2010 Canadian Health Accreditation Report

Through the Lens of Qmentum – Exploring the Connection between Patient Safety and Quality of Worklife

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2010 Canadian Health Accreditation Report: Through the Lens of Qmentum - Exploring the Connection between Patient Safety and Quality of Worklife

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Executive Summary

Accreditation Canada staff and surveyors organize and conduct on-site surveys in hundreds of Canadian health organizations that participate in accreditation every year. Through the accreditation process, the interaction with health care professionals in all sectors and regions provides a broad and unique perspective on health care in Canada.

This year, the focus of the *Canadian Health Accreditation Report* is on the vital connection between quality of worklife and patient safety. Data collected from the Worklife Pulse Tool survey and Patient Safety Culture Tool survey completed by clients who participated in accreditation in 2009 support this link, as does peer-reviewed research. This document explores the relationship between staff perceptions of work climate and patient safety culture, and how those perceptions are useful in identifying patient safety issues.

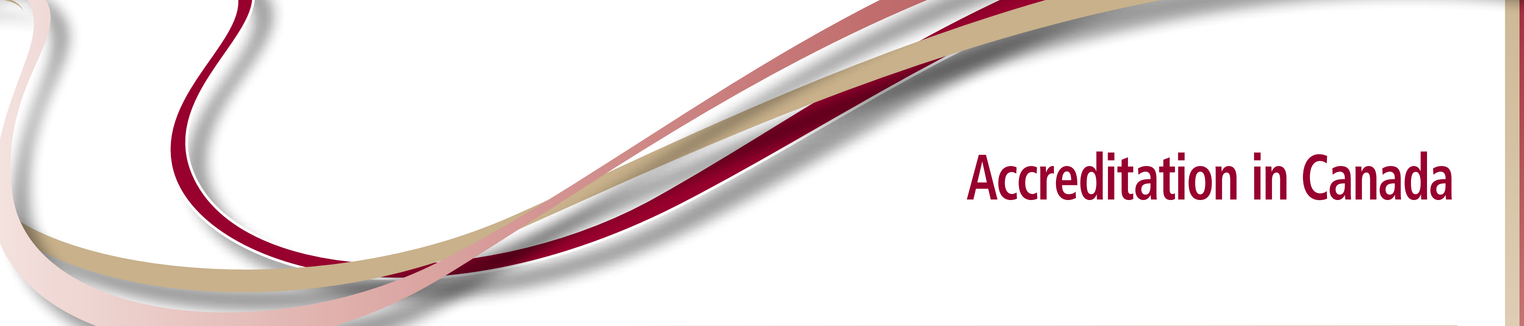
One of Accreditation Canada's strategic directions is to facilitate knowledge exchange and promote ongoing quality improvement through accreditation, in Canada and around the world. Analysis of confidential survey data presented in this document will contribute to the ever-changing Canadian health care landscape by exploring the relationship between worklife and patient safety.

Wendy Nicklin
President and Chief Executive Officer
Accreditation Canada

Highlights

Some of the highlights identified in the 2009 survey results include:

- Quality of worklife in health care organizations has an overall effect on staff health and well-being, patient safety, organizational performance, and quality of care. (p.12)
- Promoting a climate of health and safety, including workplace organizational factors, improves the health care workplace and, as a result, patient safety. (p.12)
- Health care providers need additional support from supervisors, sufficient time to deliver high quality patient care, and to be encouraged and rewarded by supervisors for taking quick action in identifying serious mistakes and reporting errors. (p.13)
- Health care providers generally do not fear repercussions from reporting mistakes or asking for help, which are positive signals and important building blocks of a strong patient safety culture. (p.7)
- While data indicates errors are being regularly reported, there is a shared perception they are not. (p.7)
- In an effort to foster quality and safety by maximizing support from all members in an organization, it is important for senior leadership to focus on improving communication and staff involvement in decision making in their organizations. (p.11)



Accreditation in Canada

Last year, over 1,000 organizations participated in Accreditation Canada programs across Canada. This report focuses on the 236 health organizations across Canada that experienced on-site Qmentum surveys in 2009.

The landscape of Canadian health care varies greatly from one province or territory to another. Depending on the location within Canada and the public/private structure, the health organizations who participate in accreditation (i.e. our clients) can differ greatly in size and scope. A client organization may be an entire provincial health system or a free-standing independent organization. Both of these are considered to be one client, despite the fact that one is made up of many sites and provides a wide range of services, and the other is made up of one site that provides a narrower scope of services.

Client organizations that had an on-site survey in 2009

Table 1 - Region

WESTERN & NORTHERN CANADA	ONTARIO	QUEBEC	EASTERN*
British Columbia Alberta Saskatchewan Manitoba Northwest Territories Yukon Nunavut			New Brunswick Nova Scotia Newfoundland and Labrador
49	133	43	11

*No on-site surveys were conducted in Prince Edward Island in 2009.

Table 2 - Sector**

HEALTH SYSTEM	ACUTE SERVICES	LONG TERM CARE	HOME CARE
Regional Health Authorities (RHA) Centres de santé et de services sociaux (CSSS) *[Quebec Health and Social Services Centres]*			
27	50	109	21

**The sector of care represents service areas where Accreditation Canada conducted on-site surveys for at least 20 organizations. Due to the small number of organizations surveyed in certain sectors in 2009, data are not included separately for 29 organizations providing services in acquired brain injury, assisted reproductive technology, mental health, community health services, rehabilitation, and hospice and palliative care, among others.

