Practices in Patient and Family Engagement
2014 Health Achieve
Accreditation Canada Update
2014 Health Achieve

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Overview

- Strengthening Client- and Family-Centred Care Requirements in Qmentum
- Increasing Client and Family Involvement in the Accreditation Process: Next Steps
- Strengthening Clinical Governance
- Revisions to Required Organizational Practices
Client- and Family-Centred Care (CFCC) in Qmentum

- Integral part of Qmentum program:
  - Quality Framework
  - Standards content
  - On-site survey process
  - Instruments
  - Leading practices requirements
<table>
<thead>
<tr>
<th>DIMENSION</th>
<th>TAG LINE</th>
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<tbody>
<tr>
<td>POPULATION FOCUS</td>
<td>Working with communities to anticipate and meet needs</td>
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<tr>
<td>ACCESSIBILITY</td>
<td>Providing timely and equitable services</td>
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<td>SAFETY</td>
<td>Keeping people safe</td>
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<td>WORKLIFE</td>
<td>Supporting wellness in the work environment</td>
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<td>CLIENT-CENTRED SERVICES</td>
<td>Putting clients and families first</td>
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<td>CONTINUITY OF SERVICES</td>
<td>Experiencing coordinated and seamless services</td>
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<tr>
<td>EFFECTIVENESS</td>
<td>Doing the right thing to achieve the best possible results</td>
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<td>EFFICIENCY</td>
<td>Making the best use of resources</td>
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Our journey
Enhancing Client- and Family-Centred Care Requirements in Qmentum
Enhancing Client- and Family Centred-Care Requirements - Our Journey

- CFCC priority
- Fostering Meaningful Partnerships

“Doing for”  “Doing to”  “Doing with”
Our Advisory Committee

- Equal representation:
  - patient advisors
  - service providers

- Driving standards development-requirements
Our Advisory Committee - Geography

- Patient Advisors
- Service Providers

Vancouver
Edmonton
Saskatoon
Thunder Bay
Toronto
Markham
Peterborough
Kingston
Ottawa
Montreal
Halifax
St. John’s
Enhancing Client- and Family-Centred Care

- Our objective
  - Support organizations to adopt principles and implement practices that exemplify a client- and family-centered approach to service delivery
  - Foster culture change at all levels - fundamental to success
Definition: Client- and Family-Centred Care

“An approach to care that guides all aspects of planning, delivering and evaluating services, with the foundation being mutually-beneficial partnerships between patients, families and service providers.”

(Adapted from Institute for Patient- and Family-Centred Care 2008
Saskatchewan Ministry of Health 2011)
What does this change look like?

7.0 The team accurately and appropriately assesses its clients.

7.1 The team completes a timely assessment for each client.

Guidelines
The team is encouraged to set and track timeframes for completing the initial assessment.

7.2 The team assesses the client’s physical and psychosocial health.

Guidelines
Elements of physical health include medical history, allergies, medication profile, health status, and nutritional status and special dietary needs.

Elements of psychosocial health include functional and emotional status, including client’s communication and self-care abilities; mental health status, including personality and behavioural characteristics; socio-economic situation; spiritual orientation, and cultural beliefs.
8.0 Care plans are developed in partnership with the client and family based on a comprehensive assessment.
8.1 Each client’s physical and psychosocial health is assessed and documented using a holistic approach, in partnership with the client and family.

Quality Dimension: Effectiveness  
Priority Process: Episode of Care  
Priority: High

Guidelines:
Elements of physical health include:
- Medical history
- Allergies
- Medication profile
- Health status
- Nutritional status
- Palliative care needs
- Dietary needs

Elements of psychosocial health include:
- Functional and emotional status, family and caregiver involvement
- Communication and self-care abilities and strengths
- Mental health status, including personality and behavioural characteristics
- Cognitive status
- Socio-economic status
- Cultural and spiritual beliefs and needs

8.2 The assessment process is designed with input from clients and families.

Quality Dimension: Client-centred Services  
Priority Process: Episode of Care

Guidelines: The assessment process is as streamlined and straightforward as possible, so that clients are not required to repeat information to multiple providers or team members. Where applicable, an interdisciplinary or collaborative assessment may be completed with the client, family, and appropriate team members.
Principles Guiding the Work

- Dignity and Respect
- Information Sharing
- Partnership and Participation
- Collaboration
Governance and Leadership Standards Enhancements

- Client-centered care as a guiding principal
- Creating organizational structure and culture to support implementation, spread and success of a client-centered care model
- Client and family representatives on advisory and planning groups
- Meaningful partnership with clients and families
- Commitment to co-designing services
Service Excellence Standards-Enhancements

- Engaging client and families in planning and service design
- Partnering with clients and families throughout their care
- Working with clients for collaborative goal setting and creating care plans based on shared decision-making
- Respecting client choice to be as involved in care as desired
- Supporting health literacy
Our Journey: Further Considerations

- **On-site survey**
  - Client or family advisors on survey team
  - Structured discussions with patient and family advisors

- **Surveyor training**
  - Educational tools co-designed with or vetted by client and family advisors

- **Standards Development & Program Advisory**
  - Further strengthen patient involvement in standards development and Advisory Committees
Leveraging Accreditation

- Accreditation has a role to play in advancing the client- and family-centred care agenda
- Valuable as knowledge translation tool
- Enhanced client- and family-centred care requirements - woven throughout the Qmentum accreditation program
“Just the fact that the committee exists tells us that this is not a healthcare fad and instead a viable sustainable model of care.

I think the committee is so diverse with just the proper number of representatives that we will end up with a well thought out set of standards.

I like how Accreditation Canada has acted more like a facilitator for our committee and allowed all of us to run our ideas through the process...”
“The value of being part of Accreditation Canada’s working group cannot be overstated as we work to better understand the patient experience.

Listening to how others have approached this important work has helped me and my organization think about what will work for us.

Being part of the group that will influence the standards is an incredible opportunity.

We are helping to shape the future of our organizations and ensure that we truly will be patient and family centred.”
Clinical Governance in Qmentum
Clinical Governance

- Accreditation Canada Physician Advisory Committee raised issue of effective coverage of clinical governance in Qmentum.
- Gap analysis of current program content identified areas where requirements should be strengthened.
- Current standards address many key components of clinical governance, e.g., quality, safety, audit.
- Gaps identified related to healthcare professionals that hold privileges.
- Expert pan-Canadian Advisory Committee advised on revisions to standards.
Governance Standards

Themes added to strengthen focus:

- Processes for granting, reviewing and renewing privileges
- Documented expected behaviours for all team members
- Performance review and enhancement processes for health professionals with privileges
- Processes for suspension or termination of privileges
- Appeals of privileging decisions
Required Organizational Practices
2015 Revisions to ROPs: Patient Safety Incident Management

- Formerly Adverse Events Reporting
- Increase expectations beyond a process to report:
  - Training and information on how to report
  - Review, analyze, make recommendations, and monitor improvements
  - Evaluate effectiveness
2015 Revisions to ROPs: Patient Safety Incident Disclosure

- Formerly Adverse Events Disclosure
- Increase expectations beyond a disclosure process and offering support
  - More detailed requirements for a disclosure process
  - Review / update with input from clients and families
  - Identify individuals to lead the disclosure
  - Document the disclosure
  - Gather feedback from those involved
2015 Revisions to ROPs: Information Transfer at Care Transitions

- Defined care transitions where the ROP applies: admission, handover, transfer, discharge

- Increase expectations beyond developing and using communication tools:
  - Define and standardize information to be transferred
  - Share information with clients and families
  - Document information transferred
  - Evaluate whether information transfer is effective
2015 Revisions to ROPs: Infusion Pump Safety

- Formerly Infusion Pumps Training
- More details about when training is required
- Increase expectations beyond training:
  - Instructions/user guides accessible at all times
  - Training for clients on client-operated pumps
  - Evaluation of competence
  - Evaluate effectiveness
  - Improve training or adjust pumps, as needed
2015 Revisions to ROPs: Client Identification (minor revision)

- Formerly Two Client Identifiers
- Improved clarity and specificity of guidelines
  - Types of identifiers
    - Facial recognition
    - Home address
- Emphasize that identification is about ensuring the client receives the service intended for them
ROPs Added to Standards

- Falls Prevention, Information Transfer at Care Transitions, Client Identification - to Service Excellence standards.
- Infusion Pumps Safety - to Service Excellence standards where infusion pumps are used.
- Suicide Prevention added to Emergency Department, Long-Term care, Residential Homes for Seniors, Substance Abuse and Problem Gambling.
Other components

- Improved Executive Summary in Accreditation Report - to be introduced, January 2015
- ROP- Medication Reconciliation in Emergency:
  - Adjusted ROP expectations for clients without decision to admit
  - Effective January 2015
- ROP- Client and Family Role in Safety:
  - Deleted-addressed through strengthened client and family centred care content in standards, starting in 2016
Communication Plan for Organizations

- Release planned for January 2015
- New requirements evaluated on surveys in 2016 and beyond
- Articles in The Link, Qmentum Update
- Qmentum Update teleconferences
- Ongoing guidance and support from Client Services team
Questions?
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