



ACCREDITATION CANADA
AGRÉMENT CANADA

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



Accreditation Canada's Organ and Tissue Donation and Transplant Standards

Transplant Atlantic,
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Accredited by
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www.accreditation.ca

Outline

- Accreditation Canada background
- Organ and Tissue Donation and Transplant (OTDT) project overview (development and evaluation)
- Glimpse at areas of strength and areas for improvement
- Qmentum evaluation overview
- Next steps

Who is Accreditation Canada?

- For over 50 years, a major national accreditation body for organizations across all health sectors in Canada
 - Regional health authorities, hospitals, community-based organizations nationally and internationally
- An independent, non-governmental, non-profit organization funded by its members (over 1000 clients)
- Accredited by the International Society for Quality in Healthcare (2010)



Accreditation Canada

- Surveys may be regional, institution specific, national or market specific (i.e. Aboriginal, Corrections, Canadian Forces)
- Sets standards (national in scope), evaluates and accredits
- System/organization perspective vs program accreditation



Accreditation Canada

- 585 peer surveyors
- A range of 350 to 425 surveys per year
- 1,064 client organizations = + 5,768 sites and facilities

Accreditation Canada: Our Vision, Mission and Values

Vision

The leader in raising the bar for health
quality

Mission

Driving quality in health services through
accreditation

Accreditation Canada Standards

- Are standards of excellence
- Enable an organization to 'stretch' to improve care, to reach and raise the bar
- Are developed with the input and guidance of experts in the field and updated on a regular basis to ensure relevance and value
- Focus on infrastructure, policies, systems, processes, as opposed to clinical practice

Accreditation Canada's Standards

GOVERNANCE

LEADERSHIP

SERVICE EXCELLENCE

Customized as required for
specific sectors, services,
and markets

POPULATIONS (used by regions)

- Cancer
- Child/Youth
- Chronic Conditions
- Maternal/Child
- Mental Health
- Public Health

SECTORS and SERVICES

- Acquired Brain Injury
- Ambulatory Care
- Ambulatory Systemic Cancer Therapy
- Assisted Reproductive Technology
- Biomedical Laboratory
- Blood Bank and Transfusion
- Cancer Care and Oncology
- Case Management
- Child Welfare
- Community Health
- Critical Care
- Developmental Disabilities
- Diagnostic Imaging
- Emergency Department
- Emergency Medical Services
- Health Care Staffing
- Home Care
- Home Support
- Hospice, Palliative, and End-of-Life
- Independent Medical/Surgical Facilities
- Infection Prevention and Control
- Laboratory and Blood
- Long Term Care
- Managing Medications
- Medicine
- Mental Health
- Obstetrics
- Operating Rooms
- Organ and Tissue Donation and Transplant
- Point-of-Care Testing
- Primary Care
- Rehabilitation
- Reprocessing and Sterilization
- Substance Abuse and Problem Gambling
- Surgical Care
- Telehealth

CUSTOM MARKETS

- Aboriginal Health Services
- Corrections Canada
- Primary Health
- Stroke Distinction
- Reprocessing and Sterilization Distinction

OTDT Project Partners

- Canadian Blood Services (CBS), *formerly Canadian Council for Donation and Transplantation (CCDT)*
- Trillium Gift of Life Network



Standards Development Process



OTDT Advisory Committee

- February 2008 formation of OTDT Advisory Committee to guide the development of standards and performance measures for organ and tissue donation and transplant
 - Canadian Blood Services and Trillium Gift of Life Network
 - Intensivists, nephrologists, emergency medicine physicians, operating room nurses, donation coordinators, social workers
 - Health Canada and the Canadian Standards Association
 - Organ Procurement Organizations (Québec-Transplant, BC Transplant etc), Hema-Quebec, tissue banks

OTDT Accreditation Process Development

Early 2008:
**Convened an
Advisory Committee**

Spring 2009 / Fall 2009
**Evaluation (focus groups,
national consultation
and pilot testing)**

