



Holland Bloorview Kids Rehabilitation Hospital

Accredited with Exemplary Standing

October, 2017 to 2021

Holland Bloorview Kids Rehabilitation Hospital has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement. It is accredited until October 2021 provided program requirements continue to be met.

Holland Bloorview Kids Rehabilitation Hospital is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **Holland Bloorview Kids Rehabilitation Hospital** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) www.isqua.org, a tangible demonstration that our programs meet international standards.

Find out more about what we do at www.accreditation.ca.

Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

On-site survey dates

October 16, 2017 to October 19, 2017

Locations surveyed

- **1 location** was assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed **Accredited with Exemplary Standing** as of the date of this report.

See **Appendix A** for a list of the locations that were surveyed.

Standards used in the assessment

- **6 sets of standards** were used in the assessment.

Summary of surveyor team observations

These surveyor observations appear in both the Executive Summary and the Accreditation Report.

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

The senior leadership team evaluates its functioning as a team during retreats where feedback is invited from community partners, staff members and family partners. Team members review how they work together and how they are perceived by staff members, and they assess the quality of the decision making. One of their significant successes is that client- and family-centred care is thriving throughout the organization, as evidenced by the co-decision-making process between the organization and the family partners. Leaders alternate attending Family Advisory Committee meetings, Youth Council meetings, and Children's Council meetings.

There are over 170 family advisors who go through a formal onboarding process that includes the code of conduct, rules of engagement, and discussions about preferences of each member. There is an expectation that all senior leaders will participate in the client safety walks with a representative from the Family Council. Information is gathered during those walks about challenges, barriers to care, and issues of safety for clients, family members, and staff members. The CEO leads regular Coffee Chats, an open discussion with staff members; some of the talks are themed and others are open discussions.

Every morning there is a leadership huddle for all the inpatient care units. This is broadcast to staff from other shifts who cannot attend. There are all-staff meetings that are conducted as talk shows and these are recorded so people can view and listen at their leisure. Different leaders are profiled at those meetings. The client safety surveys, which were well represented with 94 percent participation rate, provided a lot of information that was validated at focus groups. Feedback gathered from these initiatives informs the decision-making process and provides input on the impact of decisions.

There is a robust talent management process that looks at the structure of the organization, including span of control, and helps staff and leaders enhance their learning through tuition support, online modules, and workshops on coaching and mentoring. Change management is an extensive process with support provided centrally to all teams. Change coaches are available but the premise of the program is to prepare and empower leaders to lead the change in their programs and units. Training is provided and tools are included to support the change agents. The senior leadership table reviews

all initiatives annually during the planning process and prioritizes according to urgency and capacity for change.

The nursing team of the entire organization went through extensive consultation where every nurse was interviewed about the vision for nursing. They were asked what client safety would look like and what a safe and healthy work environment would look like. Once a significant amount of information had been collected, a nursing summit was held to collate the information and come to a consensus on the vision.

Close to 20 attendees were at the community partners' session, including school, government agencies, health care organizations, community agencies, and provincial and national organizations. All were in agreement that the organization develops and nurtures strong relationships with other agencies. Holland Bloorview staff members and leaders willingly support, educate, and collaborate with their peers. They leverage their expertise and provide standards of care to community hospitals. They took the lead in developing the paediatric rehabilitation reporting system by mentoring and providing tools to other members. They are willing to embrace other perspectives and share their expertise.

Holland Bloorview agreed to be the pilot site for training the new curriculum on safety initiatives for children with disabilities. The attendees stated that when they reach out to the organization, the response is always positive and immediate. All were in agreement that the positive collaboration with the organization has increased in the last few years and it is very open to learning how to do things differently. This can only benefit client care. Representatives from Holland Bloorview willingly sit at the table when discussion about paediatric disability care is on the agenda. The leaders and staff members of Holland Bloorview are recognized as problem solvers and avid leaders in equity and social justice.

The attendees acknowledge that this organization is a leader in client and family engagement, and a leader in paediatric disability research. A current and prominent initiative in which Holland Bloorview is involved is the transition process from the rehabilitation centre to the community or transition to adult services. It is willing and keen to bring external players to an internal process and shares information openly. The organization is willing to look at different roles and amend job descriptions to ensure work is not duplicated.

The organization provides training to peers on client and family engagement and health literacy, and supports the process of students going back to school after an acquired brain injury.

What else can we say about client and family engagement at Holland Bloorview but "WOW!" Every aspect of the care provided, the research being done, the decisions being made, and the initiatives that have been started benefits from input, participation, and leadership of clients and families. A great initiative is the Family Leadership Accreditation Group (FLAG), a team created some months ago that was responsible for ensuring that family and client representatives were part of all teams reviewing the accreditation standards. They reviewed questionnaires (satisfaction, client safety, etc.); assessed all quality improvement initiatives to showcase them; participated in the senior leadership tracers and the client safety education program; and reviewed and advised on the pandemic plan.

The vision of the client and family representatives is to advance toward high-quality care in a safe manner. They hold the organization accountable for all actions and decisions. Although there are more than 170 active client and family representatives they consider themselves a resource that is not yet fully tapped. They have gone from consultation at the onset to involvement in initiatives and decisions to shared leadership. Their hope is to attain full leadership on some projects or initiatives. Examples of co-leadership initiatives are the hand-hygiene training for the community, education for the prevention of pressure ulcers, and the implementation of the integrated coordinated care plan.

They state that they get just as much as they provide from their participation as representatives. Their contribution is valued and there is a sincere interest in not just hearing but listening to the families. This organization appears to embrace the tension that can exist between the provider and the family as a way of improving the care that is provided. All were adamant that the presence of the client and family representatives was not done to impress the accreditors; it is a lived experience continuously. They stated that as good as it was a few years ago, it has improved tenfold in the last few years.

Clients and families would like to see the work on transitioning to adult services continue, with renewed efforts on ever-increasing partnerships.

Holland Bloorview recently launched a mental health strategy so they felt listened to and that their perspective was valued. The new strategic plan is more accepting of disabilities, as it is all-inclusive and reduces stigmatism. The plan looks at the whole child, not just the disease or disability.

One mother says this is her favourite place to come. She does not feel judged and the ambience is very friendly. Students shared that the organization does not look like a hospital, their visits are always very comfortable, and the staff are always welcoming, smiling, and compassionate and respectful of families and clients.

The students feel that the building layout obviously considers the clientele, with elevators for two or three wheelchairs and extra wide hallways so clients can pass in the corridors or easily turn around and manipulate their wheelchairs. The students were delighted when they made a suggestion in one of their Youth Advisory Councils that automatic doors should be put on some of the meeting rooms; three push-button automatic doors were then installed on three of the five board rooms. There was also a child who couldn't reach the sinks from his wheelchair so step stools were placed in all washrooms. They truly feel listened to.

With regard to family and client planning, long-term planning and life skills programming has been a true asset, helping clients adjust to the real world and learn social skills and self-advocacy. The psychologist has been a great addition and helps the students plan for university and achieve personal goals. All feel Holland Bloorview is their extended family.

A suggestion for improvement concerns a program called Care for the Caregiver. It was allocated a one-time grant to the Family Leaders' Advisory Committee and is now in its second year. The program is part of the bigger picture in the continuum of care and is an important program to the students.

The committee feels it needs ongoing funding to make it a formalized recognized program.

Student volunteers and those who have jobs at Holland Bloorview say the organization needs to hire more people with disabilities. They have noticed, for example, that not all offices accommodate power chairs (i.e., the chairs don't fit under the desks), which, in their view, means the organization was not expecting to have staff with power wheelchairs.

Family and student leaders feel they are very much part of the DNA of Holland Bloorview. Their ideas are sought early in project planning and their input is also requested with ongoing program evaluation. Life at Holland Bloorview is never about being imposed upon. There is always an open door process on both sides; they can approach the family leaders and the family leaders and students can easily access the senior team. The philosophy is very much about the whole family, not just the child, and about the whole child and not just the disease.

There is a collaborative approach that is constantly looping back.

Building family leaders and students are very much part of renovation projects. Signage is an issue and could use some improvement. Those who are new to the organization find it hard to navigate, so greeters were added, but better signage would help. It is also hard to find a washroom with a ceiling lift and change bed for large children, and when found the lift is usually not fully charged. There is also a concern that some of the rooms are geared toward the younger generation (e.g., the murals on the walls). The family leader feels it would be nice if some of the rooms were more age appropriate for teens.

Transitions of care from Holland Bloorview could be improved by working more with the schools to help clients adjust to the realities of community life, as well as by working with various rehabilitation centres such as the Toronto Rehabilitation Institute, the spina bifida clinic, or others depending on the diagnosis.

An alumni group is being started. It will bring back some of the older children who are on their own and/or their families to help for plan with coordinated care integration in the community.

The client and family integrated care leadership team was created several years ago to embed and champion client- and family-centred care throughout the organization, provide guides for the families and clients, and ensure all practices follow client- and family-centred care principles. The team is proud of supporting the educational and resource needs of the families and of improving the client experience, and it advocates for global discussion of living with a disability. They are leaders in health literacy and support many different family representative roles, from family or research advisor, family as faculty, research reviewer, family mentor, research communicator, or as members of the Family Advisory Council and Research Family Engagement Committee.

The Children's Advisory Committee sees the children as advisors, ambassadors, and advocates. The client and family relations facilitator is easily accessible to all and contact information for this role is clearly visible throughout the organization. Considerable work is being done for the siblings of children who are clients at Holland Bloorview, mainly through the outpatient playroom staff as they

offer workshops for sibling support. There is a kids feedback month where input and stories from children are sought. Their online publication “Bloom” is viewed in over 180 countries and it relates the stories of children, youth, parents, and staff members.









Coaching and mentoring is provided to staff members on how to approach and engage clients and parents who may not be comfortable sharing their thoughts. Multiple pathways for participation are being explored.

Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

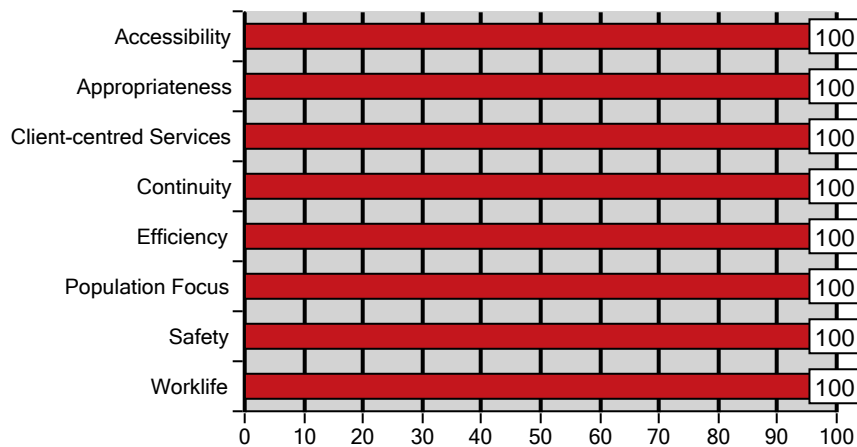
The quality dimensions are:

-  **Accessibility:** Give me timely and equitable services
-  **Appropriateness:** Do the right thing to achieve the best results
-  **Client-centred Services:** Partner with me and my family in our care
-  **Continuity:** Coordinate my care across the continuum
-  **Efficiency:** Make the best use of resources
-  **Population Focus:** Work with my community to anticipate and meet our needs
-  **Safety:** Keep me safe
-  **Worklife:** Take care of those who take care of me

Taken together, the dimensions create a picture of what a high quality health care program or service “looks like.” It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

Quality Dimensions: Percentage of criteria met



Overview: Standards results

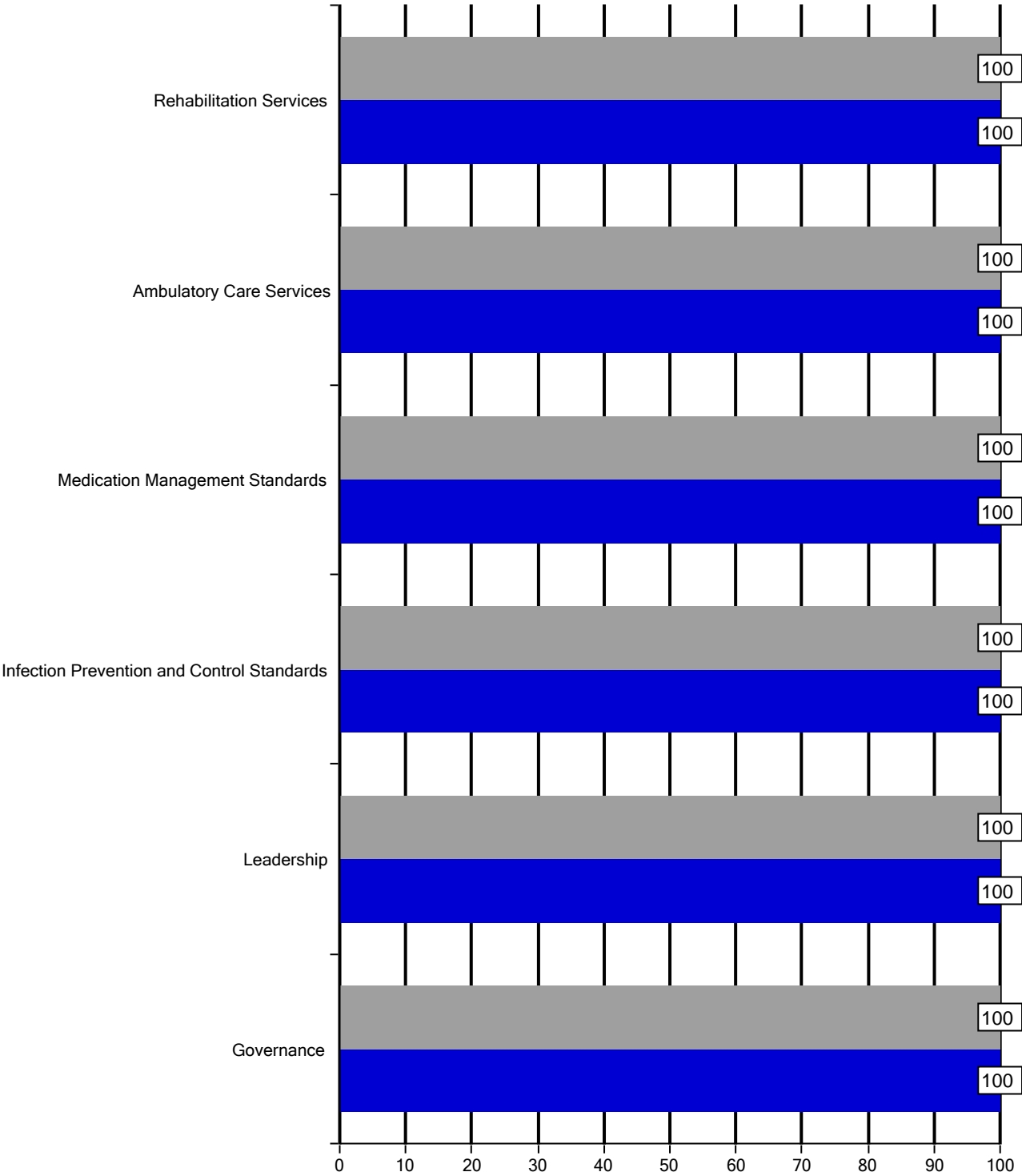
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.

Standards: Percentage of criteria met

High priority criteria met Total criteria met



Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

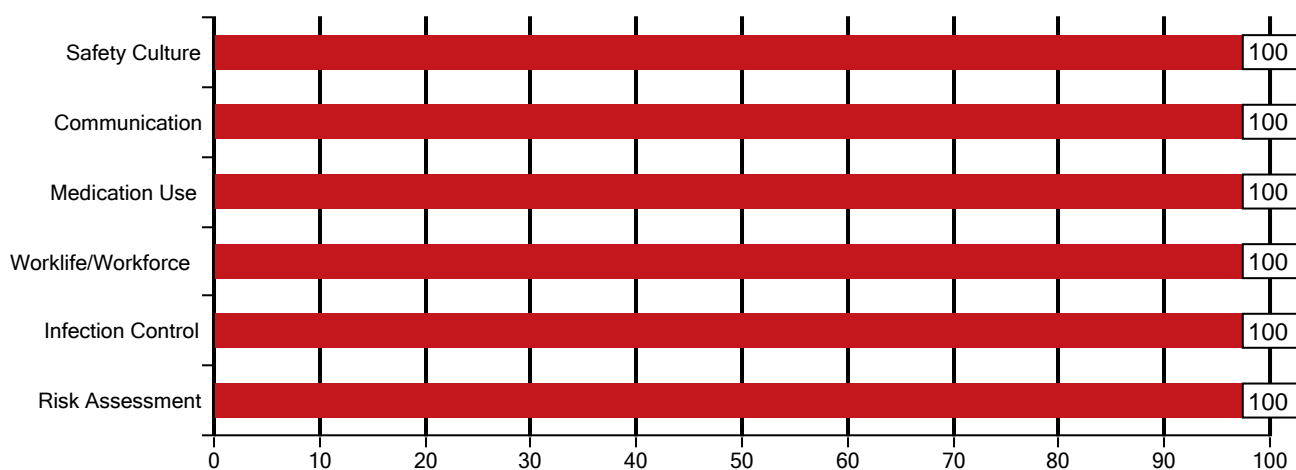
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes how select ROPs are being met across the country.

ROPs are categorized into six safety areas, each with its own goal:

- **Safety culture:** Create a culture of safety within the organization
- **Communication:** Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- **Medication use:** Ensure the safe use of high-risk medications
- **Worklife/workforce:** Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control:** Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- **Risk assessment:** Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

ROP Goal Areas: Percentage of tests for compliance met



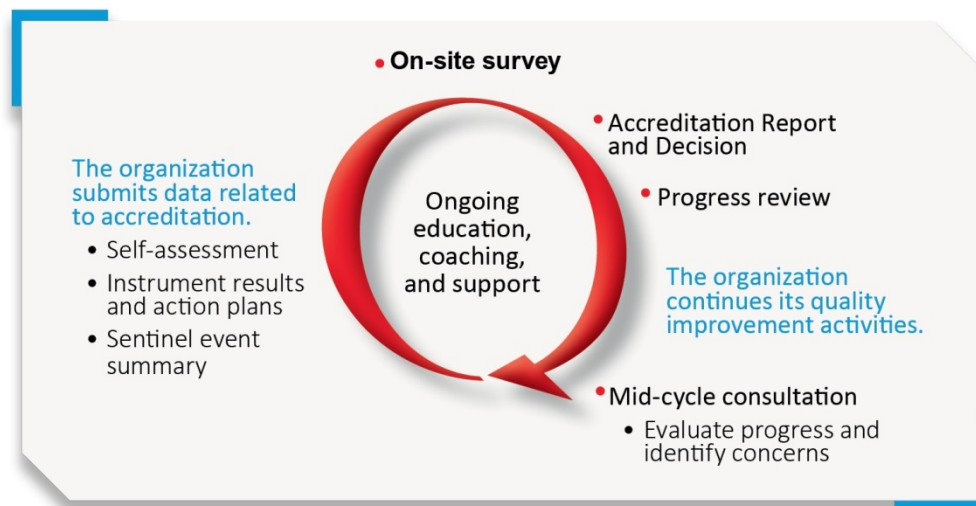
The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

Qmentum: A four-year cycle of quality improvement



As **Holland Bloorview Kids Rehabilitation Hospital** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

Appendix A: Locations surveyed

- 1 Holland Bloorview Kids Rehabilitation Hospital

Appendix B

Required Organizational Practices

Safety Culture

- Accountability for Quality
 - Patient safety incident disclosure
 - Patient safety incident management
 - Patient safety quarterly reports
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Communication

- Client Identification
 - Information transfer at care transitions
 - Medication reconciliation as a strategic priority
 - Medication reconciliation at care transitions
 - The “Do Not Use” list of abbreviations
-

Medication Use

- Antimicrobial Stewardship
 - Concentrated Electrolytes
 - Heparin Safety
 - High-Alert Medications
 - Infusion Pumps Training
 - Narcotics Safety
-

Worklife/Workforce

- Patient safety plan
 - Patient safety: education and training
 - Preventive Maintenance Program
 - Workplace Violence Prevention
-

Infection Control

- Hand-Hygiene Compliance
 - Hand-Hygiene Education and Training
 - Infection Rates
 - Reprocessing
-

Risk Assessment

- Falls Prevention Strategy
 - Pressure Ulcer Prevention
-