



Sunrise Health Region

Accredited

November, 2015 to 2019

Sunrise Health Region has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement. It is accredited until November 2019 provided program requirements continue to be met.

Sunrise Health Region 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 **Sunrise Health Region** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Sunrise Health Region (2015)

Sunrise Health Region covers a geographical area in east central Saskatchewan. Sunrise provides health services to the residents of 48 cities, towns & villages, 28 rural municipalities, and three first nations. It serves 59,551 Saskatchewan residents, as well as from other regions and Manitoba. The organization provides facility based services including acute and surgical services and long term care, community-based services include primary health care, home care, public health, mental health & addictions, therapies and emergency medical services. Sunrise employs more than 2,900 professional and support staff and has a collaborative, positive relationship with three affiliate organizations.

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

November 1, 2015 to November 6, 2015

Locations surveyed

- **17** 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** as of the date of this report.

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

Standards used in the assessment

- **16 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.

Sunrise Health Region has made a strong commitment to quality, safety, and continuous improvement. It has enthusiastically embraced the accreditation process and accreditation standards as tools to help prioritize and focus improvement efforts.

The region is strongly engaged and is providing provincial leadership in adoption of the Saskatchewan Lean Management System. The participation in hoshin kanri enables the region to focus its strategy, align with provincial priorities, and cascade corporate priorities throughout the organization. The region continues to build capacity for daily visual management and continuous improvement using lean tools and methods including Rapid Process Improvement Workshops, kanban, mistake proofing and 3P (Production Preparation Process). There is a growing culture of evidence-based practice and decision making, use and reporting of data, transparency and accountability. Team huddles are valued by many staff as a tool for communications and problem solving. These changes are demonstrating tangible improvements and enable staff to be engaged in improving client experience, safety, and quality of worklife.

The board of directors and senior executive team are highly engaged, visible champions of these changes. They walk the talk, modelling the organizational values and actively participating in strategic planning (hoshin kanri), wall walks, visibility walls, and improvement projects. They constantly provide positive feedback to staff and physicians for their dedication and contributions, while holding themselves and others accountable for achieving results.

The region develops leaders through a variety of mechanisms, including the Saskatchewan Leadership Program, lean training, coaching, and mentoring. Leaders are highly committed and are very positive about the new processes and programs that are in place to support them. There appears to be a high turnover in point-of-care managers and many leaders have large spans of control and heavy workloads. The region is encouraged to continue to examine how to promote a better balance of work and home and quality of worklife for its leaders and other staff.

Some aspects of the lean management system (e.g., visibility walls and team huddles) vary across the region in how they are done and how effective they are. The region is encouraged to continue to build capacity and to standardize practices, while encouraging local variation where appropriate. The development of standard work and practice needs to be supported, particularly in smaller rural sites where there are limited resources to support and improve professional practices such as medication management.

Since the last accreditation survey, the region has made impressive progress in meeting accreditation standards and Required Organizational Practices (ROPs). This is particularly notable with regard to medication safety. The region is encouraged to continue on this path and to celebrate the progress it has made and will make in the future.

The region has established partnerships with many communities, agencies, and organizations. It works collaboratively with other provincial colleagues as part of its commitment to "Think and Act as One." Partnerships include academic institutions (e.g., the University of Saskatchewan nursing program), Aboriginal communities and leaders, and local communities. There are three community health advisory committees (CHACs). There are opportunities to enhance communications with the CHACs and to further engage them in identifying community needs and planning service changes.

The region has developed innovative models of care delivery including the collaborative emergency centres, Milk Drop Depot, intentional rounding, and open family presence policy. The region is implementing new information technology to support care and service delivery within available resources.

Budget pressures remain challenging, and impact the region's ability to meet service, capital, and information technology needs. Some facilities are aging and do not support current models of care. Budget restrictions result in some staff dissatisfaction (e.g., limits on overtime, staff replacement, and professional development). The region is committed to living within its means and to seeking creative solutions to meet client, community, and staff needs within available resources.

Feedback from clients interviewed during the accreditation survey was generally very positive. Clients and families expressed a high level of confidence in the region and appreciation for the hard work and caring attitude of the region's staff, physicians, and volunteers.

Sunrise Health Region is committed to becoming a very high performing organization that achieves better health, better care, better value, and better teams. It is well on its way.

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.

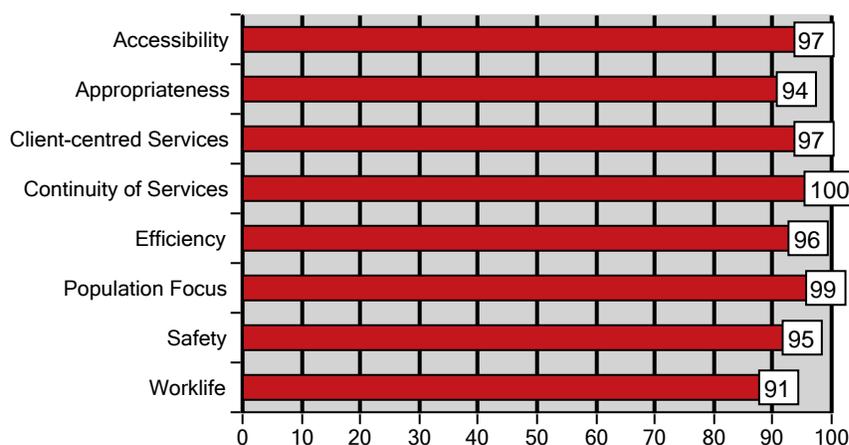
The quality dimensions are:

	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 of Services:	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

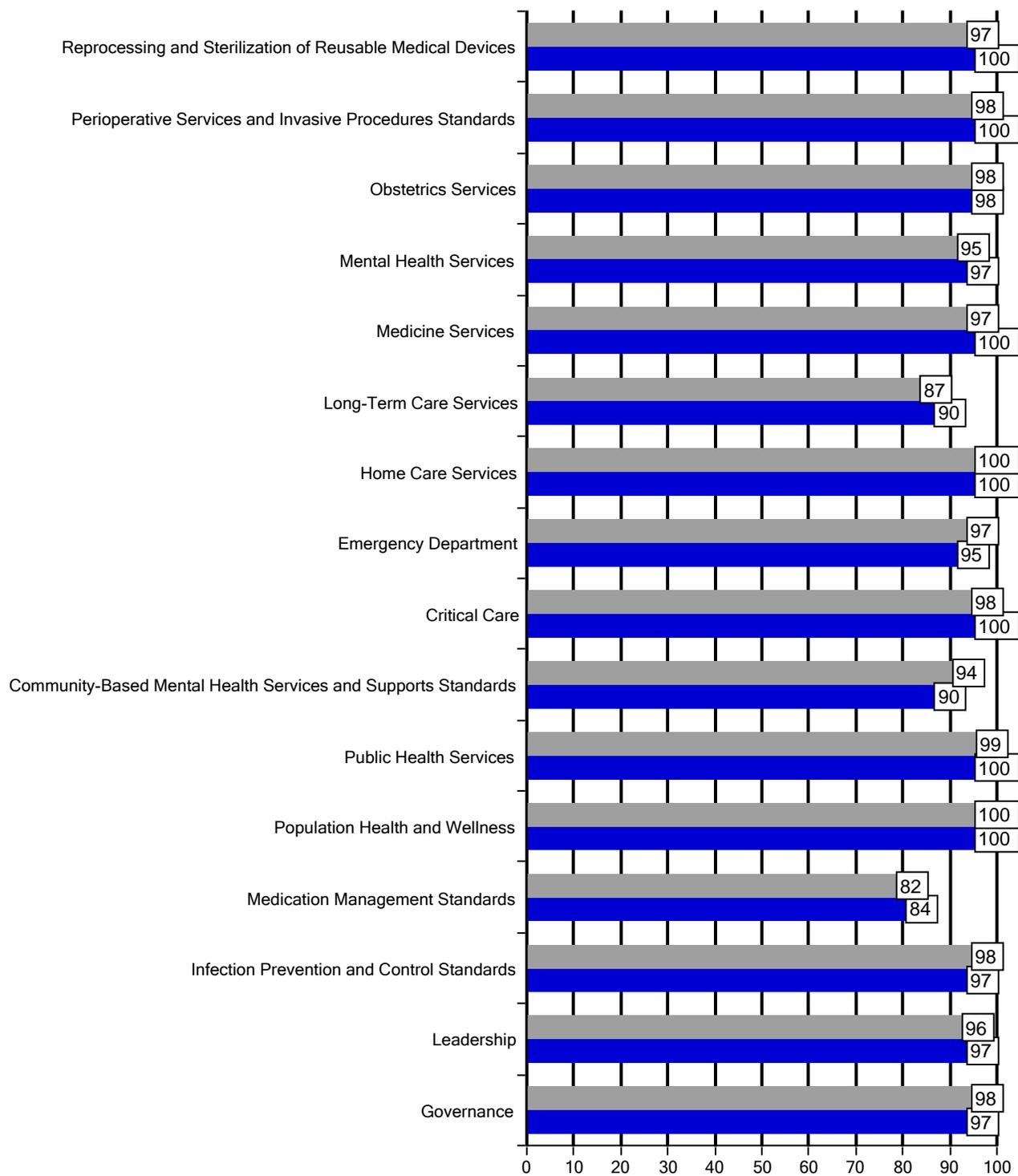
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

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.

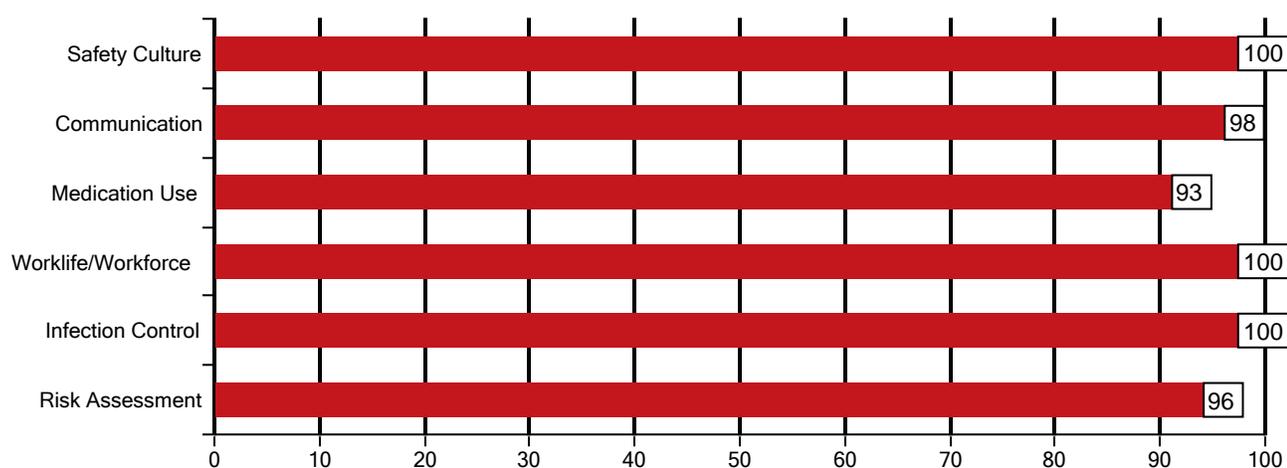
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



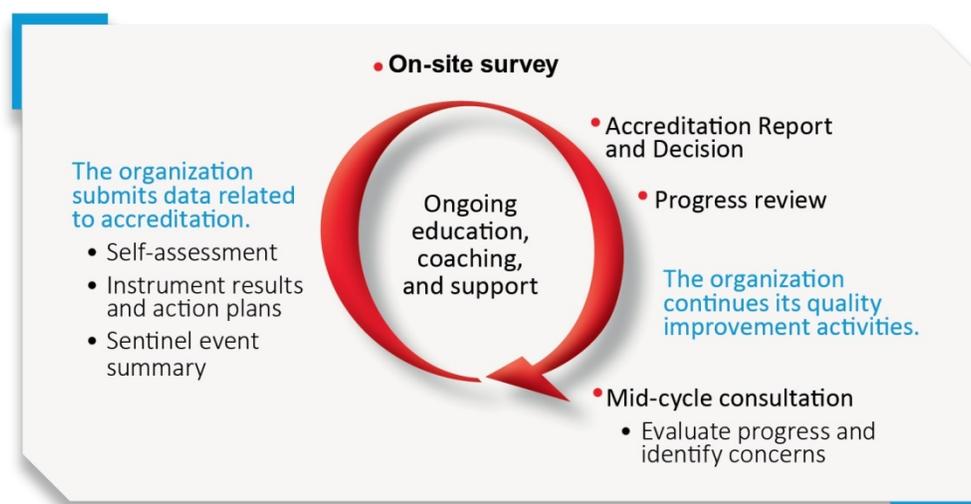
The quality improvement journey

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 **Sunrise Health Region** 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 Canora Gateway Lodge
- 2 Canora Hospital
- 3 Centennial Special Care Home - Esterhazy
- 4 Foam Lake Health Centre
- 5 Foam Lake Jubilee Home
- 6 Invermay Health Centre
- 7 Ituna Pioneer Health Care Centre
- 8 Kamsack Hospital
- 9 Preeceville and District Health Centre (Acute)
- 10 St. Anthony's Hospital
- 11 St. Paul Lutheran Home
- 12 St. Peter's Hospital
- 13 Yorkton and District Nursing Home
- 14 Yorkton Home Care Office
- 15 Yorkton Mental Health Centre
- 16 Yorkton Public Health Office
- 17 Yorkton Regional Health Centre

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

- Antimicrobial Stewardship
 - 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
- Pneumococcal Vaccine

Risk Assessment

- Falls Prevention Strategy
 - Home Safety Risk Assessment
 - Pressure Ulcer Prevention
 - Skin and Wound Care
 - Suicide Prevention
 - Venous Thromboembolism Prophylaxis
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