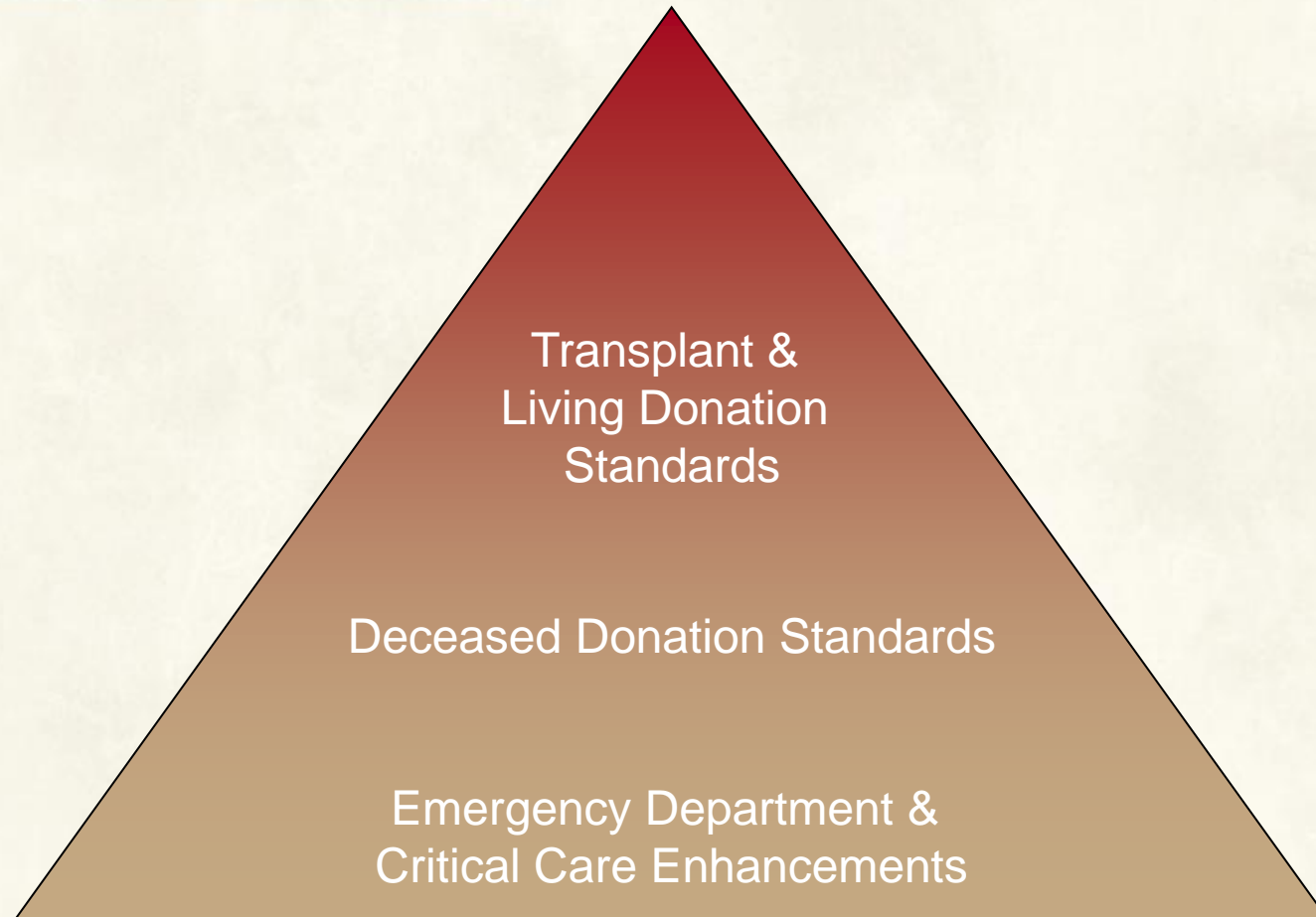
2008 to Spring 2009:
**Standards development
Call for pilot sites**

2010:
Launch!

