2011 Report on Required Organizational Practices

How Safe Are Canadian Health Organizations?
Accreditation Canada is a not-for-profit organization that accredits health organizations in Canada and around the world. Its comprehensive accreditation program uses evidence-based standards 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.

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Cette information est aussi disponible en français sous le titre Dans quelle mesure les organismes de santé canadiens sont-ils sécuritaires? Rapport sur les pratiques organisationnelles de 2011.
Hundreds of health organizations participate in accreditation every year. Accreditation Canada staff and surveyors support these organizations throughout the process. Accreditation Canada’s ongoing interaction and partnership with health care organizations and teams providing care in all sectors and regions offers a unique perspective on health care in Canada.

An important step in the Qmentum accreditation program is the on-site survey. During the on-site survey, peer surveyors assess the leadership, governance, programs, and services of health care organizations against Accreditation Canada’s comprehensive standards. This assessment seeks to improve quality and patient safety, as well as promote organizational effectiveness. A key part of this process is determining whether organizations meet the Required Organizational Practices (ROPs).

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. They are organized according to patient safety goal areas: Safety Culture, Communication, Medication Use, Worklife/Workforce, Infection Control, and Risk Assessment. As with Accreditation Canada’s standards, all ROPs are developed with input from health care experts including practitioners, researchers, policy-makers, Ministries of Health, academics, and health services providers at the provincial, territorial, and national levels. Existing initiatives within each jurisdiction are also important considerations in the development process. Organizations participating in Qmentum are expected to meet the ROPs – unmet ROPs affect an organization’s accreditation decision level.

Approximately one third of Accreditation Canada client organizations undergo an on-site survey each year. While over 1,000 organizations participate in Accreditation Canada programs, this report focuses on the 294 Canadian organizations that underwent a Qmentum on-site survey in 2010.

A list of all ROPs in the Qmentum program can be found on page 2.
The objective of guiding health care organizations towards safe and quality health care is strengthened by Required Organizational Practices.

New ROPs for 2011

### 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
- Concentrated electrolytes
- Heparin safety
- Infusion pumps training
- Medication concentrations
- Narcotics safety

### WORKLIFE/WORKFORCE
- Client safety plan
- Client safety: roles and responsibilities
- Client safety: education and training
- 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

* introduced in September 2010

* formerly Medication reconciliation at referral or transfer
The following table shows the national compliance rates for ROPs that showed 75% or greater compliance in 2010, and the corresponding rates for these ROPs since the Qmentum program was introduced in 2008. Of the 32 ROPs in the Qmentum program in 2010, 26 had compliance rates of 75% or greater. Eleven out of those 26 (42%) were in the areas of infection prevention and control, and medication use.

Table 1 - 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>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensures policies and procedures meet infection control guidelines</td>
<td>Infection Control</td>
<td>91</td>
<td>97</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>Assesses and monitors clients for risk of suicide</td>
<td>Risk Assessment</td>
<td>n/a</td>
<td>92</td>
<td>95</td>
<td></td>
</tr>
<tr>
<td>Monitors processes for reprocessing equipment</td>
<td>Infection Control</td>
<td>88</td>
<td>87</td>
<td>95</td>
<td></td>
</tr>
<tr>
<td>Administers the pneumococcal vaccine</td>
<td>Infection Control</td>
<td>93</td>
<td>91</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td>Evaluates and limits availability of narcotic (opioid) products</td>
<td>Medication Use</td>
<td>n/a</td>
<td>94</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td>Delivers hand-hygiene education and training</td>
<td>Infection Control</td>
<td>94</td>
<td>97</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td>Ensures effective information transfer at transition points</td>
<td>Communication</td>
<td>74</td>
<td>92</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td>Administers the influenza vaccine</td>
<td>Infection Control</td>
<td>86</td>
<td>92</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td>Standardizes and limits number of medication concentrations</td>
<td>Medication Use</td>
<td>92</td>
<td>97</td>
<td>91</td>
<td></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>87</td>
<td>88</td>
<td>91</td>
<td></td>
</tr>
<tr>
<td>Stores concentrated electrolytes away from client service areas</td>
<td>Medication Use</td>
<td>89</td>
<td>93</td>
<td>91</td>
<td></td>
</tr>
<tr>
<td>Delivers client safety training and education at least annually</td>
<td>Worklife/Workforce</td>
<td>79</td>
<td>90</td>
<td>91</td>
<td></td>
</tr>
<tr>
<td>Uses two client identifiers before administering medications</td>
<td>Communication</td>
<td>67</td>
<td>87</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Evaluates and limits availability of heparin products</td>
<td>Medication Use</td>
<td>n/a</td>
<td>90</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Uses verification processes and other checking systems for high-risk activities</td>
<td>Communication</td>
<td>73</td>
<td>92</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Discloses adverse events to clients and families</td>
<td>Safety Culture</td>
<td>79</td>
<td>88</td>
<td>87</td>
<td></td>
</tr>
<tr>
<td>Adopts client safety as a written, strategic priority or goal</td>
<td>Safety Culture</td>
<td>74</td>
<td>90</td>
<td>87</td>
<td></td>
</tr>
<tr>
<td>Develops and implements client safety plan</td>
<td>Worklife/Workforce</td>
<td>81</td>
<td>88</td>
<td>85</td>
<td></td>
</tr>
</tbody>
</table>

