ACCREDITATION CANADA

Driving Quality Health Services

Accreditation Report

Kateri Memorial Hospital Centre

Kahnawake, QC

On-site survey dates: June 3, 2012 - June 6, 2012

Report issued: June 20, 2012

ACCREDITATION CANADA
AGRÉMENT CANADA

Driving Quality Health Services
Force motrice de la qualité des services de santé

Accredited by ISQua

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 2012. 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.

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

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.

Accreditation Canada is a not-for-profit, independent organization that provides health services organizations with a rigorous and comprehensive accreditation process. We foster ongoing quality improvement based on evidence-based standards and external peer review. Accredited by the International Society for Quality in Health Care, Accreditation Canada has helped organizations strive for excellence for more than 50 years.

A Message from Accreditation Canada's President and CEO

On behalf of Accreditation Canada's Board and staff, I extend my sincerest congratulations to your board, your leadership team, and everyone at Kateri Memorial Hospital Centre on your participation in the Qmentum accreditation program. Qmentum is designed to integrate with your quality improvement program. By using it 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 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,

Wendy Nicklin
President and Chief Executive Officer

Table of Contents

Section 1 Executive Summary

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. Organizations that are accredited by Accreditation Canada undergo a rigorous evaluation process. Following a comprehensive self-assessment, trained surveyors from accredited health organizations conduct an on-site survey to evaluate the organization's performance against Accreditation Canada's standards of excellence.

Kateri Memorial Hospital Centre (referred to in this report as "the organization") is participating in Accreditation Canada's Qmentum accreditation program. This Accreditation 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.

Kateri Memorial Hospital Centre 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.

1.1 Accreditation Decision

Kateri Memorial Hospital Centre has earned the following accreditation decision.

Accredited (Report)

1.2 About the On-site Survey

- **On-site survey dates: June 3, 2012 to June 6, 2012**

- **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   Sustainable Governance
  2   Effective Organization

  Service Excellence Standards

  3   Home Care Services
  4   Home Support Services
  5   Long-Term Care Services
  6   Medicine Services
  7   Aboriginal Community Health and Wellness Services
  8   Aboriginal Integrated Primary Care Services
  9   Customized Infection Prevention and Control for Aboriginal Health Services
  10 Customized Medication Management for Aboriginal Health Services

- **Instruments**

  The organization administer:

  1   Patient Safety Culture Tool
  2   Worklife Pulse Tool

1.3 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 lists the quality dimensions and shows how many of the criteria related to each dimension were rated as met, unmet, or not applicable during the on-site survey.

Quality Dimension	Met	Unmet	N/A	Total
Population Focus (Working with communities to anticipate and meet needs)	61	2	0	63
Accessibility (Providing timely and equitable services)	37	4	0	41
Safety (Keeping people safe)	207	4	10	221
Worklife (Supporting wellness in the work environment)	91	3	0	94
Client-centred Services (Putting clients and families first)	105	1	2	108
Continuity of Services (Experiencing coordinated and seamless services)	35	1	0	36
Effectiveness (Doing the right thing to achieve the best possible results)	312	10	4	326
Efficiency (Making the best use of resources)	32	0	0	32
Total	880	25	16	921

1.4 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 contribute to achieving the standard as a whole.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership, while population-specific and service excellence standards address specific populations, sectors, and services. The sets of 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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Sustainable Governance	23 (100.0%)	0 (0.0%)	0	67 (100.0%)	0 (0.0%)	1	90 (100.0%)	0 (0.0%)	1
Effective Organization	57 (100.0%)	0 (0.0%)	0	47 (97.9%)	1 (2.1%)	1	104 (99.0%)	1 (1.0%)	1
Customized Infection Prevention and Control for Aboriginal Health Services	18 (100.0%)	0 (0.0%)	0	30 (100.0%)	0 (0.0%)	1	48 (100.0%)	0 (0.0%)	1
Customized Medication Management for Aboriginal Health Services	13 (100.0%)	0 (0.0%)	3	32 (97.0%)	1 (3.0%)	5	45 (97.8%)	1 (2.2%)	8
Aboriginal Community Health and Wellness Services	22 (100.0%)	0 (0.0%)	0	62 (98.4%)	1 (1.6%)	0	84 (98.8%)	1 (1.2%)	0
Aboriginal Integrated Primary Care Services	41 (89.1%)	5 (10.9%)	0	75 (89.3%)	9 (10.7%)	0	116 (89.2%)	14 (10.8%)	0
Home Care Services	48 (100.0%)	0 (0.0%)	0	51 (98.1%)	1 (1.9%)	2	99 (99.0%)	1 (1.0%)	2
Home Support Services	46 (100.0%)	0 (0.0%)	0	46 (97.9%)	1 (2.1%)	0	92 (98.9%)	1 (1.1%)	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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Long-Term Care Services	32 (100.0%)	0 (0.0%)	1	71 (98.6%)	1 (1.4%)	1	103 (99.0%)	1 (1.0%)	2
Medicine Services	34 (97.1%)	1 (2.9%)	0	65 (94.2%)	4 (5.8%)	1	99 (95.2%)	5 (4.8%)	1
Total	334 (98.2%)	6 (1.8%)	4	546 (96.6%)	19 (3.4%)	12	880 (97.2%)	25 (2.8%)	16

* includes ROP

1.5 Overview by Required Organizational Practices

In Qmentum, a Required Organizational Practice (ROP) is defined as 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 how the applicable ROPs were rated during the on-site survey.

Required Organizational Practice	Overall rating	Test of Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Adverse Events Disclosure (Effective Organization)	Met	3 of 3	0 of 0
Adverse Events Reporting (Effective Organization)	Met	1 of 1	1 of 1
Client Safety As A Strategic Priority (Effective Organization)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Effective Organization)	Met	1 of 1	2 of 2
Client Safety Related Prospective Analysis (Effective Organization)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Aboriginal Integrated Primary Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Home Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Home Support Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Long-Term Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Medicine Services)	Met	2 of 2	0 of 0