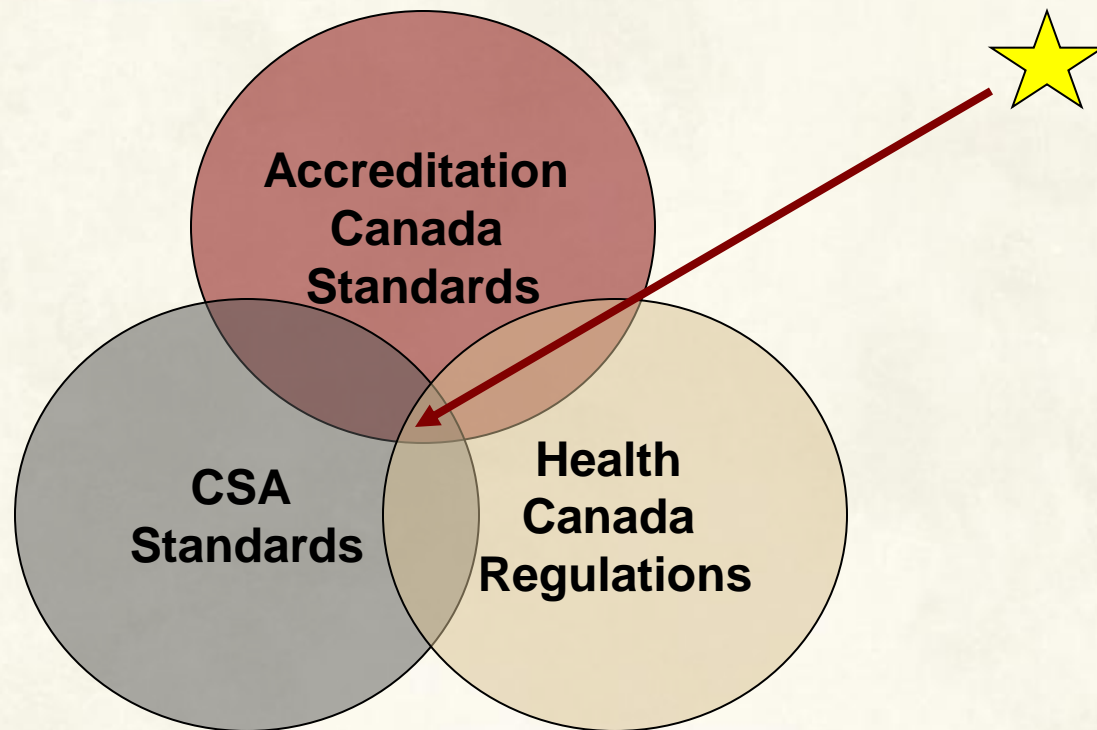
Components of the OTDT accreditation process

- Self-assessment questionnaires
- Tools for surveyors
- Standards

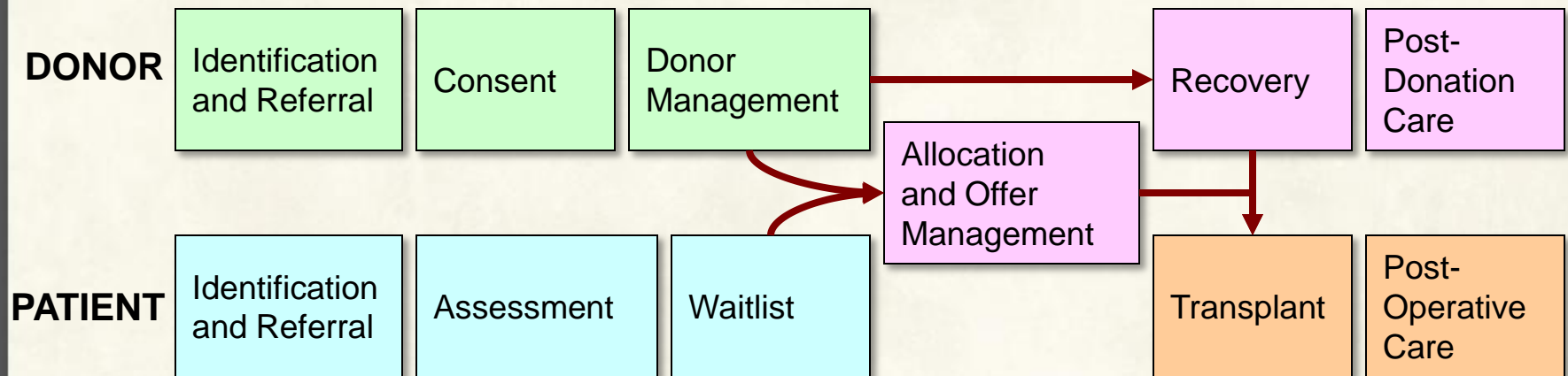
Who will use these standards?



Scope, Commonalities and Differences



Scope of OTDT Standards



- Donation

- Wait List

- Recovery and Utilization

- Patient/Donor outcomes

Identifying and referring donors

DONOR

Identification
and Referral

Consent

Donor
Management

- Donation

Enhancements to the Emergency Dept and Critical Care Standards

- Emergency Dept only:
 - Working with other teams to establish time frames for timely transfer of potential donors from ED

Enhancements to the Emergency Dept and Critical Care Standards

- Critical Care and Emergency Dept:
 - Having clinical referral triggers to identify potential donors
 - Providing training and education (imminent death, triggers, who to contact, how to approach etc)
 - Having a policy on NDD
 - Following a written protocol for NDD (accessing the appropriate people etc)
 - Having independent physicians determine neurological death

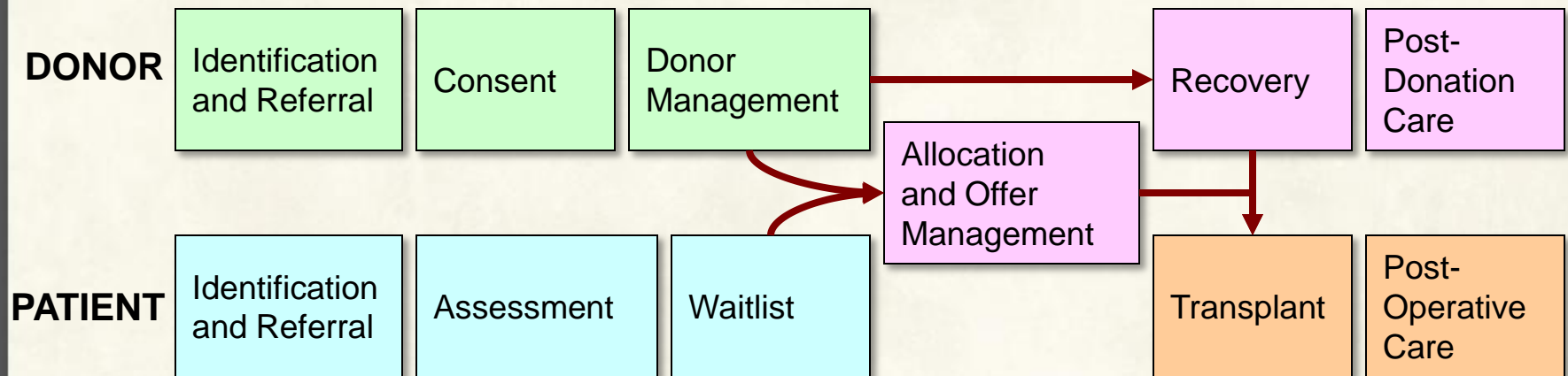
Enhancements to the Emergency Dept and Critical Care Standards

- Critical Care and Emergency Dept:
 - Providing families with info about implications of neurological death
 - Notifying the OPO in a timely manner
 - Checking the provincial donor registry
 - Gathering as a team to discuss the approach (huddle)
 - Using a 'decoupling' approach
 - Following a written process for the approach
 - Being sensitive to the situation, cultures, beliefs
 - Recording all aspects of the donation process

Enhancements to the Emergency Dept and Critical Care Standards

- Critical care only:
 - Having access to consultants with expertise in donor management
 - Having written protocols for donor management
 - Caring for donors during testing and screening
 - Having clinicians available to properly manage donors
 - Recording all aspects of donor management
 - Having access to data gathered on all client deaths and reviewing that data for quality improvement

Scope of OTDT Standards



- Donation

- Wait List

- Recovery and Utilization

- Patient/Donor outcomes

Scope of Deceased Donation Standards

DONOR



- Donation

- Recovery and Utilization

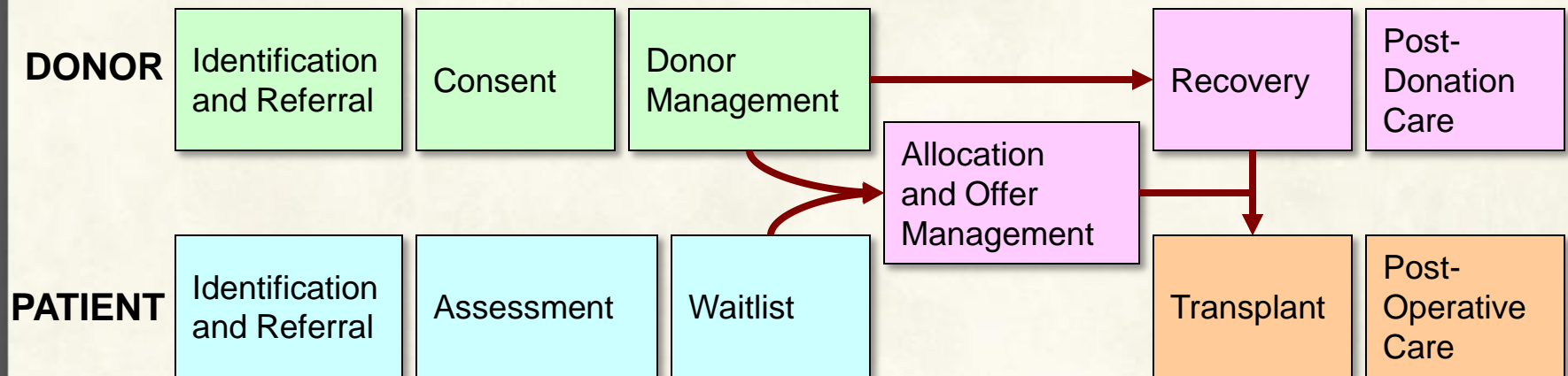
Deceased donation standards

- Investing in Organ and Tissue Donation Services
- Engaging Prepared and Proactive Staff
- Assessing the Suitability of Donors in a Consistent and Sensitive Manner
- Recovering Organs and Tissues Safely and Effectively
- Caring for Families Following Donation
- Maintaining Accessible and Efficient Clinical Information Systems
- Monitoring Quality and Achieving Positive Outcomes

Living Donation Services Standards

- Making a commitment to living donation services at the leadership level
- Engaging prepared and proactive staff
- Guiding potential living donors through the informed decision-making process
- Assessing the medical and psychosocial suitability of potential living donors
- Performing living donation procedures safely and effectively
- Caring for living donors following organ recovery
- Maintaining accessible and efficient clinical information systems
- Monitoring quality and achieving positive outcomes

Scope of OTDT Standards



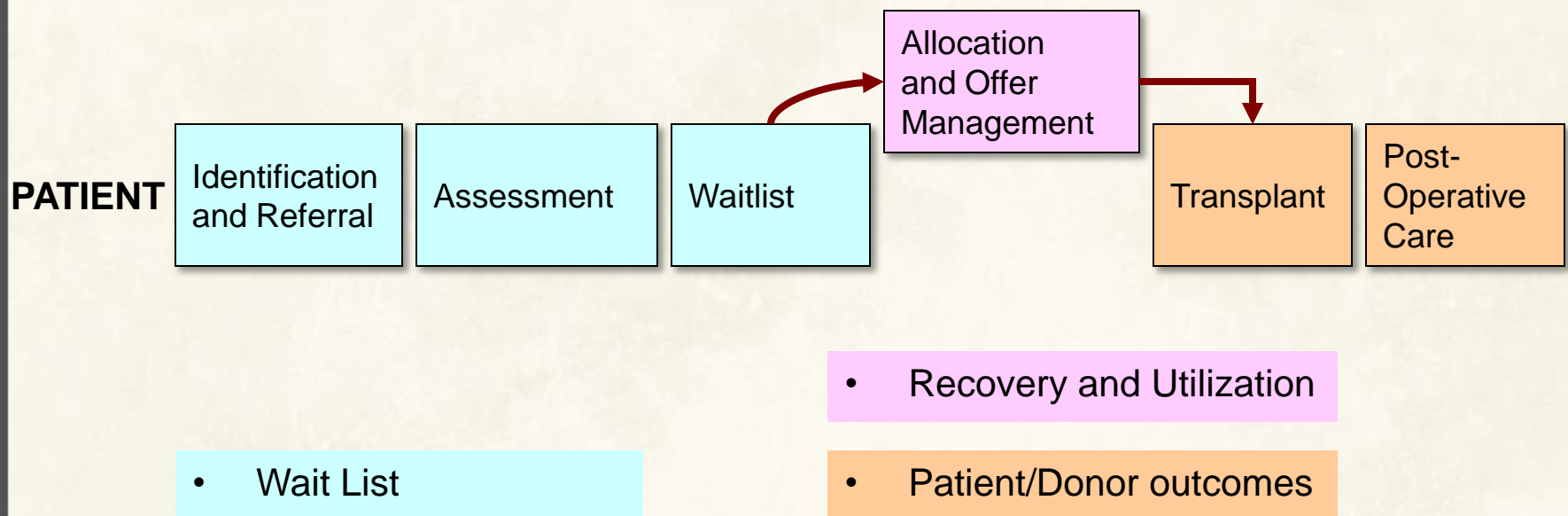
- Donation

- Wait List

- Recovery and Utilization

- Patient/Donor outcomes

Scope of Transplant Standards



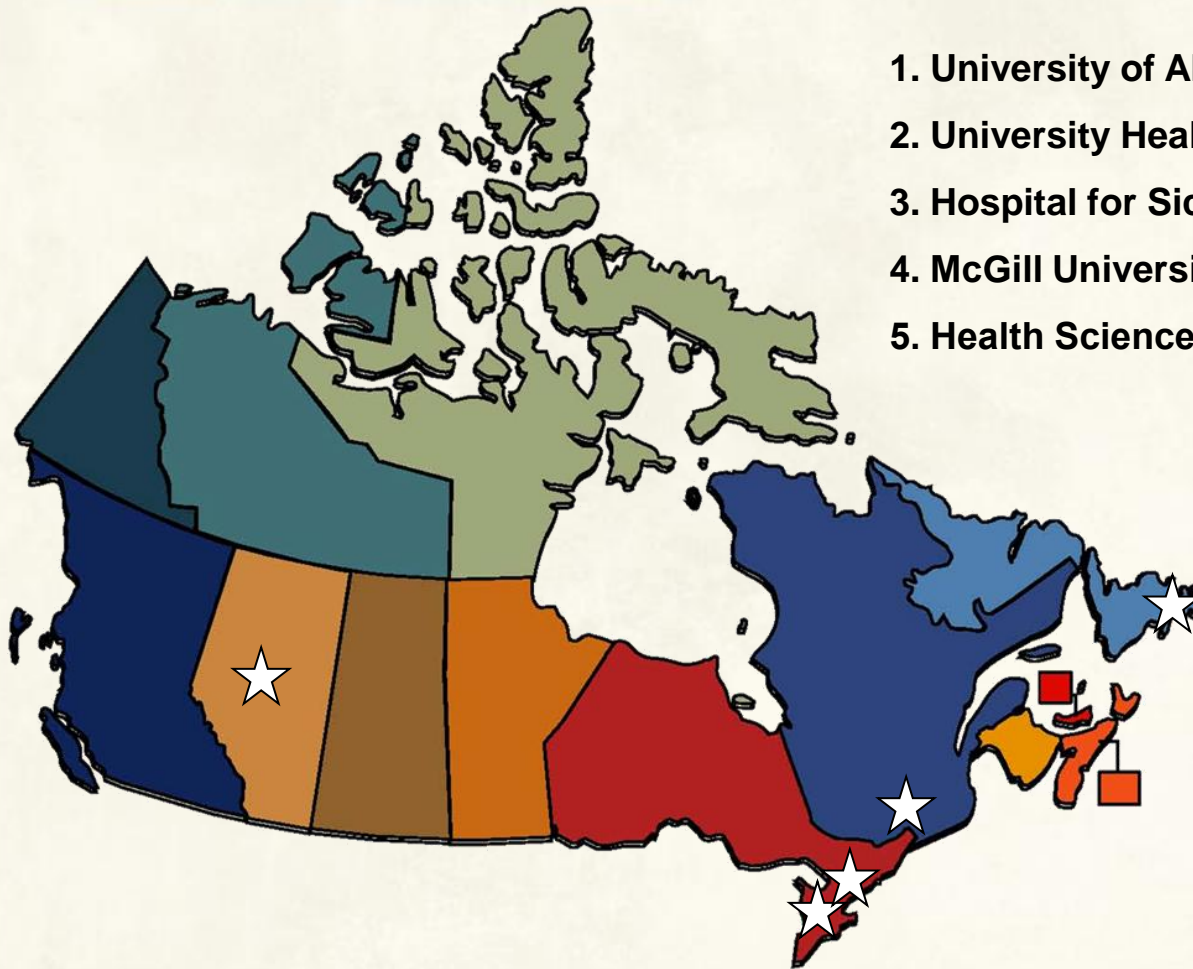
Transplant standards

- Investing in Organ and Tissue Transplant Services
- Engaging Prepared and Proactive staff
- Selecting Potential Transplant Candidates in a Transparent and Equitable manner
- Performing Transplant Procedures Safely and Effectively
- Caring for Recipients Following the Transplant
- Maintaining Accessible and Efficient Clinical Information Systems
- Monitoring Quality and Achieving Positive Outcomes

Evaluation Methods

- Donation and transplant focus groups conducted with health care professionals to seek input on the standards (Mar 2009)
- Pilot testing of draft enhancements, deceased donation and transplant standards (Jun 2009)
- National consultation on draft enhancements, deceased donation and transplant standards (Jul-Sep 2009)

OTDT Pilot Sites



1. University of Alberta Hospital in Edmonton
2. University Health Network, Toronto, ON
3. Hospital for Sick Children, Toronto, ON
4. McGill University Health Centre, Montreal, QC
5. Health Sciences Centre, St. John's, NL

Overview of Evaluation Results

- Focus groups
 - Line-by-line review; revisions to standards
- Pilot testing
 - Questionnaires on process and content (39 respondents)
 - Focus groups with teams at end of survey
 - Feedback very positive and revisions to process and standards incorporated
 - Teams are keen to be part of the broader accreditation process (standards, tracers)
- National consultation (30 to 40 responses)
 - 81-100% “agreement to some extent” that standards are easy to read, free of jargon, not redundant, capture key quality and safety issues and will drive field toward excellence
 - Revisions incorporated, redundancies removed

