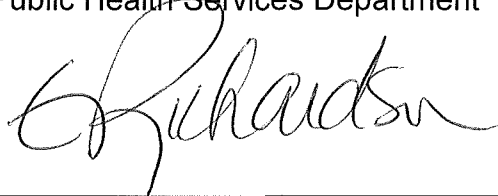




Hamilton

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	March 17, 2014
SUBJECT/REPORT NO:	Post-Accreditation: Maintaining Quality in Public Health BOH14009 (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Mila Ivanova (905) 546-2424 Ext.7091 Jennifer Hohol (905) 546 2424 Ext.6004
SUBMITTED BY:	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department
SIGNATURE:	

Council Direction:

Not Applicable

Information:

For 23 years Hamilton Public Health Services (PHS) had been continuously accredited by the Ontario Council on Community Health Accreditation (OCCHA). Maintaining an accreditation standing was one of the instruments that helped to ensure and promote a culture of accountability and continuous quality improvement (CQI).

The last full accreditation survey was conducted in June 2010, with annual reviews conducted in June 2011 and 2012. The next full accreditation survey was scheduled for June 2013. However, OCCHA ceased its operations on April 1, 2013 due to loss of funding.

Since accreditation through OCCHA was no longer available, staff have carefully considered different options to ensure PHS maintains high standards of performance management.

Accreditation is a valuable tool that can ensure standardization of organizational and governance practices. It has an important peer review component that is missing from other CQI activities. However, accreditation is a resource intensive process.

OUR Vision: To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.

OUR Mission: WE provide quality public service that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Values: Accountability, Cost Consciousness, Equity, Excellence, Honesty, Innovation, Leadership, Respect and Teamwork.

Currently, PHS is focusing staffing and financial resources on implementing change across the organization; including both changes to streamline business processes within PHS and corporate changes such as the corporate culture initiative and financial and human resource management practices. This does not make accreditation a feasible option at this time. To uphold good standards in administrative and operational practices and to ensure PHS maintains compliance with the Ontario Public Health Organizational Standards (OPHOS), staff will continue to work on current CQI initiatives including business process improvements, development of indicators and a Performance Reporting system; and other initiatives outlined in the Departmental Business Plan. As well, staff will continue to do an annual review of compliance with the OPHOS and report back to the Board of Health (BOH).

The following report provides background information and outlines in detail current CQI activities within PHS.

Continuous Quality Improvement in Public Health

Elements of a CQI philosophy have been a longstanding part of public health practice. CQI is defined as “a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community”.¹

In 2006, the Ontario Ministry of Health and Long-Term Care (MOHLTC) and its Capacity Review Committee recommended that CQI should be a “foundation of an effective performance management system for public health in Ontario”.² CQI then became a component of the provincial Performance Management Framework (Appendix A). Accreditation was identified in this framework as an instrument of performance monitoring and reporting.

Accreditation in Public Health and other Health Care Organizations

Accreditation of Public Health is one of the quality improvement tools used to measure an organization’s everyday activities against standards of excellence in an effort to identify strengths and areas for improvement. It helps to put systems into place to minimize risk at all levels of the organization. Accreditation is usually a voluntary process, independent of government, organized and administered by third party accreditation bodies.

Approximately one-third of the 36 Public Health Units (PHUs) in Ontario including Hamilton PHS were accredited through the OCCHA at the time when it ceased operations in 2013. The OCCHA accreditation requirements provided a structure to assess whether key processes and practices were in place related to governance, management and program/service delivery. The OCCHA standards were also closely aligned with the OPHOS that all BOHs were required to meet.

Two additional Ontario PHUs were accredited through Accreditation Canada, an organization that does not receive ministry funding. Accreditation Canada accredits over 1,000 organizations across the country, including approximately 50 public health organizations. Three Ontario PHUs were associated with Excellence Canada.

Some Public Health programs, as well as, individual processes for public health managers and nurses involve separate accreditation processes. For example, Child and Adolescent Services is required to participate in an additional accreditation process against standards set by Children's Mental Health Ontario.

While accreditation is not mandatory in most health care organizations, almost all of Ontario's hospitals and many community-based organizations in the province undertake accreditation through a formalized, recognized and respected accreditation body. Table 1 provided details on accreditation practices in different health care organizations outside of Public Health.

Table 1: Accreditation Practices in Health Care Organizations outside of Public Health

Organization	Accreditation Requirements	Current Practice
LHINs	voluntary	Accreditation by an external accrediting body is becoming increasingly recognized as a strategy for strengthening agency accountability and ensuring compliance with best practice standards
Hospitals	voluntary	Under <i>Excellent Care for All Act</i> all health care providers are required to develop and publicly post an annual Quality Improvement Plan (QIP). Many hospitals have incorporated participation in an accreditation process as part of their QIPs.
CHCs	mandatory	Canadian Centre for Accreditation is the most commonly used accreditation body by CHCs.
CCACs	voluntary	All Ontario CCACs are accredited by third party accreditation bodies.

Post-Accreditation

The MOHLTC has historically supported voluntary accreditation for PHUs acknowledging that the process can provide assurance and accountability for BOH compliance with best practices. At the same time, the accreditation process requires significant commitment in terms of time and resources.

Even in the absence of a formal accreditation program, all PHUs have responsibility to comply with the OPHOS. The MOHLTC's Public Health Organizational Standards integrate accreditation-type standards under the stewardship section.

In addition, PHS is committed to continuous quality improvement through other initiatives (Fig 1.), such as:

- Performance and Reporting System for the monitoring of key performance indicators. This system provides a mechanism for the proactive identification and follow up on variances in Public Health performance.
 - Staff continue to monitor and participate in the further development of province-wide indicators under the Accountability Agreement.
 - Further, staff are developing program performance indicators across all programs which are expected to be complete by the end of 2014, and a report on performance delivered to the BOH in 2015.
- Organizational Standards Risk Monitoring Tool. This tool has been recently developed by the MOHLTC to support a continuous quality improvement approach to organizational effectiveness. It focuses on the disclosure of governance and organizational risks and identification of mitigation strategies. The tool was piloted in several PHUs in Ontario in the fall, 2013. It is anticipated that the BOH will be required to complete the Risk Monitoring Tool in the near future. Staff will be coming to the BOH with a report on Organizational Standards Risk Monitoring Tool and its application when the tool and timelines are available.

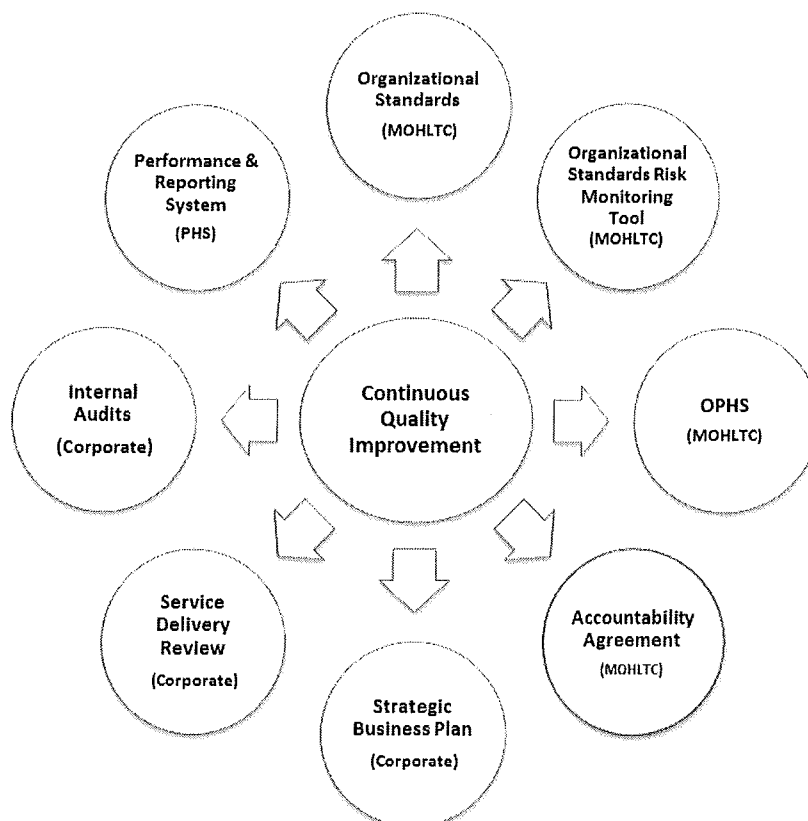


Fig 1. Current Hamilton PHS Continuous Quality Improvement Activities.

PHS also participates in a number of corporate initiatives, such as Strategic Business Planning, Service Delivery Reviews, evaluations and Internal Audits. All these activities promote a culture of continuous improvement in our organization.

Alignment to the 2012-2015 Strategic Plan

Strategic Priority #2

Valued and Sustainable Services

We deliver high quality services that meet citizen needs and expectations, in cost effective and responsible manner

Strategic Objective

2.1 Implement processes to improve services, leverage technology and validate cost effectiveness and efficiencies across the Corporation.

Next Steps

In 2014 PHS will be focusing on implementing more efficient and effective business processes and customer service in concert with PHS Consolidation. We will have the opportunity to explore accreditation in the future once new practices and experience have been further developed within the Ontario public health environment.

Staff will continue to stay abreast of the best evidence and practices in the field of Continuous Quality Improvement and will revisit the option of accreditation with an external body in 2015-2016.

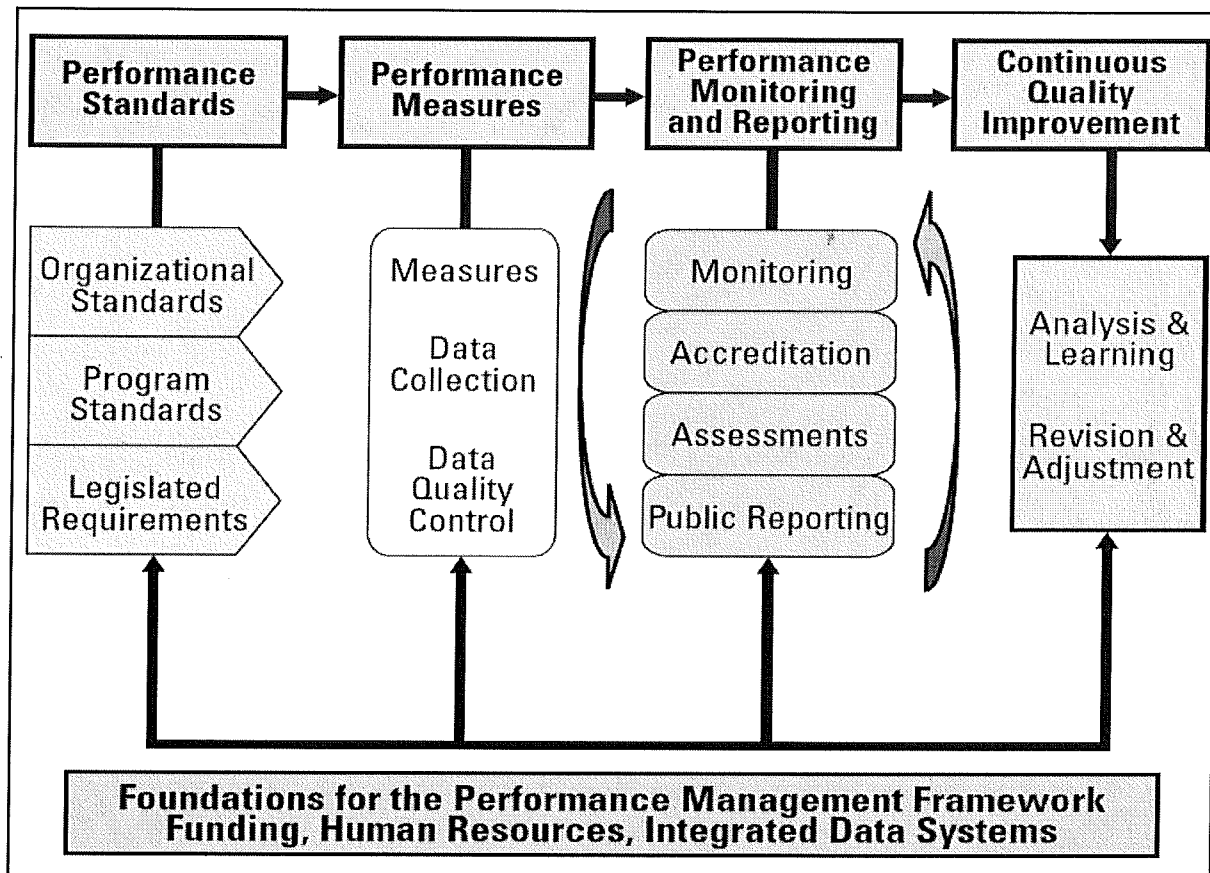
Appendices

Appendix A to Report BOH14009 - Public Health Performance Management Framework

References

1. Riley, W.J., et al., Defining quality improvement in public health. J Public Health Manag Pract, 2010. 16(1): p. 5-7.
2. MOHLTC, Revitalizing Ontario's Public Health Capacity: The Final report to the Capacity Review Committee, 2006. p. 70.

Public Health Performance Management Framework¹



¹ MOHLTC, Revitalizing Ontario's Public Health Capacity: The Final report to the Capacity Review Committee, 2006. p. 70.