The 2014 Canadian Health Accreditation Report

Building a stronger health system through leadership
Accreditation Canada is a not-for-profit organization that accredits health organizations in Canada and around the world. Its comprehensive accreditation program uses evidence-informed standards, survey tools, and a rigorous peer review process to foster ongoing quality improvement. Accreditation Canada has been helping organizations improve health care quality and patient safety for more than 55 years.

Canadian Health Accreditation Report
Building a stronger health system through leadership

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How to cite this document:
Accreditation Canada. (2014). Canadian Health Accreditation Report
Building a stronger health system through leadership. Ottawa, ON: Accreditation Canada.

Cette information est aussi disponible en français sous le titre Rapport canadien sur l’agrément des services de santé de 2014—Le leadership, outil de renforcement du système de santé
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Executive summary

Effective and committed leadership in Canadian health care organizations is critical to success in today’s rapidly changing health care environment. Sustaining the health system requires strong leadership, capable of leading significant change and transformation. Commitment from formal and informal leaders in all health service organizations, large and small, is needed to improve the quality and safety of health care in Canada.

This report highlights leadership findings from surveys of Canadian organizations participating in the Accreditation Canada Qmentum program:

- Health care leaders recognize the importance of assessing and improving client flow throughout the organization, considering the health status of the communities they serve during the planning and delivery of services, and the importance of effective allocation of financial resources.

- Opportunities for improvement in leadership include ensuring that services are delivered and decisions are made according to organizational values and ethics; the need to consistently conduct exit interviews to improve performance, staffing, and retention; and the need for more effective management and mitigation of risk.

- Patient safety culture results indicate a need for strong support from senior and supervisory leadership for patient safety.

- Worklife results identified a need for senior management to better communicate organizational goals and act on staff feedback.

- Leading Practices were identified in the areas of leadership evaluation, strategic planning, and mentoring.
Bridging the gap in Canadian health leadership

While individual care providers and teams are working diligently to meet patients’ health needs and expectations, they cannot do it alone. Strong leadership is a key factor in improving and sustaining our health care system.

“A decade ago, leadership was not on the policy landscape. Leadership was assumed; long-serving health leaders taken for granted ... Leadership is now seen as an integral ingredient to move to our desired future ... Better, stronger, more supportive health leadership is required to put Canada back atop the best performing health systems in the world.” (Canadian Health Leadership Network, 2014a, page 6)

Leadership involves both formal and informal leaders with a shared passion to enhance the quality and safety of health care. Strong leadership is required to foster a culture of quality and safety, plan strategically, set priorities, and monitor outcomes. Leadership is critical for successful change and transformation, and will continue to be the focus of the foreseeable future.

A recent Canadian Health Leadership study found that “84% of health care leaders are concerned about the overall leadership gap, with 42% of Canadian Academic Health Sciences Centres reporting they do not have the leadership they need to meet the challenges of the future” (Canadian Health Leadership Network, 2014a, page 1). While evidence suggests that leadership engagement drives improvements in health care quality
and reduces patient harm (Swensen et al., 2012; Swensen et al., 2013a; Swensen et al., 2013b), leadership gaps must be effectively addressed.

The Accreditation Canada Qmentum program identifies and measures critical elements of effective health leadership using national standards for leadership and validated instruments to measure patient safety culture and worklife. Drawing on results from these program components, this year’s Canadian Health Accreditation Report provides a comprehensive, multi-perspective view on leadership performance in Canadian health care organizations. The report outlines key strengths in leadership, identifies opportunities for improvement, and profiles Leading Practices in organizations across Canada. A platform for knowledge translation is provided to bridge the gap in Canadian health leadership.

Wendy Nicklin
President and Chief Executive Officer, Accreditation Canada
Health leadership: A cornerstone of the Accreditation Canada Qmentum program

Effective leadership is a critical element in the provision of high quality health services. The unique role of leadership in health care organizations is to establish a value system and a common vision, set strategic goals, and align efforts within the organization to achieve those goals. Effective health leadership considers resources for the creation, spread, and sustainability of effective health systems, removes obstacles to improvement for clinicians and staff, and fosters accountability for practices that will promote patient safety (Botwinick et al., 2006). Accreditation Canada supports health leadership through multiple components in the Qmentum program.

