ACCREDITATION AGRÉMENT CANADA
Qmentum

Accreditation Report

Kateri Memorial Hospital Centre

Kahnawake, QC

On-site survey dates: June 13, 2016 - June 16, 2016

Report issued: July 5, 2016

About the Accreditation Report

Kateri Memorial Hospital Centre (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 June 2016. 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 Accreditation Specialist 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

Kateri Memorial Hospital Centre (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

Kateri Memorial Hospital Centre's accreditation decision is:

Accredited with Commendation (Report)

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

About the On-site Survey

- **On-site survey dates: June 13, 2016 to June 16, 2016**

- **Locations**

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

  1. Kateri Memorial Hospital Centre
  2. Turtle Bay Lodge

- **Standards**

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

  System-Wide Standards

  1. Governance
  2. Infection Prevention and Control Standards for Community-Based Organizations
  3. Leadership for Aboriginal Health Services
  4. Medication Management Standards for Community-Based Organizations

  Service Excellence Standards

  5. Aboriginal Community Health and Wellness - Service Excellence Standards
  6. Aboriginal Integrated Primary Care - Service Excellence Standards
  7. Home Care Services - Service Excellence Standards
  8. Long-Term Care Services - Service Excellence Standards
  9. Medicine Services - Service Excellence Standards

- **Instruments**

  The organization administered:

  1. Governance Functioning Tool (2016)
  2. Canadian Patient Safety Culture Survey Tool: Community Based Version
  3. Worklife Pulse
  4. Client Experience 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)	40	0	1	41
 Accessibility (Give me timely and equitable services)	45	0	0	45
 Safety (Keep me safe)	223	4	2	229
 Worklife (Take care of those who take care of me)	87	0	0	87
 Client-centred Services (Partner with me and my family in our care)	203	2	0	205
 Continuity of Services (Coordinate my care across the continuum)	38	2	0	40
 Appropriateness (Do the right thing to achieve the best results)	419	2	1	422
 Efficiency (Make the best use of resources)	26	0	0	26
Total	**1081**	**10**	**4**	**1095**

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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	50 (100.0%)	0 (0.0%)	0	36 (100.0%)	0 (0.0%)	0	86 (100.0%)	0 (0.0%)	0
Leadership for Aboriginal Health Services	43 (100.0%)	0 (0.0%)	0	72 (100.0%)	0 (0.0%)	0	115 (100.0%)	0 (0.0%)	0
Infection Prevention and Control Standards for Community-Based Organizations	27 (100.0%)	0 (0.0%)	0	46 (100.0%)	0 (0.0%)	0	73 (100.0%)	0 (0.0%)	0
Medication Management Standards for Community-Based Organizations	51 (100.0%)	0 (0.0%)	1	51 (100.0%)	0 (0.0%)	2	102 (100.0%)	0 (0.0%)	3
Aboriginal Community Health and Wellness	39 (100.0%)	0 (0.0%)	0	63 (100.0%)	0 (0.0%)	0	102 (100.0%)	0 (0.0%)	0
Aboriginal Integrated Primary Care	61 (98.4%)	1 (1.6%)	0	105 (98.1%)	2 (1.9%)	0	166 (98.2%)	3 (1.8%)	0

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Home Care Services	48 (100.0%)	0 (0.0%)	0	75 (100.0%)	0 (0.0%)	0	123 (100.0%)	0 (0.0%)	0
Long-Term Care Services	52 (96.3%)	2 (3.7%)	0	98 (99.0%)	1 (1.0%)	0	150 (98.0%)	3 (2.0%)	0
Medicine Services	44 (97.8%)	1 (2.2%)	0	75 (97.4%)	2 (2.6%)	0	119 (97.5%)	3 (2.5%)	0
Total	**415 (99.0%)**	4 (1.0%)	1	621 (99.2%)	5 (0.8%)	2	1036 (99.1%)	9 (0.9%)	3

* 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: Safety Culture			
Accountability for quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership for Aboriginal Health Services)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership for Aboriginal Health Services)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership for Aboriginal Health Services)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Aboriginal Integrated Primary Care)	Met	1 of 1	0 of 0
Client Identification (Home Care Services)	Met	1 of 1	0 of 0
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Client Identification (Medicine Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information transfer at care transitions (Aboriginal Integrated Primary Care)	Met	4 of 4	1 of 1
Information transfer at care transitions (Home Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Long-Term Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Medicine Services)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership for Aboriginal Health Services)	Met	4 of 4	2 of 2
Medication reconciliation at care transitions (Aboriginal Integrated Primary Care)	Met	7 of 7	0 of 0
Medication reconciliation at care transitions (Home Care Services)	Met	4 of 4	1 of 1
Medication reconciliation at care transitions (Long-Term Care Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Medicine Services)	Met	5 of 5	0 of 0
The “Do Not Use” list of abbreviations (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	3 of 3