Required Organizational Practice	Overall rating	Test of Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information Transfer (Home Care Services)	Met	2 of 2	0 of 0
Information Transfer (Home Support Services)	Met	2 of 2	0 of 0
Information Transfer (Long-Term Care Services)	Met	2 of 2	0 of 0
Information Transfer (Medicine Services)	Met	2 of 2	0 of 0
Medication Reconciliation As An Organizational Priority (Effective Organization)	Met	4 of 4	0 of 0
Medication Reconciliation At Admission (Aboriginal Integrated Primary Care Services)	Unmet	2 of 5	0 of 2
Medication Reconciliation At Admission (Home Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Long-Term Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Medicine Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Aboriginal Integrated Primary Care Services)	Unmet	0 of 4	0 of 1
Medication Reconciliation at Transfer or Discharge (Home Care Services)	Met	3 of 3	2 of 2
Medication Reconciliation at Transfer or Discharge (Long-Term Care Services)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test of Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication Reconciliation at Transfer or Discharge (Medicine Services)	Met	4 of 4	1 of 1
Two Client Identifiers (Home Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Home Support Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Long-Term Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Medicine Services)	Met	1 of 1	0 of 0
Verification Processes For High-Risk Activities (Long-Term Care Services)	Met	2 of 2	1 of 1
Verification Processes For High-Risk Activities (Medicine Services)	Met	2 of 2	1 of 1
Patient Safety Goal Area: Medication Use			
Infusion Pumps Training (Customized Medication Management for Aboriginal Health Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Home Care Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Medicine Services)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Safety Plan (Effective Organization)	Met	0 of 0	2 of 2
Client Safety: Education And Training (Effective Organization)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test of Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Client Safety: Roles And Responsibilities (Effective Organization)	Met	1 of 1	2 of 2
Preventive Maintenance Program (Effective Organization)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Effective Organization)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand Hygiene Education And Training (Customized Infection Prevention and Control for Aboriginal Health Services)	Met	2 of 2	0 of 0
Infection Control Guidelines (Customized Infection Prevention and Control for Aboriginal Health Services)	Met	1 of 1	0 of 0
Influenza Vaccine (Customized Infection Prevention and Control for Aboriginal Health Services)	Met	3 of 3	0 of 0
Pneumococcal Vaccine (Long-Term Care Services)	Met	2 of 2	0 of 0
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Aboriginal Community Health and Wellness Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Aboriginal Integrated Primary Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Home Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Home Support Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Long-Term Care Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test of Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Medicine Services)	Met	3 of 3	2 of 2
Patient Safety Goal Area: Risk Assessment			
Home Safety Risk Assessment (Home Care Services)	Met	3 of 3	2 of 2
Home Safety Risk Assessment (Home Support Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Suicide Prevention (Aboriginal Community Health and Wellness Services)	Met	5 of 5	0 of 0
Suicide Prevention (Aboriginal Integrated Primary Care Services)	Met	5 of 5	0 of 0
Venous Thromboembolism Prophylaxis (Medicine Services)	Unmet	0 of 3	0 of 2

1.6 Summary of Surveyor Team Observations

During the on-site survey, the surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

The Board of Directors and Management are extremely supportive of the accreditation process and it flows through to all staff. The pride in the quality of service delivery is evident as is the enthusiasm of the teams. Having a physician responsible for professional services offered at Kateri Memorial Hospital Centre (KMHC) is notable.

Policy development and review is a focus and has resulted in some excellent policies and procedures for staff to reference. Recently an ethicist was contracted to assist with the ethical framework to ensure it meets the organization's needs.

As staff and board are members of the local community, it is only natural that the Kateri Memorial Hospital Centre is community focused as they are caring for friends and/or family in the facility. They are very engaged with other health, social and educational organizations. Collaboration is a strength and they are commended for the training initiatives to develop a base of future employees such as in nursing and physicians. Recruitment and retention strategies are working well with many long term staff members that are upwardly mobile in the organization. Training and skill development are provided to staff who are motivated to explore other challenges. Succession planning is in place, with many moving up levels to cover temporary vacancies, while being prepared for eventual permanent movement into positions when they become vacant. There are currently interim directors in many positions as the executive director is on a leave. The flow of work and progress continues even in the absence of a prominent position.

The organization is an excellent example of a seamless process from home care to long term care. Community members can begin with day visits to one of the adult day care centres where their assessment is done and progress over time into short term and long term care. This provides excellent service through knowledge of medical issues and concerns from day one, and a comfort level of the resident and families. Socialization for the community member is also greatly improved through the interactions at the adult day care centre which can prolong their stay in their home setting.

Staff are involved in safety initiatives such as medication reconciliation and falls prevention. Wound care initiatives are showing excellent results throughout the organization. Pain management is consistent across all teams within the organization and in policy and procedure. Quality training initiatives are very well done with QI days covering multiple topics. Staff are supported in educational initiatives.

The facility is aesthetically pleasing and clean and odourless which provides an inviting atmosphere for community members. It also speaks to excellent work around infection control and cleaning procedures.

Multi-skilled maintenance staff keep the facility and equipment in good condition and attempt to address the storage issues that present themselves in the facility. There are walkabouts for safety and prevention that are done regularly with any visible deficiencies being addressed.

The organization's emergency response plan is thorough, up to date and tested with the addition of a bomb threat code recently. They are also in the process of redesigning the fan out list protocol in place so they are able to reach who is needed in a timely fashion.

There is continued movement from manual systems to electronic to increase efficiency and safety. This includes initiatives around electronic records and prescription pads, through to charting and administrative processes.

The organization is encouraged to continue on with quality improvement initiatives to enhance the performance at Kateri Memorial Hospital Centre.

Section 2   Detailed Required Organizational Practices Results

This section gives more information about unmet ROPs. It shows the patient safety goal area into which the ROP falls, the requirements of the ROP, and the set of standards where it can be found.

The patient safety goal areas are safety culture, communication, medication use, worklife/workforce, infection control, and risk assessment.

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Communication	
Medication Reconciliation At Admission The team reconciles the client's medications with the involvement of the client, family, or caregiver at the beginning of service when medication therapy is a significant component of care. Reconciliation should be repeated periodically as appropriate for the client or population receiving services.	· Aboriginal Integrated Primary Care Services 7.4
Medication Reconciliation at Transfer or Discharge The team reconciles medications with the client at referral or transfer, and communicates information about the client's medication to the next provider of service at referral or transfer to another setting, service, service provider, or level of care within or outside the organization.	· Aboriginal Integrated Primary Care Services 12.2
Patient Safety Goal Area: Risk Assessment	
Venous Thromboembolism Prophylaxis The team identifies medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) and provides appropriate thromboprophylaxis.	· Medicine Services 7.4

Section 3　　　　Detailed On-site Survey Results

This section shows detailed on-site results. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary.

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 considers criteria from different sets of standards that each 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

3.1 Priority Process Results for System-wide Standards

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

Some priority processes in this section also apply to the service excellence standards. Where there are unmet criteria that also relate to services, those results should be shared with the relevant team.

3.1.1 Priority Process: Planning and Service Design

Developing and implementing the infrastructure, programs and service to meet the needs of the community and populations served.

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

Mission statement is shared and proudly posted in public areas.

Planning is done routinely and includes staff members and community.

The strategic plan provides measurable goals and objectives that drive the organization forward and are tracked for achievement. Operational plans are developed from the strategic plan.

The board members receive timely information concerning issues on the board agenda.

Community needs are collected, discussed and a collaborative health plan has been developed for the community. This is the third subsequent.

The Kateri Memorial Hospital Centre is a major contributor to the community's health.

Risk assessment is done at all levels.

