



**ACCREDITATION CANADA**



*Driving Quality Health Services*

# Accreditation Report

Prepared for:  
**The Credit Valley Hospital**

Mississauga, ON

**On-site Survey Dates:**  
March 1, 2009 - March 4, 2009

December 11, 2009



**ACCREDITATION CANADA**  
**AGRÉMENT CANADA**

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# Final Accreditation Report

## About this Report

This Report documents updated information and action taken by The Credit Valley Hospital to address areas for improvement identified in its Forecast Report issued in April 2009. It also shows the final accreditation decision.

The Report is based on information obtained from the organization. Accreditation Canada relies on the accuracy of this information to conduct the on-site survey and to prepare the Report. Any alteration of this Report compromises the integrity of the accreditation process and is strictly prohibited.

## Confidentiality

This Report is confidential and is provided by Accreditation Canada to The Credit Valley Hospital only. Accreditation Canada does not release the Report to any other parties.

In the interests of transparency, Accreditation Canada encourages the dissemination of the information in this Report to staff, board members, clients, the community, and other stakeholders.

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## About the Qmentum Accreditation Program

Accreditation is a cornerstone of quality improvement and patient safety initiatives, enabling an organization to regularly and consistently assess and improve its services.

Accreditation Canada's Qmentum program offers a customized process aligned with organizational needs and priorities. Organizations complete self-assessment questionnaires, collect indicator and instrument data, and undergo an on-site survey during which peer surveyors assess their services against national standards of excellence. Qmentum also offers ongoing support from and liaison with Accreditation Specialists who work with each organization to address critical issues, assist with action planning, and monitor progress.

Accreditation results, and the accreditation decision, are documented as follows:

- ***On-Site Report:***  
At the conclusion of the on-site survey, surveyors provide the organization with an On-site Report summarizing their findings. The organization reviews the results and starts working on areas identified for improvement.
- ***Forecast Report:***  
Following the on-site survey, Accreditation Canada issues a Forecast Report, containing more detailed on-site survey findings, a summary of indicator and instrument data, and a forecast of the final accreditation decision.
- ***Final Report:***  
The Final Report is issued six months after the Forecast Report. It shows updated data, based on action(s) the organization has taken to address areas identified for improvement in the Forecast Report, and the final accreditation decision.

The findings in these Reports guide the organization as it incorporates the principles of accreditation into its programs and improves the quality of care and services provided to clients and the community.

An important adjunct to the Accreditation Reports is the Quality Performance Roadmap, available to the organization through a designated online portal. The Roadmap allows organization teams to review accreditation requirements and results in detail, and develop action plans, submit evidence, and monitor improvements.

**Accreditation Summary**

**The Credit Valley Hospital**

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On-site survey dates	March 1 to 4, 2009
Forecast Report issued	April 30, 2009
Forecast of the accreditation decision	Accreditation with Condition

Final Report issued	December 11, 2009
Accreditation Decision	Accreditation with Condition (Report)

**Accreditation History**

Previous on-site survey dates	March 19 to 22, 2006
Accreditation Decision	Accreditation
Previous on-site survey dates	March 23 to 26, 2003
Accreditation Decision	Accreditation
Previous on-site survey dates	March 21 to 24, 2000
Accreditation Decision	Accreditation
Previous on-site survey dates	April 6 to 9, 1997
Accreditation Decision	Accreditation
Previous on-site survey dates	May 10 to 11, 1993
Accreditation Decision	Accreditation
Previous on-site survey dates	June 8 to 9, 1990
Accreditation Decision	Accreditation
Previous on-site survey dates	April 1 to 2, 1987
Accreditation Decision	Accreditation

## Organization's Commentary

The following comments were provided to Accreditation Canada post survey.

The Credit Valley Hospital (CVH) will soon launch our new strategic plan based on a number of the key values & principles espoused by Accreditation Canada. By aligning our strategic future & operations under the elements of Quality, Accessibility and Sustainability, Credit Valley will build on our proud history of delivering high quality service to our community while innovating the way we deliver care to ensure it meets the growing needs of our Local Health Integration Network.

Having completed our on-site survey in March 2009, leaders throughout the organization often referenced Accreditation Canada in drafting our commitment to quality and patient safety. The new Q-MENTUM program greatly improved the involvement of frontline staff and crystallized our understanding of the quality services we provide and the best practices we should adopt to reach our goal of becoming one of Canada's safest hospitals.

In July, we received our forecast report which indicates a forecasted decision of Accreditation with Condition. As we await our final award, Accreditation Canada will be pleased to learn that CVH has reviewed all findings with clinical and corporate programs, restructured the process by which we share external quality report findings, begun to embed accreditation as an ongoing part of our quality journey including ongoing governance review, and most importantly, begun to improve process identified as unmet. As such, we have updated each clinical and corporate area's progress in Accreditation Canada's portal with the evidence your team has requested.

In the spirit of continuous learning, we wanted to share with you a few thoughts about the forecast report's comments related to our unmet Required Organizational Practices (ROPs). Within the forecast report issued, it was reported that five ROPs were deemed unmet. These five address:

- Medication Reconciliation across numerous clinical programs
- Two Client Identifiers in Mental Health
- Defined roles and responsibilities for client care and safety
- Information about client and family's role in promoting safety
- Transferring information effectively among service providers at transition points

As mentioned, our leadership team and program staff reviewed the report and have begun to devise action plans to address many of the report's recommendations. However, we also believe CVH staff provides excellent service in each of these Required Organizational Practices.

### Medication Reconciliation

It is our understanding that to meet the ROP related to Medication Reconciliation the organization needs to have the process in place in one unit with a plan to spread. The table on page 8 indicated that CVH had not met the ROP related to Medication Reconciliation. However, as noted on page 23, the General Medicine program has implemented the standard and a process is in place with a plan to spread. CVH is implementing the standard throughout the organization and we have submitted this evidence accordingly.

### Two Client Identifiers in Mental Health

CVH implemented a two client identifier policy since September 2007. Staff is educated regularly with planned audits to ask patients if health care providers checked for their identification as part of our delivery of safe patient centered care

## Defined Roles and Responsibilities for Client Care and Safety

Staff and volunteer job descriptions include clauses related to each person's role for client safety. Staff is reminded of their role in patient safety at the time of hiring, orientation and performance evaluation. Additionally, safety metrics are shared via the business intelligence tool that is available to all staff on the intranet and education on the importance of a patient safety & risk culture is being championed through a variety of departments including Infection Prevention and Control.

## Information about Client and Family's Role in Promoting Safety

Our healthcare teams inform and educate patients and families in writing and verbally about their role in patient safety. Many initiatives are currently in place including the display of the OHA "Your healthcare be involved" campaign material; brochures are available on positive patient identification, medication reconciliation, and pre-surgical instructions. We are also proud to be a leader in patient relations by employing a dedicated patient relations officer since our opening in 1985.

## Transferring information effectively among service providers at transition points

Like many acute organizations, nursing staff conduct person to person reporting at shift change and patients are given a copy of a standardized document called the Discharge Summary as well as a Discharge Prescription before discharge. New policies and procedures on Internal and External transfers have been implemented. Education on these new policies will be completed by Nov 2009.

We trust this evidence will be viewed by Accreditation Canada's review panel in the positive spirit intended. We hope it will be acknowledged in the Final Report as meeting these high priority criteria.

Once again, thank you for your continued advocacy for patient safety and quality. Credit Valley Hospital appreciates the partnership we have with Accreditation Canada and the value the accreditation process brings to not only our staff but to our community by enabling us to improve the delivery of care.

Thank you for the opportunity to provide additional feedback and evidence of the quality of service CVH staff, physicians and volunteers provide.

## 1 Results Overview

This section of the Report shows an overview of the organization's results, displayed according to three significant components of the accreditation program: quality dimensions, required organizational practices, and standards sections.

### 1.1 Overview by Quality Dimensions

Accreditation Canada standards and criteria can be categorized into eight quality dimensions.

The following table summarizes the percentage of criteria associated with each quality dimension that were met by the organization, as well as the national compliance rate from January 1 to June 30, 2009 for all Accreditation Canada organizations.

Quality Dimension	Organization compliance rate %		National compliance rate * %
	Forecast Results	Final Results	
<b>Population Focus</b> <ul style="list-style-type: none"> <li>▪ Working with communities to anticipate and meet needs</li> </ul>	93	95	90
<b>Accessibility</b> <ul style="list-style-type: none"> <li>▪ Providing timely and equitable services</li> </ul>	99	99	97
<b>Safety</b> <ul style="list-style-type: none"> <li>▪ Keeping people safe</li> </ul>	91	94	90
<b>Worklife</b> <ul style="list-style-type: none"> <li>▪ Supporting wellness in the work environment</li> </ul>	97	98	93
<b>Client-centred Services</b> <ul style="list-style-type: none"> <li>▪ Putting clients and families first</li> </ul>	97	99	96
<b>Continuity of Services</b> <ul style="list-style-type: none"> <li>▪ Experiencing coordinated and seamless services</li> </ul>	93	98	96
<b>Effectiveness</b> <ul style="list-style-type: none"> <li>▪ Doing the right thing to achieve the best possible results</li> </ul>	96	98	91
<b>Efficiency</b> <ul style="list-style-type: none"> <li>▪ Making the best use of resources</li> </ul>	94	94	94

\* Percentage of Accreditation Canada organizations surveyed from January 1 to June 30, 2009 that are in compliance with the criteria associated with each quality dimension.

## 1.2 Overview by Required Organizational Practice (ROP)

Required Organizational Practices are essential practices that Accreditation Canada requires organizations to have in place to enhance patient and client safety and minimize risk.

This section shows two tables. The first summarizes the safety areas addressed by each ROP, and shows the organization’s compliance status and the percentage of Accreditation Canada organizations nationally that met the ROP from January 1 to June 30, 2009.

To help organizations identify specific areas for action related to ROPs, the second table shows detailed requirements for unmet ROPs, and the standards sections in which they appear.

Following the on-site survey and receipt of the Forecast Report, organizations have opportunities to submit evidence of action taken to address areas identified for improvement. ROPs that continue to be rated unmet may be a result of the organization submitting incomplete or insufficient evidence, or because it has chosen to focus on other areas.

### 1.2a Overview by ROP Safety Areas

Safety Areas For Required Organizational Practices	Status at the Time of Forecast Report	Status at the Time of Final Report	Organizations that met the ROP %
<b>Culture</b>			
Adopts client safety as a written, strategic priority or goal	Met	Met	91
Produces quarterly reports on client safety, including recommendations from adverse incidents	Met	Met	89
Has a reporting and follow-up system for sentinel events, adverse events, and near misses	Met	Met	89
Discloses adverse events to clients and families	Met	Met	86
Conducts one client safety-related prospective analysis per year	Met	Met	71
<b>Communication</b>			
Educates clients and families about their roles in promoting safety	Unmet	Met	71
Ensures effective information transfer at transition points	Unmet	Met	92

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Safety Areas For Required Organizational Practices	Status at the Time of Forecast Report	Status at the Time of Final Report	Organizations that met the ROP %
<b>Communication</b>			
Uses verification processes and other checking systems for high-risk activities	Met	Met	90
Conducts medication reconciliation at admission	Unmet	Met	41
Conducts medication reconciliation at transfer	Unmet	Met	43
Uses two client identifiers before administering medications	Unmet	Unmet	86
Identifies abbreviations, symbols, and dose designations that are not to be used	Met	Met	54
<b>Medication Use</b>			
Stores concentrated electrolytes away from client service areas	Met	Met	92
Standardizes and limits number of medication concentrations	Met	Met	97
Provides training on infusion pumps	Met	Met	78
Evaluates and limits availability of heparin products	Met	Met	89
Evaluates and limits availability of narcotic (opioid) products	Met	Met	97
<b>Worklife/Workforce</b>			
Delivers client safety training and education at least annually	Met	Met	91
Develops and implements client safety plan	Met	Met	88
Defines roles, responsibilities, and accountabilities for client care and safety	Unmet	Met	65
Has a preventive maintenance program for medical devices, equipment, and technology	Met	Met	79

Safety Areas For Required Organizational Practices	Status at the Time of Forecast Report	Status at the Time of Final Report	Organizations that met the ROP %
<b>Infection Control</b>			
Ensures policies and procedures meet infection control guidelines	Met	Met	98
Delivers hand hygiene education and training.	Met	Met	97
Tracks and shares information on Infection rates	Met	Met	75
Monitors processes for reprocessing equipment	Met	Met	88
Administers the influenza vaccine	Met	Met	92
Administers the pneumococcal vaccine	Not applicable	Not applicable	95
Evaluates compliance with hand hygiene practices	Met	Met	72
<b>Falls Prevention</b>			
Implements a falls prevention strategy	Met	Met	63
<b>Risk Assessment</b>			
Implements interventions to prevent pressure ulcers	Not applicable	Not applicable	83
Monitors clients for risk of suicide	Met	Met	88

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## 1.2b Overview of Unmet ROPs by Standards Section and Criterion

The organization is required to submit, through the Organization Portal, evidence of the action it has taken to meet the following ROPs in each of the identified standards sections.

Unmet Required Organizational Practice	Standards section and criterion #
<b>Communication</b>	
<p>The team reconciles medications with the client at referral or transfer, and communicates information about the client’s medications to the next provider of service at referral or transfer to another setting, service, service provider, or level of care within or outside the organization.</p>	<ul style="list-style-type: none"> <li>· Cancer Care and Oncology Services 11.3</li> <li>· Medicine Services 11.3</li> <li>· Mental Health Services 11.3</li> <li>· Obstetrics/Perinatal Care Services 11.3</li> <li>· Rehabilitation Services 11.3</li> </ul>
<p>The team reconciles the client’s medications upon admission to the organization, with the involvement of the client.</p>	<ul style="list-style-type: none"> <li>· Cancer Care and Oncology Services 7.4</li> <li>· Medicine Services 7.4</li> <li>· Rehabilitation Services 7.4</li> </ul>
<p>The team reconciles medications with the client at referral or transfer, and communicates information about the client’s medications to the next provider of service at referral or transfer to another setting, service, service provider, or level of care within or outside the organization.</p>	<ul style="list-style-type: none"> <li>· Surgical Care Services 11.4</li> </ul>
<p>The team reconciles the client’s medications upon admission to the organization, with the involvement of the client.</p>	<ul style="list-style-type: none"> <li>· Mental Health Services 7.6</li> </ul>
<p>The team uses at least two client identifiers before providing any services or procedures.</p>	<ul style="list-style-type: none"> <li>· Mental Health Services 9.7</li> </ul>
<p>The team reconciles the client’s medications upon admission to the organization, with the involvement of the client.</p>	<ul style="list-style-type: none"> <li>· Surgical Care Services 7.10</li> </ul>
<p>The team reconciles the client’s medications upon admission to the organization with the involvement of the client.</p>	<ul style="list-style-type: none"> <li>· Obstetrics/Perinatal Care Services 7.11</li> </ul>

## 1.3 Overview by Standards Section

The following table shows the percentage of high priority criteria in the identified standards section with which the organization has complied.

Standards Section	Organization compliance rate %		National compliance rate * %
	Forecast Results	Final Results	
Sustainable Governance	96	100	94
Effective Organization	94	98	88
Infection Prevention and Control	100	100	94
Managing Medications	99	100	94
Cancer Care and Oncology Services	90	94	88
Diagnostic Imaging Services	100	100	92
Emergency Department Services	94	100	88
Medicine Services	77	93	84
Mental Health Services	89	91	87
Obstetrics/Perinatal Care Services	91	96	92
Rehabilitation Services	80	93	87
Surgical Care Services	82	91	87

\* Percentage of Accreditation Canada organizations surveyed from January 1 to June 30, 2009 that are in compliance with the specified high priority criteria.

## 2 Status of Unmet, High Priority Criteria (from Forecast Report)

This section lists the high priority criteria from each standards section that were rated unmet at the time of the Forecast Report, and their current status. This table excludes the ROP data that is displayed in the previous section.

Following the on-site survey and receipt of the Forecast Report, organizations have opportunities to submit evidence of action taken to address areas identified for improvement. Criteria that continue to be rated unmet may be a result of the organization submitting incomplete or insufficient evidence, or because it has chosen to focus on other areas.

Sustainable Governance		Organization compliance status (Final Report)	National compliance rate * %
14.3	The governing body publicly discloses information about its governance processes, decision-making, and organizational performance.	Met	89
Effective Organization		Organization compliance status (Final Report)	National compliance rate * %
5.3	The organization's leaders develop and implement an ethics framework which is adopted by the governing body, where applicable.	Unmet	79
5.8	The organization's leaders build the organization's capacity to apply the ethics framework by encouraging the governing body, leaders, staff, and service providers to develop and enhance their ethics-related knowledge.	Met	76
Managing Medications		Organization compliance status (Final Report)	National compliance rate * %
10.1	Prescribing professionals write or electronically enter complete medication orders, reorders, or reassessments upon admission, end of service, or transfer to another level of care.	Met	99
Cancer Care and Oncology Services		Organization compliance status (Final Report)	National compliance rate * %
8.9	The team follows the organization's process to identify, address, and record all ethics-related issues.	Met	78

\* Percentage of Accreditation Canada organizations surveyed from January 1 to June 30, 2009 that are in compliance with the specified high priority criteria.

Medicine Services		Organization compliance status (Final Report)	National compliance rate * %
8.8	The team follows the organization's process to identify, address, and record all ethics-related issues.	Met	78
11.1	The team tells clients and families what to expect during transition or end of service.	Met	97
11.6	Following transition or end of service, the team contacts clients, families, or referral organizations to evaluate the effectiveness of the transition, and uses this information to improve its transition and end of service planning.	Met	59
Mental Health Services		Organization compliance status (Final Report)	National compliance rate * %
8.10	The team follows the organization's process to identify, address, and record all ethics-related issues.	Met	81
Obstetrics/Perinatal Care Services		Organization compliance status (Final Report)	National compliance rate * %
8.10	The team follows the organization's process to identify, resolve, and record all ethics-related issues.	Met	85
Rehabilitation Services		Organization compliance status (Final Report)	National compliance rate * %
8.8	The team follows the organization's process to identify, address, and record all ethics-related issues.	Met	75
11.5	Following transition or end of service, the team contacts clients, families, or referral organizations to evaluate the effectiveness of the transition, and uses this information to improve its transition and end of service planning.	Met	68
Surgical Care Services		Organization compliance status (Final Report)	National compliance rate * %
8.3	The team obtains the client's informed consent before starting the procedure.	Met	93

\* Percentage of Accreditation Canada organizations surveyed from January 1 to June 30, 2009 that are in compliance with the specified high priority criteria.

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Surgical Care Services		Organization compliance status (Final Report)	National compliance rate * %
8.5	Prior to a procedure, the team discusses organ donation with the client, and provides an opportunity for the client to consent to organ donation.	Unmet	35
8.9	The team educates clients and families about their rights, and investigates and resolves any claims that these rights have been violated.	Met	96
8.10	The team follows the organization’s process to identify, address, and record all ethics-related issues.	Met	82

\* Percentage of Accreditation Canada organizations surveyed from January 1 to June 30, 2009 that are in compliance with the specified high priority criteria.

### 3 Performance Measures (Instruments and Indicators)

As part of the accreditation process, organizations collect performance measurement data. These measures consist of both instruments and indicators, and are valuable components of evaluation and quality improvement.

This section compares the organization’s performance measurement data with national data submitted by Accreditation Canada organizations. It can be used by the organization for benchmarking or other purposes.

#### 3.1 Instrument Results

Instruments are questionnaires completed by a representative sample of board members, clients, staff, leadership, or other stakeholders.

##### *Patient Safety Culture Survey*

The Patient Safety Culture Tool asks staff to provide their perceptions about the culture of patient safety with the organization. It identifies areas of strength, areas for improvement, and mechanisms to monitor changes.

The organization’s staff completed the Patient Safety Culture Tool between June 5 and August 12, 2008. This table compares the results to national results obtained from January 1 to June 30, 2009.

Number of survey respondents = 361 respondents

A. Patient Safety: Activities to avoid, prevent, or correct adverse outcomes which may result from the delivery of health care	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
1 Patient safety decisions are made at the proper level by the most qualified people	2	9	10	13	87	77
2 Good communication flow exists up the chain of command regarding patient safety issues	6	14	9	16	84	70
3 Reporting a patient safety problem will result in negative repercussions for the person reporting it	87	75	6	13	7	12
4 Senior management has a clear picture of the risk associated with patient care	9	16	21	22	70	62
5 My unit takes the time to identify and assess risks to patients	3	7	7	13	90	80
6 My unit does a good job managing risks to ensure patient safety	3	5	4	11	94	84
7 Senior management provides a climate that promotes patient safety	6	11	11	18	82	72

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A. Patient Safety: Activities to avoid, prevent, or correct adverse outcomes which may result from the delivery of health care	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
8 Asking for help is a sign of incompetence	96	89	2	5	2	6
9 If I make a mistake that has significant consequences and nobody notices, I do not tell anyone about it	97	92	2	4	1	4
10 I am sure that if I report an incident to our reporting system, it will not be used against me	16	18	13	18	71	64
11 I am less effective at work when I am fatigued	8	13	10	10	82	77
12 Senior management considers patient safety when program changes are discussed	6	10	21	25	72	64
13 Personal problems can adversely affect my performance	29	32	21	18	50	50
14 I will suffer negative consequences if I report a patient safety problem	92	83	4	10	4	7
15 If I report a patient safety incident, I know that management will act on it	8	11	16	17	76	72
16 I am rewarded for taking quick action to identify a serious mistake	26	36	37	33	38	31
17 Loss of experienced personnel has negatively affected my ability to provide high quality patient care	42	42	19	24	39	33
18 I have enough time to complete patient care tasks safely	22	28	23	21	55	51
19 I am not sure about the value of completing incident reports	79	69	13	16	8	15
20 In the last year, I have witnessed a co-worker do something that appeared to me to be unsafe for the patient in order to save time	62	56	13	17	25	27
21 I am provided with adequate resources (personnel, budget, and equipment) to provide safe patient care	25	28	19	20	56	52
22 I have made significant errors in my work that I attribute to my own fatigue	88	80	8	11	4	9
23 I believe that health care error constitutes a real and significant risk to the patients that we treat	12	14	11	14	76	72

A. Patient Safety: Activities to avoid, prevent, or correct adverse outcomes which may result from the delivery of health care	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
24 I believe health care errors often go unreported	31	32	22	24	46	44
25 My organization effectively balances the need for patient safety and the need for productivity	11	16	24	25	64	59
26 I work in an environment where patient safety is a high priority	4	8	7	12	89	79
27 Staff are given feedback about changes put into place based on incident reports	17	24	21	22	62	54
28 Individuals involved in patient safety incidents have a quick and easy way to report what happened	14	13	14	19	72	68
29 My supervisor/manager says a good word when he/she sees a job done according to established patient safety procedures	13	24	26	23	61	53
30 My supervisor/manager seriously considers staff suggestions for improving patient safety	6	14	14	19	79	67
31 Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it means taking shortcuts	83	69	13	17	4	14
32 My supervisor/manager overlooks patient safety problems that happen over and over	82	71	9	14	9	14
33 On this unit, when an incident occurs, we think about it carefully	3	8	14	15	84	77
34 On this unit, when people make mistakes, they ask others about how they could have prevented it	9	15	20	22	71	63
35 On this unit, after an incident has occurred, we think about how it came about and how to prevent the same mistake in the future	4	8	9	13	88	78
36 On this unit, when an incident occurs, we analyze it thoroughly	8	14	18	22	74	64
37 On this unit, it is difficult to discuss errors	82	66	12	18	6	16
38 On this unit, after an incident has occurred, we think long and hard about how to correct it	8	13	17	21	75	66

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A. Patient Safety: Activities to avoid, prevent, or correct adverse outcomes which may result from the delivery of health care	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
B. These questions are about your perceptions of overall patient safety	% Good/ Excellent		% Acceptable		% Poor/ Failing	
	Organization	National	Organization	National	Organization	National
39 Please give your unit an overall grade on patient safety	79	72	19	24	2	4
40 Please give the organization an overall grade on patient safety	71	64	26	30	3	6

C. These questions are about what happens after a Major Event	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
41 Individuals involved in major events contribute to the understanding and analysis of the event and the generation of possible solutions	4	7	14	23	82	70
42 A formal process for disclosure of major events to patients/families is followed and this process includes support mechanisms for patients, family, and care/service providers	7	8	23	27	70	65
43 Discussion around major events focuses mainly on system-related issues, rather than focusing on the individual(s) most responsible for the event	12	17	21	32	67	51
44 The patient and family are invited to be directly involved in the entire process of understanding: what happened following a major event and generating solutions for reducing re-occurrence of similar events	12	12	31	32	57	56
45 Things that are learned from major events are communicated to staff on our unit using more than one method (e.g. communication book, in-services, unit rounds, emails) and / or at several times so all staff hear about it	9	13	9	18	82	69
46 Changes are made to reduce re-occurrence of major events	3	6	9	17	88	76

C. These questions are about what happens after a Major Event	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National

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## Worklife Pulse

The Worklife Pulse Tool enables an organization to take the ‘pulse’ of its worklife quality. The Tool provides a snapshot of the work environment, as well as individual and organizational outcomes. Findings may be used to identify strengths and gaps in the work environment, engage stakeholders in discussions of opportunities for improvement, plan interventions to improve worklife quality, and develop a clearer understanding of how worklife influences the organization’s capacity to meet its strategic goals.

The organization’s staff completed the Worklife Pulse Tool between June 5 and August 12, 2008. This table compares the results to national results obtained from January 1 to June 30, 2009.

Number of survey respondents = 404 respondents

How would you rate your work environment	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
1 I am satisfied with communications in this organization.	10	23	19	20	71	57
2 I am satisfied with communications in my work area.	10	18	15	16	75	66
3 I am satisfied with my supervisor.	7	11	15	17	78	72
4 I am satisfied with the amount of control I have over my job activities.	12	13	14	17	74	70
5 I am clear about what is expected of me to do my job.	4	5	7	8	88	87
6 I am satisfied with my involvement in decision making processes in this organization.	16	22	24	25	60	53
7 I have enough time to do my job adequately.	34	32	18	19	49	49
8 I feel that I can trust this organization.	13	16	22	25	66	58
9 This organization supports my learning and development.	8	12	15	20	77	68
10 My work environment is safe.	6	11	13	15	81	74
11 My job allows me to balance my work and family/personal life.	14	15	15	18	72	68

Individual Outcomes	% Not Stressful		% A bit Stressful		% Quite or Extremely Stressful	
	Organization	National	Organization	National	Organization	National
12 In the past 12 months, would you say that most days at work were...	14	21	48	43	38	36

	% Very Good/ Excellent		% Good		% Fair/ Poor	
	Organization	National	Organization	National	Organization	National
13 In general, would you say your health is...	68	62	29	32	3	6
14 In general, would you say your mental health is...	70	68	24	27	6	5
15 In general, would you say your physical health is...	62	59	31	33	7	8

	% Very Satisfied		% Somewhat Satisfied		% Not Satisfied	
	Organization	National	Organization	National	Organization	National
16 How satisfied are you with your job?	93	89	6	9	1	2

	% < 10		% 10 - 15		% > 15	
	Organization	National	Organization	National	Organization	National
17 In the past 12 months, how many days were you away from work because of your own illness or injury? (counting each full or partial day as 1 day)	92	87	3	6	5	7
18 During the past 12 months, how many days did you work despite an illness or injury because you felt you had to (counting each full or partial day as 1 day)?	90	85	7	8	3	7

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	% Never/ Rarely		% Sometimes		% Often/ Always	
	Organization	National	Organization	National	Organization	National
19 How often do you feel you can do your best quality work in your job?	1	4	17	16	82	80

	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
20 Overall, I am satisfied with this organization.	7	12	13	22	79	66
21 Working conditions in my area contribute to patient safety.	7	8	15	18	78	74

### 3.2 Indicator Results

Indicators collect data related to important aspects of patient safety and quality care. The tables in this section show the indicator data that has been submitted by the organization.

#### Medication Reconciliation at Admission

Transition points in the care continuum are particularly prone to risk, and the communication of medication information has been identified as a priority area for improving the safety of healthcare service delivery. This performance measure will provide a practical guide for organizations as medication reconciliation is conducted more widely throughout the organization.

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
YELLOW	Credit Valley Hospital (Medicine Services)	Medicine Services	01/01/2009 31/03/2009	85	
YELLOW	Credit Valley Hospital (Medicine Services)	Medicine Services	01/04/2009 30/06/2009	77	
YELLOW	Credit Valley Hospital (Medicine Services)	Medicine Services	01/07/2009 30/09/2009	82	
YELLOW	Credit Valley Hospital (Medicine Services)	Medicine Services	01/10/2008 31/12/2008	78	

Threshold for Flags

- RED: < 75/100
- YELLOW: >= 75/100 AND < 90/100
- GREEN: >= 90/100

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## Health Care Associated Infection Rates

Health care associated C. difficile and MRSA infections represent a significant risk to the individuals receiving care and are a substantial resource burden to organizations and the health care system. Measuring infection control performance measures has the additional benefit of informing and shaping the staff's view of safety. Evidence suggests that as staff become more aware of infection control rates and the evidence related to infection control there is a change in behaviour to reduce the perceived risk.

Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	Credit Valley Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2008 30/09/2008	0.74	Rate of hospital acquired C DAD excluding <1 year olds as defined by Ontario public reporting requirements
GREEN	Credit Valley Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2008 31/12/2008	0.43	Rate of hospital acquired C DAD excluding <1 year olds as defined by Ontario public reporting requirements
GREEN	Credit Valley Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2009 31/03/2009	0.38	Rate of hospital acquired C DAD excluding <1 year olds as defined by Ontario public reporting requirements
GREEN	Credit Valley Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2009 30/06/2009	0.37	Rate of hospital acquired C DAD excluding <1 year olds as defined by Ontario public reporting requirements
GREEN	Credit Valley Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2009 30/09/2009	0.19	Rate of hospital acquired C DAD excluding <1 year olds as defined by Ontario public reporting requirements

Threshold for Flags

RED: > 8/100  
 YELLOW: >= 6/100 AND < 8/100  
 GREEN: <= 6/100

Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	Credit Valley Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2008 30/09/2008	0.29	Numerator: Rate of nosocomial MRSA infection & colonization combined
GREEN	Credit Valley Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2008 31/12/2008	0.59	Numerator:Rate of nosocomial MRSA infection & colonization combined
GREEN	Credit Valley Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2009 31/03/2009	0.37	Numerator Rate of nosocomial MRSA infection & Colonization
GREEN	Credit Valley Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2009 30/06/2009	0.33	Numerator Rate of nosocomial MRSA infection & colonization combined
GREEN	Credit Valley Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2009 30/09/2009	0.19	Numerator Rate of nosocomial MRSA infection & colonization

Threshold for Flags

RED: > 8/1000  
 YELLOW: >= 6/1000 AND < 8/1000  
 GREEN: <= 6/1000

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## Surgical Site Infection

Timeliness of administering antibiotic prophylaxis is a universal process measure applicable to many surgical procedures and with widely recognized benefits in reducing post-surgical infections in selected high risk procedures.

Surgical Site Infection - Hysterectomy					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% timely administrations of antibiotics	Notes received from the Organization
YELLOW	Credit Valley Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2008 30/06/2008	90	
YELLOW	Credit Valley Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2008 30/09/2008	86	
YELLOW	Credit Valley Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2009 31/03/2009	87	

Threshold for Flags

- RED: < 80/100
- YELLOW: >= 80/100 AND < 90/100
- GREEN: >= 90/100

Surgical Site Infection - Total Joint Arthroplasty					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% timely administrations of antibiotics	Notes received from the Organization
GREEN	Credit Valley Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2009 30/06/2009	97	
GREEN	Credit Valley Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2009 30/09/2009	99	

Threshold for Flags

RED: < 80/100  
 YELLOW: >= 80/100 AND < 90/100  
 GREEN: >= 90/100

## 4 Follow Up Required

The organization has earned Accreditation with Condition. The table in this section shows the follow-up required to comply with the specified condition (Report, Focused Visit, or both) and maintain the accreditation status.

Evidence of follow-up action taken by the organization to meet these requirements must be submitted by the specified dates, through the Organization Portal.

### Report

Standards section and criterion #	Due Date
Mental Health Services 9.7	June 2010
Effective Organization 5.3	December 2010

## Closing Thoughts from the President and CEO

Congratulations on reaching this important milestone on your accreditation journey. We salute and celebrate your achievements, and look forward to continuing to work with you as accreditation increasingly strengthens and supports your quality improvement and patient safety initiatives.

Your ongoing efforts to incorporate Accreditation Canada standards and tools into your programs and services have been, and will continue to be, of great benefit to your organization, your staff, the people you serve, and your community. Please contact your Accreditation Specialist, or use the Organization Portal, if you have questions or require additional information in this process.

Thank you for your commitment and dedication to improving quality health care through accreditation.

Wendy Nicklin  
President and CEO  
Accreditation Canada

## Appendix A - Accreditation Decision Guidelines

Quality improvement continues to be a key principle of Accreditation Canada's Qmentum program. Accreditation Canada's standards assess the quality of services provided by an organization and are constructed around eight dimensions of quality:

1. population focus
2. accessibility
3. safety
4. worklife
5. client-centred services
6. continuity of services
7. effectiveness
8. efficiency

Each standard criterion is related to a quality dimension. Organizations participating in Accreditation Canada's Qmentum program are eligible for the recognition awards: Accreditation; Accreditation with Condition (Report and/or Focused Visit) and Non-Accreditation.

Under the Qmentum accreditation program, Accreditation Canada High Priority Criteria and Required Organization Practices (ROPs) are the two main factors that are considered in determining the appropriate recognition award.

### Accreditation Canada High Priority Criteria

Accreditation Canada recognizes High Priority Criteria in several key areas:

- Quality Improvement
- Safety
- Risk
- Ethics

### Required Organization Practices (ROPs)

A Required Organizational Practice is defined as an essential practice that organizations must have in place to enhance patient/client safety and minimize risk. It is a specific requirement for health care organizations in the accreditation program.

Based on the above, the three accreditation decisions for 2009 Qmentum surveys are:

#### Option 1: Accreditation

An organization is eligible for full accreditation (with a resurvey in three years) if all of the following criteria are met:

- (a) 10% or less of high priority criteria unmet per standard section, and
- (b) compliance with all of the Required Organizational Practices, and
- (c) compliance with collection of all the performance measures

#### Option 2: Accreditation with Condition: Report or Focused Visit

An organization will receive Accreditation with Condition: Report or Focused Visit if any of following criteria is

met:

- (a) More than 10% and less than 30% of high priority criteria unmet per standard section,  
OR
- (b) Non-compliance with any one of the Required Organizational Practices.  
OR
- (c) non-compliance with any one of the collection of Accreditation Canada's performance measures.

The condition and time frame for submission of the report or visit is based on the nature of the recommendations.

Organizations are required to submit follow up reports as a condition of maintaining accreditation status. If a satisfactory report is not submitted within the required timeline Accreditation Canada may grant a one time extension of 6 months, based on surveyor input, proof of progress and a plan to meet the conditions. Failure to comply with these requirements within the maximum allotted time extension will result in removal of accreditation status, at the discretion of Accreditation Canada.

### Option 3: Non Accreditation

An organization will not be accredited if the following conditions exist:

- (a) More than 30% of high priority criteria unmet per standard section and
- (b) More than 20% of unmet criteria for the organization