



London Health Sciences Centre

Accredited with Exemplary Standing

November 2018 to 2022

London Health Sciences Centre has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement. It is accredited until November 2022 provided program requirements continue to be met.

London Health Sciences Centre 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 **London Health Sciences Centre** 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, a tangible demonstration that our programs meet international standards.

Find out more about what we do at 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

November 4, 2018 to November 8, 2018

Locations surveyed

- **4** 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

- **22 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.

Accreditation is one of the most effective ways for organizations to regularly and consistently examine and improve the quality of their services. The standards provide a tool for organizations to embed accreditation and quality improvement activities into their daily operations with a primary focus on including the client and family as true partners in service delivery. During the accreditation survey, everyone at London Health Sciences Centre (LHSC) - staff, volunteers, patients indicated that accreditation was not a point in time exercise and the goal was to be "Accreditation, Everyone Ready, Every Day." As a result of strong leadership and a commitment to a quality and safety culture, the organization committed resources, and engaged all staff, physicians, volunteers, patient partners and learners in understanding the accreditation process to ensure quality and critical safety elements were addressed.

London Health Sciences Centre continues to make progress as a recognized leader shaping the future of health in London, in the region and beyond. The Board of Directors recognizes their role in providing oversight and support to the organization. The board is aware of the increased need for collaboration at all levels of health care to enact the necessary shift to a more cohesive model of care. The caliber and passion of the board is driving measurement and monitoring to action.

As the region's major academic health organization, LHSC is helping advance positive system change that improves access to services, quality of care, and patient and provider experiences – and they are encouraged to continue that process. The board ensures they are equipped with the necessary information and resources to serve – and they do so with great passion and pride. The Board members are grateful to the staff, physicians and leaders, and are mindful of the workload and resilience required.

Community partners indicate that they feel they are system level collaborators and were invited early on in the consultation with LHSC strategic planning. They described feeling engaged and noted the relationship with LHSC is collaborative and positive. Community partners indicate that the electronic patient record has also led to better and more timely patient information/communication. When asked about patient-centred approaches, community partners shared examples of co-designing with

patients across the health system. One example of effective discharge planning was described as a very positive shift to helping navigate and support patients in a way that “had never happened or been seen before.”

While collaborations are strong among community partners and the London Health Sciences Centre, there are opportunities such as working to address the social determinants of health, continuing to breakdown silos to help address capacity, and reducing the stigma of mental health. As well, there is a desire for a Children’s Hospital, beyond the current hospital within a hospital model. Physicians at LHSC confirm that “it’s about quality” and seeing quality outcomes... “not an add on”. They report a culture shift in using meaningful data and recognizing the importance of maintaining the wellness of providers on an “exciting journey.”

There is tremendous dedication and role modeling from the leadership of London Health Sciences Centre (LHSC). They are commended for developing a one page Strategy Map, adding clarity for communication internally and externally. The strategic priorities are focused on improving the quality safety, consistency of care, and the patient experience across LHSC. The annual Quality Improvement Plan was developed with the engagement of over 1300 patients/families, staff and community members. LHSC has implemented a standardized approach to quality improvement with all staff and medical leaders measuring common quality indicators across all hospital departments. Accreditation Canada Required Organizational Practices (critical safety elements) have been embedded in their work. The leadership is challenged as a result of year over year funding reductions leading to the consideration of alternative delivery models, potential divestment of programs and services in order to consider what is best for the organization in its entirety to ensure LHSC’s clinical and academic work going forward.

London Health Sciences Centre has been described as “an amazing place to work”, with many staff and physicians dedicating their entire careers to the organization. The organization is aware that by creating a quality worklife and a healthy and safe work environment, the patient ultimately benefits. LHSC has committed to assessing engagement and satisfaction through the Our People Survey. Monitoring and being proactive in addressing some service areas that struggle with reduced staffing and increased workloads is encouraged. It is important to note that the LHSC values of compassion, teamwork, curiosity and accountability were observed not only to be known by the staff, but more importantly lived in their actions. Patient and family centred care was described and demonstrated throughout the survey visit by patients, staff and physicians. And it was refreshing to spend time with the next generation of health care providers, who are enthusiastic about learning and working at LHSC.

Patients and families appreciate the sensitive and compassionate care they receive. The Patient Experience Advisory stated they felt that “we are all LHSC”. Patients and family members involved feel that they are adding value and they are “impressed”, “proud” and “overjoyed” with the organization’s commitment to patients and their committee’s active engagement.

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.

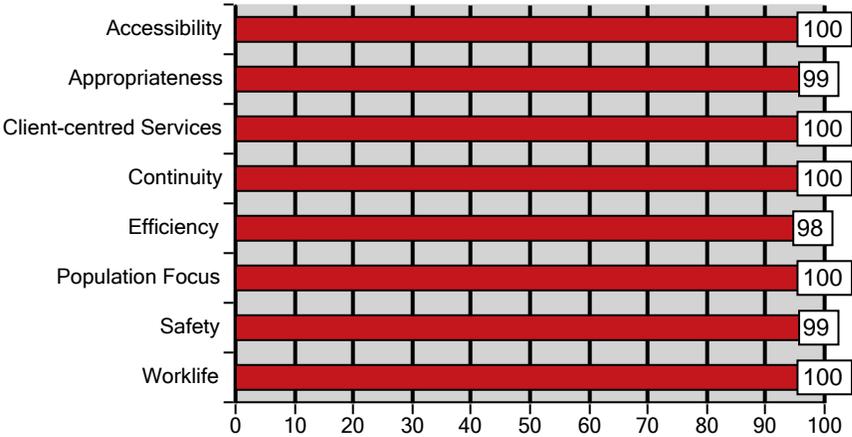
The quality dimensions are:

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

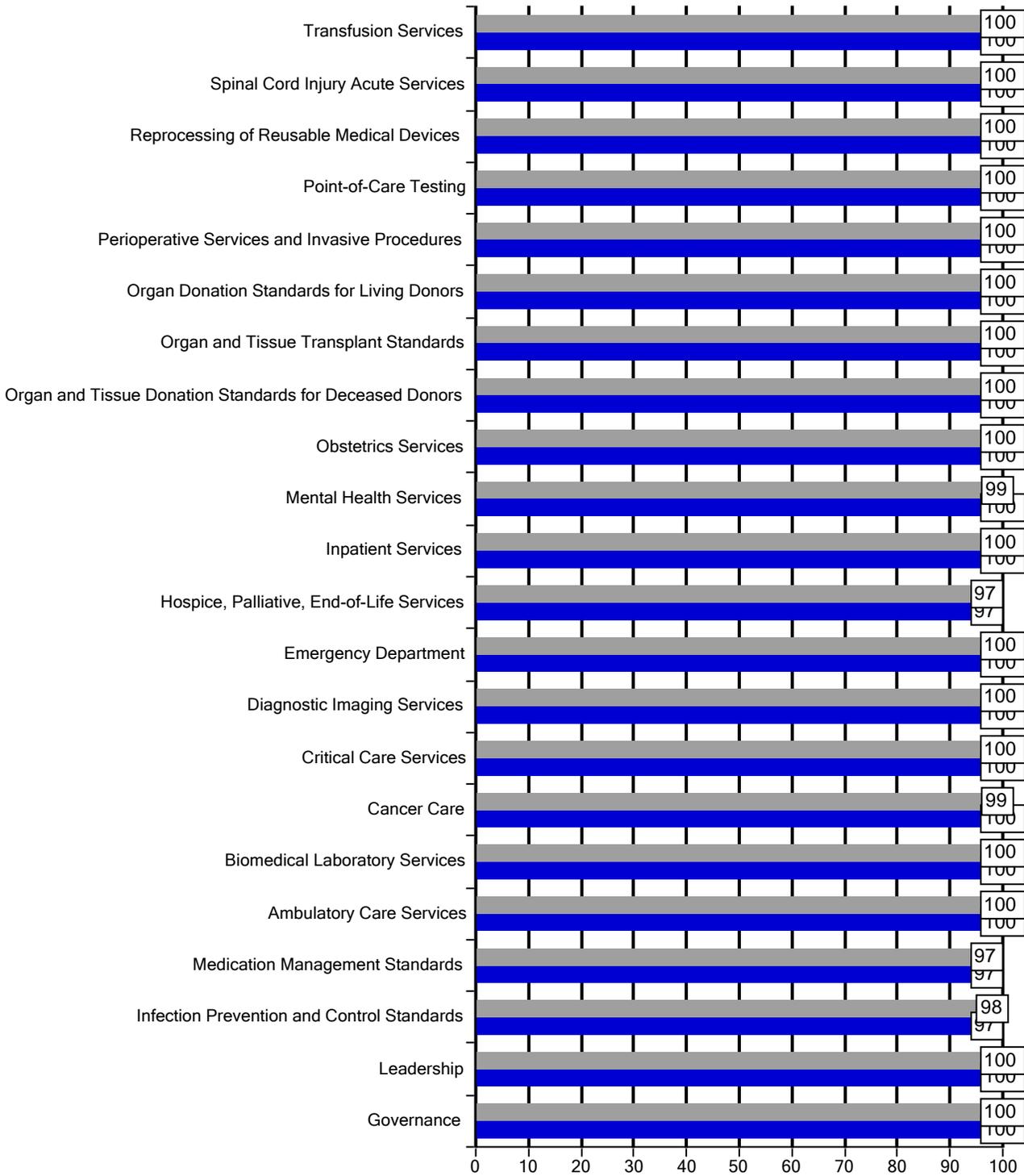
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

