

**Report to  
Rapport au:**

**Ottawa Board of Health  
Conseil de santé d'Ottawa  
17 December 2018 / 17 décembre 2018**

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**Submitted by  
Soumis par:**

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**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE      File Number: ACS2018-OPH-KPQ-0005**

**SUBJECT: ACCREDITATION 2020**

**OBJET: AGRÉMENT 2020**

## **REPORT RECOMMENDATIONS**

**That the Board of Health for the City of Ottawa Health Unit receive this report for information.**

## **RECOMMANDATIONS DU RAPPORT**

**Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa prenne connaissance du présent rapport à titre d'information.**

## **BACKGROUND**

The 2018 Ontario Public Health Standards (OPHS) require that all Ontario Boards of Health ensure a *culture of quality and continuous organizational self-improvement*

*through the identification and use of tools, structures, processes, and priorities to measure and improve the quality of programs and services.*<sup>1</sup> The use of external peer reviews, such as accreditation, is one identified method for health units to demonstrate transparency and accountability in this area.

Accreditation is an ongoing process of evaluating an organization's programs, practices and processes against pre-determined, evidence-based standards. Accreditation typically occurs over a span of 12 to 18 months and involves five main steps:

1. **Self-Assessment:** Organizations reflect on how they are currently meeting the required standards and their current areas of strength and weakness.
2. **Measure, Improve, Prepare:** Organizations further assess their work life culture, client safety and leadership to identify areas for quality improvement (QI) in advance of an accreditation survey.
3. **On Site Survey:** A team of surveyors engages and observes clients, families, employees, partners and leadership while visiting the organization. Organizations may also be asked to submit evidence on how they are achieving the standards.
4. **Report:** A preliminary report is provided, summarizing the initial survey findings.
5. **Decision and Action Plan:** A formal decision is provided, along with resources and recommendations to help the organization further build/sustain continuous QI over the next four years (until the next accreditation cycle).

### **Accreditation Standards**

Organizations can use accreditation as a tailored tool for quality improvement by benchmarking their organization against a menu of customizable standards. These standards are generated by the Health Standards Organization, an arm's length affiliate of Accreditation Canada, through a vigorous and transparent process of planning, research and public review, with the support of a technical committee.

In 2016, OPH sought accreditation against the mandatory standards for community-based organizations (Medication Management Standard, Infection Prevention and Control Standard, and Leadership Standard). OPH also assessed itself against the Public Health Services Standard. For 2020, similar to 2016, OPH will not need to assess itself against the typically-required Governance Standard due to the semi-

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<sup>1</sup> Protecting and Promoting the Health of Ontarians. Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. Ministry of Health and Long-Term Care (Jan 2018). P. 26.

autonomous nature of OPH's Board of Health. However, OPH will have full access to this Governance Standard for self-assessment and improvement opportunities.

### **Accreditation 2016 Results**

In 2016, Ottawa Public Health (OPH) obtained Accreditation with Exemplary Standing from Accreditation Canada. The 2016 accreditation findings informed the development of OPH's four-year Quality Improvement Plan (QIP), which is monitored by OPH's Quality and Safety Council (QSC). The 2017-2020 QIP, attached as Document 1, affects and relates to the work of all employees at OPH and is guided by eight identified dimensions of quality:

1. **Safety:** keep clients and the community safe
2. **Effectiveness:** do the right thing to achieve the best possible result
3. **Efficiency:** optimize the use of resources and ensure financial and operational sustainability
4. **Timely:** ensure the client receives services within an acceptable time after the need is identified
5. **Population Approach:** match the right level of resources to meet the needs of communities
6. **Client Centered:** enhance client satisfaction and experience
7. **Worklife:** promote wellness in the workplace
8. **Equitable:** offer culturally acceptable, accessible and equitable services

OPH's 2016 accreditation pursuit resulted in numerous program, service, and process improvements. It also contributed towards:

- Enhanced public accountability and transparency. OPH now displays the accreditation seal as part of its standard branding.
- A shared QI language and understanding across OPH
- Increased emphasis on client centered processes through improved client feedback and engagement mechanisms
- Recognition and cross-departmental sharing of QI activities and achievements

- Enhanced monitoring and reporting of complaints, adverse events, privacy breaches, client satisfaction and QI initiatives

OPH's four year accreditation standing with Accreditation Canada will expire in June 2020. In order to maintain this standing, OPH will need to again undergo external review by Accreditation Canada in June 2020.

This report is being presented to the Board of Health in order to inform Members about the Ontario Public Health Standards requirements, the accreditation process and the Senior Leadership Team's decision with respect to the 2020 accreditation process. The report also seeks to involve Board Members as champions of this quality improvement initiative.

## **DISCUSSION**

In summer 2018, OPH's Senior Leadership Team (SLT) assessed three relevant Canadian certification/accreditation bodies. Accreditation Canada, Excellence Canada and the Canadian Centre for Accreditation were all compared based on their methods, recognition, standards, cost (financial and human), risks and benefits. OPH's SLT determined that Accreditation Canada is still the preferred choice for third party assessment and driver of continuous QI. Accordingly, OPH will again be seeking accreditation with Accreditation Canada in 2020. In order to prepare for a June 2020 accreditation survey, which includes site visits by Accreditation Canada surveyors, OPH needs to initiate planning, internal assessments and organizational mobilization in January 2019, as well as allocate resources and formally commit to Accreditation Canada by January 1, 2019.

### **Accreditation Canada**

Accreditation Canada is an independent, not-for profit agency that has been in existence for over 55 years. As the leader in Canadian health care accreditation, they have accredited more than 1,100 health care and social service organizations in Canada. Currently in Ontario, two other public health units are accredited with Accreditation Canada. The Champlain Local Health Integration Network (LHIN), the Canada Mental Health Association, The Ottawa Hospital and the City of Ottawa's long-term care settings are other organizations that have been accredited and currently display the Accreditation Canada seal.

During the accreditation surveyors' visit, OPH employees, clients, partners and Board of Health members may be selected to participate in interviews, and OPH practices and

services will be observed. Board engagement will be needed to champion accreditation, inform evidence submissions, and possibly to engage directly with surveyors. Board members will be kept up to date regarding OPH's work on quality and to prepare for the accreditation site visit. Seeking accreditation in 2020 will have no negative impact on direct service delivery to clients.

### **Next Steps**

OPH will initiate 2020 accreditation proceedings with Accreditation Canada in early 2019. Related communications to all OPH employees, stakeholders and partners will commence in early 2019.

### **RURAL IMPLICATIONS**

There are no rural implications associated with this report.

### **CONSULTATION**

No public consultation was required in the writing of this report. Consultations with OPH employees, leaders and selected key informants are ongoing. The key learnings and recommendations resulting from these consultations will inform the Accreditation 2020 Action Plan.

### **LEGAL IMPLICATIONS**

There are no legal impediments to receiving the information in this report.

### **RISK MANAGEMENT IMPLICATIONS**

As of December 2018, OPH has not fully implemented an electronic public health record (EPHR) nor a centralized and operationalized client engagement strategy, which were noted as areas for improvement in 2016. OPH will communicate with Accreditation Canada about the work currently underway to pilot an EPHR; about the progress being made in prioritizing client and community engagement; and about how the delivery of these two initiatives are linked.

### **FINANCIAL IMPLICATIONS**

The proposed 2020 Accreditation process will result in a one-time cost of \$23,000 plus ongoing annual fees of approximately \$8,000 per year. Funds are available within OPH's Corporate Membership budget.

**ACCESSIBILITY IMPACTS**

There are no accessibility implications associated with this report.

**SUPPORTING DOCUMENTATION**

Document 1 – 2017-2020 Quality Improvement Plan

**DISPOSITION**

This report is provided for information.