Ethics framework development is underway with the addition of an ethicist on contract.

3.1.2 Priority Process: Resource Management

Monitoring, administration, and integration of activities involved with the appropriate allocation and use of resources.

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

Budgets are developed by managers with staff input. All budgets are approved by the board of directors.

Monitoring is done and where there is the ability to make adjustments (transfer between budget lines) decisions are made as required.

Financial policies and procedures are in place.

Regular reporting on all agreements and projects occurs and is provided to managers and the board of directors.   The financial director provides assistance with all aspects of budgets and historical cost analysis.

Audits are done annually as required and the organization is in good financial standing.

The staff is working on updating systems and moving to a more computerized environment. They are encouraged to continue this process as it will provide more efficiencies and accuracy for their purposes.

3.1.3 Priority Process: Human Capital

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

Unmet Criteria	High Priority Criteria
Standards Set: Effective Organization	
12.5 The organization's leaders develop and regularly update position profiles for each position.	

Surveyor comments on the priority process(es)

The board is well established and has all processes in place to ensure effective governance.

Community education sessions on topics related to boards or committees occur as many community members are involved in sitting on local boards or committees. The board of KMHC take advantage of the training opportunities and find them very beneficial.

The board has begun working with a self evaluation tool and making changes based on results.

Annual reports are provided to the community members.

Staffing is within the scope of the executive director and managers with regular reporting to the board of staffing issues and resolutions.

Regular meetings contain full reports of all activities of the centre and focus on quality and safety.

Worklife balance is promoted and maintaining health a focus. Workplace violence policies are in place.

Incident reporting is a requirement. Follow up is done by managers and executive director depending on what the incident might be. The organization is very focused on promoting a no-blame workplace.

There are various opportunities for complaints or concerns to be brought forward including face to face with managers, regular staff meetings as well as a suggestion box. Staff satisfaction is monitored through various tools including the work life pulse.

Recruitment and retention is a focus. Community partners in education allow for an excellent learning opportunity for staff and for development of community members interested in working at KMHC to follow a career path that leads to employment.

Turnover rate is low with many employees having long term service awards. Staff feel recognized and listened to.

Work on updating position descriptions and outdated policies and procedures is underway. This is a major undertaking.

Development of new policies related to accreditation standards have been developed and approved at the board level, then rolled out to managers and staff.

Human resource records are in multiple tab folders now, colour coded and securely stored.

3.1.4 Priority Process: Integrated Quality Management

Continuous, proactive and systematic process to understand, manage and communicate quality from a system-wide perspective to achieve goals and objectives.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has embraced quality through a dedicated director of quality improvement who develops the quality framework and trains staff in quality through QI days which are well received by staff. Various visuals are used such as pamphlets and posters to describe things such as two client identifiers before providing service. This has provided staff knowledge about accreditation standards and openness to working through change.

Decisions are made about which areas to focus on and what to track as indicators. This data is gathered and compiled into reports for those responsible to review and take action where required.

Quality Improvement plans are evident throughout the organization as working documents.

In discussion with the board of directors, it was evident they are well aware of incident reports and follow up actions taken to address issues. Reports provided to the board of directors have an overall general picture of the statistics and then the detailed submission that can be reviewed further if desired. Excellent reporting in this area.

Safety is a big focus and all staff appeared aware of this and many stated that a blame free environment is encouraged. Safety is an organization wide initiative with all staff aware of their areas of responsibility in ensuring safe care.

Medication reconciliation is a focus and there is energy put into this area and ensuring it is completed as required.

There is a positive work life culture. Staff are seen to be enjoying their work, and the low turnover rates attest to the staff's commitment to the organization. When speaking with staff they pointed out various ways they felt recognized and appreciated. All stated they like working for Kateri Memorial Hospital Centre.

3.1.5 Priority Process: Principle-based Care and Decision Making

Identifying and decision making regarding ethical dilemmas and problems.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)
Staff gave input on the value statements. The statements are communicated throughout the organization and to the public via newsletters, etc. There is a communications officer to make sure that all communications flow throughout the organization and to the public as required. A research council promotes access to research.

3.1.6 Priority Process: Communication

Communication among various layers of the organization, and with external stakeholders.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Minutes are kept and contain the required information.

There is good communication with the executive director and guidance on issues by the board members as needed.

Formal in camera sessions are rarely held, but have occurred as needed.

Communication of decisions and policies that affect staff are rolled out through the director and managers to the front line staff.

Information systems and software are being looked at to bring technology into the daily activities to support the data initiatives.

Use of power point and visual aids make dissemination and understanding of data easier. It also reflects the organization's commitment to being green!

Communication plans are in place and various initiatives and collaborations occur to ensure messages get out and educate community members. Kahnawake Shakotiia'takehnhas Community Services works closely with Kateri Memorial Hospital Centre to provide combined messages.

Work is moving forward on electronic records, intranet use for staff education, message boards and other communication methods.

Bulletin boards are monitored and updated regularly for those who do not enjoy use of electronic media.

The communications officer is innovative and has connected with necessary resources to ensure control of, or wide dissemination of messages and information. This has included immunization of a radio host on air which created a major increase in requests. Use of staff on posters as opposed to generic individuals creates more interest in reading the information. Guests on radio shows at noon and use of the internal closed circuit television system for message boards for staff and public in respective areas are other innovative communication methods.

3.1.7 Priority Process: Physical Environment

Providing appropriate and safe structures and facilities to successfully carry out the mission, vision, and goals.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization's physical space meets applicable laws, regulations and codes. The organization has out grown its space. Inspections are made on each department to ensure they are adhering to regulations and codes. The fire marshall inspects once a year and makes recommendations.

The service delivery space for primary care is comfortable, private and maintains confidentiality of clients and families.

The organization has a back up generator in the case of power outage. This generator will run for four days prior to refuelling. The heating is sectional, meaning it will heat and provide electricity by sections for fifteen minutes at a time, not the whole building. The generator is tested every Tuesday.

The waiting and admitting area for clients and families are certainly safe, clean and comfortable.

KMHC has been recycling for the past twelve years. Garbage pick up is once a week now, making recycling possible.

The hospital is mandated to use standard hospital cleaners.

Meeting minutes are posted.

3.1.8 Priority Process: Emergency Preparedness

Dealing with emergencies and other aspects of public safety.

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

The organization has its own plan to address disasters and emergencies. Fire drills with log book are in place. There are six coded colours for emergencies.

The Emergency Response Plan includes who is responsible for managing and coordinating responses to emergency situations during regular and off hours. All employees receive a copy and sign off on the Emergency Response Plan.

The Emergency Response Plan also describes back-up systems, communication processes and emergency response systems needed during emergency situations.

As part of prevention measures, regular inspection, testing and maintenance of fire protection, warning and extinguishing systems are done.

