



Elizabeth House

Accredited

September, 2017 to 2021

Elizabeth House has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement. It is accredited until September 2021 provided program requirements continue to be met.

Elizabeth House 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 **Elizabeth House** 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

September 25, 2017 to September 27, 2017

Locations surveyed

- **1 location** was 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** as of the date of this report.

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

Standards used in the assessment

- **4 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.

The board of directors is a cohesive, passionate, and skilled group of community members who give their time and talent to Elizabeth House. They are commended for the dedication and leadership they show in the organization. The mix of backgrounds and experience has led to a board that is capable of looking at situations through many lenses, which has benefited the organization.

Elizabeth House has a well-documented mission, vision, values, and strategic plan. Stakeholders, partners, and staff were part of the planning process and the operationalization of the plan. The current plan (2014–2018) has led to enhancements in clinical programs such as the work done to develop programs for fathers and to look at options for clinical outcome measurement.

There are numerous partnerships at various levels, including with individual clients, with other organizations to provide program support and development, and with planning partners on local and provincial projects. Partners are very pleased with their involvement with Elizabeth House and commented on the highly effective staff who are collaborative and "help us all be on the same page."

The committed, passionate, and invested leadership team is one of the keys to Elizabeth House's success. Working with a small budget, they have become experts in the field. Clinical leadership is innovative and they are invested in using best practice to continue improving care.

Client- and family-centred care has always been part of practice and has recently been formally incorporated. A new statement on the philosophy of client- and family-centred care outlines concepts and commitments. The Alliance model of care is based on putting clients "in the driver's seat" and is proving to be an excellent way of incorporating client input and partnerships into the care process.

The organization has done well with having client input. Now the challenge is to find ways to develop true partnerships with clients to begin focusing on organizational and program decision input. The organization is encouraged to demonstrate this partnership as it enters into its next strategic planning phase.

Front-line staff at Elizabeth House form a team that is dedicated to supporting the work of the organization. Staff shortages have increased workloads but staff have risen to the challenge. Workloads have begun to take a toll on staff and the organization is encouraged to evaluate the work life of staff and re-establish roles and responsibilities at levels that will prevent burnout.

Team members are passionate about their jobs and the services they deliver. They are proud of how they accomplish the organization's mission. The investment of time and energy into establishing best practices is commendable. Staff are particularly excited about the AIDES (Action intersectorielle pour le développement des enfants et leur sécurité) tools and philosophy. The team is invested in quality improvement as evidenced by this and other improvement initiatives such as the revised cell phone policy. Finding ways to measure objectives and establishing meaningful indicators of success could provide evidence of the quality work already being done. Choosing one thing to measure across programs would likely be wise, so as to not add a data collection burden to the already full workloads.

The organization as a whole and at the team level is interested in gathering client feedback and input into individual care plans so each client is a true partner in their journey toward independent living and parenting. Clients speak highly of the support they receive and the opportunities they have to provide feedback. The next steps in the client- and family-centred care approach will be to include even more client voices and perspectives in the planning and development side of program planning.

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.

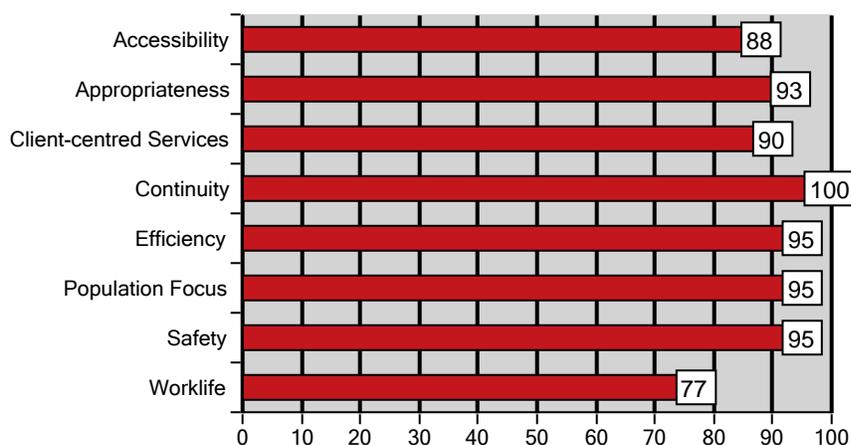
The quality dimensions are:

	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

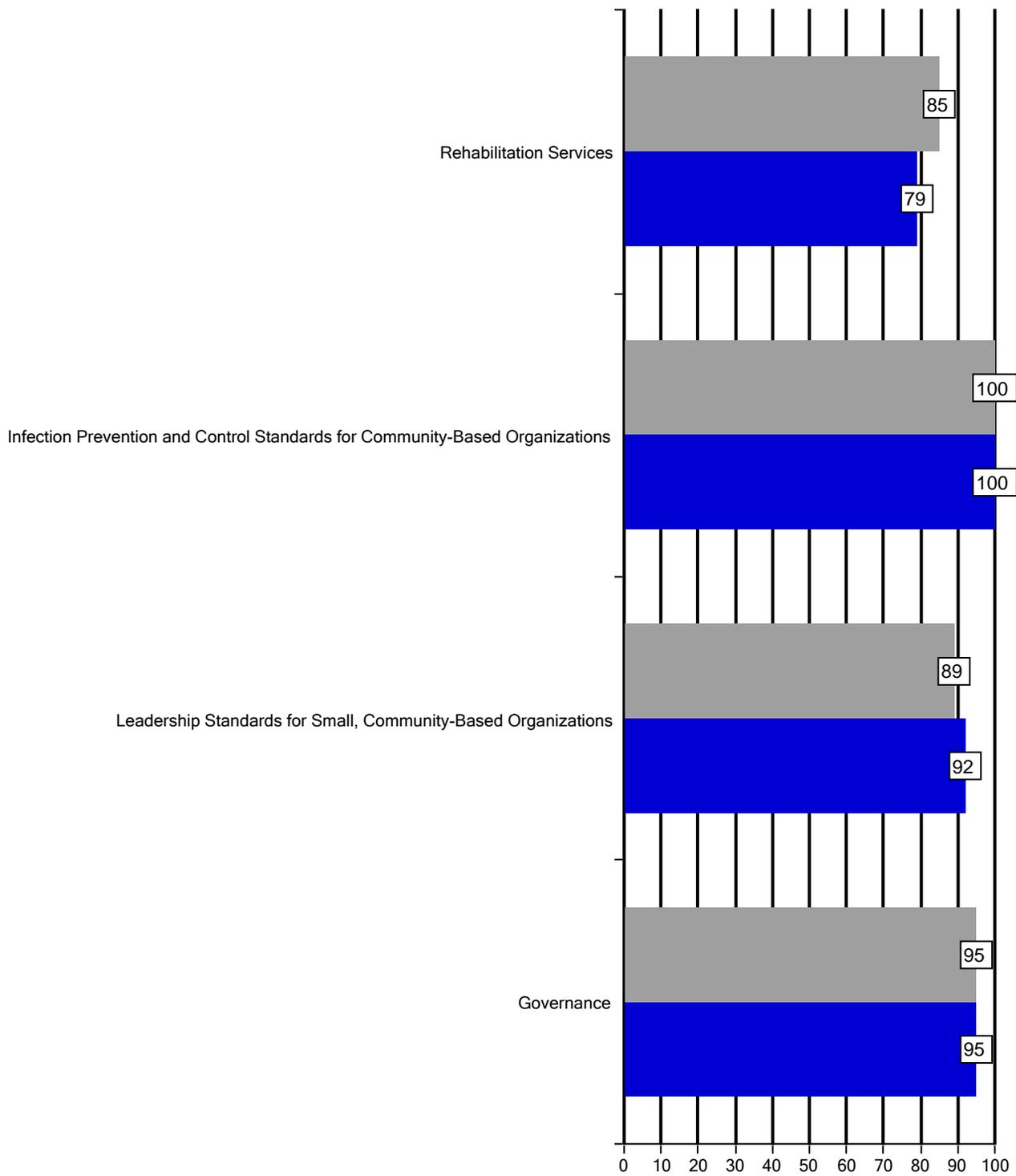
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