Safety Strengths
How Safe Are Canadian Health Organizations?

2011 Report on ROPs

<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>2008</td>
</tr>
<tr>
<td>Conducts one client safety-related prospective analysis per year</td>
<td>Safety Culture</td>
<td>55</td>
</tr>
<tr>
<td>Produces quarterly reports on client safety, including recommendations from adverse incidents</td>
<td>Safety Culture</td>
<td>78</td>
</tr>
<tr>
<td>Tracks and shares information on infection rates</td>
<td>Infection Control</td>
<td>63</td>
</tr>
<tr>
<td>Provides training on infusion pumps</td>
<td>Medication Use</td>
<td>64</td>
</tr>
<tr>
<td>Implements interventions to prevent pressure ulcers</td>
<td>Risk Assessment</td>
<td>n/a</td>
</tr>
<tr>
<td>Educates clients and families about their roles in promoting safety</td>
<td>Communication</td>
<td>52</td>
</tr>
<tr>
<td>Has a preventive maintenance program for medical devices, equipment, and technology</td>
<td>Worklife/Workforce</td>
<td>78</td>
</tr>
<tr>
<td>Defines roles, responsibilities, and accountabilities for client care and safety</td>
<td>Worklife/Workforce</td>
<td>60</td>
</tr>
</tbody>
</table>

n/a = ROP had not yet been introduced

Most notable improvements since 2008

Most notable improvements since 2009

The three ROPs with the highest national compliance rates in 2010 were:

1. **Ensures policies and procedures meet infection control guidelines (98%).**
   Policies and procedures were shown to meet 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). The compliance rate for this ROP was consistently high across the care continuum.

2. **Assesses and monitors clients for risk of suicide (95%).**
   While suicide is a global health concern, the Public Health Agency of Canada reports that suicide accounts for nearly 2% of all deaths in Canada (Anderson, 2008; Public Health Agency of Canada, 2011; World Health Organization, 2011). Risk assessment is imperative to prevent suicide through early recognition of the signs and appropriate intervention. This ROP is predominantly for organizations providing mental health services, and showed consistently high compliance rates across these organizations.

3. **Monitors processes for reprocessing equipment (95%).**
   Monitoring sterilization processes helps organizations reduce nosocomial infections (Bailey & Ries, 2005; Rutala & Weber, 2004). This ROP ensures that organizations reprocess equipment according to manufacturers’ instructions. If the organization does not perform the reprocessing themselves, the organization must have a process to ensure equipment has been appropriately reprocessed prior to use. The compliance rate for this ROP was consistently high for health systems, acute care organizations, and long-term care organizations.
Excellence was not limited to these three ROPs. In fact, 15 ROPs showed a level of compliance of 90% or greater. The high rate of compliance with these ROPs reflects the priority placed on safety by organizations across Canada.

- For **medication use**, this included evaluating and limiting availability of both narcotic (opioid) products (94%) as well as heparin products (90%), storing concentrated electrolytes away from client service areas (91%), and standardizing and limiting the number of medication concentrations (91%).

- For **infection prevention and control**, administering the pneumococcal vaccine (94% – assessed in organizations that provide long-term care services) and influenza vaccine (92%), as well as delivering hand-hygiene education and training (94%) were also highly rated.

- For **communication**, this included ensuring effective information transfer at transition points (92%), using two client identifiers before administering medications (90%), and using verification processes and other checking systems for high-risk activities (90%).
A number of considerable improvements in ROP compliance rates occurred since the release of the Qmentum program in 2008, as first identified in the 2009 Canadian Health Accreditation Report.

Some variation is expected in ROP compliance rates from year to year because of the different organizations that undergo on-site surveys each year. As well, for the current report, Accreditation Canada has refined and standardized the methodology used to calculate ROP rates:

- In addition to health systems, acute care, long-term care, and home care organizations, all national client organizations where ROPs were evaluated in the given year are included in the analysis.

- In order to provide a comprehensive picture of system performance, every rating for a particular ROP across multiple standards sets is included*. This is an important consideration given that health organizations who participate in accreditation can differ greatly in size and scope. A client organization can be an entire provincial health system, or it can be an independent organization.

2008 to 2010

Irrespective of methodology, the following three practices demonstrated the most notable improvements since 2008:

- Conducts one client safety-related prospective analysis per year – compliance rate improved from 55% (2008) to 81% (2009) to 85% (2010)

- Educates clients and families about their roles in promoting safety – compliance rate improved from 52% (2008) to 73% (2009) to 79% (2010)

- Implements a falls prevention strategy – compliance rate improved from 42% (2008) to 70% (2009) and remained stable at 69% (2010)

*Eight ROPs are evaluated across multiple Qmentum standards sets: 1. Conducts medication reconciliation at admission; 2. Conducts medication reconciliation at transfer; 3. Provides training on infusion pumps; 4. Uses verification processes and other checking systems for high-risk activities; 5. Uses two client identifiers before administering medications; 6. Implements a falls prevention strategy; 7. Educates clients and families about their roles in promoting safety; 8. Ensures effective information transfer at transition points.
2009 to 2010

In comparing ROP compliance rates between 2009 and 2010, rates have remained relatively stable, pointing to the strong state of safety practices across Canada. The following three practices demonstrated the most notable improvements:

- Monitors processes for reprocessing equipment – compliance rate improved from 87% (2009) to 95% (2010)
- Tracks and shares information on infection rates – compliance rate improved from 76% (2009) to 83% (2010)
- Educates clients and families about their roles in promoting safety – compliance rate improved from 73% (2009) to 79% (2010)
Opportunities for Improvement in Safety

In last year’s Report on Required Organizational Practices, seven ROPs were identified as having a compliance rate of less than 75%. This year, the number further dropped to six, highlighting the ongoing improvement being made in safety in Canadian health services organizations.

These six ROPs are included in the following table. For each ROP, the corresponding rate since 2008 is also shown.

Table 2 – 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>Evaluates compliance with hand-hygiene practices</td>
<td>Infection Control</td>
<td>72 73</td>
</tr>
<tr>
<td>Implements a falls prevention strategy</td>
<td>Risk Assessment</td>
<td>42 70 69</td>
</tr>
<tr>
<td>Identifies abbreviations, symbols, and dose designs that are not to be used</td>
<td>Communication</td>
<td>66 67</td>
</tr>
<tr>
<td>Develops and implements a plan for medication reconciliation throughout the organization*</td>
<td>Communication</td>
<td>n/a n/a 61</td>
</tr>
<tr>
<td>Conducts medication reconciliation at admission</td>
<td>Communication</td>
<td>32 46 47</td>
</tr>
<tr>
<td>Conducts medication reconciliation at transfer</td>
<td>Communication</td>
<td>38 44 36</td>
</tr>
</tbody>
</table>

*The 2010 compliance rate for this ROP is based on the 103 organizations that had an on-site survey since September 2010.

n/a = ROP had not yet been introduced

Most notable improvements since 2008

The following had the lowest compliance rates among all ROPs:

1. **Conducts medication reconciliation at transfer (36%).**
2. **Conducts medication reconciliation at admission (47%).**
3. **Develops and implements a plan for medication reconciliation throughout the organization (61%).**

Medication reconciliation at admission and at transfer or discharge is shown based on the actual rates of compliance across the system. To support organizations, current Accreditation Canada requirements are that organizations implement medication reconciliation in one unit at admission, in one unit at transfer or discharge, and have a plan for spread across the organization. Towards that end, Accreditation Canada began monitoring the specific development and implementation of a plan for medication reconciliation throughout the organization in September 2010. The 61% compliance rate for the ROP related to developing and implementing a plan for medication reconciliation throughout the organization points to the increase in the spread of medication reconciliation across the system.
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, Canada Health Infoway, & Safer Healthcare Now, 2011). Medication reconciliation is a cost-effective method to reduce the potential for medication discrepancies such as omissions, duplications, and dosing errors (Karnon, Campbell, & Czoski-Murray, 2009).

Medication reconciliation at admission has improved substantially since 2008, while medication reconciliation at transfer or discharge has remained stable overall. Accreditation Canada continues to strengthen the support and guidance provided to health care organizations in implementing medication reconciliation. In September 2010 and January 2011, Accreditation Canada enhanced the medication reconciliation at admission ROPs to further reflect the unique requirements across the care continuum. Specific tests for compliance were introduced for ambulatory care services, home care services, and emergency departments. Revisions included a requirement to generate a best possible medication history (BPMH), incorporation of target populations, and a focus on patients for whom medications management is an important component of care.

In September 2011, Accreditation Canada released enhancements to the medication reconciliation at transfer or discharge ROP (formerly "at referral or transfer") clarifying the important steps in the medication reconciliation process and defining the transition points where medication reconciliation is necessary. This ROP has been customized for acute care and long-term care services, and further enhancements for organizations providing home care services, home support services, case management services, and ambulatory care services will be made in 2012.

Accreditation Canada continues to collaborate with national partners such as the Canadian Patient Safety Institute (CPSI) and the Institute for Safe Medication Practices Canada (ISMP) to support and spread medication reconciliation across the country.

4. Identifies abbreviations, symbols, and dose designations that are not to be used (67%).
   Misinterpreted abbreviations can result in medication omission errors, extra or improper doses, administering the wrong drug, or giving a drug in the wrong manner. Medication errors are a significant source of preventable medical error, and medication ordering is one of the most error-prone aspects of the delivery process (Cafazzo et al., 2009). The lowest compliance rates for this ROP were noted in health systems (34%), as they were in 2009, the year the ROP was introduced. Health systems offer the full continuum of health services to a population across a large geographical area, which may make it more challenging for these organizations to implement ROPs across all service sectors.

5. Implements a falls prevention strategy (69%).
   Long-term care organizations and acute care organizations again had higher compliance rates (86% and 79% respectively) in 2010 than health systems (55%). Originally introduced as an ROP in 2007, falls prevention strategies are more common in long-term care organizations since falls are widely recognized to be more frequent among the elderly (Scott, Wagar, & Elliott, 2011). As noted in this report, ROP rates since 2008 reflect a substantial increase in organizations implementing strategies to address falls prevention.
Changes between 2009 and 2010

The following two ROPs have shown declines of several percentage points from 2009 to 2010 and therefore represent opportunities for improvement:

- Conducts medication reconciliation at transfer – compliance rate shifted from 38% (2008) to 44% (2009) to 36% (2010)
- Standardizes and limits number of medication concentrations – compliance rate shifted from 92% (2008) to 97% (2009) to 91% (2010)

In examining the 2010 rates for these two ROPs by sector, the compliance rates for health systems were the only sector with lower rates than the national averages. The compliance rate for conducting medication reconciliation at transfer was 16% for health systems. For standardizing and limiting the number of medication concentrations, health systems showed a rate of 78%. Health systems implement these ROPs across multiple service areas, making the full implementation of ROPs more challenging.
Through our ongoing work with national, provincial, and territorial partners, health care experts, and advisory groups, Accreditation Canada continues to address serious safety risks in Canadian health care. Accreditation Canada helps client organizations deliver quality and safe services by providing organizations with education, resources, and introducing updated content into the Qmentum program based on research and best practice.

Towards this end, four new ROPs are being evaluated by Accreditation Canada at Canadian organizations this year and will be included in next year’s report: surgical safety checklist usage, venous thromboembolism (VTE) prophylaxis prevention, workplace violence prevention, and home safety risk assessment for clients receiving services in the home.

Accreditation Canada will also be instituting a lifecycle for ROPs that includes introduction, implementation, and retirement/transitioning.

By monitoring ROP rates across the country, Accreditation Canada continues to provide a unique perspective on the safety of health care services Canadians receive. However, improving the safety of health services in Canada can only be achieved as a shared goal. In collaboration with health care organizations, quality councils, and our many other partners and stakeholders, Accreditation Canada continues to contribute to the improvement of health care quality through accreditation.
References


