

June 16,2006

Going through the Process, How to Get Ready for Accreditation

Calgary Health Region Regional Pain Program

Dr. John Clark, Medical Director CHR Chronic Pain Centre



Disclosure



Presentation Overview

- Dimensions of Quality
- Accreditation Objectives
- Overview of the Standards (Clinical)
- Critical Pathway
- Rating
- The Survey



CCHSA (Canadian Council on Health Services Accreditation) Dimensions of Quality

To help organizations measure the quality of the services and to determine what can be improved, CCHSA has identified dimensions of quality that define what we mean by quality.

These Dimensions of Quality are:

Responsiveness

System Competency

Client/Community Focus

Work Life.



RESPONSIVENESS

The organization anticipates and responds to:

- changes in the needs and expectations of the (potential) client and/or community populations
- changes in the environment

- Availability
- Accessibility
- Timeliness
- Continuity
- Equity



SYSTEM COMPETENCY

The organization:

- provides consistent services
- addresses evolving knowledge and technology
- achieves benefits for clients and/or communities
- achieves cost effective use of resources

- Appropriateness
- Competence
- Effectiveness
- Safety
- Legitimacy
- Efficiency
- System Alignment



CLIENT/COMMUNITY FOCUS

The organization:

- strengthens relationship with clients and community
- encourages participation and partnership in activities

- Appropriateness
- Competence
- Effectiveness
- Safety
- Legitimacy
- Efficiency
- System Alignment



WORKLIFE

The organization provides a work atmosphere conducive to:

- performance excellence
- participation
- growth
- health & well-being
- satisfaction

- Open Communication
- Role Clarity
- Participation in Decision-Making
- Learning Environment
- Well-Being



Accreditation Objectives

- To provide front line staff, physicians, volunteers, the public and community partners the opportunity to assess the quality of care and service in an interdisciplinary team environment
- To demonstrate accountability and promote public confidence in the Calgary Health Region and the health system
- To showcase Calgary Health Region's accomplishments and celebrate its successes among staff, physicians, volunteers, the public and community partners



Teams: Calgary Health Region - 2006

- Update: Leadership & Partnership
- Update: Human Resources
- Update: Information Management
- Update: Environment
- Transplant
- HOPE
- Health Link
- Infection Prevention and Control
- [Regional Pain Program](#)
- Home Care
- Palliative and Hospice Services
- Continuing Care Integrated
- Community Health



Overview of the Standards (Clinical)

- Population planning, community partners, organizational supports
- Research and best practices
- Quality improvement (list indicators)
- Prevention & promotion
- Continuity of service (integration and coordination)
- Referral & intake processes
- Client rights (legislation, confidentiality, ethics, complaints)
- Support & education to clients, families, foster families



Overview of the Standards (Clinical)

- Informed consent
- Assessment
- Evaluation of services
- Integrated service plan (goals, results, involving clients and families)
- Service delivery (case consultation, respect, safety, crisis management, aggressive behavior, medications)
- Transition or end of service



Critical Path

- A critical path is a tool that will help to focus on key activities, milestones, timelines and responsibilities of the organization, teams and team members
- Team leaders should set their deadlines in advance of CCHSA requirements
- The most common underestimation of time required is that of writing the self assessment



Team Composition

- **Core** Team membership should be comprised of individuals who are part of a natural and integrated team carrying out the work
- Refer to the appropriate standards sections for additional guidance on team membership
- It is the organization's responsibility to articulate and provide rationale for a team's configuration
- Teams demonstrate how the organization is structured internally and with complementary or partnering organizations
- Individuals representing support services, specialized services, other experts and partners will provide information to the core team on an as needed basis



Involving Clients and Families

- Methods of involving clients can include membership on the accreditation team, focus groups or individual interviews
- Client feedback does not need to be exhaustive; rather representative of the team's population

Corporate and support team clients:

- Environment - staff, clients, families, visitors, contractors, or suppliers. Consider all the different people to whom your team provides services and choose a representative sample
- Human Resources – Staff
- Information Management – those who receive information from the organization



Workload

- The completion of the self assessment is time consuming, can be overwhelming and simply takes work
- Depending on the size of the team, experience and level of understanding regarding accreditation, meeting time can range from approximately 40 - 60 hours
- Writing the self assessment document and other background work can take up to approximately 100 hours

That said, how can this be accomplished?



Self Assessment Strategies

There are many methods that teams can use to complete their self assessment:

- Regular meetings
- Retreats
- Working groups
- Focus groups
- A combination of the above

The most important aspect is that team members have an opportunity to discuss the self assessment as a collective group



Interpreting the Standards

- Review the overarching standard or goal
- Work through each criterion under the goal
- Use the quality dimension and descriptor to focus your response as well as the “intent” and “guidelines”
- Follow the “bullets”
- Provide information that clearly shows how you are meeting the criteria (examples)
- List strengths and provide evidence to support the strengths (quantitative or qualitative)
- List areas for improvement (across the program, or specific to certain areas)



Self Assessment Content

- Begin with an overall discussion as to how you are meeting the standard
- Rather than being exhaustive, list exemplary or representative examples
- Keep quality improvement in mind – what progress has been made in relation to the standard and criteria, what can be done to continue improvement, future plans
- Use the quality dimensions to focus your language when writing the self assessment



Tips

- Clinical standards – don't start with standard 1
- Read the entire standard before starting
- Provide a “map of the standards”
- Assign homework
- Complete the ratings at the end
- Try to avoid using N/A
- Writers fill in the “blanks”



Key Principles of Rating

- Compliance – degree to which an organization is conforming to the requirements
- Implementation: Degree to which implementation of requirements is achieved
- Consistency: Degree to which an organization is constant/steady in conforming to the requirements
- Evidence: Qualitative and quantitative



The Ratings and Evidence

- The rating is the team's level of compliance with the criteria. Choose a compliance rating that *best represents* how well the team thinks it meets the criterion
- The standards are standards of excellence. They are goals that a team tries to reach. Surveyors expect teams to meet some criteria well, to be close to meeting others, and have more work to do to meet others
- Rate yourself on what you have in place *at the time of the self-assessment* not on what you expect to have in place at the time of the survey



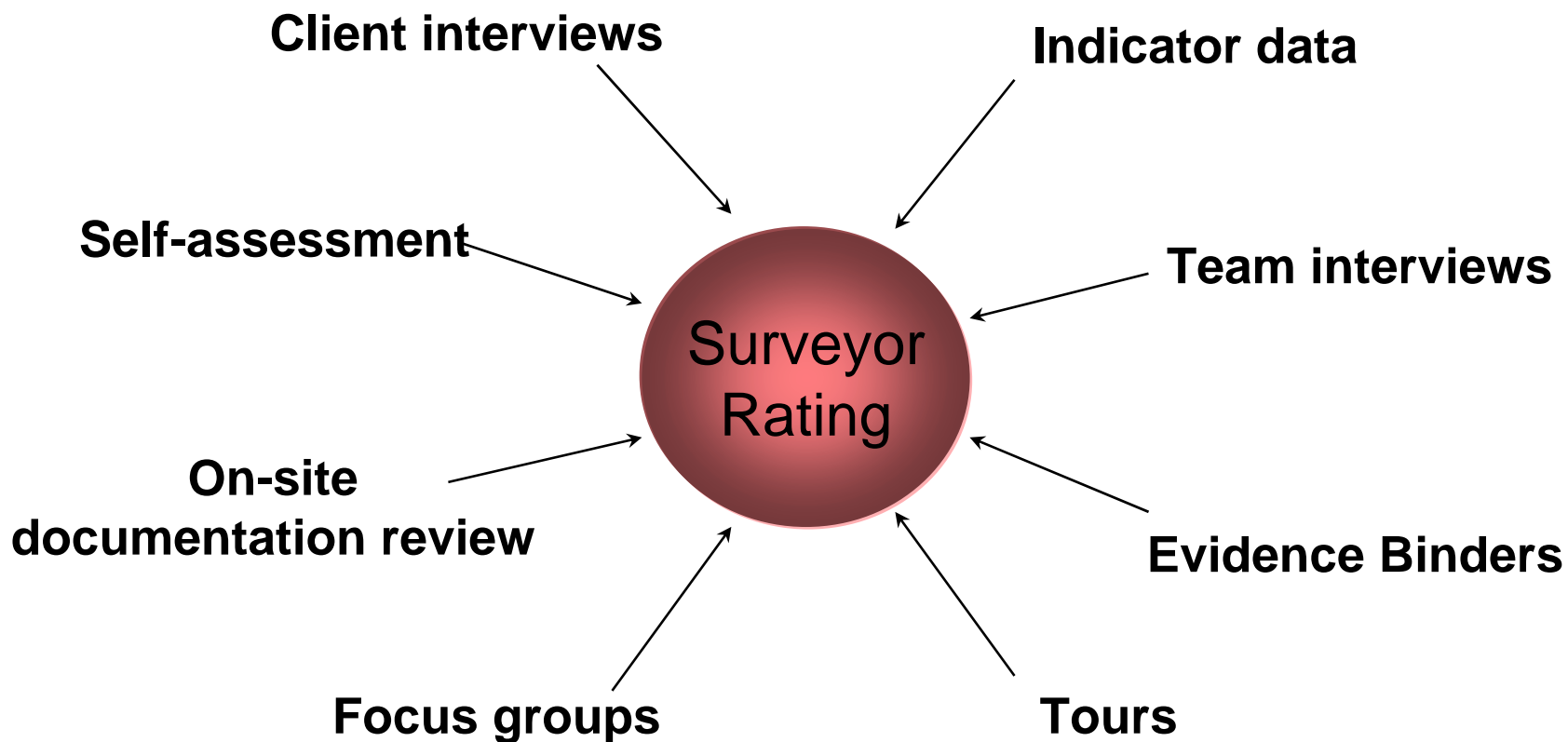
The Evidence Binder

- An Evidence Binder is a great way to showcase to the CCHSA surveyors the good work being done by the program and supports the self assessment

- Evidence Binders may contain:
 - QI projects and initiatives
 - Performance indicators and performance or utilization reports
 - Evaluation and outcomes
 - Educational activities
 - Promotional or communication activities
 - Publications
 - Annual report
 - Anything the program is particularly proud of!!



Elements of Surveyor Assessment





The Survey

In the self assessment and the interview, the surveyors are looking for:

- Teams took an honest, complete look at how they are complying with the standards. They look for examples and written evidence to support the team's level of compliance
- How the teams use their indicator information to identify areas for improvement, to develop action plans, to reach decisions, and to monitor improvements



The Survey

- Team dynamics – demonstration of collaboration & integration as a team (or where more of that work is needed)
- Recommendations “flags” of risk, ethics, and quality improvement
- Good practices



Summary

- Lots of hard work
- Be involved, one person cannot do it
- A fantastic “look at” one’s program
- Sets up the future
- Use it to your advantage




DILBERT®

BY
SCOTT ADAMS