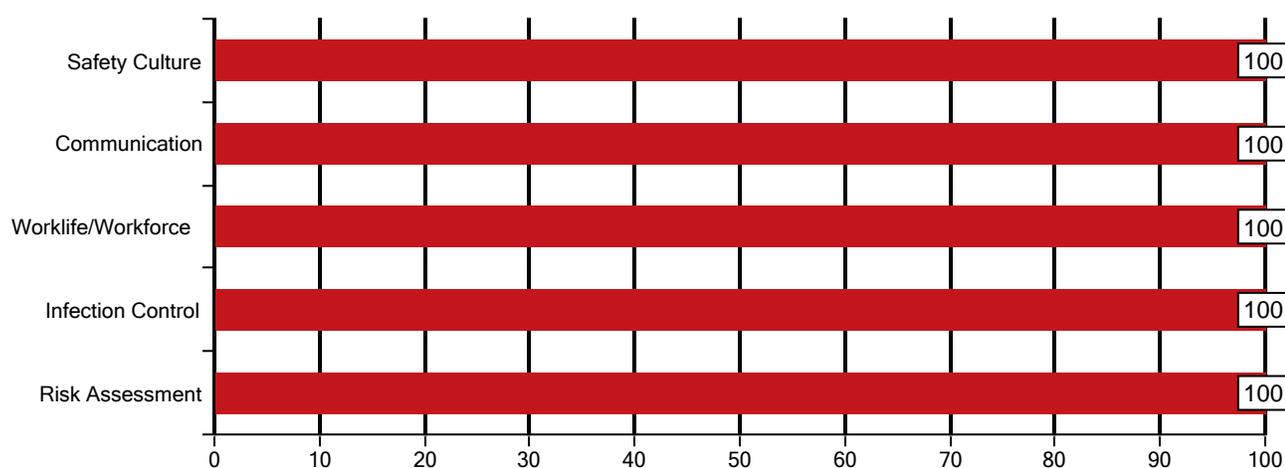
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



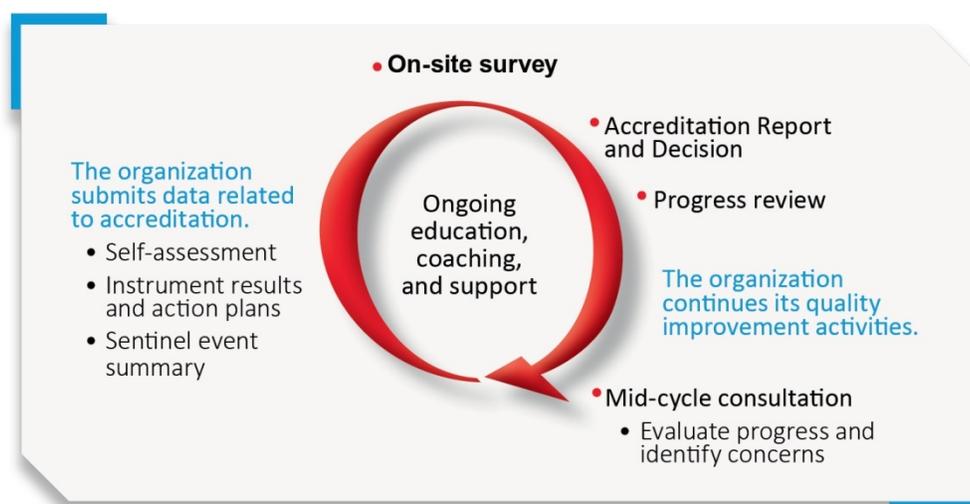
The quality improvement journey

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 **Elizabeth House** 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 Elizabeth House

Appendix B

Required Organizational Practices

Safety Culture

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

Communication

- Client Identification
 - Information transfer at care transitions
-

Worklife/Workforce

- Patient safety plan
 - Patient safety: education and training
 - Workplace Violence Prevention
-

Infection Control

- Hand-Hygiene Compliance
 - Hand-Hygiene Education and Training
 - Infection Rates
 - Reprocessing
-

Risk Assessment

- Falls Prevention Strategy
-