




**Accreditation Canada's Qmentum Program:  
Continuing to Promote Quality Improvement - One  
Year after Implementation**

International Society for Quality in Health Care  
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Wendy Nicklin, President and Chief Executive Officer  
Gilles Lanteigne, Executive Vice-President  
Paula Greco, Director, Accreditation Program (s) Development

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## Outline

- Accreditation Canada
- Qmentum
  - Goals
  - Process
  - Clients and Surveyors Satisfaction Results
  - Areas of strength and improvement
- Challenges

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## Accreditation Canada

- Canadian and International accreditation program - incorporated in 1958
- High participation rates; continued growth
- Sets standards (national in scope), evaluates and accredits
- Surveyors (approx. 600) are senior health care professionals - peer review process



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## Accreditation Canada

- Surveys may be regional, institution specific, national or market specific (i.e. Aboriginal, Corrections, Canadian Forces)
- Average 400+ surveys per year
- Three year cycle
- Both public and private organizations participate
- Not-for-profit, funded by:
  - Client annual fees
  - Cost recovery for survey

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## Qmentum The Accreditation Program

- Concept approval January 2004
- Development 2004 - present
- Pilot testing and feedback 2007
- Release 2008

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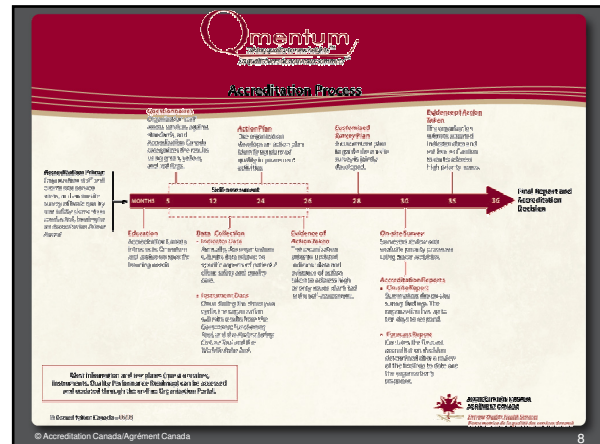
## Goals

- Increase the specificity and rigor
- Encourage and enable the standards and performance measures to be utilized on an ongoing basis
- Improve the rigor and consistency of the surveyor assessment approach
- Streamline the process
  - Enable alignment / integration with client's QI program
  - Decrease the workload of clients and surveyors

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## Goals

- Support customization / application for organization variance - e.g. in size, complexity, access to computers
- Involve more staff in the process (e.g. standards assessment, performance measures, survey)
- Improve the turnaround time of the report and accreditation decision



## Self-Assessment Process

- Through a questionnaire, all staff within a program are encouraged to provide input into the degree to which the standards are attained
- The core quality improvement team reviews the results of the staff responses - identifying those standards perceived as being met and those requiring improvement
- Action plans are developed and implemented

## The Survey Process

### Pre-Survey preparation:

- Accreditation Canada staff (accreditation specialist) and the organization plan the survey - identifying the standards of most relevance
- The survey schedule is developed, in collaboration with the organization and the survey team

## The Survey Process

- The Surveyors **no longer receive the completed self-assessments**
- In advance the Surveyors obtain
  - 1) high level information about the organization, primarily through the website;
  - 2) an update on actions taken related to recommendations from the previous survey,
  - 3) performance measurement data
- Surveyors must be familiar with the standards

## On-Site Survey

- Discussion with Board members
- Review of documents- ie minutes, policies, bylaws
- Each surveyor is assigned a priority process and **traces** the process through the organization - to identify if the standards are being met
- Surveys vary from 2 - 8 days in length

## Accreditation Reports

- Report left on site at conclusion of survey visit
  - Provides the organization with an opportunity for input to Accreditation Canada within 5 days
- Official decision issued within 10 days
- The organization has up to 6 months to improve their accreditation decision through evidence of actions taken

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## Current Status

- Close to ½ of our Canadian clients have applied the Qmentum program
- Significant feedback has been received from clients and surveyors - throughout the process
- An automated on-line evaluation was conducted (clients and surveyors)

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## Clients & Surveyors Satisfaction Results

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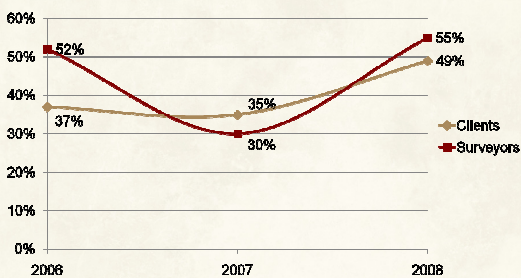
## Questionnaire

- Fall 2008
- Metrics@Work
- Quantitative and qualitative
- Streamlined

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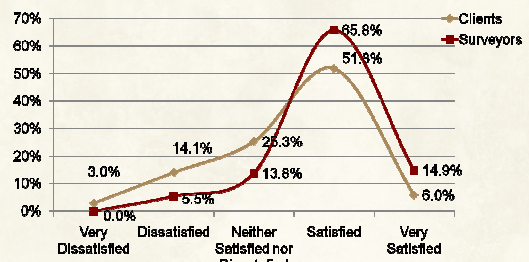
## Response Rates



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## Overall Satisfaction (Clients and Surveyors)



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## Summary of Surveyor Results

### Strengths

- Information Technology services and support
- Communication of information
- Education sessions
- Focus on quality improvement and patient safety
- National standards
- Required Organizational Practices (ROPs)

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## Summary of Surveyor Results

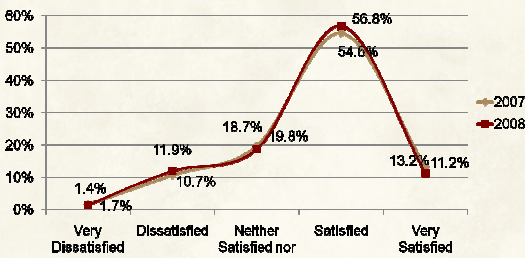
### Areas for Improvement

- Increase in quality, consistency and level of support from staff
- Streamline the accreditation process and eliminating redundancy in the standards
- Enhance survey scheduling process
- More frequent communication
- More educational opportunities

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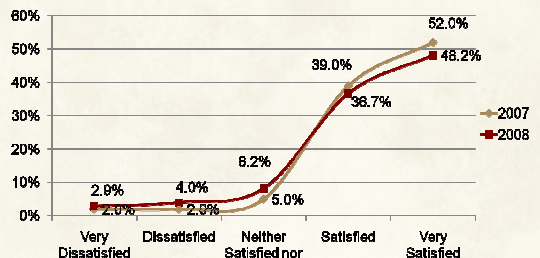
## National Services (Surveyors)



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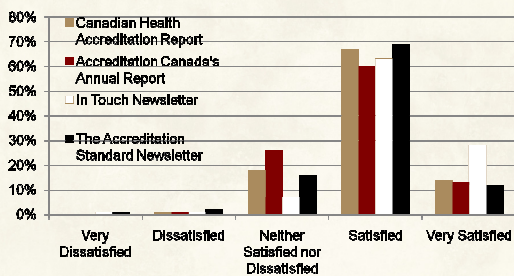
## Information Technology (Surveyors)



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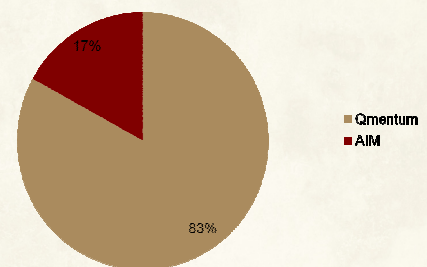
## Strategic Communications (Surveyors)



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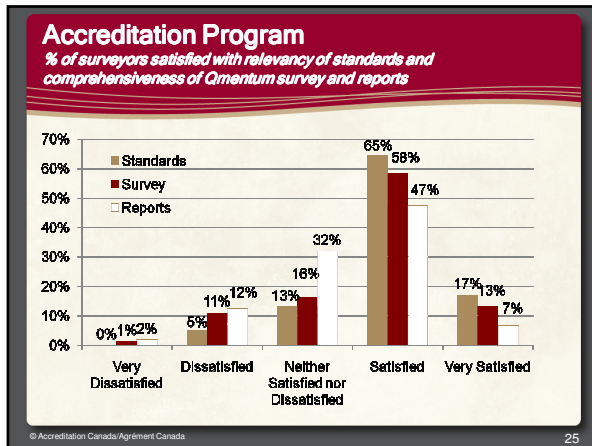
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## Accreditation Program (% of surveyors who had participated in a Qmentum survey)



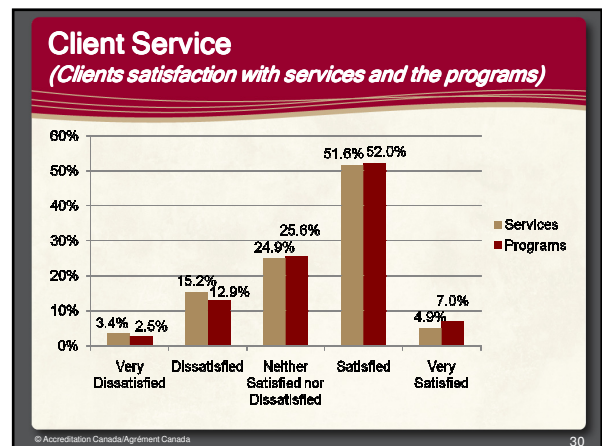
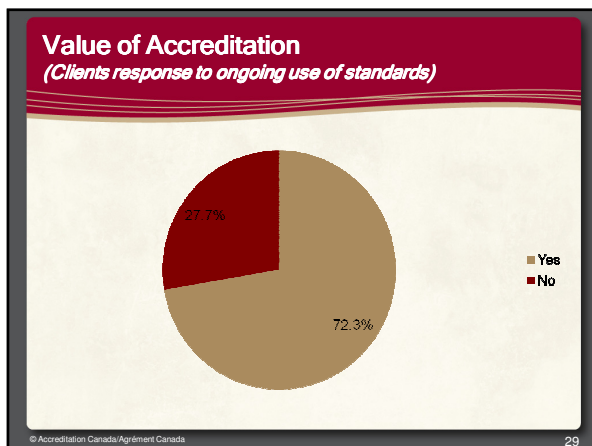
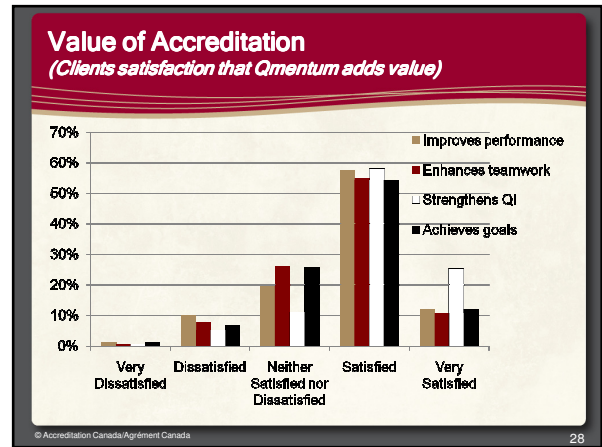
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- ### Summary of Results
- (Clients Satisfaction)*
- Strengths
    - National standards
    - Credible reputation
    - Focus on quality improvement and patient safety
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- ### Summary of Results
- (Clients)*
- Areas for improvement
    - Streamline the accreditation process
    - Revise language level in materials
    - Tailor the accreditation program
    - Increase in quality and level of support
    - Improve communications and messaging
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## Communication

- Leadership Team
- All Staff
- Advisory Committees
- Board of Directors
- Surveyors and Organizations
  - In Touch, the Accreditation Standard, respective Portals
- Other stakeholders (e.g. Quality Councils, Government)

## Feedback Summary - Areas of Strength

- "Don't go back!"
- Organizations and surveyors found that for each standard section, the standards:
  - cover key quality issues
  - cover key safety issues
  - reflect the essence of how services are delivered and organized
- Organizations noted that staff participation regarding standards compliance is valuable - provides important feedback to the team
  - Front-line staff involvement with the Self-Assessment and Onsite survey visit - seen as positive

## Feedback Summary - Areas of Strength

- Tracer method well received by organizations and Surveyors
- Reduced paperwork for self-assessment noted
- Revised standards with increased specificity appreciated
- New standards (e.g. infection prevention and control) expand scope of accreditation; Qmentum seen as a more rigorous evaluation process

## Enhancement Areas

- Education
- Standards and self-assessment process
- Performance measures
- Scheduling
- Portals
- Reports
- Accreditation Canada support

## Qmentum - Looking forward

- Workplace violence content
- Distinction programs:
  - Stroke
  - Reprocessing and Sterilization of Reusable Medical Devices
- Sector specific Required Organizational Practices

## Qmentum - Looking forward

- New standard sets: primary care services; organ and tissue donation and transplantation; emergency medical services
- New population-based standards e.g. seniors population standards; child/youth
- Expanded and specific performance measures i.e. hospice palliative care; organ and tissue donation and transplantation

## Qmentum - Looking forward

- Enhanced specificity and data reports
  - *(including client generation of on-line reports in real time)*
- Enhanced and sector-specific **required organizational practices** (ROPs)
  - *(responding to issues of concern in the national health care environment e.g. hand hygiene)*

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## Qmentum - Looking forward

- Accreditation Canada is addressing feedback using three approaches
  - Revising existing ROPs across care continuum
  - Identifying new ROPs to enhance services across care continuum
  - Updating rationale and evidence for ROPs, including resource considerations

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## Qmentum - Looking forward

- Accreditation Canada received feedback from stakeholders about community based services in Qmentum
- Based on this feedback Accreditation Canada has developed strategy to recognize unique aspects of community based services

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## Goal Achievement

- Specificity and rigor have increased
- The standards and performance measures are beginning to be utilized on an ongoing basis
- The surveyor assessment approach is more rigorous and consistent
- The process is streamlined over the 3 year cycle
  - Enables alignment / integration with client's QI program
  - Beginning to decrease the workload of clients and surveyors

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## Goal Achievement

- There is improved ability to customize / apply the program considering organization variance - e.g. in size, complexity, access to computers
- More staff are actively engaged in the process (e.g. standards assessment, performance measures, survey)
- The turnaround time of the report and accreditation decision is improved

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## Challenges

- Client adaptation to the new process requires time - full value - accreditation as integrative within the client quality improvement program - requires full 3-year cycle
- Improvement alignment of performance measurement reporting with other client requirements
- Enhance education offerings for clients and surveyors
- Redevelop the client and surveyor portals

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## Summary

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  - Process
  - Clients and Surveyors Satisfaction Results
  - Areas of strength and improvement
- Challenges



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