A Vital Connection: Patient Safety and Quality of Worklife

Quality of worklife encompasses a wide range of factors. Contributing factors include job design, occupational health and safety, learning and development opportunities, supportive supervision, job control, schedules, and leadership commitment to employees. At the individual level, quality of worklife affects job satisfaction, worklife balance, safety, and individual health and wellness. At the organizational level, it affects absenteeism, grievances, employee commitment, and retention.

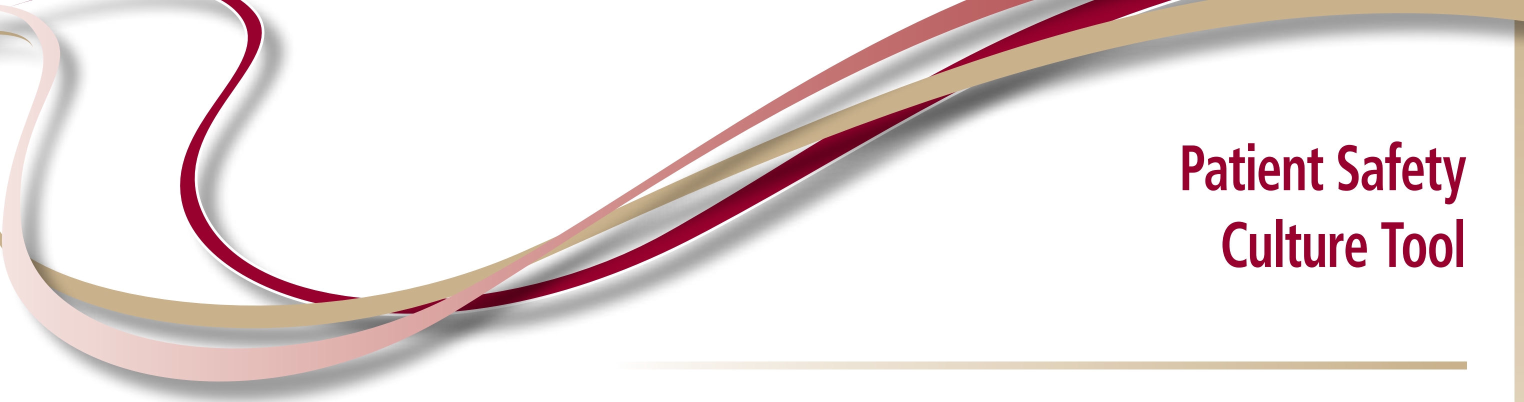
What is the relationship between patient safety and quality of worklife? To achieve a better understanding of this connection, it is important to understand how health care workers' perceptions of their work environments impact both patient safety and quality of worklife.

Among the many quality improvement tools and instruments included in the Qmentum accreditation program are two web-based staff survey tools:

- the **Patient Safety Culture Tool**, which measures staff perceptions of safety, what happens after an event, and the individual actions that occur as a result
- the **Worklife Pulse Tool**, which focuses on staff perceptions of quality of worklife, thereby providing a snapshot of key work environment factors, individual outcomes, and organizational outcomes

Results are collected from each organization through the online Client Organization portal, which ensures data security and respondent confidentiality. Minimum response rates are established based on the permanent staff complement in each organization to ensure sufficient response rates for representative sampling. A staff census approach is encouraged so that organizations disseminate the questionnaires to all permanent leadership members, physicians, nursing and other professional staff, and all other staff members.

This report will focus on the results of the Patient Safety Culture Tool and Worklife Pulse Tool questionnaires collected from health organizations that had on-site surveys in 2009.



Patient Safety Culture Tool

Accreditation Canada uses the Modified Stanford Instrument (MSI), *Patient Safety Culture in Healthcare Organizations*, which measures

- Staff perceptions of safety
- What happens after an event
- Individual actions

Patient safety culture is widely recognized as a significant driver in changing behaviour and expectations to increase and emphasize safety within organizations (McCarthy & Blumenthal, 2006; Institute of Medicine, 2000). A culture of safety creates an atmosphere of openness and mutual trust where staff members and health providers feel comfortable discussing safety problems and how to solve them (Institute for Healthcare Improvement, 2009). In such an atmosphere, staff and service providers demonstrate an awareness of safety issues and communicate freely with the goal of learning from errors and near misses, without fear of blame or punishment.

Ginsburg et al. suggest that there are underlying dimensions of a patient safety culture. These include senior leadership support, supervisory leadership, threats to safety, fear of repercussions, learning responses, reporting culture, and learning culture.*

In 2006, researchers Ginsburg et al., with support from the Canadian Patient Safety Institute (CPSI), validated the Patient Safety Culture Tool for the Canadian environment.

In 2009, the MSI Patient Safety Culture Tool (integrated within the Qmentum program) was completed by 35,901 respondents. There was commonality in the results among all Canadian regions and sectors, indicating the identified strengths and opportunities for improvement which hold true across Canada and across the care continuum. Detailed results can be found in the following pages.

Visit www.yorku.ca/patientsafety for a complete review.

