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Driving Quality Health Services

Supplementary Survey

Winnipeg Regional Health Authority

Winnipeg, MB

On-site survey dates: June 18, 2014 - June 20, 2014

Report issued: July 14, 2014



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Driving Quality Health Services
Force motrice de la qualité des services de santé

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About the Gí dd`Ya YbHfmiG fj YmiReport

Winnipeg Regional Health Authority (WRHA) (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. A supplementary survey was conducted in June 2014 in order to validate the current quality improvement work being done within WRHA emergency program.

Accreditation results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the supplementary survey and produce this report.

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Supplementary Survey report compromises the integrity of the accreditation process and is strictly prohibited.

Table of Contents

1.0 Executive Summary	1
1.1 Accreditation Decision	1
1.2 About the Supplementary Survey	2
1.3 Overview by Quality Dimensions	3
1.4 Overview by Standards	4
1.5 Overview by Required Organizational Practices	5
1.6 Summary of Surveyor Team Observations	6
2.0 Detailed Survey Results	8
2.1 Priority Process Results for System-wide Standards	9
<i>2.1.1 Priority Process: Planning and Service Design</i>	9
<i>2.1.2 Priority Process: Human Capital</i>	10
<i>2.1.3 Priority Process: Integrated Quality Management</i>	11
<i>2.1.4 Priority Process: Patient Flow</i>	12
2.2 Service Excellence Standards Results	13
<i>2.2.1 Standards Set: Emergency Department</i>	13

Section 1 Executive Summary

Winnipeg Regional Health Authority (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

A supplementary survey was conducted in June 2014. Supplementary surveys provide a focused assessment of selected services in between regularly scheduled on-site surveys every four years. External peer surveyors conducted a supplementary survey with a focus on the emergency program during which they assessed this organization’s leadership, emergency clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include selected national standards of excellence and required safety practices to reduce potential harm.

This report shows the results of the supplementary survey and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

1.1 Accreditation Decision

Winnipeg Regional Health Authority’s accreditation decision remains:

Accredited

1.2 About the Supplementary Survey

- **Supplementary survey dates: June 18, 2014 to June 20, 2014**

- **Locations**

The following locations were assessed during the supplementary survey:

- 1 Concordia Hospital
- 2 Grace Hospital
- 3 Health Sciences Centre
- 4 Misericordia Health Centre
- 5 Seven Oaks General Hospital

- **Standards**

Selected criteria within the following sets of standards were used to assess the organization's programs and services during the supplementary survey:

System-Wide Standards

- 1 Leadership

Service Excellence Standards

- 2 Emergency Department

1.3 Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met or unmet during the supplementary survey.

Quality Dimension	Met	Unmet	Total
 Population Focus (Working with communities to anticipate and meet needs)	1	0	1
 Accessibility (Providing timely and equitable services)	2	0	2
 Safety (Keeping people safe)	11	2	13
 Worklife (Supporting wellness in the work environment)	0	0	0
 Client-centred Services (Putting clients and families first)	3	0	3
 Continuity of Services (Experiencing coordinated and seamless services)	2	0	2
 Effectiveness (Doing the right thing to achieve the best possible results)	6	4	10
 Efficiency (Making the best use of resources)	1	0	1
Total	26	6	32

1.4 Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as leadership. Service excellence standards address specific sectors, and services. The standards selected for this supplementary survey are based on the type of service review and the focus of this survey.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the supplementary survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *		Other Criteria		Total Criteria (High Priority + Other)	
	Met	Unmet	Met	Unmet	Met	Unmet
	# (%)	# (%)	# (%)	# (%)	# (%)	# (%)
Leadership	5 (83.3%)	1 (16.7%)	1 (50.0%)	1 (50.0%)	6 (75.0%)	2 (25.0%)
Emergency Department	8 (72.7%)	3 (27.3%)	6 (85.7%)	1 (14.3%)	14 (77.8%)	4 (22.2%)
Total	13 (76.5%)	4 (23.5%)	7 (77.8%)	2 (22.2%)	20 (76.9%)	6 (23.1%)

* Does not include ROP (Required Organizational Practices)

1.5 Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Adverse Events Disclosure (Leadership)	Met	3 of 3	0 of 0
Adverse Events Reporting (Leadership)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Leadership)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Information Transfer (Emergency Department)	Met	2 of 2	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Safety Plan (Leadership)	Met	2 of 2	2 of 2
Client Safety: Education And Training (Leadership)	Met	1 of 1	0 of 0

1.6 Summary of Surveyor Team Observations

The surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

This is a supplementary survey of the Winnipeg Regional Health Authority (WRHA) undertaken just over a year after its last regularly scheduled sequential survey. The survey was conducted by a small team of two surveyors from Accreditation Canada. The supplementary survey focused on the emergency departments within the WRHA. The survey included site visits with modified tracers conducted in five of the emergency and urgent care centers within the WRHA, namely Health Sciences Center, Concordia Hospital, Seven Oaks Hospital, Grace Hospital and the Misericordia Health Center. The priority processes reviewed included an Episode of Care in the Emergency Department, Human Capital, Integrated Quality Management, Planning and Service Design and, as an overarching process, Patient Flow.

The WRHA has actively reviewed its quality and safety processes on a site by site basis, leading to a number of changes such as the redesign of individual emergency department waiting and triage areas, the functional review of the registration, triage and admission processes, and the revision of role descriptions and accountabilities to ensure patient safety throughout the process of emergency care.

The WRHA has also augmented its existing quality processes. It has implemented consistent, methodologically thorough critical incident reviews as a standard operating procedure and shares the outcome, conclusions, and recommendations throughout the organization as Safety Learning Summaries. The WRHA has developed an integrated quality model that aligns its own strategic priorities with the Accreditation Canada domains of quality, permitting the organization to identify its quality issues, challenges and successes, and to reflect these back to the individual sites and operating units with a clear focus on improving the quality and safety of patient care.

While the quality model has been introduced recently, the WRHA still has the challenge ahead of fully implementing it. The organization has recently aligned all of its quality activities under a single senior leader to better ensure consistent practices and has engaged with both internal and external stakeholders through communities of interest around specific quality domains and initiatives. A robust system of Local Health Involvement Groups are located in each community area and provide quality improvement perspective to the governing board.

The WRHA has an electronic incident reporting system which is implemented at all of its sites with plans to complete the implementation for all occurrence reports in the near future. This system allows staff to report critical incidents and safety issues in a consistent format that allows incident review and analysis as well as the generation of data regarding trends in safety issues and events. While the organization has done a good job of ensuring that critical incidents are identified, reported and investigated, there remains work to be done to ensure robust reporting of near misses or 'good catches' when an intervention results in the avoidance of a critical event. Analysis of such events provide an opportunity for learning and quality improvement.

A key focus of this supplementary survey was patient flow within emergency departments and through the organization as impacted by and impacting on emergency department flow. The WRHA has targets for emergency departments to achieve related to time frames for patients to be seen and treated or admitted to other hospital units. At each site surveyed, staff have undertaken considerable work to review their internal work processes and physical department layout and design to achieve these targets. The majority of this work is site specific to the individual hospital and, in some cases, to the emergency department alone. The improvements considered do not necessarily take into account the impact that work processes and decisions taken upstream (pre-hospital) and downstream (acute care inpatient units and residential care units) have on

the ability of emergency departments to effectively move patients through their care journey. These targets are also 'hard' targets and the organization does not currently have an approach to their incremental achievement. This has the effect of being discouraging to emergency department staff who recognize that their efforts to streamline patient flow in the emergency department can only be partially successful without the alignment of initiatives to streamline patient flow throughout the organization. The WRHA has a challenge to integrate and align its work processes, physical infrastructure and human resources around effective and efficient patient movement to the appropriate levels and venues of care. Current policies regarding critical capacity throughout the system are inconsistent in design and application and do not provide support to staff to quickly and safely decongest crowded emergency departments.

There is a culture of safety throughout the WRHA that is expressed by staff interviewed during this survey. Staff are well aware of the risks and safety issues inherent in the care they provide in emergency departments and are dedicated to ensuring that the patients that they serve receive appropriate, effective, timely, high quality care. They are to be commended for the work that they do on a daily basis.

Section 2 Detailed Survey Results

This section provides the detailed results of the supplementary survey. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary. Results are presented in two ways: first by priority process and then by standards sets.

Accreditation Canada defines priority processes as critical areas and systems that have a significant impact on the quality and safety of care and services. Priority processes provide a different perspective from that offered by the standards, organizing the results into themes that cut across departments, services, and teams.

For instance, the patient flow priority process includes criteria from a number of sets of standards that address various aspects of patient flow, from preventing infections to providing timely diagnostic or surgical services. This provides a comprehensive picture of how patients move through the organization and how services are delivered to them, regardless of the department they are in or the specific services they receive.

