



ACCREDITATION CANADA



Driving Quality Health Services

Executive Summary

Holland Bloorview Kids Rehabilitation Hospital

Toronto, ON

On-site survey dates: September 29, 2013 - October 2, 2013

Report issued: October 16, 2013



ACCREDITATION CANADA
AGRÉMENT CANADA

Driving Quality Health Services
Force motrice de la qualité des services de santé

Accredited by ISQua

About the Executive Summary

Holland Bloorview Kids Rehabilitation Hospital (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in September 2013.

This Executive Summary is an overview of the on-site survey results. More information is available in the Accreditation Report.

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties. Any alteration of this Executive Summary compromises the integrity of the accreditation process and is strictly prohibited.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate this Executive Summary to staff, board members, clients, the community, and other stakeholders.

Table of Contents

1.0 Executive Summary	1
1.1 Accreditation Decision	1
1.2 About the On-site Survey	2
1.3 Overview by Quality Dimensions	3
1.4 Overview by Standards	4
1.5 Overview by Required Organizational Practices	5
1.6 Summary of Surveyor Team Observations	9

Section 1 Executive Summary

Holland Bloorview Kids Rehabilitation Hospital (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization’s leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

1.1 Accreditation Decision

Holland Bloorview Kids Rehabilitation Hospital’s accreditation decision is:

Accredited with Exemplary Standing

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.

1.2 About the On-site Survey

- **On-site survey dates: September 29, 2013 to October 2, 2013**

- **Location**

The following location was assessed during the on-site survey.

- 1 Holland Bloorview Kids Rehabilitation Hospital

- **Standards**

The following sets of standards were used to assess the organization's programs and services during the on-site survey.

System-Wide Standards









- 1 Leadership
- 2 Governance

Service Excellence Standards

- 3 Managing Medications
- 4 Infection Prevention and Control
- 5 Long-Term Care Services
- 6 Rehabilitation Services

1.3 Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Working with communities to anticipate and meet needs)	33	0	0	33
 Accessibility (Providing timely and equitable services)	28	0	0	28
 Safety (Keeping people safe)	184	0	1	185
 Worklife (Supporting wellness in the work environment)	68	0	0	68
 Client-centred Services (Putting clients and families first)	46	0	1	47
 Continuity of Services (Experiencing coordinated and seamless services)	15	0	0	15
 Effectiveness (Doing the right thing to achieve the best possible results)	256	0	0	256
 Efficiency (Making the best use of resources)	31	0	0	31
Total	661	0	2	663

1.4 Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	44 (100.0%)	0 (0.0%)	0	34 (100.0%)	0 (0.0%)	0	78 (100.0%)	0 (0.0%)	0
Leadership	45 (100.0%)	0 (0.0%)	1	85 (100.0%)	0 (0.0%)	0	130 (100.0%)	0 (0.0%)	1
Infection Prevention and Control	53 (100.0%)	0 (0.0%)	0	44 (100.0%)	0 (0.0%)	0	97 (100.0%)	0 (0.0%)	0
Long-Term Care Services	23 (100.0%)	0 (0.0%)	1	72 (100.0%)	0 (0.0%)	0	95 (100.0%)	0 (0.0%)	1
Managing Medications	76 (100.0%)	0 (0.0%)	0	52 (100.0%)	0 (0.0%)	0	128 (100.0%)	0 (0.0%)	0
Rehabilitation Services	27 (100.0%)	0 (0.0%)	0	68 (100.0%)	0 (0.0%)	0	95 (100.0%)	0 (0.0%)	0
Total	268 (100.0%)	0 (0.0%)	2	355 (100.0%)	0 (0.0%)	0	623 (100.0%)	0 (0.0%)	2

* Does not include ROP (Required Organizational Practices)

1.5 Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Adverse Events Disclosure (Leadership)	Met	3 of 3	0 of 0
Adverse Events Reporting (Leadership)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Leadership)	Met	1 of 1	2 of 2
Client Safety Related Prospective Analysis (Leadership)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Long-Term Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Rehabilitation Services)	Met	2 of 2	0 of 0
Dangerous Abbreviations (Managing Medications)	Met	4 of 4	3 of 3
Information Transfer (Long-Term Care Services)	Met	2 of 2	0 of 0
Information Transfer (Rehabilitation Services)	Met	2 of 2	0 of 0
Medication Reconciliation As An Organizational Priority (Leadership)	Met	4 of 4	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication Reconciliation At Admission (Long-Term Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Rehabilitation Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Long-Term Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Rehabilitation Services)	Met	4 of 4	1 of 1
Two Client Identifiers (Long-Term Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Managing Medications)	Met	1 of 1	0 of 0
Two Client Identifiers (Rehabilitation Services)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Medication Use			
Concentrated Electrolytes (Managing Medications)	Met	1 of 1	0 of 0
Heparin Safety (Managing Medications)	Met	4 of 4	0 of 0
Infusion Pumps Training (Long-Term Care Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Managing Medications)	Met	1 of 1	0 of 0
Infusion Pumps Training (Rehabilitation Services)	Met	1 of 1	0 of 0
Medication Concentrations (Managing Medications)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Narcotics Safety (Managing Medications)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Safety Plan (Leadership)	Met	2 of 2	2 of 2
Client Safety: Education And Training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Antimicrobial Stewardship (Managing Medications)	Met	4 of 4	1 of 1
Hand Hygiene Audit (Infection Prevention and Control)	Met	1 of 1	2 of 2
Hand Hygiene Education And Training (Infection Prevention and Control)	Met	2 of 2	0 of 0
Infection Rates (Infection Prevention and Control)	Met	1 of 1	3 of 3
Pneumococcal Vaccine (Long-Term Care Services)	Met	2 of 2	0 of 0
Sterilization Processes (Infection Prevention and Control)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Long-Term Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Rehabilitation Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Rehabilitation Services)	Met	3 of 3	2 of 2

1.6 Summary of Surveyor Team Observations

The surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

The organization, Holland Bloorview Kids Rehabilitation Hospital (Holland Bloorview) is commended on preparing for and participating in the Qmentum program. The organization is led by a governing body that is knowledgeable, committed and enthusiastic. The trustees have a good understanding of their roles and responsibilities and pride themselves on their accountability to their community, as is evident in: "The Big Ambition 2012/13 Annual Report." The board's selection process is well developed to ensure the appropriate skill mix to perform their duties. There are good processes in place to evaluate the functioning of the governing body (board) which is assessed using a number of evaluation tools. Board trustees attend the quality improvement committee and family advisory council meetings and have oversight for quality, safety and community engagement. The board has a robust process to evaluate the chief executive officer (CEO) which is tied to performance.

The board has led the organization in developing a strategic plan for 2012-2017 that will further solidify the organization as leaders in the provision of rehabilitation services for children with disabilities. The organization has a strong vibrant Foundation that increases the branding of Holland Bloorview in the community. . This organization is recognized for published articles and valuing research to inform their practice.

During this on-site survey a good number of the organization's community and community partners were interviewed. They commented Holland Bloorview has been instrumental in the discussion on transitional planning for youth. They commented on how well the organization works with community agencies to create capacity. The partners' group acknowledged the organization's focus on developing evidence-based standards of practice guidelines and how they are leaders in pediatric research. The partners recognized that Holland Bloorview has a commitment to engaging their clients/patients and families. In fact, they talked about engagement as being a part of the 'DNA' of Holland Bloorview. When the surveyor team asked for areas that Holland Bloorview could improve they talked about the community having more accessibility to the research arm of the organization.

The leadership of Holland Bloorview is strong, committed, engaged and strategic, and is well-placed for succession planning into the future. The leadership team members have a strong focus on learning and development within their own career goals. Their ability to drive the four pillars of the strategic plan is evident across the organization. The team's focus is on quality initiatives that will raise the agenda for excellence in paediatric rehabilitation. The commitment to quality improvement is commendable. Their efforts have been recognized in achieving Canada's Top Employer for Young People and maintaining the Greater Toronto's Top Employer award. The organization has developed a state-of-the-art research department that is recognized across Canada. It has completed the Bloorview Research Institute's strategic plan, engaging input from stakeholders, clients and families, academics and cross-sectional staff.

Goal statements and metrics in the quality improvement plan have been improved significantly since the organization's previous survey. There are strategies and a structure to enhance the student experience at this organization. The staff members that were interviewed are strongly committed to Holland Bloorview and are proud to be a part of the team. Their commitment and dedication to being involved in the strategic priority direction of the organization is commendable. The talent management stages for the organization have developed various awards/events to recognize staff achievements and this will be further developed next year. They have successfully recruited a Senior Director for Collaborative Practice since the last survey.

The establishment of a children's advisory committee for clients aged three years to 15 and their siblings provides input via a unique play-based model which is the first of its kind in the country. Much work has been accomplished in reviewing client programs across the organization to improve access and wait-times. The implementation of the central scheduling system is in its initial pilot phases and will be beneficial to coordinate interdisciplinary schedules and activities. The work on professional development and evidence to care has influenced practice, policy and care. The organization has received recognition and awards on their evidence-based work to date.

The organization is commended on the Family Leadership program and leadership in family-centred care which is deeply embedded in the organization. External reviewers provide evidence that this organization has embraced this practice. Client satisfaction is high at Holland Bloorview. Clients feel respected, involved and cared about by the people of the organization. The opportunity to participate in their care and review policies and procedures and to be part of the decision-making process is commendable.

The organization is committed to environmental initiatives, as noted in the Green plan.

Although the organization has positioned itself well for the future, there are a few challenges that may be barriers to achieving the goals. One is space limitations, which is now currently under review in the space utilization review process. The impact of provincial initiatives that could affect the utilization of services is a constant part of the environmental scan and can affect patient flow and wait- lists. The organization has developed mitigation plans to address its immediate fiscal challenges and will need to focus on how it will maintain sustainability for in the future.

This organization has implemented many priority initiatives during the past eighteen months, with many more identified in the strategic plan. There needs to be a constant awareness of the pace of change.