Table 3 - Breakdown of respondents by staff group

Work Area	Patient Safety Culture Tool		Worklife Pulse Tool	
	Respondents	Percentage of Respondents	Respondents	Percentage of Respondents
Allied Health	2,162	6%	2,107	5.9%
Clerical Support	2,905	8.1%	3,730	10.5%
Clinical Care Manager/Educator	565	1.6%	506	1.4%
Nurse or Licensed Practical Nurse	10,551	29.4%	9238	26%
Physician	505	1.4%	382	1.1%
Personal Support Worker	6,897	19.2%	7,155	20.1%
Supervisor/Manager/Executive	2,400	6.6%	2,593	7.3%
Support Services (food services, housekeeping, maintenance)	3,322	9.3%	3,765	10.6%
Technician	1,726	4.8%	1,509	4.2%
Other	4,868	13.5%	4,609	12.9%
Totals	**35,901**	**100%**	**35,594**	**100%**

Patient Safety Culture Tool

Areas of strength

Table 4 - by sector

1 = strongly disagree to 5 = strongly agree	Acute Care N = 16,056	Home Care N = 1,311	Long Term Care N = 12,634	Mental Health N = 687	Regional Health Authorities N = 2,815	Centres de Santé et de Services Sociaux N = 2,398	Overall N = 35,901
	Average						
If I make a mistake that has significant consequences and nobody notices, I do not tell anyone about it	1.62	1.58	1.62	1.50	1.59	1.56	1.61
Asking for help is a sign of incompetence	1.66	1.57	1.66	1.56	1.60	1.61	1.65
My unit does a good job managing risks to ensure patient safety	4.21	4.24	4.22	4.26	4.22	4.20	4.22
My unit takes the time to identify and assess risks to patients	4.12	4.17	4.13	4.17	4.13	4.11	4.13
I work in an environment where patient safety is a high priority	4.10	4.14	4.11	4.12	4.13	4.10	4.11

Table 5 - by region

1 = strongly disagree to 5 = strongly agree	Western & Northern Canada N = 4,526	Ontario N = 22,793	Quebec N = 7,813	Eastern Canada N = 769	Overall N = 35,901
	Average				
If I make a mistake that has significant consequences and nobody notices, I do not tell anyone about it	1.59	1.62	1.58	1.66	1.61
Asking for help is a sign of incompetence	1.62	1.66	1.64	1.62	1.65
My unit does a good job managing risks to ensure patient safety	4.21	4.21	4.22	4.29	4.22
My unit takes the time to identify and assess risks to patients	4.14	4.12	4.13	4.17	4.13
I work in an environment where patient safety is a high priority	4.14	4.10	4.10	4.12	4.11

Opportunities for improvement

Table 6 - by sector

1 = strongly disagree to 5 = strongly agree	Acute Care N = 16,056	Home Care N = 1,311	Long Term Care N = 12,634	Mental Health N = 687	Regional Health Authorities N = 2,815	Centres de Santé et de Services Sociaux N = 2,398	Overall N = 35,901
	Average						
I believe health care errors often go unreported	3.34	3.23	3.30	3.26	3.30	3.36	3.32
In the last year, I have witnessed a co-worker do something that appeared to me to be unsafe for the patient in order to save time	3.12	3.23	3.14	3.15	3.15	3.13	3.14
I am rewarded for taking quick action to identify a serious mistake	3.10	3.12	3.12	3.20	3.12	3.08	3.11

Table 7 – by region

1 = strongly disagree to 5 = strongly agree	Western & Northern Canada N = 4,526	Ontario N = 22,793	Quebec N = 7,813	Eastern Canada N = 769	Overall N = 35,901
	Average				
I believe health care errors often go unreported	3.32	3.31	3.35	3.31	3.32
In the last year, I have witnessed a co-worker do something that appeared to me to be unsafe for the patient in order to save time	3.16	3.12	3.15	3.23	3.14
I am rewarded for taking quick action to identify a serious mistake	3.15	3.11	3.09	3.17	3.11

Strengths

Strengths identified in the 2009 Patient Safety Culture Tool results include health care providers taking responsibility and reporting mistakes that could otherwise go unnoticed, and considering that asking for help when needed is not a sign of incompetence. Reporting mistakes and asking for help are behaviours that can be discouraged by staff members' fear of repercussions. This year's results show that health care providers did not fear repercussions from reporting mistakes or asking for help, which are positive signals and important building blocks of a strong patient safety culture.

Unit leadership was shown to be a key driver in creating a strong patient safety culture. Respondents indicated that units were successfully identifying, assessing, and managing risks. This strength also emerged in last year's report, demonstrating survey respondents' positive perception of unit leadership in recent years.

Across Canada, health care providers noted that patient safety is a high priority in their work environments. Based on the research underlying the MSI, Ginsburg and colleagues note that this is indicative of senior leadership support for safety (Ginsburg et al., 2009).

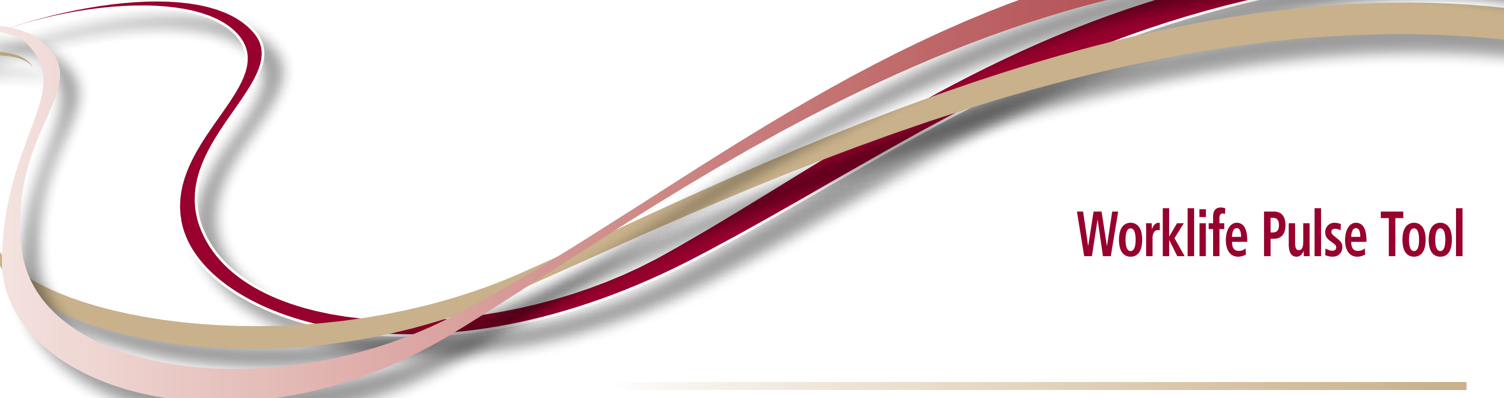
Opportunities for improvement

While overall patient safety culture results indicate there is a strong patient safety culture developing in Canadian health care organizations, there is always room for improvement.

Unreported errors and cutting corners in patient care in order to save time are among the opportunities for improvement identified in the 2009 Patient Safety Culture Tool results. These are classified as "threats to safety" (Ginsburg et al., 2009). Health care providers also did not generally feel that they would be rewarded for taking action to identify a serious mistake; this is part of the unit role in providing supervisory support for safety.

Analysis of 2009 results compared to 2008 reveals a slight improvement in the aforementioned "threats to safety". The score for being rewarded for taking quick action to identify a serious mistake remains unchanged.

Interestingly, while the regular reporting of errors by individual staff members is shown to be occurring, there continues to be a shared perception among survey respondents that health care errors often go unreported.



Worklife Pulse Tool

It is widely recognized that the health care environment is one of the most challenging within which to work due to the physical and emotional nature of work, the high risk of work-related injury, heavy workloads and work schedules, and the high rate of change in the work environment (Lowe, 2006). For this reason, the concept of quality of worklife is central to the Accreditation Canada Qmentum program. Worklife is one of the quality dimensions* of Qmentum, with content throughout the core standards, Required Organizational Practices (ROPs), and the Worklife Pulse Tool.

The Worklife Pulse Tool helps organizations identify strengths and opportunities for improvement in their work environments, plan appropriate interventions to improve the quality of worklife, and develop a clearer understanding of how quality of worklife influences the capacity of an organization to meet its strategic goals. The survey takes the "pulse" of quality of worklife, providing a quick and high-level snap shot. The Worklife Pulse Tool is not a thorough diagnosis of the work environment and should not be used as a substitute for a comprehensive employee survey. Rather, it is intended as a complement, which can be administered more easily and frequently than a full-scale employee survey.

Accreditation Canada defines quality through eight dimensions that form the foundation of the standards. See chart on page 18.

The Worklife Pulse Tool was developed by Accreditation Canada in collaboration with the Ontario Hospital Association, to build on the earlier Healthy Hospital Employee Survey© that was developed in partnership by the Workplace Health Research Unit of Brock University and the Ontario Hospital Association (Yardley & Noka, 2005; Lowe, 2006). The development of the 21-item Worklife Pulse Tool was also guided by the results of a National Consensus Meeting on Worklife Indicators, hosted by Accreditation Canada in Ottawa in 2004.

The Worklife Pulse Tool was completed by 35,594 respondents in Canadian health services organizations who underwent accreditation in 2009. As with the Patient Safety Culture Tool, little variation was found by Canadian region or sector. Detailed results are noted in the following pages.

Required Organizational Practices (ROPs) are evidence-based practices that contribute to improving the quality and safety of health services and mitigating risk. ROPs are organized according to patient safety goal areas: Culture, Communication, Medication Use, Worklife/Workforce, Infection Control, and Risk Assessment. All ROPs are identified with input from health care experts including practitioners, researchers, policy makers, academics, and health services providers. ROPs have a direct impact on an organization's accreditation decision.

The implementation and monitoring of ROPs is one of the many ways that Accreditation Canada plays a central role in fostering ongoing quality improvement and high quality care. Organizations are expected to meet the ROPs. Evidence demonstrating how unmet ROPs are being addressed is a requirement for accreditation.

Table 8 – by sector

		Acute Care N = 15,803	Home Care N = 1,392	Long Term Care N = 12,663	Mental Health N = 640	Regional Health Authorities N = 2,794	Centres de santé et de services sociaux N = 2,302	Overall N = 35,594
	Answer Scale	Average						
I am satisfied with communications in this organization.	1=strongly disagree to 5=strongly agree	3.30	3.30	3.29	3.23	3.33	3.32	3.30
I am satisfied with my supervisor.		3.81	3.83	3.78	3.84	3.85	3.81	3.80
I am clear about what is expected of me to do my job.		4.09	4.09	4.08	4.08	4.08	4.07	4.08
I am satisfied with my involvement in decision making processes in this organization.		3.30	3.34	3.29	3.37	3.35	3.32	3.31
I have enough time to do my job adequately.		3.13	3.22	3.14	3.22	3.21	3.21	3.15
My work environment is safe.		3.76	3.79	3.76	3.77	3.78	3.77	3.76
In the past 12 months, would you say that most days at work were…	1=not at all stressful to 5=extremely stressful	3.24	3.18	3.23	3.15	3.17	3.19	3.23
How satisfied are you with your job?	1=very satisfied to 4=not at all satisfied	1.77	1.75	1.77	1.74	1.74	1.78	1.77
How often do you feel you can do your best quality work in your job?	1=never to 5=always	4.03	4.06	4.03	4.08	4.04	4.04	4.04
Overall, I am satisfied with this organization.	1=strongly disagree to 5=strongly agree	3.59	3.61	3.59	3.59	3.59	3.62	3.59

Table 9 – by region

		Western and Northern Canada N = 4,527	Ontario N = 22,797	Quebec N = 7,605	Eastern Canada N = 665	Overall N = 35,594
	Answer Scale	Average				
I am satisfied with communications in this organization.	1=strongly disagree to 5=strongly agree	3.31	3.29	3.32	3.25	3.30
I am satisfied with my supervisor.		3.83	3.80	3.80	3.76	3.80
I am clear about what is expected of me to do my job.		4.09	4.08	4.09	4.07	4.08
I am satisfied with my involvement in decision making processes in this organization.		3.33	3.30	3.32	3.23	3.31
I have enough time to do my job adequately.		3.19	3.14	3.16	3.23	3.15
My work environment is safe.		3.78	3.77	3.76	3.71	3.76
In the past 12 months, would you say that most days at work were…	1=not at all stressful to 5=extremely stressful	3.18	3.23	3.23	3.18	3.23
How satisfied are you with your job?	1=very satisfied to 4=not at all satisfied	1.75	1.77	1.77	1.77	1.77
How often do you feel you can do your best quality work in your job?	1=never to 5=always	4.03	4.04	4.03	4.05	4.04
Overall, I am satisfied with this organization.	1=strongly disagree to 5=strongly agree	3.60	3.59	3.62	3.55	3.59

Strengths

Work environment was evaluated on a number of aspects including communication, supervision, learning, involvement in decision making, safety, and worklife balance. The three work environment aspects with the most positive scores were, from highest to lowest – job clarity, satisfaction with supervisors, and working in a safe environment.

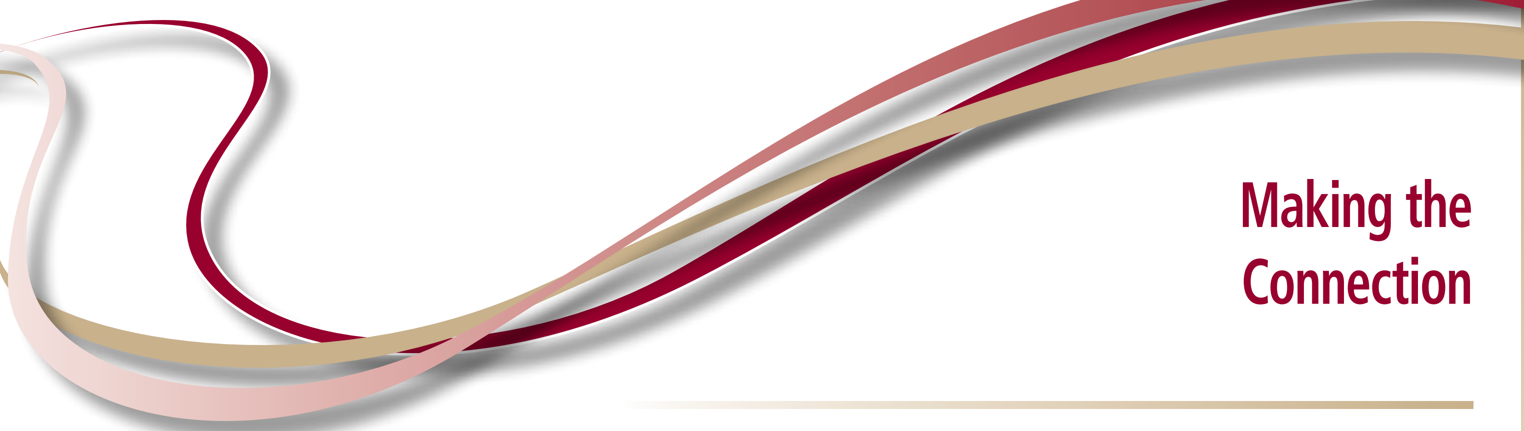
The most highly rated **individual outcome** among those evaluated was job satisfaction.

The most positive scores for **organizational outcomes** were for staff often feeling able to do their best quality work in their job, and satisfaction with the organization.

Opportunities for improvement

The three **work environment** aspects with the lowest ratings, from lowest to highest were the ability to do the job required in the time provided, communication within the organization, and involvement in decision making.

A noteworthy **individual outcome** that scored low was that health care providers indicated that most days at work over the past 12 months were relatively stressful.



Making the Connection

There is considerable evidence, stemming from peer-reviewed research as well as the survey tool results identified here, to support the link between quality of worklife and patient safety outcomes.

Peer-reviewed research

In the Canadian adverse events study, Baker et al. (2004) suggest that a healthy work environment can improve patient safety and quality of care; that is, gains in patient safety are achieved by modifying work environments to prevent adverse events and mitigate their effects should they occur. Similarly, Shamian and El-Jardali (2007) note that quality of health care worklife has an overall effect on staff health and well-being, patient safety, organizational performance, and quality of care. Yassi and Hancock further back this up, noting that promoting a climate of health and safety, including workplace organizational factors, will improve the health care workplace and, as a result, patient safety (2005).

Across all health sectors and along the continuum of care, there is growing consensus that inter-professional and client-centred practice will lead to a number of positive outcomes, including improvements in client care, patient safety and communication among health care providers, and satisfaction among clients and health care providers (Quality Worklife – Quality Healthcare Collaborative, 2007).

A number of specific links between patient safety and quality of worklife have also recently been identified by health care researchers:

- A link has been established between an increased risk of **adverse events** and increased **staff stress** (which leads to fatigue) (Tattersall, Bennett, & Pugh, 1999).
- **Nursing staffing** level is inversely related to **patient mortality** and hospital **length of stay** (Lang, Hodge, Olson, Romano, & Kravitz, 2004; Aiken, Clark, Sloane, Sochalski, & Silber, 2002; Kane, Shamliyan, Mueller, Duval, & Wilt, 2007, Kazanijian, Green, Wong, & Reid, 2005).
- A consistent relationship has been identified between low **staff satisfaction** and **burnout**, and **adverse outcomes** (such as mortality) (Aiken et al., 2002; Rafferty et al., 2007).
- **Worklife** aspects such as teamwork, multidisciplinary approach, staff training, skill mix and team stability all affect rates of
  - **nosocomial infections** (Griffiths, Renz, Hughes, & Rafferty, 2009)
  - **falls** (Sovie & Jawad, 2001; Whitman et al., 2002)
  - **medication errors** (Sovie & Jawad, 2001; Whitman et al., 2002)
- In a systematic review, Griffiths et al. (2009) studied the impact of several aspects of **worklife** on **infection control in hospitals**. A multidisciplinary approach to improving antibiotic prescribing in one hospital significantly reduced inappropriate prescription, and staff appraisal and training were strongly associated with lower mortality rates, even after adjustment for patient and hospital characteristics. High staff turnover and vacancies were associated with poorer infection control outcomes as shown by increased rates of MRSA.
- A recent report published by the Canadian Nurses Association and the Registered Nurses' Association of Ontario highlights the connection between **nurse fatigue** and **patient safety** (Canadian Nurses Association & Registered Nurses' Association of Ontario, 2010)

When considering the above information as a whole, the fundamental relationship between patient safety and quality of worklife becomes clear.

Survey results analyses

All health care providers play a lead role in creating a safe environment and delivering high quality care to patients. A strong sense of individual responsibility and professional practice positively impacts the work environment and fosters quality care.

Analyses conducted on survey results from respondents who completed both the Worklife Pulse Tool and Patient Safety Culture Tool questionnaires confirm, as expected, a strong relationship between quality of worklife and patient safety culture.

For example, 71% of respondents who were satisfied with their organization, or felt they could often do their best quality work in their job, gave their unit a positive overall grade on patient safety.

Similar results were found for their perception of patient safety in the overall organization, albeit slightly lower; 61% of respondents who were satisfied with their organization, or felt they could often do their best quality work in their job, gave their organization a positive overall grade on patient safety.

From the staff perception perspective, it is clear that fostering quality of worklife is paramount to building patient safety culture in Canadian health care organizations.

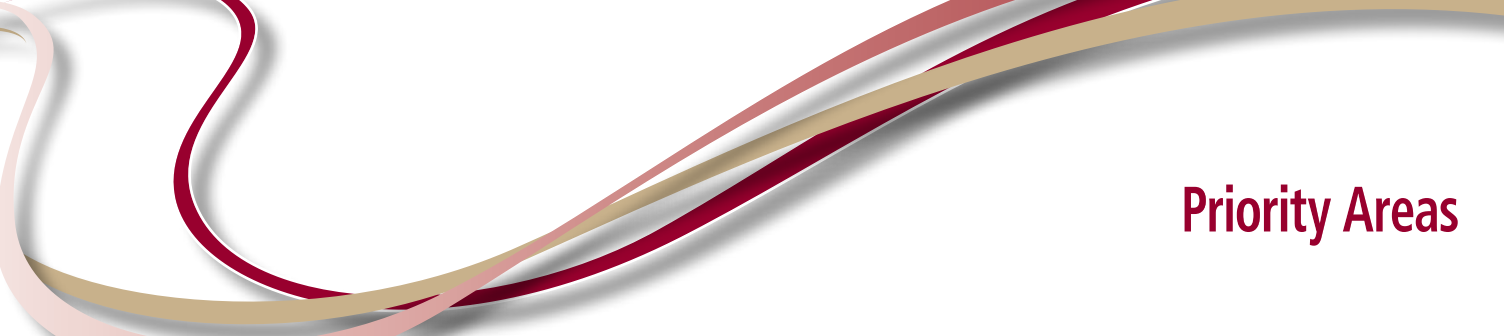
Results indicate that Canadian health care workers feel safe in their work environment. This points to the high priority placed on safety by leadership in Canadian health care organizations.

Health care workers indicated they were clear about what was expected of them in their jobs, and satisfied with their supervisors (pp. 9-10), results which stem primarily from the unit leader role. This strong team leadership is reflected in the patient safety culture strengths discussed in terms of unit leadership, namely that units were doing a good job of identifying, assessing, and managing risks to patients (pp. 5, 7).

Aspects of worklife that were identified as opportunities for improvement were also directly related to the patient safety results. Health care workers noted they experienced stress in their jobs, with typical days at work being rather stressful (pp. 9-11). As has been previously established, stress and fatigue leads to an increased risk of adverse events (Tattersall et al., 1999).

Health care workers indicated they did not have enough time to do their jobs adequately (pp. 9-11). Identified as an opportunity for improvement (and a "threat to safety" by Ginsburg and colleagues, 2009), this aspect of worklife has a significant impact on patient safety.

It is clear that Canadian health care providers need additional support from supervisors, as well as a sufficient amount of time to deliver high quality patient care. Furthermore, staff members need to be encouraged and rewarded by supervisors for taking quick action to identify serious mistakes, and for reporting errors in a non-punitive environment. This type of positive reinforcement will help ensure that errors are quickly identified, remedied, and prevented in the future.



Priority Areas

In reviewing the connections between peer-reviewed research and Worklife Pulse Tool and Patient Safety Culture Tool results, a number of important themes emerge.

Worklife impacts patient safety

The stressful work environment in health care and the particular feeling of not having enough time to deliver high quality patient care both lead to patient safety risks. Staff become stressed, and thus, fatigued as they strive to perform their duties as best they can. Corners are cut in patient care to save time. Health care organizations are encouraged to monitor these situations at a team level, as it is clear that inattention to worklife warning signals such as these have a direct impact on patient safety.

Leadership fosters change

The involvement of senior leadership remains critical to creating an environment focused on patient safety and quality of worklife. Engaging senior leaders also serves to build a strong culture of patient safety throughout an organization, where all team partners must work together to identify risks and prevent errors from occurring. As the World Health Organization notes, "improvements in patient safety demand complex system-wide approaches" (2009). Support from the governing body and senior leadership is needed to address issues such as the non-reporting of errors and taking shortcuts to save time.

Leadership support is critical to focusing organizational efforts on key priorities. For example, implementing change to address job demand issues (e.g. having enough time to do one's job adequately) will address staff cutting corners in patient care to save time. For an organization, the selection of carefully chosen priorities is likely to lead to improved outcomes, both in relation to delivery of service (and thus, patient safety) and quality of worklife.

Strong leadership is fundamental to a unit or team's success, as members and their leader(s) all become involved in implementing organization-wide patient safety initiatives, such as educating clients and families about their roles in promoting safety, falls prevention, and medication reconciliation.

Emphasizing the importance of patient safety and quality of worklife benefits health care workers and their clients. The crucial role which leadership plays in fostering quality and safety in an organization cannot be stressed enough.

Support from supervisors

In addition to senior leadership, unit leadership is a critical element in creating a patient safety culture and achieving quality of worklife. Canadian health care workers require support from supervisors/managers to successfully manage safety risks. Staff members must have adequate time to deliver high quality care, as well as support and encouragement from their supervisors when they take quick action to identify serious mistakes. This is especially important to ensure that all risks are identified, remedied, and are not repeated. By being supportive of staff and actively involved in mitigating risks, supervisors promote and strengthen quality of worklife and patient safety culture.

Measurement is key

The importance of measurement cannot be understated in focusing organizational efforts on key priorities.

For Canadian health care organizations to improve upon the specific challenges identified in this report, further information about performance in their own institutions, sites, and programs is needed. For example, when an organization does not achieve compliance with a Required Organizational Practice (ROP), it is critical to measure existing practices to understand where the gaps are, and determine what improvements need to be made.

The Accreditation Canada Qmentum program features **performance measures** that complement the measures organizations may already have in place. Performance measures are crucial indicators that guide the improvement process and allow the organization to monitor progress across programs, services, and sectors, and work towards established quality improvement goals. **Indicators** are patient safety and quality care data which client organizations collect and submit to Accreditation Canada through

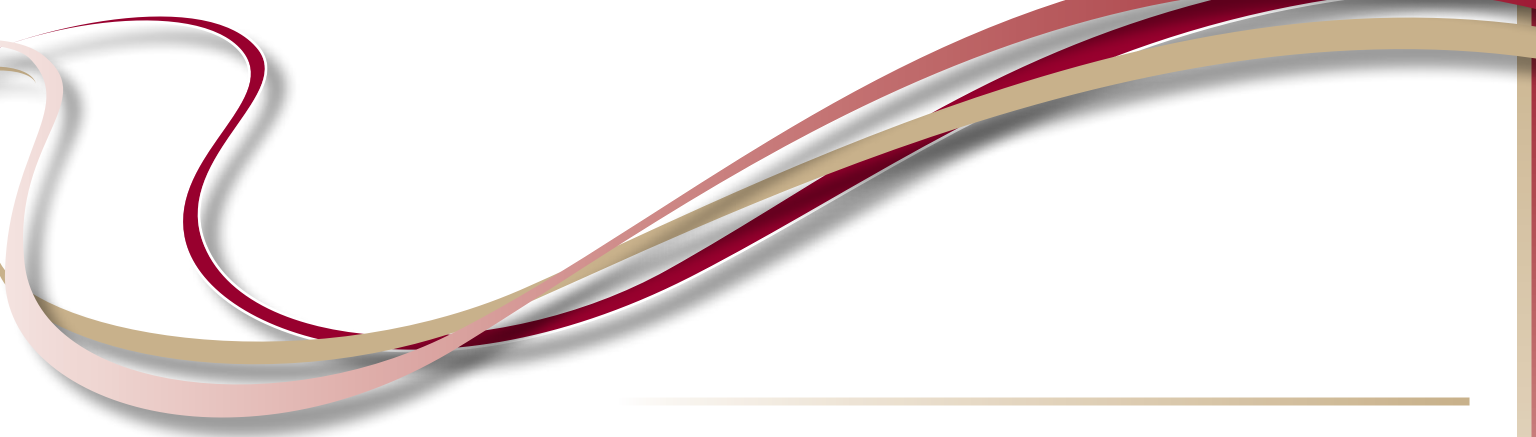
the Client Organization portal. One of the core patient safety indicators in Qmentum is medication reconciliation compliance, within which organizations are encouraged to use indicator results across sites and service areas to identify where compliance rates may be lacking. Other indicators used to strengthen patient safety include health care–associated and surgical site infection rates.

The **Patient Safety Culture Tool** and **Worklife Pulse Tool** can be deployed as often as an organization chooses, to all staff or to particular groups or sites, to measure staff perception and diagnose specific challenges.

Accreditation Canada's performance measures and other organizational comparative information and metrics provide detailed information that can contribute to informed decision making. This information is also useful to direct human and financial resources to areas that require support, and to meet organizational goals. Key organizational metrics aid in focusing staff on priorities. For example, in implementing the medication reconciliation ROP, a plan for dissemination throughout the organization needs to be determined; that is, which teams are to be targeted and in what order are they to be evaluated. This order may be based on organization-specific priority areas or risk factors, such as "volume of patients served" or "lowest progress towards implementation," as revealed by an organization-wide performance measure. Quality improvement efforts can be initiated anywhere in an organization, and consistent and thorough measurement helps focus organizational efforts on the highest priority areas.

Reporting errors

While there was slight improvement over results from 2008, unreported errors still occur in Canadian health care organizations. Quality improvement plans and solutions can only be developed if patient safety errors are identified and reported by staff members without fear of repercussions. Senior leaders, team leaders, and health care workers must work together to transcend organizational barriers in this area so that patient safety risks can be properly addressed and further minimized.



Available Resources

A number of support systems are available to Accreditation Canada client organizations as the quality improvement journey through accreditation continues. In terms of **education programs**, innovative on-site, regional, and web education sessions are available and provided on a regular basis. Examples of current session offerings include *Patient Safety*, *Qmentum Indicators and ROPs*, and *Quality Improvement and Indicators: The Link to Accreditation*.

As part of the on-site surveys, **leading practices** in organizations are identified across the country and throughout the care continuum that are particularly innovative and cost-effective solutions to improve worklife, patient safety, and service quality. These practices may prove useful to other organizations as they work on their own quality improvement priorities. Leading practices from organizations across Canada can be found in Accreditation Canada's searchable online database at www.accreditation.ca.

Partnerships

Accreditation Canada recognizes the valuable contribution of our many partners in developing resources and enhancing the content of the accreditation program.

By working with partners such as the **Canadian Patient Safety Institute** (CPSI), the **Institute for Safe Medication Practices Canada** (ISMP Canada), the **Quality Worklife – Quality Healthcare Collaborative** (QWQHC), and provincial/territorial patient safety and quality councils, Accreditation Canada will continue to provide education, resources, and information to assist health organizations to achieve their quality improvement goals.

Health Care Quality Improvement: The Ongoing Journey

Accreditation Canada will continue to work with advisory expert groups, national and provincial partners, and medical experts to add content into its accreditation program where serious patient safety and worklife risks exist. Towards this end, a workplace violence prevention ROP was introduced into Qmentum which will come into effect in 2011. ROPs centering on home safety risk assessment for clients receiving services in the home, venous thromboembolism (VTE) prophylaxis, and the implementation of surgical safety checklists will also come into effect in 2011.

The results from Accreditation Canada survey data for 2009 contribute to the understanding of the issues of patient safety and worklife in Canadian health care. Sharing these findings will assist organizations, policy makers, and stakeholders to achieve the shared vision of enhancing the safety and quality of health services for patients and their families. In partnership with health care organizations, quality councils, and many other partners and stakeholders, Accreditation Canada will continue to contribute to improving quality of health care, patient safety, and quality of worklife through accreditation.

Your feedback is appreciated. Please take a moment to fill out this short survey.

Thank you.

QUALITY DIMENSIONS

DIMENSION	TAG LINE
POPULATION FOCUS	Working with communities to anticipate and meet needs
ACCESSIBILITY	Providing timely and equitable services
SAFETY	Keeping people safe
WORKLIFE	Supporting wellness in the work environment
CLIENT-CENTRED SERVICES	Putting clients and families first
CONTINUITY OF SERVICES	Experiencing coordinated and seamless services
EFFECTIVENESS	Doing the right thing to achieve the best possible results
EFFICIENCY	Making the best use of resources

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