During the supplementary survey, surveyors rate compliance with the criteria, provide a rationale for their rating, and comment on each priority process.

Priority process comments are shown in this report. The rationale for unmet criteria can be found in the organization's online Quality Performance Roadmap.

INTERPRETING THE TABLES IN THIS SECTION: The tables show all unmet criteria from each set of standards, identify high priority criteria (which include ROPs), and list surveyor comments related to each priority process.

High priority criteria and ROP tests for compliance are identified by the following symbols:

-  High priority criterion
-  Required Organizational Practice
- MAJOR** Major ROP Test for Compliance
- MINOR** Minor ROP Test for Compliance

2.1 Priority Process Results for System-wide Standards

The results in this section are presented first by priority process and then by standards set.

Some priority processes in this section also apply to the service excellence standards. Results of unmet criteria that also relate to services should be shared with the relevant team.

2.1.1 Priority Process: Planning and Service Design

Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The WRHA has developed an integrated quality model that is aligned with the Accreditation Canada dimensions of quality. This framework identifies four operational themes to coordinate and integrate the organization's quality initiatives and to operationalize the six strategic directions of the strategic plan.

This integrated quality model has been recently developed and has not yet been fully implemented as a guiding framework throughout the organization. While the model provides an excellent conceptual framework, the organization will need to evaluate its effectiveness as a tool to align quality activities as well as to demonstrate overall quality improvements.

The Board is integrally involved in monitoring quality through its Quality, Patient Safety and Innovation Committee and the integrated quality model provides a framework for monitoring and reporting to the Board.

The organization is developing expertise in using standardized methodology such as Lean to analyze service design. Value stream mapping is used to analyze the patient's journey through emergency departments as well as from emergency departments as the entry point to other parts of the WRHA healthcare system. This systematic approach has led to key process changes aimed at improving patient care through the implementation of simultaneous instead of sequential care processes such as the use of nurse initiated protocols to direct the ordering of diagnostic tests prior to being seen by a physician.

The organization is encouraged to continue the implementation of Lean methodology or similar standardized quality improvement methodology throughout the emergency departments and to use this methodology to analyze the full patient journey from pre-hospital care through the emergency encounter to definitive treatment and discharge.

2.1.2 Priority Process: Human Capital

Developing the human resource capacity to deliver safe, high quality services

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The WRHA has adopted a 'culture of safety'. The majority of staff indicate that their unit demonstrates a very good or excellent approach to patient safety, while a large majority indicate that WRHA overall provides acceptable or very good client safety. The organization is aware of safety issues and has taken significant steps through process and physical redesign to not only remove potential sources of error and danger but also to foster a culture of individual and collective responsibility for client safety.

The implementation of the RL-6 incident reporting system provides an excellent opportunity to further identify potential and actual safety issues and to educate staff and patients on safety.

2.1.3 Priority Process: Integrated Quality Management

Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
12.3 As part of the integrated risk management approach, the organization's leaders develop contingency plans.	!
12.5 The organization's leaders evaluate the effectiveness of the integrated risk management approach and make improvements as necessary.	
Surveyor comments on the priority process(es)	

The WRHA comprises a number of facilities which it owns and operates as well as a number of facilities which remain under separate governance in an affiliation model. This requires the WRHA to be highly collaborative in its development of quality, risk and patient safety plans and initiatives. One means by which the organization has done this is by organizing all of its quality activities under a single senior leader and then creating 'communities of interest' to collaborate on specific quality initiatives. The WRHA Board collaborates with its external stakeholders through a robust system of Local Health Involvement Groups in each of community areas.

The organization has had intense external scrutiny of its safety and quality practices based on media coverage of several critical incidents and a concurrent inquest resulting from one of these. The WRHA has used these experiences as opportunities for learning and quality improvement and has undertaken a number of regional and site specific initiatives to address critical safety issues in the emergency room environment. These include both the review of emergency room infrastructure and physical space layout, as well as realigned job roles to better align processes associated with emergency services registration, triage and admission with identified leading practices.

The organization has developed an integrated quality model that aligns its key quality strategies with the Accreditation Canada domains of quality. This has just been finalized so the organization has not yet an opportunity to implement it as a formal planning tool. The WRHA is encouraged to do so and to actively evaluate its effectiveness as an overall framework for quality throughout the organization.

Similarly, the WRHA has undertaken a comprehensive and iterative risk review that has resulted in the identification of the "top ten" risks facing the organization. This high level risk identification is intended to be used to focus organizational initiatives around risk mitigation. At the other end of the spectrum, each facility within the WRHA has used the Health Insurance Reciprocal of Canada (HIROC) framework to identify their individual top risks. To date, however, the organization has not moved beyond risk identification and stratification to actual contingency planning and modelling for potential organizational responses in the event of actual realization of the identified risks. The organization is encouraged to do so.

2.1.4 Priority Process: Patient Flow

Assessing the smooth and timely movement of clients and families through service settings

Unmet Criteria	High Priority Criteria
Standards Set: Emergency Department	
6.3 The team quickly recognizes overcrowding in the Emergency Department and follows protocols to move clients elsewhere within the organization.	
Surveyor comments on the priority process(es)	

The organization has identified patient flow in emergency rooms (ER) as a critical operational issue and an organizational risk. The WRHA has set targets for emergency room patient 'wait times' based on the outcome of care - discharge from ER or admission to hospital. These targets have created both an impetus and challenge for the ER teams.

The organization has implemented some initiatives that have the potential to significantly increase safety and quality in managing patient's journeys through ER's. The use of the Health Links telephone system, housed at the Misericordia Health Centre to place follow up telephone calls to patients leaving ERs without being seen (LWBS) is one such safety oriented initiative. The organization is developing a new system for managing referrals, transfers and admissions of patients presenting to an ER with mental health needs that is seen by staff to be reducing the challenges in meeting the needs of this patient population.

There is a growing organization recognition and understanding of the downstream and upstream impacts on ER patient flow of operational and clinical processes and of patient decisions regarding venues of care. There is an organizational recognition of the need for a system response to surges in volume and activity in the ERs and of the interconnectedness of processes dealing with patient flow throughout the system, both within and between facilities. However, this has not translated into policies and protocols that create effective and consistent responses from other areas of the facilities to critical volume and activity surges in the ERs.

The organization is encouraged to review its system wide surge protocol with a focus on developing consistent and relevant triggers for moving to 'over capacity' status. The protocols should identify intra- and inter-facility responses to relieve pressures and improve flow both upstream and downstream from the ERs, and be reflective of time frames which allow changes in care processes to effect capacity changes in the system. ER capacity and flow is impacted within a time frame of minutes to hours, while capacity and flow elsewhere in the system has impacts in time frames ranging from hours and days to months. The organization is encouraged to view its system through a queue management lens to identify appropriate responses throughout the WRHA to alleviate surges in the ER. Incremental process changes throughout the organization's patient care units could have a significant effect on the ability to manage patient flow in the ERs. Similarly, the organization is encouraged to review its internal accountabilities within and between units and facilities to support patient flow through the ERs and to use its risk framework to assess the impact of specific response initiatives.

2.2 Service Excellence Standards Results

The results in this section are grouped first by standards set and then by priority process.

Priority processes specific to service excellence standards are:

Clinical Leadership

- Providing leadership and overall goals and direction to the team of people providing services.

Competency

- Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services

Episode of Care

- Providing clients with coordinated services from their first encounter with a health care provider through their last contact related to their health issue

Decision Support

- Using information, research, data, and technology to support management and clinical decision making

Impact on Outcomes

- Identifying and monitoring process and outcome measures to evaluate and improve service quality and client outcomes

2.2.1 Standards Set: Emergency Department

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
This priority process was not assessed for this supplementary survey.	
Priority Process: Competency	
The organization has met all selected criteria for this priority process.	
Priority Process: Episode of Care	
11.3 The team follows standardized processes and procedures to coordinate timely inter-facility client transfers and transfers to other units within the organization.	

Priority Process: Decision Support

This priority process was not assessed for this supplementary survey.

Priority Process: Impact on Outcomes

15.4 The team identifies, reports, records, and monitors in a timely way sentinel events, near misses, and adverse events.	!
16.3 The team compares its results with other similar interventions, programs, or organizations.	!

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

This priority process was not included in this supplementary survey.

Priority Process: Competency

The emergency teams providing care in the emergency departments are diverse including a range of different professional and non professional staff, all focused on improving the patient experience including quality care and reduced waiting times.

Most impressive are those sites who conduct patient huddles or ER rounds in the emergency departments with the interdisciplinary team to discuss patient progress. These huddles are used to coordinate care for both admitted and discharged patients. Similarly those sites who conduct in person bed meetings (huddles) also exhibited strong communication and teamwork to place patients on the correct service.

Priority Process: Episode of Care

The WRHA has set the strategic direction to improve patient flow which contributes directly to their goal of an improved patient experience. Each of the sites have reviewed the processes in emergency from triage to discharge or admission. They recognize some of the challenges and potential impact on patient care. Each of the emergency departments are keenly engaged in reviewing their internal departmental flow and are keenly aware of the the need to continue making improvements. There has been a significant investment in Lean methodology to complement this work and is well received by staff and physicians. The WRHA is encouraged to spread the learnings, amongst sites, programs and departments. There is a wealth of knowledge and experience that will help the organization achieve their strategic direction.

Over the last several years the WRHA has had the misfortune of several critical incidents in the emergency program. They are to be commended for their thorough review of these incidents and have made system changes to improve patient care and flow. They are open and transparent and the staff feel supported and listened to when and error is made. As a result of these incidents there has been a partnership developed with the Winnipeg taxi companies to ensure patients are safely transported when discharged to their home.

With respect to emergency department flow, the Health Science Centre has made significant improvements to their "door to doctor" flow and subsequent physical changes have been to support the teams vision. Similarly, functional programming for the Grace Hospital and Concordia Hospital have been planned to make changes to these emergency departments to improve patient flow and minimize risk. The WRHA is encouraged to complete these construction projects as soon as possible.

Several transitions in care were observed at all sites visited. The surveyors observed thoughtful and careful reporting about the key information during the handover. An opportunity for improvement is to standardize the transfer process. There is a variety of methods utilized and an analysis and risk assessment should be conducted to determine best practice.

The use of huddles to improve communication and planning for patient care/movement was observed during the episodes of care at the site level. These huddles were utilized at the patient/departmental level (Concordia Hospital) and the hospital level (Seven Oaks & Concordia Hospitals). The organization is encouraged to spread these practices to enhance communication. In particular, the Health Science Centre is encouraged to review their bed management process to improve communication and enhance patient flow.

Clarification regarding the management of VRE is encouraged. There is a lack of understanding at the various sites regarding the isolation of VRE patients. This ultimately effects patient flow with the need to create private rooms.

Similarly at the inpatient ward level, there is differing success with the "Flight Boards" from site to site. The organization is encouraged to take the best practices and incorporate these into each hospital to improve overall patient flow. Use of the "Flight Boards" will also assist with the identification of bottleneck in relation to discharge planning so that adjustments can be made to staffing and/or processes.

A suggestion to improve discharge planning and overall patient flow would be to utilize Actual Length of Stay date (ALOS) with Expected Length of Stay (ELOS) data at a granular level. Benchmarking with like facilities and case mix groups will assist with performance and quality. Similarly the organization is encouraged to involve physician at the patient care level to determine an estimated length of stay early in the admission to support the team and patient to prepare for discharge. At all of the sites visited, this practice was not carried out, while there was a realization that ELOS would support preparing for discharge, it was often the Clinical Resource Nurse who chose the discharge date in isolation from the team.

Improving consult times have been identified by the WRHA as a method to improve patient flow to the inpatient units. The hospitals are not consistently measuring this indicator. The organization is encouraged to provide the data to support accountability to achieve this metric. With the new EDIS system currently being deployed, this will help improve the emergency department and system metrics overall.

The WRHA is to be commended for their commitment to patient flow and improving the patient experience. The staff and physicians in the emergency departments are committed and engaged to make the improvements necessary. Success will be realized with a system vision to improve flow.

Priority Process: 8YVjcbG ddcfh

This priority process was not included in this supplementary survey.

Priority Process: Impact on Outcomes

The WRHA is committed to quality and learning from mistakes. Throughout the tracer the staff reported their comfort and realization that they would be supported if a mistake were made. An opportunity for improvement will be to encourage staff to report near misses with the same vigour and confidence. An analysis of the barriers to reporting near misses should be carried out to assist with the development of a mitigation plan.

In terms of monitoring data, there is significant work underway to monitor system performance data and the acceptance of key performance indicators for the system. The new EDIS system once implemented will provide valuable system data to support ongoing work and comparisons across the WRHA. An opportunity for improvement for the emergency program is to attain the Cardiac and Stroke indicators for each site as applicable. While there was some data available at the Health Science Centre, there was no evidence of these indicators at any of the emergency departments or a corresponding plan to improve the results.