Glimpse: areas of strength and areas for improvement

- Critical Care enhancements (~45)
 - Strengths
 - Access to independent physicians to determine death
 - Gathering as a team to discuss the approach (huddle)*
 - Being sensitive to the situation, cultures, beliefs
 - Recording all aspects of the donation process
 - Access to consultants with expertise in donor management*

Glimpse: areas of strength and areas for improvement

- Critical Care enhancements
 - Areas for improvement
 - Having access to data gathered on all client deaths and reviewing that data for quality improvement*
 - Checking the donor registry
 - Providing training and education (imminent death, triggers, who to contact, how to approach etc)
 - Having a policy on NDD
 - Following a written protocol for NDD (accessing the appropriate people etc)

Glimpse: areas of strength and areas for improvement

- Emergency Dept enhancements (~80)
 - Strengths
 - Being sensitive to the situation, cultures, beliefs
 - Access to independent physicians to determine death
 - Working with other teams to establish time frames for timely transfer of potential donors from ED*
 - Recording all aspects of the donation process
 - Notifying the OPO in a timely manner*

Glimpse: areas of strength and areas for improvement

- Emergency Dept enhancements
 - Areas for improvement
 - Checking the donor registry
 - Having a policy on NDD
 - Following a written protocol for NDD (accessing the appropriate people etc)
 - Having clinical referral triggers to identify potential donors*
 - Providing training and education (imminent death, triggers, who to contact, how to approach etc)

Glimpse: areas of strength and areas for improvement

- Transplant and Deceased Donation
 - Transplant sample too limited thus far (two orgs in 2011 and 6 in 2012)
 - Deceased Donation (6 orgs in 2011 and 7 in 2012)
 - Overall, extremely high rates of compliance
 - Areas for improvement: donation an organizational strategic priority, having measurable goals for donation, having a donation committee that reviews data, policy for maximum consecutive hours worked, and sharing QI results with staff and clients

Qmentum Evaluation

■ Rationale

- Qmentum introduced in 2008
- Three-year cycle so all (over 1000) clients have been through the process
- Feedback gathered from clients and surveyors over three years and ongoing improvements made
- Formal program evaluation in 2011 to determine extent to which the original goals of the program have been achieved

Qmentum Evaluation

■ Methods

- Client and surveyor satisfaction surveys
- 2010 ISQua results
- Accreditation Canada reports
- Staff feedback
- Evaluation questionnaires (online surveys) sent to Accreditation Coordinators and CEOs of client organizations, ministries of health, partners and stakeholders (692 responses = 38%)

Qmentum Evaluation

- Program elements prioritized for evaluation:
 - Standards, self assessments, and ROPs
 - Performance measures (instruments and indicators)
 - Client online portal and QPR
 - Onsite survey visit
 - Reports and decisions
 - Accreditation cycle

Qmentum Evaluation

■ Strengths

- Positive feedback on the standards (process to develop them and scope)
- ROPs – seen as driver of system improvements
- Self assessment process valuable (allows broad dissemination or targeted groups to participate)
- Tracer methodology as part of onsite surveys

Qmentum Evaluation

■ Actions

- Standards – level of language, glossary of terms and references
- ROPs – life cycle for ROPs (transition for those with high compliance to standards)
- Self assessment – simplified layout and design
- Performance measures – remain core component of program; instruments remain; indicator reporting still required but no longer submit data through online portal (receive results and provide to surveyors to have more focus during onsite survey)

Qmentum Evaluation

■ Actions

- Demographics and drill-down capability (SAQ and instruments)
- Improving QPR layout and functionality
- Location/service-specific compliance ratings
- Improvements to scheduling
- Improvements to the report (executive summary)
- Move to a four-year cycle January 2013 with contact points throughout cycle

OTDT Next Steps

- Continue to look at compliance and applicability and gather feedback on the standards
- Development of a core set of OTDT performance measures
 - Fall of 2011 and pilot testing in early 2012
 - Pilot test sites across Canada



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