ACCREDITATION AGRÉMENT CANADA

Qmentum

Accreditation Report

Covenant Health

Edmonton, AB

On-site survey dates: October 15, 2017 - October 20, 2017

Report issued: February 16, 2018

About the Accreditation Report

Covenant Health (referred to in this report as "the organization") is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in October 2017. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

Accreditation results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Accreditation Report.

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

A Message from Accreditation Canada

On behalf of Accreditation Canada's board and staff, I extend my sincerest congratulations to your board, your leadership team, and everyone at your organization on your participation in the Qmentum accreditation program. Qmentum is designed to integrate with your quality improvement program. By using Qmentum to support and enable your quality improvement activities, its full value is realized.

This Accreditation Report includes your accreditation decision, the final results from your recent on-site survey, and the instrument data that your organization has submitted. Please use the information in this report and in your online Quality Performance Roadmap to guide your quality improvement activities.

Your Client Engagement Coordinator is available if you have questions or need guidance.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by integrating accreditation into your improvement program. We welcome your feedback about how we can continue to strengthen the program to ensure it remains relevant to you and your services.

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

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Executive Summary

Covenant Health (referred to in this report as "the organization") is participating in Accreditation Canada's Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization's leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

Accreditation Decision

Covenant Health's accreditation decision is:

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Accredited with Commendation

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The organization has surpassed the fundamental requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: October 15, 2017 to October 20, 2017**

- **Locations**

  The following locations were assessed during the on-site survey. All sites and services offered by the organization are deemed accredited.

  1. Edmonton General Continuing Care Centre
  2. Grey Nuns Community Hospital
  3. Mary Immaculate Hospital
  4. St. Joseph's Auxilliary Hospital
  5. St. Joseph's Home
  6. St. Mary's Health Care Centre
  7. St. Michael's Health Centre
  8. St. Therese Villa
  9. Youville Home

- **Standards**

  The following sets of standards were used to assess the organization's programs and services during the on-site survey.

  Service Excellence Standards
  1. Hospice, Palliative, End-of-Life Services - Service Excellence Standards
  2. Long-Term Care Services - Service Excellence Standards

- **Instrument**

  The organization administered:

  1. Canadian Patient Safety Culture Survey Tool

Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
Population Focus (Work with my community to anticipate and meet our needs)	4	0	0	4
Accessibility (Give me timely and equitable services)	15	1	0	16
Safety (Keep me safe)	53	2	0	55
Worklife (Take care of those who take care of me)	15	3	0	18
Client-centred Services (Partner with me and my family in our care)	90	4	0	94
Continuity (Coordinate my care across the continuum)	15	0	0	15
Appropriateness (Do the right thing to achieve the best results)	109	7	0	116
Efficiency (Make the best use of resources)	2	0	0	2
Total	303	17	0	320

Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Hospice, Palliative, End-of-Life Services	43 (95.6%)	2 (4.4%)	0	103 (95.4%)	5 (4.6%)	0	146 (95.4%)	7 (4.6%)	0
Long-Term Care Services	52 (94.5%)	3 (5.5%)	0	92 (92.9%)	7 (7.1%)	0	144 (93.5%)	10 (6.5%)	0
Total	**95 (95.0%)**	5 (5.0%)	0	195 (94.2%)	12 (5.8%)	0	290 (94.5%)	17 (5.5%)	0

* Does not includes ROP (Required Organizational Practices)

Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client Identification (Hospice, Palliative, End-of-Life Services)	Met	2 of 2	0 of 0
Client Identification (Long-Term Care Services)	Met	2 of 2	0 of 0
Information transfer at care transitions (Hospice, Palliative, End-of-Life Services)	Met	8 of 8	2 of 2
Information transfer at care transitions (Long-Term Care Services)	Met	8 of 8	2 of 2
Medication reconciliation at care transitions (Hospice, Palliative, End-of-Life Services)	Met	10 of 10	0 of 0
Medication reconciliation at care transitions (Long-Term Care Services)	Met	10 of 10	0 of 0
Patient Safety Goal Area: Medication Use			
Infusion Pumps Training (Hospice, Palliative, End-of-Life Services)	Met	8 of 8	4 of 4
Infusion Pumps Training (Long-Term Care Services)	Met	8 of 8	4 of 4

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	**Minor Met**
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Hospice, Palliative, End-of-Life Services)	Met	6 of 6	4 of 4
Falls Prevention Strategy (Long-Term Care Services)	Met	6 of 6	4 of 4
Pressure Ulcer Prevention (Hospice, Palliative, End-of-Life Services)	Met	6 of 6	4 of 4
Pressure Ulcer Prevention (Long-Term Care Services)	Met	6 of 6	4 of 4
Suicide Prevention (Long-Term Care Services)	Met	10 of 10	0 of 0

Summary of Surveyor Team Observations

The surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

Covenant Health is to be commended for participating in the Qmentum program. Participation in this program is but one example of the organization's commitment to quality.

