



## **Maison Elizabeth House**

### **Accredited with Commendation**

**Maison Elizabeth House** has gone beyond the requirements of the Qmentum accreditation program and is commended for its commitment to quality improvement.

**Maison 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 **Maison 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](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

September 27, 2021 to September 29, 2021

### 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 with Commendation** 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.

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Elizabeth House is led by an engaged and committed Board, consisting of a balanced mix of new and experienced members from a variety of backgrounds who bring insight and skills to the oversight of the organization. The Board recently approved an interim Strategic Plan for 2021/22 that was created to address the pressing needs related to the pandemic COVID response, provide stability during uncertain times, and allow for thoughtful engagement with all stakeholders (internal and external) before developing a multi-year Strategic Plan. Comprehensive and updated policies and procedures exist to support board decision-making and effective functioning.

Client and family-centered care is a fundamental principle for the organization. Attempts since the last survey have been made to provide opportunities for clients and families to have a stronger voice in organizational decision-making, through the development of a Users Committee and client satisfaction surveys. Unfortunately, due to the pandemic the ability to provide opportunities has become more challenging and the Users Committee had to be paused due to COVID restrictions. In addition, the number of clients in residence has dropped to a third of what it was pre-COVID; as a result the response rates for the surveys are substantially reduced. The Board is committed to pursuing other avenues to receive feedback and hopes to get a sustainable Users Committee functioning in 2022.

The committed and passionate staff and leadership team is one of the keys to Elizabeth House's success. The residence has a long history of serving the community of young mother's and their children (age 0-5) experiencing serious challenges. After 53 years, Elizabeth House has evolved to meet the changing needs of its clients, including programming for fathers', and is known by their partners for their expertise. They have a provincial mandate to serve the English-speaking community in Quebec.

There is a person-centred approach to care. The team adapts their programming based on individual needs. Clients are involved in discussions and decisions related to their care from the moment of admission. They are consulted and included in the care planning and sign their intervention plans as evidence that they are aware and have participated in the creation of these plans. In follow up, the clients meet with their case coordinator on a weekly basis and if needed the intervention plan is

adjusted and updated as a result. Regular resident meetings are held to discuss issues, concerns, and difficulties. As a result, the clients feel that they are heard and that the team collaborates with them.

Teams and clients are well supported to develop knowledge and skills to expand their life skills and parenting competencies; however, there is still room to expand their comprehension about quality improvement activities and best/leading practices.

While the organization has made progress towards the development of quality indicators (i.e., financial, service volumes, incidents, complaints) which are regularly reported and reviewed by the Board, the development of a fully integrated quality improvement plan is not evident. Key quality indicators integrated into one comprehensive plan with well defined measures, performance expectations, timelines, responsibilities, and outcomes would support decision making and monitoring of the quality improvement cycle. Based on the size and resources available within Elizabeth House, it may be beneficial to seek the skills of a quality improvement specialist to assist with education and development of an integrated quality improvement plan or provide dedicated human resources to this endeavor.









Despite the pandemic, significant achievements at Elizabeth House have been made since the last survey in 2017. For example, the organization has made significant gains in terms of technology enhancements and should be commended for the improvements in internet access, computer upgrades and integrated human resource and payroll software. The staff and leadership should be very proud of all the quality improvement initiatives they have implemented during such challenging times.

## 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.

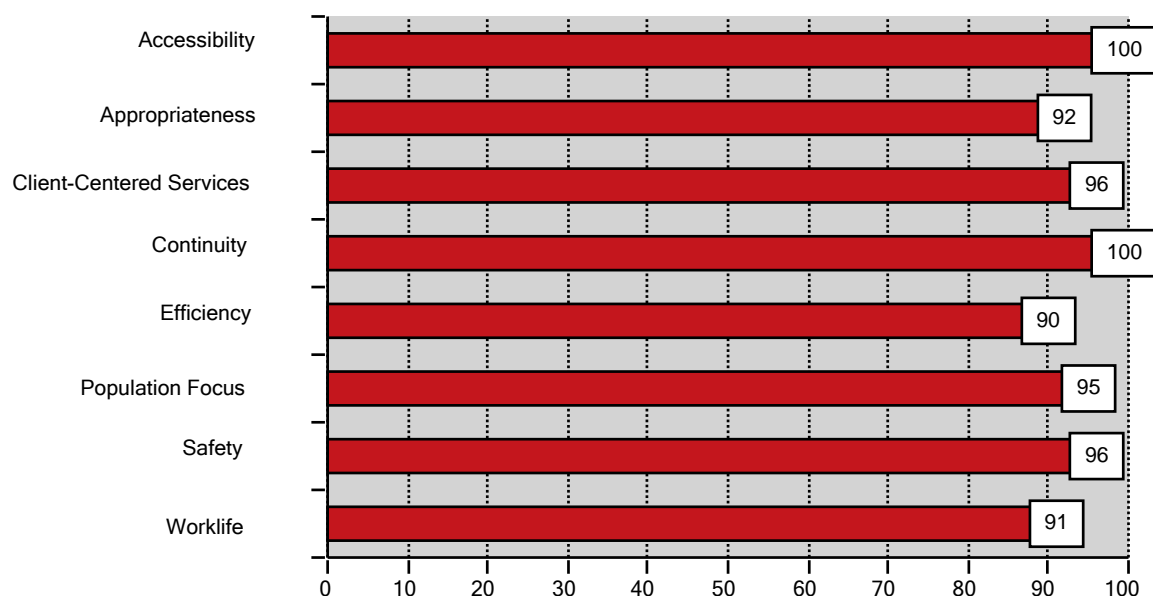
The quality dimensions are:

	<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:</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**



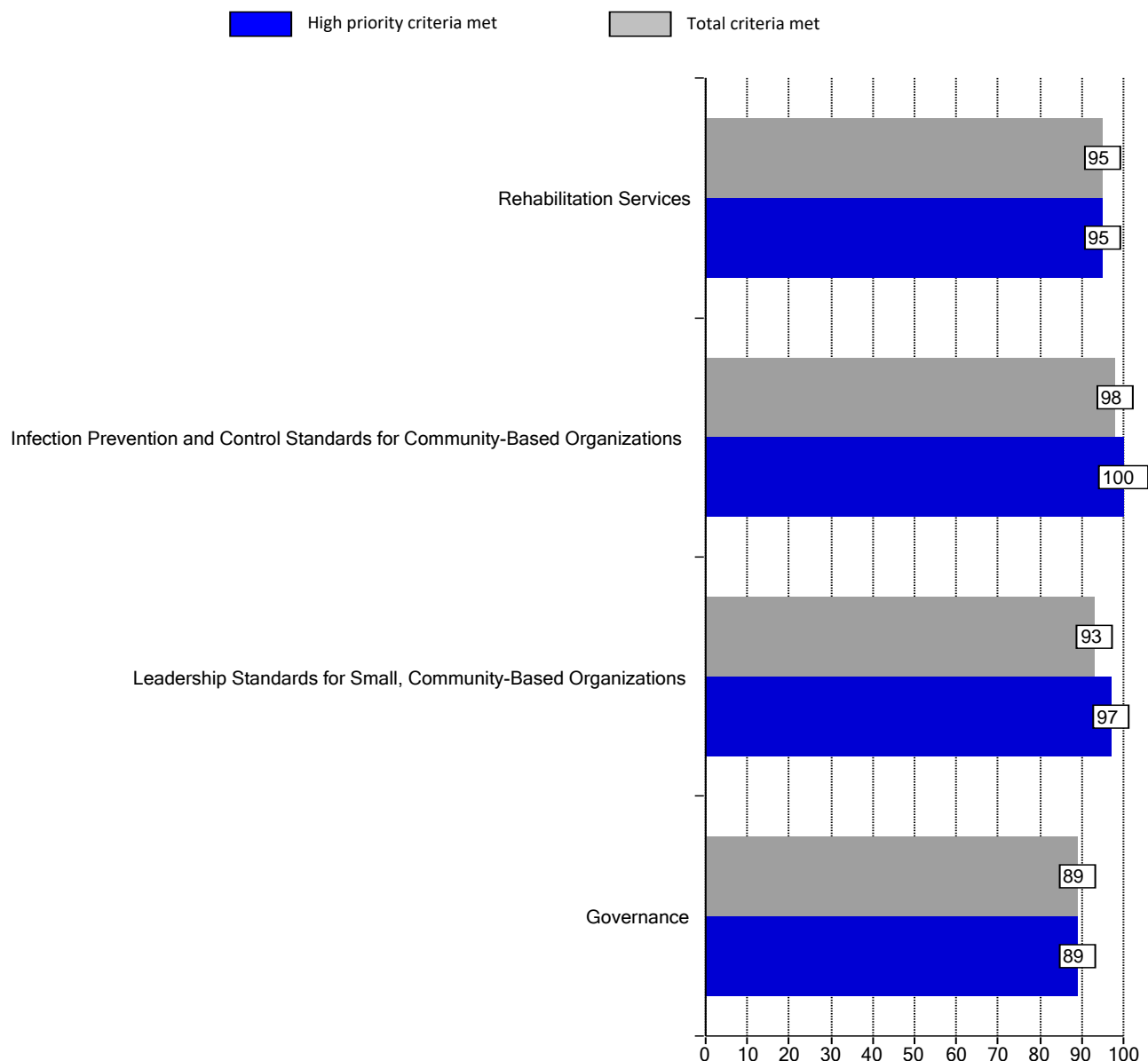
## Overview: Standards results

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**



## 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.

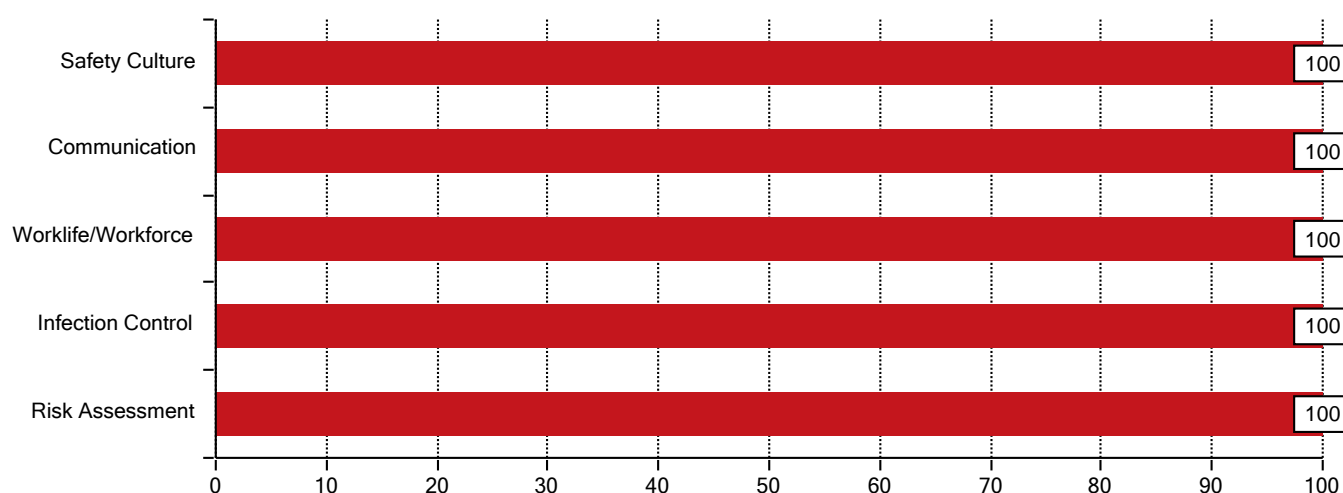
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



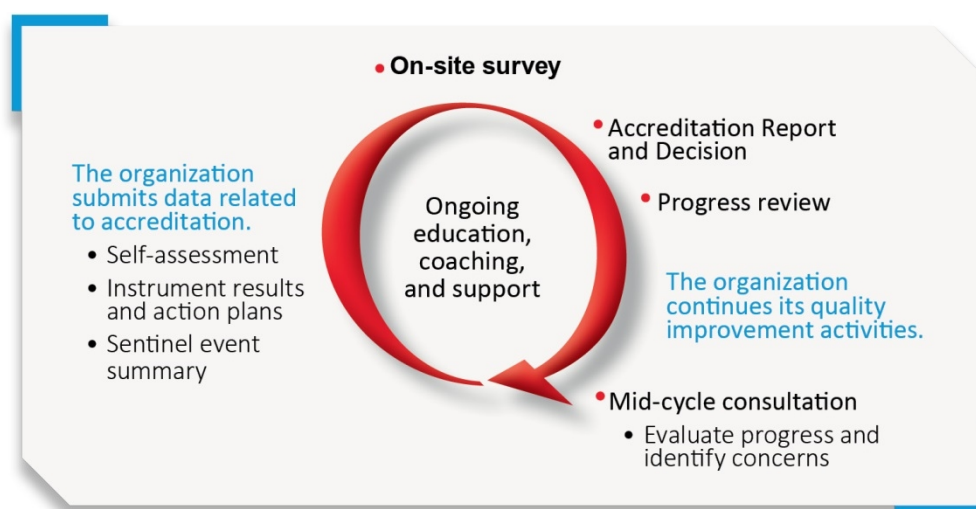
## The quality improvement journey

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 **Maison 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

#### Risk Assessment

- Falls Prevention Strategy