Accreditation Canada Public Health Service Standards High Priority Standards

Presentation/Discussion –
To identify illustrative examples...





What is Accreditation?

Accreditation looks at how well a health care organization, such as the WRHA, meets national standards of excellence. It involves everyone in the WRHA, patients/clients, families, and community partners to ensure that the best possible care is provided.

Using a 4 step cycle, the WRHA meets accreditation requirements and the goal to provide the best possible care.

The WRHA is accredited every 4 years.

The next on-site survey is scheduled for 2020.

Standards & Practices



STEP

What are we doing?

- Plan
- Train
- Review standards
- Required Organizational Practices (ROPs) see example

Internal Review

How are we doing?

Self Assessment Questionnaires (SAQ)

- Surveys
- April 1-28! Identify strengths & areas for improvement

Improvements

How are we going to improve?

- · Set goals
- Develop plan to improve
- Implement action plans
- Analyze & measure progress

External Review

What is it?

- Surveyors
- Review of practices
- Identify strengths & areas for improvement
- · Results of how we did

STEP

STEP

Building Knowledge and Understanding of Population Needs and Assets

- 1.0: Population health status is regularly assessed and health issues, inequities, and assets are identified.
 - 1.1 A Population health assessment is conducted at least every 5 years (Regional process)
 - 1.5 Health Equity gaps that exist between and within populations are identified.
- Better Access to Groceries Program developed by agencies in community with help from Community Facilitator and PH Dietitian in response to food desert analysis data
- Manitoba Collaborative Data Portal
- Work with Aboriginal Youth Opportunities (AYO!)
- Work with schools (CA teams and regional)

High Priority Standards and Examples:

- 1.1 A Population health assessment is conducted at least every 5 years
 - Regional process for formal <u>community health</u> assessment

 1.5 Health Equity gaps that exist between and within populations are identified.

2.0 A comprehensive surveillance system is maintained to monitor public health threats.

- CD surveillance system, iPHIS, PHIMs, WFPS collaboration
- Regular access and monitor surveillance data (program, local— NETs, etc)
- Agreements with partner organizations to access external surveillance data as needed (e.g., WFPS)
- Process to receive timely notification of PH threats identified by providers, labs (24/7);
- Data analyzed to assess implications for Pop Health;
- Surveillance info shared with leaders, staff, partners, public in a timely way.
- Process to evaluate surveillance system and improve.

Surveillance: High Priority Standards

- 2.1 A process is followed to regularly access and monitor surveillance data to identify and investigate emerging and immediate public health threats and trends.
- 2.4 Surveillance data is analyzed and interpreted to assess potential implications for population health.
- 2.5 Surveillance information is disseminated to the organization's leaders, partners and the public in a timely way.

Investing in Public Health Services:

3.0 Programs and services are planned and designed to meet community health needs *with INPUT FROM COMMUNITY*

- Community request for HSHR to support capacity building for overdose response.
- Access Winnipeg West physiotherapist led strength and balance fall prevention program for older adults
- Healthy Parenting Winnipeg website input from families informed design;
 process in place to collect feedback.
- Community Nutrition partners with Food Matters Manitoba
- PPH team members collaborate with City of Winnipeg re: transit master plan, OurWinnipeg, to identify and address health risks in social and built environments.
- Transcona's Coping with Change initiative to offer MH Wellness sessions to new mothers.
- Point Douglas You Matter Wellness Clinic.

Planning: High Priority Standards

- 3.10 There is access to sufficient laboratory capacity in the community to meet the needs of the local public health system.
 - Cadham Provincial Public Health Laboratory;
- 3.11 Ethics-related issues are proactively identified, managed, and addressed.
 - Regional Ethics services provides toolkits for staff, decision support consultation and workshops.

Building a Prepared and Competent Team

- 4.0 Team members are qualified and have relevant competencies.
 - Staff participation in MICST building cultural safety competencies.
 - PPH staff development committee supports ½ day session in June; Fall & Winter Team Discussions.
 - Job postings and position descriptions reflect PH competencies and discipline specific competencies where relevant.
 - MB Health Promotion Core Competency Working Group.
 - FF training.

Staff Competency High Priority Standards

- 4.2 Required training and education are defined for all team members with input from clients and families
 - Comprehensive orientation for new staff.
 - Staff development sessions and associated activities. Informed by feedback from community, priority issues, competencies, e.g., cultural safety training was prioritized.
- 4.3 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.
 - Annual performance conversations with TMs, completion rate is monitored.

- 5.0 Well-being and work-life balance is promoted within the team.
 - Active transport options are supported, Social Committees are supported within sites (Halloween, pot luck, grilled cheese day).
 - Wellness committee (Ink), treat day (PD), escape room (AFG),
 - Wellness break: bundling breaks for 1 hour break
 - Altered hours of work are supported where feasible to accommodate family/child related events.

Creating Conditions for Meaningful Engagement with Partners

- 6.0 Community partners and stakeholders are engaged to address population health needs
 - MOU with City of Winnipeg in progress
 - Standard review on testing and labelling requirements for hip protectors used to reduce the risk of hip fracture in the event of a fall
 - Community facilitators working with CA teams to facilitate income tax clinics in partnership with community based organizations;
 - Involvement in Neighborhood Resource Networks (NRN)s
 - iTrack collaboration with Aboriginal Youth Opportunities (AYO!)
 - Supporting Street Census and dissemination
 - Tobacco plan developed with community in Dtn and PD resulted in shift in focus to community identified priorities
 - Consultation around safer consumption spaces
 - Mental Health Advisory committees
 - Fall Prevention regional, provincial and national committees

PROMOTING THE HEALTH OF THE POPULATION

- 7.0 Effective public health communication strategies are developed and implemented with partners, with input from the community.
 - Drug alerts
 - Staying on Your Feet website offers knowledge products, resources and training on reducing falls and injury from falls for the public (primarily older adults and their caregivers), as well as health professionals
 - Social marketing campaigns in HSHR
 - Dial-a-Dietitian Manitoba Facebook Page administered in conjunction with Public Health Dietitians
 - Healthy Parenting Winnipeg website
 - Prevent falls site and materials
 - Manitoba Collaborative Data Portal
 - National immunization week
 - Baby Friendly Initiative (BFI)
 - Towards Flourishing, wellbeing guide.ca, etc.

8.0 Contributions are made to public policy in collaboration with partners and with input from the community.

- PHN participation in community engagement, e.g., Grant Park CC construction, Parent Child Coalition networks
- Sharing health evidence to facilitate improved social and health equity outcomes in order to reduce falls and injuries; increase physical activity; and increase safe and accessible active transportation options
- Sharing health evidence to support City of Winnipeg master transit plan
- Supporting community input and evidence for Our Winnipeg
- Healthy Eating Environments Guideline
- Position statements are informing policy: HIV decriminalization position informed by HIV stakeholders and community. Helped inform national and regional policy and priorities.
- Supporting bike helmets and booster seats regulation

- 9.0 Capacity to promote the health of the population is built within the community, in collaboration with partners
- FNIH community champions based on numbers of high incidence communities.
- Elmwood's Better Access to Groceries program
- Infant Nutrition and Toddlers Nutrition TTT sessions with agencies.
- Increasing awareness of recreation subsidy to address income barriers
- Work with schools and newcomers to promote mental health
- Sharing health and income/poverty information with partners,
 Wpg Harvest event
- Community Breast Feeding group in North Wpg.

Investing in Prevention for Improved Population Health

• 10.0: A wide range of prevention activities are delivered.

- Naloxone program
- Immunization programs, outreach clinics
- TB outreach program
- Mental Health promotion work in schools
- Street Connections, Harm reduction supply distribution
- FF program

- 11.0--Safe and equitable immunization services are provided to the community
 - Outreach flu clinics
 - Targeted locations to facilitate access: housing complex, Oak Table, Harvest, etc.

Protecting the Health of the Population

- 12.0--Public health laws and regulations are enforced to protect people from health and safety hazards.
 - Work by Public Health Inspectors (PHIs), MOHs.
 - Partnership with PHI in food borne illness follow up.
 - TB supporting clients to successfully complete treatment,
 e.g., incentives, housing, outreach, additional supports
 - Advocacy to create regulations about bike helmets, booster seats, product and food safety.

- 13.0: The organization is prepared to respond to public health emergencies.
 - PPH program situated in regional ICS;
 - Processes in place for response (ongoing improvements)
 - Epi infrastructure and expertise to detect and help manage increase in CD cases.
 - Work to do to prepare, exercises, surge capacity, work with community.

Maintaining Efficient Information Systems to Support Decision Making

- 14.0--Policies, procedures and the appropriate information technologies are in place for managing public health data and information is available to support evidence-informed decisions
 - Regional privacy policies: collection, use, storage, disclosure, destruction of PHI.
 - IT infrastructure in place for most service areas, needs improvement.
 - Capacity to use data from info systems to inform decisions, practice improvements. Need access to data from all systems.
 - NETS, MBCDP have added to capacity of entire team and community.

Monitoring Quality and Achieving Positive Outcomes

- 15.0 Research, evidence, and best practices are used to inform and improve public health services.
 - Best practice issue papers
 - Using NETS data to inform community partners re: food security in community areas.
 - HSHR partnerships: HIV Collective Impact
 - TF services development
 - PP and newborn care maps coming
 - Evidence documents developed and shared with partners, using literature, community knowledge, criminal justice, TRC, etc.
 - PPM model

- 16.0--Indicator data is collected and used to guide quality improvement activities.
 - RL6 used to inform needed improvements
 - Voice of the client work started... individual and family feedback; need to collect and collate input from community (need systematic approach).
 - Focus groups in Seven Oaks with newcomer population
 - iTracks project asked about racism and discrimination
 - KPIs and performance to standard data used in healthy parenting to identify strengths and areas for improvement.