Leading Practices

A critical part of Accreditation Canada’s contribution to improving quality in health services is achieved through knowledge sharing. Accreditation Canada recognizes Leading Practices in Canadian organizations across the care continuum that are particularly innovative solutions to improve quality.

Leading Practices are submitted via the Client Organization Portal. Submissions are evaluated by a review committee and the Accreditation Decision Committee. An in depth description of the criteria used during the Leading Practice review process can be found below. If you or someone you know is interested in joining the review committee, please email leadingpracticeadmin@accreditation.ca.

Background

Accreditation Canada defines a Leading Practice as an innovative and creative example of leadership and service delivery carried out by a health service organization. Leading Practices are worthy of recognition for what they contribute to their field. Many are ingenious in their simplicity and show how innovative strategies can be applied to achieve excellence.

To be approved, a Leading Practice, the submission must be:

1) Linked to Accreditation Canada standards
2) Innovative and creative
3) Client- or family-centred
4) Evaluated
5) Able to demonstrate intended results
6) Sustainable
7) Adaptable by other organizations

A review committee and the Accreditation Decision Committee use the above criteria to evaluate whether the practice is, in fact, leading. The Accreditation Decision Committee then notifies organizations of the outcome within six weeks of submission. Accepted Leading Practices are posted on the Accreditation Canada and Agora websites, and organizations receive a letter and certificate recognizing their achievement.

In their submission, organizations will be asked to provide information on the following:

### Leading Practice Description

**Leading Practice Title**

Please provide a summary of the Leading Practice (up to 1500 characters). Include a description of the problem being addressed. Detail the activities that occur as a part of this Leading Practice, and specify the impact it has had. This brief description alone should be able to give the reader a sense of whether this Leading Practice would be suitable to apply within their own organization. Accreditation Canada reserves the right to edit the information submitted for style, content, and length.

Contact name, title and e-mail address for the person who can be contacted at your organization if others wish to know more about this practice.

### Linked to a standard:

Select which Accreditation Canada standard section(s) and standard the Leading Practice best falls under.
### Innovative and Creative:

**Criterion**
The Leading Practice submission describes why the practice is innovative or creative.

**Guidelines**
Describe how the practice is:

a) Innovative: the practice is new and has not been implemented elsewhere (e.g., a pediatric team develops a new tool to screen parent’s distress)

b) Creative: an existing practice, already implemented elsewhere is adapted and applied in a significantly different manner in the organization, or is targeting a different population (e.g., a long-term care facility adapts a volunteer program developed in a community mental health program).

### Client/family-centred:

**Criterion**
The Leading Practice submission describes how:

a) clients or families were involved in, or consulted before or while, developing the Leading Practice and/or

b) the Leading Practice better involves clients and families during the care or services they receive and/or

c) the practice contributes to better client / family-centered outcomes.

**Guidelines**
Provide information about:

a) How clients and families gave you information about their needs (i.e. the method used to solicit information from clients and families)

b) How clients and families were involved in the development of the Leading Practices

c) How the Leading Practice better empowers clients and families in the health services delivery process (e.g., clients and families share control in decision-making)

d) How the Leading Practice benefits clients and families (e.g., more culturally sensitive services, more timely access to services, etc.).

### Evaluated:

**Criterion**
The Leading Practice submission describes when and how the Leading Practice was evaluated.

**Guidelines**
Clearly state:

a) The measurable objectives targeted in the evaluation (e.g., accessibility, quality, efficiency, patient safety)

b) The quantitative indicators or qualitative information collected, with a clear connection between the measurable objectives and the indicator. (e.g., accessibility=wait time, quality=error rate, efficiency=productivity, patient safety=rate of falls)

c) The method or tool used to gather the information (e.g., questionnaire, checklist, focus group, survey instruments, file audit, etc.)

d) When the evaluation was started and completed.
## Demonstrates intended results:

**Criterion**
The Leading Practice submission describes the intended results the practice has had on the measurable objectives. In addition, the submission can also include improvements in care and/or changes in behaviours.

**Guidelines**
Report on the outcomes as they are linked to the measurable objectives set out in evaluation (above).

For example: accessibility=wait times reduced from a to b, quality=error rate reduced from a to b, efficiency/productivity=reduced man hours required from a to b to complete activity, patient safety/effectiveness=rate of falls reduced from a to b.

## Sustainable:

**Criterion**
The Leading Practice submission describes the process and actions put in place to ensure that the Leading Practice will be maintained over time.

**Guidelines**
Provide information about the resources invested in implementing, maintaining, and spreading the practice in the organization (i.e., staff feel empowered, leadership commits to the implementation, etc.). Resources include financial, human, material, informational and others.

Sustainability is supported with committed resources, infrastructure and processes at the organizational, governance and regulatory level (i.e. staff, facilities, equipment, job descriptions, policies, procedures or communication).

## Adaptable by other organizations:

**Criterion**
The Leading Practice submission describes how this practice may be implemented in other organizations.

**Guidelines**
State whether and when you have shared this practice with other organizations. Based on your experiences, state the potential barriers and facilitating elements that other organizations wanting to adopt this practice may need to consider. Include ways to overcome these barriers and ways to achieve buy-in from the necessary facilitators.

You may want to include information about:

- Strategies that were used to successfully bring staff to understand and adopt the Leading Practice
- How the Leading Practice is consistent with values, experiences, and needs of potential adopters
- How the Leading Practice can be changed or modified by other organizations wanting to adopt it.