Accreditation Report

Holland Bloorview Kids Rehabilitation Hospital

Toronto, ON

On-site survey dates: October 16, 2017 - October 19, 2017

Report issued: November 17, 2017

About the Accreditation Report

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 October 2017. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

Accreditation results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce 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.

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

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

A Message from Accreditation Canada

On behalf of Accreditation Canada's board and staff, I extend my sincerest congratulations to your board, your leadership team, and everyone at your organization on your participation in the Qmentum accreditation program. Qmentum is designed to integrate with your quality improvement program. By using Qmentum to support and enable your quality improvement activities, its full value is realized.

This Accreditation Report includes your accreditation decision, the final results from your recent on-site survey, and the instrument data that your organization has submitted. Please use the information in this report and in your online Quality Performance Roadmap to guide your quality improvement activities.

Your Program Manager or Client Services Coordinator is available if you have questions or need guidance.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by integrating accreditation into your improvement program. We welcome your feedback about how we can continue to strengthen the program to ensure it remains relevant to you and your services.

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

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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.

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.

About the On-site Survey

- **On-site survey dates: October 16, 2017 to October 19, 2017**

- **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. Governance
  2. Infection Prevention and Control Standards
  3. Leadership
  4. Medication Management Standards

  Service Excellence Standards
  5. Ambulatory Care Services - Service Excellence Standards
  6. Rehabilitation Services - Service Excellence Standards

- **Instruments**

  The organization administered:

  1. Governance Functioning Tool (2016)
  2. Canadian Patient Safety Culture Survey Tool
  3. Worklife Pulse

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 (Work with my community to anticipate and meet our needs)	28	0	0	28
Accessibility (Give me timely and equitable services)	24	0	0	24
Safety (Keep me safe)	187	0	7	194
Worklife (Take care of those who take care of me)	65	0	0	65
Client-centred Services (Partner with me and my family in our care)	100	0	0	100
Continuity (Coordinate my care across the continuum)	18	0	0	18
Appropriateness (Do the right thing to achieve the best results)	300	0	2	302
Efficiency (Make the best use of resources)	27	0	0	27
Total	**749**	**0**	**9**	**758**

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	50 (100.0%)	0 (0.0%)	0	36 (100.0%)	0 (0.0%)	0	86 (100.0%)	0 (0.0%)	0
Leadership	50 (100.0%)	0 (0.0%)	0	96 (100.0%)	0 (0.0%)	0	146 (100.0%)	0 (0.0%)	0
Infection Prevention and Control Standards	66 (100.0%)	0 (0.0%)	1	36 (100.0%)	0 (0.0%)	1	102 (100.0%)	0 (0.0%)	2
Medication Management Standards	76 (100.0%)	0 (0.0%)	2	62 (100.0%)	0 (0.0%)	2	138 (100.0%)	0 (0.0%)	4
Ambulatory Care Services	44 (100.0%)	0 (0.0%)	2	78 (100.0%)	0 (0.0%)	0	122 (100.0%)	0 (0.0%)	2
Rehabilitation Services	45 (100.0%)	0 (0.0%)	0	80 (100.0%)	0 (0.0%)	0	125 (100.0%)	0 (0.0%)	0
Total	**331 (100.0%)**	0 (0.0%)	5	388 (100.0%)	0 (0.0%)	3	719 (100.0%)	0 (0.0%)	8

* Does not includes ROP (Required Organizational Practices)

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			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Ambulatory Care Services)	Met	1 of 1	0 of 0
Client Identification (Rehabilitation Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Ambulatory Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Rehabilitation Services)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership)	Met	4 of 4	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Ambulatory Care Services)	Met	7 of 7	0 of 0
Medication reconciliation at care transitions (Rehabilitation Services)	Met	5 of 5	0 of 0
The "Do Not Use" list of abbreviations (Medication Management Standards)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management Standards)	Met	4 of 4	1 of 1
Concentrated Electrolytes (Medication Management Standards)	Met	3 of 3	0 of 0
Heparin Safety (Medication Management Standards)	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management Standards)	Met	5 of 5	3 of 3
Infusion Pumps Training (Ambulatory Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Rehabilitation Services)	Met	4 of 4	2 of 2
Narcotics Safety (Medication Management Standards)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership)	Met	2 of 2	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	**Minor Met**
Patient Safety Goal Area: Worklife/Workforce			
Patient 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			
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Reprocessing (Infection Prevention and Control Standards)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Ambulatory Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Rehabilitation Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Rehabilitation Services)	Met	3 of 3	2 of 2

Summary of Surveyor Team Observations

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

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.

Detailed On-site Survey Results

This section provides the detailed results of the on-site survey. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary. Results are presented in two ways: first by priority process and then by standards sets.

Accreditation Canada defines priority processes as critical areas and systems that have a significant impact on the quality and safety of care and services. Priority processes provide a different perspective from that offered by the standards, organizing the results into themes that cut across departments, services, and teams.

For instance, the patient flow priority process includes criteria from a number of sets of standards that address various aspects of patient flow, from preventing infections to providing timely diagnostic or surgical services. This provides a comprehensive picture of how patients move through the organization and how services are delivered to them, regardless of the department they are in or the specific services they receive.

During the on-site survey, surveyors rate compliance with the criteria, provide a rationale for their rating, and comment on each priority process.

Priority process comments are shown in this report. The rationale for unmet criteria can be found in the organization's online Quality Performance Roadmap.

See Appendix B for a list of priority processes.

INTERPRETING THE TABLES IN THIS SECTION: The tables show all unmet criteria from each set of standards, identify high priority criteria (which include ROPs), and list surveyor comments related to each priority process.

High priority criteria and ROP tests for compliance are identified by the following symbols:

!	High priority criterion
ROP	Required Organizational Practice
MAJOR	Major ROP Test for Compliance
MINOR	Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

The results in this section are presented first by priority process and then by standards set.

Some priority processes in this section also apply to the service excellence standards. Results of unmet criteria that also relate to services should be shared with the relevant team.

Priority Process: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The board of trustees is a high-functioning board that re-directs the members to a governance model rather than an operational model. There is a skills matrix to ensure a broad range of expertise at the table and the board tries to anticipate for the long term when recruiting new members. Board members are keen to reflect the community they serve. They have family advisors on the Quality Committee of the board. The ethical framework is used for more difficult decisions, such as resource allocation, and training is provided on ethics and on the framework. The bioethicist is also available to attend board or committee meetings on request.

Board members must attend at least one Family Advisory Committee meeting each year. The current strategic plan process was kicked off at the board retreat and it was made more real with testimonials from clients and families. The strategic plan review process was co-led by the CEO and the chair of the Governance Committee of the board.

There is an annual 360-degree process for the evaluation of the CEO's performance. In the fall of each year, the leader of human resources brings the framework for talent management to the board and the capacity of each senior leader is reviewed and a gap analysis is provided.

There is a culture of transparency in the decision-making process of the board and each meeting is open to anyone interested in attending. The board evaluates its performance as a team and also the performance of each member.

Priority Process: Planning and Service Design

Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Extensive and comprehensive consultation occurred to review the mission, vision, value statement, and strategic plan. This involved staff members, physicians, family members, youth, children, volunteers, and community partners, with open sessions and focus groups. Staff and family members describe it as a "movement" and they are anxious to see where the organization is going next with the process.

Client and family involvement in this organization is second to none, with a very active Family Advisory Committee, Youth Advisory Committee, and Children's Advisory Council, and 170 client and family representatives participating in committee work at all levels. There is cross-pollination of leaders. Board members participate at the different council meetings and clients and family representatives attend leadership, governance, and operations meetings. There is an online process to request that a client or family representative attend a committee or initiative. A program has been initiated where youth who were clients are hired as peer support and to help others navigate the health care system. Client and family centredness is a competency in the staff performance appraisal.

The environmental scan is a continuous process that involves the community partners and the information gathered is discussed at the various retreats. Progress on meeting strategic plan objectives is reviewed monthly at the departmental level and quarterly at the board level. There is information available locally through the Greater Toronto Area Rehabilitation Alliance as well as provincially.

The change management process and education is extensive and well supported by a team of coaches. Tools are available from the Organizational Development and Communications portfolio's to drive change throughout the organization and to communicate the status of the change internally and externally. Partnerships with other organizations are constantly being reviewed and developed, whether to ensure a seamless navigation of the health care system or transition to adult care. Staff members provide education in the community to ensure better understanding of disabilities or how to deal with children who are different; a good example is the education that will be provided to the school bus drivers on dealing with children who have an Autism Spectrum Disorder (ASD) diagnosis..

Priority Process: Resource Management

Monitoring, administering, and integrating activities related to the allocation and use of resources.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

The operational and capital planning process is well established and there is extensive consultation prior to submission to the board of trustees. The finance and human resources leaders review the labour markets, identify gaps in the budget, ask the program leaders to optimize revenue and savings, and align to the strategic plan. The capital plan is 75 percent information technology and 25 percent medical equipment.

Program leaders are accountable for their budgets and they have an assigned financial analyst and a human resource analyst to support them in reviewing their financial statements. They also have decision support analysts assigned to the team. On a quarterly basis, they are accountable for analyzing variances, looking at forecasting for the rest of the year, and setting mitigation initiatives to decrease over-variances. Education is provided to the program leaders on an ongoing basis.

There are set criteria to guide resource allocation decisions, including the impact on clients or services as well as the impact on wait times, quality and safety, research, teaching, and employees. There is an ethics-informed framework for decision making and the operational plan is approved jointly by the Quality. Committee of the Board and the Business and Audit Committee before the final review at the Board of Trustees.

Priority Process: Human Capital

Developing the human resource capacity to deliver safe, high quality services.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)
A "people plan" is in place that identifies current and future needs of the organization. There is a strong focus on leadership, talent management, organizational design, and culture.

Priority Process: Integrated Quality Management

Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

Every two years, the team does a full review of the literature for best evidence as it reviews the policies. In the last two years, 47 quality improvement initiatives have been initiated, and many of the efforts have been focused education about quality and helping staff be more comfortable in reporting incidents about clients or staff members. The team makes an effort to celebrate successes. Team members are most proud of the partnerships with clients and families, the shift in the no-blame culture, and the integrated coordinated quality plan that was co-led by a Family Leader.

The organization has initiated Schwartz rounds to address the effect of stress in the workplace and how to promote good mental health. Another initiative to ensure safe medication dispensing by the nursing staff is the implementation of the sash that the nurses wear while preparing medication so that they are not disturbed and can concentrate on their task. Families and clients were prepared for this initiative prior to it being implemented so the understanding was there. To ensure the safety of the clients, the organization is implementing a tracking system for clients who are prone to wander. The organization encourages staff members to report all incidents of harm to them by clients, and mediators have been brought in to ensure the staff are comfortable working with those clients. They also have access to counsellors to debrief with the care providers when a significant event, such as the death of a client, occurs.

The incident reporting system is quite robust and reports are generated that allow for trending over the years. The reports are shared with the Family and Youth Advisory Committees. Family leaders review all practice guidelines for impact on the client and the family. The client safety plan is robust and comprehensive, and outcomes are measured and trended over time. The disclosure policy is reviewed every two years and it is an expectation that the disclosure will be documented in the reporting system. Family representatives had input into the policy. Teaching on disclosure is provided through mocks and presenting to health care providers. Mentorship is also provided to the more junior providers. Complaints have decreased by 50 percent due to the different teams and the leaders being more proactive in addressing situations and providing de-escalation training to front-line staff. There is a practice of circling back to the families when there is an incident or complaint.

Medication reconciliation is standardized throughout the organization at admission, transfer, and discharge. There is a robust education plan for new learners and transient providers and compliance with the process is consistently tracked.

Quality and safety initiatives are shared broadly throughout the organization and also externally. There are quality boards in clinical and non-clinical areas.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

An overarching ethics framework supports clinical, research, and organizational ethics. The Bioethics Committee includes client and family representatives and staff from across the organization. The committee is chaired by an expert clinical bio-ethicist who is an alumnus and was hired into the role by the organization six months ago. She is keen and passionate about disseminating the ethics framework across the entire hospital and building capacity at all levels. She has presented the ethics framework at the board of trustees and has created a structure that ensures board members have access to expertise as required in ethics and resource allocation challenges that are brought to their attention.

Input on ethical dilemmas is sought through front-line staff, volunteers, physicians, family members, and youth with assistance from the ethics facilitators who are trained to manage, coach, and report ethical dilemmas to the Ethics Committee. The ethics framework is reviewed regularly and it is an integral part of the hospital orientation program. As such every new employee who enters the organization is introduced to the ethics model. In addition, educational sessions such as bioethics forums and quarterly 90-minute training sessions on ethics are offered on a regular basis to all staff. Types of ethical dilemmas the organization faces include how to get family support funding, resource allocation, how to optimize access to care in light of the increased volume of clients with complex conditions, and the effect of social media on ethics.

As the Ethics Committee moves forward its focus will be on pursuing efforts to increase its visibility and build capacity on ethics throughout the organization, with an emphasis on client care areas, research, and decision making. The process of reviewing the data on ethical issues that are collected on the tracking form can serve as an important tool to establish priorities and enhance the successful resolution of ethical dilemmas in the day-to-day operations of the hospital.

Priority Process: Communication

Communicating effectively at all levels of the organization and with external stakeholders.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

The communication portfolio comprises of a team of 17 dynamic professionals whose mission is to advance the mission of the hospital. They are actively involved in campaigns and initiatives, such as the anti-stigma campaign, the No Boundaries initiative that promotes the strategic plan, and the diversity and equity initiatives. They access numerous communication platforms, such as social media, liaising with partners internally and externally, the media, trends in donor relations, and liaising with partners within the University of Toronto network.

They use the expertise at Holland Bloorview to increase community awareness of the issues of children with disabilities and issues of social justice, and they profile the work of clients and families. There is an extensive communication plan for internal and external use. They work very closely with the researchers to promote interventions and to change the perception of disability. They also support children and youth to speak for themselves and become ambassadors who are changing societal perspectives.

The consent policy has recently been reviewed and particular attention has been paid to children and youth who use cell phones, to ensure that they do not take pictures in the organization without explicit consent from clients, families, and staff members. There is a tip sheet available to explain the consent policy to families.

Clients and families have access to their record through the electronic health portal Connect2Care which gives them ready access to selected documents in their file. There is a process to access the whole client file.

The team works with appointment services to improve attendance at ambulatory appointments and they work on having a consistent and effective message for families. The information listed on the website has also been improved so families have clearer information on how the referral process works, whether it is from a physician or self-referral.

Priority Process: Physical Environment

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Contractors and visitors are subject to the same policies as the staff members and must submit to the same code of conduct. Any renovation or repair on the site is subject to review and approval from the infection prevention and control and occupational health leaders. Inspections are done while the work is ongoing and afterward to ensure that all is according to code and best practices.

There are back-up systems and redundancy for all essential utilities and the generator is tested weekly by the staff and semi-annually by a third party. Two water feeds connected to the building so that if one fails, the other can be used.

The organization actively targets recycling initiatives, including composting, and has contracted a company called Green For Life that aggressively limits the amount sent to landfill. As areas are retrofitted, the organization is shifting to LED lights and sending the other lights to recycling. There is a green team in the organization to raise awareness and provide education on Earth Day.

There is extensive consultation with clients and families about usage and access of the space in the organization. A good example is the newly renovated and expanded housing area for family members from out of town/province. The Space Committee works very closely with the Equity and Diversity Committee on any issues with the physical area. All discussions involve the Family, Youth, and Children's Advisory Committees.

Another example of collaboration and integration is changing the washroom signs to reflect all genders. The organization worked with the LGBTQ community to develop acceptable signage.

Priority Process: Emergency Preparedness

Planning for and managing emergencies, disasters, or other aspects of public safety.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

A steering committee for emergency management meets regularly to update code policy manuals and plan for education and mock drills. Codes red and yellow are practiced the most. Families and clients are invited and encouraged to participate in all drills, including monthly code reds.

Fire drills are held on a monthly basis on a selected unit. Staff members debrief following the exercise. After-hour mock drills are practiced to ensure response is appropriate in a low staffing model.

The incident management system is thorough and comprehensive. Manuals and procedures are updated following mock or actual codes. Debriefs happen after a real or mock code to review incidents with staff to identify opportunities for improvement. Strong partnerships exist with area schools, police, and fire department that support the contingency plan.

Holland Bloorview also supports HSC as a decanting site. There is also a mutual occupancy and assistance agreement between Holland Bloorview and Toronto Rehabilitation Institute, University Health Network.

An extensive, complete, and integrated hospital security management camera system (SCOUT) provides supervision for day-to-day operations and assists with major events as they occur. Cameras are strategically located to oversee key corridors of levels 1, 2, and 3, as well as the elevators and parking lot. WanderGuard is also in place near the school and inpatient areas in case of a code yellow.

Priority Process: Patient Flow

Assessing the smooth and timely movement of clients and families through service settings.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

There is a comprehensive and streamlined process for inpatient or outpatient referrals. The medical clinics tend to be the gateway to therapeutic services but there are some services to which clients and families can self-refer, such as the writing aid clinic. The process is electronic, through the website, and the triage team redirects to the appropriate provider or service. Each team then goes through its own triage and assigns the client to a provider.

The leaders trend referrals and in some cases, such as the demand for autism services, develop a business case for the Toronto Central Local Health Integrated Network (TCLHIN) or Ministry of Children and Youth Services for additional funding. They have two satellite clinics that client/families can access ASD diagnostic services closer to home care and they can shift clients to those clinics if the demand exceeds the capacity on the main site.

A pilot has been developed for missed opportunities of care (cancelled or no-show appointments), based on reports that income was a deterrent to bringing a child to Holland Bloorview. Free transportation is offered for the first appointment. The success of the project is now being measured. For the referral process feedback was sought from providers at other sites and a referral template was conjointly developed.

There is a plan to decrease the number of alternate level of care patients who are remaining in the hospital because of lack of services or space in the community through key external partnerships with organizations (e.g. Safe Haven).

Priority Process: Medical Devices and Equipment

Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

Holland Bloorview has an excellent supply of medical devices and equipment and a detailed preventive maintenance program. The organization has a database of its inventory of medical devices and equipment.

Staff have a clear understanding of the process to purchase new equipment through requests prioritized by the Practice Councils and Equipment Steering Committee. Recommendations are forwarded to senior level.

Ongoing education occurs for staff members on the safe use of medical equipment. This is well documented and evaluated for effectiveness, and incidents are tracked.

Holland Bloorview partners with the Hospital for Sick Children to share its biomedical engineer. This partnership works well.

There is a five-year plan to categorize end-of-life of large capital equipment items, allowing staff to budget and plan for future needs with a corporate end-of-life policy.

Service Excellence Standards Results

The results in this section are grouped first by standards set and then by priority process.

Priority processes specific to service excellence standards are:

Clinical Leadership
- Providing leadership and direction to teams providing services.

Competency
- Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.

Episode of Care
- Partnering with clients and families to provide client-centred services throughout the health care encounter.

Decision Support
- Maintaining efficient, secure information systems to support effective service delivery.

Impact on Outcomes
- Using evidence and quality improvement measures to evaluate and improve safety and quality of services.

Medication Management
- Using interdisciplinary teams to manage the provision of medication to clients

Infection Prevention and Control
- Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

Standards Set: Ambulatory Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Leadership teams for the Child Development program and Participation and Inclusion are interdisciplinary. The teams value the input from clients and families to help direct changes to better serve the clients. This process has led, for example, to improved programming and planning for client transfer to adult services, a move to address a gap in care that was championed by family members.

There are also partnerships with neighbouring organizations to better serve client needs closer to home, if that is the wish of the family.

Goals and objectives are reviewed and opportunities for change are explored to better use the services and reduce wait times. The team has reviewed its services and identified opportunities to amalgamate and merge programming at Child Development with Participation and Inclusion. The benefit to clients is the ability to have comprehensive visits that address both clinical and living needs.

Every member of the ambulatory care teams exudes an overwhelming sense of involvement in and ownership of the programming and services they provide. The youth leader is empowered to facilitate services and advocate for her peers.

Program leaders, including the clients and families, appear to be continually weaving in and out of other service areas, both on-site and off-site, to develop the best possible outcomes for the client and to adapt them over time.

Staff members in all areas of the organization and clients and families are unanimous in asserting that the organization is a great place to be. It was easy to validate the activities taking place around the policies and procedures of the organization.

Priority Process: Competency

Holland Bloorview is committed to collaborative care that emphasizes the participation of the client and family members.

Team members are well trained and supported for continuing professional development.

Individualized care pathways for client and family are developed with full involvement of all team members and the client and family. They are reviewed and updated regularly.

Priority Process: Episode of Care

Program goals and objectives in ambulatory care services are to provide diagnosis (e.g., autism) and review therapeutic and supportive interventions (e.g., neuromuscular disorders). When a client does not fit a particular diagnostic category that would trigger acceptance for standardized provincial services and programming, such as for autism, the team is careful to assess the client's candidacy and optimal care through other funded avenues.

Services at the several ambulatory care programs that were visited are delivered by a dedicated and highly qualified and engaged interdisciplinary team that meets in a huddle room before, during, and after appointments.

Every team member exudes enthusiasm for the work they do and the differences they can achieve with the clients. Clients and family members are equally enthusiastic about the extent and quality of the care provided. There is a genuine appreciation for the involvement and team effort that goes into developing unique goals of therapy and individualized pathways of care.

Time is allotted in the appointment schedule to enable team members to fully assess the client and discuss future care. Caregivers appreciate there is no sense of rush.

Parents are enthusiastic about having opportunities to prioritize which disciplines they wish to talk to at their visit, and to have time with those disciplines as well as see others as time allows. A next appointment date is set prior to discharge from the current appointment and this is appreciated by the families.

Support workers at registration are united in agreeing that they feel like valued members of the organization, and that they have a voice if they can contribute to some improvement. All are aware of the online support opportunities for self-care and education.

Priority Process: Decision Support

The organization uses Meditech as its electronic health record platform and for data collection. Staff are well trained in its use and acknowledge it can be adapted to "do things it wasn't designed to do."

Policies on privacy and confidentiality are well developed and published, both publicly at the entrance as well as through annual reinforcement with all staff. There are routine audits of inadmissible use of the electronic health record that are reported to senior management.

The organization is also sensitive and responsive to cultures and languages other than the predominantly English one.

Priority Process: Impact on Outcomes

There are multiple initiatives for improvement. Initiatives are robust and fully supported with time allowance and input from family member committees.

At every level of care, from research to optimizing appointment days and times, metrics are continually monitored and evaluated. Some striking improvements in wait times for autism diagnosis (from a two-year wait to under 90 days) and improvements to scheduling to better deliver multiple services at a single appointment, if that is the wish of the family, are noteworthy.

Other initiatives led by physiotherapy, occupational therapy, speech and language therapy, and psychology are aimed at improving life skills development and augmented or alternative communication programs. The clients themselves have a strong awareness of the efforts made to ensure they can fully participate in activities of their age group.

Research initiatives for pharmacological interventions are also taking place.

Standards Set: Infection Prevention and Control Standards - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Infection Prevention and Control	

The Infection Prevention and Control Committee (IPCC) is an interdisciplinary team with representatives from varied areas of the hospital. It includes two family leaders and two external partners. The committee has developed an infection control strategic plan. The goals and objectives were developed and guided in response to audit results, trends, and self-assessment questionnaire results from Accreditation Canada.

Infection control practitioners are responsible for tracking progress and updating the committee at least annually. The IPCC oversees the operation of the infection prevention and control program and reviews and develops policies and policies. Committee recommendations are sent to the Medical Advisory Committee (MAC) for approval because the IPCC reports to the MAC. There is strong oversight for infection prevention and control toward tracking infection rates.

There are some innovative educational ideas, such as the video about handwashing with clowns doing skits with children.

The committee met March 10, 2017, April 7, 2017 (strategic planning session), June 19, 2017, and September 8, 2017. The next meeting is scheduled for December 8, 2017.

Standards Set: Medication Management Standards - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Medication Management	

Holland Bloorview has a robust and active interdisciplinary team overseeing its medication management processes. It complies with all Accreditation Canada standards and is implementing innovative new practices and reviewing current systems.

Highlights of the program include the soon-to-be deployed automatic dispensing systems for narcotics on the inpatient floor. This is generally welcomed by nursing staff, despite there being a need for further training and change implementation.

The medication management process for off-site ambulatory programs has been carefully considered and developed with protocols for clients who self-medicate as well as for those who require therapeutic care. Staff at the off-site locations are supplied with mini-emergency care supply packs and medications are transported and stored in safety carriers that are secure and temperature controlled.

The inpatient teams have also been involved in improving the safe delivery of medications. They have chosen to wear an orange sash with a "Stop" sign printed on both sides and "Do Not Disturb" written across it to alert other staff and families not to distract the medication nurse during rounds.

New trends being addressed by the Pharmacy and Therapeutics Committee are an increase in the number of younger clients with more complex care needs, requests for medical marijuana and, new to the organization, a request to provide methadone for pain management for a client.

Trial medications used for the research trials that are in progress are handled in a separate documentation system in a separate area adjacent to the pharmacy.

Of note, the pharmacy undergoes a separate accreditation process with the Ontario College of Pharmacists. This assessment will take place later in December 2017.

Standards Set: Rehabilitation Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

Specialized orthopaedic and developmental rehabilitation, brain injury rehabilitation team, and day program and complex continuing care are state-of-the-art programs at Holland Bloorview. Services are crafted to meet the needs of the children, youth, and parents; each patient is unique and care and services are delivered to meet their individual needs.

Patients are an integral part of decision making, policy and procedure development, goals and objectives, job descriptions, and strategic planning exercises. Their input is continuously sought and included in all aspects of the rehabilitation program.

The rehabilitation teams include a diversity of professionals who work within an interdisciplinary model of care and service. Team members and leadership are energetic and passionate and are always looking for new opportunities to optimize patient care. Goals of care for all patients are clearly outlined and developed by the team in partnership with the patient and family.

Most staff members have been employed by the hospital for many years and as such have developed expertise in the area of kids' rehabilitation. Relationships with multiple partners are developing rapidly which optimizes excellence in preparing for transfers of patients from one site to another. One mother expressed her appreciation of having her child fit for seating prior to his admission at Holland Bloorview.

This allowed her son to enjoy sitting in his wheelchair upon admission instead of lying in a hospital bed.

Priority Process: Competency

Staff members are highly skilled in their areas of expertise and their engagement is of world-class quality. Change is embraced at all levels of the organization and is an incentive to elevate performance. Staff members who were interviewed state that adapting to change is facilitated by their having full access to ongoing education and training as well as to professional development opportunities.

Turnover is low and a comprehensive orientation program is offered with an emphasis on an interdisciplinary model of care, clinical care, ethics consultations, equipment, and patient and family engagement in quality and safety.

Performance appraisals are completed online on an annual basis. NCR Picker satisfaction surveys are well established in the organization and results are shared with all members of the organization. The spotlight award is posted on the quality board and is offered to a staff member who is recognized by peers, clients, or families for their contribution to the delivery of excellent care. Journeys to quality and safety are recognized and celebrated.

Priority Process: Episode of Care

Providing care at Holland Bloorview is becoming increasingly challenging due to the increased volume and complexity of the patients who are admitted. In addition, high health care needs require services from different health care providers, and thus preparing to transition the patient from the hospital setting to a home environment is complex. The mission of complex continuing care is shifting from an inpatient unit to a transition unit and as such careful coordination and comprehensive care are invested to ensure a smooth, safe, and effective transition. As example, the complex continuing care team is exploring ways to transition patients with respiratory conditions (trach and vent) by providing a single point of contact for the patient and family who will navigate the system, to ensure a transition that is well planned and meets their needs.

Teams work collaboratively and the focus is on interdisciplinary collaboration. Careful planning is invested to minimize fragmentation of care and duplication of services. Quality boards are used to highlight successes and opportunities for improvement. Safety audits are conducted regularly and front-line staff use the electronic health record to document, track, and evaluate outcomes in relation to Required Organizational Practices such as pressure ulcers, falls, and patient identification prior to treatment. Laboratory and diagnostic turnaround times for results are provided expeditiously and front-line staff express high levels of satisfaction with these services.

Patients and families are true partners in care and are fully integrated in all rehabilitation activities. Families state that they feel in charge of their care and feel like they are part of the Holland Bloorview family.

Priority Process: Decision Support

Front-line staff appreciate the Meditech electronic health record because it is easy to use and allows them to spend more time with the patients and families.

Computers are accessible to all staff and as such data entry is timely. Standardized tools and processes for all assessments are included in Meditech and the approach to interdisciplinary charting provides a comprehensive understanding of each patient's needs and limitations.

All encounters are documented online and patient files are updated regularly. There is a clear process for patients and families to access their own records.

Meditech is a fully integrated online process that allows all providers to obtain complete information on the patients and families.

Priority Process: Impact on Outcomes

Holland Bloorview is committed to seeking constant feedback form patients and families through a variety of tools and methods. Whiteboards in patient rooms are intended to encourage patients and families to document questions or concerns they have in relation to the care and services they receive. It is suggested that the organization assess the location and use of whiteboards in patient rooms.

Safety measures are implemented across the organization. Many tools such as a 72-hour post-discharge telephone call to patients, medication sashes, and falls prevention boards in patient rooms are only a few examples of the quality and safety initiatives that have been put in place. The quality board is a fairly new approach to formalize quality and safety initiatives and teams are encouraged to assess the added value of this initiative. Dashboards are used to monitor and track performance along the way.

Instrument Results

As part of Qmentum, organizations administer instruments. Qmentum includes three instruments (or questionnaires) that measure governance functioning, patient safety culture, and quality of worklife. They are completed by a representative sample of clients, staff, senior leaders, board members, and other stakeholders.

Governance Functioning Tool (2016)

The Governance Functioning Tool enables members of the governing body to assess board structures and processes, provide their perceptions and opinions, and identify priorities for action. It does this by asking questions about:

- Board composition and membership
- Scope of authority (roles and responsibilities)
- Meeting processes
- Evaluation of performance

Accreditation Canada provided the organization with detailed results from its Governance Functioning Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address challenging areas.

- **Data collection period: September 30, 2016 to October 30, 2016**

- **Number of responses: 17**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	94
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	95
3. Subcommittees need better defined roles and responsibilities.	94	0	6	72
4. As a governing body, we do not become directly involved in management issues.	0	0	100	81
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	0	6	94	94

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	96
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	6	94	96
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	6	6	88	95
9. Our governance processes need to better ensure that everyone participates in decision making.	82	12	6	64
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	91
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	95
12. Our ongoing education and professional development is encouraged.	0	0	100	92
13. Working relationships among individual members are positive.	0	0	100	97
14. We have a process to set bylaws and corporate policies.	0	0	100	95
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	99
16. We benchmark our performance against other similar organizations and/or national standards.	0	18	82	76
17. Contributions of individual members are reviewed regularly.	0	12	88	69
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	80
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	29	71	62
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	85

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21. As individual members, we need better feedback about our contribution to the governing body.	65	18	18	50
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	6	94	84
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	95
24. As a governing body, we hear stories about clients who experienced harm during care.	0	12	88	78
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	6	94	90
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	88
27. We lack explicit criteria to recruit and select new members.	88	0	12	77
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	88
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	93
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	93
31. We review our own structure, including size and subcommittee structure.	0	6	94	88
32. We have a process to elect or appoint our chair.	6	6	88	89

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2016 and agreed with the instrument items.

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	12	88	81

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
34. Quality of care	0	6	94	82

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2016 and agreed with the instrument items.
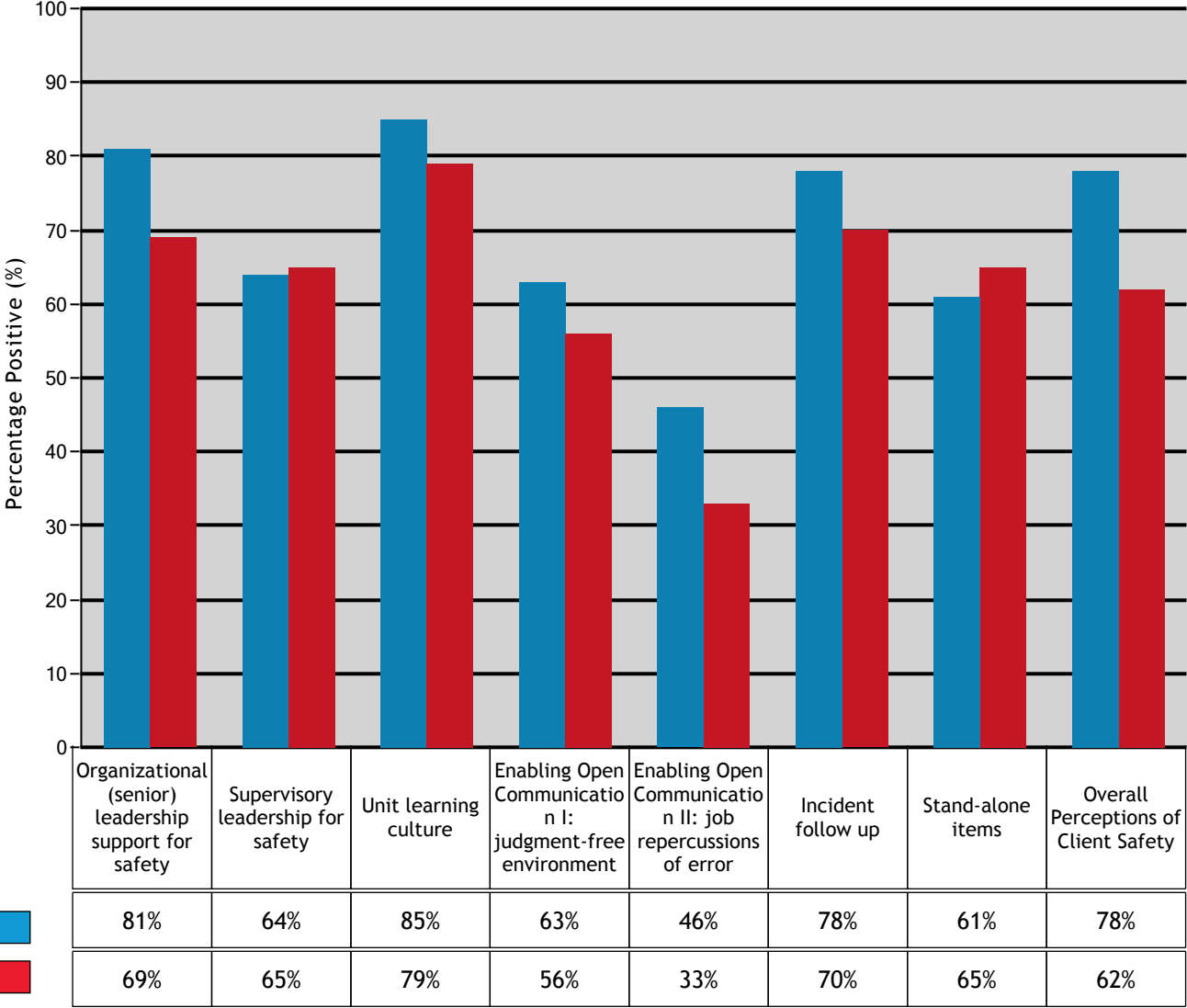
Canadian Patient Safety Culture Survey Tool

Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations with the Patient Safety Culture Tool, an evidence-informed questionnaire that provides insight into staff perceptions of patient safety. This tool gives organizations an overall patient safety grade and measures a number of dimensions of patient safety culture.

Results from the Patient Safety Culture Tool allow the organization to identify strengths and areas for improvement in a number of areas related to patient safety and worklife.   Accreditation Canada provided the organization with detailed results from its Patient Safety Culture Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: May 24, 2016 to July 1, 2016**

- **Minimum responses rate (based on the number of eligible employees): 153**

- **Number of responses: 426**

Canadian Patient Safety Culture Survey Tool: Results by Patient Safety Culture Dimension

	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Unit learning culture	Enabling Open Communication I: judgment-free environment	Enabling Open Communication II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
■	81%	64%	85%	63%	46%	78%	61%	78%
■	69%	65%	79%	56%	33%	70%	65%	62%

Legend

■ Holland Bloorview Kids Rehabilitation Hospital

■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2017 and agreed with the instrument items.

Worklife Pulse

Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

Organizations can use results from the Worklife Pulse Tool to identify strengths and gaps in the quality of worklife, engage stakeholders in discussions of opportunities for improvement, plan interventions to improve the quality of worklife and develop a clearer understanding of how quality of worklife influences the organization's capacity to meet its strategic goals. By taking action to improve the determinants of worklife measured in the Worklife Pulse tool, organizations can improve outcomes.

The organization used an approved substitute tool for measuring quality of Worklife. The organization has provided Accreditation Canada with results from its substitute tool and had the opportunity to identify strengths and address areas for improvement. During the on-site survey, surveyors reviewed actions the organization has taken.

Appendix A - Qmentum

Health care accreditation contributes to quality improvement and patient safety by enabling a health organization to regularly and consistently assess and improve its services. Accreditation Canada's Qmentum accreditation program offers a customized process aligned with each client organization's needs and priorities.

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 10 business days.

An important adjunct to the Accreditation Report is the online Quality Performance Roadmap, available to client organizations through their portal. The organization uses the information in the Roadmap in conjunction with the Accreditation Report to ensure that it develops comprehensive action plans.

Throughout the four-year cycle, Accreditation Canada provides ongoing liaison and support to help the organization address issues, develop action plans, and monitor progress.

Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement. The organization provides Accreditation Canada with evidence of the actions it has taken to address these required follow ups.

Evidence Review and Ongoing Improvement

Five months after the on-site survey, Accreditation Canada evaluates the evidence submitted by the organization. If the evidence shows that a sufficient percentage of previously unmet criteria are now met, a new accreditation decision that reflects the organization's progress may be issued.

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
Communication	Communicating effectively at all levels of the organization and with external stakeholders.
Emergency Preparedness	Planning for and managing emergencies, disasters, or other aspects of public safety.
Governance	Meeting the demands for excellence in governance practice.
Human Capital	Developing the human resource capacity to deliver safe, high quality services.
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings.
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.
Principle-based Care and Decision Making	Identifying and making decisions about ethical dilemmas and problems.
Resource Management	Monitoring, administering, and integrating activities related to the allocation and use of resources.

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions

Priority Process	Description
Population Health and Wellness	Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and direction to teams providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.
Decision Support	Maintaining efficient, secure information systems to support effective service delivery.
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Partnering with clients and families to provide client-centred services throughout the health care encounter.
Impact on Outcomes	Using evidence and quality improvement measures to evaluate and improve safety and quality of services.
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Living Organ Donation	Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients

Priority Process	Description
Organ and Tissue Donation	Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.
Organ and Tissue Transplant	Providing organ and/or tissue transplant service from initial assessment to follow-up.
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge