



Rouge Valley Health System

Accredited

September, 2016 to 2020

Rouge Valley Health System has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement. It is accredited until September 2020 provided program requirements continue to be met.

Rouge Valley Health System 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 **Rouge Valley Health System** 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

September 25, 2016 to September 30, 2016

Locations surveyed

- **2** locations were 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** as of the date of this report.

See **Appendix A** for a list of the locations that were surveyed.

Standards used in the assessment

- **19 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.

Rouge Valley Health System (RVHS) is congratulated on its ongoing commitment to the accreditation process and for truly embracing a culture of patient- and family-centred care, quality, and safety. This is particularly important to note as RVHS is preparing to cease as an entity effective November 1, 2016. This will lead to the Rouge Valley Centenary site and The Scarborough Hospital merging to form a new organization and the Rouge Valley Ajax and Pickering site joining Lakeridge Health. The organization is commended on remaining focused and committed to providing excellence in patient- and family-centred care despite being in this time of transition and uncertainty.

In alignment with its strategic directions of being innovators of a quality patient experience, champions of a connected health system for patients, and a workplace of choice, and its vision of "Together – the best at what we do," RVHS clearly demonstrates the mission and lives the values set forth by the senior management team and the board in consultation with patients, families, staff, physicians, and volunteers. A sense of caring and extreme pride permeates the organization. There is also a commitment to excellence, innovation, and quality service delivery.

The board is highly engaged and committed to the strategic directions of the organization. This is a committed group of individuals who are well versed on the strengths and challenges facing the organization. They reach into the community as well as into the organization for consultation and validation of the organization's direction. They are well informed and use their skills and abilities to ensure sound and effective governance.

The organization has begun to build its capacity to bring the voice of patients and families into its patient- and family-centred care approaches. During the on-site survey, a large and diverse group of patient advisers, community partners, and patients consistently offered praise for their experiences and for the opportunity to be engaged in a broad range of activities in the organization. The organization is supported in its ongoing efforts and phased approach to mature its patient- and family-centred care initiatives at the unit and program levels. RVHS is congratulated on the considerable strides made at the organizational level with the recent inclusion of two patient advisors as members of the senior management team and the Community Advisory Group's links to the board.

RVHS has implemented a quality management approach throughout the organization, ensuring a high level of accountability. The foundation of this approach integrates patient- and family-centred care with quality and safety. There is a strong commitment to quality and safety. The organization has invested in LEAN training that has helped identify opportunities to optimize clinical operations, as was clearly evident by the calibre of the quality improvement initiatives.

A key strength of the quality culture at RVHS is its patient advisors, leadership, staff, physicians, learners, and volunteers. There are strong teams throughout the organization and a culture of working together. Staff recognize and seize opportunities for improvement and they are proud to share these achievements and successes. "Everyone's Ideas Matter!" RVHS is reaping the benefits of engaging, educating, and empowering front-line staff to be active players in quality improvement at the unit level, recognizing this is key to moving the quality agenda forward.

For RVHS, the quality journey doesn't just occur within the walls of the two hospital sites. By listening to the voice of the patient, family, and community, RVHS demonstrates its commitment to integration and continuity of care. This is shown, for example, in the continued expansion of the regional cardiovascular rehabilitation services to more community and hospital-based sites, the Healthy Outcomes pediatric program for Scarborough, new partnerships to support community-based mental health programs, and follow-up telephone calls to medicine and surgery patients who have been discharged from hospital.

RVHS is commended for its commitment to and support of its people. Staff, physicians, and volunteers are truly engaged in planning and delivering services. There is a connectedness between the leadership and the front-line staff. The commitment to staff education and training, the use of e-Learning, and the various professional practice meetings are evidence that the organization is committed to creating a sustainable and empowering work environment. Staff take pride in their work. Their contributions are valued and their ideas are acknowledged. RVHS also invests in its people through leadership development and by providing opportunities for advancement.

The community partners who are key stakeholders expressed their sincere appreciation to RVHS for its expertise, collaboration, and innovative spirit. They acknowledged that RVHS is intentional in connecting and engaging with the community and that the organization is viewed by many to be a champion on the ground. They commented that RVHS is willing and unafraid to work on the tough issues. Community partners were unanimous in their hope that the culture of RVHS would be infused into the new organizations after the transition, as RVHS has consistently demonstrated an open and respectful approach and is clearly doing something right!

As RVHS prepares to end a journey that started in 1998, this organization can take pride in the many accomplishments and contributions it has made to excellence in patient care. A deep culture of quality and safety has been instilled in the staff, physicians, and volunteers who work at RVHS. As a new journey begins, this spirit and culture, along with the many successes, will live on. Well done, Rouge Valley Health System.