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Concentrated electrolytes (Medication Management Standards for Community-Based Organizations)	Met	3 of 3	0 of 0
Heparin safety (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	0 of 0
High-alert medications (Medication Management Standards for Community-Based Organizations)	Unmet	4 of 5	3 of 3
Infusion pump safety (Home Care Services)	Met	4 of 4	2 of 2
Infusion pump safety (Medicine Services)	Met	4 of 4	2 of 2
Narcotics safety (Medication Management Standards for Community-Based Organizations)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership for Aboriginal Health Services)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership for Aboriginal Health Services)	Met	1 of 1	0 of 0
Preventive maintenance program (Leadership for Aboriginal Health Services)	Met	3 of 3	1 of 1
Workplace violence prevention (Leadership for Aboriginal Health Services)	Met	5 of 5	3 of 3

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Hand-hygiene compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Hand-hygiene education and training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Infection rates (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Pneumococcal vaccine (Long-Term Care Services)	Met	2 of 2	0 of 0
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls prevention (Aboriginal Community Health and Wellness)	Met	3 of 3	2 of 2
Falls prevention (Aboriginal Integrated Primary Care)	Met	3 of 3	2 of 2
Falls prevention (Home Care Services)	Met	3 of 3	2 of 2
Falls prevention (Long-Term Care Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Falls prevention (Medicine Services)	Met	3 of 3	2 of 2
Home safety risk assessment (Home Care Services)	Met	3 of 3	2 of 2
Pressure ulcer prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure ulcer prevention (Medicine Services)	Met	3 of 3	2 of 2
Skin and wound care (Home Care Services)	Met	7 of 7	1 of 1
Suicide prevention (Aboriginal Community Health and Wellness)	Met	5 of 5	0 of 0
Suicide prevention (Aboriginal Integrated Primary Care)	Met	5 of 5	0 of 0
Suicide prevention (Long-Term Care Services)	Met	5 of 5	0 of 0
Venous thromboembolism prophylaxis (Medicine Services)	Met	3 of 3	2 of 2

Summary of Surveyor Team Observations

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

The organization is governed by a board of directors that is qualified and elected by the community on a staggered basis, ensuring continuity and consistency as well as fresh perspectives and an array of backgrounds, knowledge, and experience. The board operates on a consensus decision-making philosophy and allows the senior team to manage day-to-day operations. They continue a history of proactive planning and responsible fiscal management which has positioned the organization to expand its capital footprint.

Community partners are actively engaged in the culture of caring and respect that is pervasive throughout the organization. They work with the organization in a collaborative manner that benefits the community as a whole, especially in areas like disaster planning, fundraising, and capacity building.

There is an atmosphere of shared commitment to the health and wellness of their community among the senior executive team. All of the senior team has worked for many years in various capacities throughout the organization and consider their workplace as a second home and their colleagues as a second family.

The positive energy from leadership creates a trickle-down effect that inspires staff to perform well and be proud of their work life, with many referring to their team cohesiveness and job satisfaction. When one staff member was asked if they liked their job, they said, "Like it? I love it! Life is short, I have had a journey through many hospitals and I am so happy to be here. It is like family." To augment this, the organization supports professional development and provides an array of benefits and activities that contributes to positive work-life balance.

An integrated case management approach benefits clients and families. Continuity and consistency of care is experienced by community elders who can age in place in their own community.

Clients report receiving excellent education information and spoke about the timely responsiveness of the organization to their concerns and complaints. Clients feel respected and appreciative of the care they receive. Additionally, very positive interactions between staff and clients and families were observed during the on-site survey.

Detailed Required Organizational Practices

Each ROP is associated with one of the following patient safety goal areas: safety culture, communication, medication use, worklife/workforce, infection control, or risk assessment.

This table shows each unmet ROP, the associated patient safety goal, and the set of standards where it appears.

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Medication Use	
High-alert medications The organization implements a comprehensive strategy for the management of high-alert medications.	· Medication Management Standards for Community-Based Organizations 1.7

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

Priority Process Results for System-wide Standards

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

Some priority processes in this section also apply to the service excellence standards. Results of unmet criteria that also relate to services should be shared with the relevant team.

Priority Process: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)
The board of directors has excellent bylaws and well-defined roles and responsibilities including legal responsibilities.There is a clear process for recruiting board members. Community members vote on board member selection. There is a diverse skill mix among board members and terms are staggered over the three years. The board has an audited financial report that shows it is in an excellent financial position.The board is able to allocate resources as recommended and researched by the executive director. At the monthly board meetings, the executive director provides reports and senior supporting staff attend these meetings as required. The board also receives quarterly safety reports. The board receives annual training on various topics, and has been trained on the use of the ethical framework. The executive director receives a yearly performance appraisal from two board members. The board has succession planning in place for senior management. Succession planning as well as need for more staff given the expansion has been pursued in partnership with local education facilities for example new nurses being trained, personal care workers to name a few. Granting privileges are reviewed and recommended by the medical practice of professionals to the board. The board communicates key messages about the organization on social media to the community. The board, along with senior leadership and the executive director, is very proactive in health care for their community. There is a culture of client- and family-centred care, and the board has been involved in and supportive of quality improvement initiatives throughout the organization.

Priority Process: Planning and Service Design

Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization is proactive and stakeholders and partners are very involved in the organization. The organization is very committed to the staff and community in all areas of care.

All levels of staff are involved in the many committees to help with the strategic and operational plan.

The organization reviews the strategic plan frequently and involves all staff at various levels. Client-and family-centred care has been added to the strategic plan.

The seven community health priorities have been reviewed and no changes were made. The mission, vision, and values were reviewed periodically and are also unchanged.

Priority Process: Resource Management

Monitoring, administering, and integrating activities related to the allocation and use of resources.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

This is a tenured health services delivery organization supported with a sophisticated finance team with four full-time equivalent staff. It is well positioned with some additional staff to assume additional responsibilities resulting from the current capital expansion from 10 to 15 short-term acute beds and 33 to 58 long-term care beds.

The finance team worked with the organization's leadership to submit a detailed budget request for the expanded facility and its expanded service delivery mandate to the Quebec Ministry of Health and Social Services. The request includes resource support for the transition.

Annual audits are published on the organization's website for perusal by community members and partners. Competing demands for limited resources are discussed and problem solved among the senior team and creative solutions to address resource gaps are implemented, such as accessing Kateri Memorial Hospital Foundation funds.

Priority Process: Human Capital

Developing the human resource capacity to deliver safe, high quality services.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has a well-organized human resource department. All files are well organized, in alphabetical order, and stored safely.

Staff have many opportunities for education and training.

There is a well-written employee complaint process.

Orientation takes place for all staff when employment commences.

Priority Process: Integrated Quality Management

Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

Quality improvement is very important to this organization. It is involved in many initiatives and the team works well together to keep clients, staff, and the community safe.

The Quality and Risk Management Committee meets monthly and has standing agenda items. The committee has good representation from all areas of the organization.

The quality improvement and risk management program is well done and very proactive.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has developed an ethical framework that staff are able to implement easily, and they have demonstrated this use. The framework was developed and used with the assistance of an ethicist to guide the staff.

Research takes place with guidance from the Onkwa'takaritatshera Health and Social Services Research council.

Staff are comfortable with the code of ethics and the ethical framework. The board of directors has also received training on the ethical framework.

Priority Process: Communication

Communicating effectively at all levels of the organization and with external stakeholders.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has committed resources to communication to facilitate internal and external communication activities. A network of communication leads from community organizations meets regularly to support and enhance communication strategies and ensure that smaller, less resourced organizations have communication capacity.

The organization's Facebook, Twitter, and external and internal web pages garner much activity and uptake and provide community members and staff with necessary information in a timely manner (e.g., information on zika virus, financial and narrative annual reporting).

Consideration could be given to developing an organization-wide communication policy to ensure continuity and consistency across programs and services.

Priority Process: Physical Environment

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

Senior management, staff, community members, and patients/residents agree that the expansion of the current hospital facility is somewhat bittersweet as the current aged facility, home to so many elders and a second home to many of the longer serving staff, will be partly demolished to make way for much needed capital/infrastructure upgrades and major equipment replacements.

The maintenance team and plant manager have worked at the site for many years. They are very familiar with the physical environment and are supported to complete training as necessary to fulfil the complex requirements of their work. Consideration could be given to asking the housekeeping staff to empty the garbage in the inpatient rooms as opposed to the maintenance workers, to ensure patient/resident privacy.

Turtle Bay Lodge is a relatively new facility and will house kitchen staff and kitchen operations during the transition from the old to the new hospital site.

Priority Process: Emergency Preparedness

Planning for and managing emergencies, disasters, or other aspects of public safety.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization is represented on the Community Emergency Preparedness Committee for disaster planning and has an active internal Fire and Safety Committee that ensures regular drills and evacuations are completed and oversees reviews and amendments to the facility emergency plan.

The Committee plans to update the facility emergency plan after the new building and site renovations have been completed, and inviting external representatives, such as the community fire chief, to sit on the Fire and Safety Committee.

Turtle Bay Lodge serves as a muster station during hospital evacuations.

Priority Process: Patient Flow

Assessing the smooth and timely movement of clients and families through service settings.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)
An excellent example of the organization addressing barriers is the significant expansion that is well underway, so the facility can accommodate clients and the community.

Priority Process: Medical Devices and Equipment

Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The people in charge of cleanliness follow procedures described in policies. They are involved in training new staff and keeping other staff up to date on new developments, whether it is new procedures or equipment.

There is now a designated person who oversees the preventive maintenance schedule and ensures information is distributed to the appropriate managers. It is suggested that next steps for this position would be to automate the inventory and preventive maintenance so it can more easily be linked to finance.

It is suggested that the organization consider keeping disinfection products under lock and key, even though they are in an employee-only zone.

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:

Infection Prevention and Control for Community-Based Organizations

- Infection Prevention and Control for Community-Based Organizations

Medication Management for Community-Based Organizations

- Medication Management for Community-Based Organizations

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: Aboriginal Community Health and Wellness - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

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 organization collects information from families and clients to deliver the required services.

The organization is involved in many health care partnerships. There is an excellent mix of team players who work well together in the community wellness program e.g. sun safety, Vitality exercise class.

Services for elders and school-age children are offered in a variety of areas in the community. Community members are able to participate and share their concerns.

Priority Process: Competency

Training and education is available for all staff. Staff credentials are up to date and verified by human resources.

All staff have job descriptions and are provided with an orientation to their area of work. There are all-staff appreciation days (e.g., staff barbecues).

The team meets regularly to plan the programs.

There are many opportunities for staff education. There has been training on workplace violence prevention and non-violent crisis intervention for staff members. The organization has cultural training every month for staff.

Priority Process: Episode of Care

The team meets with the community at various events.

Barriers are identified with families so clients receive services in a timely manner.

Translation services are available for clients and families.

Families receive comprehensive education during visits for mom and baby.

Priority Process: Decision Support

Records are up to date and stored securely in medical records. The records are in chronological order and neat and tidy.

Electronic medical records are not presently being used, but the organization is exploring the options.

There is on-site technology and many communication avenues, such as email and social media. Policies are online.

Priority Process: Impact on Outcomes

There is an excellent immunization program for clients and families. Well baby clinics are well attended and very well done. The staff are excellent and find many opportunities to teach clients and families. All postpartum women receive a depression assessment.

Indicator data are collected throughout the organization.

Client safety is very important in all areas. For example, new moms are taught about babies sleeping on their stomach or back, and car and swimming pool safety, to name a few.

The program is well maintained and provides a very comfortable atmosphere for families and clients.

Standards Set: Aboriginal Integrated Primary Care - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
8.22	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	!
8.23	Planning for care transitions, including end of service, are identified in the care plan in partnership with the client and family.	
9.1	The client's individualized care plan is followed when services are provided.	
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
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

Attention is given to space, client needs and confidentiality. A recent example is the number system that was instituted at check in, allowing clients to sit while waiting, rather than having to stand for long periods while in line.

Priority Process: Competency

Processes are in place. Staff are supported to take ongoing internal and sometimes external education. Those with special interests are supported to access education and share their learning's with the rest of staff.

Priority Process: Episode of Care

Clients view the clinic positively, acknowledging the convenience and accessibility of the local services. One client who had been away noted how much quicker her appointments are now compared to two years ago. Her time for an appointment was previously a three to four month wait and is now two to three weeks. Clients also appreciate the continuity with physicians and multi-generational relationships.

Improvement efforts were shared, such as the new number system. Positive comments outweighed negative and most were appreciative.

The diverse team serves clients well and relationships are evident. Staff are friendly and respectful. Interest in care is noted and appreciated, such as efforts to consolidate visits (i.e., combining foot care, a dressing, and lab work in one visit).

Priority Process: Decision Support

This busy department is well supported by the health records department. Information is shared among the team and completed in a timely manner.

Priority Process: Impact on Outcomes

There is a long-term research effort with a University of Western Ontario multistage project on diabetes.

Of the quality improvement projects, the clinic's work on falls with the chair fitness program was excellent. It included pre-assessment measurement and outcomes evidence. It is recommended this work be commended and shared.

In addition, all report the duplicate prescription process to be a success.

Standards Set: Home Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
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 team is current with best clinical and administrative practices grounded in local culture and tradition.

Many of the staff come from the community and have worked hard to develop a model of care and service delivery based on a philosophy of supporting clients and their families as informed stewards of their respective health and wellness journeys. Continuity and consistency of care was evident throughout, and elders experience a seamless transfer through all levels of care, including advanced care. Support from allied professionals like occupational therapy, complemented by a home care services team Quality Improvement Committee, ensures that risk management, quality, and safety are prioritized for each client across programs and professions.

Efforts are continuing to ensure each staff member receives a timely performance review.

Priority Process: Competency

Home care staff acknowledged that infusion pumps are used infrequently. However, nurses from both the acute and home care teams receive regular training and procedure reviews to facilitate trouble shooting on infusion pumps.

Priority Process: Episode of Care

Client rights and responsibilities are at the forefront of the team's efforts and client and family engagement is encouraged by working with them to complete an intervention and service allocation plan for each client, with active participation from their families.

The home care and community care services have created their own Quality Improvement Committee that piloted a successful falls prevention initiative, supported with funding from Health Canada. The focus of this initiative was after hours and weekend post-fall intervention.

Staff reported low rates of pressure ulcers and are current with advanced wound care training. Efforts continue to ensure that two person-specific identifiers are used, especially now that some of the team members are not from the community.

The team is encouraged to continue its efforts to standardize medication management and reconciliation so as to be consistent with other programs (acute) and professions (medicine).

Priority Process: Decision Support

The home and community care services are well positioned to evolve their decision support efforts by developing culturally inclusive indicators and identifying program milestones to coincide with the organization's progress and health infrastructure.

The home and community care services team is an integrated team (home care and home support) supported by physicians and other allied professionals including, for example, pharmacy, occupational therapy, physiotherapy, and, when required, a contracted ethicist. The team networked with acute sites outside the community, benefiting patients and clients when they are discharged.

Priority Process: Impact on Outcomes

An integrated case management approach ensures optimal health outcomes for clients, and provides a very rare opportunity for them to age in their community by moving from home care/home support into residential/long-term care, thus ensuring continuity and consistency.

The organization has prioritized cultural competency to ensure a safe and respectful environment, one in which, if necessary, clients can communicate in their language and enjoy the benefits of participating in cultural activities and take comfort in being served by community members.

Standards Set: Infection Prevention and Control Standards for Community-Based Organizations - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control for Community-Based Organizations	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)
Priority Process: Infection Prevention and Control for Community-Based Organizations
The infection prevention and control (IPC) team, composed of interdepartmental members, updates the policies and procedures as needed and took the time to create IPC procedures for pre, during, and post move into the renovated buildings. The team has been very creative not only around educating staff about prevention but also in its method of auditing hand-hygiene compliance (i.e., involving patients). While there is a clear procedure for preventive maintenance on the physiotherapy equipment, an added precaution would be to pay more attention to encouraging people to clean the equipment once they are finished using it.

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

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
3.9	Education and training on recognizing, preventing, and assessing risk of abuse are provided to the team.	!
Priority Process: Episode of Care		
7.14	Information and education about recognizing and reporting abuse is provided to residents and families.	
7.15	The organization's strategy on preventing abuse is understood and followed by the team.	!
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
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

Positive efforts include formal and informal cooperative work of management and residents through mechanisms such as the Users' Committee.

Efforts to include residents and test changes are transparent and shared. Examples include testing a staffing change with PABs, and efforts to involve residents and the community with the new building.

Priority Process: Competency

Ongoing work and modifications have occurred to ensure processes continue during the build. For example, spaces for cultural or spiritual gatherings have been moved to an alternate location, and larger staff meetings have been changed to huddles.

The expected building has placed demands on management. The manager not only involves staff in build decisions such as equipment, but also involves key staff, from team leaders to point-of-care staff, leading

areas of work or championing initiatives. The group is dedicated and the hard work shows. These efforts will build capacity in staff and strengthen outcomes.

Priority Process: Episode of Care

Many staff have been on the unit for a number of years. A commitment to care and interest in the residents by the entire team is easily seen.

Key areas of information (e.g., resident rights; awareness, recognition, and reporting of abuse) covered at intake were easily shared, yet residents must rely on verbal sharing and memory. The organization is encouraged to consider a more formalized process.

The participation of residents and families on the unit and an association with staff responsiveness is evident. Staff were observed sharing improvement ideas (meal timing) easily with the team lead. At the same time, there is a Users' Committee which is active and it is recommended this be celebrated for its hard work, including the residents' newsletter.

Many projects and initiatives are underway which support care and continuous improvement, such as medication review and policy work.

Feedback from residents included comments such as "I feel blessed to be in this place," "I am grateful, we all say that!" "They are very kind," and "The food is good (better than used to be!)"

Staff shared that they deliberately chose this hospital to work at, and far prefer it over other hospitals where they have worked.

Priority Process: Decision Support

Efforts are made to include, inform, and document information sharing with residents, families, and staff. This is demonstrated well with the family/interprofessional team annual review (status report) meetings.

Invitations, reminders, action areas, and minutes are documented and shared with all involved.

Priority Process: Impact on Outcomes

Quality improvement work is evident and it is positive that this work involves a variety of staff and committees, including the Users' Committee, for guidance, support, input, and feedback.

Due to the volume of quality improvement work that is underway in many areas (i.e., medication co-signing, a "4 P's" approach with the PABs as they leave the room, and urinary tract infection education efforts, to name a few), it is important to develop a plan with a time frame to review, track, and evaluate these efforts.

Standards Set: Medication Management Standards for Community-Based Organizations - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management for Community-Based Organizations	
1.7 The organization implements a comprehensive strategy for the management of high-alert medications. 1.7.8 The organization provides information and ongoing training to staff on the management of high-alert medications.	ROP **MAJOR**
Surveyor comments on the priority process(es)	
Priority Process: Medication Management for Community-Based Organizations	

Significant work has been done with regard to medication management since the last on-site survey.

The medication team is commended for its efforts and the work being done together. Staff at all levels have worked hard to meet standards and increase the safety environment and safety practices for medications. Interprofessional partnerships are sought and used wisely.

Staff at the point of care (physicians and nursing) have been updating or creating policies, conducting audits, sharing results, and educating staff in specific areas such as insulin and co-signing. Well done! Many pieces have been completed and now work can be done so staff access to the policies is user friendly, and the most current versions are shared, accessible, and in one place.

The rejuvenated Pharmacy Committee is positive and has a close relationship with the medication management group and other stakeholders. This will strengthen the work done and ensure efforts continue.

Next steps to strengthen the work would be to continue to monitor gaps and successes, set targets for improvement, evaluate ongoing efforts, and share learning.

In addition to internal efforts, the work with Anna Laberge Hospital is positive. Many of the required standards are met or assisted through the work with this hospital and its pharmacy. At the same time, Kateri Memorial Hospital Centre shares work it initiates with Anna Laberge Hospital, so both hospitals benefit.

Standards Set: Medicine Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
8.13	A comprehensive and individualized care plan is developed and documented in partnership with the client and family.	!
8.14	Planning for care transitions, including end of service, are identified in the care plan in partnership with the client and family.	
9.1	The client's individualized care plan is followed when services are provided.	
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
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

Efforts have been made by leadership to ensure safety and openness of the patient unit during construction. Measures include wall signs in both English and the Mohawk language to control storage issues, and ensuring the two-bed temporary patient area is safe for patients.

Resources and staff mix are also reviewed and addressed in relation to status of the build project, current staff numbers and availability, and current patient type/census (i.e., most short-term beds have patients awaiting residential care).

Priority Process: Competency

Strong efforts have been made on performance appraisal completion and reviews. Targets for completion have been set; education is tracked on a spread sheet, and efforts are made to offer education to staff.

Staff are also encouraged to become involved in committee or project work to strengthen their development and benefit both staff and the unit.

Priority Process: Episode of Care

Patients on the short-term unit were very positive regarding care. Comments included "The way I was treated was very good," "I visit other people and they say they really like the place," "I like it 100 percent more than Anna Laberge," and "There is always someone there to help you."

Patients appreciate the activities and physiotherapy, commenting that "exercise is the best part."

This positive feedback is significant on a mixed unit where most of the patients are in long-term care or awaiting long-term care beds. It is important not to treat these patients as long-term care but to focus on the short-term stay, care plan goals, and work to return them home. "I never feel forgotten." Well done.

The interprofessional team works well to identify and address specific patient needs and services. One example includes addressing nutritional needs. During interviews, a patient and family members easily shared their positive experience and appreciation regarding nutritional support. They shared a story of frequent meetings, attention to and monitoring of intake, likes, dislikes, and successes in order to address and be responsive to ongoing needs. This takes a team approach and is still continuing.

Transition plans are done through a discharge plan and meetings, using an interprofessional approach.

The team does an excellent job of considering all aspects of patient care and the wishes of patients and families to come to a path that all are comfortable with. This can be challenging when beds are in short supply due to the long-term care bed pressures. The entire team works hard to help patients and families decide on, prepare for, and have successful transfers or transitions home.

Priority Process: Decision Support

Efforts to ensure consistent and complete charting were evident. Information is shared well in the chart.

As the unit size increases and becomes separate from long-term care, processes and care will be able to focus on this unique population and key documentation will trigger more clearly such as best possible medication history.

Priority Process: Impact on Outcomes

Quality improvement activities include incident report tracking and follow up, measures taken with the Anna Laberge Hospital pharmacy and medication reconciliation, and falls tracking.

Potential new areas for review were shared by staff, including skin and wound assessment completion audits and auditing best possible medication history processes.

Instrument Results

As part of Qmentum, organizations administer instruments. Qmentum includes three instruments (or questionnaires) that measure governance functioning, patient safety culture, and quality of worklife. They are completed by a representative sample of clients, staff, senior leaders, board members, and other stakeholders.

Governance Functioning Tool (2016)

The Governance Functioning Tool enables members of the governing body to assess board structures and processes, provide their perceptions and opinions, and identify priorities for action. It does this by asking questions about:

- Board composition and membership
- Scope of authority (roles and responsibilities)
- Meeting processes
- Evaluation of performance

Accreditation Canada provided the organization with detailed results from its Governance Functioning Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address challenging areas.

- **Data collection period: March 29, 2016 to April 28, 2016**
- **Number of responses: 7**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	14	86	N/A
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	14	86	N/A
3. Subcommittees need better defined roles and responsibilities.	14	29	57	N/A
4. As a governing body, we do not become directly involved in management issues.	0	14	86	N/A
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	14	86	N/A

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	14	0	86	N/A
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	N/A
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	14	86	N/A
9. Our governance processes need to better ensure that everyone participates in decision making.	57	14	29	N/A
10. The composition of our governing body contributes to strong governance and leadership performance.	0	29	71	N/A
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	N/A
12. Our ongoing education and professional development is encouraged.	0	0	100	N/A
13. Working relationships among individual members are positive.	0	0	100	N/A
14. We have a process to set bylaws and corporate policies.	0	0	100	N/A
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	14	86	N/A
16. We benchmark our performance against other similar organizations and/or national standards.	0	43	57	N/A
17. Contributions of individual members are reviewed regularly.	29	14	57	N/A
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	29	71	N/A
19. There is a process for improving individual effectiveness when non-performance is an issue.	43	29	29	N/A
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	14	86	N/A

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21. As individual members, we need better feedback about our contribution to the governing body.	14	43	43	N/A
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	N/A
23. As a governing body, we oversee the development of the organization's strategic plan.	0	14	86	N/A
24. As a governing body, we hear stories about clients who experienced harm during care.	14	0	86	N/A
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	N/A
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	57	14	29	N/A
27. We lack explicit criteria to recruit and select new members.	43	14	43	N/A
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	N/A
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	14	86	N/A
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	14	0	86	N/A
31. We review our own structure, including size and subcommittee structure.	0	14	86	N/A
32. We have a process to elect or appoint our chair.	0	0	100	N/A

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	17	83	N/A
34. Quality of care	0	17	83	N/A

Canadian Patient Safety Culture Survey Tool: Community Based Version

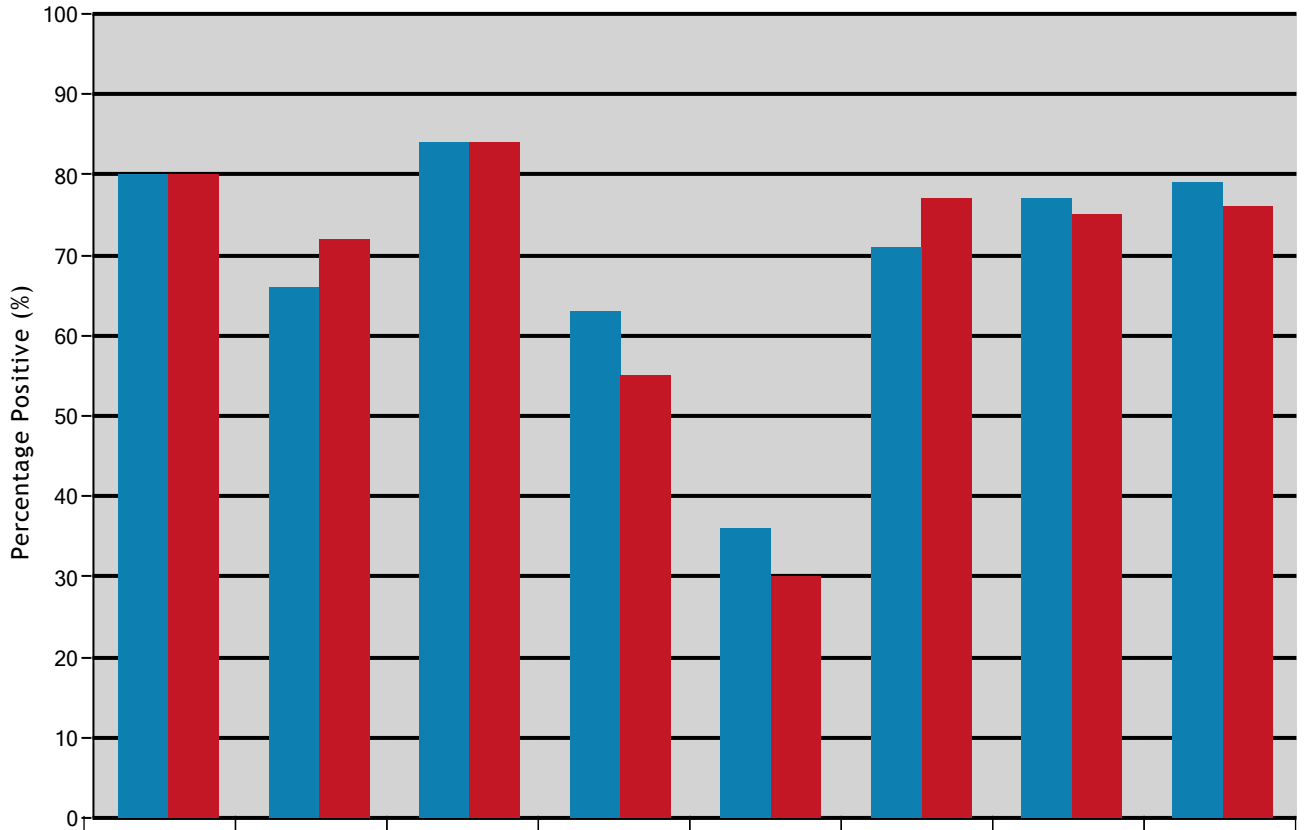
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations with the Patient Safety Culture Tool, an evidence-informed questionnaire that provides insight into staff perceptions of patient safety. This tool gives organizations an overall patient safety grade and measures a number of dimensions of patient safety culture.

Results from the Patient Safety Culture Tool allow the organization to identify strengths and areas for improvement in a number of areas related to patient safety and worklife.

Accreditation Canada provided the organization with detailed results from its Patient Safety Culture Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: February 18, 2015 to April 6, 2015**
- **Minimum responses rate (based on the number of eligible employees): 62**
- **Number of responses: 101**

Canadian Patient Safety Culture Survey Tool: Community Based Version: Results by Patient Safety Culture Dimension



	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Learning culture	Enabling Open Communi-cation I: judgment-free environment	Enabling Open Communi-cation II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
	80%	66%	84%	63%	36%	71%	77%	79%
	80%	72%	84%	55%	30%	77%	75%	76%

Legend

Kateri Memorial Hospital Centre

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2015 and agreed with the instrument items.

Worklife Pulse

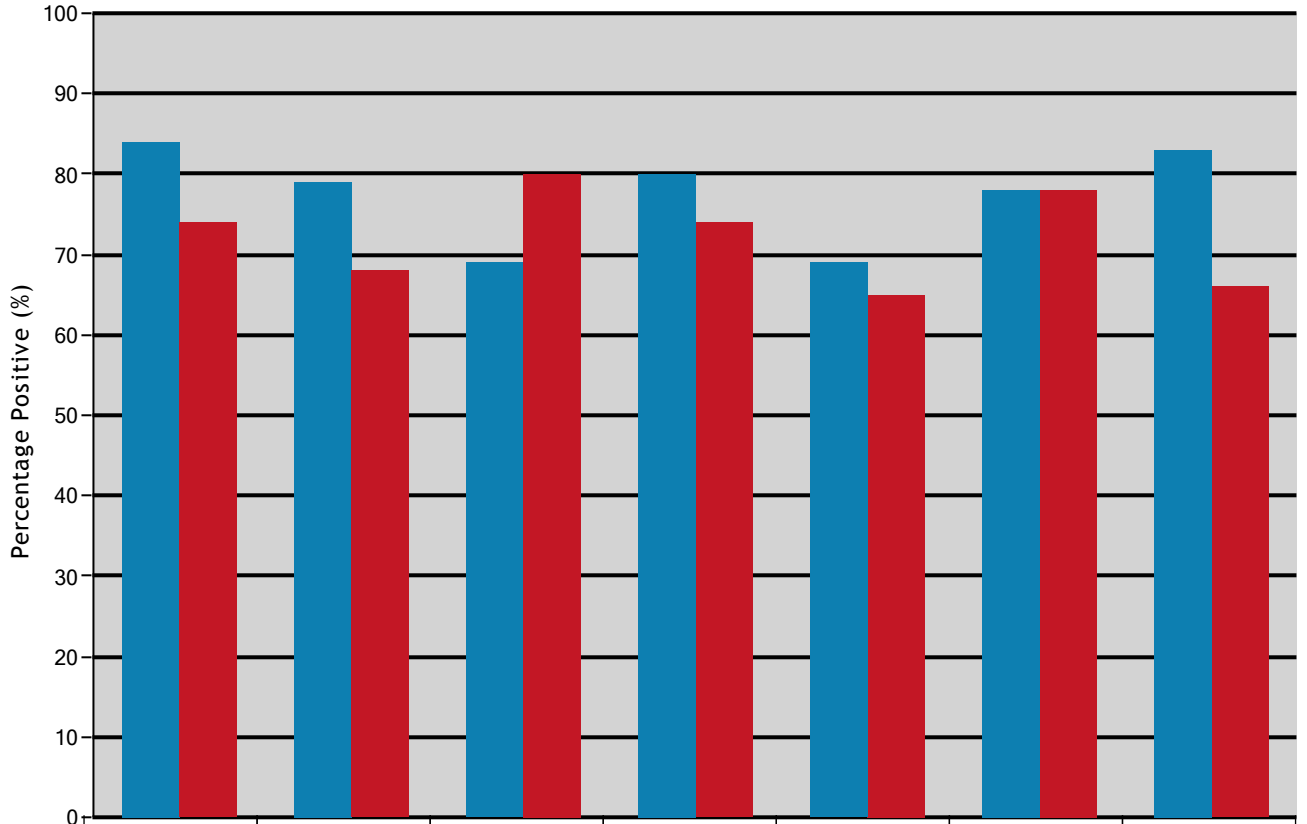
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

Organizations can use results from the Worklife Pulse Tool to identify strengths and gaps in the quality of worklife, engage stakeholders in discussions of opportunities for improvement, plan interventions to improve the quality of worklife and develop a clearer understanding of how quality of worklife influences the organization's capacity to meet its strategic goals. By taking action to improve the determinants of worklife measured in the Worklife Pulse tool, organizations can improve outcomes.

Accreditation Canada provided the organization with detailed results from its Worklife Pulse Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: September 11, 2014 to March 2, 2015**
- **Minimum responses rate (based on the number of eligible employees): 107**
- **Number of responses: 109**

Worklife Pulse: Results of Work Environment



	Job	Training and Development	Coworkers	Immediate Supervisor	Senior Management	Safety and Health	Overall Experience
	84%	79%	69%	80%	69%	78%	83%
	74%	68%	80%	74%	65%	78%	66%

Legend

Kateri Memorial Hospital Centre

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2015 and agreed with the instrument items.

Client Experience Tool

Measuring client experience in a consistent, formal way provides organizations with information they can use to enhance client-centred services, increase client engagement, and inform quality improvement initiatives.

Prior to the on-site survey, the organization conducted a client experience survey that addressed the following dimensions:

Respecting client values, expressed needs and preferences,including respecting client rights, cultural values, and preferences; ensuring informed consent and shared decision-making; and encouraging active participation in care planning and service delivery.

Sharing information, communication, and education,including providing the information that people want, ensuring open and transparent communication, and educating clients and their families about the health issues.

Coordinating and integrating services across boundaries,including accessing services, providing continuous service across the continuum, and preparing clients for discharge or transition.

Enhancing quality of life in the care environment and in activities of daily living,including providing physical comfort, pain management, and emotional and spiritual support and counselling.

The organization then had the chance to address opportunities for improvement and discuss related initiatives with surveyors during the on-site survey.

Client Experience Program Requirement	
Conducted a client experience survey using a survey tool and approach that meets accreditation program requirements	Met
Provided a client experience survey report(s) to Accreditation Canada	Met

Organization's Commentary

After the on-site survey, the organization was invited provide comments to be included in this report about its experience with Qmentum and the accreditation process.

The surveyors captured the major areas of improvement that we believe will improve the quality of our care and services.
The learning was the level of pride that was demonstrated in the recognition of our high level of compliance with standards, as well as the level of comfort staff had about participating in the survey.
The major present action to address areas for improvement is the initial work being done to streamline, delete and generally unify many of the clinical policies and procedures in an interdisciplinary, simplified and accessible format such as Clinical Practice Documents. Another action is the elaboration of steps related to the newest strategic goal on 'client and family centered care'.
Longer term actions include the participation of appropriate staff and clients in 4 quality improvement projects this year, as well as incorporate risk management as Quality Improvement teams versus the present responsibility of departments. Although we are glad of the recognition of the efforts in renovation and expansion, we hope this focus did not take away from the evaluation of the rest of our work.

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 10 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. The organization provides Accreditation Canada with evidence of the actions it has taken to address these required follow ups.

Evidence Review and Ongoing Improvement

Five months after the on-site survey, Accreditation Canada evaluates the evidence submitted by the organization. If the evidence shows that a sufficient percentage of previously unmet criteria are now met, a new accreditation decision that reflects the organization's progress may be issued.

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