Canadian Health Accreditation Report

Safety in Canadian health care organizations: A focus on transitions in care and Required Organizational Practices
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 55 years.

Safety in Canadian health care organizations:
A focus on transitions in care and Required Organizational Practices

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Patient-centred quality health care: A shared responsibility

From primary care to specialized cancer care, from hospital to long-term care, from patients’ electronic medical records to clients receiving information about a new medication, providing patient-centred care is not one person’s responsibility. It involves all care providers working in true partnership with patients and their families, and the effective transfer of complex information. Here is one patient experience as recounted by a family member (Cornwell et al., 2012):

During the second admission ... my grandmother [92 years old, suffering from Parkinson’s disease] was moved twice in the first couple of days. The second move was carried out at 4 am. Agitated on being woken, she pulled out her feeding tube. Her dentures were lost in transit and could not be located despite us repeatedly going to ask staff ... The lack of dentures left her unable to communicate and increased her difficulty with eating. She developed aspiration pneumonia, which ... kept my grandmother in hospital for almost a month.

Poorly coordinated care has a significant impact on patients and their families. If your family member is in a long-term care home or hospital, would you expect specific steps to be taken to coordinate services and effectively transfer information? Would you expect processes and strategies to be in place at each location where care is provided to safely administer medications and to prevent falls?

The Accreditation Canada standards and patient safety goals—the Required Organizational Practices—identify the importance of communication and transfer of information. This year’s Canadian Health Accreditation Report highlights how Canadian health care organizations are performing relative to care transitions—handovers at shift changes, client transfers, discharges, and referrals to other health services providers—which play a critical role in providing safe and quality health care. The second part of this year’s report showcases areas of excellence achieved by Canadian health care organizations and opportunities for improvement relative to the Accreditation Canada Required Organizational Practices—over the past years and moving forward.

Wendy Nicklin
President and Chief Executive Officer, Accreditation Canada
Canadian health care organizations and Accreditation Canada: Partners in quality improvement

Over 1,200 organizations (6,000 health care delivery sites, community through to quaternary care) participate in Accreditation Canada programs every year. Depending on the province or territory in which they are located, their health care sector, and whether they are publically or privately run, Accreditation Canada client organizations differ greatly in size, scope, and context. A client organization can be an entire provincial health system made up of many sites and providing a wide range of services, or a single-site, independent organization providing a narrower scope of services.
Every year, Accreditation Canada staff and surveyors support health care organizations throughout the accreditation process. During the on-site survey, peer surveyors from external accredited organizations 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 opportunities for improvement. This ongoing partnership between Accreditation Canada and health care organizations, as well as the information collected from teams providing care in all sectors and regions, offers a unique perspective on health care in Canada.

A key part of the Accreditation Canada on-site survey is determining whether organizations meet the Required Organizational Practices (ROPs). 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 into 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 evidence, including its impact on patient outcomes and cost. For example, pressure ulcers result in an increased length of stay and prolonged recovery. Taking steps to prevent pressure ulcers avoids hardship for clients and decreases expenses for the health care system that result from this generally preventable complication.

Some ROPs are sector-specific while others apply to every sector. For example, the Home Safety Risk Assessment ROP applies only to organizations providing home care. Organizations participating in the Qmentum accreditation program are expected to meet the ROPs that apply to their sectors. The organization’s performance with respect to the ROPs impacts its accreditation decision. All ROPs must be met in order to achieve the highest accreditation decision.

The ROPs are organized according to six patient safety goal areas: Safety Culture, Communication, Medication Use, Worklife/Workforce, Infection Control, and Risk Assessment. Table 1 shows a list of the ROPs in the Accreditation Canada Qmentum program.
<table>
<thead>
<tr>
<th><strong>Table 1 – The Accreditation Canada Qmentum program ROPs</strong></th>
</tr>
</thead>
</table>
| **Safety Culture**                                       | - Adverse events disclosure  
  Create a culture of safety within the organization  
  - Adverse events reporting  
  - Client safety quarterly reports  
  - Client safety-related prospective analysis |
| **Communication**                                        | - Client and family role in safety  
  Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum  
  - 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 |
| **Medication Use**                                       | - Antimicrobial stewardship ★  
  Ensure the safe use of high-risk medications  
  - Concentrated electrolytes  
  - Heparin safety  
  - Infusion pumps training  
  - Medication concentrations  
  - Narcotics safety |
| **Worklife/Workforce**                                   | - Client safety plan  
  Create a worklife and physical environment that supports the safe delivery of care and service  
  - Client safety: Education and training  
  - Preventive maintenance program  
  - Workplace violence prevention |
| **Infection Control**                                    | - Hand-hygiene audit  
  Reduce the risk of health care-associated infections and their impact across the continuum of care/service  
  - Hand-hygiene education and training  
  - Infection rates  
  - Pneumococcal vaccine  
  - Sterilization processes |
| **Risk Assessment**                                      | - Falls prevention strategy  
  Identify safety risks inherent in the client population  
  - Home safety risk assessment  
  - Pressure ulcer prevention ♦  
  - Suicide prevention  
  - Venous thromboembolism (VTE) prophylaxis |

★ New in 2013  
♦ New in 2013 for select sets of acute care standards
This report focuses on the 277 Canadian organizations that underwent a Qmentum on-site survey in 2012. The following tables show the distribution of Accreditation Canada client organizations by Canadian region (Table 2) and by sector (Table 3).

### Table 2 – Client organizations that underwent a Qmentum on-site survey in 2012, by region

<table>
<thead>
<tr>
<th>Western and Northern</th>
<th>Ontario</th>
<th>Quebec</th>
<th>Eastern</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td></td>
<td></td>
<td>New Brunswick Nova Scotia Newfoundland and Labrador</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>58</td>
<td>135</td>
<td>65</td>
<td>277</td>
</tr>
</tbody>
</table>

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

### Table 3 – Client organizations that underwent a Qmentum on-site survey in 2012, by sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number of organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute care</td>
<td>50</td>
</tr>
<tr>
<td>Health systems*</td>
<td>36</td>
</tr>
<tr>
<td>Home care</td>
<td>17</td>
</tr>
<tr>
<td>Long-term care</td>
<td>86</td>
</tr>
<tr>
<td>Other**</td>
<td>88</td>
</tr>
<tr>
<td>Total</td>
<td>277</td>
</tr>
</tbody>
</table>

* Includes health authorities in British Columbia, Alberta, Saskatchewan, Manitoba, Nova Scotia, the Northwest Territories, and Centres de santé et de services sociaux (CSSS) [Quebec's Health and Social Services Centres].

**Organizations providing services for 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.
Care transitions: Critical to delivering safe care

What are care transitions? A client may visit his/her primary care provider and following this assessment, may be referred to a specialist physician. Handovers at shift changes, client transfers, discharges, and referrals to other health services providers are all care transitions. Together, these transitions play a critical role in providing safe and efficient health care (Abraham & Reddy, 2010). Effective care transitions occur when clients experience separate health care events as connected, coordinated, and appropriate for their needs and preferences across care providers, levels of care, and sites (Cornwell et al., 2012; Jeffs et al., 2013).

Considering how many transitions occur daily, care transitions are critical and vulnerable points in the care system during which the communication/transfer of information may be less than optimal. Breakdowns at care transitions create safety risks for clients and increase costs to the health care system. There is a common understanding that care transitions are key to high-quality health care across the continuum. Yet, care transitions continue to be recognized as a critical opportunity for system improvement given health care provider workload.
and the large number of patients receiving care and transitioning (Bohmer, 2011; Cornwell et al., 2012; Ontario Ministry of Health and Long-Term Care, 2011).

One of the unique features of the Qmentum program is that Accreditation Canada accredits an entire organization—all of its health care services, across all programs. Combined with a focus on the patient experience, Qmentum enables transition points to be assessed as patients/clients actually experience care. Using the tracer methodology during the on-site survey, surveyors observe and interact directly with a wide variety of staff, clients, and stakeholders in their environment to gather evidence about the quality and safety of the care and services provided. As the Qmentum program covers the continuum of care, it can provide insights about strengths and opportunities for improvement regarding care transitions in the Canadian health system.

Care transitions standards

During the on-site survey, Accreditation Canada surveyors directly assess multiple aspects of care transitions in different areas of care using the Qmentum standards and ROPs. Table 4 illustrates selected national compliance rates for specific standards related to care transitions. While surveyors note that there is collaboration related to the coordination of services, the high rate of compliance does not confirm that the communication and information transfer are effective. While surveyors note that access to clients’ medication profiles is provided, the accuracy of prescription entry, clients’ understanding of their medications, and issues during transitions are not assessed.
Table 4 – 2012 National compliance with Qmentum care transition standards

<table>
<thead>
<tr>
<th>Coordination of services</th>
<th>Compliance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The team collaborates with other services, programs, providers, and organizations to identify, address, and coordinate services across the continuum of care.</td>
<td>99</td>
</tr>
<tr>
<td>Following transition or end of service, the team contacts clients, families, or referral organizations to evaluate the effectiveness of the transition, and uses this information to improve its transition and end-of-service planning.</td>
<td>73</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication</th>
<th>Compliance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>When prescribing medications, staff and service providers have access to the client’s ongoing medication profile, including essential client information.</td>
<td>99</td>
</tr>
<tr>
<td>Service providers ensure clients know who to contact, and how to reach that person, if they have concerns or questions about their medication, both while receiving care/service and at the end of service or transfer of service.</td>
<td>99</td>
</tr>
</tbody>
</table>

Among the coordination of services standards, team collaboration with other providers, programs, and organizations to coordinate services showed the highest compliance rate: 99%. An opportunity for improvement exists in organizations’ use of follow-up contacts to evaluate transitions and improve services, which showed only 73% compliance across the country. While these rates of compliance indicate that collaboration is in place and that providers work together for client placement, the low rate of compliance—with use of follow-up contacts to evaluate transitions and improve services—is a concern, and is a key opportunity for improvement in care transitions.

The medication standards related to care transitions all showed very high compliance rates in the following areas: staff and service providers have access to medication profiles of clients; and service providers ensure that clients know who to contact if they have questions about their medications. As clients’ understanding of their medications and specific issues during transitions are not assessed by surveyors, strengthening the standards in this area will be a focus of future development.
Care transitions ROPs

Table 5 shows national compliance rates for the Information Transfer ROP and the three Medication Reconciliation ROPs, which focus on aspects of care transitions. These ROPs are evaluated in many areas of care in the same organization.

Table 5: 2012 National compliance with Required Organizational Practices related to care transitions

<table>
<thead>
<tr>
<th>ROP</th>
<th>Compliance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensures effective information transfer at transition points</td>
<td>99</td>
</tr>
<tr>
<td>Develops and implements a plan for medication reconciliation</td>
<td>82</td>
</tr>
<tr>
<td>Conducts medication reconciliation at admission</td>
<td>71</td>
</tr>
<tr>
<td>Conducts medication reconciliation at transfer or discharge</td>
<td>62</td>
</tr>
</tbody>
</table>

ROPs with compliance rates of less than 85% are identified as opportunities for improvement.
As shown in Table 5, the ROPs related to care transitions showed varying rates of compliance. The Information Transfer ROP requires that (1) the team establishes mechanisms for timely and accurate transfer of information at transition points and (2) that team uses the established mechanisms to transfer information. In 2012, the Information Transfer ROP showed the highest ROP compliance rate across Canada—99%. Compliance with this ROP has been high over the past three years. However, the quality of the information transferred is not assessed by surveyors as part of this ROP. Given that the quality of care transitions continues to be a system-wide concern, the requirements for this ROP are being revisited by Accreditation Canada to capture additional aspects of effective information transfer at transition points.

Endorsed by patient safety organizations around the world, medication reconciliation is intended to ensure the accurate communication of medication information at transition points (e.g., when patients enter a hospital, transition to another service or provider, or are discharged home) (Accreditation Canada, Canadian Institute for Health Information, Canadian Patient Safety Institute, Institute for Safe Medication Practices Canada, 2012). In 2012, compliance with the Medication Reconciliation at Transfer or Discharge ROP increased by 12 percentage points over the previous year to 62%. The Medication Reconciliation at Admission ROP similarly increased by 11 percentage points over the previous year to 71%. The ROP for developing and implementing a plan for medication reconciliation throughout the organization requires (1) medication reconciliation to be implemented in one client service area at admission and one client service area at transfer/discharge and (2) a documented plan to implement it throughout the organization. This ROP also increased five percentage points over the previous year to 82%. Despite these significant gains, these medication reconciliation ROP compliance rates remain major areas of concern and opportunities for improvement for Canadian health care organizations.
The Accreditation Canada ROPs: Strengths and trends in safety in recent years

There were 36 ROPs in total in the Qmentum program in 2012, including the ROPs related to care transitions (already highlighted in this report). Table 6 illustrates the national compliance rates for ROPs that showed 85% or greater compliance in 2012, 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 different organizations undergo on-site surveys each year as part of their four-year accreditation cycle. Health systems implement ROPs across multiple service areas, making the full implementation of ROPs more challenging.

Table 6 – ROPs with 2012 national compliance rates of 85% or more

<table>
<thead>
<tr>
<th>ROP</th>
<th>Patient safety goal area</th>
<th>Compliance rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensures effective information transfer at transition points</td>
<td>Communication</td>
<td>92 94 99</td>
</tr>
<tr>
<td>Evaluates and limits availability of narcotic (opioid) products</td>
<td>Medication Use</td>
<td>94 93 97</td>
</tr>
<tr>
<td>Administers the pneumococcal vaccine</td>
<td>Infection Control</td>
<td>94 95 97</td>
</tr>
<tr>
<td>Ensures policies and procedures meet infection control guidelines</td>
<td>Infection Control</td>
<td>98 97 97</td>
</tr>
<tr>
<td>Standardizes and limits number of medication concentrations</td>
<td>Medication Use</td>
<td>91 95 97</td>
</tr>
<tr>
<td>Monitors clients for risk of suicide</td>
<td>Risk Assessment</td>
<td>95 90 96</td>
</tr>
<tr>
<td>Stores concentrated electrolytes away from client service areas</td>
<td>Medication Use</td>
<td>91 93 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>91 96 96</td>
</tr>
<tr>
<td>Evaluates and limits availability of heparin products</td>
<td>Medication Use</td>
<td>90 90 96</td>
</tr>
<tr>
<td>Delivers client safety training and education at least annually</td>
<td>Worklife/Workforce</td>
<td>91 96 95</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>95</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>Delivers hand hygiene education and training</td>
<td>Infection Control</td>
<td>94</td>
</tr>
<tr>
<td>Administers the influenza vaccine</td>
<td>Infection Control</td>
<td>92</td>
</tr>
<tr>
<td>Uses verification processes and other checking systems for high-risk activities</td>
<td>Communication</td>
<td>90</td>
</tr>
<tr>
<td>Discloses adverse events to clients and families</td>
<td>Safety Culture</td>
<td>87</td>
</tr>
<tr>
<td>Educates clients and families about their roles in promoting safety</td>
<td>Communication</td>
<td>79</td>
</tr>
<tr>
<td>Adopts client safety as a written, strategic priority or goal</td>
<td>Safety Culture</td>
<td>87</td>
</tr>
<tr>
<td>Defines roles, responsibilities, and accountabilities for client care and safety</td>
<td>Worklife/Workforce</td>
<td>76</td>
</tr>
<tr>
<td>Implements interventions to prevent pressure ulcers</td>
<td>Risk Assessment</td>
<td>82</td>
</tr>
<tr>
<td>Uses two client identifiers before administering medications</td>
<td>Communication</td>
<td>90</td>
</tr>
<tr>
<td>Provides training on infusion pumps</td>
<td>Medication Use</td>
<td>83</td>
</tr>
<tr>
<td>Tracks and shares information on infection rates</td>
<td>Infection Control</td>
<td>83</td>
</tr>
<tr>
<td>Conducts one client safety-related prospective analysis</td>
<td>Safety Culture</td>
<td>85</td>
</tr>
<tr>
<td>Uses a safe surgery checklist</td>
<td>Communication</td>
<td>n/a</td>
</tr>
<tr>
<td>Develops and implements a client safety plan</td>
<td>Safety Culture</td>
<td>85</td>
</tr>
<tr>
<td>Produces quarterly reports on client safety, including recommendations from adverse incidents</td>
<td>Safety Culture</td>
<td>84</td>
</tr>
</tbody>
</table>

n/a = ROP had not yet been introduced.
Highest national ROP compliance rates

The ROPs listed below had the highest national compliance rates in 2012, with higher than 95% compliance.

- Ensures effective information transfer at transition points: 99%
  Discussion of this ROP can be found in the previous section of this report on pages 10 and 11.

- Evaluates and limits availability of narcotic (opioid) products: 97%
- Standardizes and limits number of medication concentrations: 97%
- Stores concentrated electrolytes away from client service areas: 96%
- Evaluates and limits availability of heparin products: 96%
  These four Medication Use ROPs address the standardization and storage of medications, and have consistently shown over 90% compliance since 2010. The continued focus of Canadian health organizations on improving medication safety led to increases in compliance for each of these ROPs over the past year, leading to four of the highest ROP compliance rates in the Qmentum program.

- Administers the pneumococcal vaccine: 97%
- Ensures policies and procedures meet infection control guidelines: 97%
  The high compliance rates for these two Infection Control ROPs show that Canadian health care organizations have implemented policies to meet international, federal, and provincial/territorial infection control guidelines. Policies are also in place to identify clients at risk and administer the pneumococcal vaccine in long-term care and residential homes.

- Monitors clients for risk of suicide: 96%
  Risk assessment can help prevent suicide through the early recognition of suicidal thoughts and providing appropriate interventions (Lynch et al., 2008). Canadian health care organizations continue to assess and monitor clients for risk of suicide.

- Has a reporting and follow-up system for sentinel events, adverse events, and near misses: 96%
  The ROP compliance rate remained at 96% this year. Canadian health care organizations have made improvements to reporting systems following adverse events and near misses. This promotes learning from these events, minimizes potential recurrence, and strengthens the culture of safety.
Table 7 shows the ROPs with national compliance rates of less than 85% in 2012, and the corresponding rates for these ROPs over the past three years. Of the 36 ROPs in the Qmentum program in 2012, nine had compliance rates of less than 85%.

**Table 7 – ROPs with 2012 national compliance rates of less than 85%**

<table>
<thead>
<tr>
<th>ROP</th>
<th>Patient safety goal area</th>
<th>Compliance rate (%)</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a preventive maintenance program for medical devices, medical equipment, and medical technology</td>
<td>Worklife/Workforce</td>
<td></td>
<td>78</td>
<td>73</td>
<td>84</td>
</tr>
<tr>
<td>Implements a strategy to prevent workplace violence</td>
<td>Worklife/Workforce</td>
<td></td>
<td>n/a</td>
<td>85</td>
<td>82</td>
</tr>
<tr>
<td>Evaluates compliance with hand hygiene practices</td>
<td>Infection Control</td>
<td></td>
<td>73</td>
<td>80</td>
<td>82</td>
</tr>
<tr>
<td>Develops and implements a plan for medication reconciliation throughout the organization</td>
<td>Communication</td>
<td></td>
<td>61</td>
<td>77</td>
<td>82</td>
</tr>
<tr>
<td>Implements a falls prevention strategy</td>
<td>Risk Assessment</td>
<td></td>
<td>69</td>
<td>75</td>
<td>80</td>
</tr>
<tr>
<td>Identifies abbreviations, symbols, and dose designations that are not to be used</td>
<td>Communication</td>
<td></td>
<td>67</td>
<td>68</td>
<td>77</td>
</tr>
<tr>
<td>Provides VTE prophylaxis for at-risk clients</td>
<td>Risk Assessment</td>
<td></td>
<td>n/a</td>
<td>50</td>
<td>77</td>
</tr>
<tr>
<td>Conducts medication reconciliation at admission</td>
<td>Communication</td>
<td></td>
<td>47</td>
<td>60</td>
<td>71</td>
</tr>
<tr>
<td>Conducts medication reconciliation at transfer or discharge</td>
<td>Communication</td>
<td></td>
<td>36</td>
<td>50</td>
<td>62</td>
</tr>
</tbody>
</table>

n/a = ROP had not yet been introduced.
The VTE Prophylaxis ROP has been assessed during on-site surveys since 2011. In 2012, this ROP showed the largest improvement in compliance rates across all ROPs in the Qmentum program, increasing from 50% in 2011 to 77% in 2012.

Lowest national compliance rates

The following ROPs showed the lowest compliance rates in 2012 and therefore represent the top opportunities for improvement. While many of these ROPs have shown notable increases in compliance rates over last year, national compliance for these ROPs were all 80% or below.

- Conducts medication reconciliation at transfer or discharge: 62%
- Conducts medication reconciliation at admission: 71%

Over the past three years, national compliance rates for the Medication Reconciliation ROPs have improved substantially. Despite these gains, medication reconciliation remains an opportunity for improvement for Canadian health care organizations. Discussion of these ROPs can be found in the care transitions section of this report on pages 10 and 11.

- Identifies abbreviations, symbols, and dose designations that are not to be used: 77%

Despite an increase of nine percentage points in the ROP compliance rate over last year, Canadian health care organizations continue to face challenges with eliminating dangerous abbreviations, symbols, and dose designations from medication-related documentation. Larger organizations find the implementation of this ROP more challenging, given the large range of services where it must be implemented.

- Provides VTE prophylaxis for at-risk clients: 77%

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. The development of thromboembolism is associated with increased patient mortality, and is the most common preventable cause of hospital death (Selby et al., 2009; Geerts, 2009). The VTE Prophylaxis ROP has been assessed during on-site surveys since 2011. In 2012, this ROP showed the largest improvement in compliance rates across all ROPs in the Qmentum program, increasing from 50% in 2011 to 77% in 2012. Accreditation Canada continues to work with partners such as Safer Healthcare Now! to support organizations in the widespread implementation of this ROP.

- Implements a falls prevention strategy: 80%

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). Canadian health care organizations continue to identify clients at risk for falls, and to implement strategies to
reduce injury. The compliance rate for this ROP showed an increase of five percentage points over last year.

**Other notable improvements**

Three other ROPs showed notable improvements over the past year:

- Has a preventive maintenance program for medical devices, medical equipment, and medical technology
  
The compliance rate for this ROP improved from 73% in 2011 to 84% in 2012.

- Uses a safe surgery checklist
  
The compliance rate for this ROP improved from 79% in 2011 to 88% in 2012, its second year of assessment.

- Implements interventions to prevent pressure ulcers
  
The compliance rate for this ROP improved from 83% in 2011 to 91% in 2012.
Accreditation Canada continues to enhance the accreditation program in terms of safety and care transitions. As research and best practice identify detailed process steps critical to safe and effective care transitions, this content is embedded in the standards. The Stroke Distinction program and client experience are two examples.

**Stroke Distinction**

The Accreditation Canada Stroke Distinction program, developed in partnership with the Canadian Stroke Network, recognizes health organizations that demonstrate clinical excellence and an outstanding commitment to leadership in stroke care. The program offers rigorous and highly specialized standards of excellence, in-depth performance indicators and protocols, a focus on client and family education, and an on-site visit by expert evaluators with extensive experience in stroke services.

The effective transfer of comprehensive information at every transition point is a key component of the program. The standards support discharge planning from the time of admission, and developing comprehensive transition and follow-up plans—in collaboration with clients, families, and caregivers—that include information on how to access community services and self-management programs. By evaluating stroke services as an integrated system, the Stroke Distinction program assesses stroke services across the full continuum of care.

**A client perspective on care transitions**

The Qmentum program now includes a requirement to measure client/patient experience for organizations providing acute care services. Measurement of the client/patient experience provides insights into the effectiveness of care transitions from their perspective, and suggestions for improving services and client-centred care.
ROP changes in 2013

Accreditation Canada continues to refine the ROPs to identify safety risks in Canadian health care organizations. The following changes have been implemented in Qmentum for on-site surveys starting in 2013.

ROP life cycle

As part of the Accreditation Canada ROP life cycle, in 2013, five ROPs were transitioned to high-priority criteria in the standards. This transition will assist Canadian health care organizations in balancing the implementation of existing ROPs with the introduction of new ROPs, while at the same time retaining important safety principles in the standards. Five ROPs were transitioned:

1. Client Safety as a Strategic Priority (becomes a component of the Client Safety Plan ROP)
2. Client Safety: Roles and Responsibilities
3. Infection Control Guidelines
4. Influenza Vaccine
5. Verification Processes for High-Risk Activities

New ROPs

At the beginning of 2012, two new ROPs were introduced into the Qmentum program—Antimicrobial Stewardship and Pressure Ulcers. Surveyors began evaluating them during on-site surveys in 2013.

Antimicrobial Stewardship

A new Antimicrobial Stewardship ROP was added for organizations providing inpatient acute care services. Effective antimicrobial stewardship limits the transmission of antimicrobial-resistant bacteria, while providing cost savings through reduced drug costs and the avoidance of microbial resistance (Centers for Disease Control and Prevention, 2010).

Pressure Ulcers

Pressure ulcers have a significant impact on patient/client quality of life, resulting in pain, hindered recovery, and an increased risk of infection. The Pressure Ulcer Prevention ROP has been expanded from long-term care to include acute care areas such as critical care, medicine, rehabilitation, and surgical care. Effective pressure ulcer prevention strategies can substantially reduce the incidence of pressure ulcers, and reduce the burden of pressure ulcers on the Canadian health system.
ROP changes for 2014

Medication Reconciliation
Based on extensive consultations with and feedback from national partners, client organizations, and surveyors, revised Medication Reconciliation ROPs were released in January 2013 for on-site surveys in 2014.

Accreditation Canada will move toward the full implementation of medication reconciliation as follows:

- For on-site surveys between 2014 and 2017, medication reconciliation is to be fully implemented in one service (all sites_UNITS/floors/locations within a service or program)
- For on-site surveys in 2018 and beyond, medication reconciliation is to be fully implemented across all services or programs.

Medication Reconciliation as a Strategic Priority is the revised ROP that applies to the leadership team, and it will focus on the steps needed to implement and sustain medication reconciliation throughout an organization:

- A policy and process to accurately transfer information about client medications
- Well-defined roles and responsibilities
- A well-defined implementation plan
- Interdisciplinary implementation
- Documented evidence of staff education
- Monitoring of the medication reconciliation process

The Medication Reconciliation at Care Transitions ROP combines the current Medication Reconciliation at Admission ROP with the Medication Reconciliation at Transfer or Discharge ROP. This new ROP outlines the steps of the medication reconciliation process and offers better customization for different sectors (acute care, ambulatory care, home care, and long-term care).

Accreditation Canada continues to work in partnership with the Canadian Patient Safety Institute and the Institute for Safe Medication Practices Canada to provide leadership and ongoing support to advance the national medication reconciliation agenda, and to foster improvements in the communication of medication information within the health care system.
Prioritizing safety improvements

With increasing demands for safety and quality in health care services in a tight fiscal environment, are investments in patient safety actually leading to improvement? Based on the information that Accreditation Canada continues to collect across the country, the key findings of this report are:

1. Canadian health care organizations have established mechanisms to transfer information at transition points and to coordinate services and client follow-up plans. The standardization and storage of medications and the implementation of policies for infection control were also identified as strengths. Accreditation Canada will continue to strengthen the focus of the Qmentum program on the effectiveness of care transitions. This will allow a better understanding of whether or not these mechanisms are being used effectively, resulting in transitions that ensure safe and quality care.

2. Providing VTE prophylaxis for at-risk clients was the greatest area of improvement over the past year.

3. The top opportunities for improvement going forward are client follow-up to evaluate and improve care as patients move through care transition points, the implementation of medication reconciliation, and providing VTE prophylaxis for at-risk clients.

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. Accreditation Canada continues to focus efforts on safety risks which have been identified as opportunities for improvement, by enhancing the ROPs. Resources are also made available to Canadian health care organizations. The summer issue of Qmentum Quarterly focuses on innovative strategies for supporting transitions of care across the country. This open-access publication is on the Accreditation Canada website at accreditation.ca/news-and-publications/publications/qmentum-quarterly.

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. This is one of the many ways that Accreditation Canada—in partnership with health care organizations—fosters safe, high-quality care and ongoing quality improvement.
References


