



ACCREDITATION REPORT

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Prepared for:

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TABLE OF CONTENTS

Contents

About this document	1
About HPCO's Accreditation Program	2
A message from HPCO's President & CEO	4
Summary: The Jewish Hospice Program	5
A message from the Accreditation Review Team	6
Noteworthy accomplishments	7
Required improvements	10
Additional recommendations	12
Conclusion and next steps	14

HPCO ACCREDITATION REPORT

About this document

OVERVIEW

The Jewish Hospice Program has completed an accreditation review as part of HPCO's Accreditation Program. This document outlines the results of the accreditation review process that took place from September 1, 2016 – December 1, 2016.

Information provided by the organization was evaluated by a team of Accreditation Reviewers and used to produce these findings.

PURPOSE

The purpose of this report is to outline the results of the accreditation review process completed by The Jewish Hospice Program. Additionally, this report will provide a summary of required and recommended improvements.

AUDIENCE

This report has been produced for The Jewish Hospice Program and will not be released to any other parties by HPCO.

However, it is recommended that The Jewish Hospice Program share this report with its stakeholders to encourage transparency and accountability.

About HPCO's Accreditation Program

The goal of HPCO's accreditation program is to ensure the delivery of consistent, high quality hospice palliative care services throughout Ontario. Completing an accreditation review with HPCO is an efficient and effective means of continuous learning and improvement – a provincial benchmark for Ontario hospice palliative care programs. HPCO's Accreditation Program operates on a 3-year cycle.

THE PROCESS

1. The organization engages in a self-review comparing actual practice against HPCO Standards.
2. If approved to participate in an external review, the organization collects "evidence" demonstrating compliance with the Standards. For Visiting Hospice Services, this includes survey responses and file audit results.
3. The organization submits the evidence electronically.
 - For Visiting Hospice Services, up to 5% of participating organizations are selected for an additional on-site visit. During the on-site visit, members of the Review Team will gather additional evidence and validate the evidence that was provided electronically.
 - For Residential Hospice programs, an on-site visit is a mandatory component of the accreditation review. During the on-site visit, members of the Review Team will gather additional evidence via file audits, interviews and a tour of the facility.
4. The Review Team evaluates the evidence and provides feedback, including required and recommended improvements.
5. HPCO delivers the Accreditation Report.
6. The organization submits a QIP outlining their plan to address the required improvements.
7. The organization meets ongoing compliance requirements annually on Year Two and Year Three anniversary of successful accreditation decision.

HPCO ACCREDITATION REPORT

POSSIBLE OUTCOMES

To achieve HPCO Accreditation, an organization must demonstrate that it is in compliance with applicable standards.

While an organization may not achieve full compliance with every standard/criterion, the accreditation decision will be based on an assessment of your organization's overall performance – taking both strengths and limitations into consideration.

The following guidelines will be used in assessing your submission for Accreditation Review:

PASS Three year accreditation is issued	<ul style="list-style-type: none">• The organization achieves a score of 90% or higher on the Accreditation Review assessment• The services are designed and delivered in a way that maximizes safety* for clients, volunteers and staff.• The organization operates in a sustainable way; the current method of delivering service is likely to continue at this level for the next three years• The organization demonstrates ongoing quality improvement
CONDITIONAL PASS One year accreditation is issued with conditions stipulated to achieve full accreditation	<ul style="list-style-type: none">• The organization achieves a score of 70-89% on the Accreditation Review assessment• Conditional Accreditation may be awarded providing the areas for improvement that were identified do not affect client safety*• A plan to address areas of improvement will be submitted to HPCO within 60 days.
NON ACCREDITATION	<ul style="list-style-type: none">• The organization achieves a score of 69% or less on the Accreditation Review assessment and/or demonstrates violation of the standards and/or deficiencies which are likely to impact quality of care• Must wait a minimum of 1 year before resubmitting

HPCO ACCREDITATION REPORT

A message from the President & CEO of Hospice Palliative Care Ontario

Dear HPCO member,

Thank you for participating in HPCO's Accreditation program.

On behalf the board and staff at HPCO, I congratulate your board, staff, and volunteers for completing an accreditation review with HPCO. Your participation in the accreditation process demonstrates leadership and a commitment to quality.

This Accreditation Report includes your accreditation decision and feedback from the reviewers including observations and recommendations for improvement. Please use the information in this report to support your continuous quality improvement efforts.

Sincerely,

Rick Firth
President & CEO

HPCO ACCREDITATION REPORT

Summary: The Jewish Hospice Program

ACCREDITATION DECISION

PASS - THREE YEAR ACCREDITATION

RESULTS OF PEER REVIEW ASSESSMENT

		Performance is at, or exceeds, expected level	Moderate improvement is required	Significant improvement is required
A1.1 Board of Directors	24 items	23	1*	
A2.1 Financial	15 items	15		
A3.1 Fundraising	2 items 13 n/a +	2		
B1.1 Human Resources – Staff	11 items	11		
B1.2 Human Resources – Volunteers	9 items	9		
B2.1 Public Relations & Marketing	3 items	2	1*	
C1.1 Quality Improvement	9 items	9		
C2.1 Sustainability	2 items	2		
C3.1 Research & Education	1 item	1		
D1.1 Model of Care	1 item	1		
D2.1 Access – Eligibility & Referral	3 items	3		
D3.1 Assessment	3 items	3		
D4.1 Information Privacy	8 items	8		
D5.1 Care Planning	6 items	6		
D6.1 Care Delivery – where & when	2 items	2		
D6.2 Care Delivery – collaboration	3 items	3		
D6.3 Care Delivery – matching	2 items	2		
D6.4 Care Delivery – wait lists	2 items	1	1*	
D7.1 Volunteer Screening	3 items 1 n/a ±	2	1*	
D7.2 Volunteer Training	5 items	4	1*	
D7.3 Volunteer Role & Limitations	5 items	4	1*	
D7.4 Volunteer Support/Supervision	4 items	4		

* See “Required Improvements” section for more information

+ These items will be required in next Accreditation cycle if the organization has charitable status with CRA

± This item will be required in next Accreditation cycle. See additional recommendations.

HPCO ACCREDITATION REPORT

A message from the Accreditation Review Team

The Jewish Hospice Program has fulfilled the requirements for HPCO accreditation by demonstrating through extensive written and verbal evidence that they meet, and in some cases exceed, HPCO standards.

The written and verbal evidence provided throughout the accreditation review demonstrates that the organization has strong governance, operational, quality improvement and service delivery processes in place.

After reviewing the evidence, it is our assessment that The Jewish Hospice Program meets the following expectations of a Visiting Hospice Service accredited by HPCO:

- The organization achieves a score of 90% or higher on the Accreditation Review assessment
- Services are designed and delivered in a way that maximizes safety for clients, volunteers and staff.
- The organization operates in a sustainable way; the current method of delivering service is likely to continue at this level for the next three years
- The organization demonstrates ongoing quality improvement

The evidence provided reflects a commitment to providing high-quality volunteer-based Visiting Hospice Services.

Please see the following pages for detailed observations and required/recommended improvements.

Congratulations on a very successful accreditation review!

HPCO ACCREDITATION REPORT

Noteworthy accomplishments

During the course of the review period, the Accreditation Reviewers provided the following remarks highlighting specific practices that are noteworthy.

A1.1.f (viii) Excellent process to identify major strategic and operational risks.

A1.1.h (x) Excellent investment policy.

B1.1.a (i) Fulsome repertoire of HR management policies, complying with all applicable legislation.

B1.1.b (ii) Excellent, all new hires are required to sign-off on Policies and Procedures, in addition to annual Health & Safety reviews.

B1.1.c (iii) Very thorough process for reviewing HR policies, step by step procedure, with intermediaries, ensuring accurate and complete process.

B1.1.e (iv) Very thorough process for recruitment of new employees, exceptional documentation procedures.

B1.1.g (vi) Extensive training and orientation detail for new employees.

B1.1.i (x) Exceptional performance appraisal, complete with rating definitions, process for completion and goals, objectives and employee statements of feedback.

B1.1.k (xi) Exceptionally thorough and detailed process regarding workplace conflicts, complete in every measure.

B1.2.j (iv) Very appropriate measures outlined to screen volunteers for boards and committees.

B1.2.j (v) Appreciate the comment that volunteers 'may be accepted' as its pending further screening requirements. Excellent.

HPCO ACCREDITATION REPORT

B1.2.l (vi) Very thorough and complete orientation, including an Orientation Handbook, as well as all the pertinent HR training such as AODA, Anti-Bullying, etc. Very complete orientation, excellent.

B1.2.m (vii) Excellent process of having two streams through which volunteers can offer feedback.

B1.2.n (viii) Volunteers are well supported in their designated role.

B1.2.o (ix) Volunteers are recognized in alignment with national recognition events, as well as individually with birthdays, etc. Excellent as it creates a global identify of volunteerism.

B2.1.c (ii) Demonstrates ongoing attempts to ensure marketing materials are sensitive to the needs of underserved groups A Communication and Development Department is present to ensure this standard is met. Tremendous.

C1.1.a (i) Excellent QI program inclusive of clients, families, staff and stakeholders.

C1.1.b (ii) Excellent strategic initiative with numerous committees reviewing assessment that look at both internal and community systemic needs.

C1.1.f (viii) Thorough complaint policy that includes mechanism and follow-up.

C1.1.f (ix) Excellent communication through client brochure, employee handbook, policy manual. Volunteers updated regularly via email or at quarterly volunteer meetings.

C2.1.b (i) Excellent use of capturing data through Matrix software and client database and survey monkey.

C3.1.a (i) Offers placement opportunities from multiple educational institutions. Budget includes funds for professional development. Professional education is expectation and part of performance review and achievement and is mandated by QI program. Multiple opportunities for continuing education for volunteers through workshop and Care &

HPCO ACCREDITATION REPORT

Share meetings. Evidence of regular and active participation in research internal research ethics review team.

D4.1.e (viii) Excellent Agreement in brochure format "Client Rights & Responsibilities".

D7.1.j (iii) Volunteer application is exceptionally detailed, thorough and encompassing of the necessary collection of relevant information on applicant.

D7.1.j (iv) All items present. Volunteer Application is exceptional in its detail and thoroughness. It goes well beyond encompassing all of the necessary collection of relevant information on applicant. Excellent, a model to be shared with other VHS.

D7.2.e (v) Special mention is that there will be implementation of a new learning system. Progressive.

D7.3.a (i) Excellent that the policies and procedures are woven into the fabric of training and introduced to the volunteers as such, with a review at the end.

D7.4.d (iii) Process is thorough, especially with biannual surveys, as well as the existence of a Volunteer Advisory Committee.

HPCO ACCREDITATION REPORT

Required Improvements

While the written and verbal evidence submitted throughout the course of the review period met the overall conditions for HPCO Accreditation, the following issues have been identified as requiring improvement to work towards full compliance with HPCO Standards.

These items can be addressed in the organization's "Quality Improvement Plan" – a template has been provided along with this report. Please see the conclusion of this report for more information.

A1.1.m (xvi) The complaints report was dated 2014 with no hospice client complaints involved. Improvement is required as the file is 2 years old and there should be, at minimum, an annual report to the Board even if no complaints were received.

B2.1.d (iii) Actual Interpretative measures were not demonstrated, except through the extra language sets of staff and/or volunteers, which lends itself to variability and inaccuracy. Develop a plan to address this area going forward.

D6.4.a (i) A wait list policy must be developed. According to HPCO Standards for Visiting Hospice Service (2014), a "wait list" refers to a situation assessment has been completed and a service has been requested, but that services is not immediately available (see glossary "wait list" page 39). In the event that this may occur at any time without advanced notice, a policy must be developed that speaks to how prioritization will take place with respect to domains of care, and how the service recipient is made aware of the policy.

D7.1.a (i) The policy on PVSC is well detailed in process and function, however no issuing date, revised by date, approval, etc. are present, although it is stated that the policy is reviewed annually. Please review and update policies to include all necessary information.

HPCO ACCREDITATION REPORT

D7.2.a (ii) Ensure more detailed documentation in the volunteer files to demonstrate that volunteers complete every training module required by HPCO and that these modules are completed prior to volunteer being matched with a service recipient.

D7.3.b (iii) Policy in place regarding volunteer scope of practice, however no issuing date, revised by date, approval, etc. are present, although it is stated that the policy is reviewed annually. Please review and update policies to include all necessary information.

Additional Recommendations

The following items are considered “additional recommendations”. Although each of these standards/criteria were fully addressed during the accreditation review, the reviewers offered some suggestions for possible change and/or improvement.

A1.1.e (vi) The organization as a whole is very well governed however it has been difficult to review the VHS as a separate program. Please work towards separating out the information as it relates to the volunteer visiting program.

A1.1.k (xii) The reviewers recommend signing of the conflict of interest by all volunteers, Board and staff, at minimum, annually.

A1.1.k (xiii) Possible need to develop a separate conflict of interest policy for volunteers.

A1.1.l (xiv) The privacy policy is referring to donors and fundraising, but no evidence of policies regarding information privacy related to clients/volunteers.

A1.1.r (xxi) Excellent orientation for Board members but no mention of the Hospice program.

A1.1.t (xxiv) Appears that an evaluation/survey is conducted on an annual basis for Board members but would also recommend an annual evaluation of the Board Chair.

C3.1.a (i) Response indicates that there are guidelines and procedures in place, no policy. Recommend developing policies to support these excellent guidelines and procedures regarding student placements and ongoing learning for staff.

D7.1.g (ii) Given that the evidence provided for D6.1.b (i) indicates that volunteers follow client from home to facilities as appropriate, a health screening policy/agreement should be developed. If Health Screening is to occur, it should include a 2-step TB test and it can also include confirmation of immunization status (Volunteer Canada, 2012). If

HPCO ACCREDITATION REPORT

no health screening occurs then, at minimum, the VHS should document the discussion/ agreement between VHS & Hospital or LTC facility where VHS volunteers visit hospice clients.

D7.2.a (i) Due to the limited nature of our off-site review, it was a challenge to determine the extent of the content within the volunteer training and whether it met HPCO standards. Upon detailed discussion with the hospice staff, the submitted volunteer training program was deemed complete; it encompassed all required aspects of the HPCO standards of Volunteer Visiting Training, including the Body Mechanics module. It is recommended that the policies related to volunteer training requirements be updated, and part of this process should be tracking the completion of each required module in the volunteer file. Annual compliance requirements for HPCO Accreditation will require submitted evidence to further demonstrate that this training takes place regularly and that volunteer applicants are not deemed active until all modules have been completed. Moving forward, we recommend refining your documentation so that demonstration of this accountability practice is simplified and more clearly indicated.

HPCO ACCREDITATION REPORT

Conclusion

Congratulations on your successful completion of an HPCO Accreditation review.

Please note that your Annual Report and Annual Fee will be due on December 1, 2017. More information regarding these annual ongoing compliance requirements will be delivered at a later date.

Please find enclosed the following:

License Agreement for use of Accreditation seal

This document must be signed and returned to HPCO by mail, fax or email.

Hospice Palliative Care Ontario
2 Carlton Street, Suite 707
Toronto, ON M5B 1J3
Attention: Standards and Accreditation Coordinator
Fax: 416-304-1479
Email astenekes@hpcoco.ca

Once completed:

1. An electronic copy of the Accreditation seal will be delivered via email, and
2. A printed plaque will be delivered by mail accompanied by a print copy of the signed License Agreement.

Quality Improvement Plan

Please complete and return this document (or an updated version of an already existing QIP in a similar format) within 90 days of receiving this report.

In the sample QIP format attached, there are several blank rows included should you wish to add any of the “additional recommendations”.