Covenant Health provides acute care, continuing care and independent living services at 26 sites in 15 communities across the province of Alberta. During this on-site survey visit, the standards for Hospice, Palliative, and End-of-Life as well as Long Term Care were assessed in the following sites: Grey Nuns Hospital Tertiary Palliative Care, Edmonton General Continuing Care Centre, St. Michael's Health Centre (Lethbridge), Edmonton General Continuing Care Centre, St. Therese Villa (Lethbridge), Mary Immaculate Care Centre (Mundare), St. Joseph's Auxillary Hospital, St. Joseph's Home (Medicine Hat), Youville Home (St. Albert), and St. Mary's Health Centre (Trochu).

Since the last survey, Covenant Health has re-designed their fall prevention strategy and implemented a refreshed strategy that includes Ask – 3. They had noted that their current strategy was not being applied consistently and in a standardized way. The hard work is paying off with a significant reduction in falls in some areas.

Since 2015 Covenant Health has focused on embedding Medication Reconciliation (Med Rec) into their sites with good success in both Hospice, Palliative, and End-of-Life as well as Long Term Care. The teams are auditing regularly with good compliance on admission and transfer.

Covenant Health has taken steps towards improving their patient and family centred care (PFCC). In the spring of 2016, an educational resource, PFCC Learning Huddle Material, was released. This is a toolkit to raise awareness of and assist staff to practice PFCC. A policy on PFCC has been drafted as well. The organization need to now embed their new policy at the front line.

Covenant Health conducts its own Annual Resident & Family Satisfaction Survey and participates in Health Quality Council of Alberta's Supportive Living Resident Experience Survey.

For the second year in a row, in 2017 Covenant Health was recognized as a World's Most Ethical Company by Ethisphere Institute. Covenant Health's code of conduct is titled "Our Commitment to Ethical Integrity". Covenant Health is certainly living their values.

When clients, families and staff were asked to describe Covenant Health's services in one word, they used words such as "compassionate", "respectful", "collaborative", "teamwork", "caring" and "serving" as some examples. These words mirror the organization's values of compassion, respect, collaboration, social justice, integrity, and stewardship – the organization is living its values.

Clients and families expressed gratitude for excellent care by competent, well trained staff. They reported good hand hygiene practices, identification, education and that they "felt involved in their care" with this organization.

Staff report having the tools they need to do their job, excellent training and ongoing education. They report feeling very supported by their managers and internal communication has been improved.

There are a large number of volunteers who are truly an asset to the organization. They do not replace staff, but do enhance the care that staff provide. There is a rigorous process to ensure a right fit for the areas they serve.

Like other organizations, Covenant Health has challenges. Similar to other organizations, recruitment and retention of trained staff and leaders is ongoing. Where there are high turnovers and vacancies in leaders, there are unintended consequences such as lack of performance appraisals, less monitoring, evaluating and potentially the quality can suffer.

The organization is to be commended on continuing on in their Accreditation Journey!

Detailed On-site Survey Results

This section provides the detailed results of the on-site survey. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary. Results are presented in two ways: first by priority process and then by standards sets.

Accreditation Canada defines priority processes as critical areas and systems that have a significant impact on the quality and safety of care and services. Priority processes provide a different perspective from that offered by the standards, organizing the results into themes that cut across departments, services, and teams.

For instance, the patient flow priority process includes criteria from a number of sets of standards that address various aspects of patient flow, from preventing infections to providing timely diagnostic or surgical services. This provides a comprehensive picture of how patients move through the organization and how services are delivered to them, regardless of the department they are in or the specific services they receive.

During the on-site survey, surveyors rate compliance with the criteria, provide a rationale for their rating, and comment on each priority process.

Priority process comments are shown in this report. The rationale for unmet criteria can be found in the organization's online Quality Performance Roadmap.

See Appendix B for a list of priority processes.

INTERPRETING THE TABLES IN THIS SECTION: The tables show all unmet criteria from each set of standards, identify high priority criteria (which include ROPs), and list surveyor comments related to each priority process.

High priority criteria and ROP tests for compliance are identified by the following symbols:

!	High priority criterion
ROP	Required Organizational Practice
MAJOR	Major ROP Test for Compliance
MINOR	Minor ROP Test for Compliance

Service Excellence Standards Results

The results in this section are grouped first by standards set and then by priority process.

Priority processes specific to service excellence standards are:

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

- Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.

Episode of Care

- Partnering with clients and families to provide client-centred services throughout the health care encounter.

Decision Support

- Maintaining efficient, secure information systems to support effective service delivery.

Impact on Outcomes

- Using evidence and quality improvement measures to evaluate and improve safety and quality of services.

Standards Set: Hospice, Palliative, End-of-Life Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
2.9	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
5.2	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.	
Priority Process: Competency		
3.14	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!

Priority Process: Episode of Care

6.6	Clients and families are made aware of the team member who is responsible for coordinating their service, and how to reach that person.	
10.4	Clients and families are helped to enjoy food and the eating experience.	

Priority Process: Decision Support

12.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	**!**
13.2	Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.	

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The Hospice, Palliative, End-of-Life teams have certainly worked hard on their quality and safety. There are a number of partners who add much value to the services being delivered. Volunteers are put through a rigorous process to ensure a good fit for them and the organization. The volunteers are initially screened, then interviewed, criminal records check are completed and then they are trained both at a corporate level and a service level. Hours of service are tracked; there is excellent coordination and volunteers are recognized yearly at a minimum. They add a great deal of value to the service and are appreciated by the staff, clients and families.

Staff work with clients and families to determine the goals of care in a compassionate way. There is a good skill mix on the units and the leadership works very hard to ensure they hire "the right type of person with the right skills" to work in this area. Clients/families report that they like the people contact best; one family member stated she is "comfortable leaving Dad here" knowing the staff will take very good care of him. One physician reported he believes "working here is a calling, not a job"!

Some clients and families had different experiences: at one site there are many semi-private rooms and this reduces the privacy and confidentiality that clients and families feel during a very vulnerable time. Other suggestions were to improve parking, have more private rooms and improve wait times for cancer treatments (particularly surgical wait times).

The teams are in their infancy in involving the clients and families in such things as designing services and determining appropriate mix of skill levels and experience. This is an area where the teams can focus their energies.

Priority Process: Competency

The staff orientation (and volunteer) for Hospice, Palliative and End-of-Life care is quite robust and numerous staff have reported their orientation was good to excellent. All agree that it met their needs. Professional staff are properly credentialed and this is recorded. The organization is to be commended for the extensive training package they have developed. Something to be mindful of is that a good portion of the training is on-line which may not suit all types of learners.

There does appear to be widespread awareness that there is an ethical framework/process. Most of the staff would look to their manager for assistance with ethical issues. The physician would enlist the help of the collaborative team. He provided the example of a client wishing aggressive treatment for a cancer that would not respond and how he and the team manage this scenario. He was thoughtful, client/family centered and noted he responded that he sometimes must tell clients/families that it is not something in good conscience he could do because the risk of harm is too great.

The Infusion Pump program is robust - the organization has standardized the types of pumps being used; there is both online and return demo training with staff writing an exam to certify; staff are re-certified bi-annually and after long leaves. There are no recorded incidents with pumps in the last year.

There is lots of evidence of teamwork - staff themselves report they like working here because of the sense of teamwork. Clients and families report there is such a large sense of teamwork.

Feedback is important and this is an area where the organization may wish to focus some time/energy. Some managers have a very large span of control (e.g. 90 direct reports). It is unrealistic to expect one manager to write/meet with 90 direct reports and ensure proper feedback/performance appraisals are completed and done well. The performance appraisals are not all completed and this is an area to improve.

While staff do have position profiles, some have not been updated since 2010. It is important to ensure they are reviewed with staff and updated on a regular basis.

The team should look at ways to formalize evaluation of their effectiveness. There are tools that could be explored to assist with this work. Informally the team receives many accolades from clients/families, use indicator data (incidents etc.) and monitor the number of complaints.

Priority Process: Episode of Care

The team has clear eligibility criteria for their service, which does not for the most part include active chemotherapy or radiation unless for palliation. The intake process is comprehensive: a number of assessments are completed including the Edmonton Symptom Asessment Scale, The Palliative Performance Scale, the Braden Wound Assessment Scale, the Scott Falls Risk Assessment as examples. These provide the team with excellent information and this information is used to work with clients and families to identify the goals of care. An approach often used is to ask "what do you expect of this

admission?" Clients and families are encouraged to be active participants in their care. Each client has a "green sleeve" on their chart which indicates their level of care and their wishes/expectations.

The team develops individual plans of care that are updated regularly and communicated to the team. There is strong collaboration amongst the team and clients/families/staff all reported this.

There is good evidence that Medication Reconciliation (Med Rec) is done at admission and transfer. Discharges are quite uncommon, but do occur. Medication would be reconciled at this time, but it is not audited as it is so infrequent. There is evidence of Med Rec compliance through regular auditing. The compliance rate is shared with the team.

There is a falls prevention plan in place. It begins with an assessment on admission, with a follow up any time the condition of the client changes. If there is a fall there is a "falls huddle"; the team ensures the client is taken care of and then immediately determines factors that may have contributed to the fall. If anything is identified the client's care plan is adjusted accordingly and this is communicated to the team. The team has noticed a significant decrease in falls since implementing their falls prevention program.

Another area the team has had some focus is in the areas of reduction of pressure ulcers. The team uses the Braden Scale. All clients are assessed and considered at moderate to high risk due to their conditions, general poor appetite and decreased mobility. Numerous interventions are used to reduce the likelihood of developing pressure wounds; however, there are some clients who develop wounds while at these sites. The team does have some expertise within their current staff and have access to an ET nurse if required. While two sites are fairly consistent in their rates the third site may be higher and the organization should monitor this.

Clients and families report that there is good handwashing by all staff/physicians and that the staff/physicians regularly check their identity (even though they should already know them!).

It was reported by a couple of clients that they do not always know who is looking after them each day and one client remarked that he would like to know if there is anything planned for him each day. Whiteboards in client rooms could be helpful.

The organization acknowledges that they could improve their bereavement care for families of clients who pass away at their sites. At the Edmonton General Continuing Care site the staff have what they call "Thursday Thrive". On the third Thursday of the month, the interested team members gather together to discuss any issues they have (work-related or personal) and the staff find this "very helpful".

Clients and families shared other observations and recommendations for improvements: call bells sometimes take a long time to get answered and they wonder if there are enough staff. They also think there should be more continuity of staff, something that staff agrees with. Finally, there are a number of concerns raised about the quality and timing of meals.

A very bright spot in these sites are the volunteers who are an asset to the team. Once volunteer remarked it is a "privilege to work here". Another health care aide remarked it is an honor to assist people in their last days.

Priority Process: Decision Support

The Hospice, Palliative, End-of-Life Service utilize a number of standardized tools to assess and monitor their clients. An example is the Edmonton Symptom Assessment Scale (ESAS). This is used daily and consistently across sites. The ESAS is an excellent tool for monitoring symptoms such as fatigue, pain, nausea etc. One can quickly look at the chart and know if there is good symptom control for a client. It engages clients to identify what their goals/needs are. The staff complete the tool regularly.

The client records are comprehensive, follow documentation policies and are available for staff/physicians when they need them. There is multi-disciplinary documentation which helps to coordinate the care.

An area the organization could work on would be related to obtaining input from/with or in partnership with clients and families in such things as documentation in the records and evaluting their record keeping.

Priority Process: Impact on Outcomes

The organization participated in Alberta's Strategic Clinical Networks (SCN's). There are client and family representatives on these SCNs and the SCNs choose best practice guidelines. There is representatives from Covenant Health on all networks.

The team has been developing a culture of being safety conscious and try to prevent incidents before they happen. For example, medication carts are locked when not in use, narcotics are double counted, well marked and high concentrations of hydromorphone are separated from lower concentrations to reduce the risk of injury. Air mattresses are used on all the beds to prevent wounds.

Staff report incidents into the Reporting and Learning System (RLS). Incidents are trended, posted and quality initiatives sometimes occur as a result.

The sites report monthly on mandatory quality indicators and trend those results. These results are used to monitor and evaluate some programs.

There is a policy on disclosure and there were examples of times when the policy was used (Disclosure of Adverse Events, Close Calls, and Hazards). The policy needs to be updated as it expired in 2014.

Standards Set: Long-Term Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.4 The physical space is designed with input from residents and families and is safe, comfortable, and reflects a home-like environment.	
Priority Process: Competency	
3.15 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
4.5 The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.	
Priority Process: Episode of Care	
7.19 The use of anti-psychotic medications is assessed for appropriateness and the information is used to make improvements.	!
8.12 Each resident's oral health status and needs are regularly assessed in partnership with the resident and family.	
9.9 Oral care or cues for residents to perform their own oral care are provided on a daily basis, at minimum.	
10.2 Residents and families are provided with opportunities to engage in activities that are meaningful and important to the them.	
10.3 A pleasant dining experience is facilitated for each resident.	
11.1 Policies and procedures for POCT are developed with input from residents and families.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
15.3 There is a standardized process, developed with input from residents and families, to decide among conflicting evidence-informed guidelines.	!
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

There is a significant level of collaboration and engagement between all internal and external stakeholders, staff are provided a wide range of education and opportunities for input to determine service levels and delivery. There is on-going collaboration with residents and family members to achieve optimal care outcomes and deliver safe quality care. formally, this occurs through the resident and family councils, informally the leaders of the organization maintain open communication with the residents and their families to achieve best outcomes and satisfaction. The organization continues to solicit information and seek opportunities for improvement through a variety of means including, but not limited to: Corporate client experience survey, and staff and resident satisfaction surveys. Their are continuous quality improvement opportunities identified by the leadership team as well as front line staff and supported by the clinical safety coordinator (rural facilities) and clinical educators. Opportunities however exist in reviewing the current organizational structure at the local level to consider whether and if additional resources can be allocated to adjust the scope and span of control of key roles and positions across the local sites to optimize resident outcomes, staff performance, and satisfaction.

Priority Process: Competency

The organizational commitment to the delivery of quality and safe health care services is evident through the various initiatives and pilot projects that aimed at supporting residents to achieve a high level of quality of life (such as the pilot project of rolling out the end of life pathway at St. Therese Villa, meal time enhancement project and the therapy hydration projects at St. Michael's Health Center).

The leaders of the organization invite families and residents to provide input and share thoughts and information through the resident and family councils which are valuable vehicles to increase resident and family participation and involvement. Staff are supported and encouraged to engage in self improvement and continuous learning through the wide range of virtual and on-line learning modules available through CLiC. Orientation of new employees has a corporate component as well as a service specific component. It is comprehensive and meets the needs of the staff (e.g. clerical, Health Care Aide, LPN). An integral and essential part of the process is the introduction to the on-line learning and education system CLiC which houses a significant number of educational modules available to staff to access through the intranet and can be accessed both from the organization as well as from the comfort of their homes.

The roles of a clinical educator and a clinical safety coordinator in rural facilities, provide additional support to staff and leaders in achieving and sustaining industry and organizational benchmarks, although opportunities may exist in reviewing the current staff support structure (especially with regards to the roles of the clinical educator, clinical safety coordinator and Human resources) as some of the core roles are split among several sites and consequently may not be able to provide the level of support that may be required by any specific local site at any given time. A consideration to review national benchmarks with regards to the FTE allocation of support staff per number of employees to further enhance the quality outcomes and staff and resident satisfaction.

Priority Process: Episode of Care

Significant effort was noted and demonstrated by the leadership and staff, in the sites surveyed, to provide residents and their families with quality and safe care. A commitment to deliver quality care is

noted through the various quality improvement projects that are well underway in those sites such as: meal time enhancement project in collaboration with the university of Lethbridge,
Therapy hydration, anti-psychotic medication review and adjustments, implementation of end of life pathway and many more. the staff and leaders are very committed, however opportunities exist in reviewing the level and kind of support that is available to the local sites in order to provide a safe and supportive work environment for staff. Human Resources, clinical educator, and clinical safety coordinator in rural communities, are essential functions that support the leaders and staff in delivering quality care, however those functions are allocated across a number of geographical areas and are perceived by staff as not adequate. It is recommended to review the current span of control and scope of the leadership to more optimally align work across the organization as many have oversight and responsibilities across multiple geographical sites with multiple direct reports.

The organization offers multiple educational opportunities and access to educational opportunities predominantly via on-line modules. Information technology is available throughout the organization and the various sites, however it is not consistently applied and used and leaves room for opportunities to enhance and standardize the delivery of care across the organization. Some sites use Point Click Care (PCC), others have access to Meditech or use paper formats for charting or a combination of all three modes. It is also recommended to consider developing standardized corporate communication and information sharing tools (for clinicians and other service providers) to avoid as much as possible opportunities for information loss or inaccuracies.
The teams are highly collaborative and team work is evident in the delivery of care, however with the increased complexity of residents being admitted to both supportive care and long term care, an opportunity exist to review current skill mix and levels and schedule/rotation optimization, work that has begun at St. Michael's Health center, in order to attract, recruit, and retain qualified employees. the commitment to patients and family centered care is evident through the active participation of residents and families in the resident and family councils and the organization is encouraged to continue support these forums as they are a vital and valuable link to quality care and shared accountability. Other opportunities exist to enhance the involvement residents and families in the organizational function and it was evident that staff and leaders are well aware of the need and the road ahead to optimize patient and family centered care.

Priority Process: Decision Support

Information technology and access to electronic health record is available to all sites, however the integration of information technology into the delivery of health care services is not consistent within the organization. At the local level some of the organizations have hybrid systems of paper charting and some forms of information systems, while others remains purely paper based. This may present opportunities to seek appropriate solutions that will assist in the implementation of a seamless system to improve and standardize the flow of information, communications, and application of services, both internally and externally. Other opportunities exist in the areas of patient and family centered care and the involvement of residents and families in the various facets of the organizational being. Significant strides are noted in the form of resident and family councils and the organization should be recognized for holding such venues regularly and consistently.

Priority Process: Impact on Outcomes

Corporate quality indicators (QI) are available to measure and select activities related to quality improvement plans, as well as measure performance and set operational and clinical targets. The team uses Negotiated Risk Agreements with residents.

In addition the Strategic Clinical Networks and Zone Quality Initiatives are used to select Clinical Practice Guidelines. Education and training at the local/site level is recommended to further enhance and increase participation and buy in. It is recommended to identify QI that may be relevant to the local sites for enhanced buy in and participation.

Patient and family centered care (PFCC) philosophy is widely shared throughout the organization as a guiding philosophy for care delivery, however the roll out and implementation of the various elements in relation to PFCC are in their initial stages, more specifically areas related to the "input from" and "in collaboration with" residents and families have additional opportunities for enhancement. All of the sites visited have active family and resident councils which are a perfect platform to broaden and enhance the PFCC application, this can be done through formalizing certain processes in terms of sharing policies and procedures, seeking feedback with regards to quality improvement, and safety activities.

Appendix A - Qmentum

Health care accreditation contributes to quality improvement and patient safety by enabling a health organization to regularly and consistently assess and improve its services. Accreditation Canada's Qmentum accreditation program offers a customized process aligned with each client organization's needs and priorities.

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 15 business days.

An important adjunct to the Accreditation Report is the online Quality Performance Roadmap, available to client organizations through their portal. The organization uses the information in the Roadmap in conjunction with the Accreditation Report to ensure that it develops comprehensive action plans.

Throughout the four-year cycle, Accreditation Canada provides ongoing liaison and support to help the organization address issues, develop action plans, and monitor progress.

Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement.

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
Communication	Communicating effectively at all levels of the organization and with external stakeholders.
Emergency Preparedness	Planning for and managing emergencies, disasters, or other aspects of public safety.
Governance	Meeting the demands for excellence in governance practice.
Human Capital	Developing the human resource capacity to deliver safe, high quality services.
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings.
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.
Principle-based Care and Decision Making	Identifying and making decisions about ethical dilemmas and problems.
Resource Management	Monitoring, administering, and integrating activities related to the allocation and use of resources.

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions

Priority Process	Description
Population Health and Wellness	Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and direction to teams providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.
Decision Support	Maintaining efficient, secure information systems to support effective service delivery.
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Partnering with clients and families to provide client-centred services throughout the health care encounter.
Impact on Outcomes	Using evidence and quality improvement measures to evaluate and improve safety and quality of services.
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Living Organ Donation	Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients

Priority Process	Description
Organ and Tissue Donation	Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.
Organ and Tissue Transplant	Providing organ and/or tissue transplant service from initial assessment to follow-up.
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge