROPs, as well as developing a lifecycle for ROPs that includes transitioning particular ROPs to a central place in the standards. A new ROP for antimicrobial stewardship was announced in early 2012, as well as the expansion of the pressure ulcer prevention ROP in acute care services, for evaluation as part of on-site surveys commencing in 2013.

Accreditation Canada also recognizes Leading Practices in Canadian organizations across the care continuum that are particularly innovative and cost-effective solutions to improve quality. Organizations are encouraged to participate in the promotion of quality and safety practices across the country by sharing their knowledge and learning from other organizations through Accreditation Canada's searchable online Leading Practices database at www.accreditation.ca/knowledge-exchange/leading-practices. As well, Leading Practices are promoted in Quebec through AGORA (http://agora.lepointensante.com), a partnership between Accreditation Canada, Les éditions du Point, and the Agence de santé et de services sociaux de la Montérégie.

Measurement and self-study have been identified as critical practices of high-value health care organizations (Bohmer, 2011). Measurement tools, such as the Accreditation Canada Patient Safety Culture Tool, allow organizations to measure the underlying dimensions of safety culture, as often as they wish.*

Accreditation Canada continues to focus efforts on the ROPs which have been identified as opportunities for improvement. The August issue of its Qmentum Quarterly publication will be devoted to strategies for supporting medication reconciliation. In addition, to better understand the areas where organizations are excelling and other areas where they are challenged, a joint report on the state of medication reconciliation in Canada will be produced in partnership with Accreditation Canada, CPSI, the Canadian Institute for Health Information (CIHI) and ISMP Canada.

* The Patient Safety Culture Tool is a questionnaire for direct care-providers that helps organizations identify strengths and opportunities for improvement. Adapted by Dr. L. Ginsburg and colleagues, the tool is based on the underlying dimensions of a patient safety culture, including senior leadership support, fear of repercussions and learning culture (see www.yorku.ca/patientsafety for further information).
By monitoring and reporting on changes in safety trends over time across the country, Accreditation Canada continues to add a unique perspective on the safety of health care services Canadians receive.

Accreditation Canada recently released its *Patient Safety Strategy Phase 3: Achieving Safe Care (2012-2014)*. The strategy serves as a blueprint for Accreditation Canada’s contribution to improving safety in Canada over the next three years. *Achieving Safe Care* positions the accreditation program to increase health system safety and to foster knowledge exchange and partnerships. This will continue Accreditation Canada’s efforts to spread safety and quality throughout Canada’s health care system.
References