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.

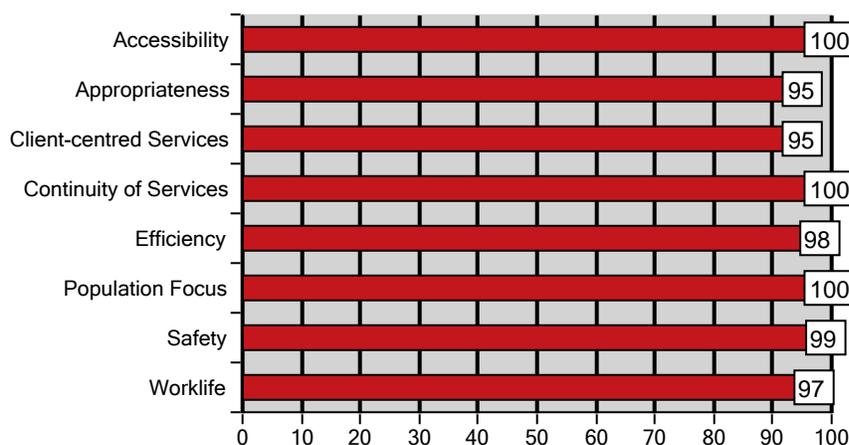
The quality dimensions are:

	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 of Services:	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

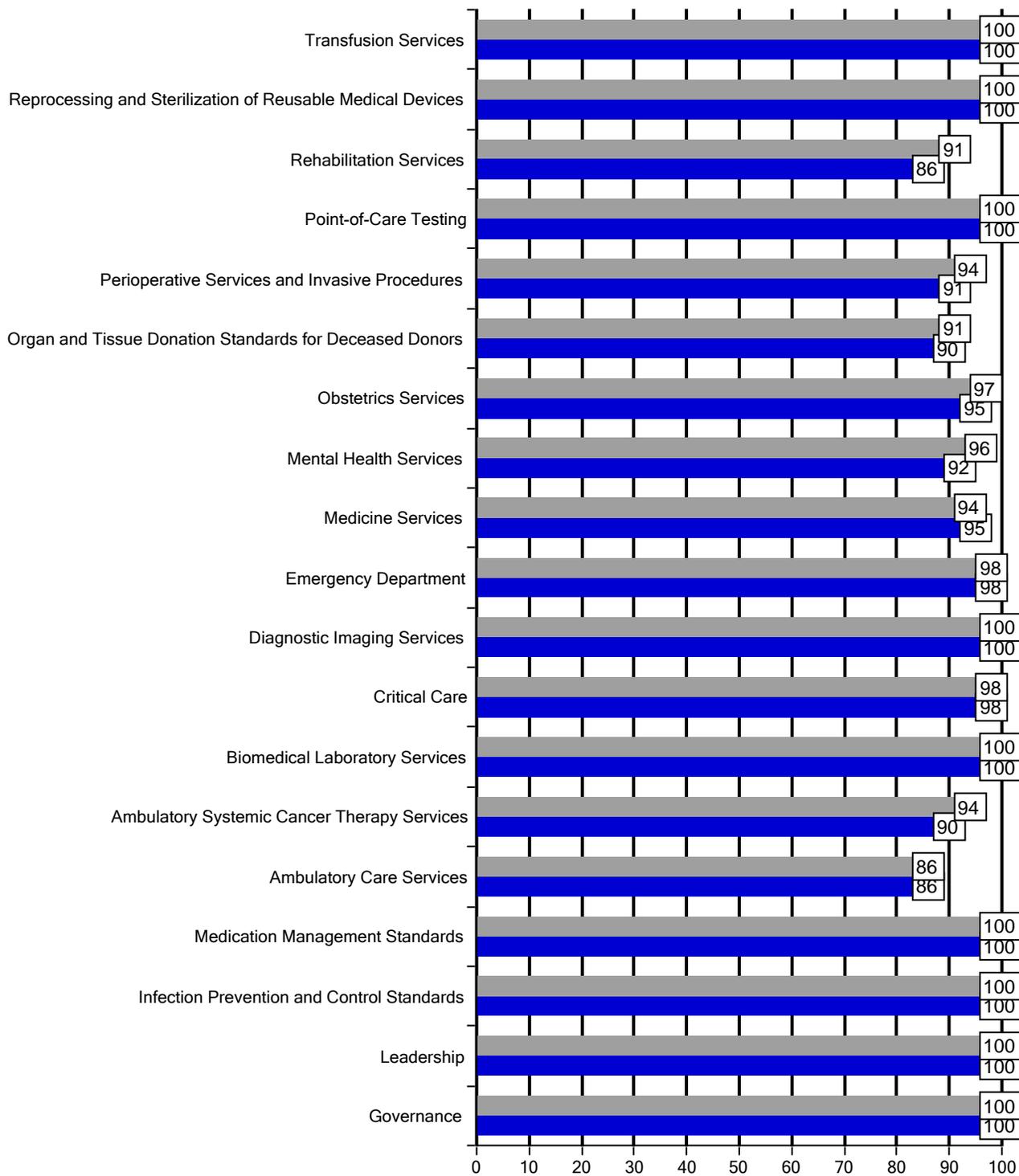
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

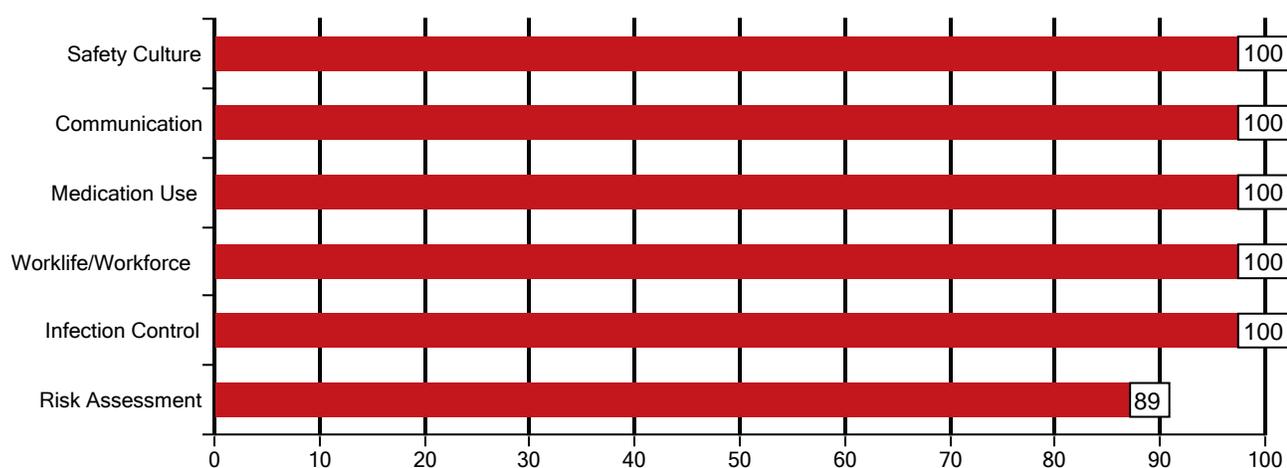
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



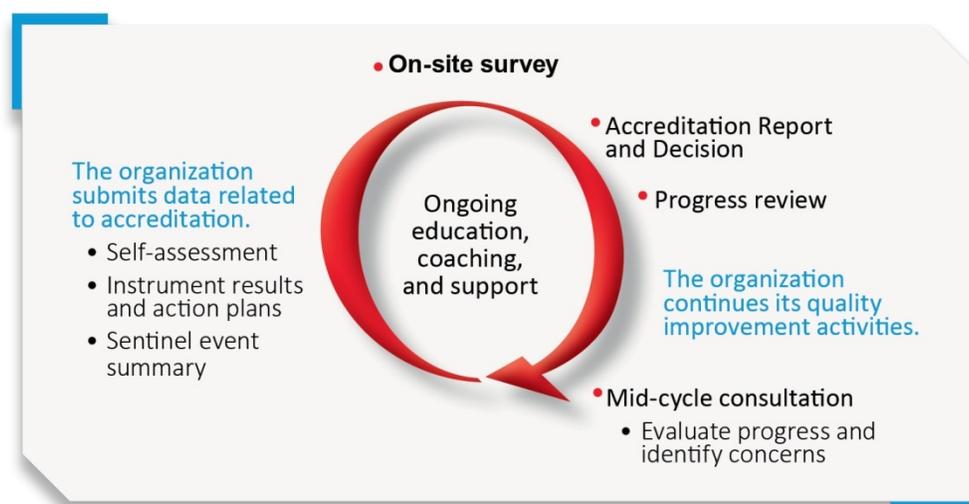
The quality improvement journey

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 **Rouge Valley Health System** 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 Rouge Valley Health System - Ajax/Pickering Campus
- 2 Rouge Valley Health System - Centenary Campus

Appendix B

Required Organizational Practices

Safety Culture

- Accountability for quality
 - Patient safety incident disclosure
 - Patient safety incident management
 - Patient safety quarterly reports
 - Patient safety-related prospective analysis
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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 pump safety
 - 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

Required Organizational Practices

- Falls prevention
 - Pressure ulcer prevention
 - Suicide prevention
 - Venous thromboembolism prophylaxis
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