Over 1,200 organizations (6,000 health care delivery sites, community through to quaternary care) participate in Accreditation Canada programs. Client organizations differ greatly in size, scope, and context depending on their province or territory, their health care sector, and whether they are public or private. A client organization can be an entire provincial health system with many sites providing a wide range of services, or a single-site independent organization providing a narrower scope of services. During the on-site survey, peer surveyors from external accredited organizations assess the leadership, governance, clinical programs, and services against national standards. The information collected from teams providing care, support, and leadership in all sectors and regions offers a unique perspective on health care in Canada.

The Leadership Standards are core standards used by organizations in the accreditation program. The standards are based on research and best practice, and help Canadian health care organizations identify and meet the requirements for excellence in leadership. The standards align with the Framework for the Analysis of Management in Health Care Organizations and Proposed Standards for Practice, researched and developed by Dr. Jean-Louis Denis and colleagues (Denis et al., 2006). They address leadership functions across all levels of an organization rather than individual or position-specific capabilities, as well as clarify the requirements for effective management supports, decision-making structures, and the infrastructure needed to drive excellence and quality improvement in health service delivery.
The Leadership Standards include references to the leadership capabilities framework called LEADS in a Caring Environment, developed by the Health Care Leaders Association of British Columbia (now called the LEADS Collaborative) in partnership with the Royal Roads University Centre for Health Leadership Research. This framework has been adopted by the Canadian Health Leadership Network and the Canadian College of Health Leaders. It outlines the key skills, abilities, behaviours and knowledge required by effective health leaders. The Leadership Standards and the LEADS framework are important tools in helping organizations build leadership capacity.

In September 2011, revised Leadership Standards were released following a year-long development process guided by a national standards working group of leadership experts, surveyors, client organizations and stakeholders, as well as a national consultation. In 2013, the first full year of assessment of the revised standards, 265 organizations used the Accreditation Canada Leadership Standards.

In addition to the standards, two instruments are administered during the four-year accreditation cycle. The Patient Safety Culture Tool (revised and renamed the Canadian Patient Safety Culture Survey or Can-PSCS tool) provides insight into safety culture, including support provided by leadership. The Worklife Pulse Tool provides an overall picture of the quality of the work environment, including leadership. The instruments are completed by staff and direct care providers in client organizations, including support staff and leadership. The observations of peer surveyors during the on-site survey combined with staff perceptions of safety culture and worklife provide a unique perspective on health leadership in Canada.

What are the strengths and opportunities for improvement in leadership in Canadian health care organizations? What are the key leadership findings related to safety culture and work environments? Given the importance of leadership in today’s health care environment, this year’s Canadian Health Accreditation Report provides information on the performance of Canadian organizations to address these important questions and shares success stories to drive improvements in leadership.

1 The Accreditation Canada Customized Leadership Standards that are used by small and community-based organizations are different and results are not included in this report.
Strengths in Canadian health care leadership

Based on the on-site surveys conducted by Accreditation Canada in 2013, the following leadership standards were identified as key strengths across Canada, with compliance of 97% or higher.

- **The organization’s leaders understand the changing needs and health status of the community they serve (standard 5).**

This standard addresses the need to collect information about the community served, use the information to assist with service planning, maintain the information in a format that is up-to-date and easy to understand, and share the information with stakeholders inside and outside the organization.

While organizations achieved high compliance with this standard, surveyors emphasized the need to undertake a comprehensive assessment of the health status of the community and make this information available for all.

“The majority of service areas were not aware that a community health assessment report was available. The report needs to be shared with staff and community partners. This information can inform future planning and service delivery based on population needs.”

“Management relies on the clinical team to keep track of population health care needs. A more formal process could assist in evaluating the need for services.”
• The organization’s leaders allocate and control the organization’s financial resources to maximize efficiency and meet the service needs of the community (standard 8).

This standard includes content related to resource allocation, preparing annual operating and capital budgets in accordance with policies and procedures, and monitoring and reporting on financial performance. Full compliance was achieved with leaders verifying that their organizations met legal requirements for managing and reporting on financial resources.

Surveyors noted the importance of consulting community partners regarding resource allocation, as well as flexibility for re-allocating resources within departments as needed.

“Community partners have not been consulted for resource allocation. The community partners indicated that they were consulted on the strategic plan, however when changes to resources were made they were not consulted.”

“There is no flexibility to move those resources around. For example, the capital budget will be allocated to the Health Region with specific amounts identified for information technology, medical equipment, infrastructure, etc. Regardless of whether the need is greater in one area over another, the resource must be used as indicated.”

• The organization’s leaders assess and improve client flow throughout the organization (standard 13).

This standard focuses on the need to collect and analyze client flow information, use this information to meet demands for service and improve client flow, collaborate with partners and evaluate the strategy.

Surveyors emphasized the importance of collecting client flow data and evaluating the organizational client flow strategy on a regular basis.

“While data is collected on flow, a review of this data was not completed in a comprehensive manner to identify barriers so that improvements may be implemented.”
While organization leaders and health care providers are working to address client flow, aspects of client flow remain opportunities for improvement in the Canadian health care system. Given the importance of improving client flow, Accreditation Canada released the Client Flow ROP in the Leadership Standards for assessment during on-site surveys beginning in January 2015.

Opportunities for improvement in Canadian health care leadership

The following standards were identified as key opportunities for improvement in leadership with lower national compliance across Canada.

- **The organization’s leaders deliver services and make decisions according to the organization’s values and ethics (standard 1).**

  This standard requires organizational leaders to participate in defining, updating, and communicating the values statement; implement policies to address the rights and responsibilities of patients and clients; implement an ethics framework; and objectively review the organization’s research projects.

  Surveyors noted that opportunities exist to strengthen and implement ethics frameworks throughout many organizations. Surveyors also noted the need to gather data to identify trends and challenges related to the quality of services.

  “The development of clear, concise value statements with input from the staff is essential to ensure that all staff are aware and provide services based on the value statement. In addition, the value statement should be communicated to all staff within the organization.”

- **The organization’s leaders have a process to manage and mitigate risk in the organization (standard 12).**

  This standard includes content related to organizational leaders using a structured process to identify and analyze risks; implementing an integrated risk management approach; developing and disseminating contingency plans; and following processes for selecting, negotiating, and evaluating contracted services.
“There was some evidence that middle management was actively involved in the risk assessment process, but this has not yet been widely disseminated or shared with front line staff. Some staff were aware of certain types of information posted, but were unable to articulate the importance of the information and how it can be used to support improved patient experience, safety and quality improvement.”

Employing an integrated risk management approach was one of the lowest assessed leadership standards criteria (elements) across Canadian organizations in 2013. Table 1 presents criteria from the Leadership Standards with national compliance rates of less than 80%. These are the areas with the most potential for improvement in health care organizations across Canada. Two of the three criteria were recently introduced in the revised Leadership Standards.

Opportunities for improvement are to consistently conduct exit interviews to improve staffing and retention and to test disaster and emergency response plans to evaluate organizational readiness.

Table 1—Leadership Standards criteria with national compliance below 80 percent, 2013

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Compliance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.12 The organization’s leaders conduct exit interviews and use this information to improve performance, staffing, and retention.</td>
<td>79</td>
</tr>
<tr>
<td>*12.5 The organization’s leaders evaluate the effectiveness of the integrated risk management approach and make improvements as necessary.</td>
<td>79</td>
</tr>
<tr>
<td>*14.5 The organization’s leaders regularly test the organization’s all-hazard disaster and emergency response plans with drills and exercises to evaluate the state of response preparedness.</td>
<td>78</td>
</tr>
</tbody>
</table>

* New criteria in the revised Leadership Standards.
Patient safety culture: Leadership findings

Culture is widely recognized and accepted as a significant driver in changing behaviour and expectations in order to increase safety within organizations (Ginsburg et al., 2013). Measuring the degree of safety culture in an organization provides valuable insight into staff perceptions of patient safety, as well as an indication of areas of strength, areas for improvement, and a framework to monitor change (Occelli et al., 2011; Hellings et al., 2010). Further, recent evidence supports the relationship between the implementation of patient safety programs and lower adverse events in hospitals and transformational change in safety culture (Singer et al., 2009; Mardon et al., 2010; Brilli et al., 2013; Jones et al., 2013).

Leadership commitment at all levels of the organization is essential for patient safety to become and remain a priority. The Patient Safety Culture Tool (Ginsburg et al., 2013) has been used in the Accreditation Canada Qmentum program since 2008. Results from this tool help the board and the leadership of an organization identify strengths and opportunities for improvement in the dimensions of patient safety culture, including necessary leadership supports. The dimensions include communication barriers/talking about errors, supervisory leadership for safety, senior leadership support for safety, and patient safety learning culture. This tool is used to assess an organization’s patient safety culture and to encourage organizations to recognize its importance and think more strategically about patient safety.
Measuring patient safety culture in Qmentum: Recent enhancements

In January 2014, Accreditation Canada implemented a new version of the Canadian Patient Safety Culture Survey (Can-PSCS) tool. Can-PSCS is a revised version of the Patient Safety Culture Tool validated by Dr. Liane Ginsburg and colleagues at York University (Ginsburg et al., 2009). Following extensive validation work (Ginsburg et al., 2013), the tool was modified to ensure clarity and that each questionnaire item reflected key dimensions of patient safety culture. Using feedback from community organizations, a community version of the Can-PSCS tool that includes terminology and definitions tailored to the community care sector was also developed and is now in use.

The Can-PSCS tool is completed by organizational leaders, support staff (administrative, clinical, facility), and direct care providers to provide a complete picture of safety culture at all levels of an organization. The Can-PSCS tool contains 23 items measuring the following dimensions:

- Organizational senior leadership support for safety
- Supervisory leadership for safety
- Unit learning culture
- Enabling open communication
- Incident follow up
Strengths and opportunities for improvement in patient safety culture

In 2013, there were 76,567 staff respondents from 291 organizations who completed the Patient Safety Culture Tool. Figure 1 displays the results by the Patient Safety Culture Tool dimensions.

**Figure 1—Patient Safety Culture Tool results by dimension, 2013**

![Bar chart showing results of Patient Safety Culture Tool](chart.png)

The results for *overall perception of patient safety*, an average of two summary questions about perceived patient safety on the unit and at the organization, was 70%. The highest score (percentage of positive responses) was for *patient safety learning culture* (72%), while the lowest was for *communication barriers/talking about errors* (53%). Looking at the findings specifically related to leadership, the dimension of *senior leadership support for safety* (69%) showed a higher overall score than *supervisory leadership support for safety* (60%). Tables 2 and 3 list the items associated with these two leadership dimensions and provide more insight into the scope of these leadership dimensions.

As shown in Table 2, for the *senior leadership support for safety* dimension, the highest scores were identified for senior leadership support of a working environment where patient safety is a priority (80%). The lowest scores for this dimension related to consideration for patient safety when program changes are discussed (63%) and senior leadership effectively balancing the need for patient safety and the need for productivity (61%).
Table 2—Patient Safety Culture Tool results for senior leadership support for patient safety, 2013

<table>
<thead>
<tr>
<th>Item</th>
<th>Positive response (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I work in an environment where patient safety is a high priority.</td>
<td>80</td>
</tr>
<tr>
<td>Senior management provides a climate that promotes patient safety.</td>
<td>72</td>
</tr>
<tr>
<td>Senior management has a clear picture of the risk associated with</td>
<td>71</td>
</tr>
<tr>
<td>patient care.</td>
<td></td>
</tr>
<tr>
<td>Patient safety decisions are made at the proper level by the most</td>
<td>70</td>
</tr>
<tr>
<td>qualified people.</td>
<td></td>
</tr>
<tr>
<td>Good communication flow exists up the chain of command regarding</td>
<td>69</td>
</tr>
<tr>
<td>patient safety issues.</td>
<td></td>
</tr>
<tr>
<td>Senior management considers patient safety when program changes</td>
<td>63</td>
</tr>
<tr>
<td>are discussed.</td>
<td></td>
</tr>
<tr>
<td>My organization effectively balances the need for patient safety and</td>
<td>61</td>
</tr>
<tr>
<td>the need for productivity.</td>
<td></td>
</tr>
</tbody>
</table>

Table 3 presents the results for the items associated with supervisory leadership support for safety. This refers to leadership by direct supervisors rather than senior leadership. The highest score was for supervisors and managers considering staff suggestions for improving patient safety (70%). The lowest scores were considerably lower and related to supervisors and managers rewarding quick action to identify a serious error (33%) and giving positive feedback when they see a job done according to established patient safety procedures (59%).

Table 3—Patient Safety Culture Tool results for supervisory leadership support for patient safety, 2013

<table>
<thead>
<tr>
<th>Item</th>
<th>Positive response (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>My supervisor/manager seriously considers staff suggestions for</td>
<td>70</td>
</tr>
<tr>
<td>improving patient safety.</td>
<td></td>
</tr>
<tr>
<td>My supervisor/manager overlooks patient safety problems that happen</td>
<td>69</td>
</tr>
<tr>
<td>over and over.</td>
<td></td>
</tr>
<tr>
<td>Whenever pressure builds up, my supervisor/manager wants us to work</td>
<td>66</td>
</tr>
<tr>
<td>faster, even if it means taking shortcuts.</td>
<td></td>
</tr>
<tr>
<td>My supervisor/manager says a good word when he/she sees a job done</td>
<td>59</td>
</tr>
<tr>
<td>according to established patient safety procedures.</td>
<td></td>
</tr>
<tr>
<td>I am rewarded for taking quick action to identify a serious error.</td>
<td>33</td>
</tr>
</tbody>
</table>
The role of leadership in supporting quality health care workplaces

High-quality workplaces support workforce well-being and performance. In health care organizations, the quality of worklife impacts patient outcomes, productivity, and patient and worker safety (Lowe et al., 2010). Organizations with a high-quality worklife possess a culture, a climate, and practices that promote health and safety as well as organizational performance (Lowe, 2010). The promotion of a healthy work environment by leadership maximizes the capacity of staff to achieve organizational goals.

As part of the enhancements made to the revised Leadership standards released to client organizations in September 2011, the worklife content was strengthened and an enhanced Worklife Pulse Tool was introduced.

The Worklife Pulse Tool was originally developed by Accreditation Canada in collaboration with the Ontario Hospital Association. In June 2012, Accreditation Canada introduced a revised version, developed with the help of Dr. Graham Lowe. The revisions took into account the findings of the 2011 evaluation of the Qmentum program and Dr. Lowe’s analysis of the original tool, both of which incorporated feedback from client organizations.

The Worklife Pulse Tool allows health care organizations to take the “pulse” of their worklife by providing a snapshot of key work environment factors as well as individual and organizational outcomes. Organizations use the tool to identify strengths and opportunities for improvement in their work environments, engage stakeholders in discussions of high-priority areas, plan appropriate interventions, and develop a clearer understanding of how quality of worklife influences their capacity to meet strategic goals.
The revised Worklife Pulse Tool provides a superior measure of the quality of worklife, placing additional emphasis on the determinants of worklife for which organizations can make improvements. Figure 2 outlines the key concepts measured by the tool. These concepts are organized into the following topic areas: *job characteristics, training and development, coworkers, immediate supervisor, senior management, safety and health, and overall experience.*

In 2013, Accreditation Canada introduced the Physician Worklife Pulse Tool, which gives organizations the option to measure physician engagement and the quality of physician worklife. The Physician Worklife Pulse Tool was developed following the revision of the Worklife Pulse Tool for staff. The tool is a short “pulse check.” It contains 22 items that client organizations can use as a tool to measure physician engagement.

**Figure 2—Key concepts measured by the Worklife Pulse Tool**
Strengths and opportunities for improvement in worklife

In 2013, the first year when the revised Worklife Pulse Tool was used, 183 organizations totaling 34,600 respondents completed the revised Worklife Pulse Tool. Table 4 presents the scores by topic area. The highest percentage of positive responses across all job categories was in the areas of coworkers (83%) and overall experience (83%).

Table 4—Worklife Pulse Tool results by topic area, 2013

<table>
<thead>
<tr>
<th>Topic</th>
<th>Concept</th>
<th>Positive response (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior management</td>
<td>Leadership</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>Immediate supervisor</td>
<td>Fairness</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Feedback</td>
<td></td>
</tr>
<tr>
<td>Job characteristics</td>
<td>Role clarity/overload</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>Skill use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Autonomy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recognition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decision input</td>
<td></td>
</tr>
<tr>
<td>Training and development</td>
<td>Training</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>Career development</td>
<td></td>
</tr>
<tr>
<td>Safety and health</td>
<td>Safety</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>Work-life balance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Job stress</td>
<td></td>
</tr>
<tr>
<td>Coworkers</td>
<td>Respect</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>Support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teamwork</td>
<td></td>
</tr>
<tr>
<td>Overall experience</td>
<td>Quality</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>Engagement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Job satisfaction</td>
<td></td>
</tr>
</tbody>
</table>

2 An exemptions process is available to organizations using a comparable tool.

3 The overall experience score is an average of five items for the following concepts: quality (2 items), engagement (2 items), and job satisfaction (1 item). The overall experience score was highest for respondents from the leadership job category (91%), followed by direct care providers (83%) and support staff (81%).
Particularly relevant to leadership, the lowest percentage of positive responses across all job categories was in the topic area of *senior management* (66%), which includes items regarding senior management communication of goals, acting on staff feedback, and commitment to a safe and healthy workplace. Table 5 presents the items for the *senior management* topic area.

**Table 5—Worklife Pulse Tool results: Senior management topic area, 2013**

<table>
<thead>
<tr>
<th>Item</th>
<th>Concept</th>
<th>Positive response (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior managers are committed to providing a safe and healthy workplace.</td>
<td>Leadership</td>
<td>73</td>
</tr>
<tr>
<td>Senior managers are committed to providing high-quality care.</td>
<td>Leadership</td>
<td>73</td>
</tr>
<tr>
<td>Senior managers effectively communicate the organization’s goals.</td>
<td>Communication</td>
<td>64</td>
</tr>
<tr>
<td>Senior managers act on staff feedback.</td>
<td>Leadership</td>
<td>54</td>
</tr>
</tbody>
</table>

While respondents indicated that senior managers are largely committed to providing a safe and healthy workplace (73%) and to providing high-quality care (73%), scores were lower for senior management acting on staff feedback (54%) and for senior management communication of the organization’s goals (64%).
Leading Practices

Accreditation Canada recognizes Leading Practices in Canadian organizations across the care continuum. These practices are commendable examples of high-quality leadership and service delivery and are worthy of recognition for what they contribute to health care. Many are ingenious in their simplicity and show how innovative strategies can be applied and excellence achieved, often at minimal cost. Organizations are encouraged to submit information about these practices anytime during their accreditation cycle. Once submitted, Accreditation Canada uses the following criteria to evaluate whether the practice is, in fact, “leading”:

- Linked to Accreditation Canada standards
- Sustainable
- Creative and innovative
- Client- or family-centred
- Regularly evaluated
- Able to demonstrate successful results and efficiency in practice
- Adaptable by other organizations

Leading Practices are posted to the Leading Practices database on the Accreditation Canada website at accreditation.ca. As of February 2014, the database also includes Innovative Practices from the Health Council of Canada’s former Health Innovation Portal.

In 2013, Leading Practices related to leadership included a focus on evaluation, strategic planning, and mentoring.
The Ottawa Hospital Leadership Development Institute’s Leader Evaluation Initiative

The Ottawa Hospital implemented new Leader Evaluation processes for leaders with direct line reporting responsibility, for informal leaders who have influence among their colleagues, and for physician leaders. The system enables the hospital to align work, prioritize work by assigning weights to goals, and ensure a degree of equity through common goal assignments and performance grids. Goals are aligned to five pillars of excellence: quality, people, academics, partners, and finance. Leaders create a 90-day plan at the beginning of each fiscal quarter and identify key actions they will undertake for each goal. By cascading goals to leaders, the hospital creates momentum in achieving and exceeding targets. Examples include an improved overall Rating of Care, reduced surgical cancellation, and improved hand-hygiene compliance.

Saskatoon Health Region’s Hoshin Kanri

Saskatchewan employed Hoshin Kanri, a form of strategic planning, to integrate its regional and provincial planning. Hoshin Kanri is based on a Japanese concept that involves determining strategic priorities and developing and monitoring project plans. Critical provincial breakthrough initiatives or “Hoshins” were outlined, with the goal of achieving transformational improvement. Each regional health authority/organization then developed projects to support the province-wide vision of “focusing and finishing” the initiatives. The provincial work engaged regional and provincial health care leaders in developing a plan to improve the provincial system. This work was cascaded to each organization to determine how the priorities would be accomplished and to provide feedback through a process known as “catchball.” In this way, individual organizations had input into improvement work and local strategic needs and priorities were woven into each organization’s strategic plan.
Cape Breton District Health Authority’s Matrix Mentoring to Create Competent and Engaged Healthcare Leaders of Tomorrow

The Matrix Mentoring initiative has helped prepare potential managerial candidates by exposing them to real time experiences in management, as well as giving them experience with departments outside of their current workplace and opportunities to witness different management styles. Management also benefits from the opportunity to meet potential leaders/managers from other departments. Matrix Mentoring is based on a research model resulting from a linkage between Cape Breton District Staff and Cape Breton University School of Business.

University Health Network’s Nurses for Tomorrow Innovation and Research Fellowship Program

The Fellowship Program was set up to help frontline nurses develop leadership capacity at point of care and provide opportunities for them to contribute to achieving strategic goals. The Fellowship is two days a week for six months and staff are supported by at least two leaders who provide ongoing leadership development, education, and support. Benefits include increased engagement of nursing staff in quality improvement projects, inter-professional collaboration, development of leadership capacity at point of care, and a variety of unit-specific improvements.
Looking forward: Enhancing Qmentum

Accreditation Canada remains committed to supporting Canadian organizations in health leadership, including in the areas of safety culture and worklife, through continued enhancements to the accreditation program.

For on-site surveys beginning in January 2015, a new Client Flow ROP will apply in the Leadership Standards for acute care organizations and health systems with an emergency department. The ROP promotes a systems perspective on client flow, care transitions, and emergency department overcrowding. It requires the organization’s leaders “to work proactively with internal teams and teams from other sectors to improve client flow throughout the organization and mitigate overcrowding in the emergency department.” The intent is to help to ensure patients/clients receive the right care, in the right place, at the right time. Implementing this ROP will require strong leadership support and coordination of clinical and non-clinical teams in hospitals and across health systems. More information about this ROP can be found in the Accreditation Canada Required Organizational Practices Handbook, available at accreditation.ca under Publications and Reports.

For on-site surveys beginning in January 2016, enhancements will apply to the Accreditation Canada program relating to client- and family-centred care. Revised content was developed in collaboration with an expert pan-Canadian Advisory Committee consisting of clients, family representatives, service providers, and administrators with direct experience in client- and family-centred care. National consultation took place in 2014. The new client- and family-centred care requirements address:

- Having client and family representatives on advisory and planning groups
- Engaging clients and families in building a collaborative care team
- Respecting client choice to be as involved in care as they desire
- Planning, monitoring, and evaluating the quality of services and care delivery by partnering with clients and families

Accreditation Canada will continue to share information on health system performance, best practices, and program enhancements to highlight strengths and opportunities for improvement in Canadian health organizations.
In summary: Learnings from the leadership content in Qmentum

Strong effective leadership is a critical success factor for health care in Canada today. In a rapidly changing health care environment, the Accreditation Canada Leadership Standards and survey tools help Canadian health care organizations meet the demands for excellence in leadership.

Based on on-site surveys conducted across Canada in 2013, the key findings of this year’s Canadian Health Accreditation Report are:

- Strengths in Canadian health care leadership include understanding the changing needs and health status of the communities served, allocating and controlling financial resources to maximize efficiency and meet the needs of the community, and assessing and improving client flow throughout the organization.

- Opportunities for improvement in leadership pertain to delivering services and making decisions according to the organization’s values and ethics, and managing and mitigating risk in the organization.

- Related to patient safety culture, moderate results were identified for senior leadership support for safety (69%) and supervisory leadership support for safety (60%). The greatest opportunity for improvement related to senior leadership support for safety was balancing the need for patient safety and the need for productivity. The greatest opportunity for improvement related to supervisory leadership support for safety was acknowledging quick action to prevent a serious error.

- With respect to the Worklife Pulse Tool, the lowest scores were shown in the topic area of senior management (66%). This area includes items about communication of organizational goals and acting on staff feedback.

- Leading leadership practices from organizations across Canada continue to be recognized by Accreditation Canada. These practices include leadership development and capacity building, both of which have the potential to bridge the gap in Canadian health leadership.
By monitoring and reporting on trends over time in Canadian health organizations, Accreditation Canada continues to provide insights into the performance of the Canadian health system. The findings can be used by health care leaders, boards of directors, ministries of health, quality councils, and national stakeholder organizations to further inform their vital quality improvement work.

As shown by this year’s report, working together to strengthen leadership at all levels of the Canadian health system can bridge the gap in Canadian health leadership, improve the culture of patient safety, and strengthen health care work environments to support better quality and better health for all Canadians.
References


