

In Conversation with

Leslee Thompson

President and CEO
Health Standards Organization (HSO) and Accreditation Canada (AC)

Ken Tremblay

In healthcare, no organization was as synonymous with quality and safety as Accreditation Canada, an independent agency established in 1958 to verify and certify that healthcare service providers met process and outcome standards at national and even international levels. In Canada, some 1,000 organizations across 7,000 sites turned to Accreditation Canada for their compliance verification with current and emerging practices and outcomes. In early 2017, feedback from stakeholders drove a bold new direction for users where HSO specializes in the development of best-in-class standards and their assessment while its affiliate, Accreditation Canada, plans and provides accreditation services to Canadian and international clients.

Arriving in February 2016, President and CEO, Leslee Thompson, started her career as a critical care nurse, has an MBA from Western, a Master's degree in health administration from the University of Toronto and is a certified Corporate Director. She has a long and successful track record in the C-suite where she honed her leadership skills in some of Canada's most prestigious academic centres. Combined with business acumen gained from the front lines and boardrooms of the private sector, Leslee's many contributions to her profession and best practices in healthcare position her uniquely to lead HSO and Accreditation Canada, here and abroad. In 2012, Leslee received the Facing Cancer Together Award of Honour for her work empowering women with cancer. HQ's Ken Tremblay caught up with her this spring.

HQ: After years on the front line of healthcare, how have you found the transition to national influence and, more recently, a global stage? Was there an “aha” moment for you?

LT: The most exciting part of this transition has been the creation of an incredible platform to lead big changes to issues no one organization in the system could solve on its own. I have the opportunity to work across all the parts of the system with a line of sight across the full spectrum of issues and challenges that systems, providers and patients are experiencing. We have some levers that can help break through barriers that limit what I know they really want to see happen.

HQ: HSO and Accreditation Canada’s contributions to healthcare improvement span an almost overwhelming array of providers and jurisdictions from the tiniest provider in remote Canada to global partners with systems spanning nations. How do you provide leadership to such a diverse set of policy makers, providers and delivery models?

LT: I continue to learn how to work in this new world where the most important part of leadership is unleashing the power and potential of people who share a global passion for achieving quality in health services for all. Since that is the heart of what we are as an organization, it must lead in that very same way.

There is remarkable consistency and unity of purpose around the world in terms of tough issues, common challenges and perspectives in what people are trying to achieve: people-centred care, integrated care and innovation. Although we are addressing similar things, there are different ways of doing it. There is no one right way and people need to experiment to determine what is best for their situation. We cannot prescribe the “how.” That is probably the richest place for us to learn from each other and that gives me great hope.

HQ: In the digital era, information technology has become central to quality and safety in healthcare yet its full contribution has been limited by access to IT systems and their integration. What challenges does this issue create when policy, system and provider capacities are so variable?

LT: One issue that stands out is the use of central policy levers: national goals for health outcomes and standards, health information, expectations of their citizens, patients, families and metrics for accountability. Everybody is struggling to figure out how do we invest in IT to drive reduced risk, improve quality and hasten change. There needs to be a singular and coherent plan so that jurisdictions can move farther faster.

However, that every jurisdiction has its own solution, limits progress with fully integrated systems. One of the standards we are launching through HSO deals with integrated health services, setting the bar in terms of the technology to enable system integration. This will be a tough challenge for our technical committee but its job will be to design the requirements and standards for integrated health systems.

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HQ: Iconic to healthcare in Canada is jurisdictional tension between federal, provincial and territorial stakeholders – particularly resources, standards and outcomes. As we deal with these pan-Canadian challenges, what has been your contribution to this national dialogue?

LT: I’ve been in a listening mode, tapping into the knowledge, experience and the expertise of these organizations. What’s been remarkable to me is the similarity of challenges they face. Accreditation Canada is at a table where 10 federally funded pan-Canadian organizations consider common issues we might tackle by leveraging each other’s respective strengths. For example, Accreditation Canada has been a key part of national patient safety initiatives led by the Canadian Patient Safety Institute (CPSI). We are taking to heart recommendations from the field that we link data, decisions and practices to better health outcomes.

Although we have served in a secretariat role, one of my observations is that each organization has their own approach. I do not think we do enough to leverage each other’s strengths and learning. A lot of people start from ground zero when they don’t need to. I’m very impressed with the CPSI’s efforts to accelerate the uptake of leading practices across the country. Similarly, Accreditation Canada and HSO can contribute its database of 1,000 leading practices – a global library of leading practices – so that clients can access and contribute to shared learning across the globe in mechanisms that are faster, more relevant and timely so that people avoid reinventing the wheel.

HQ: There are governance structures and delivery models where the linkages between the government and providers are such that a standards compliance issue might shine light at the feet of government or policy makers. How do you approach that dynamic?

LT: Policy makers are key stakeholders and need to be full participants and partners in shaping the change. In fact, where we have made the most progress on standards compliance and [system] transformation has been when policy makers have

been at the table. One of the provinces where we have had great success is Quebec. Policy makers, regional CEOs and Accreditation Canada have been working together to anticipate and address issues where there are opportunities for improvement. When you see government side by side with their regions working together to plan and contribute to a solution, rather than finger pointing, you achieve the most progress.

HQ: The accreditation process has had its critics with respect to value for money in the wake of funding pressures, tortuous reimbursement formulae, performance variation and resource accountability. How do you engage clients in advancing healthcare improvement through HSO and AC's suite of products?

LT: Over a 10-month period, over 700 staff, clients, patients, surveyors and policy makers shaped our new strategy. Some of the messages were hard to hear but I really appreciated the candour, insights and the commitment that people had for Accreditation Canada and the future of healthcare in Canada.

There were six buckets of change: better connection with each other; a systems approach and focus; listening to all the voices for what matters, making it easier to do the right thing; designing solutions and systems for people; and, linking data, decisions and practices to better health outcomes. These informed key insights.

One was this notion that Canadian and international providers have a common and global mindset when it comes to bringing the best of standards and knowledge to clients. Bringing global learning to Canada, not just Canada going out into the world, as was the case previously, was a key shift. Another was addressing process outcomes. Some noted that high ratings for process criteria did not line up with outcomes. This created a credibility gap between the assessment process and accredited status. Another was that focused on providers and institutions rather than patient pathways, networks and systems. We learned that “one size fits all” and “we know best” do not play well with people.

At the end of the day, we have separated standards development and accreditation in order to be really best in class in both – that is the fundamental and vital shift we are making.

HQ: Healthcare's triple aim – better access, better outcomes and lower costs – and arguably a fourth dimension – provider satisfaction – has become a mantra. What will be the tangible evidence that HSO and Accreditation Canada are making a difference?

LT: One is that HSO becomes a key standards development organization. Standards from evidence-based data will reflect the attributes of people-centred and integrated health systems as well as infuse these aims into the design of future standards.

At Accreditation Canada, there will be innovative assessment methodologies to draw upon the criteria linked to high performance systems and the triple aim. For example: we are testing a prototype survey for physician engagement. Another is an adoption of a WHO framework for people-centred integrated health systems.

Central to this discussion is data linking decisions and practices to better health outcomes, discovery work currently underway with CIHI and interested clients. As in the case of stroke standards, the most successful pathways resulted from great evidence. That you have improved outcome data based in evidence factors into AC's decision of whether one achieves the distinction award. It's going to be a journey but we're heading down that path.

HQ: Clearly, international clients have a choice when considering a standards partner and measurement organization vis-à-vis healthcare improvement and an “accredited” status. What competitive advantage does this new model offer international clients?

LT: While we are not alone, we are the biggest, been around the longest and are the only national accrediting body serving every part of the healthcare system. One of our differentiating features is our client/family-centred focus, introduced through Qmentum, now Qmentum Global. These are a unified global standard set of standards and assessment methodologies that can be tailored to client needs and circumstances. That we train, build and grow capacity in many countries for local surveyors is a strong suit of ours.

With HSO, our shift to a more rigorous and inclusive process for the development of global standards will support greater international participation and collaboration. Going forward, every standard technical committee will have people from around the world on it. Our focus on global learning is key. As well, not only do we work with individual institutions, we work with a number of countries and their accrediting bodies. What would have been referred to as “Canadian” standards before, now include content from the Netherlands and Brazil where their accreditation bodies use standards licensed through HSO. Shared learning across multiple jurisdictions is a real strength of HSO and we are working on ways to accelerate international and global collaboration as a means to keep people inspired and engaged.

HQ: Conversely, what lessons learned abroad could benefit health service providers or improve health status in Canada?

LT: When I consider integration of community, home, community services and hospital care, hospitals and community programs in Brazil have innovative and remarkable ways of connecting the community and the hospitals that improve

transitions in care. In Lebanon, primary care system providers do not get paid by the government unless they achieve accreditation using standards we co-designed with them. They are using accreditation as a lever for change.

These jurisdictions are using accreditation standards, the process of preparing and working towards them as a real tool for change in quality improvement. The jurisdictions that embrace accreditation to sponsor health system change are the ones making the most interesting progress.

HQ: Accreditation Canada surveyors engage the public and users as they visit provider sites. With public expectations ever growing, how do you incorporate the needs of “putting patients first” with HSO’s capacity to generate standards for patients, providers and governments in Canada?

LT: For every technical committee, for every new standard that we develop in the future, 25 per cent of the committee membership will be patients, with equal voice and participation. That’s one stake in the ground.

The other is, as in Canadian standards and soon part of Qmentum Global, that we will integrate client- and family-centred care into the standards that drive organizations towards leading practices. Just launched, we are currently prototyping a model with patients as surveyors. They are going to be included in the survey teams – who better to contribute to the assessment of whether an organization is client-centred than a client?

HQ: Fast forward 10 years, what will be the legacy of this organizational change?

LT: I think we will be seen as an organization that listened, that stakeholder voices and experiences were heard and that their

contributions to quality and safety were embedded as a defining feature going forward. Standards will be seen [as a means] to set the bar for public expectations from their health system and that people striving to meet them will know that they are being measured with reliable data in transparent ways. It will not be about achieving minimal standards; rather about hitting what is the right bar to achieve and settling for nothing less.

I hope there will be accelerated adoption of innovation where evidence drives a focus on improvements that actually make a difference. We need both high standards and high compliance and the courage to seize improvement opportunities in the areas that really matter; this is not just about being accredited. My hope is that we become a valued part of the system, where we hold each other to account for doing the right things well, celebrate when it’s working, shine the spotlight when it’s not and striving every day to improve. This is not about an every four-year event, rather that it is truly part of every day where we are never afraid to be doing the right thing.

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HQ: What keeps you awake at night?

LT: There’s a lot of moving parts with this change. Right now, I really want to make good on the promise of our potential of what we are here to do. I feel a great responsibility to deliver on the changes that people are expecting. We have a lot of great people, we are moving fast, we intend to go far and we’re going to do that with all of our partners while keeping the wheels on the bus. This is probably the most exciting leadership work I have had; it is truly extraordinary and it really matters.

HQ: Thank you. HQ

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