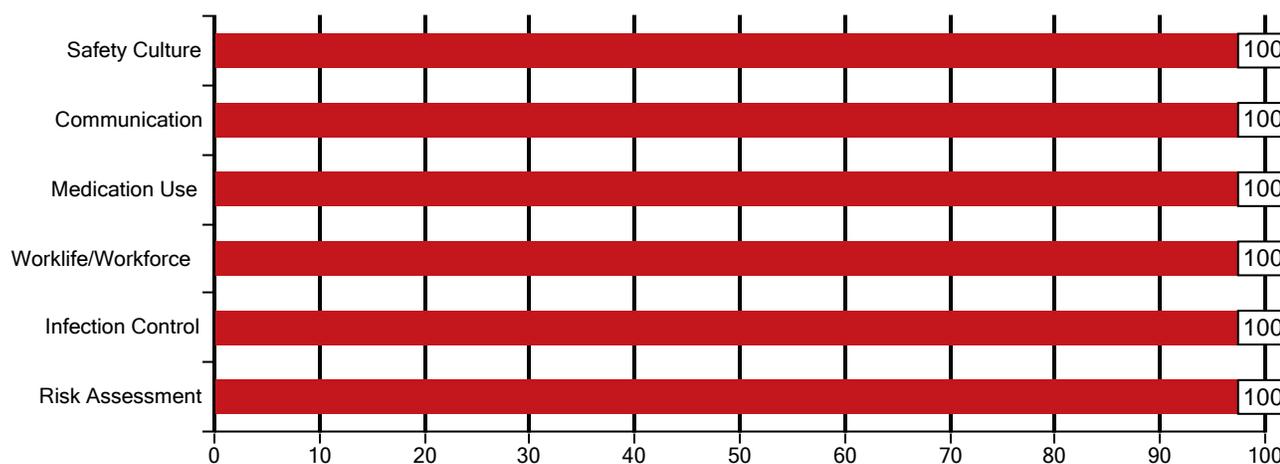
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



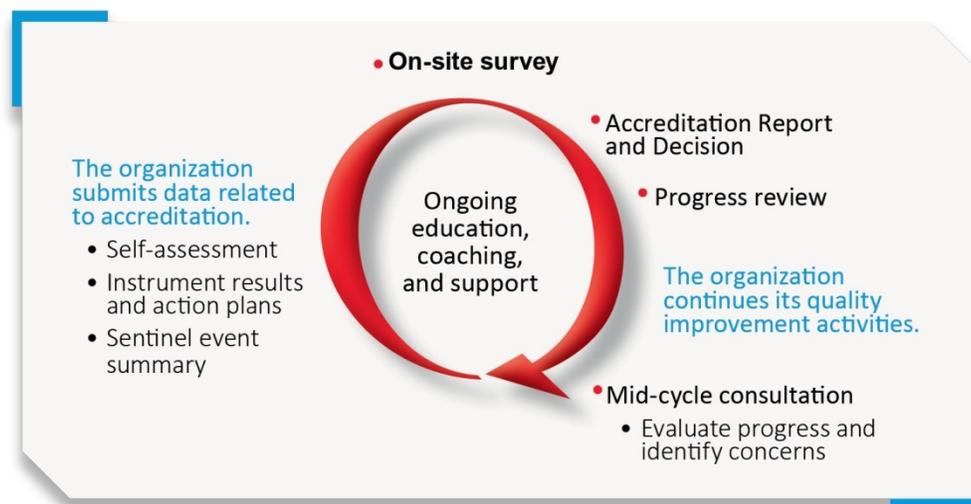
The quality improvement journey

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 **London Health Sciences Centre** 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 Kidney Care Centre
- 2 University Hospital
- 3 Victoria Family Medical Centre
- 4 Victoria Hospital

Appendix B

Required Organizational Practices

Safety Culture

- Accountability for Quality
 - Patient safety incident disclosure
 - Patient safety incident management
 - Patient safety quarterly reports
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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 Pumps Training
 - 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

- Falls Prevention Strategy

Required Organizational Practices

- Pressure Ulcer Prevention
 - Suicide Prevention
 - Venous Thromboembolism Prophylaxis
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