



## CancerCare Manitoba

### Accredited with Exemplary Standing

December, 2015 to 2019

**CancerCare Manitoba** has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement. It is accredited until December 2019 provided program requirements continue to be met.

**CancerCare Manitoba** 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 **CancerCare Manitoba** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

#### **CancerCare Manitoba (2015)**

CancerCare Manitoba (CCMB), the first provincial cancer agency in Canada, operates under a legislative mandate and is Manitoba's major organizational strategy for cancer control.

CCMB provides direct clinical services via three tertiary sites (MacCharles, St Boniface & Screening programs) within Winnipeg, as well as WRHA Oncology Program partner sites. Radiation Therapy is also provided in Brandon (Western Manitoba Cancer Centre) and systemic therapy in 16 Community Oncology Program sites throughout the province.

CancerCare Manitoba strives to provide high quality, safe and seamless care for our patients via three pillars of excellence-clinical, operational & academic excellence.

#### **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

December 7, 2015 to December 10, 2015

### 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

- **7 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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The governing body is made up of a wide variety of people with representation from community, professional organizations and government. They bring individually and collectively a depth and breadth of expertise, experience and knowledge to enable governance. A caution for the board given a change in board membership and leadership is to ensure that their governance role remains distinct from management and operations.

There is evidence of strong partnerships and integration with community and other healthcare organizations across the province. The Foundation is active in supporting the strategic priorities for the organization. Their continued passion and support will be needed to enable the advancement of the organization's ambitious agenda.

There have been significant challenges in leadership in the organization with multiple appointments to fill long standing vacant positions. There is a need for structured leadership development to coach and mentor new leaders for success. There are a number of middle managers who are passionate in their commitment to support staff in their delivery of patient care. These individuals need to be nurtured and supported to advance the organization strategic priorities. It has been acknowledged that there is a need to enhance communication within the organization. Consideration should be given to utilize a variety of modalities.

Staff in the organization are strongly committed to their patients/families and their teams.

Staff are the greatest resource. There is a need for the organization to significantly increase their focus to enhance the support for quality worklife. Both formal and informal processes for recognition should be enhanced.

Cancer Care Manitoba (CCMB) should be commended for its participation in the "In Sixty" initiative, implementation of the Urgent Care Clinic, the continued focus on the underserved population, screening and prevention, ongoing development of the hubs and the community oncology programs, the surgical oncology initiative, establishment of the Institute of Oncology and Hematology,

advancing the electronic medical record, the Patient Consultation Recording Service and completion of a comprehensive risk management assessment. The organization faces a significant challenge in its ability to deliver safe, comprehensive services given the current space constraints.

Clients report overall high satisfaction with their care. The organization will need to consider on a go forward basis the resources required to deal with issues surrounding survivorship.

## 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.

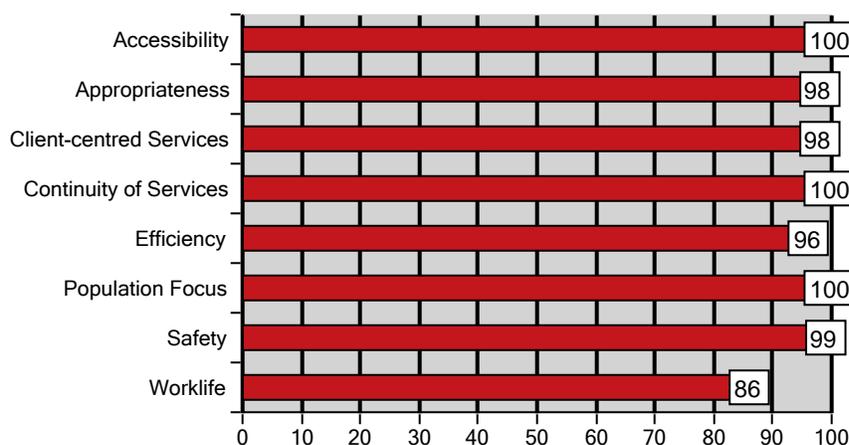
The quality dimensions are:

	<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 of Services:</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

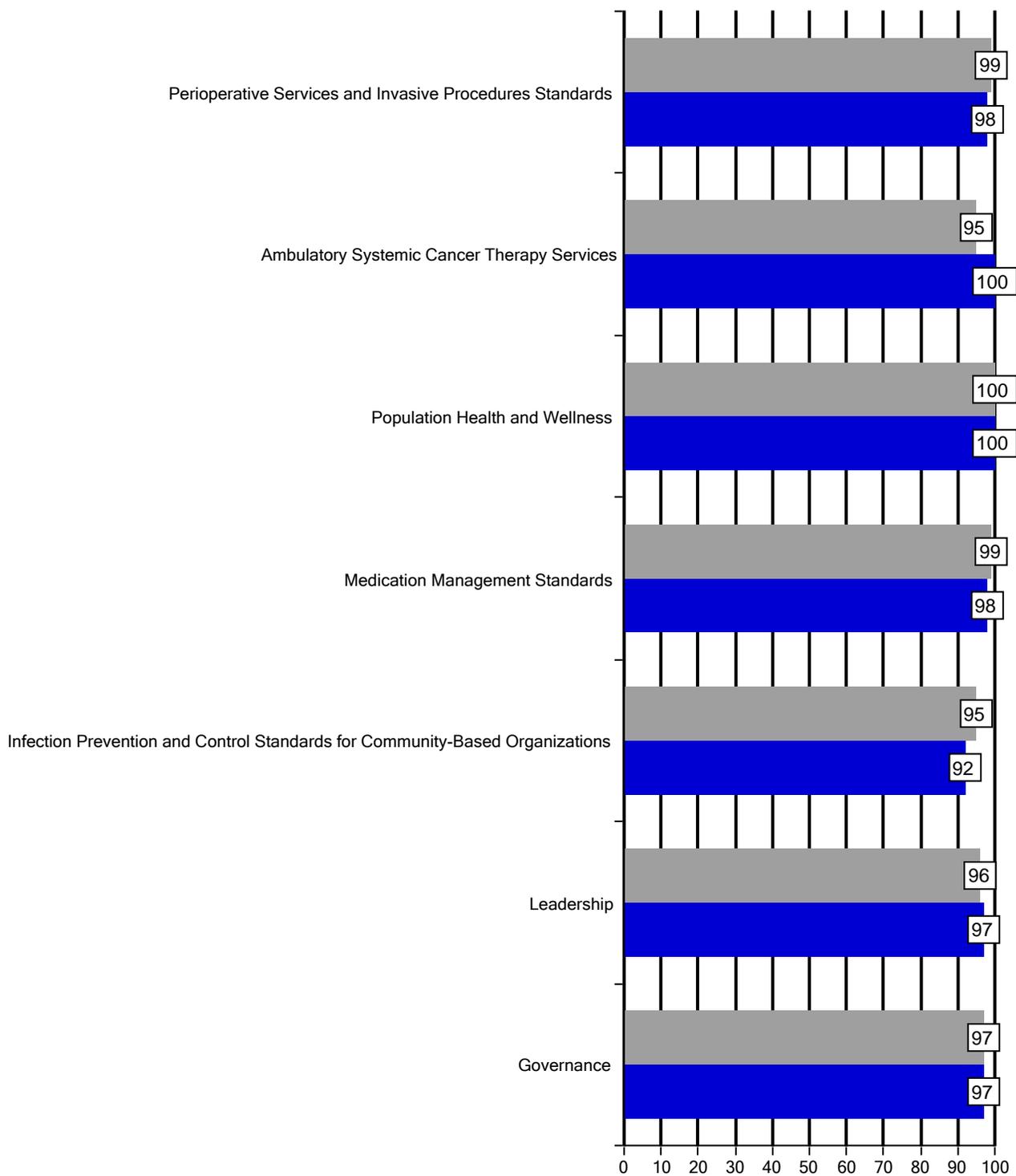
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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

■ 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.

