



Mackenzie Health

Accredited with Exemplary Standing

February, 2017 to 2021

Mackenzie Health has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement. It is accredited until February 2021 provided program requirements continue to be met.

Mackenzie Health 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 **Mackenzie Health** 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

February 5, 2017 to February 9, 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

- **13 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 board of directors functions effectively and is setting the right tone to advance key strategic and operational priorities at Mackenzie Health. Following some internal challenges in 2011 and 2012, the board added a Human Resources Committee and is focused on its fiduciary responsibilities. The recent refresh of the strategic plan and the mission, vision, and values allowed the Mackenzie Health to reaffirm its direction with the community and within the organization. As a result, the board is very much setting the tone for the organization. It has clearly identified the corporate priorities that are expected: planning, developing, and opening the Mackenzie Vaughan Hospital; Back to Basics (B2B); and advanced clinical transformation and the installation of EPIC. The board is very aware of the distinction between governance and management and has strong reporting requirements for the key operational areas.

Mackenzie Health has strong community relationships with a number of health care providers. As part of the accreditation process, a meeting was held with representatives of a number of organizations, including Universal Care, Kinark, City of Vaughan, York Regional Police, Emergency Medical Services (EMS), the Community Care Access Centre (CCAC), the Local Health Integration Network (LHIN), LOFT Community Services, and Hospice Vaughan. All were complimentary about the relationships and appreciated the opportunity to participate in strategic planning update discussions with the organization's leadership.

The partners' meeting did not include representatives from other community hospitals in the region. While this did not influence the dialogue, ensuring strong, open relations with proximal sites will be important as the opening of the new hospital approaches. Market share realignments occur when hospitals expand. The more dialogue that occurs prior, the better the opening is for patients and the organizations involved.

The Patient and Family Advisory Council is a very positive group that contributes in a number of ways to the organization's objectives. Project work and policy advice has been the primary focus since the council was set up in late 2015. Current plans are to recruit additional advisors and have them sit on Unit Councils to assist with project work initiated at the program and service levels. Adding patient

advisors to as many aspects of the operation as possible is viewed as a positive step and staff are looking forward to these new relationships.

Leadership is commended for redefining the future of Mackenzie Health. Three key strategic priorities are driving the organization, with a renewed emphasis on being a world leader. As the team focuses on the new hospital build, the EPIC installation, and B2B that includes head to toe assessment, rounding, IPASS transfer of care, What Matters to Me, and medication safety, paying attention to day-to-day operations will be key. It will also be important to avoid change fatigue, which can occur in times of significant stress and pressure. While staff surveys indicate significant optimism about what lies ahead, there is clearly a level of stress on a good percentage of staff. Recent investments in front-line management are likely going to assist in this area, as is the rounding and Unit Council expansion. Balancing these investments against a strong financial position will need to continue to be a focus for leadership, as will continuing with the process and fiscal vigilance that was evident during the on-site survey.

Given the internal pressures and priorities facing Mackenzie Health, it could be easier to focus efforts there. However, with all of the system change ahead, being engaged externally in a proactive manner will be important. Strong community outreach, close collaboration with the renewed LHIN, and continually looking for new partnership opportunities with other providers (such as family physicians with independent practices) will be key. Ensuring good information flow will be fundamental to maintaining high-quality system care.

The ongoing and increasing emphasis on innovation and new thinking around service delivery is noted with approval. The hospital's innovation unit is a great example of a demonstration project that could help redefine how inpatient hospital care is delivered. The managed equipment service is a good way to inject predictability into equipment planning, acquisition, installation, and maintenance. Continuing to push traditional thinking in health care and hospital care specifically will be important. It will also be fundamentally important, despite the exciting investments in new technology and service delivery models, to keep a close focus on the day-to-day delivery of care, ensuring it is supported and strengthened as necessary. As exciting as the future looks, thousands of patients will receive care in the interim, and all will have only one concern, namely the level of care they are receiving at that moment.

All that said, the biggest leadership challenge over the coming years is the opening of the new hospital, specifically ensuring contiguous staff across both hospital sites. Recruitment efforts are planned to start imminently, and the organization is commended for entering into discussion with the Ministry of Health and Long-Term Care (MOHLTC) to negotiate a new approach to commissioning new hospitals. Opening the Urgent Care Centre and looking at accessing a currently vacant hospital to allow medical bed expansion are noted and supported.

Staff are busy across the organization and efforts are being made to ensure they have the tools and support to meet patient needs. Patient flow remains a challenge, although significant advances have been made through the application of LEAN methodologies across a number of processes. Recent surveys highlighted areas that require attention from leadership, and these efforts are ongoing. The recently introduced Wellness program and the Recognition program "Kudos" are noted with approval and will have a positive impact on staff.

The main focus at the care level, over and above the day-to-day delivery of high-quality care, is the aforementioned B2B initiative being led through the Unit Councils. This, combined with the increased emphasis overall on quality improvement and risk mitigation will continue to see advances in care. The continued focus on LEAN processes and engaging patient and family members more thoroughly in ongoing decision making at the clinical level will pay dividends. Since the last on-site survey, the organization has introduced an ethicist who is available throughout the organization and who is having a significant and positive impact on care delivery.

The organization is proactively collecting patient satisfaction feedback and ensuring the information is readily available to staff. Various tools are used and the organization's patient relations processes are strong and well received. Further expansion of patient- and family-centred care will complement these efforts and strengthen patient engagement efforts.

The survey team appreciated the opportunity to spend time at Mackenzie Health, meeting staff and physicians and reviewing some high-quality programs and services. The future is very exciting, and the organization will be successful if it continues on its current path of innovation and patient-centred care.

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.

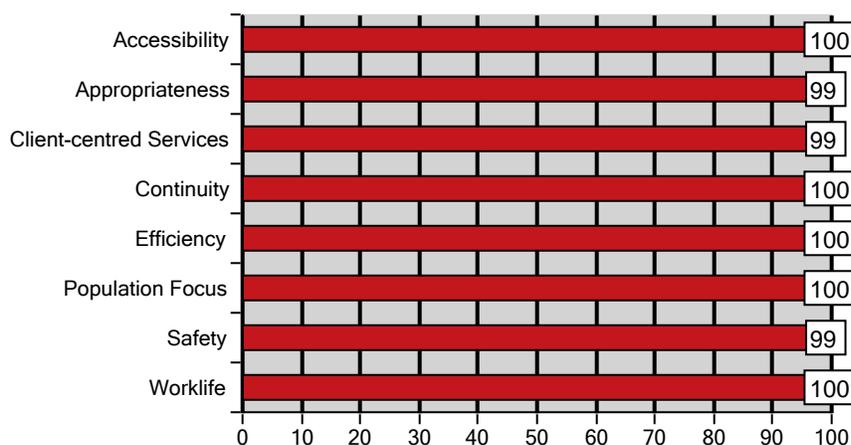
The quality dimensions are:

	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

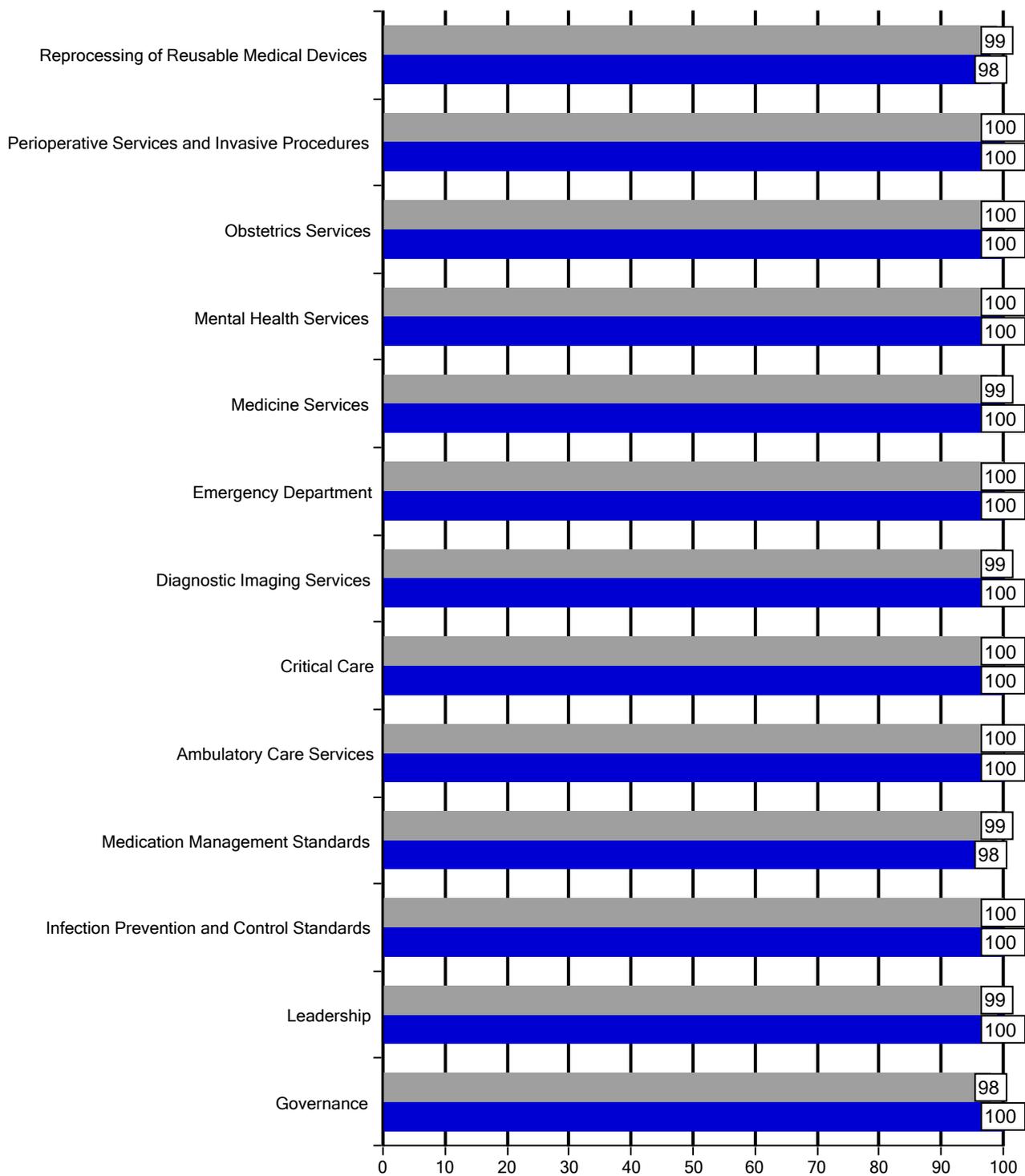
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

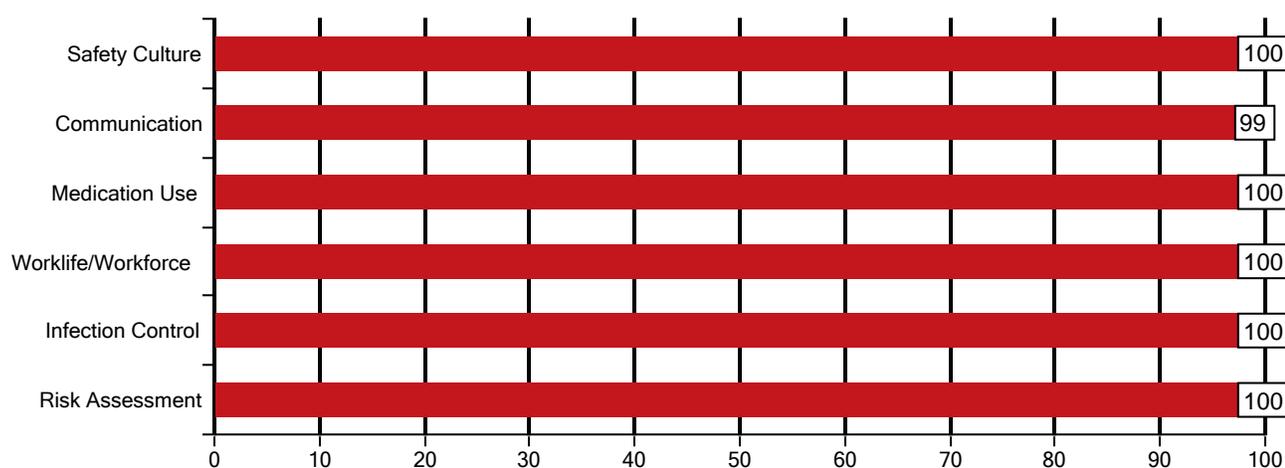
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



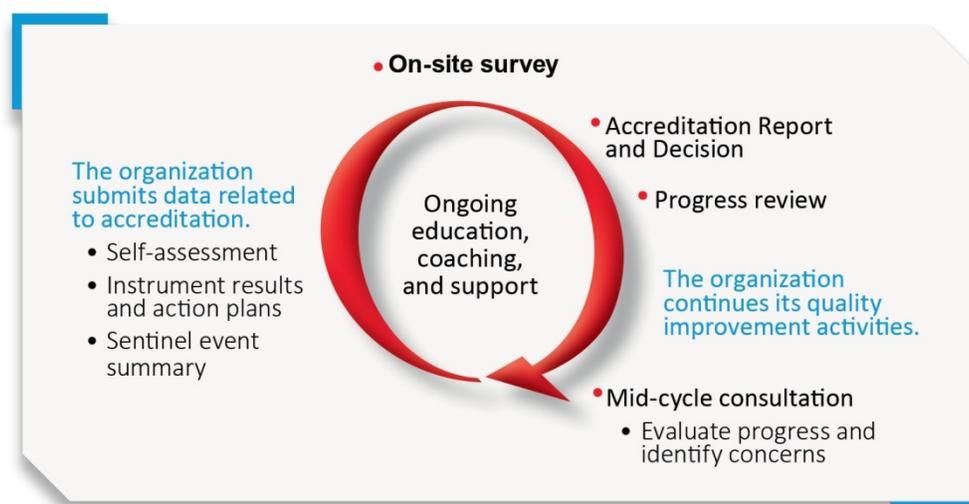
The quality improvement journey

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 **Mackenzie Health** 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 Mackenzie Health

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
 - Safe Surgery Checklist
 - The “Do Not Use” list of abbreviations
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Medication Use

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

- Client Flow
 - Patient safety plan
 - Patient safety: education and training
 - Preventive Maintenance Program
 - Workplace Violence Prevention
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Infection Control

- Hand-Hygiene Compliance
 - Hand-Hygiene Education and Training
 - Infection Rates
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Risk Assessment

- Falls Prevention Strategy

Required Organizational Practices

- Pressure Ulcer Prevention
 - Suicide Prevention
 - Venous Thromboembolism Prophylaxis
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