



## St. Michael's Hospital

### Accredited with Exemplary Standing

May, 2016 to 2020

**St. Michael's Hospital** has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement. It is accredited until May 2020 provided program requirements continue to be met.

**St. Michael's Hospital** 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 **St. Michael's Hospital** 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](http://www.isqua.org), a tangible demonstration that our programs meet international standards.

Find out more about what we do at [www.accreditation.ca](http://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

May 15, 2016 to May 20, 2016

### Locations surveyed

- **3** 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 with Exemplary Standing** as of the date of this report.

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

### Standards used in the assessment

- **24 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.

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"Excellence every day" is how St. Michael's Hospital (SMH) approached the Accreditation Canada on-site survey and how they embed quality improvement into their daily work. With a large, diverse, growing, and aging population, St. Michael's is working at addressing the increased demands for care and services with the province, the Central Local Health Integration Network (LHIN), and the Mid-East Toronto Health Link (METHL), while holding true to its mission of serving the disadvantaged.

The board of directors of St. Michael's Hospital is a highly regarded, highly skilled group of prominent community members who have dedicated themselves to and set the tone for a high-functioning organization. The board ensures its fiduciary responsibilities by providing oversight and accountability for fiscal as well as quality and safety requirements. The board is responsive and helpful to St. Michael's in ensuring positive outcomes and implementing safeguards in all matters. The directors of the board dedicate significant time and resources to St. Michael's Hospital and are proud of the achievements of the past and the future directions.

The legacy for St. Michael's began when the hospital was first founded by the Sisters of St. Joseph in 1892 to care for the sick and poor of Toronto's inner city. As the "urban angel," St. Michael's is rooted in providing exceptional patient care. As well, it is Toronto's downtown adult trauma centre and a hub for neurosurgery, complex cardiac and cardiovascular care, diabetes, osteoporosis, multiple sclerosis care, and minimally invasive surgery and care across the continuum, particularly for the marginalized, homeless, and disadvantaged. SMH is also one of the province's critical care centres.

St. Michael's has a strong history in working with its community partners. Organizations, programs, facilities, and networks are proud to partner with SMH to expedite care, offer innovative opportunities, and create the best experience for patients and families. A number of success stories have resulted through St. Michael's collaboration with others, such as a focus on senior friendly hospitals, staff secondments, educational opportunities for community-based organizations, and strong networks and relationships across all levels of staff. Community partners report feeling "welcomed in" to the expertise St. Michael's can offer.

A new patient and family engagement program has been created to strengthen the partnership with patients and ensure their voices are heard. There is an impetus to build on existing work and increase organizational capacity for patient engagement. As well, strategies to measure patient experience are being enhanced to provide more timely feedback. At the centre of SOAPEE (safety, outcomes, access, patient-centredness, equity, efficiency), St. Michael's quality framework, is the letter P for patient centredness.

The leadership of St. Michael's is commended for their commitment of service to the community. In 1992, St. Michael's established the Community Advisory Panels (CAPs), and since then has continued the significant impact on care and innovation for over 60 projects in the inner-city community. The four CAPs focus on women and children, people who are homeless and under-housed, people with severe mental illness, and Aboriginal health.

A new Local Resident's Health Services Panel has been created to engage the citizens within St. Michael's local area. This panel of 28 resident advisors represents the local community. The plan is to have the panel work on identifying guiding principles and priorities for local health services and offer input into specific services being designed by St. Michael's within their strategic plan. This may potentially serve as a model for other LHIN sub-regions.

Other ways SMH engages with patients is the Family Health Team Check-Up pilot project in public engagement. Thirty-six randomly selected patients were asked to spend a day with staff to rethink and redesign the process of medical appointments. An interprofessional strategic plan retreat was held recently which included patients and families as well as doctors, nurses, and health disciplines. The intent was to use the opinions and feedback to inform the development of the 2016–2019 interprofessional strategic plan. And another example of the organization's commitment to patient- and family-centred care is a new corporate Patient and Family Advisory Council, which held its first meeting in April. The meeting was held in the early evening to maximize patient and family participation.

When describing their workplace, everyone says "it's a great place to work" and many physicians, staff and volunteers find it hard to leave ... even to retire. As an academic teaching centre many of the students and trainees want to work at SMH on completion of their professional designations, because "there is something special about St. Mike's." There are many opportunities for staff development, and the Knowledge Institute, comprised of the Keenan Research Centre and Li Ka Shing International Healthcare Education Centre, helps bring researchers, educators, and clinicians together to take best practices and research discoveries to the patient faster.

The values are truly lived and modelled each day, and acknowledged by the patients. Patients and families are extremely grateful for the compassionate care they receive at St. Michael's. The corporate quality and safety priorities are written in a patient-focused manner and include patient input to address the things that matter most to patients, including safety, involvement in care planning, and seamless transitions. The patient engagement focus group, a new element of the accreditation survey, indicated they felt St. Michael's is working hard with some of the current initiatives surrounding patient and family input and co-design, however, they agree "there is no limit to better." They are hopeful that a culture of openness to complaints, concerns, and suggestions will

help the continuous quality improvement journey and that there will be accountability to ensure sustained improvement.

## 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.

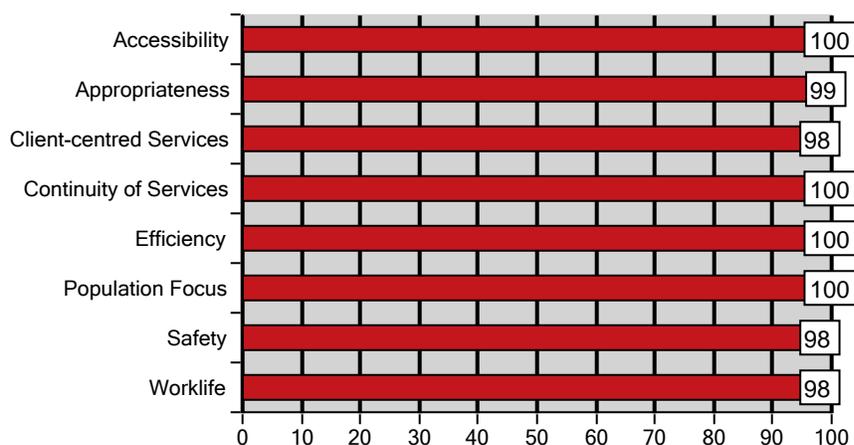
The quality dimensions are:

	<b>Accessibility:</b>	Give me timely and equitable services
	<b>Appropriateness:</b>	Do the right thing to achieve the best results
	<b>Client-centred Services:</b>	Partner with me and my family in our care
	<b>Continuity of Services:</b>	Coordinate my care across the continuum
	<b>Efficiency:</b>	Make the best use of resources
	<b>Population Focus:</b>	Work with my community to anticipate and meet our needs
	<b>Safety:</b>	Keep me safe
	<b>Worklife:</b>	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

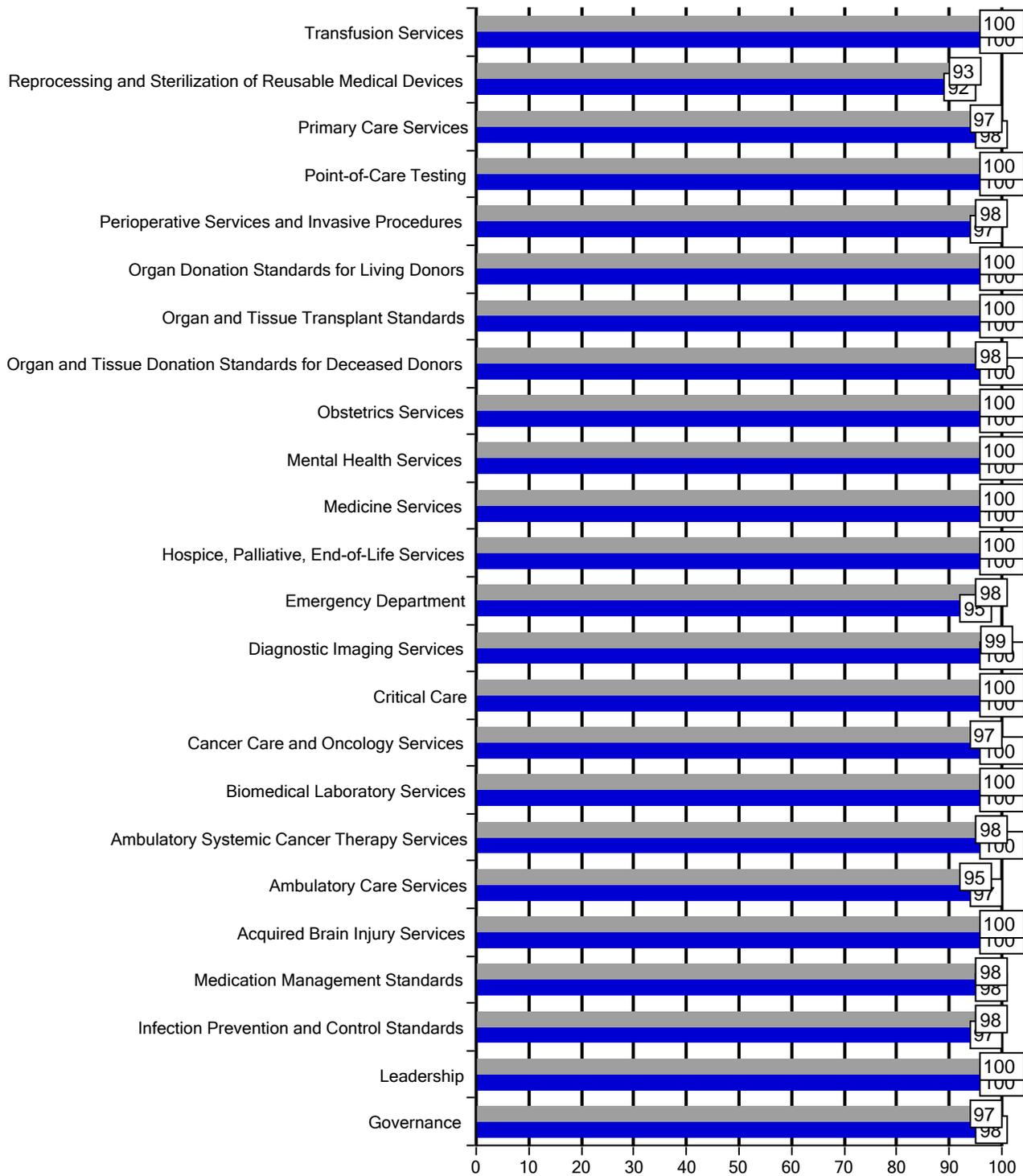
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

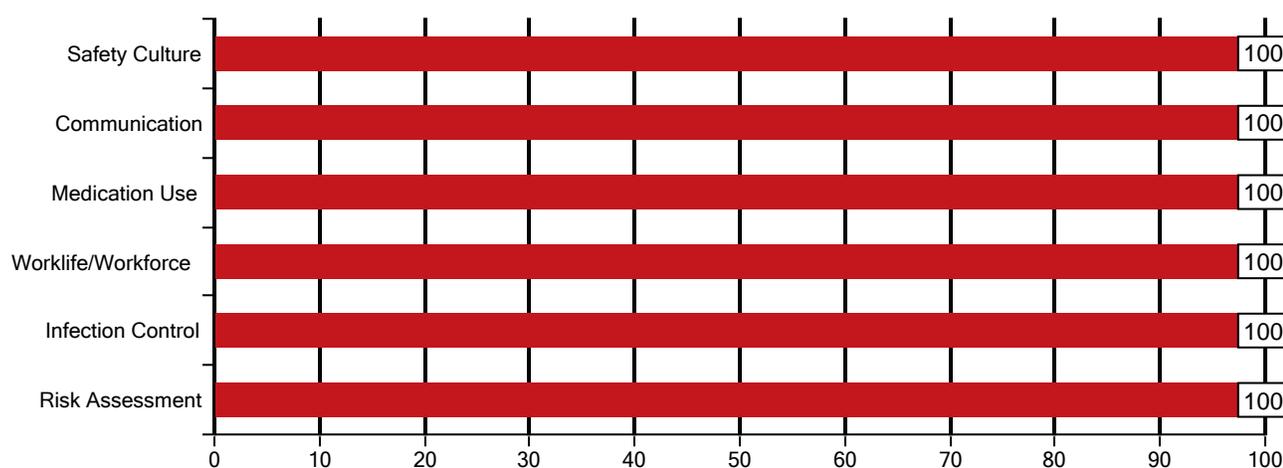
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



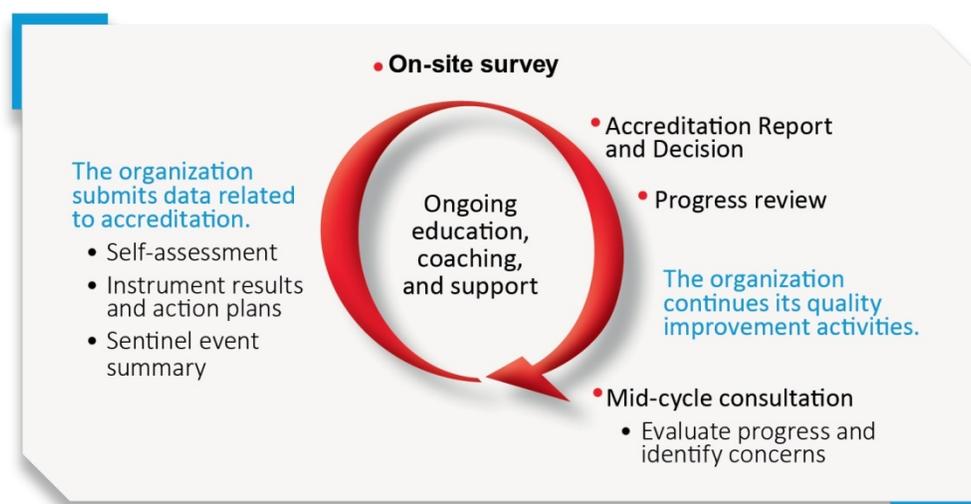
## The quality improvement journey

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 **St. Michael's Hospital** 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 30 Bond St, St. Michael's Hospital
- 2 73 Regent Park, Sumac Creek Health Centre
- 3 80 Bond, Health Centre

## 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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