ACCREDITATION
AGRÉMENT
CANADA
Qmentum

Accreditation Report

Providence Care Centre

Kingston, ON

On-site survey dates: November 18, 2018 - November 22, 2018

Report issued: December 19, 2018

About the Accreditation Report

Providence Care 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 November 2018. 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 Program Manager or Client Services Coordinator is available if you have questions or need guidance.

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

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

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Executive Summary

Providence Care 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

Providence Care Centre's accreditation decision is:

Accredited with Exemplary Standing

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: November 18, 2018 to November 22, 2018**

- **Locations**

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

  1. Providence Care Centre - Community Brain Injury Services (Kingston)
  2. Providence Care Centre - Community Health Services (Kingston) - 275 Sydenham St. (ACOP)
  3. Providence Care Centre - Community Mental Health (Kingston) - 525 Montreal St. (CHITT)
  4. Providence Care Centre - Community Mental Health (Kingston) - 752 King Street, W. (Specialit Mental Health)
  5. Providence Care Centre - Providence Care Hospital
  6. Providence Care Centre - Providence Manor

- **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
  3. Leadership
  4. Medication Management Standards

  Service Excellence Standards
  5. Acquired Brain Injury Services - Service Excellence Standards
  6. Biomedical Laboratory Services - Service Excellence Standards
  7. Community Health Services - Service Excellence Standards
  8. Community-Based Mental Health Services and Supports - Service Excellence Standards
  9. Diagnostic Imaging Services - Service Excellence Standards
  10. Hospice, Palliative, End-of-Life Services - Service Excellence Standards
  11. Long-Term Care Services - Service Excellence Standards
  12. Mental Health Services - Service Excellence Standards
  13. Rehabilitation Services - Service Excellence Standards
  14. Transfusion Services - Service Excellence Standards

- **Instruments**

The organization administered:

1. Governance Functioning Tool (2016)
2. Canadian Patient Safety Culture Survey Tool
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)	53	0	3	56
Accessibility (Give me timely and equitable services)	72	0	6	78
Safety (Keep me safe)	323	4	105	432
Worklife (Take care of those who take care of me)	109	2	3	114
Client-centred Services (Partner with me and my family in our care)	320	3	15	338
Continuity (Coordinate my care across the continuum)	58	0	6	64
Appropriateness (Do the right thing to achieve the best results)	638	5	193	836
Efficiency (Make the best use of resources)	37	0	4	41
Total	1610	14	335	1959

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	35 (97.2%)	1 (2.8%)	0	85 (98.8%)	1 (1.2%)	0
Leadership	49 (98.0%)	1 (2.0%)	0	96 (100.0%)	0 (0.0%)	0	145 (99.3%)	1 (0.7%)	0
Infection Prevention and Control Standards	50 (94.3%)	3 (5.7%)	14	33 (100.0%)	0 (0.0%)	4	83 (96.5%)	3 (3.5%)	18
Medication Management Standards	70 (100.0%)	0 (0.0%)	8	64 (100.0%)	0 (0.0%)	0	134 (100.0%)	0 (0.0%)	8
Acquired Brain Injury Services	44 (100.0%)	0 (0.0%)	2	85 (100.0%)	0 (0.0%)	3	129 (100.0%)	0 (0.0%)	5
Biomedical Laboratory Services	5 (83.3%)	1 (16.7%)	65	11 (84.6%)	2 (15.4%)	92	16 (84.2%)	3 (15.8%)	157
Community Health Services	42 (100.0%)	0 (0.0%)	1	78 (100.0%)	0 (0.0%)	2	120 (100.0%)	0 (0.0%)	3
Community-Based Mental Health Services and Supports	44 (100.0%)	0 (0.0%)	0	94 (100.0%)	0 (0.0%)	0	138 (100.0%)	0 (0.0%)	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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Diagnostic Imaging Services	49 (100.0%)	0 (0.0%)	18	57 (95.0%)	3 (5.0%)	9	106 (97.2%)	3 (2.8%)	27
Hospice, Palliative, End-of-Life Services	44 (97.8%)	1 (2.2%)	0	105 (100.0%)	0 (0.0%)	3	149 (99.3%)	1 (0.7%)	3
Long-Term Care Services	54 (98.2%)	1 (1.8%)	0	98 (100.0%)	0 (0.0%)	1	152 (99.3%)	1 (0.7%)	1
Mental Health Services	50 (100.0%)	0 (0.0%)	0	92 (100.0%)	0 (0.0%)	0	142 (100.0%)	0 (0.0%)	0
Rehabilitation Services	45 (100.0%)	0 (0.0%)	0	80 (100.0%)	0 (0.0%)	0	125 (100.0%)	0 (0.0%)	0
Transfusion Services	19 (100.0%)	0 (0.0%)	56	13 (100.0%)	0 (0.0%)	56	32 (100.0%)	0 (0.0%)	112
Total	615 (98.9%)	7 (1.1%)	164	941 (99.4%)	6 (0.6%)	170	1556 (99.2%)	13 (0.8%)	334

* 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)	Unmet	4 of 4	1 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Acquired Brain Injury Services)	Met	1 of 1	0 of 0
Client Identification (Biomedical Laboratory Services)	Met	1 of 1	0 of 0
Client Identification (Diagnostic Imaging Services)	Met	1 of 1	0 of 0
Client Identification (Hospice, Palliative, End-of-Life Services)	Met	1 of 1	0 of 0
Client Identification (Long-Term Care 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			
Client Identification (Mental Health Services)	Met	1 of 1	0 of 0
Client Identification (Rehabilitation Services)	Met	1 of 1	0 of 0
Client Identification (Transfusion Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Acquired Brain Injury Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1
Information transfer at care transitions (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Mental Health Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Rehabilitation Services)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership)	Met	4 of 4	2 of 2
Medication reconciliation at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1
Medication reconciliation at care transitions (Hospice, Palliative, End-of-Life Services)	Met	5 of 5	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Long-Term Care Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Mental Health Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Rehabilitation Services)	Met	5 of 5	0 of 0
The "Do Not Use" list of abbreviations (Medication Management Standards)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management Standards)	Met	4 of 4	1 of 1
Concentrated Electrolytes (Medication Management Standards)	Met	3 of 3	0 of 0
Heparin Safety (Medication Management Standards)	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management Standards)	Met	5 of 5	3 of 3
Infusion Pumps Training (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Long-Term Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Mental Health Services)	Met	4 of 4	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	**Minor Met**
Patient Safety Goal Area: Medication Use			
Infusion Pumps Training (Rehabilitation Services)	Met	4 of 4	2 of 2
Narcotics Safety (Medication Management Standards)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Flow (Leadership)	Met	7 of 7	1 of 1
Patient safety plan (Leadership)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	**Minor Met**
Patient Safety Goal Area: Infection Control			
Reprocessing (Infection Prevention and Control Standards)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Acquired Brain Injury Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Diagnostic Imaging Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Hospice, Palliative, End-of-Life Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Long-Term Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Mental Health Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Rehabilitation Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Hospice, Palliative, End-of-Life 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 (Rehabilitation Services)	Met	3 of 3	2 of 2
Suicide Prevention (Community-Based Mental Health Services and Supports)	Met	5 of 5	0 of 0
Suicide Prevention (Long-Term Care Services)	Met	5 of 5	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	**Minor Met**
Patient Safety Goal Area: Risk Assessment			
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0

Summary of Surveyor Team Observations

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

Providence Care is a leading provider of specialised institutional and community care in the areas of rehabilitation, complex medical care, restorative rehabilitative care, seniors rehabilitative care, palliative care and mental health programs. It has recently relocated many of its flagship programs to a new 270 bed facility (Providence Hospital) and is in the early planning stages to replace Providence Manor in the coming years. The new home (Providence Village) will be a "community within a community", offering health services, supportive housing, recreation social services to Village residents, but linked to and benefiting the broader Providence Care community.

The organization is commended on preparing for and participating in this Qmentum survey. In preparation for the survey, Providence has intensified its focus on quality and safety. It was evident in the survey that physicians, staff and volunteers are highly engaged and work collaboratively with the management team to further the goals of Providence Care.

The community partners that were interviewed during the survey shared how much they value the competencies and dedication of the Providence Care organization. The leadership at Providence Care is strong, committed, engaging – their commitment to quality improvement is commendable.

The impact of provincial government initiatives that could affect the utilization of Providence Care is a constant part of the environmental scan and has the potential to impact client flow, patient services and wait times. The organization has implemented many new initiatives during recent years, with more identified in the near future. There needs to be constant awareness of the pace of change.

The leadership of Providence Care understands that the push for quality improvement means investing in change management resources. Staff generally felt that there are good resources and support to introduce important new policies and technologies. There is a robust communication plan, keeping patients/families, physicians, staff, volunteers and community partners connected to the business of the organization.

Considerable effort has been made to prepare for the Accreditation Canada Survey. The Team has methodically reviewed all Accreditation Standards and has developed a Strategic Plan, a Quality Plan, an Operational Plan and an Ethics Framework. Strong leadership has been provided by a qualified accreditation coordinator team who have assured that all elements of the preparation process have been completed. The documentation demonstrating evidence of process and results was well prepared, organised and accessible.

General comments resulting from the visit:

1. Senior Management

Providence Care has an experienced and highly engaged Board of Governors. The organization is led by their Chief Executive Officer with support from a strong Senior Management Team. Operational practice is characterised by engaged, competent and interprofessional teams dedicated to meeting the needs of Providence Care clients and addressing challenges facing the organization. Regular reports are reviewed by the Board and Senior Management to assist them in carrying out their responsibilities.

The challenges facing Senior Management include adjusting to increasing complexity of the multi-focused patient populations while meeting budgetary constraints in a context of expanding demands around patient flow.

2. Community and Community Partnerships:

The organization is well known for its collaborative approach and this was validated by the community stakeholders. The community stakeholders talked about how they work together with Providence Care to build capacity in the system and the leading role that Providence Care plays in this work.   Current partners include acute care hospitals in the LHIN, government agencies, non-profit community agencies, academic partners and community coalitions. Post-secondary students are provided placements with Providence Care – this is a sought after opportunity for students, as it provides a rare opportunity for exposure on how health care is delivered in this unique setting.

The community members interviewed by the survey team were highly positive about the reputation of Providence Care and consider the organization to be an important partner in the provision of specialised services to the local community. Such terms as "responsive", "high quality", "excellent care" were used to describe the work of Providence Care.   Community Partners are particularly complimentary about the expertise of Providence Care regarding management of Disruptive Behaviours. Providence Care has developed a solid relationship with its many partners, both locally, across 'region. The community partners commented that Providence Care is "responsive", that its "staff provide excellent care".

3. Leadership:

The organization understands the community that it serves and their needs. This assists in the determination of services needed in each community. Providence Care links to other partners in their community to raise awareness of the services they provide.

4. Staffing and Worklife:

Providence Care values their staff and provides them with Health & Safety and risk management supports to protect against undue personal and professional risk. There is a commitment by Providence Care to provide a blame free, safe and healthy work environment and culture, optimize a learning environment, create a caring and supportive milieu, and above all support the needs of clients and families.

There is great pride expressed by the staff in being associated with Providence Care. They are proud of their accomplishments and are anxious to share with others the excellent care and services offered to their clients.

Staff morale is high and is reflected in the care provided to clients. Continuing Education is embraced, with online learning, on-site workshops (in the new Learning Centre), as well as off-site conferences/courses available to staff. The organization is supported by its Foundation to further increase learning opportunities. The organization should consider expanding opportunities to use simulation technologies/tools.

Staff retention is excellent, with many staff who have worked with the organization for 20+ years.

Numerous wellness/staff engagement initiatives are underway.

5. Delivery of Care and Services:

The Mission Statement and Values of Providence Care are clearly indicated throughout the organization. When questioned, staff are able to give examples of how the values are applied in the care and services offered to the clients. Ensuring that clients receive quality, safe care is a priority and is integrated into daily routines. Equipment and technology are also well integrated into care pathways as appropriate. Providence Care uses the Ontario Telehealth Network as appropriate to expand its reach and minimise the need for travel for patients, physicians and staff; the use of telehealth is growing.

Providence Care has established a robust quality program to oversee and monitor quality dimensions and compliance with accreditation standards, to manage the strategic plan implementation relative to quality and client safety, and to engage with clients to hear their experience. The focus is three-fold: to create a safety culture; to manage risk, and to continuously improve quality. The organization is encouraged to continue its quality journey, especially related to implementation of best practices around Patient and Family Centred Care.

The surveyor team is unanimous in its acknowledgement that the mission, vision and values of Providence Care are deeply embedded across the organization. Providence Care is truly committed to providing innovative and high quality/safe care to its clients.

Staff all have job descriptions for the work they perform. Annual performance appraisals are completed. Education is viewed as a priority so staff members are well prepared to provide the complex care they provide. Education is tailored to the individual needs – this begins at orientation, continuing with annual re-certification and is updated as new needs emerge. Excellent support is provided by Library Services to ensure physicians and staff are equipped with the best evidence on a particular topic. Training takes the form of e-learning, one-on-one and group learning. Staff members are recognised for the exceptional care they provide – many staff are long-serving.   Many staff work part-time for the organization and are also employed by other facility partners in the Kingston community; this is viewed as an asset by Providence Care.

6. Client Satisfaction:

Client satisfaction with care and services is generally positive, based on survey results and individual patient interviews. Comments were made on how kind the staff were; they appreciate their helpful attitude and their professionalism. However, in the patient/family focus group interview, members shared their significant frustrations and offered multiple suggestions for improvement. The organization is encouraged to expedite a formal relaunch of their Patient/Family Engagement Strategy in an attempt to address these issues.

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: Safety Culture	
Patient safety incident disclosure A documented and coordinated approach to disclosing patient safety incidents to clients and families, that promotes communication and a supportive response, is implemented.	· Leadership 15.6

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 organization is led by a governing body that is knowledgeable, committed and enthusiastic. The trustees feel that the Chief Executive Officer (CEO) and the Senior Leadership Team have set high expectations for Providence Care and therefore it is important that trustees uphold to a similar high standard.

Trustees have an in-depth understanding of their roles and responsibilities and state that they feel it is a privilege to be a member of this board. The high-functioning board and its committees receive regular and meaningful reports from the executive team. In between meetings the board is kept informed about any adverse events or other issues that may affect Providence Care's reputation. Board members have a strong and trusting relationship with the CEO. The Board Trustees interviewed were able to give examples of where their Ethics Framework has helped them in ethical decision-making and policy development. From time to time there are disagreements related to governance matters between the Board of Providence Care and the Catholic Health Sponsors of Ontario (CHSO) which the Board of Providence is committed to resolving. The Board minutes are published and the board receives regular reports from various Providence Care operations groups at their meetings.

An energetic and successful Foundation provides support to Providence Care via raising funds for capital projects, technology, research, innovation, education and other needs. Typically the Foundation provides $500K as an annual allocation to Providence Care (above and beyond major capital campaigns).

The committee structure of the Board allows the board members to fully discuss issues in an open and transparent environment. Committee minutes reflect that the board respects and follows its policies and is committed to the mission, vision and values of Providence Care. "Mission Moments" regularly occur at each meeting.

A structured financial ethics process is in place. Financial policies and procedures as well as excellent billing protocols have been developed. Routine reports are provided to senior management so that they have the information necessary to make adjustments in spending and use of resources.

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 development of an integrated quality framework encompassing quality, utilization, risk and client safety is noted as a success. The introduction of a planning process that integrates strategic planning, operational planning, budget planning and reporting is also seen as positive.

These processes can be enhanced with further engagement of clients/families and local community partners in the development process. Providence Care leadership monitors and discusses potential new risks on a regular basis. A Patient/Family Focus Group could be used to identify which key performance indicators are important for patients/families. Ongoing emphasis on evaluation is important to support the quality work of the organization. To this point, the academic partners have indicated a willingness to assist in this work.

Policies and procedures are accessible to all by way of the organisation's comprehensive intranet site. New and refreshed polices are accompanied by an education component. Providence Care has many important partnerships with universities, colleges and other community partners and is working with these stakeholders to create a more integrated approach for planning services.

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)

Providence Care has capital and operating budget processes in place, in keeping with sound accounting principles. The Resource Management system makes optimum use of all available resources – equipment, procedures and people – to promote safety, to achieve organizational goals and to enhance the efficiency and value of Providence Care operations.   The organization has a rigorous reporting, auditing, and monitoring system at all levels, including strong oversight by the board trustees.

There is a process in place for developing an operational plan. The plan is clearly aligned with the organization's strategic directions and includes utilization data as well as the financial report for the budget year. There is an organised approach to the capital equipment process which has served Providence Care well. Staff members commented that generally they have the equipment they require to do their work.

Financial planning/control at Providence Care is guided by a planning calendar that includes strategies for well organized quarterly reporting. The annual operating budget includes service level and financial targets, which are used to guide regular reporting. The Ethics Framework provides guidance to staff related to co-payment arrangements. Internal controls are documented in the form of corporate policies which are available online.   The organization enjoys a sound financial position and has an enduring history of balanced budget performance.

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's efforts to promote a positive work environment and to recognize staff reflect the commitment to Providence Care in being a great place to work. Positive staff morale was evident during the on-site survey; staff shared how privileged they are to work at Providence Care. The financial commitment of Providence Care to supporting staff safety, employee engagement and staff education is a noted strength of the organization.

Long-serving staff are a key factor in Providence Care's success – with a large cohort of staff who have worked for the organization for 20+ years. The status of employee licensure/professional credentials is checked on a routine basis. Current Performance Appraisals were consistently present in the paper HR charts examined.

Support for professional development is evident across the organization. During the survey, excellent feedback was received from staff regarding the numerous education priorities provided and the financial support offered; attendance at staff education in-services/workshops is recorded and used to guide performance discussions. The organization and team are focused on ensuring workplace health and safety and offer mandatory education and training in the prevention and management of violence in the workplace, as an example. Resources are available to support staff members to apply in their daily work. All updates are comprehensive and have included extensive consultation from key stakeholders including staff, the joint health and safety committee, clinical educators, etc.

There is a dynamic team of volunteers (1000+), including long-serving volunteers and those who prefer to do short stints (typically university students who may only be with the organization for one or two semesters). Volunteers are well respected by the front-line staff and their efforts are very much appreciated by patients and families. Volunteers are also very active in the business enterprises of the organization (e.g. the gift shop).

The Staffing Office is key to optimising clinical and administrative support resources across the entire organization. Through the use of the Staffing Office, Providence Care can optimise its labour costs - the office utilises state-of-the-art technology and electronic real-time data. Excellent and timely management reports are produced which contribute to low levels of overtime. Representatives from the Staffing Office are included in collective bargaining.

On a routine basis students are provided placements at Providence Care, assigned to Providence Care front-line staff. They receive a rich experience, are provided with excellent mentoring and are given ongoing opportunities to extend their knowledge and skills. Community academic partners shared that there are further opportunities to engage students in research, quality improvement, human factors analyses, etc.

Priority Process: Integrated Quality Management

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
3.4 There are clear, documented processes shared with clients and families about how to file a complaint about the organization or their care or to report a violation of their rights.	**!**
15.6 A documented and coordinated approach to disclosing patient safety incidents to clients and families, that promotes communication and a supportive response, is implemented. 15.6.6 Feedback is sought from clients, families, and team members about their experience with disclosure and this information is used to make improvements, when needed, to the disclosure process.	**ROP** **MINOR**
Surveyor comments on the priority process(es)	

There is evidence of a well-integrated culture of quality at all levels of the organization. An integrated quality management framework has been developed and brings together all the elements of the risk management and quality improvement activities which are in place in the organization.

The organization has completed significant work on prioritizing the risks and continuing to implement risk mitigation strategies. The leadership team has plans to further expand expertise in the use of quality improvement tools and techniques (e.g., six sigma and LEAN) across the organization. The educators are embedded in all services and programs and provide an important role in the transformation agenda.

There is a cultural value placed on the use of evidence and best practice that is evident throughout Providence Care. Front line staff and leaders attend conferences to stay current; innovation is supported by the organization; policies and procedures are based on best practices and the organization completes environmental scans to assist it in decision-making. All of these activities support Providence Care in its vision to "shape the future by redefining care in ageing, mental health, and rehabilitation."

The organization mission, vision and values are visible throughout the enterprise. There is a robust focus on ethics at multiple levels (clinical, organizational, governance, research). Tools are available to assist physicians and staff and there is evidence these tools are being used and are effective in the resolution of issues.

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)

There is evidence of a well integrated culture of quality and effective decision-making at all levels of the organization. The organization mission, vision and values are visible throughout the organization.

The Providence Care Ethics Framework has been established to develop a culture of ethical reflection and critical thinking to enhance service provision and guide decision-making and practice.   Service teams identified a number of clinical cases where the ethics framework is being used to address complex treatment scenarios. The Ethics Framework is used across the organization alongside the Values Handbook.

Due to the complexity of the client caseload and the multiple players involved in caring for each client (health system, education system, community partners, etc.) there is potential for communication challenges/creation of unrealistic expectations on the part of the multiple players. The Ethics Framework assists in addressing this challenge, particularly related to discussions on Patient Flow, Behavioural Supports Mobile Response Team, budget allocation, Medical Assistance in Dying (MAID), living in the community at risk, managing the wishes of the patient via Substitute Decision Makers, etc. It was also shared that the Ethics Framework is essential when discussing matters of Moral Distress for physicians and staff. Ethics is profiled as a key agenda item in Staff Orientation.

There is a high priority placed on the use of best practices that is evident throughout Providence Care. The organization is focused on building capacity, both internally and externally. Front line staff and leaders attend workshops/webinars/conferences to stay current; Ethics Rounds are happening at Providence Manor. Innovation is supported by the organization. Policies and procedures are based on best practices and the organization completes environmental scans to assist it in decision-making. Staff involved in continuing education are encouraged to present their work, both to spread knowledge and to recognize their achievements. Providence Care is frequently invited to present at conferences and workshops to share their knowledge and expertise – the organization is encouraged to continue to take advantage of these opportunities.   There is a strong alliance with Queen's University around Research Ethics.

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)

At Providence Care both internal and external communication is visibly strong. Providence Care maintains a strong emphasis on combination at all levels of the organization that focuses on engaging individuals served and their families, staff, the community at large and external stakeholders. The organization employs a variety of approaches to communicate information in a strategic way including: face-to-face interactions, written communication, electronic and social media.   Face-to-face communication is promoted at Staff Forums, walkabouts, team meetings, etc.

Providence Care has created excellent Communication Plan documents and templates. Vehicles for effective communication at Providence Care include the following:
• 	Staff newsletter
• 	Email Addresses
• 	Vocera System
• 	Booklets/posters/brochures
• 	Surveys/ questionnaires
• 	Various social media channels are used including Facebook, LinkedIn, and Twitter
• 	All staff have access to the Providence Care intranet
• 	Various electronic tools are available and used to document client care/staff scheduling
• 	Face-to-face communication is also fostered – all managers have an "Open Door" policy
• 	Information Technology (IT) is very advanced and staff are appreciative of the high level of expertise and access.

The organization is encouraged to consider building its array of Infographics to expand the data visualization approach to communication, particularly related to sharing data including profiling progress on the strategic plan.

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)

Two sites are managed by the Providence Care team;the brand new hospital on King Street and the long term care home on Sydenham Street. Following the successful P3 project resulting in the new Providence Care Hospital leadership is now planning to build a new long term care home to replace Providence Manor.

The hospital leadership, staff and physicians are very proud of their new campus - evidence of user influence on design has resulted in bright, airy spaces designed for the unique needs of the patient populations they serve. The introduction of private rooms for inpatients in the psychiatry unit is being credited for a reduction in "incidents". Their data suggests there is positive effect from the separate space from this and other improvements like Safewards on therapeutic outcomes.

The clinical units are uncluttered, organized and built with input from the staff and physicians. Adequate storage has been built for equipment, clean and soiled holding.

Staff photographers are acknowledged for their pictures of local scenery used artfully in waiting areas throughout the hospital. Other personalized features such as the history murals in the boardroom and the marble brought from SMOL lend a respect for the past while clearly embracing the future.

The P3 Design Build Maintain project is considered successful. The Facilities team is pleased to know that they will be able to maintain the new building for the next 30 years on a fixed budget with the expertise and resources from Johnson Controls. The Manor however is struggling on a daily basis to maintain their very old infrastructure and continue to meet the Long Term Care Act building standards. The team has done a good job of maintaining the cosmetic appearances of the home and residents are happy.

Security at Providence Care is supported through the placement of 600 cameras and 3 security guards 24/7. These guards are mobile and also round at the Providence Care Hospital. All staff wear personal safety guards.

Environmental Services and IPAC work together to manage in and out of outbreak status. They are planning to roll-out audits using glow worm methods in the new year.

Safety on the grounds and in the parking lot is monitored through incident reports - the team has metrics that track the total number of falls attributed to guests and patients.

The enterprise risk assessment team could review a potential safety issue described to surveyors during a family focus group. The staircase leading from the cafeteria down one floor is steep and may pose a risk for patients in automated wheel chairs.

The Facilities and Redevelopment team have applied for LEED Silver status and are optimistic about their application.

The penthouse is clean organized and a marvel of innovative building technology. Enthelpy wheel technology returns heat to the building and provides a significant electrical conservation impact.

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)

Providence Care Hospital and Providence Manor have a shared services agreement with the Kingston Hospitals Protection Services. The three hospitals and long term care centre benefit from the collaborative management structure and collective experience of a much larger team. The roles dedicated to this work include a manager for emergency management/parking/security crisis control, an Emergency Management Co-ordinator for codes and procedures, and a manager for security and life safety. Clinical code training is carried out by the clinical educators for codes white/blue and 99. The team members' formal education and experience are complimentary and extensive providing insight and depth into planning and execution during corporate and community based disasters and emergencies. Training and education is a strong focus for their preparedness plan. The code documentation is easily sourced by staff, well written and illustrated. The Kingston Hospitals emergency reference charts that are posted in units provide excellent checklist style information for staff review. The emergency code phone number 4444 is used by all three hospitals and the long term care centre (LTC).

The pandemic plan addresses the needs of all three hospitals and the LTC. It is well organized and addresses content of interest to all sites as well as a detailed plan for the acute care hospitals and a detailed plan for Providence Care and sites.

The Fan Out system is a tri-level plan enabling senior leadership then management to assess the emergency followed by a departmental response based on the situation. A mass casualty mock scenario was staged in the former SMOL building and engaged community partners including the hospitals, fire, police, EMS and others.

Schedules demonstrate that extensive preparation and code training was conducted as staff, residents and patients moved into the new building - teams continued to do mock drills until the kinks were eliminated.

There is evidence that lessons learned in the post mock debrief are acted upon and great post mock code notes are kept. Separate incident management committees are in place for both sites.

A well designed incident command center with IT connectivity, telephones, work rooms, kitchenette and white boards is ready as needed. The suite is on the ground level and has a separate entrance.

The hospital and long term care home has back up plans for utilities, and operational downtime plans for managing when their enterprise wide patient documentation systems are unavailable.

An annual hazard and vulnerability assessment is performed for defined code situations for the hospital and the manor. A risk score is assigned based on probability and severity. Management teams in patient care units, clinical support services, and corporate/building services could drill down further and evaluate risk relative and unique to their portfolios.

Priority Process: People-Centred Care

Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon.

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
2.3 The governing body includes clients as members, where possible.	

Surveyor comments on the priority process(es)
The organization is encouraged to expedite the relaunch of their People-Centred Care plan. For the most part, patients and families feel very involved in their care and are appreciative of the services provided to them via the organization. However, there is a particular cohort of patients/families (particularly those who are at the Providence Care Hospital), who feel they have not been engaged in their care, that they do not understand the concerns management process and that they are unsure of the reporting structure. The organization is encouraged to "reach out" to these patients and engage them in the care/services that are provided.

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)

In the face of ongoing capacity challenges, patient flow is a priority and ensures patients receive the right care, at the right time, by the right provider. Patient flow protocols and practices are planned and delivered with acute care, community and other partners, including medical care, physical resources, and internal systems. Patient flow work is focused on the care and resources needed to support patients throughout their journey at the hospital, from admission to discharge and beyond, while maintaining safety, quality and patient satisfaction.

A large contributing factor to patient flow and overcapacity is Alternate Level of Care (ALC) patients who no longer need to be in the hospital, but still require some form of health care such as rehabilitation, home care, or a long-term care facility. The acute care partners are appreciative of the commitment of Providence Care's role in patient flow; however, they stated that would optimally prefer that Providence Care Hospital accept patients on evenings and weekends. The Responsive Behaviours Mobile Response Team is very much appreciated by the Kingston area partners and is fundamental to keeping patients and staff safe and preventing patients from requiring acute care admission.

The Medical Supplies shop is an innovative enterprise which has won the Kingston Business of the Year Award. Products are available to patients and staff alike. Popular items include walkers, Saska Poles, portable ramps, orthotics, compression stockings, etc. - all items that expedite successful patient discharge to the community.

All partners are committed to enhancing the coordination of care to support best possible outcomes and experiences for patients and work closely on a daily basis. The contributions of Providence Care around patient flow are very much appreciated.

Priority Process: Medical Devices and Equipment

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

Unmet Criteria	High Priority Criteria
Standards Set: Infection Prevention and Control Standards	
10.9 When, cleaning, disinfection, and/or sterilization of medical devices or equipment is done in-house, team members involved in these processes are provided with education and training in how to do so when they are first employed and on an ongoing basis.	!
10.13 Items that require cleaning, disinfection, and/or sterilization are safely contained and transported to the appropriate area(s).	!
10.14 Appropriate Personal Protective Equipment (PPE) is worn when cleaning, disinfecting, or sterilizing medical devices and equipment.	!
Surveyor comments on the priority process(es)	

There is a limited mix and volume of instruments, and devices that require reprocessing and Providence Care has a contract with Kingston General Hospital for the decontamination and sterilization stages of reprocessing.

Providence Care staff clean the devices in a well designed space supplied with a stainless steel work surface and appropriate flow through a series of wash basins.

Environmental services staff wear gloves and goggles. They should consider wearing fluid resistant gowns to manage cross contamination during the cleaning process. Posters and protocols on the walls should be laminated to enable cleaning and supplies should be kept in bins that can be cleaned. The use of paper and cardboard materials should be avoided in this suite. Consultation with the IPAC team would be beneficial.

An appropriate in-house training program for environmental services staff performing the cleaning phase of reprocessing could be designed. Staff should understand the basics of cross contamination and the importance of the removal of biological residue during the cleaning phase of reprocessing. Consultation with IPAC and Professional Practice would be beneficial.

The bins that transport soiled equipment from the units to the reprocessing department should be covered to control cross contamination.

Best practice for clean supply rooms is to eliminate the use of cardboard boxes and containers that supplies are shipped in.

A comprehensive and well written asset management plan provides the hospital leadership with a long range view of their replacement and acquisition needs. A spreadsheet shows by device and year when the estimated replacement would take place based on amortization.

Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

Clinical Leadership
- Providing leadership and direction to teams providing services.

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

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

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

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

Medication Management
- Using interdisciplinary teams to manage the provision of medication to clients

Infection Prevention and Control
- Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

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

Transfusion Services
- Transfusion Services

Standards Set: Acquired Brain Injury 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	

Good evidence is seen for the involvement of clients and families in assessment and care plans development and care delivery. This also includes the care transitions.

This is a well organized and committed team. They are providing long term support for this hard to serve population. One of the consumers commented that they need more of this service for others in this population. Providing service focused on harm reduction and dealing with grief are good initiatives.

Possibly involving a nursing component to the team might add value.

Priority Process: Competency

The team is competent and trained for the job and roles in their teams.

Priority Process: Episode of Care

There is good involvement of client and families in the treatment , follow up and transitions.

Priority Process: Decision Support

There is good support from IT and analytics.

Priority Process: Impact on Outcomes

The families are appreciative of the dedication of the team and the outcome.

Standards Set: Biomedical Laboratory Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Diagnostic Services: Laboratory	
29.4 The team identifies measurable objectives for its quality improvement initiatives and specifies the timeframe in which they will be reached.	!
29.6 The team regularly monitors the use of its services and uses the results to learn about the appropriate use of laboratory services.	
29.17 The team regularly reviews and evaluates its quality improvement initiatives for feasibility, relevance and usefulness.	
Surveyor comments on the priority process(es)	
Priority Process: Diagnostic Services: Laboratory	

The laboratory serves both inpatient and outpatient populations. Outpatients being followed by physicians and clinics at the hospital can have their tests done by Lifelabs; a community service laboratory. The Providence Care Hospital laboratory services include phlebotomy, specimen collection, accessioning and transport as well as three point- of -care tests. Glucometers and urine dips are performed in the patient care units and illicit drug screening is done in the laboratory for the forensic patient population only.

The new laboratory space is organized, clean, and well designed. The phlebotomy station is ergonomically designed with both staff and patient safety and comfort in mind.

The clinical support services manager and laboratory staff have a collegial working relationship with the KHSC staff and are integrated through the use of the Sunquest laboratory information system. Information flow is efficient starting with physician order entry into Quadramed – through the PCH laboratory LIS and on to the KHSC LIS with results being delivered back through the same interface. Referring physicians from the hospital express satisfaction with the responsive local laboratory staff and access to services made possible by the relationship with KHSC.

The interdisciplinary team could consider reviewing the information flow process for critical results as there are two systems in use and a lack of clarity on roles and responsibilities that could result in a delay of urgent care.

Standards Set: Community Health 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 innovative program "Day Away" is to be appreciated in building capacity for the respite and improving the ability of the families to maintain their loved ones in their home. The staff are passionate about their work. They have created additional space for those with responsive behaviours is a great effort of the Day Program Staff. The program is making appropriate changes in reducing the Elopement risks.

In future providing additional capacity for the assisted living services may reduce admissions to Seniors Mental Health at Providence Care Hospital.

Priority Process: Competency

The team are competent and well trained.

Priority Process: Episode of Care

This is a well planned and delivered program.

Priority Process: Decision Support

There is good support from analytics.

Priority Process: Impact on Outcomes

There is consistently a very positive outcome.

Standards Set: Community-Based Mental Health Services and Supports - 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	

These teams are doing exceptional work and working closely with the family and clients. Future innovations of getting the community based mobile response teams is greatly appreciated. We commend the efforts of the team in their research work.

Priority Process: Competency

This is a very competent team.

Priority Process: Episode of Care

There is good support and service delivery.

Priority Process: Decision Support

Thre is very robust support from analytics.

Priority Process: Impact on Outcomes

There are great impacts on the outcomes for the patients.

Standards Set: Diagnostic Imaging Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Diagnostic Services: Imaging	
10.2 The team provides clients and their families with information on diagnostic imaging examinations.	
17.6 The team reviews its diagnostic reference levels at least annually as part of its quality improvement program.	
17.8 The team uses results of the utilization management review to educate referring medical professionals and diagnostic imaging providers on the appropriate use of diagnostic imaging services.	
Surveyor comments on the priority process(es)	
Priority Process: Diagnostic Services: Imaging	

The Diagnostic Imaging team has a spacious, bright and well designed department. They have a new digital x-ray suite that is well maintained and ergonomic. By contrast an obsolete CR reader is used instead of a direct digital plate. Use of an appropriate sized x-ray field of view reduces radiation dose as well as produces a superior quality x-ray for knee x-rays.

The patient population served in this diagnostic suite have disabilities that make x-ray challenging for the provider and the patient. The radiology team was successful in gaining approval to incorporate a ceiling lift into the design of the room. The ceiling lift enables clients to be moved on to the x-ray table with care, maintaining their dignity and providing them with more confidence in the transfer from chair or stretcher. Kudos to the organization for making this best practice safety feature available for their clients.

The team has a good preventive maintenance and HARP quality control program in place and maintains up to date records on service utilization.
The team has good radiation protection policies in place and is planning to augment their preliminary dose rate levels (DRL) program as a future quality process improvement. Some quality metrics are tracked and the PCH team meets with the Chief Radiologist once per year. The Radiology team is encouraged to create or join a quality committee on site to add more structure, use of quality tools and regularity to their quality agenda.

PCH referring clinicians are very pleased with the services provided by the on site medical radiation technologists as well as the report turn around times and access to consulting radiologists. ECG services are good with satisfactory TAT and access to consulting cardiologists.
HCP clinicians would like to see improved collaboration and expedited appointments for their patients. There is a sense that due to logistical complexity that HCP patients do not get appropriately prioritized.

Dr. Islam the new Chief of KHSC Diagnostic Imaging has a vision for bringing the 3 sites together. His plan is to bring the radiologists and technologists together to plan and implement a quality improvement program. All the radiologists have privileges at PCH however he will keep the team working with PCH smaller to increase consistency and continuity.Patient care rounds occur regularly, all staff are welcome and in future he will move the location of the rounds to each site.

Standards Set: Hospice, Palliative, End-of-Life 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	
3.14 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive 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 clinical leaders and staff are highly motivated to provide excellent care to clients and families. The clinical leadership team is supportive of staff, patients and clients. The staff spoke highly of the support of the leadership team. The leader is accessible and has an open-door policy. A strong inter-professional team provides care to clients and families. The team has a strong client centered focus. Staff spoke of the importance of providing quality palliative care to clients and families. The staff noted that they have the appropriate resources to do their work.

There was a strong presence of volunteers. The volunteers spoke highly of the orientation and training provided to support them in their role.

Information is collected on clients and is used to inform the design of the Palliative Care Program. The palliative care space was designed with the input of staff, clients and patients. The physical environment is welcoming, with natural light. There are quiet and spiritual spaces for clients and families. The organization is encouraged to continue to seek the input of clients and families in the design and future direction of the Palliative Care Program.

Priority Process: Competency

A strong inter-professional team supports the provision of quality palliative care services. Clients, families and staff were involved in the design of the palliative care unit. The leaders are encouraged to continue to engage clients, families, staff and community partners in the implementation and evaluation of palliative care services.

The leaders and staff are committed to providing quality and safe services for clients and families. The team is acknowledged for their strong commitment to infusion pump safety.

The leaders are acknowledged for their commitment to supporting the education and learning needs of staff. The staff, volunteers and students spoke highly of the education and training provided by Providence Care. The assistance of Advanced Practice Nurses and Educators was viewed positively by the team. Staff, students and volunteers stated that the orientation process was very helpful to them in providing a quality palliative care program. The staff, volunteers and students stated that they feel safe at work. The leaders assist staff, volunteers, and caregivers to cope with the dying and grieving process. A memorial service is held annually.

Education and training is provided on ethical decision-making. The staff are familiar with the process to follow if ethical issues arise. The support of the spiritual advisors was viewed positively by the team.

Formalized performance appraisals are not consistently completed for team members. However, there is a plan developed to evaluate staff performance. The leaders are encouraged to continue to implement the plan to evaluate team member performance.

Priority Process: Episode of Care

The leaders and staff are passionate about palliative care. An engaged inter-disciplinary team is committed to providing quality palliative care. A staff member described her experience of providing palliative care as, "We support people coming into this world and it is as important to support people leaving this world." The clients and families spoke highly of the professionalism and support of the palliative care team. They felt comfortable visiting and telephoning the palliative care unit at any time. A client stated, "The care is great." Clients and families stated they were treated with care, dignity and respect. A family member stated that she felt so fortunate to have a palliative care program available. The clients and families stated that they were an important part of their care planning and were actively engaged in health care decisions. The staff, families and clients spoke highly of the access to spiritual care. There were no suggestions for improvement.

The palliative care unit was designed with the input of client, families and staff. All clients have private rooms and washrooms. The palliative care unit is clean, bright with hand hygiene products and sinks available. There is work space for staff and availability of private spaces to hold meetings and private conversations. There are spaces for clients including dining rooms, covered patios and television rooms. The housekeeping staff are integral members of the palliative care team and take pride in providing a clean comfortable space for clients.

The team is to be commended for their commitment to medication reconciliation, pressure ulcer prevention and falls prevention. The Wound Care Nurse was noted as providing a valuable role in promoting pressure ulcer prevention. The Falling Stars Program is implemented and very visible on the electronic boards outside of client's rooms. There are partnerships with community groups and organizations. The leaders are encouraged to continue to support the engagement of clients, families, staff, and partners to support the palliative care program.

Priority Process: Decision Support

The staff and leaders are committed to using decision support to enable quality client care. Education and training is provided to the team on the use of technology. Electronic charting is used in the Palliative Care Program.

Standardized client information is collected. Comprehensive and up to date information is collected with the input of clients and families. The care plans are developed and updated with the input of clients and families. Standardized assessment scales are used.

The leaders and team have access to evidence-based guidelines to support quality care. The leaders and team are encouraged to continue to develop and implement evidence-based guidelines with the input of clients and families.

Priority Process: Impact on Outcomes

Staff and leaders are acknowledged for their commitment to team and client safety. Huddles, white boards, electronic boards, intentional rounding, and team and family conferences are used to support communication and safety. Palliative Care Quality Improvement Questionnaires are used to seek input from clients and families and are used to improve safety and quality. Priorities have been identified including; response times to answer call bells, and I am treated the way I want to be treated. Enhancements to the palliative care program based on client and family feedback include the addition of occupational therapy and physiotherapy to increase the comfort of clients.

There is a Quality Improvement Complex Care Program and Palliative Care Network. The organization is encouraged to continue to consistently share information about quality improvement activities, results and learning with clients, families and partners.

Standards Set: Infection Prevention and Control Standards - Direct Service Provision

Unmet Criteria	High Priority Criteria
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: Infection Prevention and Control	

The staff and leaders are to be commended for their commitment to a quality infection prevention and control program. Best practices and evidence based information is incorporated in the infection and prevention and control program. There is a strong inter-professional team supporting and guiding infection prevention and control including the involvement of physician leaders. The team reports monthly to the Senior Operations Committee. The team has a daily presence on the client service areas which has enhanced the relationship with staff. The organization is encouraged to continue to assess the workload of the infection prevention and control practitioners in keeping with emerging trends.

The infection prevention and control team are involved with planning and designing the physical environment including the recent development of the Providence Care Hospital. The team is excited about being involved in the development of the new Providence Manor. The hospital acquired infection rates are tracked and the information is shared. The team has developed strong partnerships. This includes an effective working relationship with microbiology laboratories which has assisted in reducing wait times for test results. The team works with colleges and universities to provide education and training to students on infection prevention and control.

The quality of the cleaning provided throughout Providence Care Hospital and Providence Manor is acknowledged. The housekeeping staff are to be commended for their exceptional work. They stated that they feel safe at work and supported in the work that they do. A staff member described the importance of keeping the facilities clean and therefore reducing infections.

The team is acknowledged for their work in the development and implementation of the hand hygiene program. The team has worked very hard in developing plans and processes for this important program. Partners have been involved in the Hand Hygiene Working Group. The Providence Manor is in the process of implementing an electronic process for hand hygiene audits.

The Infection Prevention and Control team has developed a quality improvement plan. The organization is encouraged to continue to implement and evaluate the quality improvement plan.

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	
3.15 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive 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	

Long term care is only provided at Providence Manor a 243-bed long term care home. Long Term Care standards are used at both Providence Manager and on the 30-bed Complex Care Unit at Providence Care Hospital. The clinical leaders and staff are committed to providing quality care to residents and families. The clinical leadership team is supportive of staff, residents and families. The staff acknowledged the support of the clinical leaders. A model of inter-professional care is provided. Spiritual care was viewed as a strength. The staff noted that they have the appropriate resources to do their work. The clinical leaders are encouraged to continue to support the engagement of residents and families in the long-term care program.

There was a strong presence of volunteers. Some of the volunteers have over twenty years of volunteer experience. The compassion and kindness of the volunteers was evident in the many programs they provide to enhance the quality of life of the residents and families. The volunteers spoke highly of the orientation and training provided to support them in their role.

 The complex care unit was designed with the input of staff, residents and families. The physical environment is welcoming, with natural light. There are quiet and spiritual spaces for residents and families. The Providence Manor is an older facility with welcoming and clean spaces for residents and

families. There are plans for the redevelopment of Providence Manor. There have been focus groups held with residents, families, staff, partners, and other stakeholders. The organization is encouraged to continue to seek the input of residents, families, staff, partners, and other stakeholders in the redevelopment of Providence Manor.

Priority Process: Competency

Strong inter-professional teams support the provision of quality long term care. Residents, families and staff were involved in the design of the complex care unit. Residents, families and staff attended focus groups to discuss the redevelopment of Providence Manor. The leaders are encouraged to continue to engage residents, families, staff and community partners in the redevelopment of long term care facilities.

The leaders and staff are committed to providing quality and safe services for residents and families. The leaders are acknowledged for their commitment to supporting the education and learning needs of staff. The staff, volunteers and students spoke highly of the education and training provided by Providence Care. The Chair of the Family Council Connections spoke positively of the support to attend a Family Council Conference. Staff, students and volunteers stated that the orientation process was very beneficial. The staff, volunteers and students stated that the organizations protect their safety at work. Volunteer recognition events are held.

There is a strong commitment to ethics and spiritual care. Education and training is provided on ethical decision-making. The staff are familiar with the process to follow if ethical issues arise. The support of the spiritual advisors was viewed positively by the team.

Formalized performance appraisals are not consistently completed for staff across the long- term care home and Complex Care unit. However, there is a plan developed to evaluate staff performance. The leaders are encouraged to continue to implement the plan to evaluate team member performance.

Priority Process: Episode of Care

An engaged inter-professional team is committed to providing quality long term care. A staff member described her dedication to long term care and living the mission and values of Providence Care. Some clients described receiving excellent care with consideration to their individual needs. Some families spoke of the excellent care provided to their family members. A family identified the need for more frequent family conferences. The families and residents spoke highly of the access to spiritual care. The recreation therapy program at Providence Manor was noted as being very important to improve the quality of life for residents. The families identified the importance to be actively engaged in their family member's care. The leaders are encouraged to continue to actively engage residents and families in their care. Furthermore, they may consider scheduling Family Conferences on a frequent basis to meet the individual needs of the resident and family members.

The residents and families are supported by advisory councils such as Patient Councils, Family Council Connections and Resident Councils. The leaders are encouraged to continue to support and engage families and residents in this important work.

The complex unit was designed with the input of residents, families and staff. The Providence Manor is being redeveloped. The leaders are encouraged to continue to involve residents, families and staff in this redevelopment.

The long-term care sites are clean, bright with hand hygiene products and sinks available. There is work space for staff and availability of private spaces to hold meetings and private conversations. There are spaces for clients including spiritual spaces, dining rooms, television and quiet rooms. The housekeeping staff are integral members of the palliative care team and take pride in providing a clean comfortable space for residents.

The team is to be commended for their commitment to medication reconciliation, pressure ulcer prevention and falls prevention. The Wound Care Nurse was noted as providing a valuable role in promoting pressure ulcer prevention. The staff were very proud of their work in reducing pressure ulcers. There are partnerships with community groups and organizations. The leaders are encouraged to continue to support the engagement of clients, families, staff, and partners to support long term care.

Priority Process: Decision Support

The staff and leaders are committed to using decision support to enable quality resident care. Education and training is provided to the team on the use of technology. Electronic charting is used in long term care.

Standardized resident information is collected. Comprehensive and up to date information is collected with the input of residents and families. The care plans are developed and updated with the input of residents and families.

The leaders and team have access to evidence-based guidelines to support long term care. The guidelines are shared with the Resident Council and Family Council Connections. The leaders and team are encouraged to continue to develop and implement evidence-based guidelines with the input of residents and families.

Priority Process: Impact on Outcomes

Staff and leaders are acknowledged for their commitment to team and resident safety. Huddles, family conferences, white boards, and quality boards are used to support safety and communication.

There is a Quality Improvement Plan. Client and Resident Satisfaction Surveys are completed. The results of surveys are shared with the Resident Council and Family Council Connections. The organization is encouraged to continue to share satisfaction surveys with residents and families.

There are advisory committees which support resident outcomes including; a Resident Council, Patient and Family Council, Family Council Connections and various practice councils. Best practices are supported by participating on a project, Best Practices Spotlight Organizations. The organization is encouraged to continue to consistently share information about quality improvement activities, results and learning with residents, families and partners.

Standards Set: Medication Management Standards - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Medication Management

Pharmacists are integrated into the interdiscipinary care model at PCH and are available for consultation at any time during the business week and on call after hours. Allied teams are operationally decentralized and have workstations in an open inter-professional office on each unit. This close proximity reduces practice silos and facilitates collegial and effective communication. There are two interdisciplinary committees that meet regularly to guide practice and medication management safety.

The pharmacy is secure, well designed, clean and organized. Several advancements in technology have enabled the hospital to improve patient safety, general operations, and effective professional practice from order to administration. PCH uses Quadramed CPOE, Omnicell tracking, automatic distribution units, TCGrx and other automated packagers for unit dose, temperature monitored refrigerators and mobile medication carts called WOWs. The new technology enables the team to build in automated safety features. Activities like narcotic discrepancy tracking, elimination of dangerous abbreviations,secure storage and access to drugs and medications have all been vastly improved in the new hospital.

Physicians use Quadramed CPOE to chart medication orders, orders are then reviewed by a pharmacist for recommendation, and the product is then ordered.

The pharmacy team is happy, feels supported by leadership and is already working on their next collaborative quality/process improvement project. Bedside verification using barcode scanners will streamline and automate some of the verification that nursing is responsible for.

Collaboration between Pharmacy, Nursing, Quality and the Educators is very strong resulting in mutually respectful and supportive working relationships. There is evidence that the front-line nurses feel confident with the new technology as a result of the training and support they receive from the educators. The nurses take the WOW to the bedside - a best practice to have adopted. A simulation laboratory is used for training on the ADU's and Alaris/CADD pumps - this is a great resource for the educators and trainees.

An enthusiastic ASP committee is working on a Choosing Wisely intervention aimed at reducing urine testing and setting guidelines for treating urinary tract infections. The team may consider adding a member from the Quality & Risk Management department to assist with metrics and PDSA concepts.

Medical and administrative leadership support for the Choosing Wisely program may assist with change management momentum.

Standards Set: Mental Health 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

Excellent facility with all the modern structural and environmental needs for Seniors Mental Health patients. Provision of adequate space such as single rooms and safe environment are of exceptional quality. Staff are dedicated and passionate. Family members reported a huge difference in the quality of care provided here. Family members are appreciative of the huge difference in the quality of care elsewhere in Kingston.

The electronic transformation of the records needs ongoing technical and management support. The transformation of the medication administration using the ADU and electronic medical record is still in its infancy. In the future building more assisted living facilities with Behavioural Support of Ontario and senior mental health staff in the community may reduce the ALC status and improve the efficiencies of the service.

Priority Process: Competency

This team are very competent and trained.

Priority Process: Episode of Care

There is a great integration of family and patients in the care provided.

Priority Process: Decision Support

There is excellent support available for the program.

Priority Process: Impact on Outcomes

There is consistently a very positive outcome.

Standards Set: Rehabilitation 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 Rehabilitation Service is supported by a committed and engaged staff and clinical leaders. The clinical leadership team is supportive of staff, patients and clients. The staff spoke highly of the support of the leadership team. The clinical leadership team were visible and accessible on the inpatient and outpatient departments for staff, clients, patients and families. The inter-professional teams work collaboratively to provide care to clients and patients. The team has a strong client centered focus and are committed to providing quality services. Resources are identified by staff and are provided to the clinical leaders. The staff noted that they have the appropriate resources to do their work.

There is a strong commitment to developing and maintaining partnerships to meet the needs of clients and patients. Information is collected on clients and families to inform the inpatient and outpatients rehabilitation service. This has resulted in the implementation of innovative programs and services. The inpatient and outpatient rehabilitation physical environments were designed with the input of staff, clients and patients. The physical environment is welcoming, with natural light. There is a strong commitment to universally-accessible environments with wide corridors and elevators. There is access to a gymnasium, walking trails and a swimming pool to support the needs of clients and patients. Information on the programs and services provided by the Rehabilitation Service is available with comprehensive information available on the intranet site. The organization is encouraged to continue to seek the input of staff, clients, patients and families in the design and future direction of the Rehabilitation Services.

Priority Process: Competency

Rehabilitation Services are provided by strong inter-professional teams. The leaders and teams are committed to providing quality and safe services for clients and patients. The leaders are to be acknowledged for their commitment to supporting the education and learning needs of the team. The staff spoke highly of the education and training provided. An orientation is provided to all new staff and they spoke highly of the value of the orientation process. Staff stated that they feel safe at work and that Providence Care supported safety in the workplace.

Education and training is provided on Providence Care's ethical decision-making model. The staff and leaders acknowledged the value of the support provided by the organization on ethical issues. The leaders and staff are to be commended for their strong commitment to infusion pump safety. The team and leaders are encouraged to continue with this important work.

The leaders are to be commended for the completion of performance appraisals. The performance appraisals were viewed as an important tool to support the growth and development of staff. The leaders are encouraged to continue to ensure that staff performance appraisals are completed.

Priority Process: Episode of Care

An engaged inter-professional team committed to quality client care supports the Rehabilitation Service. The clients and families spoke highly of the excellent care provided by staff. A client stated, "I am getting excellent care." Clients and families noted that they were treated with care, dignity and respect. They felt comfortable asking questions. A family member commented on how she felt welcome on the unit and that excellent care was provided. Clients stated that they felt included in their care planning. A client described the tremendous difference that participating in the outpatient rehabilitation program made to his life.

The student learners stated that they felt supported by the team and that their orientation prepared them to work in Rehabilitation Services. There was evidence of the strong presence of volunteers who are a valuable asset to support quality client services. The volunteers stated that they received education and training to support them in their volunteer role.

The inpatient and outpatient services are provided in a newly designed physical space. Clients and families had input into the design of the units. There are private spaces for clients and families. There are work spaces for staff including inter-professional meeting space which includes a workspace for volunteers. There are electronic boards outside of the client rooms. A white board for communication is located at the bedside. The outpatient unit has extensive equipment to meet the rehab needs of clients.

The team is to be commended for their commitment to medication reconciliation and falls prevention. The Falling Stars program is implemented and indicated on the electronic boards outside of client rooms.

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There is a strong commitment to partnerships with community groups and agencies including participation in the Bundled Care Project. Patient Satisfaction Surveys are completed. Lean process improvements have been completed. The leaders are encouraged to continue to support the engagement of clients and families in the Rehabilitation Service.

Priority Process: Decision Support

The staff and leaders are committed to using decision support to enable quality client care. This includes collecting and using data to support decision making processes. Education and training is provided to the team on the use of technology. Electronic charting is used in the inpatient Rehabilitation Service.

Standardized client information is collected. Comprehensive and up to date information is collected with the input of clients and families. The care plans are developed and updated with the input of clients and families.

The leaders and team have access to evidence-based guidelines to support quality care. The leaders and team are encouraged to continue to develop and implement evidence-based guidelines with the input of clients and families.

Priority Process: Impact on Outcomes

Staff and leaders are acknowledged for their commitment to team and client safety. Huddles, case conferences, white boards, quality boards, and case conferences are used to support safety.

Client satisfaction surveys are completed. The results of surveys are shared with the team. The organization is encouraged to continue to share the client satisfaction surveys with clients and families.

There is a Physical Medicine Quality and Safety Committee which includes participation of clients. A priority for the committee is TRACC- Transforming Rehab and Complex Care. Work is ongoing on this important initiative. The organization is encouraged to continue to consistently share information about quality improvement activities, results and learning with clients, families and partners.

Standards Set: Transfusion Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Transfusion Services	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Transfusion Services	

Providence Care Hospital receives cross match testing and blood products from KHSC.

Transfusions as necessary are carried out on the unit at PCH by two nurses. The nurses are in direct contact with the KHSC blood bank, are knowledgeable about the blood products, managing adverse reactions and employ an independent double check relative to patient, documentation and product identification.

The MRP does the informed consent prior to ordering the blood transfusion.

The PCH interdisciplinary team members may want to increase their ability to stay current with best practices and advocate for their needs by attending the KHSC Transfusion Committee or ask to be included in the distribution of agendas/minutes.

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: October 25, 2017 to December 8, 2017**

- **Number of responses: 1**

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	0	100	94
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	95
3. Subcommittees need better defined roles and responsibilities.	100	0	0	70
4. As a governing body, we do not become directly involved in management issues.	0	0	100	85
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	0	0	100	95

	% 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.	0	0	100	96
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	96
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	94
9. Our governance processes need to better ensure that everyone participates in decision making.	100	0	0	59
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	95
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	97
12. Our ongoing education and professional development is encouraged.	0	0	100	86
13. Working relationships among individual members are positive.	0	0	100	98
14. We have a process to set bylaws and corporate policies.	0	0	100	95
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	98
16. We benchmark our performance against other similar organizations and/or national standards.	0	0	100	77
17. Contributions of individual members are reviewed regularly.	0	0	100	71
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	84
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	0	100	60
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	84

	% 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.	100	0	0	44
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	81
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	97
24. As a governing body, we hear stories about clients who experienced harm during care.	0	0	100	86
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	91
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	86
27. We lack explicit criteria to recruit and select new members.	100	0	0	77
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	89
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	94
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	93
31. We review our own structure, including size and subcommittee structure.	0	0	100	87
32. We have a process to elect or appoint our chair.	0	0	100	86

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2017 and agreed with the instrument items.

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	0	100	80

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	
34. Quality of care	0	0	100	81

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2017 and agreed with the instrument items.
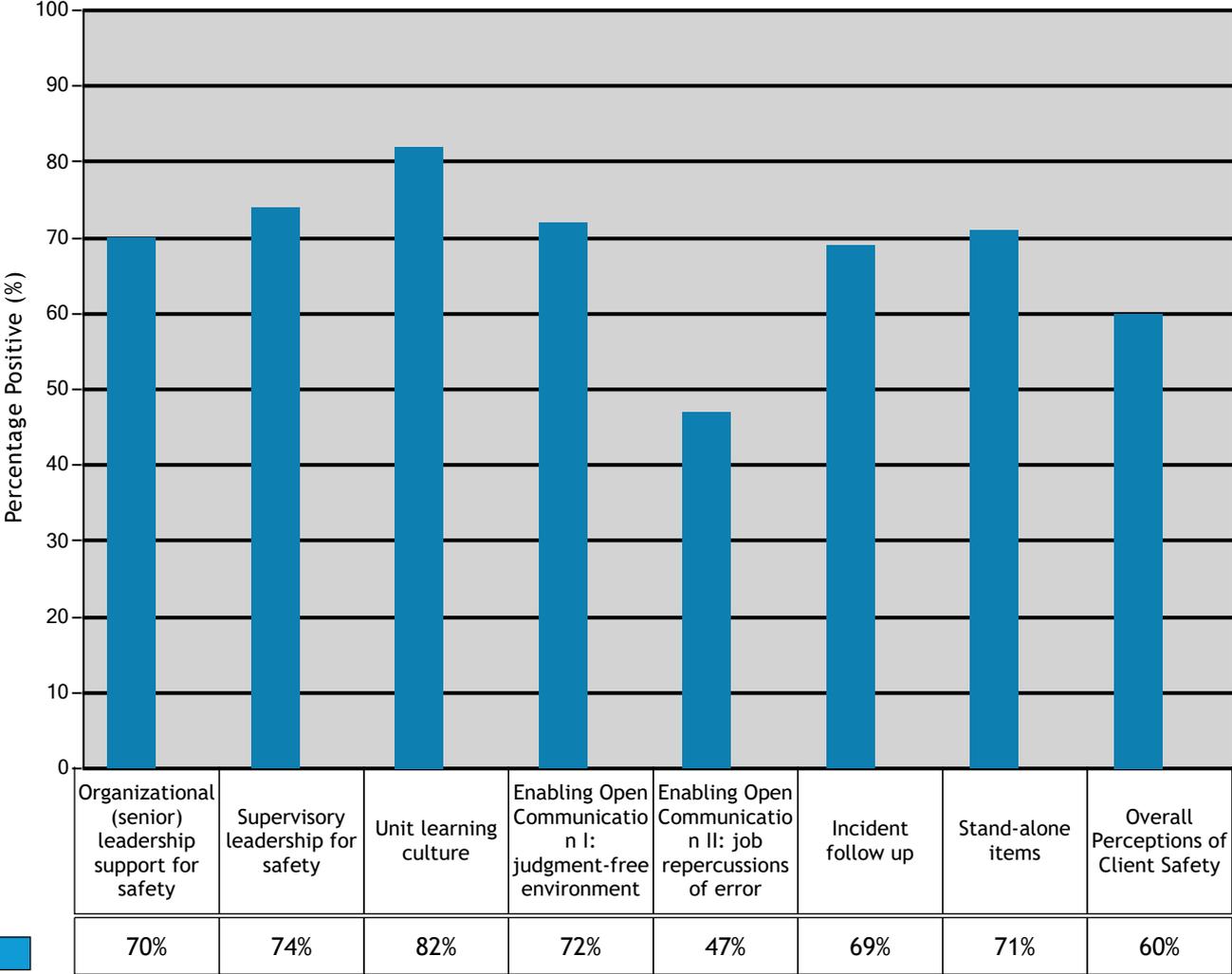
Canadian Patient Safety Culture Survey Tool

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: October 25, 2017 to December 22, 2017**

- **Minimum responses rate (based on the number of eligible employees): 283**

- **Number of responses: 285**

Canadian Patient Safety Culture Survey Tool: Results by Patient Safety Culture Dimension

	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Unit learning culture	Enabling Open Communication I: judgment-free environment	Enabling Open Communication II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
	70%	74%	82%	72%	47%	69%	71%	60%

Legend

Providence Care Centre

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.

The organization used an approved substitute tool for measuring the quality of worklife but did not provide Accreditation Canada with results.

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

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.

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
People-Centred Care	Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon.