



Community Head Injury Resource Services of Toronto

Accredited with Exemplary Standing

Community Head Injury Resource Services of Toronto has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement.

Community Head Injury Resource Services of Toronto 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 **Community Head Injury Resource Services of Toronto** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Community Head Injury Resource Services of Toronto (2021)

Community Head Injury Resource Services of Toronto (CHIRS) formerly known as Ashby House, opened in 1978 as the first community-based head injury residential program in North America. Our mission is to improve the quality of life for people living with the effects of acquired brain injury (ABI). We accomplish this by providing a variety of client-centered programs and services which evolve to meet the changing needs of our clients, stakeholders and the ABI community. Over the years, we have expanded to include long-term residential options, community outreach, leisure/community integration programming, group psycho-social interventions and individualized clinical services.

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

December 6, 2021 to December 7, 2021

Locations surveyed

- **2** 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

- **5 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.

The CHIRS Board appeared skilled and dedicated to the organization. They were well prepared for the survey and it was obvious they were well acquainted with the Governance Standards. As well they had developed and successfully addressed an action plan that indicated areas of weakness when they completed the Governance survey instrument.

The Community Partners were unstinting in their praise of CHIRS identified ways in which all present benefited in the collaborative partnership with CHIRS. CHIRS they reported has a "Big Voice" and attention is paid to their requests for consideration in taking care of the ABI population. While under challenging service delivery due to the Covid pandemic, clients and families were praiseworthy of the support they receive and the new approaches to keeping clients and families supported.

Staff spoke with reported that they feel like a "family" and every consideration is given to their needs in these challenging times.

To complete the virtual component of the CHIRS survey, the organization was asked to participate in identifying the successes, challenges, and opportunities from their perspective. The organization understood that it would be reviewed by the survey team. What appears below is the perspective provided by the organization and reviewed by the survey team.

Successes, Challenges & Opportunities

Board of Directors

Success:

Introduced 360 evaluation for individual board member performance in addition to existing board performance measurement. Enhanced orientation for all new board members including mandatory site visits.

Challenges:

While board members come with diverse industry experience not many have significant board experience.

Opportunities:

Seek opportunities and avenues (e.g., Board Match) to attract board members with more extensive board experience

Community and community partnerships*Success:*

CHIRS has been able to develop and maintain strong partnerships due to its reputation of excellence in the provision of community-based ABI services. Partnerships include ABI providers within the province as well as those in addiction medicine, justice (long-time membership on Human Services and Justice Committee), and the homeless sectors. CHIRS is sought regularly to provide clinical resources and day programming to other providers (including other funded ABI programs)

Partnerships have yielded:

- Development of programming for ABI and addiction at CAMH which has significantly enhanced capacity for ABI clients.
- New access to supported housing placements with shared care model of service delivery.
- Improved access to residential Addiction treatment through CAMH and Renascent.
- Shared programming with the Brain Injury Society of Toronto and other ABI providers to enhance connections and opportunities for clients.
- Training exchanges across partnerships (i.e., trade training about ABI for training for CHIRS staff in areas of motivational interviewing (MI), dialectical behavior training (DBT), cognitive behavior training (CBT), Complex case management).
- Cross consultation between CHIRS and Addictions and MH providers
- New partnership with Second Harvest to address food instability for clients.
- Opportunities to participate in research due to established relationships with partners in larger organizations (e.g., CAMH, UHN)

Challenges:

As a smaller specialized community organization, have limited access to research funding bodies (e.g., CIHR, CIHI) Limited ability to divert resources to support consistent outcome measurement.

Seek representation at Ontario Health Team table.

Opportunities:

Seek new partnerships with the housing providers.

Leadership

Success:

The existence of a well-developed and tested Emergency Preparedness Plan which includes Business Continuity planning had CHIRS well positioned to respond to the pandemic. Had sufficient IPAC protocols and PPE supply to ensure quick ramp-up in response to PH recommendations.

CHIRS COVID 19 Response Plan was seen as a model and CHIRS was asked to share with LHIN HPs and other Community Support Services and Provincial ABI Network.

A unique approach to leadership training. Developed a highly customized leadership training program for supervisors with an external facilitator. The facilitator reported it was highly unusual for an organization to dedicate such resources to customized training as opposed to purchasing packaged curriculum.

Reviewed available leadership resources and organizational needs, resulting in a restructure that is better suited for changing organizations.

Conducted a thorough review of existing communication strategies and developed a new 3-part plan that supports evaluation and ongoing communication with clients, families, staff, and other stakeholders, both during COVID and beyond.

Challenges:

Resources for IT limited by funding.

Opportunities:

Opportunity to evaluate leadership team needs and plan for succession of key leadership team members.

Staffing and work-life

Success:

Senior Mgmt. commitment to Diversity – new membership as Employer partner of Canadian Centre for Diversity and Inclusion, provides significant resources to support CHIRS inclusion and diversity work.

Clinical initiative to monitor staff wellness during pandemic (wellness check-ins through individual phone calls, investigating and sharing available resources to support staff in dealing with the trauma of pandemic)

Given CHIRS strong culture and high staff, retention was readily able to mobile staff to support residential care during staffing challenges in the early days of the pandemic.









Introduced clinical coaching-based model for staff to augment training curriculum and revamped new staff orientation to enhance knowledge translation and retention.

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.

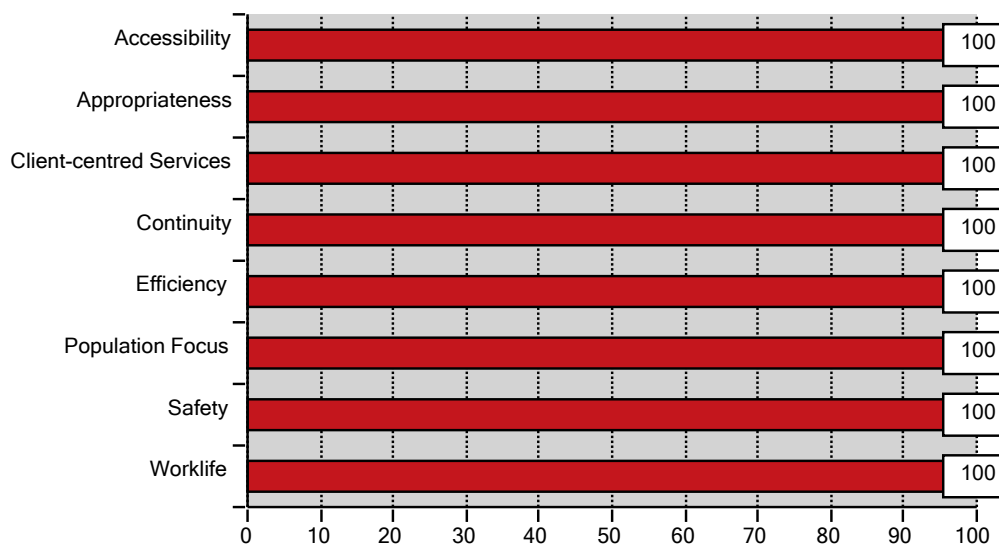
The quality dimensions are:

-  **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:** 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

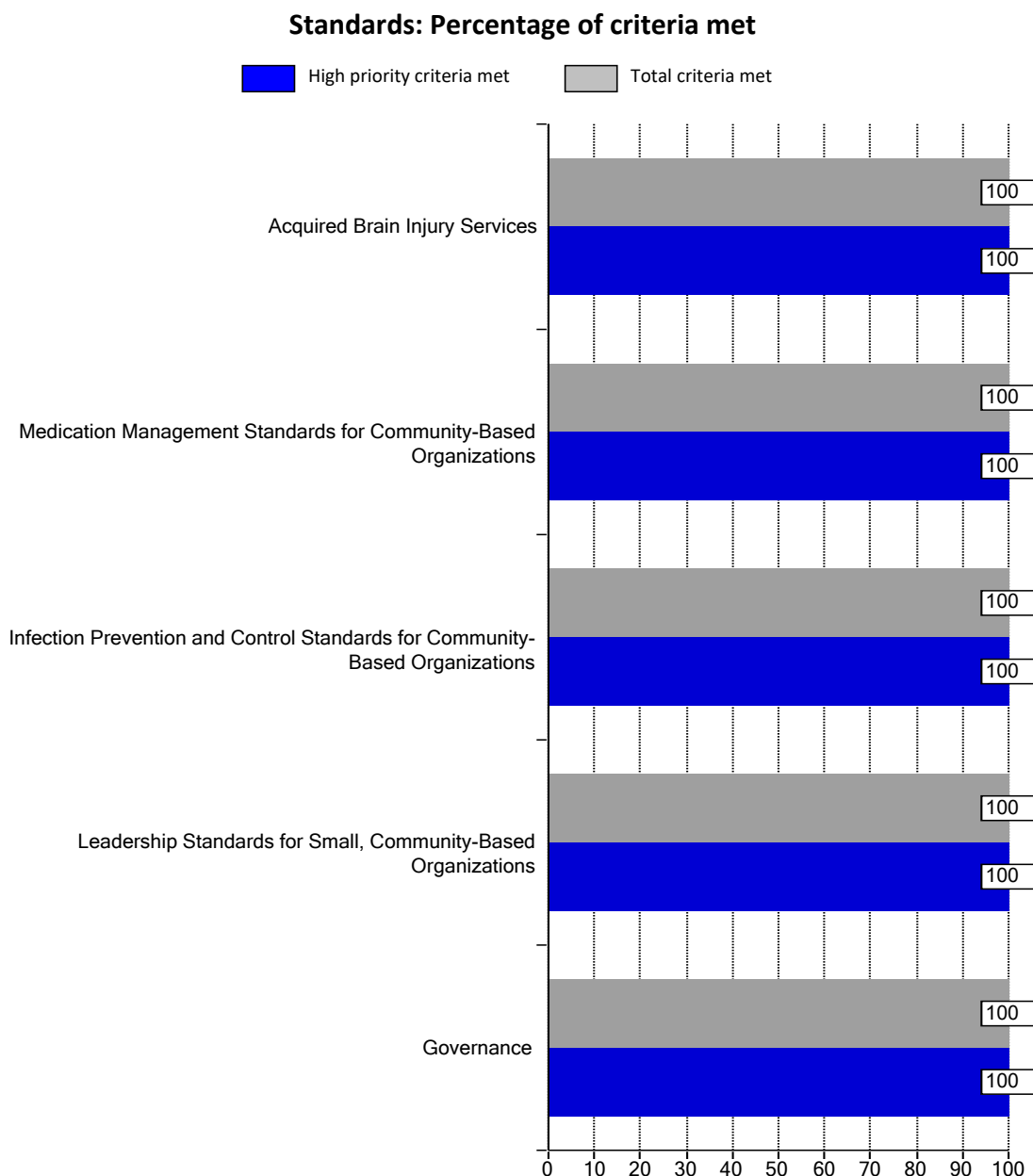


Overview: Standards results

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.



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.

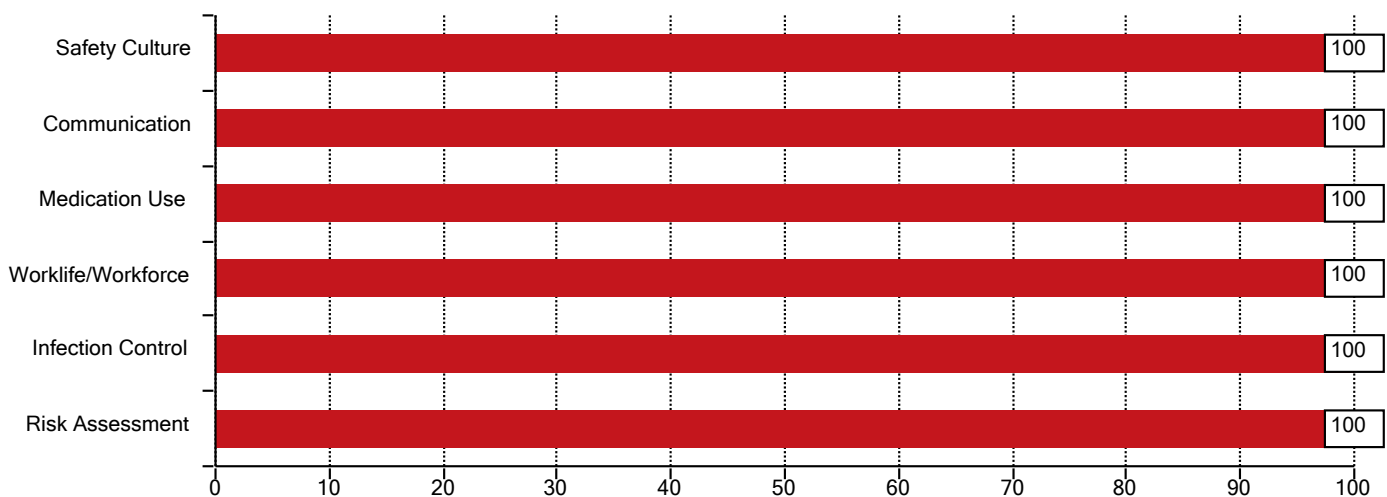
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes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



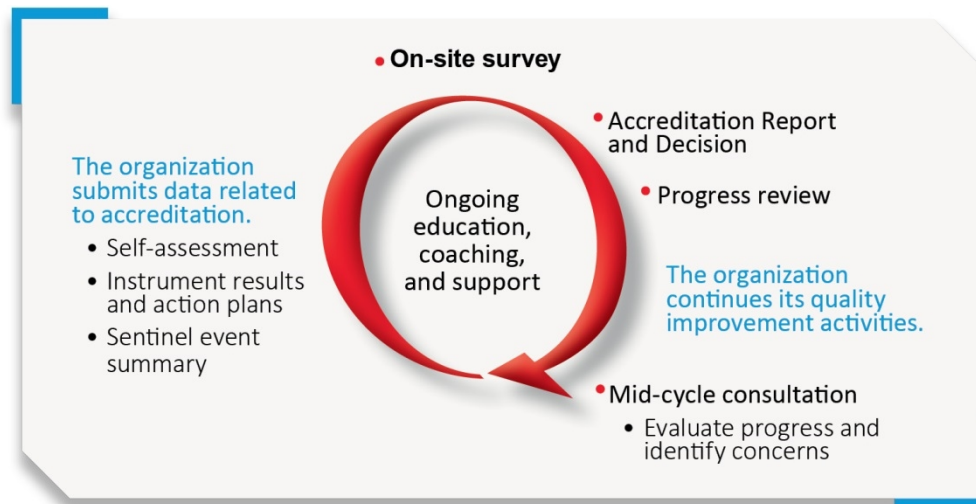
The quality improvement journey

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 **Community Head Injury Resource Services of Toronto** 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 Aldebrain Towers
- 2 Community Head Injury Resource Services of Toronto

Appendix B

Required Organizational Practices

Safety Culture

- Accountability for Quality
 - Patient safety incident disclosure
 - Patient safety incident management
 - Patient safety quarterly reports
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Communication

- Client Identification
 - Information transfer at care transitions
 - Medication reconciliation as a strategic priority
 - Medication reconciliation at care transitions
 - The “Do Not Use” list of abbreviations
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Medication Use

- High-Alert Medications
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Worklife/Workforce

- Patient safety plan
 - Patient 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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Risk Assessment

- Falls Prevention Strategy
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