



ACCREDITATION CANADA



Driving Quality Health Services

Accreditation Report

Prepared for:
University Health Network

Toronto, ON

On-site Survey Dates:
November 16, 2008 - November 21, 2008

December 18, 2009



ACCREDITATION CANADA
AGRÉMENT CANADA

Accredited by ISQua

Final Accreditation Report

About this Report

This Report documents updated information and action taken by University Health Network to address areas for improvement identified in its Forecast Report issued in April 2009. It also shows the final accreditation decision.

The Report is based on information obtained from the organization. Accreditation Canada relies on the accuracy of this information to conduct the on-site survey and to prepare the Report. Any alteration of this Report compromises the integrity of the accreditation process and is strictly prohibited.

Confidentiality

This Report is confidential and is provided by Accreditation Canada to University Health Network only. Accreditation Canada does not release the Report to any other parties.

In the interests of transparency, Accreditation Canada encourages the dissemination of the information in this Report to staff, board members, clients, the community, and other stakeholders.

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About the Qmentum Accreditation Program

Accreditation is a cornerstone of quality improvement and patient safety initiatives, enabling an organization to regularly and consistently assess and improve its services.

Accreditation Canada's Qmentum program offers a customized process aligned with organizational needs and priorities. Organizations complete self-assessment questionnaires, collect indicator and instrument data, and undergo an on-site survey during which peer surveyors assess their services against national standards of excellence. Qmentum also offers ongoing support from and liaison with Accreditation Specialists who work with each organization to address critical issues, assist with action planning, and monitor progress.

Accreditation results, and the accreditation decision, are documented as follows:

- **On-Site Report:**
At the conclusion of the on-site survey, surveyors provide the organization with an On-site Report summarizing their findings. The organization reviews the results and starts working on areas identified for improvement.
- **Forecast Report:**
Following the on-site survey, Accreditation Canada issues a Forecast Report, containing more detailed on-site survey findings, a summary of indicator and instrument data, and a forecast of the final accreditation decision.
- **Final Report:**
The Final Report is issued six months after the Forecast Report. It shows updated data, based on action(s) the organization has taken to address areas identified for improvement in the Forecast Report, and the final accreditation decision.

The findings in these Reports guide the organization as it incorporates the principles of accreditation into its programs and improves the quality of care and services provided to clients and the community.

An important adjunct to the Accreditation Reports is the Quality Performance Roadmap, available to the organization through a designated online portal. The Roadmap allows organization teams to review accreditation requirements and results in detail, and develop action plans, submit evidence, and monitor improvements.

Accreditation Summary

University Health Network

On-site survey dates	November 16 to 21, 2008
Forecast Report issued	April 16, 2009
Forecast of the accreditation decision	Accreditation

Final Report issued	
Accreditation Decision	Accreditation

Accreditation History

Previous on-site survey dates	November 27 to December 2, 2005
Accreditation Decision	Accreditation
Previous on-site survey dates	November 17 to 22, 2002
Accreditation Decision	Accreditation
Previous on-site survey dates	November 21 to 26, 1999
Accreditation Decision	Accreditation with Report
Previous on-site survey dates	June 21 to 28, 1995
Accreditation Decision	Accreditation
Previous on-site survey dates	July 13 to 14, 1992
Accreditation Decision	Accreditation

Organization's Commentary

The following comments were provided to Accreditation Canada post survey.

The Self-Assessment Process

University Health Network found that the self-assessment process has helped to engage a far greater number of staff in the accreditation process. The feedback gained from the Quality Performance Roadmap has assisted the quality teams in formulating action plans to map out areas for improvement. Furthermore, the self-assessment process brought together units from other sites and departments to work on these new quality initiatives together.

Survey Visit

The experience of a Qmentum survey has been an overwhelmingly positive one. The survey team was composed of a diverse group of engaging individuals who staff felt very comfortable speaking with. The staff enjoyed having the opportunity to speak with people from another organization about the amazing work that they are doing in their applicable field at UHN. The surveyors had an opportunity to visit a diverse array of units and practice areas throughout the organization, though more time may have been necessary, as some units were disappointed to go through the week without any surveyor visit. Overall though, staff expressed a high level of satisfaction with the survey visit.

Survey Findings

The onsite report left following the survey has identified that UHN has met 1509 of our 1521 standards' criteria. UHN's review of this report has identified a couple issues that may need further clarification from Accreditation Canada.

1. The points flagged on our patient safety culture survey are incongruent with the information available to the organization in the Accreditation Canada portal. The onsite report notes that there are two yellow flags, while the report on the portal notes that there are five yellow flags.
2. As well, our onsite report noted that UHN has not submitted indicator data for surgical site infection related to cardiac surgery, total joint arthroplasty, and craniotomy. This data was submitted by UHN to the Accreditation Canada portal in September of 2008.

Overall, UHN is pleased to find that it is in compliance with almost all of the Accreditation Canada standards and it is compliant with all 25 applicable required organizational practices. The information in the onsite report has been shared with the hospital's senior management team as well as the operations committee. These groups worked with the UHN accreditation resource team and they have recognized the standards of non-compliance as areas that need to be addressed.

Moving Forward

As an organization, UHN is committed to the quality improvement process and will be building on our successes from our 2008 accreditation survey. The senior management has made the commitment to hire a permanent full time accreditation resource to ensure sustainability.

Leading Practices

Recognizing innovation and creativity in Canadian health care delivery

Leading practices are commendable or exemplary organizational practices that demonstrate high quality leadership and service delivery. Accreditation Canada considers these practices worthy of recognition as organizations strive for excellence in their specific field, or commendable for what they contribute to health care as a whole. They may have been identified as a leading practice in a particular geographic region, or for a particular service delivery area or health issue.

Leading Practices

- are creative and innovative
- demonstrate efficiency in practice
- are linked to Accreditation Canada standards
- are adaptable by other organizations

University Health Network is commended for the following:



The radiation medicine program has a process-oriented approach to treatment planning and delivery of intensity-modulated radiation therapy (IMRT) for head and neck cancer, sarcomas, gynaecological and gastro-intestinal disease. IMRT is the new standard of care for patients with select forms of cancer and re treatment. The treatment uses technology to minimize treatment side effects while providing radiation to the tumours.

UHN is ensuring high quality IMRT by developing standard treatment protocols for each clinical scenario. A multidisciplinary team is also developing new communication strategies, automated treatment planning, and quality control tools to improve the efficiency and quality of treatment plans. Uniformity of practice is being influenced through multidisciplinary audited reviews of radiotherapy target volumes and treatment plans.

Princess Margaret Hospital, in collaboration with Cancer Care Ontario and the University of Toronto Department of Radiation Oncology also offers a IMRT Education Course. The course was developed to share a unique interdisciplinary approach to patient treatment, and program development to give radiation practitioners from across the province an opportunity to enhance their knowledge and skills in this area.

The program is significant as there is a provincial plan to implement an IMRT Program, which includes the course. (Cancer Care & Oncology Services)



The emergency department has created a mobile outreach program to link hospital nurses that have expertise in the care of elderly patients with long term care facilities located in the catchment area. These nurses provide services in the long term care homes. The visits prevent emergency department visits, provide specialized nursing procedures in the long term care homes, and assist in meeting the needs of elderly patients. The nurses are available by pager and appointments can be made for them to see long term care residents. They also provide a link between the long term care facilities and emergency department services. (Cancer Care & Oncology Services)

1 Results Overview

This section of the Report shows an overview of the organization's results, displayed according to three significant components of the accreditation program: quality dimensions, required organizational practices, and standards sections.

1.1 Overview by Quality Dimensions

Accreditation Canada standards and criteria can be categorized into eight quality dimensions.

The following table summarizes the percentage of criteria associated with each quality dimension that were met by the organization, as well as the national compliance rate from January 1 to December 31, 2008 for all Accreditation Canada organizations.

