

COHI Bulletin

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COHI Celebrates Accomplishments

Highlights of COHI's 10th Anniversary AGM

COHI's AGM was held on June 3, 2009 in Toronto with over 75 in attendance. As this was COHI's tenth anniversary, the AGM provided an opportunity to celebrate the many achievements of community health centres and COHI, and to look forward at new challenges. Business was conducted in short order with members electing COHI board members, approving the audited financial statements for the previous fiscal year, and appointing the auditors for the next.

Peggy Nickels, board chair, acknowledged the important contributions of board members, COHI staff and team leaders and of the peer reviewers who come from our member organizations.

In particular, Peggy expressed appreciation to retiring board members David Hole (completing six years), Lucia Furgieule and Denise

Squire (three years); and to Carla Palmer and Joe Hester who were unable to complete their terms.

Board elections

The four vacancies were filled as follows:

For a second term:

- Lynne Raskin (Executive Director, South Riverdale CHC)

For a first term:

- Naini Cloutier (Community Services Manager, Pinecrest-Queensway CHC)
- Karen O'Connor (Board member, South Riverdale CHC)
- Konnie Peet (Executive Director, Guelph CHC)

The AGM ratified the Board's appointment of two new board members to replace board members who had

resigned during the year with both these terms extending to June 2011:

- Michelle Hurtubise (Executive Director, London Intercommunity Health Centre)
- Brenda McNeill (Executive Director, Anne Johnston Health Station).

Continuing on the board are:

- Peggy Nickels (Community Services Manager, Langs Farm Village Assoc)
- Carole Goyette (Urban Planner, Lakeshore Area Multiservice Project)
- May Morpaw (Board member, Sandy Hill CHC)

A look back on ten years

To mark COHI's tenth anniversary, Michael Birmingham, Executive Director of the Carlington CHC and chair of the COHI board in its early years, presented an overview of COHI's

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COHI News

2009-2010 Board Executive elected

In June the COHI board elected the following to Executive positions:

- Chairperson - Peggy Nickels
- Vice Chairperson - Lynne Raskin
- Secretary - May Morpaw
- Treasurer - Carole Goyette

Staff changes

Saraj McCormack, our Administrative Coordinator, has left to pursue further education in nursing. Though we will miss her we wish her well in her studies.

We welcome Stephanie Jones as COHI's new Administrative Coordinator. Stephanie brings a wide range of experience in the public sector and in business. She is a great addition to our office team.

COHI is also saying good-bye to one of our Team Leaders, Anne Simard, who has been a tremendous resource to COHI since 2001. In early August, Anne took up the full-time position of Director of External Relations with the Ontario Agency for Health Protection and Promotion. We heartily congratulate her on this appointment and wish her well.

Excellence and Innovation at BHO Organizations

To coincide with its tenth anniversary and AGM, COHI revamped its collection of online stories and examples of excellence and innovation at organizations reviewed by BHO and also published a selection of them in a four-page booklet. The online collection is searchable by component and by organization. Both are available on the COHI website at www.cohi-soci.ca under Innovation and Excellence. We congratulate our member organizations for their accomplishments.

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and BHO's development from the perspective of someone who was intimately involved from the beginning.

He described how the idea to develop a capacity building and quality improvement program tailored to community health centres had its roots as far back as 1993. Based on much consultation and the development work of many, and with strong support from the Ministry of Health and Long Term Care, the first version of the BHO program was developed in the late 1990s under the auspices of the Association of Ontario Health Centres (AOHC). A motion adopted by the AOHC AGM in 1998 led to the creation of COHI as an independent organization that would administer BHO and in 2003 come to own it.

Despite some divergent opinions about quality improvement and accreditation, Ontario CHCs overwhelmingly chose to participate in BHO in the three years that followed. When surveyed, they have continually reported that their participation has strengthened their organizational capacity.

After Michael's presentation, all past board members of COHI were recognized for their contributions.

For a copy of Michael's comments and to view a list of all past board members, see COHI's website under About COHI.

Looking ahead: new strategic directions

Peggy highlighted the significant progress of the past year in promoting BHO to other sectors and the many educational initiatives undertaken. With Executive Director Barbara Wiktorowicz, she reviewed the strategic directions that the COHI board adopted in May, highlighting COHI's unflinching commitment to members to deliver a responsive and effective community-based accreditation service, and emphasizing that, as opportunities for collaboration

New Resource Available

A BHO Self-Assessment Checklist is now available in the Members Only section of the COHI Website under Preparing for BHO. This checklist combines information from the BHO Database and Manual to provide a tool that can help organizations assess to what extent they are meeting accreditation expectations. It is provided in a Word format which makes it easy to adapt to your organization's structure and processes.

are explored, COHI will prioritize a strong community health voice in any evolution of the BHO program.

The broad strategic directions adopted for the next three to five years are:

- To participate incrementally in the Accreditation Coalition project with several partners to develop a joint social enterprise offering a community-based accreditation program;
- To review the BHO Program with focus on:
 - Lengthening the review cycle
 - Improving usability of BHO database
 - Streamlining BHO requirements
 - Staging BHO reviews
 - Emphasizing quality of care and performance
 - Reducing costs to members
- To promote BHO to priority sectors
- To build relationships with funders
- To build relationships with other accreditation bodies

A number of Principles for Partnership were adopted to provide guidance as COHI engages in discussions with partner organizations. These strategic directions and principles are outlined in a communiqué sent to member organizations in late May 2009 and can be obtained from the COHI office.

Breaking news: Trillium grant approved for Accreditation Coalition

COHI has recently learned that the Ontario Trillium Foundation approved a grant of \$ 490,500 over three years for the Accreditation Coalition's project entitled *Enhancing Quality and Capacity in Community-Based Organizations through Accreditation*. The Accreditation

Coalition is a collaboration involving COHI, Big Brothers/Big Sisters of Canada, Children's Mental Health Ontario, Ontario Association of Children's Aid Societies, the Ontario Association of Credit Counselling Services and Ontario Family Services, which is the grant's sponsoring organization. These six organizations serve more than 300 community health and social service organizations across Ontario and Canada.

The project aims to streamline our six accreditation processes into one that unites the best elements of the existing programs, draws from literature and best practices, reduces duplication and inefficiencies, increases learning and sharing across sectors, and responds to the uniqueness and similarities of community-based non-profit organizations. The project will allow for the development of modules responding to different sectors, including participating sectors as well as others who are expressing increased interest in accreditation. It will maximize the credibility and quality of the accreditation offered and promote shared knowledge for the benefit of member organizations, clients, partners and funders.

Next steps

As Peggy noted at the AGM, this is an exciting and challenging time for COHI as it contemplates making changes to its structure and program. The board will be consulting members on an ongoing basis as COHI pursues its strategic directions and collaboration with the Accreditation Coalition over the coming year.

Preparing for Your BHO Review

Client Record Audit

COHI is revising BHO requirements related to quality of service client record audits (CRAs) to reinforce their use as a client safety measure. While the wording of Standards and Indicators is not changing, a stricter interpretation is being phased in.

What is changing?

The change pertains to **Standard 2.5.2** which states *Quality of service client record audits regularly assess the thoroughness and appropriateness of the service provided*. This is a Standard of Mandatory Practice developed with the idea that audits would be completed on an organization-wide sample of client records. Up to now, BHO review teams have been accepting “best practice” audits (sometimes called “problem-based” or “evidence-based” audits) as meeting this standard. However, we have found that these audits (which are often limited to one or two “problems” per year) do not afford a practice-wide assessment across all disciplines and program areas that serve clients on an individual basis.

Phasing In of Quality of Service Client Record Audit Requirements

- Year One (April 1, 2009 to March 31, 2010):
 - Review teams will continue to accept best practice audits as evidence of auditing quality of service. Organizations are encouraged to diversify the best practices audited as much as possible and to pilot test quality of service audit approaches.
- Year Two (April 1, 2010 to March 31, 2011):
 - Organizations must have developed tools and processes and be able to show one year of practice in keeping with the clarified interpretation of Standards 2.5.2.
- Year Three (April 1, 2011 to March 31, 2012):
 - Organizations must have developed tools and processes and be able to show two years of practice in keeping with the clarified interpretation of Standards 2.5.2.
- April 1, 2012
 - Organizations will be evaluated against the full requirements of Standard 2.5.2 which includes showing three years of practice.

Client record audits based on best practice continue to be addressed in BHO under Good Practice Standard 2.5.3.

In clarifying its requirements for Quality of Service CRAs, COHI recognizes the need to phase-in this stricter interpretation (see box for phase-in schedule). All organizations reviewed after April 1, 2012 must provide three years of quality of service audits that meet the clarified BHO requirements.

Resources

In order to assist organizations with understanding BHO's Client Record Audit requirements, COHI has developed the following tools and posted them to the Members Only section of the COHI website:

- Powerpoint presentation
 - Guidelines Workbook
 - Sample Quality of Service Client Record Audit tools (also in the BHO Resource Library under Standard 2.5.2.)
- Web conferences will be announced for September and October 2009.

Your Questions

What If I Think Certain BHO Standards Do Not Apply to Me?

If an organization knows ahead of time that certain BHO Standards (particularly Mandatory ones) should not apply to its organization or where there are certain programs of the organization that might be excluded from the BHO accreditation process (for example, if a program is brand new or if it is accredited by another organization) please contact COHI as far in advance as possible. Based on discussion with COHI staff, an Accommodations Agreement may be needed for your organization's BHO review.

Does the BHO Research Component Apply to Me?

BHO's Community Capacity Module includes two standards under a Component called Research. We ask organizations undergoing a review to indicate whether they engage in research. Their answer determines whether they will be asked to meet these two standards or not.

The Research Component applies to your organization if:

- It initiates or leads a research study; and/or
- It is involved in a third party's research, regardless of whether your organization initiated the project or is named as one of the investigators.

BHO asks you to have in place written policies and procedures to guide decision making about engaging in research and to direct research projects conducted by staff, students or other researchers (Mandatory Standard 3.4.1). You are also asked to demonstrate that research has been used to benefit clients or other service providers (Good Practice Standard 3.4.2).

Usually, agency conducted program evaluation is not considered research, because its purpose is to internally assess the effectiveness of your services. If the evaluation is conducted for research purposes with the intent of generalizing or disseminating the findings for research purposes (i.e., for purposes beyond internal evaluation), then the Research Component may apply.

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How Does COHI Evaluate BHO?

Organizations and BHO review team members are asked for their feedback after every BHO review. For organizations, COHI sends two surveys to a sample of individuals who were involved in the interviews at their agency. The first survey is sent after the organization receives its Preliminary Report; the second, following the Final Report.

Why two surveys? In 2007, we moved to two surveys when participating organizations told us they would prefer to share their comments while the review was fresh in their minds (i.e., no later than the Preliminary Report stage).

The evaluation process respects the privacy of respondents. Comments are compiled by an evaluation consultant only for COHI staff for evaluation purposes, and in no way aggregated or shared in a way that could identify respondents. Review teams do not have access to survey responses. Feedback may be provided to the review team by COHI; however, this is done only after the organization has received its Final Report.

COHI also solicits feedback in other ways. In 2008 and 2009, consultations were held to hear more from our members about their experience with

BHO. The COHI Board has a standing Quality Improvement Committee responsible for evaluation and BHO's ongoing development. Highlights of evaluation results are available on COHI's Web site in About BHO – Evaluations.

Workplace Inspections

Q: We have more than one site. We inspect one site every month on a rotational basis. Isn't that enough?

Under BHO's Standard of Mandatory Practice 1.5.3, organizations are asked to ensure monthly inspections of the workplace are completed and documented.

The Occupational Health and Safety Act requires monthly inspections for any work site where six or more staff work. Some organizations that operate several sites have argued that the legislation allows for rotating inspections between sites (Site A inspected in January, Site B in February and so forth) if it is not "practical," citing the Occupational Health and Safety Act, Section 8 of which states: "If it is not practical to inspect the workplace at least once a month, the health and safety representative shall inspect the physical condition of the workplace at least once a year, inspecting at least a part of the workplace in each month."

However, by "workplace" the OHS Act means work site (not organization). For

example, if you are a CHC operating three sites, you are considered to be operating three workplaces. BHO asks for evidence of OHS monthly workplace inspection reports for the 12 months preceding the BHO review. This means you would provide monthly inspection reports for each of your sites in which six or more staff work.

Legislation does allow multi-site organizations to use one committee to oversee inspections at all locations. Application should be made to a Regional Director of the Ministry of Labour to create a Multi-Workplace Joint Health and Safety Committee should you choose.

Section 8 of the Act cited above is in fact meant to accommodate individual workplaces that are too large or complex to be inspected fully each month (e.g., a hospital). In such a case, the OHS committee is expected to establish a written inspection schedule that ensures at least part of the workplace is inspected each month and the entire workplace is inspected once a year. The Ministry of Labour's expectation is that inspections be frequent enough to reasonably keep the whole workplace free of hazards. Essentially, the schedule needs to keep the workers as equally protected as they would be under a system of full workplace monthly inspections.

Stay informed

- Ministry of Labour **Guide to the Occupational Health and Safety Act** explains what every worker, supervisor, employer, constructor and workplace owner needs to know about the Act.
<http://www.labour.gov.on.ca/english/hs/ohsaguide/index.html>
- Ministry of Labour Regional Offices - OHS Inquiries
 - Province-wide: 1-800-268-8013
 - Central Region: 416-314-5421 or 1-800-991-7454
 - Western Region: 905-577-9774 or 1-877-202-0008
- Occupational Health and Safety Act
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm#s8s7

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