

DECISION SUPPORT DOCUMENT FOR

- Board of Directors
  Board Committee –
  Senior Leadership Team  
 Other (please specify):

Date Prepared: October 31, 2023 Meeting Date Prepared for: November 8, 2023 Quality  
November 22, 2023 Board of  
Directors  
 Subject: Accreditation Update  
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- DECISION SOUGHT\*
  FOR DISCUSSION/INPUT
  FOR INFORMATION ONLY

**PURPOSE**

- The purpose of this briefing note is to provide the Quality Committee of the Board of Directors with a comprehensive update on the accreditation work underway at HGMH. This note will serve as an opportunity for the Committee to discuss standards that relate to the Quality Committee of the Board while ensuring the committee is well-equipped to make informed decisions and recommendations related to quality and compliance within our healthcare institution that are aligned with Accreditation Canada standards.

**IMPLICATIONS TO OTHER STANDING COMMITTEES**

Are there any material or significant implications for other Standing Committees?  No  Yes, please specify:

**SITUATION & BACKGROUND**

*A brief description of the background to the issue.*

- Accreditation Canada is an independent, not-for-profit organization, dedicated to assessing and improving the quality of healthcare and services provided by healthcare organizations across the country. It is widely recognized as the leading accreditation body in Canada, and its mission is to contribute to better health outcomes and experiences for all Canadians by working with healthcare organizations to ensure they meet and exceed high standards of quality, safety, and performance.
- Our hospital participates in Accreditation Canada to ensure the highest possible quality of care and services for our patients. By adhering to their rigorous standards, we continuously assess and improve our operations to provide safe, effective, and patient-centered care.
- The HGMH team has been diligently working through a comprehensive work plan for accreditation. As a reminder, the next accreditation survey is slated to take place in 2026.
- Current work underway by the Accreditation Steering Committee and the Core Team Leaders are as follows:
  - Monthly activities for the 'houses' have been created to align with the Wizarding World and staff submit their responses to ear house points. The activities thus far have been as follows:
    - September: employee satisfaction survey
    - October: pop quiz
    - November: photo scavenger hunt
  - Core team leaders have completed self-assessments of all standards and are beginning work towards implementing any opportunities noted through the self-assessment.
  - Actions and evidence are also being noted by the core team leaders to build a repository of information for our surveyors in 2026.

- To support the Quality Committee in ongoing education and ensuring the committee's role in accreditation standards is understood, we will use this forum to talk about standards that pertain to the Board's role in quality, and support discussion among the committee about different standards each meeting:

### **Accreditation Standard 3.1.6:**

**The governing body regularly reviews organizational performance indicators including those related to quality and safety.**

#### Guidelines

*The governing body and the organizational leaders select process and outcome indicators to review the organization's performance. Together, they ensure the selected indicators are relevant, appropriate, and linked to its strategic goals and objectives, including quality and safety. They ensure that the indicators align with the organization as well as health system priorities and requirements, including those related to quality and safety which is defined to include physical, psychological, and cultural safety. The governing body has a clear understanding of how the selected indicators are developed, calculated, and used.*

*The governing body determines which indicators it will regularly review, based on organizational and health system priorities and requirements. It ensures that the number of indicators it chooses to review is feasible for the organization to regularly report on and for the governing body to monitor. The governing body and the organizational leaders define how and how often the indicators will be reviewed. For instance, the governing body may set up a committee that meets quarterly to review the indicators.*

*The committee may use tools such as report cards (e.g., balanced scorecard) that aligns organizational performance measures and quality improvement activities with strategic goals and objectives. The governing body reviews organizational reports on the indicators including current performance data, comparisons to the organization's baseline performance and other organizations in the system, progress toward achieving the strategic goals and objectives, and identified performance gaps. It ensures that the organization identifies opportunities, priorities, and initiatives for quality improvement to close the performance gaps.*

**Can you share some thoughts on how the HGMH Board of Directors and/or Quality Committee is meeting this standard?**

**Are there opportunities for this Committee to do things differently based on what you've read as a requirement of this standard?**