Quality Dimension	Organization compliance rate %		National compliance rate * %
	Forecast Results	Final Results	
Population Focus <ul style="list-style-type: none"> ▪ Working with communities to anticipate and meet needs 	100	100	91
Accessibility <ul style="list-style-type: none"> ▪ Providing timely and equitable services 	100	100	93
Safety <ul style="list-style-type: none"> ▪ Keeping people safe 	99	100	86
Worklife <ul style="list-style-type: none"> ▪ Supporting wellness in the work environment 	100	100	91
Client-centred Services <ul style="list-style-type: none"> ▪ Putting clients and families first 	100	100	92
Continuity of Services <ul style="list-style-type: none"> ▪ Experiencing coordinated and seamless services 	100	100	92
Effectiveness <ul style="list-style-type: none"> ▪ Doing the right thing to achieve the best possible results 	99	99	86
Efficiency <ul style="list-style-type: none"> ▪ Making the best use of resources 	98	98	91

* Percentage of Accreditation Canada organizations surveyed from January 1 to December 31, 2008 that are in compliance with the criteria associated with each quality dimension.

1.2 Overview by Required Organizational Practice (ROP)

Required Organizational Practices are essential practices that Accreditation Canada requires organizations to have in place to enhance patient and client safety and minimize risk.

This section shows two tables. The first summarizes the safety areas addressed by each ROP, and shows the organization's compliance status and the percentage of Accreditation Canada organizations nationally that met the ROP from January 1 to December 31, 2008.

To help organizations identify specific areas for action related to ROPs, the second table shows detailed requirements for unmet ROPs, and the standards sections in which they appear.

Following the on-site survey and receipt of the Forecast Report, organizations have opportunities to submit evidence of action taken to address areas identified for improvement. ROPs that continue to be rated unmet may be a result of the organization submitting incomplete or insufficient evidence, or because it has chosen to focus on other areas.

1.2a Overview by ROP Safety Areas

Safety Areas For Required Organizational Practices	Status at the Time of Forecast Report	Status at the Time of Final Report	Organizations that met the ROP %
Culture			
Adopts client safety as a written, strategic priority or goal	Met	Met	76
Produces quarterly reports on client safety, including recommendations from adverse incidents	Met	Met	77
Has a reporting and follow-up system for sentinel events, adverse events, and near misses	Met	Met	88
Discloses adverse events to clients and families	Met	Met	82
Conducts one client safety-related prospective analysis per year	Met	Met	61
Communication			
Educates clients and families about their roles in promoting safety	Met	Met	63
Ensures effective information transfer at transition points	Met	Met	89

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Safety Areas For Required Organizational Practices	Status at the Time of Forecast Report	Status at the Time of Final Report	Organizations that met the ROP %
Communication			
Uses verification processes and other checking systems for high-risk activities	Met	Met	87
Conducts medication reconciliation at admission	Met	Met	36
Conducts medication reconciliation at transfer	Met	Met	34
Uses two client identifiers before administering medications	Met	Met	84
Medication Use			
Stores concentrated electrolytes away from client service areas	Met	Met	87
Standardizes and limits number of medication concentrations	Met	Met	92
Provides training on infusion pumps	Met	Met	79
Worklife/Workforce			
Delivers client safety training and education at least annually	Met	Met	84
Develops and implements client safety plan	Met	Met	82
Defines roles, responsibilities, and accountabilities for client care and safety	Met	Met	61
Has a preventive maintenance program for medical devices, equipment, and technology	Met	Met	78
Infection Control			
Ensures policies and procedures meet infection control guidelines	Met	Met	93
Delivers hand hygiene education and training	Met	Met	96
Tracks and shares information on infection rates	Met	Met	67

Safety Areas For Required Organizational Practices	Status at the Time of Forecast Report	Status at the Time of Final Report	Organizations that met the ROP %
Infection Control			
Monitors processes for reprocessing equipment	Met	Met	88
Administers the influenza vaccine	Met	Met	91
Administers the pneumococcal vaccine	Not applicable	Not applicable	86
Falls Prevention			
Implements a falls prevention strategy	Met	Met	56

1.2b Overview of Unmet ROPs by Standards Section and Criterion

All Required Organizational Practices (ROPs) have been met by the organization. There is no follow-up required.

1.3 Overview by Standards Section

The following table shows the percentage of high priority criteria in the identified standards section with which the organization has complied.

Standards Section	Organization compliance rate %		National compliance rate * %
	Forecast Results	Final Results	
Governance	100	100	89
Proactive and Supportive Organization	100	100	86
Infection Prevention and Control	95	100	92
Managing Medications	100	100	92
Ambulatory Care	100	100	80
Cancer Care & Oncology Services	100	100	83
Community Health Services	93	100	75
Critical Care Services	100	100	80
Diagnostic Imaging Services	95	98	88
Emergency Department Services	100	100	79
Hospice Palliative and End-of-Life Services	100	100	84
Medicine Services	100	100	72
Mental Health Services	100	100	78
Operating Rooms	100	100	93
Surgical Care	100	100	84

* Percentage of Accreditation Canada organizations surveyed from January 1 to December 31, 2008 that are in compliance with the specified high priority criteria.

2 Status of Unmet, High Priority Criteria (from Forecast Report)

This section lists the high priority criteria from each standards section that were rated unmet at the time of the Forecast Report, and their current status. This table excludes the ROP data that is displayed in the previous section.

Following the on-site survey and receipt of the Forecast Report, organizations have opportunities to submit evidence of action taken to address areas identified for improvement. Criteria that continue to be rated unmet may be a result of the organization submitting incomplete or insufficient evidence, or because it has chosen to focus on other areas.

Infection Prevention and Control		Organization compliance status (Final Report)	National compliance rate * %
1.3	Surgical Site Infection.	Met	56
11.2	Staff and service providers take specific precautions when handling high-risk materials or waste, such as sharps.	Met	99
Community Health Services		Organization compliance status (Final Report)	National compliance rate * %
13.4	The team benchmarks or compares its results with other similar interventions, programs, or organizations.	Met	68
Diagnostic Imaging Services		Organization compliance status (Final Report)	National compliance rate * %
4.5	The team has control of temperature and ventilation to ensure client and staff safety, accurate film processing, and proper equipment function.	Met	88
10.1	The team interprets diagnostic information as soon as possible and within 48 hours of conducting the examination.	Unmet	78
16.2	The team involves clients, families, and other organizations when evaluating its diagnostic imaging services.	Met	56

* Percentage of Accreditation Canada organizations surveyed from January 1 to December 31, 2008 that are in compliance with the specified high priority criteria.

3 Performance Measures (Instruments and Indicators)

As part of the accreditation process, organizations collect performance measurement data. These measures consist of both instruments and indicators, and are valuable components of evaluation and quality improvement.

This section compares the organization's performance measurement data with national data submitted by Accreditation Canada organizations. It can be used by the organization for benchmarking or other purposes.

3.1 Instrument Results

Instruments are questionnaires completed by a representative sample of board members, clients, staff, leadership, or other stakeholders.

Governance Functioning Tool

The Governance Functioning Tool is an opportunity for governing body members to assess their internal structures and processes, provide their perceptions and opinions, and identify areas for improvement.

The organization's governing body members completed the Governance Functioning Tool between December 10, 2007 and April 4, 2008. This table compares the results to national results obtained from January 1 to December 31, 2008.

Number of survey respondents = 18 respondents

Governance Structures and Processes	% Agree		% Neutral		% Disagree	
	Organization	National	Organization	National	Organization	National
1 We actively recruit, recommend and/or select new members based on needs for particular skills.	100	88	0	0	0	12
2 We have explicit criteria to recruit and select new members.	100	80	0	0	0	20
3 Our renewal cycle is appropriately managed to ensure continuity on the governing body.	94	91	0	0	6	9
4 The composition of our governing body allows us to meet stakeholder and community needs.	94	95	0	0	6	5
5 The composition of our governing body reflects the diversity of the community served.	82	85	0	0	18	15
6 Clear written policies define term lengths and limits for individual members, as well as compensation (as applicable).	100	95	0	0	0	5

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Governance Structures and Processes	% Agree		% Neutral		% Disagree	
	Organization	National	Organization	National	Organization	National
7 We regularly review, understand, and ensure compliance with applicable laws, legislation and regulations.	100	91	0	0	0	9
8 Governance policies and procedures that define our role and responsibilities are well-documented and consistently followed.	100	93	0	0	0	7
9 We review our own structure, committee practices, scope of authority and bylaws regularly.	94	85	0	0	6	15
10 Our committees have clearly-defined roles and responsibilities.	100	96	0	0	0	4
11 Our roles and responsibilities are clearly identified and distinguished from those delegated to the CEO and/or senior management. We do not become overly involved in management issues.	100	93	0	0	0	7
12 We each receive orientation that helps us to understand the organization and its issues, and supports high-quality decision-making.	100	89	0	0	0	11
13 Disagreements are viewed as a search for solutions rather than a “win/lose”.	100	93	0	0	0	7
14 Our meetings are held frequently enough to make sure we make timely decisions.	100	96	0	0	0	4
15 Individual members carry out their roles and responsibilities in between meetings, including committee work (as applicable).	100	97	0	0	0	3
16 Members come to meetings prepared to engage in meaningful discussion and thoughtful decision-making.	100	94	0	0	0	6
17 Our governance processes make sure that everyone participates in decision-making.	100	92	0	0	0	8
18 Individual members are actively involved in policy-making and strategic direction.	94	87	0	0	6	13
19 The composition of our governing body contributes to high governance and leadership performance.	94	92	0	0	6	8

Governance Structures and Processes	% Agree		% Neutral		% Disagree	
	Organization	National	Organization	National	Organization	National
20 Our governing body's dynamics enable group dialogue and discussion. Individual members ask for and listen to one another's ideas and input.	100	94	0	0	0	6
21 Ongoing education and professional development is encouraged.	100	90	0	0	0	10
22 Working relationships among individual members and committees are positive.	100	97	0	0	0	3
23 We have a process to set bylaws and corporate policies.	94	96	0	0	6	4
24 Our bylaws and corporate policies cover confidentiality and conflict of interest.	100	98	0	0	0	2
25 We formally evaluate our own performance on a regular basis.	88	72	0	0	12	28
26 We benchmark our performance against other similar organizations and/or national standards.	88	65	0	0	12	35
27 Contributions of individual members are reviewed regularly.	67	55	0	0	33	45
28 As a team, we regularly review how we function together and how our governance processes could be improved.	88	71	0	0	12	29
29 There is a process for improving individual effectiveness when non-performance is an issue.	73	54	0	0	27	46
30 We regularly identify areas for improvement and engage in our own quality improvement activities.	88	75	0	0	12	25
31 As a governing body, we annually release a formal statement of our achievements that is shared with the organization's staff as well as external partners and the community.	83	80	0	0	17	20
32 As individual members, we receive adequate feedback about our contribution to the governing body.	53	61	0	0	47	39

Patient Safety Culture Survey

The Patient Safety Culture Tool asks staff to provide their perceptions about the culture of patient safety with the organization. It identifies areas of strength, areas for improvement, and mechanisms to monitor changes.

The organization's staff completed the Patient Safety Culture Tool between November 1, 2007 and December 3, 2008. This table compares the results to national results obtained from January 1 to December 31, 2008.

Number of survey respondents = 3556 respondents

A. Patient Safety: Activities to avoid, prevent, or correct adverse outcomes which may result from the delivery of health care	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
1 Patient safety decisions are made at the proper level by the most qualified people	10	11	15	14	75	75
2 Good communication now exists up the chain of command regarding patient safety issues	12	16	16	17	72	66
3 Reporting a patient safety problem will result in negative repercussions for the person reporting it	75	79	12	11	13	9
4 Senior management has a clear picture of the risks associated with patient care	17	20	22	24	62	56
5 My department takes the time to identify and assess risks to patients	9	8	11	11	80	81
6 My department does a good job of managing risks to ensure patient safety	7	6	10	10	83	84
7 Senior management provide a climate that promotes patient safety	10	13	17	20	73	67
8 Asking for help is a sign of incompetence	89	93	5	3	7	4
9 If I make a mistake that has significant consequences and nobody notices, I do not tell anyone about it	92	94	5	3	4	3
10 Telling others about my mistakes is embarrassing	65	67	13	12	22	21
11 I am less effective at work when I am fatigued	12	11	11	9	77	80
12 Senior management considers patient safety when program changes are discussed	11	13	29	30	61	57
13 Personal problems can adversely affect my performance	32	32	21	17	46	51

A. Patient Safety: Activities to avoid, prevent, or correct adverse outcomes which may result from the delivery of health care	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
14 I will suffer negative consequences if I report a patient safety problem	82	86	10	9	7	5
15 If people find out that I made a mistake, I will be disciplined	55	56	24	24	21	20
16 I am rewarded for taking quick action to identify a serious mistake	30	37	35	32	35	31
17 Loss of experienced personnel has negatively affected my ability to provide high quality patient care	38	42	25	24	37	34
18 I have enough time to complete patient care tasks safely	23	30	23	20	54	50
19 Clinicians who make serious mistakes are usually punished	53	46	34	37	13	16
20 In the last year, I have witnessed a co-worker do something that appeared to me to be unsafe for the patient in order to save time	50	54	21	19	29	27
21 I am provided with adequate resources (personnel, budget, and equipment) to provide safe patient care	30	34	21	20	49	46
22 I have made significant errors in my work that I attribute to my own fatigue	76	80	14	12	10	9
23 I believe that health care error constitutes a real and significant risk to the patients that we treat	11	14	13	15	77	71
24 I believe health care errors often go unreported	25	26	23	24	52	50
25 My organization effectively balances the need for patient safety and the need for productivity	14	20	25	27	61	53
26 I work in an environment where patient safety is high priority	7	10	11	13	81	77
27 I believe that most serious occurrences happen as a result of multiple small failures, and are not attributable to one individual's actions	12	14	24	24	64	62

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A. Patient Safety: Activities to avoid, prevent, or correct adverse outcomes which may result from the delivery of health care	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
28 My supervisor/manager says a good word when he/she sees a job done according to established patient safety procedures	19	26	22	23	59	52
29 My supervisor/manager seriously considers staff suggestions for improving patient safety	11	15	17	18	72	67
30 Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it means taking shortcuts	69	69	17	17	13	14
31 My supervisor/manager overlooks patient safety problems that happen over and over	71	74	15	14	14	11

B. These questions are about your perceptions of overall patient safety	% Good/ Excellent		% Acceptable		% Poor/ Failing	
	Organization	National	Organization	National	Organization	National
32 Please give your unit an overall grade on patient safety	66	66	29	30	5	5
33 Please give the organization an overall grade on patient safety	59	53	34	39	6	8

C. These questions are about what happens after a Major Event	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
34 Individuals involved in major events have a quick and easy way to capture/report what happened	8	9	21	21	71	71
35 Individuals involved in major events contribute to the understanding and analysis of the event and the generation of possible solutions	11	12	21	19	67	69
36 A formal process for disclosure of major events to patients/families is followed and this process includes support mechanisms for patients, family, and care/service providers	10	11	33	32	57	56

C. These questions are about what happens after a Major Event	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
37 Discussion around major events focuses mainly on system-related issues, rather than focusing on the individual(s) most responsible for the event	14	16	31	34	55	50
38 The patient and family are invited to be directly involved in the entire process of understanding: what happened following a major event and generating solutions for reducing re-occurrence of similar events	17	17	40	37	43	45
39 Things that are learned from major events are communicated to staff on our unit using more than one method (e.g. communication book, in-services, unit rounds, emails) and / or at several times so all staff hear about it	14	17	18	19	68	64
40 There is a pharmacist who is a full member of the patient care team on the unit (e.g. they participate in rounds and are accessible to people on the unit)	11	30	17	25	71	45

D. These questions ask about some of your own actions	% Seldom/ Never		% Occasionally		% Often/ Always	
	Organization	National	Organization	National	Organization	National
41 If I see someone engaging in unsafe care practice, I confront them	9	9	24	25	67	66
42 I take shortcuts which involve little or no risk to patient safety	75	77	19	17	6	6
43 I talk about patient safety issues with fellow workers	10	10	30	31	60	59
44 I engage in unsafe care practice in order to get the job done	93	95	3	3	3	2
45 I report the errors I make	5	3	9	9	87	89
46 I learn from errors made by my colleagues	4	3	10	15	87	82

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3.2 Indicator Results

Indicators collect data related to important aspects of patient safety and quality care. The tables in this section show the indicator data that has been submitted by the organization.

Medication Reconciliation at Admission

Transition points in the care continuum are particularly prone to risk, and the communication of medication information has been identified as a priority area for improving the safety of healthcare service delivery. This performance measure will provide a practical guide for organizations as medication reconciliation is conducted more widely throughout the organization.

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Princess Margaret Hospital (Cancer Care & Oncology Services)	CCOS-Inpatient Services	01/01/2009 31/03/2009	50	PMH target population: exclude patients with fewer than 3 meds, cognitively impaired, patients who do not speak English and transferred or discharged home with in 72 hours of admission.
RED	Princess Margaret Hospital (Cancer Care & Oncology Services)	CCOS-Inpatient Services	01/04/2009 30/06/2009	57	PMH target population: exclude patients with fewer than 3 meds, cognitively impaired, patients who do not speak English and transferred or discharged home with in 72 hours of admission.
RED	Princess Margaret Hospital (Cancer Care & Oncology Services)	CCOS-Radiation Medicine	01/01/2009 31/03/2009	49	PMH target population: exclude patients with fewer than 3 meds, cognitively impaired, patients who do not speak English and transferred or discharged home with in 72 hours of admission.

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Princess Margaret Hospital (Cancer Care & Oncology Services)	CCOS-Radiation Medicine	01/04/2009 30/06/2009	34	PMH target population: exclude patients with fewer than 3 meds, cognitively impaired, patients who do not speak English and transferred or discharged home within 72 hours of admission.
RED	Toronto General Hospital (Critical Care Services)	CriticalCare-CICU TGH	01/01/2009 31/03/2009	36	
RED	Toronto General Hospital (Critical Care Services)	CriticalCare-CICU TGH	01/04/2009 30/06/2009	43	
RED	Toronto General Hospital (Critical Care Services)	CriticalCare-CVICU TGH	01/01/2009 31/03/2009	65	Data for all Cardiac and Vascular Surgeries is amalgamated and includes CVICU (all CVICU patients will go to these inpatient areas) This number is the TOTAL
YELLOW	Toronto General Hospital (Critical Care Services)	CriticalCare-CVICU TGH	01/04/2009 30/06/2009	84	Data for all Cardiac and Vascular Surgeries is amalgamated and includes CVICU (all CVICU patients will go to these inpatient areas) This number is the TOTAL
RED	Toronto General Hospital (Critical Care Services)	CriticalCare-MSICU TGH	01/01/2009 31/03/2009	67	Note: Many transfers in this area, acuity, intubation and level of consciousness of patients hinders some BPMH and admission reconciliation processes

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Toronto General Hospital (Critical Care Services)	CriticalCare-MSICU TGH	01/04/2009 30/06/2009	64	Note: Many transfers in this area, acuity, intubation and level of consciousness of patients hinders some BPMH and admission reconciliation processes
YELLOW	Toronto General Hospital (Emergency Department Services)	Emergency Medicine - TGH	01/01/2009 31/03/2009	86	For ED:ED focus population is admitted patients. Admission reconciliation for admitted patients can occur in the ER or on the admitting ward. To appropriately account for this, patients are appropriately accounted for on the admitting ward by the admitting service. In the emergency department row we have included numbers for the largest admitting service: General Internal Medicine. All other admitted patients are accounted for in rows of their respective admitting service. Note many transfer

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
YELLOW	Toronto General Hospital (Emergency Department Services)	Emergency Medicine - TGH	01/04/2009 30/06/2009	79	For ED:ED focus population is admitted patients. Admission reconciliation for admitted patients can occur in the ER or on the admitting ward. To appropriately account for this, patients are appropriately accounted for on the admitting ward by the admitting service. In the emergency department row we have included numbers for the largest admitting service: General Internal Medicine. All other admitted patients are accounted for in rows of their respective admitting service. Note many transfer
YELLOW	Toronto General Hospital (Mental Health Services)	Mental Hlth-Inpatient	01/01/2009 31/03/2009	89	
YELLOW	Toronto General Hospital (Mental Health Services)	Mental Hlth-Inpatient	01/04/2009 30/06/2009	88	
YELLOW	Toronto General Hospital (Surgical Care)	MOT-Inpatient	01/01/2009 31/03/2009	82	
YELLOW	Toronto General Hospital (Surgical Care)	MOT-Inpatient	01/04/2009 30/06/2009	82	

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
YELLOW	Toronto General Hospital (Medicine Services)	MS-Inpatient Medicine TGH	01/01/2009 31/03/2009	86	
YELLOW	Toronto General Hospital (Medicine Services)	MS-Inpatient Medicine TGH	01/04/2009 30/06/2009	79	
RED	Toronto General Hospital (Medicine Services)	PMCP-Cardiac Investigation Units TGH/TWH & Short Stay TGH	01/01/2009 31/03/2009	56	This includes Cardiac Investigation Units at TGH & TWH, and Short Stay TGH. Note: population includes denominator = admitted patients only (excludes patients with stays of <24 hours);
YELLOW	Toronto General Hospital (Medicine Services)	PMCP-Cardiac Investigation Units TGH/TWH & Short Stay TGH	01/04/2009 30/06/2009	81	This includes Cardiac Investigation Units at TGH & TWH, and Short Stay TGH. Note: population includes denominator = admitted patients only (excludes patients with stays of <24 hours);
RED	Toronto General Hospital (Surgical Care)	PMCP-Inpatient Cardiac Surgery TGH	01/01/2009 31/03/2009	65	Data for all Cardiac and Vascular Surgeries is amalgamated and includes CVICU (all CVICU patients will go to these inpatient areas) This number is the TOTAL

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
YELLOW	Toronto General Hospital (Surgical Care)	PMCP-Inpatient Cardiac Surgery TGH	01/04/2009 30/06/2009	84	Data for all Cardiac and Vascular Surgeries is amalgamated and includes CVICU (all CVICU patients will go to these inpatient areas) This number is the TOTAL
RED	Toronto General Hospital (Medicine Services)	PMCP-Inpatient Cardiology	01/01/2009 31/03/2009	71	
YELLOW	Toronto General Hospital (Medicine Services)	PMCP-Inpatient Cardiology	01/04/2009 30/06/2009	85	
RED	Toronto General Hospital (Surgical Care)	PMCP-Inpatient Vascular/Cardiac Surgery TGH	01/01/2009 31/03/2009	65	Data for all Cardiac and Vascular Surgeries is amalgamated and includes CVICU (all CVICU patients will go to these inpatient areas) This number is the TOTAL
YELLOW	Toronto General Hospital (Surgical Care)	PMCP-Inpatient Vascular/Cardiac Surgery TGH	01/04/2009 30/06/2009	84	Data for all Cardiac and Vascular Surgeries is amalgamated and includes CVICU (all CVICU patients will go to these inpatient areas) This number is the TOTAL

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
YELLOW	Toronto General Hospital (Surgical Care)	SS-General Surgery TGH Inpatient & Outpatient	01/01/2009 31/03/2009	84	Include PAC Best Practice Medication History (BPMHs) in numerator to account for (1) patients with BPMH done in PAC where visit location is not refreshed upon admission to unit; (2) patients with a change in surgery date where new visit number is given (BPMH data remains in old visit number under PAC visit location).
YELLOW	Toronto General Hospital (Surgical Care)	SS-General Surgery TGH Inpatient & Outpatient	01/04/2009 30/06/2009	79	Include PAC BPMHs in numerator to account for (1) patients with BPMH done in PAC where visit location is not refreshed upon admission to unit; (2) patients with a change in surgery date where new visit number is given (BPMH data remains in old visit number under PAC visit location).

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
GREEN	Toronto General Hospital (Surgical Care)	SS-Inpatient Thoracic/Respirology TGH	01/07/2008 30/09/2008	92	This is for July 08 only. For this population: all elective patients admitted through the respective pre-admission clinic (PAC) were targeted. Data was pooled and reported together for the following surgical services: Thoracics, General Surg, Plastics, ENT, Urology, Gyne Onc (TGH inpatient wards included 10ES, 9ES, 6A and 6B)
YELLOW	Toronto General Hospital (Surgical Care)	SS-Inpatient Thoracic/Respirology TGH	01/01/2009 31/03/2009	75	Include PAC BPMHs in numerator to account for (1) patients with BPMH done in PAC where visit location is not refreshed upon admission to unit; (2) patients with a change in surgery date where new visit number is given (BPMH data remains in old visit number under PAC visit location).

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
YELLOW	Toronto General Hospital (Surgical Care)	SS-Inpatient Thoracic/Respirology TGH	01/04/2009 30/06/2009	78	Include PAC BPMHs in numerator to account for (1) patients with BPMH done in PAC where visit location is not refreshed upon admission to unit; (2) patients with a change in surgery date where new visit number is given (BPMH data remains in old visit number under PAC visit location).
YELLOW	Toronto General Hospital (Surgical Care)	SS- Otolaryngology/Head & Neck/Plastics TGH	01/01/2009 31/03/2009	89	Include PAC BPMHs in numerator to account for (1) patients with BPMH done in PAC where visit location is not refreshed upon admission to unit; (2) patients with a change in surgery date where new visit number is given (BPMH data remains in old visit number under PAC visit location).
YELLOW	Toronto General Hospital (Surgical Care)	SS- Otolaryngology/Head & Neck/Plastics TGH	01/04/2009 30/06/2009	85	Include PAC BPMHs in numerator to account for (1) patients with BPMH done in PAC where visit location is not refreshed upon admission to unit; (2) patients with a change in surgery date where new visit number is given (BPMH data remains in old visit number under PAC visit location).

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
GREEN	Toronto General Hospital (Surgical Care)	SS-Urology Gyne/Onc. TGH	01/01/2009 31/03/2009	95	Include PAC BPMHs in numerator to account for (1) patients with BPMH done in PAC where visit location is not refreshed upon admission to unit; (2) patients with a change in surgery date where new visit number is given (BPMH data remains in old visit number under PAC visit location).
YELLOW	Toronto General Hospital (Surgical Care)	SS-Urology Gyne/Onc. TGH	01/04/2009 30/06/2009	87	Include PAC BPMHs in numerator to account for (1) patients with BPMH done in PAC where visit location is not refreshed upon admission to unit; (2) patients with a change in surgery date where new visit number is given (BPMH data remains in old visit number under PAC visit location).
GREEN	Toronto Western Hospital (Critical Care Services)	CriticalCare- MSNICU TWH	01/01/2009 31/03/2009	100	
GREEN	Toronto Western Hospital (Critical Care Services)	CriticalCare- MSNICU TWH	01/04/2009 30/06/2009	100	

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
GREEN	Toronto Western Hospital (Emergency Department Services)	Emergency Medicine - TWH	01/01/2009 31/03/2009	99	For ED:ED focus population is admitted patients. Admission reconciliation for admitted patients can occur in the ER or on the admitting ward. To appropriately account for this, patients are appropriately accounted for on the admitting ward by the admitting service. In the emergency department row we have included numbers for the largest admitting service: General Internal Medicine. All other admitted patients are accounted for in rows of their respective admitting service. Note many transfers

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
GREEN	Toronto Western Hospital (Emergency Department Services)	Emergency Medicine - TWH	01/04/2009 30/06/2009	98	For ED:ED focus population is admitted patients. Admission reconciliation for admitted patients can occur in the ER or on the admitting ward. To appropriately account for this, patients are appropriately accounted for on the admitting ward by the admitting service. In the emergency department row we have included numbers for the largest admitting service: General Internal Medicine. All other admitted patients are accounted for in rows of their respective admitting service. Note many transfers
YELLOW	Toronto Western Hospital (Surgical Care)	KNP- Neurology Neurosurg	01/01/2009 31/03/2009	79	For this population: denominator includes patients directly admitted to the unit only (excludes patients transferred from another unit (ICU/NSDU) and patients transferred to NSDU from ICU and patients with LOS < 48 hrs

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Toronto Western Hospital (Surgical Care)	KNP- Neurology Neurosurg	01/04/2009 30/06/2009	68	For this population: denominator includes patients directly admitted to the unit only (excludes patients transferred from another unit (ICU/NSDU) and patients transferred to NSDU from ICU and patients with LOS < 48 hrs
GREEN	Toronto Western Hospital (Surgical Care)	KNP-IP Spine Unit TWH	01/01/2009 31/03/2009	100	For this population: denominator includes patients directly admitted to the unit only (excludes patients transferred from another unit (ICU/NSDU)
GREEN	Toronto Western Hospital (Surgical Care)	KNP-IP Spine Unit TWH	01/04/2009 30/06/2009	100	For this population: denominator includes patients directly admitted to the unit only (excludes patients transferred from another unit (ICU/NSDU)
YELLOW	Toronto Western Hospital (Surgical Care)	MHA-Inpatient TWH	01/01/2009 31/03/2009	83	
YELLOW	Toronto Western Hospital (Surgical Care)	MHA-Inpatient TWH	01/04/2009 30/06/2009	83	
GREEN	Toronto Western Hospital (Medicine Services)	MS-Inpatient Medicine TGH	01/01/2009 31/03/2009	99	Note: population includes : 20% of patients ALOC or palliative patients with LOS > 10 days

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
GREEN	Toronto Western Hospital (Medicine Services)	MS-Inpatient Medicine TGH	01/04/2009 30/06/2009	98	Note: population includes : 20% of patients ALOC or palliative patients with LOS > 10 days
YELLOW	Toronto Western Hospital (Surgical Care)	SS-Inpatient Combined Surgical Unit TWH	01/01/2009 31/03/2009	84	For this population: data focused on patients with LOS > 48 hrs.
RED	Toronto Western Hospital (Surgical Care)	SS-Inpatient Combined Surgical Unit TWH	01/04/2009 30/06/2009	74	For this population: data focused on patients with LOS > 48 hrs.
YELLOW	Princess Margaret Hospital (Cancer Care & Oncology Services)	CCOS-Inpatient Services	01/04/2008 30/06/2008	86	This is for June 08 only. Excludes patients with fewer than 3 meds, cognitively impaired, patients who do not speak English and transferred or discharged home with in 72 hours of admission.
GREEN	Princess Margaret Hospital (Cancer Care & Oncology Services)	CCOS-Inpatient Services	01/07/2008 30/09/2008	91	This is for July only. Excludes patients with fewer than 3 meds, cognitively impaired, patients who do not speak English and transferred or discharged home with in 72 hours of admission.

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Princess Margaret Hospital (Cancer Care & Oncology Services)	CCOS-Radiation Medicine	01/04/2008 30/06/2008	51	This is for June 08 only. Excludes patients with fewer than 3 meds, cognitively impaired, patients who do not speak English and transferred or discharged home with in 72 hours of admission.
RED	Princess Margaret Hospital (Cancer Care & Oncology Services)	CCOS-Radiation Medicine	01/07/2008 30/09/2008	55	This is for July 08 only. Excludes patients with fewer than 3 meds, cognitively impaired, patients who do not speak English and transferred or discharged home with in 72 hours of admission.
RED	Princess Margaret Hospital (Hospice Palliative and End-of-Life Services)	Hospice Palliative and End of Life Services	01/04/2008 30/06/2008	63	This is for June 08 only. Excludes patients with fewer than 3 meds, cognitively impaired, patients who do not speak English and transferred or discharged home with in 72 hours of admission.
RED	Princess Margaret Hospital (Hospice Palliative and End-of-Life Services)	Hospice Palliative and End of Life Services	01/07/2008 30/09/2008	65	This is for July 08 only. Excludes patients with fewer than 3 meds, cognitively impaired, patients who do not speak English and transferred or discharged home with in 72 hours of admission.

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
YELLOW	Toronto General Hospital (Critical Care Services)	CriticalCare-CICU TGH	01/04/2008 30/06/2008	84	This is for June 08 only. Note : for this population denominator excludes patients discharged within 48 hours of admission
YELLOW	Toronto General Hospital (Critical Care Services)	CriticalCare-CICU TGH	01/07/2008 30/09/2008	88	This is for July 08 only. Note : for this population denominator excludes patients discharged within 48 hours of admission
RED	Toronto General Hospital (Critical Care Services)	CriticalCare-CVICU TGH	01/04/2008 30/06/2008	18	This is for June 08 only. Note: Many transfers in this area, acuity, intubation and level of consciousness of patients hinders some BPMH and admission reconciliation processes
RED	Toronto General Hospital (Critical Care Services)	CriticalCare-CVICU TGH	01/07/2008 30/09/2008	36	This is for July 08 only. Note: Many transfers in this area, acuity, intubation and level of consciousness of patients hinders some BPMH and admission reconciliation processes

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Toronto General Hospital (Critical Care Services)	CriticalCare-MSICU TGH	01/04/2008 30/06/2008	50	This is for June 08 only. Note: Many transfers in this area, acuity, intubation and level of consciousness of patients hinders some BPMH and admission reconciliation processes
RED	Toronto General Hospital (Critical Care Services)	CriticalCare-MSICU TGH	01/07/2008 30/09/2008	51	This is for July 08 only. Note: Many transfers in this area, acuity, intubation and level of consciousness of patients hinders some BPMH and admission reconciliation processes

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
YELLOW	Toronto General Hospital (Emergency Department Services)	Emergency Medicine - TGH	01/04/2008 30/06/2008	86	This is for June 08 only. For ED:ED focus population is admitted patients. Admission reconciliation for admitted patients can occur in the ER or on the admitting ward. To appropriately account for this, patients are appropriately accounted for on the admitting ward by the admitting service. In the emergency department row we have included numbers for the largest admitting service: General Internal Medicine. All other admitted patients are accounted for in rows of their respective admitting s

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
YELLOW	Toronto General Hospital (Emergency Department Services)	Emergency Medicine - TGH	01/07/2008 30/09/2008	88	This for July 08 only. For ED:ED focus population is admitted patients. Admission reconciliation for admitted patients can occur in the ER or on the admitting ward. To appropriately account for this, patients are appropriately accounted for on the admitting ward by the admitting service. In the emergency department row we have included numbers for the largest admitting service: General Internal Medicine. All other admitted patients are accounted for in rows of their respective admitting serv
RED	Toronto General Hospital (Mental Health Services)	Mental Hlth-Inpatient	01/04/2008 30/06/2008	27	This is for June 08 only.
RED	Toronto General Hospital (Mental Health Services)	Mental Hlth-Inpatient	01/07/2008 30/09/2008	69	This is for July 08 only.
RED	Toronto General Hospital (Surgical Care)	MOT-Inpatient	01/04/2008 30/06/2008	47	This is for June 08 only. Note: many transfers in this area, more appropriately accounted for in numbers for "internal transfer reconciliation".

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Toronto General Hospital (Surgical Care)	MOT-Inpatient	01/07/2008 30/09/2008	46	This is for July 08 only. Note: many transfers in this area, more appropriately accounted for in numbers for "internal transfer reconciliation".
YELLOW	Toronto General Hospital (Medicine Services)	MS-Inpatient Medicine TGH	01/04/2008 30/06/2008	86	This is for June 08 only.
YELLOW	Toronto General Hospital (Medicine Services)	MS-Inpatient Medicine TGH	01/07/2008 30/09/2008	88	This is for July 08 only.
RED	Toronto General Hospital (Medicine Services)	PMCP-Cardiac Investigation Units TGH/TWH & Short Stay TGH	01/04/2008 30/06/2008	74	This is for June 08 only. This includes Cardiac Investigation Units at TGH & TWH, and Short Stay TGH. Note: population includes denominator = admitted patients only (excludes patients with stays of <24 hours);
YELLOW	Toronto General Hospital (Medicine Services)	PMCP-Cardiac Investigation Units TGH/TWH & Short Stay TGH	01/07/2008 30/09/2008	80	This is for July 08 only. This includes Cardiac Investigation Units at TGH & TWH, and Short Stay TGH. Note: population includes denominator = admitted patients only (excludes patients with stays of <24 hours);

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Toronto General Hospital (Surgical Care)	PMCP-Inpatient Cardiac Surgery TGH	01/04/2008 30/06/2008	17	This is for June 08 only. Note: many transfers in this area, more appropriately accounted for in numbers for "internal transfer reconciliation"
RED	Toronto General Hospital (Surgical Care)	PMCP-Inpatient Cardiac Surgery TGH	01/07/2008 30/09/2008	26	This is for July 08 only. Note: many transfers in this area, more appropriately accounted for in numbers for "internal transfer reconciliation"
YELLOW	Toronto General Hospital (Medicine Services)	PMCP-Inpatient Cardiology	01/04/2008 30/06/2008	76	This is for June 08 only.
GREEN	Toronto General Hospital (Medicine Services)	PMCP-Inpatient Cardiology	01/07/2008 30/09/2008	95	This is for July 08 only.
RED	Toronto General Hospital (Surgical Care)	PMCP-Inpatient Vascular/Cardiac Surgery TGH	01/04/2008 30/06/2008	62	This is for June 08 only.
RED	Toronto General Hospital (Surgical Care)	PMCP-Inpatient Vascular/Cardiac Surgery TGH	01/07/2008 30/09/2008	57	This is for July 08 only.

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
YELLOW	Toronto General Hospital (Surgical Care)	SS-General Surgery TGH Inpatient & Outpatient	01/04/2008 30/06/2008	80	This is for June 08 only. For this population: all elective patients admitted through the respective pre-admission clinic were targeted. Data was pooled and reported together for the following surgical services: Thoracics, General Surg, Plastics, ENT, Urology, Gyne Onc (TGH inpatient wards included 10ES, 9ES, 6A and 6B)
GREEN	Toronto General Hospital (Surgical Care)	SS-General Surgery TGH Inpatient & Outpatient	01/07/2008 30/09/2008	92	This is for July 08 only. For this population: all elective patients admitted through the respective pre-admission clinic were targeted. Data was pooled and reported together for the following surgical services: Thoracics, General Surg, Plastics, ENT, Urology, Gyne Onc (TGH inpatient wards included 10ES, 9ES, 6A and 6B)

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
YELLOW	Toronto General Hospital (Surgical Care)	SS-Inpatient Thoracic/Respirology TGH	01/04/2008 30/06/2008	80	This is for June 08 only. For this population: all elective patients admitted through the respective pre-admission clinic were targeted. Data was pooled and reported together for the following surgical services: Thoracics, General Surg, Plastics, ENT, Urology, Gyne Onc (TGH inpatient wards included 10ES, 9ES, 6A and 6B)
YELLOW	Toronto General Hospital (Surgical Care)	SS-Otolaryngology/Head & Neck/Plastics TGH	01/04/2008 30/06/2008	80	This is for June 08 only. For this population: all elective patients admitted through the respective pre-admission clinic were targeted. Data was pooled and reported together for the following surgical services: Thoracics, General Surg, Plastics, ENT, Urology, Gyne Onc (TGH inpatient wards included 10ES, 9ES, 6A and 6B)

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
GREEN	Toronto General Hospital (Surgical Care)	SS- Otolaryngology/Head & Neck/Plastics TGH	01/07/2008 30/09/2008	92	This is for July 08 only. For this population: all elective patients admitted through the respective pre-admission clinic were targeted. Data was pooled and reported together for the following surgical services: Thoracics, General Surg, Plastics, ENT, Urology, Gyne Onc (TGH inpatient wards included 10ES, 9ES, 6A and 6B)
YELLOW	Toronto General Hospital (Surgical Care)	SS- POCU/PACU/Pre-Admission TGH	01/04/2008 30/06/2008	80	This is for June 08 only. For this population: all elective patients admitted through the respective pre-admission clinic were targeted. Data was pooled and reported together for the following surgical services: Thoracics, General Surg, Plastics, ENT, Urology, Gyne Onc (TGH inpatient wards included 10ES, 9ES, 6A and 6B)

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
GREEN	Toronto General Hospital (Surgical Care)	SS-POCU/PACU/Pre-Admission TGH	01/07/2008 30/09/2008	92	This is for July 08 only. For this population: all elective patients admitted through the respective pre-admission clinic were targetted. Data was pooled and reported together for the following surgical services: Thoracics, General Surg, Plastics, ENT, Urology, Gyne Onc (TGH inpatient wards included 10ES, 9ES, 6A and 6B)
YELLOW	Toronto General Hospital (Surgical Care)	SS-Urology Gyne/Onc. TGH	01/04/2008 30/06/2008	80	This is for June 08 only. For this population: all elective patients admitted through the respective pre-admission clinic were targeted. Data was pooled and reported together for the following surgical services: Thoracics, General Surg, Plastics, ENT, Urology, Gyne Onc (TGH inpatient wards included 10ES, 9ES, 6A and 6B)

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
GREEN	Toronto General Hospital (Surgical Care)	SS-Urology Gyne/Onc. TGH	01/07/2008 30/09/2008	92	This is for July 08 only. For this population: all elective patients admitted through the respective pre-admission clinic were targeted. Data was pooled and reported together for the following surgical services: Thoracics, General Surg, Plastics, ENT, Urology, Gyne Onc (TGH inpatient wards included 10ES, 9ES, 6A and 6B)
GREEN	Toronto Western Hospital (Critical Care Services)	CriticalCare- MSNICU TWH	01/04/2008 30/06/2008	100	This is for June 08 only.
GREEN	Toronto Western Hospital (Critical Care Services)	CriticalCare- MSNICU TWH	01/07/2008 30/09/2008	100	This is for July 08 only.

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Toronto Western Hospital (Emergency Department Services)	Emergency Medicine - TWH	01/04/2008 30/06/2008	68	This is for June 08 only. For ED:ED focus population is admitted patients. Admission reconciliation for admitted patients can occur in the ER or on the admitting ward. To appropriately account for this, patients are appropriately accounted for on the admitting ward by the admitting service. In the emergency department row we have included numbers for the largest admitting service: General Internal Medicine. All other admitted patients are accounted for in rows of their respective admitting s

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
YELLOW	Toronto Western Hospital (Emergency Department Services)	Emergency Medicine - TWH	01/07/2008 30/09/2008	79	This is for July 08 only. For ED:ED focus population is admitted patients. Admission reconciliation for admitted patients can occur in the ER or on the admitting ward. To appropriately account for this, patients are appropriately accounted for on the admitting ward by the admitting service. In the emergency department row we have included numbers for the largest admitting service: General Internal Medicine. All other admitted patients are accounted for in rows of their respective admitting s
RED	Toronto Western Hospital (Surgical Care)	KNP- Neurology Neurosurg	01/04/2008 30/06/2008	68	This is for June 08 only. For this population: denominator includes patients directly admitted to the unit only (excludes patients transferred from another unit (ICU/NSDU) and patients transferred to NSDU from ICU and patients with LOS < 48 hrs

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Toronto Western Hospital (Surgical Care)	KNP- Neurology Neurosurg	01/07/2008 30/09/2008	75	This is for July 08 only. For this population: denominator includes patients directly admitted to the unit only (excludes patients transferred from another unit (ICU/NSDU) and patients transferred to NSDU from ICU and patients with LOS < 48 hrs
RED	Toronto Western Hospital (Surgical Care)	KNP-IP Spine Unit TWH	01/04/2008 30/06/2008	87	This is for June 08 only. For this population: denominator includes patients directly admitted to the unit only (excludes patients transferred from another unit (ICU/NSDU)
RED	Toronto Western Hospital (Surgical Care)	KNP-IP Spine Unit TWH	01/07/2008 30/09/2008	89	This is for July 08 only. For this population: denominator includes patients directly admitted to the unit only (excludes patients transferred from another unit (ICU/NSDU)
YELLOW	Toronto Western Hospital (Surgical Care)	MHA-Inpatient TWH	01/04/2008 30/06/2008	84	This is for June 08 only. Note: about 40% of this population has BPMH done in pre-TWH admission clinic

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
GREEN	Toronto Western Hospital (Surgical Care)	MHA-Inpatient TWH	01/07/2008 30/09/2008	96	This is for July 08 only. Note: about 40% of this population has BPMH done in pre-TWH admission clinic
RED	Toronto Western Hospital (Medicine Services)	MS-Inpatient Medicine TWH	01/04/2008 30/06/2008	68	This is for June 08 only. Note: population includes : 20% of patients ALOC or palliative patients with LOS > 10 days
YELLOW	Toronto Western Hospital (Medicine Services)	MS-Inpatient Medicine TWH	01/07/2008 30/09/2008	79	This includes July 08 only. Note: population includes : 20% of patients ALOC or palliative patients with LOS > 10 days
RED	Toronto Western Hospital (Surgical Care)	SS-Inpatient Combined Surgical Unit TWH	01/04/2008 30/06/2008	81	This is for June 08 only. For this population: data focused on patients with LOS > 48 hrs.
RED	Toronto Western Hospital (Surgical Care)	SS-Inpatient Combined Surgical Unit TWH	01/07/2008 30/09/2008	97	This is for July 08 only. For this population: data focused on patients with LOS > 48 hrs.

Threshold for Flags

RED: < 75/100
 YELLOW: >= 75/100 AND < 90/100
 GREEN: >= 90/100

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Health Care Associated Infection Rates

Health care associated C. difficile and MRSA infections represent a significant risk to the individuals receiving care and are a substantial resource burden to organizations and the health care system. Measuring infection control performance measures has the additional benefit of informing and shaping the staff's view of safety. Evidence suggests that as staff become more aware of infection control rates and the evidence related to infection control there is a change in behaviour to reduce the perceived risk.

Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2006 30/06/2006	0.23	
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2006 30/09/2006	0.23	
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2006 31/12/2006	0.23	
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2007 31/03/2007	1.2	
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2007 30/06/2007	0.11	
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2007 30/09/2007	0.63	
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2007 31/12/2007	0.53	

Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2008 31/03/2008	0.84	
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2008 30/06/2008	0.79	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical specimens.
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2008 30/09/2008	0.6	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical specimens.
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2008 31/12/2008	0.98	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical specimens.
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2009 31/03/2009	0.2	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical specimens.
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2009 30/06/2009	0.69	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical specimens.
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2009 30/09/2009	0.097	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical specimens.

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Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2006 30/06/2006	0.42	
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2006 30/09/2006	0.54	
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2006 31/12/2006	0.37	
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2007 31/03/2007	0.57	
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2007 30/06/2007	0.44	
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2007 30/09/2007	0.34	
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2007 31/12/2007	0.42	
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2008 31/03/2008	0.5	
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2008 30/06/2008	0.52	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical specimens.

Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2008 30/09/2008	0.55	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical specimens.
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2008 31/12/2008	0.48	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical specimens.
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2009 31/03/2009	0.69	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical specimens.
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2009 30/06/2009	0.33	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical specimens.
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2009 30/09/2009	0.44	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2006 30/06/2006	0.24	
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2006 30/09/2006	0.4	

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Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2006 31/12/2006	0.48	
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2007 31/03/2007	1.3	
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2007 30/06/2007	0.82	
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2007 30/09/2007	0.86	
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2007 31/12/2007	0.38	
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2008 31/03/2008	1.1	
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2008 30/06/2008	1.2	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical specimens.
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2008 30/09/2008	0.49	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical specimens.

Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2008 31/12/2008	0.31	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical specimens.
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2009 31/03/2009	0.58	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical specimens.
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2009 30/06/2009	0.64	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical specimens.
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2009 30/09/2009	0.51	'Colonization' n/a in UHN definition because only C.diff infections are captured based on clinical specimens.

Threshold for Flags

RED: > 8/1000
 YELLOW: >= 6/1000 AND < 8/1000
 GREEN: <= 6/1000

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Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2006 30/06/2006	0.11	
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2006 30/09/2006	0.23	
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2006 31/12/2006	0.11	
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2007 31/03/2007	0.12	
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2007 30/06/2007	0.11	
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2007 30/09/2007	0	
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2007 31/12/2007	0.32	
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2008 31/03/2008	0	
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2008 30/06/2008	0.099	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.

Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2008 30/09/2008	0.1	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2008 31/12/2008	0.29	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2009 31/03/2009	0	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2009 30/06/2009	0.2	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.
GREEN	Princess Margaret Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2009 30/09/2009	0	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2006 30/06/2006	0.61	
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2006 30/09/2006	0.38	
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2006 31/12/2006	0.4	

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Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2007 31/03/2007	0.48	
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2007 30/06/2007	0.26	
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2007 30/09/2007	0.25	
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2007 31/12/2007	0.42	
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2008 31/03/2008	0.2	
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2008 30/06/2008	0.35	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2008 30/09/2008	0.64	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2008 31/12/2008	0.3	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.

Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2009 31/03/2009	0.18	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2009 30/06/2009	0.15	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2009 30/09/2009	0.35	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2006 30/06/2006	1	
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2006 30/09/2006	0.95	
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2006 31/12/2006	1.1	
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2007 31/03/2007	1.2	
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2007 30/06/2007	0.55	

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Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2007 30/09/2007	1	
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2007 31/12/2007	0.89	
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2008 31/03/2008	0.49	
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2008 30/06/2008	0.64	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2008 30/09/2008	0.67	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2008 31/12/2008	0.45	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2009 31/03/2009	0.4	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2009 30/06/2009	0.45	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.

Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2009 30/09/2009	0.51	For UHN reporting of MRSA, both Infection & Colonization are captured in the 'Colonization' entry.

Threshold for Flags

RED: > 8/1000
 YELLOW: >= 6/1000 AND < 8/1000
 GREEN: <= 6/1000

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Surgical Site Infection

Timeliness of administering antibiotic prophylaxis is a universal process measure applicable to many surgical procedures and with widely recognized benefits in reducing post-surgical infections in selected high risk procedures.

Surgical Site Infection - Colorectal Surgery					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% timely administrations of antibiotics	Notes received from the Organization
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2008 30/09/2008	100	25 patients had incision within 60 minutes after administration of preoperative antibiotics
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/10/2008 31/12/2008	98	44 patients had incision within 60 minutes after administration of preoperative antibiotics. 1 patient had no record of pre-op antibiotic
GREEN	Toronto General Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2009 31/03/2009	97	37 patients had incision within 60 minutes after administration of preoperative antibiotics. 1 patient had no record of pre-op antibiotic

Threshold for Flags
 RED: < 80/100
 YELLOW: >= 80/100 AND < 90/100
 GREEN: >= 90/100

Surgical Site Infection - Total Joint Arthroplasty					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% timely administrations of antibiotics	Notes received from the Organization
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/01/2009 31/03/2009	97	
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/04/2009 30/06/2009	94	Prophylactic antibiotic data collection - colorectal pilot (start date July 2008). Hip & Knee data available as of March 2009. Hip = 104/113: Knee = 127/133
GREEN	Toronto Western Hospital (Infection Prevention and Control)	Infection Prevention and Control	01/07/2009 30/09/2009	93	Hip = 79/85: Knee = 119/128

Threshold for Flags

RED: < 80/100
 YELLOW: >= 80/100 AND < 90/100
 GREEN: >= 90/100

4 Follow Up Required

The organization has earned Accreditation. To ensure ongoing quality improvement, the organization should show progress on the unmet criteria identified in this Report before the next on-site survey.

Evidence of action taken should be submitted through the Organization Portal.

Closing Thoughts from the President and CEO

Congratulations on reaching this important milestone on your accreditation journey. We salute and celebrate your achievements, and look forward to continuing to work with you as accreditation increasingly strengthens and supports your quality improvement and patient safety initiatives.

Your ongoing efforts to incorporate Accreditation Canada standards and tools into your programs and services have been, and will continue to be, of great benefit to your organization, your staff, the people you serve, and your community. Please contact your Accreditation Specialist, or use the Organization Portal, if you have questions or require additional information in this process.

Thank you for your commitment and dedication to improving quality health care through accreditation.

Wendy Nicklin
President and CEO
Accreditation Canada

Appendix A - Accreditation Decision Guidelines

Under Qmentum, the two most important factors in determining an organization's accreditation status are the degree to which it meets high priority criteria and Required Organizational Practices (ROPs).

- High priority criteria: criteria focused on priorities such as safety, ethics, and quality improvement, and deemed sufficiently important by Accreditation Canada that not meeting them usually results in a request to the organization for further information and clarification.
- ROPs: practices focused predominately on patient safety, and deemed sufficiently important by Accreditation Canada that not meeting them results in a request to the organization for further information and clarification.

Based on the above, and after review of all findings, Accreditation Canada issues one of the following accreditation decisions.

- 1 **Accreditation** is awarded, with resurvey in three years, under the following circumstances:
 - (a) 10% or less of high priority criteria unmet per standard section
AND
 - (b) satisfactory compliance with all of the Required Organizational Practices.
- 2 **Accreditation with Condition (Report, Focused Visit, or both)*** is awarded under the following circumstances:
 - (a) more than 10% and less than 30% of high priority criteria unmet per standard section
OR
 - (b) unsatisfactory compliance with any one of the Required Organizational Practices.

*The specific condition and timelines are determined by Accreditation Canada based on the nature of the findings.

To maintain accreditation, organizations that earn Accreditation with Condition in their Final Report must comply with the requirements of the condition by the dates specified in the Final Report. If satisfactory follow up is not submitted by the specified dates, a one-time extension of six months may be granted, based on surveyor input and proof of progress. Failure to comply within the maximum allotted time may result in loss of accreditation, at Accreditation Canada's discretion.

- 3 **Non Accreditation** is issued under the following circumstance:
 - (a) more than 30% of high priority criteria unmet per standard section
OR
 - (b) Unsatisfactory compliance with all of the Required Organizational Practices.