The leaders educate staff, service providers,clients and families about fire safety and prevention. The fire prevention motto is: good housekeeping practices, good maintenance practices, good employee discipline and adherence to the smoking and fire safety policies.

Fire drills are conducted four times a year and results logged. Drills are done verbally (question and answer) from staff. The organization has recently received a bomb scare and the hospital was evacuated. The drills are always debriefed.

KMHC have their own local influenza pandemic plan as well as Quebec's influenza pandemic plan.

There is a code white for aggressive and violent clients.

3.1.9 Priority Process: Medical Devices and Equipment

Machinery and technologies designed to aid in the diagnosis and treatment of healthcare problems.

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

The organization has personal protective equipment readily available and is used by both the staff and visitors.

The staff member responsible for medical reusable equipment is certified to perform the duties. Single use items are used in this facility for patients who are in strict isolation. Logs are used and regularly reviewed by the infection control nurse.

There is a HEPA filter in the foot care room to filter particles that are in the air during foot care procedures.

3.2 Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

Clinical Leadership
- Providing leadership and overall goals and direction to the team of people providing services.

Competency
- Developing a highly competent interdisciplinary team with the knowledge, skills and abilities to develop, manage, and deliver effective and efficient programs, services, and care.

Episode of Care
- Healthcare services provided for a health problem from the first encounter with a health care provider through the completion of the last encounter related to that problem.

Decision Support
- Information, research and evidence, data, and technologies that support and facilitate management and clinical decision-making.

Impact on Outcomes
- The identification and monitoring of process and outcome measures to evaluate and improve the quality of services to clients and the impact on client outcomes.

Medication Management
- Interdisciplinary provision of medication to clients.

Infection Prevention and Control
- Measures practiced by healthcare personnel in healthcare facilities to decrease transmission and acquisition of infectious agents.

Episode of Care - Primary Care (Aboriginal)
- Includes all elements of the primary care encounter in the clinical setting from accessing primary care services to how the encounter is completed to integration and coordination of services.

3.2.1 Standards Set: Aboriginal Community Health and Wellness Services

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
5.5 The team regularly evaluates its interdisciplinary team functioning and makes improvements as required.	

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

A yearly needs assessment is done by KMHC.

Priority Process: Competency

The community health and wellness team receives training on how to respond effectively to a community crisis or emergency situation.

Priority Process: Episode of Care

There is a 35 hour work week. If a team member works more than 35 hours, that is flex time.

Along with supporting psychological health and emotional well-being, KMHC provides good perks and incentives (barbecues, etc.) for employees.

The team responds in a timely way to the population's request for services.

Confidential client files are well kept and thorough.

Priority Process: Decision Support

Community members have the opportunity to access their records. The clients can review his/her record with the doctor.

Nurses in the department have timely access to client records through a request.

Evidence-based guidelines for delivering community health and wellness services are reviewed and selected through the policy and procedure committee.

Priority Process: Impact on Outcomes

The team provides immunization programs for vaccine preventable illnesses, diseases and conditions.

KMHC has a good falls prevention strategy.

3.2.2 Standards Set: Aboriginal Integrated Primary Care Services

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
1.2 The primary care team uses the information it collects to define the scope of its services.	
16.1 To support high quality primary care services, the primary care team's leaders select up-to-date systems and technology based on the team's needs.	
Priority Process: Competency	
4.9 Team leaders regularly evaluate and document each primary care team member's performance in an objective, interactive, and positive way.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
19.1 The primary care team identifies and monitors process and outcome measures for its primary care services.	
19.3 The primary care team compares its results with other similar interventions, programs, or organizations.	
Priority Process: Episode of Care - Primary Care (Aboriginal)	
1.5 The primary care team monitors the achievement of service goals and objectives.	
6.1 During regular hours, the primary care team provides same-day access to primary care services for clients and their families.	
6.3 The primary care team has an out-of-office and after-hours care process to permit clients to access to primary care services outside regular office hours.	**!**
6.4 The primary care team's out-of-office and after-hours care process includes how to respond to requests for medication refills and medication information after hours and in emergencies.	
6.5 The primary care team provides clients and families with information about how to access a teletriage service 24 hours-a-day, seven days-a-week.	**!**

7.4	The team reconciles the client's medications with the involvement of the client, family, or caregiver at the beginning of service when medication therapy is a significant component of care. Reconciliation should be repeated periodically as appropriate for the client or population receiving services.		ROP
	7.4.2	There is a demonstrated, formal process to reconcile client medications at the beginning of service, and periodically as appropriate for the client or population receiving services.	**MAJOR**
	7.4.4	The team documents any changes to the medications list (i.e. medications that have been discontinued, altered, or prescribed).	**MAJOR**
	7.4.5	The team provides clients and their providers of care (e.g. family physician) with a copy of the BPMH and clear information about the changes.	**MINOR**
	7.4.6	An up-to-date medications list is retained in the client record.	**MAJOR**
	7.4.7	The process is a shared responsibility involving the client and one or more health care practitioner(s), such as nursing staff, medical staff, pharmacists, and pharmacy technicians, as appropriate.	**MINOR**
11.7	The primary care team maintains and regularly updates a detailed medication profile that lists all medications for each client.		!
12.2	The team reconciles medications with the client at referral or transfer, and communicates information about the client's medication to the next provider of service at referral or transfer to another setting, service, service provider, or level of care within or outside the organization.		ROP
	12.2.1	There is a demonstrated, formal process to reconcile client medications at referral or transfer.	**MAJOR**
	12.2.2	The process includes generating a comprehensive list of all medications the client has been taking prior to referral or transfer.	**MAJOR**
	12.2.3	The process includes a timely comparison of the prior-to-referral or prior-to-transfer medication list with the list of new medications ordered at referral or transfer.	**MAJOR**
	12.2.4	The process requires documentation that the two lists have been compared; differences have been identified, discussed, and resolved; and appropriate modifications to the new medications have been made.	**MAJOR**
	12.2.5	The process makes it clear that medication reconciliation is a shared responsibility involving the client, nursing staff, medical staff and pharmacists, as appropriate.	**MINOR**
12.3	When referring a client, the primary care team transfers all information about the client, including medication records, in a timely way.		

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

In consultation with staff it was stated that 80% of community members use the primary care services at Kateri Memorial Hospital Centre. There are some gaps in service such as the lack of x-ray services which was confirmed with the individual client interviews. A client satisfaction survey is currently in progress. It is clearly an opportune time to analyze what other services community members envision for the future.

There is a strong partnership with local educational institutions such as McGill University and Champlain College to support educational opportunities in the health careers field. Students are often on placement from the participating educational institutions.

Speech therapy is currently limited to residents with dysphasia in the long term department. Consideration for speech therapy to address the needs of all community members, especially young children would be worth investigating.

Access to care has evolved to meet the needs of the community members. Extended hours including one evening clinic per week and a Saturday morning clinic has been instituted.

In 2011, several of the primary care program staff have been provided training in suicide prevention entitled "Safe Talk". Ongoing training of all staff in suicide prevention is encouraged.

Immunization is a specialty area in terms of medications. All staff are currently informed of new vaccines and recommendations by their local provincial counterpart. In addition to delivering a safe and effective vaccine program, the Public Health Agency of Canada offers a 14 module course for nurses who administer vaccines to ensure competency. It is worthwhile for the organization to encourage all nurses who administer vaccines to take the on-line free of charge course.

Transportation of dangerous goods is a training program that would benefit all employees who are involved in the transportation of dangerous goods. In health care this could be the transportation of specimens from one facility to another. It could also be the transportation of used syringes from an outside clinic site back to the hospital. Exploring the need for this training is encouraged.

In client interviews, it was stated that the full scope of services offered were not 100% known. Communication of the services offered at Kateri Memorial Hospital Centre is encouraged to ensure the community is aware of the full scope of services available. This should be done in a variety of communication formats to meet the needs of community members. Interviewees indicated there were services for long term care patients. One client indicated the need for dialysis.

Laboratory services are offered at Kateri Memorial Hospital Centre. This service is directly connected to the lab at Anna Laberge Hospital. Clinical support and guidance is received from this hospital.

Priority Process: Competency

Performance appraisals are not done routinely with staff. This activity is encouraged across the organization to ensure employees have an opportunity to develop new skills and to be aware of areas of improvement. Performance appraisals help to also develop the training plan for all employees in the organization.

Collaborative efforts to recruit and retain new staff with learning institutions such as McGill University are underway. Students from the university are on placement within Kateri Memorial Hospital Centre. Clear roles

and responsibilities in terms of what the preceptor provides and what the institution is responsible for is paramount to prevent harm that could be done by students.

Exit interviews are carried out if the exiting employee wishes to complete one. The organization is encouraged to carry out exit interviews to learn why employees leave an organization and build this information into quality improvement.

Priority Process: Decision Support

Ethical decision making and a framework to support ethics is currently under development.

Priority Process: Impact on Outcomes

A quality improvement team is in place. A users committee has also been established to ensure input is received from the people who use the services at Kateri Memorial Hospital Centre.

Disclosure policies and procedures are in place. This was confirmed by staff in one to one conversations.

A client satisfaction survey is readily available for consumers to complete. These are located at the reception desk in the primary care area.

Priority Process: Episode of Care - Primary Care (Aboriginal)

Collective treatment protocols are in place in the primary care program. These are in place for nurses to use in the event that a physician is not on site to treat. An example of this would be anaphylaxis for bee stings.

The primary care department is aware of the organization's strategic safety and risk assessment. Goals and objectives for community health, OPD and diabetes nurse educator are aligned with the organization's mission, vision and values.

Primary care providers assess diabetic clients in relation to diabetic complications and the clients' medications. It was observed in the client files that better recording of current medications could be done on the summary sheet found at the beginning of the client file and this information needs to be recorded in ink. In relation to communicable disease prevention vaccinations were observed as not up to date. Point of care vaccination should be encouraged to reduce vaccine preventable diseases.

It was noted by staff that palliative training is required to support staff, clients and family in end of life care.

Medication reconciliation is not well documented in primary care. This is a challenge for the organization to ensure medication reconciliation processes are implemented systematically across the organization.

The laboratory at Kateri Memorial Hospital Centre is monitored by the Anna Laberge Hospital which has an accredited lab within its facility.

3.2.3 Standards Set: Customized Infection Prevention and Control for Aboriginal Health Services

Unmet Criteria	High Priority Criteria

Priority Process: Medication Management	

The organization has met all criteria for this priority process.

Priority Process: Infection Prevention and Control	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Medication Management

Vaccine storage and handling protocols are well adhered to in this organization. Policies and protocols are in place in accordance with provincial guidelines.

Priority Process: Infection Prevention and Control

The organization has an infection control nurse on staff. This person has been very instrumental in the development of the policies and procedures for infection control at Kateri Memorial Hospital centre.

Infection control posters are posted throughout the organization for community members. The security officer at the front entrance observes and reminds people entering and leaving the building to wash their hands with sanitizer.

Transportation of dangerousgGoods is a program that is not just for dangerous chemicals but also biomedical waste. This include used syringes and dressings. The organization is strongly encouraged to look into this program as some staff such as nurses are transporting used syringes in their vehicles back to KMHC.

There is a process in place for infection control and prevention when a client is transported from one facility to another. This is in accordance with the provincial guidelines.

The employees responsible for the upkeep of medical devices have been certified to do their job safely and effectively.

3.2.4 Standards Set: Customized Medication Management for Aboriginal Health Services

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management	
1.6 The organization has a policy and process to manage the availability of sample medications.	
Surveyor comments on the priority process(es)	
Priority Process: Medication Management	

The nursing staff have recognized the need for removing prescription pads from the clinic offices. Doctors are encouraged to store prescription pads in the cupboard in the out patient department.

The staff who administer medications within the organization have access to pharmacist's advice at the Anna Laberge Hospital. This is a contracted service. Other tools such as the CPS are readily available to staff who need information on medications in a timely manner.

Infusion pumps are used rarely. It has been acknowledged that policies and procedures are required and need to be communicated to all affected staff.

When administering high risk medications such as Heparin, there is a process in place in which two nurses verify the correct dosage.

The organization tracks and monitors medication errors and has analyzed results. Omission of medication is the major reason for medication errors. Measures such as additional training have been instituted to decrease the omission rates throughout the organization.

3.2.5 Standards Set: Home Care Services

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
4.10 The organization regularly evaluates and documents each staff member's performance in an objective, interactive, and positive way.	
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	

Regular community needs assessments are done. The services provided are aligned with the organization's strategic plan. All services are coordinated so there is no duplication of services.

The organization raises awareness of its services through: annual reports, newsletters, word of mouth and a services handbook.

One of the tools used to review services is the community needs assessment.

Global holistic assessments are done at admission,at required intervals and as needs change.

Staff and service providers have access to the supplies and equipment needed to deliver services. The organization supports its staff through training.

There are periodic staff and managers meetings.

In order to assign staff members to clients and other responsibilities, there is work matching according to training and expertise.

A home safety risk assessment is conducted before service is provided.

Priority Process: Competency

Yearly staff performance evaluations have not been done consistently.

All medications are in bubble packs. Depending upon the level of care, nurses will verify them. Personal support workers will give medications to home care clients whose medications are monitored.

Infusion pumps are used sporadically in home care. Ongoing training as required should be in the form of a policy and procedure.

Staff members are trained to prevent and safely manage aggressive or violent client behaviour.

Staff are trained on client safety and when they see unsafe physical environmental conditions, they report it to their manager.

Priority Process: Episode of Care

While on duty, there is always someone available for staff to contact for advice, support or to address issues.

When KMHC is unable to meet the needs of potential clients, they explain the reasons why, facilitate access to services offered by other organizations and record the information.

The organization has a falls prevention strategy which includes mobility assessments and falls prevention strategies such as adjusting the home's physical environment to prevent falls..

The organization uses a team approach to develop its goals and objectives. This happens during team briefings.

Clients needing medical information can call Info Santé anytime by dialling 811

There is a timely reporting system for sentinel events, near misses and adverse events.

Priority Process: Decision Support

The organization uses evidence-based guidelines and make sure they are up-to-date and reflect current research and leading practice information.

Priority Process: Impact on Outcomes

The organization follows a formal process to regularly evaluate the functioning of the team annually, identify priorities for action and make improvements. Some of the methods of this formal process include annual reports and nurses' meetings where challenges and improvements are discussed.

Staff participate in informal safety briefings to share information about potential safety problems, reduce the risk of errors and improve the quality of service. There is also a suggestion box where safety problems can be identified.

3.2.6 Standards Set: Home Support Services

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
3.11 The organization regularly evaluates and documents each staff member's performance in an objective, interactive, and positive way.	
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 does a periodic community needs assessment.	
Priority Process: Competency	
Each staff member has the necessary skills and training to perform their duties. The organization provides training for all staff.	
Priority Process: Episode of Care	
There is good communication between team members.	

Priority Process: Decision Support

The organization reviews its procedures to make sure they reflect current research and leading practices. Updated procedures are used.

Staff participate in regular safety briefings to share information about potential safety problems, reduce the risk of error and improve the quality of service. Safety briefings are part of team meetings and the managers' meetings.

3.2.7 Standards Set: Long-Term Care Services

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
4.11 Each team member's performance is regularly evaluated and documented in an objective, interactive, and positive way.	
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 has a major focus on short term and long term care.

Many other services are collaborated with in order to provide high quality care.

Goals and objectives are developed and reported on. They are tied to the strategic plan.

The good volunteer program enhances the program and develops a base of individuals that can be recruited to vacant positions.

Staff have opportunities to provide feedback and suggestions to managers on their work environment.

Excellent initiatives with local education organizations train local students to fill upcoming vacancies in nursing positions.

Priority Process: Competency

A wide range of professionals provide services to the long term care residents.

Scope of practice guidelines are clearly stated.

On going skill development is encouraged and in-services are organized to meet identified needs.

Crowding and lack of storage is evident in some areas but there is a long range expansion plan that is moving forward to address these issues.

Communication occurs at appropriate interchange points and the team is working on various ways to increase the efficiency of this.

Credentials are monitored as required to ensure all employees are up to date.

There is an orientation process in place for new staff, students and service providers.

Incident reporting is in place and tracking of results over time takes place.

Priority Process: Episode of Care

The long term care unit is the end point for residents who have generally entered the system at the day program.

Families are able to access services as required. There is good information about the program available for those interested.

An assessment process is in place and reassessments take place as required.

Medication reconciliation process is in place for staff to follow.

There is good connection to pharmacy services with one on site.

Access to additional services, for example hospitals and labs, are accessible within a short driving distance.

Pain management, wound care and falls strategy have all bee implemented. Wound care is showing excellent results.

Families are encouraged to be involved as much as possible.

Medication incidents are an area being worked on with tracking of incidents and development of strategies to address problem areas. Improvements are being seen.

The residents are provided a homey environment with an excellent activity program that includes individuals from outside the in patient program attending. This provides excellent stimulation. Meals are encouraged to be taken in the dining room to promote interaction with others as opposed to isolation in the rooms.   There is a focus on culture in both the activities and nutritional component. Residents are very happy with the long term care service. A visit from the therapy dog was observed, as was games afternoon and all were involved. Residents are happy with their accommodations in long term care and the caring and supportive staff.

Priority Process: Decision Support

Records are kept updated and an audit system is in place to monitor areas of focus to improve reporting. Archiving of information is done when the files become too bulky.

Timely access is available by all engaged in the resident's care.

Movement to more efficient systems is being looked at with a focus on work load reduction.

Priority Process: Impact on Outcomes

Risk identification is in place.

Excellent pamphlet for staff on the need for two client identifiers and as a reminder to follow policy related to use of identifiers.

Falls prevention work is ongoing and a major focus with results monitored regularly and initiatives developed to address areas of concern.

Safety is a focus overall and staff are diligent in promoting safety amongst staff and residents.

Disclosure policies and procedures are in place and followed.

3.2.8 Standards Set: Medicine Services

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
4.7 The team monitors and meets each team member's ongoing education, training, and development needs.	
4.8 Team leaders regularly evaluate and document each team member's performance in an objective, interactive, and positive way.	
Priority Process: Episode of Care	
7.4 The team identifies medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) and provides appropriate thromboprophylaxis.	ROP
7.4.1 The organization has a written thromboprophylaxis policy or guideline.	**MAJOR**
7.4.2 The team identifies clients at risk for venous thromboembolism (VTE), [(deep vein thrombosis (DVT) and pulmonary embolism (PE)] and provides appropriate evidence-based, VTE prophylaxis.	**MAJOR**
7.4.3 The team establishes measures for appropriate thromboprophylaxis, audits implementation of appropriate thromboprophylaxis, and uses this information to make improvements to their services.	**MINOR**
7.4.4 The team identifies major orthopaedic surgery clients (hip and knee replacements, hip fracture surgery) who require post-discharge prophylaxis and has a mechanism in place to provide appropriate post-discharge prophylaxis to such clients.	**MAJOR**
7.4.5 The team provides information to health professionals and clients about the risks of VTE and how to prevent it.	**MINOR**
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
14.5 The team shares benchmark and best practice information with its partners and other organizations.	

16.3   The team compares its results with other similar interventions, programs, or organizations.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Staff working in medicine services at Kateri Memorial Hospital Centre are very cognizant that safety and risk management are top priorities within the organization and use this as a basis for their day to day work. This was confirmed in interviews with staff and by observing safety precautions that have been implemented such as the fall mats and patient alarm systems to prevent patients from eloping.

Priority Process: Competency

A comprehensive employee assistance program (EAP) is in place in the organization. Posters are visible to remind and encourage staff to use EAP services as required.

The organization/team has a fair and objective process to recognize team members for their contributions. This was evidenced by acknowledging team members in the internal newsletter "The Well". Team members also receive pins for recognition for years of service. There are special events such as staff picnics and other social activities.

The use of infusion pumps is used sporadically. It is encouraged that training be provided as required and available in policy and procedure.

Priority Process: Episode of Care

Pain assessment is done within this team. This team is encouraged to share their pain assessment tools with other departments in order to standardize the use of pain assessment tools in the organization. By having this information in the policy and procedures, all staff have the necessary tools to do their job safely and effectively.

The team within this service is very good at providing emotional support and counselling to the best of their scope of practice. With the new expansion of the facility, consideration for spiritual service to meet the needs of a variety of clients would be an asset to the organization.

The organization has evidence of recent ethical decision making planning. An ethicist is on board with the organization. The organization is encouraged to finalize and implement an ethical framework that is part of the policy and procedures for all staff.

Priority Process: Decision Support

Manual tracking and excel programming is currently used to track information. New processes are currently being investigated, such as electronic charting.

As new technology systems are introduced to the organization all staff will require training and ongoing updates.

Priority Process: Impact on Outcomes

The interdisciplinary staff team members work diligently to ensure safety within the organization and within the home. This was confirmed by interviews with family members who have recognized the need for safety of a family member while in the organization and at home.

The team has verification policies and procedures in place for blood transfusions within the organization.

The staff report that comparing interventions and programs with other organizations is not done. All staff in various departments within the organization are encouraged to consider reaching out to other organizations to help determine what works well.

Section 4   Instrument Results

As part of Qmentum, client organizations administer instruments. Instruments (or tools) are surveys related to areas such as governance, patient safety culture, and quality of worklife. They are completed by a representative sample of clients, staff, senior leaders, board members, and other stakeholders.
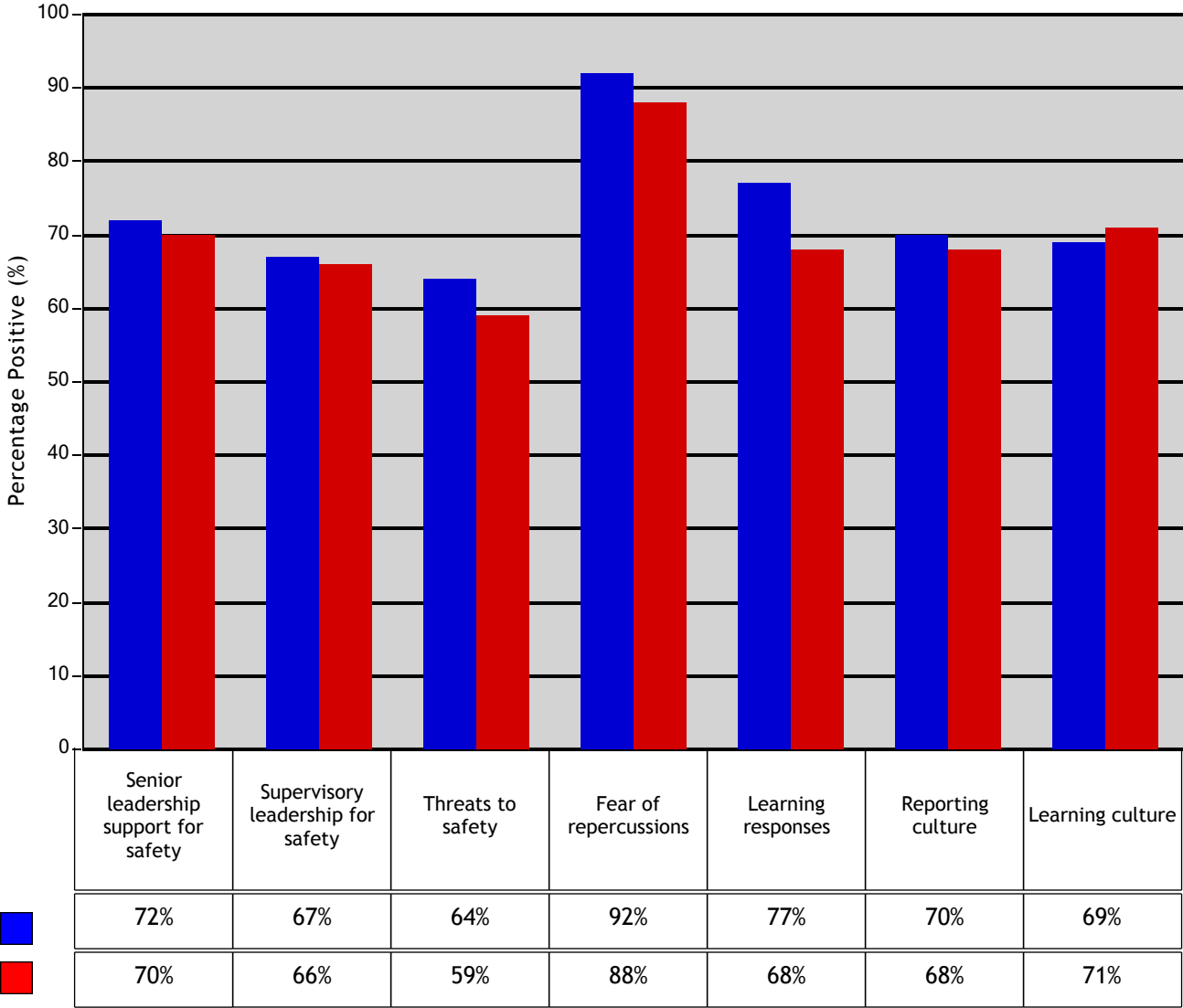
4.1 Patient Safety Culture Tool

The Patient Safety Culture Tool provides insight into staff perceptions of patient safety, allowing 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 Quality Performance Roadmap on 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: January 14, 2011 to April 7, 2011**
- **Minimum response rate (based on the number of employees): 30**
- **Number of respondents: 63**

Patient Safety Culture: Results by Patient Safety Culture Dimension

	Senior leadership support for safety	Supervisory leadership for safety	Threats to safety	Fear of repercussions	Learning responses	Reporting culture	Learning culture
🟦	72%	67%	64%	92%	77%	70%	69%
🟥	70%	66%	59%	88%	68%	68%	71%

Legend

🟦 Kateri Memorial Hospital Centre

🟥 * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2011 and agreed with the instrument items.
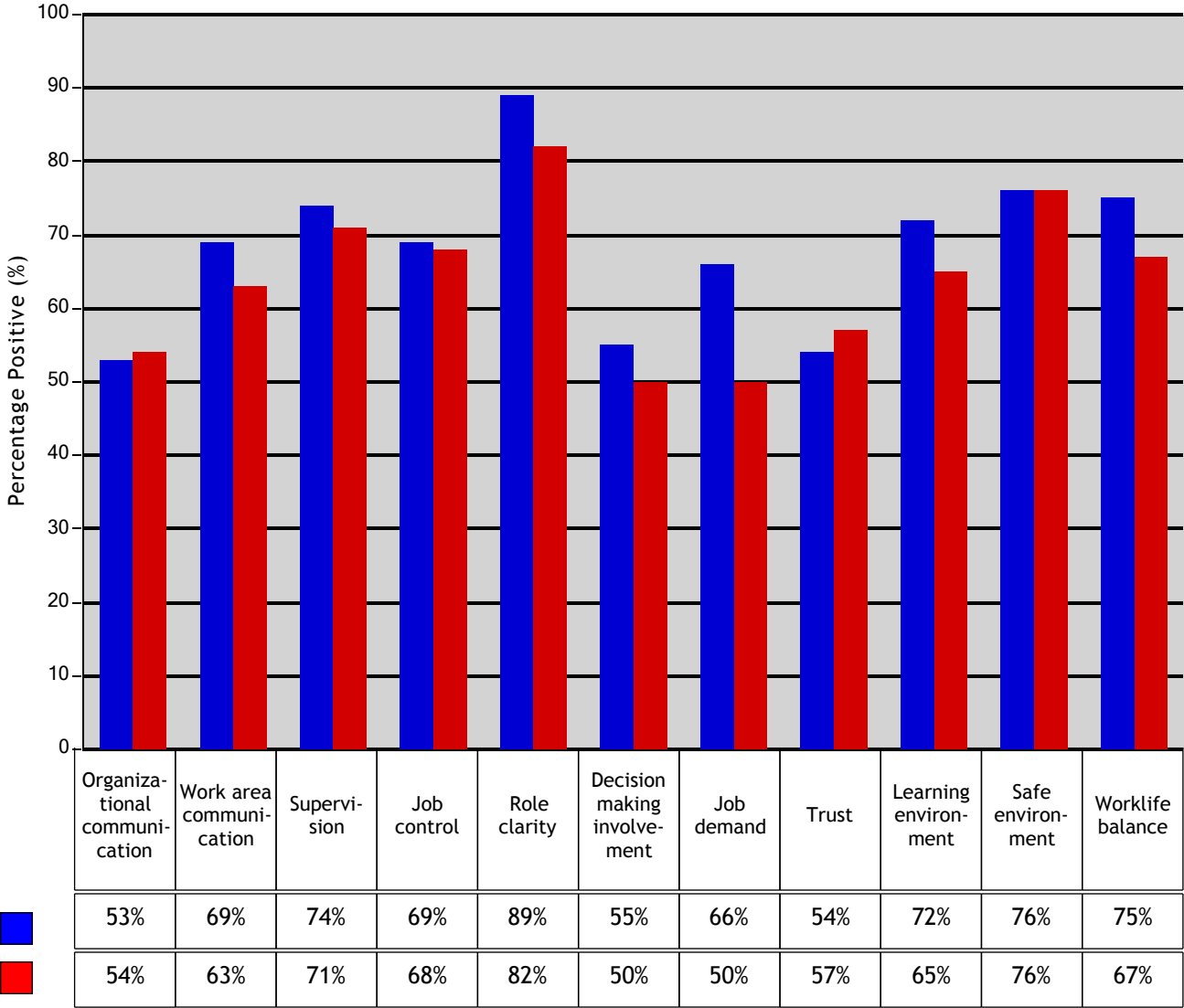
4.2 Worklife Pulse Tool

The Worklife Pulse Tool enables organizations to take the "pulse" of the quality of worklife by monitoring staff perceptions of various aspects of worklife, such as on-the-job communication, staff health and well-being, and job satisfaction. It collects information related to 11 aspects of the work environment that are known to contribute to individual quality of worklife and organizational performance.

Accreditation Canada provided the organization with detailed results from its Worklife Pulse Tool prior to the on-site survey, through the Quality Performance Roadmap on 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: November 17, 2011 to March 28, 2012**
- **Minimum response rate (based on the number of employees): 40**
- **Number of respondents: 87**

Worklife Pulse Tool: Results of Work Environment

	Organiza-tional communi-cation	Work area communi-cation	Supervi-sion	Job control	Role clarity	Decision making involve-ment	Job demand	Trust	Learning environ-ment	Safe environ-ment	Worklife balance
🟦	53%	69%	74%	69%	89%	55%	66%	54%	72%	76%	75%
🟥	54%	63%	71%	68%	82%	50%	50%	57%	65%	76%	67%

Legend

🟦 Kateri Memorial Hospital Centre

🟥 * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2011 and agreed with the instrument items.

Section 5 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.

Although we thoroughly enjoyed and appreciated our colleagues working in addictions, we note that the majority of unmet criteria stem from our colleague with a professional background more suited to our missions. As we value the feedback from the survey and are in no way unhappy with such a positive report, we hope that unmet criteria were not missed. We believe however, that we would have been more challenged by surveyors from hospital and/or clinical environments. We also thought that the survey would be much more in depth and that there would be more interaction with front line staff, which may have given more depth to the report. We also acknowledge that the report is quite dry and that we may continue to derive benefits as we analyze it more and compare it to other data sources .

We were glad to have our strengths identified so clearly, e.g. our pride in the quality of services and the enthusiasm of teams. Similarly we recognize that a challenge for the future will be maintaining momentum on safety during the major expansion program set for next year.

The report showed us how much we meet standards and how much we have improved. The number of new policies and procedures elaborated attests to the amount of work we have accomplished. It was not a surprise that the highest percentage of unmet criteria fell under the 'effectiveness' quality dimension. We like most others continue to develop in measurement.

We have a number of improvement projects in progress including:
% The development of a medication reconciliation form that includes a prescription and can be used in all of our services.
& The re-development of our orientation program for in patient nurses and personal care workers.
' Choosing software for numerous services, in particular Primary Care.
(Falls and elopement prevention is a continuous project as these represent our most important risks.
) Anti-coagulation follow-up by nurses.

Immediate and long term actions include:
% Continued development of our preventive maintenance, in particular for equipment used with patients.
& Training of another 24 to 48 staff in Human Factors in Patient Safety and the integration of tools learned for event analysis and response
' Focus on palliative care education
(Further development of ethics
) Training in communication to help staff respond helpfully when faced with workplace aggression.

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 three-year cycle, Accreditation Canada provides ongoing liaison and support to help the organization address issues, action plan, 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 conditions.

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
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
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	Using information, research, data, and technology to support management and clinical decision making
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	Providing clients with coordinated services from their first encounter with a health care provider through their last contact related to their health issue
Episode of Care - Primary Care	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Impact on Outcomes	Identifying and monitoring process and outcome measures to evaluate and improve service quality and client outcomes
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ Donation	Providing organ donation services for deceased donors and their families, including identifying potential donors, approaching families, and recovering organs
Organ Donation (Living)	Providing organ donation services for living donors, including supporting potential donors to make informed decisions, conducting donor suitability testing, and carrying out donation procedures
Organ Transplant	Providing organ transplant services, from initial assessment of transplant candidates to providing follow-up care to recipients
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems

Priority Process	Description
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge