
Canadian Health Accreditation Report

Quality Starts at the Top — The Pivotal Role of the Governing Body



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Accreditation Canada is a not-for-profit organization that provides health organizations in Canada and around the world with a comprehensive accreditation program. The program uses evidence-informed standards and a rigorous peer review process to improve quality and patient safety. Accredited by the International Society for Quality in Health Care, Accreditation Canada has been helping organizations strive for excellence for more than 50 years.

**Canadian Health Accreditation Report: Quality Starts at the Top —
The Pivotal Role of the Governing Body**

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Executive Summary

Hundreds of health organizations participate in accreditation every year. Accreditation Canada staff and surveyors support these organizations throughout the process. This ongoing interaction with health care professionals and teams involved in the provision of care and services in all sectors and regions of Canada provides a wide perspective on health care in the country.

The focus of this year's Canadian Health Accreditation Report is governance and its relationship to quality and patient safety. Data collected from the application of Accreditation Canada's Governance Standards and the Governance Functioning Tool survey for board members provide a comprehensive picture of governance in Canadian health care. Furthermore, the relationship between governance and patient safety is explored.

Highlights in the report include:

- Canadian health care organizations across all sectors and from all regions of the country demonstrate a high level of compliance with Accreditation Canada's Governance Standards and governance practices. (p. 7)
- Boards show particular strength in using strategic information to make decisions. This includes procuring accurate and relevant information, and maintaining records of decisions made and subsequent activities. (p. 8)
- The greatest opportunity for improvement related to governance is the need for governing bodies to regularly evaluate their own performance. (p. 8)
- Organizations excelling in governance practices perform significantly better in aspects of patient safety, further emphasizing that boards play a pivotal role in enabling quality and safety. (p. 10)

Building on the strengths of the governance content in the Qmentum accreditation program, Accreditation Canada released updated Governance Standards as well as an updated Governance Functioning Tool in September 2011 to reflect governance best practices and changes in health care governance.

As part of promoting ongoing quality improvement through accreditation, one of Accreditation Canada's strategic directions is to facilitate knowledge exchange, in Canada and around the world. The information and analysis presented in this report will contribute to the ever-evolving landscape of Canadian health care by painting a complete picture of health care governance in our country.



Wendy Nicklin
President and Chief Executive Officer
Accreditation Canada

Governance: An Integral Component of Accreditation in Canada

Millions of Canadians receive health care services every day. While there is an expectation to receive quality services, how organizations are governed is usually far from the minds of Canadians when they visit their community health centre or enter a health care facility. The governing boards of health care organizations are accountable to the public for the performance, quality, and safety of their organizations in Canada. The associated responsibilities of boards have a very tangible effect on the quality of the services each client receives. What then is the state of health care governance in Canada? What are the areas of excellence and opportunities for improvement? What difference does governance actually make in health care services delivered to Canadians?

In Accreditation Canada's Qmentum program, governance is assessed from different perspectives – through compliance with the Governance Standards and Required Organizational Practices during the on-site survey, and through survey responses from board members who complete the Governance Functioning Tool.



Canadian health care organizations — size and scope

Qmentum is built as a three-year accreditation cycle – 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 every year, this report focuses on the 349 Canadian organizations that underwent a Qmentum on-site survey and used the Governance Standards throughout 2009 and 2010. Among these organizations are diverse governance structures, from appointed boards in large regional health authorities to community-based care organizations and long-term care organizations where board members are recruited. Organizations that do not have a board, such as many private long-term care organizations, do not apply the Governance Standards.

Depending on the province or territory in which they are located and the public/private structure, health organizations that participate in accreditation can differ greatly in size and scope. A client organization can be an entire provincial health system, or it can be a free-standing, independent organization. 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, both are considered to be a “client organization”.

The distribution of Accreditation Canada client organizations can be seen in the following tables by region (Table 1) and by sector (Table 2).

Over 1,000 organizations participate in Accreditation Canada programs every year.

Client organizations that used the Governance Standards during 2009 and 2010

Table 1 – Canadian region

WESTERN & NORTHERN*	ONTARIO	QUÉBEC	EASTERN**	TOTAL
British Columbia			New Brunswick	
Alberta			Newfoundland and Labrador	
Saskatchewan			Nova Scotia	
Manitoba				
Northwest Territories				
Nunavut				
67	172	89	21	349

* No on-site surveys were conducted in the Yukon.

** Governance Standards were not evaluated in Prince Edward Island due to a transition in governance structure.

Table 2 – Sector

LONG-TERM CARE	ACUTE CARE	HEALTH SYSTEMS	HOME CARE	OTHER*	TOTAL
		Regional Health Authorities (RHA)			
		Centres de santé et de services sociaux (CSSS) [<i>Québec's Health and Social Services Centres</i>]			
97	96	72	25	59	349

* Other includes organizations providing services in acquired brain injury, assisted reproductive technology, mental health, community health services, rehabilitation, and hospice and palliative care. Due to the small number of organizations surveyed in these sectors, data are not broken down separately.



Governance Standards

Accreditation Canada's Governance Standards support organizations and governing bodies to meet the growing demand for excellence in governance practice in Canadian health care organizations. These standards were developed in light of system-wide changes in health care delivery, the increasing need for public accountability, and the escalating acknowledgement of the critical role and responsibilities fulfilled by boards.

Based on a thorough review of governance initiatives within each jurisdiction, Accreditation Canada strengthened both the Governance and Leadership Standards¹ over a three-year period, ending in 2008, to better address the responsibilities of boards related to quality and patient safety. Built on an initial framework developed by Dr. Jean-Louis Denis and colleagues at the Université de Montréal in 2005 (Denis, Champagne, Pomey, Prével, & Tré, 2005), the Governance Standards are organized into the following functions:

1. **Developing a clear direction** – the organization's vision, goals, and values.
2. **Building knowledge through information** – the gathering of informational needs, as well as the production and dissemination of information and knowledge throughout the organization.
3. **Functioning as an effective governing body** – the composition, structure, roles, and responsibilities of the governing body including the division of responsibility with senior management, and the evaluation of the governing body's performance as a team.
4. **Supporting the organization to achieve its mandate** – the development of the organization to achieve its strategic goals and objectives, including Chief Executive Officer (CEO) recruitment and evaluation, relationships with the CEO and senior management, and resource allocation.
5. **Maintaining positive relationships with stakeholders** – identifying and working with the organization's stakeholders to promote the organization's value, services, and community role.
6. **Being accountable and achieving sustainable results** – accountability and organizational performance, including the achievement of goals and objectives, quality improvement, risk management, and financial planning and control.

¹ The Governance Standards were formerly known as the Sustainable Governance Standards, and the Leadership Standards as the Effective Organization Standards. The change in titles occurred in September 2011.

A very high level of compliance with the Governance Standards was seen across all regions and sectors of health care in Canada in 2009 and 2010. In fact, 13 out of the 14 standard statements were evaluated as having higher than 90% compliance.

Regardless of the size and type of health care organization, these functions are fundamental to good governance, and are relevant within all models of governance. The approach a governing body takes to address the above functions may vary according to the organization's size, structure, mandate, and governance model. For example, in some cases, the CEO and senior management will be greatly involved in many of the governance activities and responsibilities outlined in the standards, while in other cases there will be a much more distinct division of responsibilities. Accreditation Canada's standards allow such flexibility.

How did Canadian organizations perform against the Governance Standards?

The six aforementioned governance functions are broken down into 14 standard statements – these are evaluated during an on-site survey. An example of such a standard statement would be “The governing body uses strategic information to make decisions”. Each standard statement has criteria attached, which outline what an organization must do to meet the standard.²

A very high level of compliance with the Governance Standards was seen across all regions and sectors of health care in Canada in 2009 and 2010. In fact, 13 out of the 14 standard statements were evaluated as having higher than 90% compliance. While appreciating the full continuum of organizations, the following information highlights the areas of greatest strength and the opportunities for improvement.

² See www.accreditation.ca/Shop-for-Standards/ for additional details about Accreditation Canada's Governance Standards.



Strengths

The governing body uses strategic information to make decisions.

This standard had the highest level of compliance. It includes allocating resources, the board receiving accurate and relevant information to do its work, and the board maintaining records of decisions and activities. This standard showed 99% compliance across the country and all sectors of care – an achievement to be celebrated.

Opportunities for improvement

The governing body regularly evaluates its own performance.

Despite a solid rate of 87% compliance, this was the lowest rate among the Governance Standards. This standard includes having a process to regularly evaluate performance, the board reviewing contribution and providing feedback to individual members of the board, and the board providing an annual formal statement of its achievements. Differences were found across sectors of care, with health systems rating lower (75%) than home care (93%), long-term care (92%), and acute care organizations (90%). Out of all the criteria rated by surveyors for the Governance Standards, the governing body reviewing the contribution of and providing feedback to individual members posed the greatest challenge to organizations, showing only 76% compliance, with similar patterns reflected throughout all sectors of care.

Sector differences

The governing body regularly monitors and evaluates the organization's performance.

This standard showed an overall compliance rate of 93%. Home care (97%) and long-term care organizations (95%) excelled in this area, while acute care and health systems showed compliance rates slightly below the overall average, with 92% and 89% respectively.

The governing body fosters and supports a culture of safety throughout the organization.

This standard showed an overall compliance rate of 92%. Long-term care (95%) and acute care organizations (94%) excelled in this area, while home care organizations and health systems were evaluated as below the overall average, with 86% and 85% respectively.

The Link to Patient Safety: Required Organizational Practices

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.

The implementation and monitoring of Required Organizational Practices (ROPs) is one of the many ways that Accreditation Canada fosters high-quality care and ongoing quality improvement.

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.

The board plays a critical role in the promotion and oversight of patient safety in a health organization. Three ROPs in Qmentum focus on the important role played by the governing body.

The national compliance rates of the ROPs related to governance were analyzed for 2009-2010:

1. Client safety as a strategic priority: The organization adopts client safety as a written, strategic priority or goal.

This ROP requires that safety be a formally written component of the organization's strategic objectives. This may be included within the strategic plan, the annual report, or the list of organizational goals. Ensuring safety in the services it provides is among an organization's primary responsibilities to its clients, health care providers, and all stakeholders. This ROP highlights the important connection between organizational performance excellence and safety.

This ROP shows an overall high compliance rate of 90%, however some differences can be seen across sectors, ranging from 95% compliance in acute care organizations to 84% compliance in home care organizations.

2. Client safety quarterly reports: The organization's leaders provide the governing body with quarterly reports on client safety, and include recommendations arising out of adverse incident investigation and follow-up, and improvements made.

This ROP shows an overall high compliance rate of 86%, however some differences in compliance rates across sectors can be seen, ranging from 93% in long-term care organizations to 75% in health systems.

3. Infection rates: The organization tracks infection rates, analyzes the information to identify clusters, outbreaks, and trends, and shares this information throughout the organization.

This ROP requires that the organization keep the governing body up to date about infection rates and associated infection prevention and control issues. This may be done directly through senior management or through the Medical Advisory Committee.

This ROP shows an overall compliance rate of 80%, however some differences can be seen across sectors, ranging from 84% compliance in acute care organizations to 76% compliance in health systems.

How does governance affect patient safety?

A large body of literature reinforces the importance of governance and its influence on the quality of health care services (Baker, Denis, Pomey, & MacIntosh-Murray, 2010; Institute for Healthcare Improvement, 2011; Jiang, Lockee, Bass, & Fraser, 2008, 2009). However, what tangible results can be observed from comparing organizations that are exceptionally well governed to others that are less so? Accreditation Canada investigated this question by analyzing the extensive body of information collected from on-site surveys conducted in 2009 and 2010.

As expected, a strong relationship between an organization's governance functioning and patient safety was identified. In other words, in an organization where there is demonstrated high performance in governance, safer and higher quality services are delivered.

Accreditation Canada defined "high-performing" organizations in governance as those with boards that performed above the 75th percentile on the Governance Functioning Tool, and above the median of all organizations for compliance with the Governance Standards. Patient safety was measured by the overall compliance rate for all ROPs evaluated in the organization. There is a statistically significant difference — high-performing boards had a compliance rate of 92% on their ROPs versus a compliance rate of 81% for the other organizations.³

A strong relationship between an organization's governance functioning and patient safety was identified. In other words, in an organization where there is demonstrated high performance in governance, safer and higher quality services are delivered.

³ High-performing boards, n=48 (15%) versus other organizations, n=270 (85%), p<0.0001.



Governance Functioning Tool

In order to provide boards with a performance measurement tool and measure compliance with the Governance Standards, Accreditation Canada developed the Governance Functioning Tool for Qmentum. This 33-item survey – rated from “strongly agree” to “strongly disagree”, with a “not applicable” option – helps governing bodies examine their own functioning and focuses on:

1. Composition of the governing body
2. Recruitment and renewal cycles
3. Roles and responsibilities
4. Orientation and ongoing education
5. Meeting processes (e.g., mechanisms to make group decisions and resolve conflict)

The survey is completed by each member of the board and responses are anonymous. The Governance Functioning Tool helps boards of health care organizations monitor and assess their performance against the standards, as well as identify areas of strength and opportunities for improvement.

Completed only by organizations that have a board of directors, 330 organizations completed the survey in 2009 and 2010, totaling 3,546 respondents. The regional distribution of respondents can be seen in the following table.

Table 3 – Breakdown of respondents by Canadian region

WESTERN & NORTHERN*	ONTARIO	QUÉBEC	EASTERN*	TOTAL
British Columbia Alberta Saskatchewan Manitoba Northwest Territories			New Brunswick Nova Scotia Newfoundland and Labrador	
669 (19%)	1,738 (49%)	968 (27%)	171 (5%)	3,546 (100%)

* There were no respondents from the Yukon, Nunavut, or Prince Edward Island.

As noted earlier in this report, the lowest compliance rate among the Governance Standards was 87% for the governing body regularly evaluating its own performance. The Governance Functioning Tool can be used as a diagnostic tool to help boards improve in this area. The accreditation requirement is that it be administered at least

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once per three-year accreditation cycle, though it can be distributed as often as an organization chooses. In fact, some client organizations use this survey on an annual basis. Accreditation Canada's own Board of Directors uses this tool to evaluate and improve its functioning.

Governance Functioning Tool results were very positive across the country and across sectors. More than 90% of respondents answered positively to two-thirds of the items (22 out of 33 questions, or 67%).

Areas of strength and opportunities for improvement were identified and are shown by sector in tables 4 and 5.

Strengths

Four distinct strengths were identified from the Governance Functioning Tool results, each showing 97% to 98% agreement. There were no substantive differences found across regions or sectors for any of the areas, signaling that these are true national strengths in governance practices.

1. Bylaws and corporate policies cover confidentiality and conflict of interest.
2. Working relationships among individual members and committees are positive.
3. Meetings are held frequently enough to ensure timely decisions.
4. The chair has clear roles and responsibilities and runs the governing body effectively.

Table 4 – Strengths by sector

	Acute Care	Home Care	Long-Term Care	Health Systems	Other*	Overall
Number of respondents	1,179	207	731	892	537	3,546
Per cent positive response						
Bylaws and corporate policies cover confidentiality and conflict of interest.	98.9%	98.5%	99.5%	97.5%	97.3%	98.3%
Working relationships among individual members and committees are positive.	97.3%	99.6%	98.0%	97.9%	98.6%	98.2%
Meetings are held frequently enough to ensure timely decisions.	98.3%	99.4%	99.5%	95.8%	99.2%	98.1%
The chair has clear roles and responsibilities and runs the governing body effectively.	97.0%	98.3%	96.9%	96.4%	97.5%	97.2%

* Other includes organizations providing services in acquired brain injury, assisted reproductive technology, mental health, community health services, rehabilitation, and hospice and palliative care.

Opportunities for improvement

Four opportunities for improvement were identified, each showing less than 75% agreement:

1. There is a process for improving individual effectiveness when non-performance is an issue.

Only 57% of board members agreed with this statement. Differences were noted across sectors; acute care and home care organizations' board members agreed with this statement to a much greater degree (62%) than those in health systems (47%).

2. Contributions of individual members are reviewed regularly.

Only 64% of board members agreed. Differences were noted across sectors: acute care and home care organizations' board members agreed with this statement to a greater degree (67%) than those in health systems (55%).

Differences were found across the country as well – 68% of Ontario board members agreed with this statement, while only 54% of board members in Eastern Canada agreed.

Interestingly, an average of 95% compliance was shown for the corresponding standard criterion for the 21 organizations in Eastern Canada. This indicates that while this standard criterion is being evaluated as met during the on-site survey, when considering a broader perspective of input from board members, further development is required. This finding further reinforces that the standard criterion with the lowest rate of compliance was that the “governing body reviews the contribution of and provides feedback to individual members”, showing only 76% compliance across Canada.

3. Individual members receive adequate feedback about their contribution to the governing body.

Only 65% of board members agreed with this statement. There was limited variation across regions of the country, however, important differences were noted across sectors. Home care organizations' board members agreed with this statement to a far greater degree (74%) than those in long-term care organizations (58%).

4. Our performance is benchmarked against other similar organizations and/or national standards.

Only 68% of board members agreed. Differences were noted across sectors; home care organizations' board members agreed with this statement to a much greater degree (76%) than board members in long-term care organizations (55%).

Table 5 – Opportunities for improvement, by sector

	Acute Care	Home Care	Long-Term Care	Health Systems	Other	Overall
Number of respondents	1,179	207	731	892	537	3,546
Per cent positive response						
Our performance is benchmarked against other similar organizations and/or national standards.	72.7%	76.0%	54.6%	58.9%	62.0%	68.1%
Individual members receive adequate feedback about their contribution to the governing body.	64.4%	73.5%	58.2%	60.9%	64.4%	65.0%
Contributions of individual members are reviewed regularly.	67.0%	66.8%	60.4%	55.1%	60.9%	63.5%
There is a process for improving individual effectiveness when non-performance is an issue.	62.1%	62.4%	52.3%	46.5%	57.4%	57.0%

* Other includes organizations providing services in acquired brain injury, assisted reproductive technology, mental health, community health services, rehabilitation, and hospice and palliative care.



In Summary

Opportunities for improvement included the fact that many boards are not regularly using a process to evaluate and benchmark their own performance and functioning, nor are they currently reviewing and providing feedback to individual members.

An effective board is instrumental to organizational performance and critical in creating and enabling a care environment focused on quality and safety for clients and health care staff. The data from accreditation surveys across the country indicate that health care boards are reaching levels of strong performance in governance across all sectors and regions of Canada. This, as has been shown in these pages, is critically important, as excellence in governance is clearly associated with improved patient safety in health care organizations.

Particular strengths were identified in how boards use strategic information to make decisions, including collecting accurate and relevant information to carry out their duties, and maintaining records of decisions and activities. Strengths in all sectors and regions were noted in the following elements related to board functioning: having policies and processes for confidentiality, conflict of interest, and timely decision making; establishing working relationships among board members; and defining clear roles and responsibilities for board chairs.

Opportunities for improvement noted in both compliance with the Governance Standards and the results of the Governance Functioning Tool included how many boards are not regularly using a process to evaluate and benchmark their own performance and functioning, nor are they currently reviewing and providing feedback to individual members. Overall, health systems showed this area to be a challenge. This may be explained in part because health systems provide a much broader range of services across the full continuum of care, which must be mirrored in board member expertise for these large and complex organizations. As well, in some Western and Eastern provinces where regional health authorities exist, boards members are appointed – as opposed to recruited – so processes to evaluate performance and provide feedback to individual members may not be emphasized.

Available Resources

What resources exist to aid health care organizations in improving their governance? Accreditation Canada continues to develop resources to support the field, and integrates these resources into the Qmentum program as part of our collaborative work with partners.

The **Canadian Patient Safety Institute** and the **Canadian Health Services Research Foundation** partnered to develop a governance toolkit and education program. Accreditation Canada contributed to the toolkit, which is aligned with and includes references to the Governance Standards. Released in 2010, the governance toolkit and education program provides information and support to boards and senior leaders so they can be more accountable to the public for quality of care and safety.

Another resource is *LEADS in a Caring Environment*, a Leadership Capability Framework developed by researchers at **Royal Roads University** and adopted in 2009 by the **Canadian Health Leadership Network (CHLNet)**, the **Canadian College of Health Leaders**, and the **Health Care Leaders Association of BC's Leaders for Life program** (Canadian College of Health Leaders, 2011). The LEADS framework provides guidance to senior leaders in terms of the leadership capabilities that will aid them in fulfilling their role as board members, and provides insight into the board's role in developing leaders in health care organizations. A number of governance programs are also provided by Canadian jurisdictions and organizations such as the Ontario Hospital Association.

The importance of measurement cannot be understated in quality improvement and in focusing organizational efforts on key priorities. For example, at the board level, reporting templates and performance dashboards can act as informational tools and allow for monitoring progress across programs, services, and sectors, towards an agreed-upon target. Towards this end, Accreditation Canada is working on the Collaborating for Excellence in Health Care Quality (CEHQ) Project with **The Ottawa Hospital** and many academic health sciences centres across Canada, as well as the **Canadian Institute for Health Information**, the **Canadian Health Services Research Foundation**, the **Canadian Patient Safety Institute**, and the **Community for Excellence in Health Governance**. Together, the group is developing a Quality Plan guide and a common scorecard to assist health care organizations across Canada.

Organizations can further develop effective governance practices using the components of the Qmentum program. For example, Accreditation Canada's Governance Functioning Tool can be deployed by organizations as an online questionnaire as often as needed to assess board functioning, report on results, and initiate discussion on opportunities for improvement.

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

Leading Practices

A critical part of Accreditation Canada's commitment to contribute to the improvement of quality in health services through accreditation is achieved through knowledge sharing. Accreditation Canada recognizes Leading Practices in Canadian organizations across the care continuum that are particularly innovative and cost-effective solutions to improve quality. Leading Practices are noteworthy examples of high-quality leadership and service delivery. These practices are worthy of recognition as organizations strive for excellence in their specific field, or are commendable for what they contribute to health care as a whole. They may have been identified as a Leading Practice in a particular geographic region, or for a particular service delivery area or health issue. Some of these practices are ingenious in their simplicity. Often, they are implemented by organizations with limited resources, showing how innovative strategies can be achieved at a minimal cost.

Leading Practices are:

- Creative and innovative
- Efficient in practice
- Linked to Accreditation Canada standards
- Adaptable by other organizations

Accreditation Canada has changed the identification process for Leading Practices – whereas they were previously identified by surveyors as part of the on-site survey, organizations are now encouraged to submit information regarding a potential Leading Practice on their own through their online client organization portal. Also, these potential Leading Practices can now be submitted any time throughout the three-year accreditation cycle. Submissions are reviewed by a group of Accreditation Canada surveyors and staff to confirm that the practice meets all criteria, then posted on the Accreditation Canada website.

Organizations are encouraged to participate in the promotion of quality across the country by sharing their knowledge and learning from other organizations through Accreditation Canada's searchable online Leading Practices database at www.accreditation.ca/knowledge-exchange/leading-practices.

Accreditation Canada recognizes Leading Practices in Canadian organizations across the care continuum that are particularly innovative and cost-effective solutions to improve quality.



Looking Forward

Enhancing Accreditation Canada's approach to governance for Canadian health care organizations and leaders

Since the release of the Governance Standards and Governance Functioning Tool in 2008, changes in the governance landscape and ongoing research (Baker et al., 2010) have led to the development of new and improved processes for effective governance in health care. Among these processes for effective governance are the following:

- Orientation and continuing education opportunities are provided to members to ensure that all board members are able to interpret information on quality and patient safety performance to appropriately target improvement strategies.
- The board has a role in leading the development of the strategic plan and maintaining oversight of its implementation.
- Effective relationships between board members, medical staff, and senior leadership are cultivated.
- The extent to which board members are fulfilling their quality and safety responsibilities is evaluated.

Building on the strengths of the Accreditation Canada Governance Standards and Functioning Tool and in response to changes in the governance landscape and best practices, updated Governance Standards, Leadership Standards, and a Governance Functioning Tool were released in September 2011. Marking the end of a year-long revision project, senior leaders from across Canada, including Ministry representatives, have been engaged in this initiative through participation in the Standards Working Group and the national consultation process administered in partnership with the Canadian College of Health Leaders.

As part of Accreditation Canada's ongoing commitment to keep the Qmentum program relevant, Accreditation Canada has enhanced the governance elements of the program. Key features of the updated Governance Standards include a greater focus for the governing body on quality improvement, risk management activities, and safety; further clarity on the role of the governing body in developing the organization's mission, vision, values, and strategic plan; and requirements that the governing body adhere to the organization's ethical framework for decision making. Additional guidelines and resources are included to add clarity and provide direction to organizations. The updated Governance Standards complement the enhanced Leadership Standards. Together, the two sets of standards bring greater clarity to the roles of the board and senior leadership.

Accreditation Canada will continue to contribute to improving the quality of care and services in health organizations through accreditation across the care continuum. Qmentum does not duplicate provincial reporting requirements – instead, the program uses a flexible, quality-focused approach that facilitates meeting jurisdictional and organizational priorities by weaving quality and safety initiatives into daily activities. In the words of Dr. Yves Bolduc, Québec Minister of Health and Social Services, “The accreditation process adds value... [as] it is an independent process with an external review by a third party, the standards of excellence are based on best practice and evidence, and the emphasis on patient safety...”



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