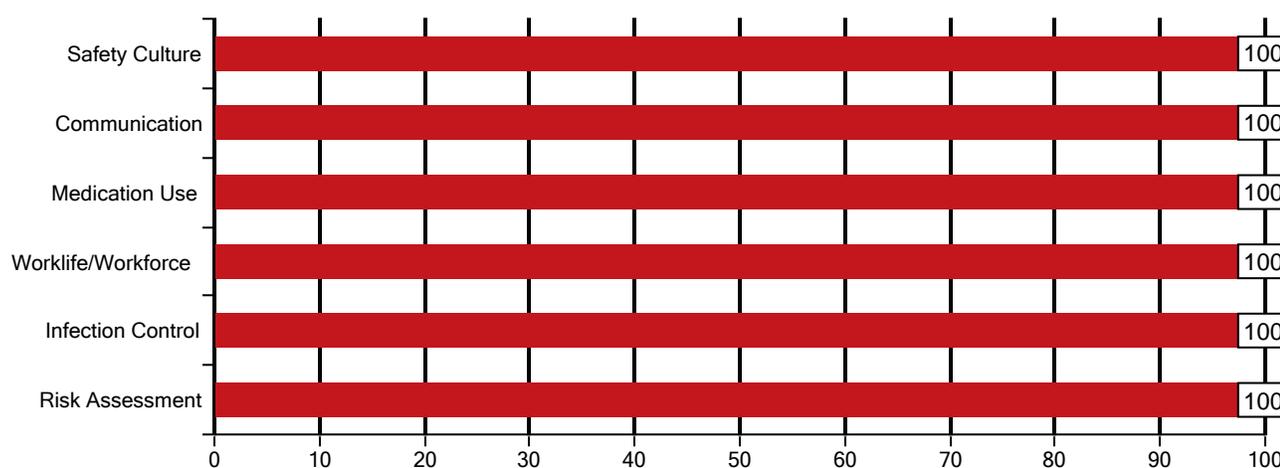
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



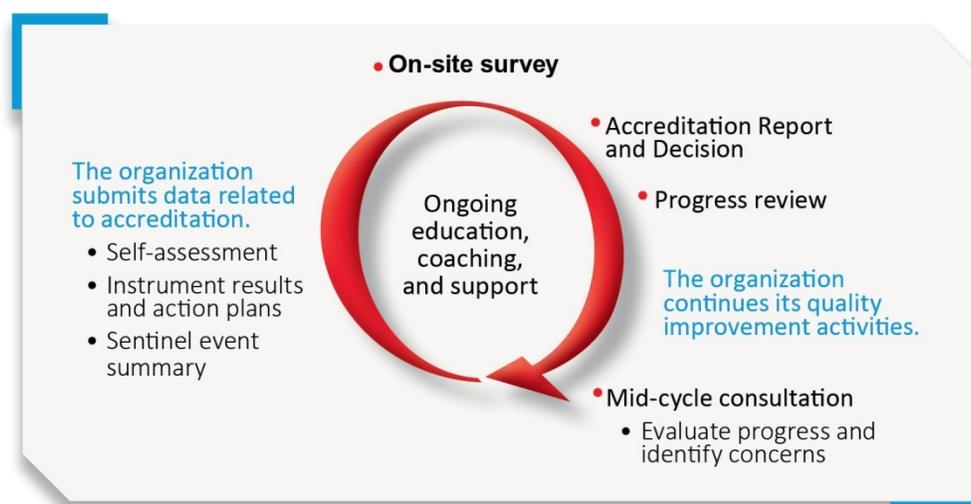
## The quality improvement journey

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 **CancerCare Manitoba** 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 CancerCare Manitoba (CCMB) - MacCharles Site
- 2 CCMB - Prevention and Screening Services
- 3 CCMB - St. Boniface Site
- 4 CCMB - Western Manitoba Cancer Centre (Brandon, MB)

## Appendix B

### Required Organizational Practices

#### Safety Culture

- Accountability for Quality
  - Adverse Events Disclosure
  - Adverse Events Reporting
  - Client Safety Quarterly Reports
  - Client Safety Related Prospective Analysis
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#### Communication

- Client And Family Role In Safety
  - Dangerous Abbreviations
  - Information Transfer
  - Medication reconciliation as a strategic priority
  - Medication reconciliation at care transitions
  - Safe Surgery Checklist
  - Two Client Identifiers
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#### Medication Use

- Concentrated Electrolytes
  - Heparin Safety
  - High-Alert Medications
  - Infusion Pumps Training
  - Narcotics Safety
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#### Worklife/Workforce

- Client Flow
  - Client Safety Plan
  - Client 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
  - Reprocessing
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## Required Organizational Practices

### Risk Assessment

- Falls Prevention Strategy
  - Pressure Ulcer Prevention
  - Venous Thromboembolism Prophylaxis
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