ACCREDITATION
AGRÉMENT
CANADA
Qmentum

Accreditation Report

Western Regional Health Authority

Corner Brook, NL

On-site survey dates: October 14, 2018 - October 19, 2018

Report issued: November 27, 2018

About the Accreditation Report

Western Regional Health Authority (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in October 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

Western Regional Health Authority (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

Western Regional Health Authority'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: October 14, 2018 to October 19, 2018**

- **Locations**

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

  1. Bay St. George Long Term Care Centre
  2. Bonne Bay Health Centre
  3. Calder Health Centre
  4. Corner Brook - Community
  5. Corner Brook Long Term Care Home
  6. Deer Lake Office
  7. Dr. Charles L. Legrow Health Centre
  8. Hammond Building
  9. Humberwood
  10. O'Connell Drive Office
  11. Protective Community Residences
  12. Rehabilitation Annex
  13. Rufus Guinchard Health Centre
  14. Sir Thomas Roddick Hospital
  15. Western Memorial Health Clinic
  16. Western Memorial Regional Hospital

- **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

Population-specific Standards

5. Population Health and Wellness

Service Excellence Standards

6. Biomedical Laboratory Services - Service Excellence Standards
7. Community Health Services - Service Excellence Standards
8. Critical Care Services - Service Excellence Standards
9. Diagnostic Imaging Services - Service Excellence Standards
10. Emergency Department - Service Excellence Standards
11. EMS and Interfacility Transport - Service Excellence Standards
12. Inpatient Services - Service Excellence Standards
13. Long-Term Care Services - Service Excellence Standards
14. Mental Health Services - Service Excellence Standards
15. Obstetrics Services - Service Excellence Standards
16. Perioperative Services and Invasive Procedures - Service Excellence Standards
17. Point-of-Care Testing - Service Excellence Standards
18. Public Health Services - Service Excellence Standards
19. Reprocessing of Reusable Medical Devices - Service Excellence Standards
20. Substance Abuse and Problem Gambling - Service Excellence Standards
21. Transfusion Services - Service Excellence Standards

- **Instruments**

The organization administered:

1. Worklife Pulse
2. Canadian Patient Safety Culture Survey Tool
3. Governance Functioning Tool (2016)
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)	109	1	0	110
 Accessibility (Give me timely and equitable services)	110	1	0	111
 Safety (Keep me safe)	773	14	19	806
 Worklife (Take care of those who take care of me)	169	1	1	171
 Client-centred Services (Partner with me and my family in our care)	445	7	0	452
 Continuity (Coordinate my care across the continuum)	92	0	3	95
 Appropriateness (Do the right thing to achieve the best results)	1145	26	16	1187
 Efficiency (Make the best use of resources)	80	0	1	81
Total	**2923**	**50**	**40**	**3013**

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	47 (94.0%)	3 (6.0%)	0	35 (97.2%)	1 (2.8%)	0	82 (95.3%)	4 (4.7%)	0
Leadership	50 (100.0%)	0 (0.0%)	0	91 (94.8%)	5 (5.2%)	0	141 (96.6%)	5 (3.4%)	0
Infection Prevention and Control Standards	40 (100.0%)	0 (0.0%)	0	31 (100.0%)	0 (0.0%)	0	71 (100.0%)	0 (0.0%)	0
Medication Management Standards	73 (100.0%)	0 (0.0%)	5	61 (100.0%)	0 (0.0%)	3	134 (100.0%)	0 (0.0%)	8
Population Health and Wellness	4 (100.0%)	0 (0.0%)	0	35 (100.0%)	0 (0.0%)	0	39 (100.0%)	0 (0.0%)	0
Biomedical Laboratory Services **	71 (100.0%)	0 (0.0%)	0	105 (100.0%)	0 (0.0%)	0	176 (100.0%)	0 (0.0%)	0
Community Health Services	43 (100.0%)	0 (0.0%)	0	78 (98.7%)	1 (1.3%)	1	121 (99.2%)	1 (0.8%)	1
Critical Care Services	59 (100.0%)	0 (0.0%)	1	104 (100.0%)	0 (0.0%)	1	163 (100.0%)	0 (0.0%)	2

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	61 (92.4%)	5 (7.6%)	1	66 (97.1%)	2 (2.9%)	1	127 (94.8%)	7 (5.2%)	2
Emergency Department	59 (83.1%)	12 (16.9%)	0	104 (97.2%)	3 (2.8%)	0	163 (91.6%)	15 (8.4%)	0
EMS and Interfacility Transport	110 (99.1%)	1 (0.9%)	8	119 (100.0%)	0 (0.0%)	2	229 (99.6%)	1 (0.4%)	10
Inpatient Services	58 (96.7%)	2 (3.3%)	0	85 (100.0%)	0 (0.0%)	0	143 (98.6%)	2 (1.4%)	0
Long-Term Care Services	53 (96.4%)	2 (3.6%)	0	97 (99.0%)	1 (1.0%)	1	150 (98.0%)	3 (2.0%)	1
Mental Health Services	48 (96.0%)	2 (4.0%)	0	92 (100.0%)	0 (0.0%)	0	140 (98.6%)	2 (1.4%)	0
Obstetrics Services	70 (100.0%)	0 (0.0%)	3	87 (100.0%)	0 (0.0%)	1	157 (100.0%)	0 (0.0%)	4
Perioperative Services and Invasive Procedures	112 (97.4%)	3 (2.6%)	0	107 (98.2%)	2 (1.8%)	0	219 (97.8%)	5 (2.2%)	0
Point-of-Care Testing **	38 (100.0%)	0 (0.0%)	0	45 (100.0%)	0 (0.0%)	3	83 (100.0%)	0 (0.0%)	3
Public Health Services	47 (100.0%)	0 (0.0%)	0	69 (100.0%)	0 (0.0%)	0	116 (100.0%)	0 (0.0%)	0
Reprocessing of Reusable Medical Devices	84 (100.0%)	0 (0.0%)	4	40 (100.0%)	0 (0.0%)	0	124 (100.0%)	0 (0.0%)	4
Substance Abuse and Problem Gambling	41 (91.1%)	4 (8.9%)	0	82 (100.0%)	0 (0.0%)	0	123 (96.9%)	4 (3.1%)	0
Transfusion Services **	70 (98.6%)	1 (1.4%)	4	68 (100.0%)	0 (0.0%)	1	138 (99.3%)	1 (0.7%)	5
Total	**1238 (97.3%)**	35 (2.7%)	26	1601 (99.1%)	15 (0.9%)	14	2839 (98.3%)	50 (1.7%)	40

* Does not includes ROP (Required Organizational Practices)
** Some criteria within this standards set were pre-rated based on the organization's accreditation through the Ontario Laboratory Accreditation Quality Management Program-Laboratory Services (QMP-LS).

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)	Met	4 of 4	2 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 (Biomedical Laboratory Services)	Met	1 of 1	0 of 0
Client Identification (Critical Care Services)	Met	1 of 1	0 of 0
Client Identification (Diagnostic Imaging Services)	Met	1 of 1	0 of 0
Client Identification (Emergency Department)	Met	1 of 1	0 of 0
Client Identification (EMS and Interfacility Transport)	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 (Inpatient Services)	Met	1 of 1	0 of 0
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Client Identification (Mental Health Services)	Met	1 of 1	0 of 0
Client Identification (Obstetrics Services)	Met	1 of 1	0 of 0
Client Identification (Perioperative Services and Invasive Procedures)	Met	1 of 1	0 of 0
Client Identification (Point-of-Care Testing)	Met	1 of 1	0 of 0
Client Identification (Substance Abuse and Problem Gambling)	Met	1 of 1	0 of 0
Client Identification (Transfusion Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Critical Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Emergency Department)	Met	4 of 4	1 of 1
Information transfer at care transitions (EMS and Interfacility Transport)	Met	4 of 4	1 of 1
Information transfer at care transitions (Inpatient Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Long-Term Care Services)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information transfer at care transitions (Mental Health Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Obstetrics Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	1 of 1
Information transfer at care transitions (Substance Abuse and Problem Gambling)	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 (Critical Care Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Emergency Department)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Inpatient Services)	Met	5 of 5	0 of 0
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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Obstetrics Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Perioperative Services and Invasive Procedures)	Met	8 of 8	0 of 0
Medication reconciliation at care transitions (Substance Abuse and Problem Gambling)	Met	3 of 3	2 of 2
Safe Surgery Checklist (Obstetrics Services)	Met	3 of 3	2 of 2
Safe Surgery Checklist (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
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 (EMS and Interfacility Transport)	Met	5 of 5	3 of 3
High-Alert Medications (Medication Management Standards)	Met	5 of 5	3 of 3

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Infusion Pumps Training (Critical Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Emergency Department)	Met	4 of 4	2 of 2
Infusion Pumps Training (EMS and Interfacility Transport)	Met	4 of 4	2 of 2
Infusion Pumps Training (Inpatient 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
Infusion Pumps Training (Obstetrics Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Perioperative Services and Invasive Procedures)	Met	4 of 4	2 of 2
Narcotics Safety (EMS and Interfacility Transport)	Met	3 of 3	0 of 0
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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
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 (EMS and Interfacility Transport)	Met	1 of 1	2 of 2
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (EMS and Interfacility Transport)	Met	1 of 1	0 of 0
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
Reprocessing (EMS and Interfacility Transport)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Critical Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Diagnostic Imaging Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Emergency Department)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Inpatient 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 (Obstetrics Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Critical Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Inpatient 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 (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
Suicide Prevention (Emergency Department)	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
Suicide Prevention (Substance Abuse and Problem Gambling)	Met	5 of 5	0 of 0
Venous Thromboembolism Prophylaxis (Critical Care Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Inpatient Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2

Summary of Surveyor Team Observations

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

The following are the main strengths, opportunities for improvement and challenges for the Western Regional Health Authority (Western Health).

The Western Health is acknowledged for their ongoing commitment to the accreditation process and overall quality improvement.

Western Health is governed by an appointed strong board and led by a competent and dedicated leadership team. The strength of the organization includes the staff which are knowledgeable and committed to deliver safe patient care.

The organization is one of four regional health authorities in Newfoundland with legislative responsibility for the delivery and administration of health and community services in the Western Health Region. They are also responsible for two provincial programs: The Western Regional School of Nursing and Humberwood Centre (Inpatients Addictions Program).

The organization provides for the delivery of care and services to 78,000 residents, with a staff complement of 3100, 160 physicians, 1600 volunteers and 3 foundations.

There is an up to date strategic plan 2017-2020 which was developed using collaboration with the community partners, patients and families, staff and physicians, and other external partners.

The strategic direction for 2017-2020 is focused on enhanced mental health promotion and addictions prevention, enhanced primary health care services, enhanced programs and services to improve outcomes for older adults, and enhanced operational efficiency in priority areas. The operational goals will be aligned with the strategic goals.

There is a population focus and philosophy that it is evident across the organization, which enables them to engage internal and external partners. This includes its several Community Advisory Councils. The organization does extensive community consultation and work to obtain feedback on the services and care provided through surveys and community consultations.

Inter-sectoral partnerships are established and working collaboratively. The board is discussing rotation of board meetings for improved communication and exposure.

There has been a great deal of focus around accreditation at all levels of the organization, including the governing body.

Successes since the last survey in 2013 include new facility planning for acute and long-term care in Corner Brook, Home First program is well established in most areas, Person Centred Care is in its infancy stages but underway and endorsed, they have implemented three Leading Practices, electronic documentation is in place, and Regional Health authority partnerships exist.

A brief description of the three leading practices are below:
Making the Link: the Impact of Using Telehealth to Facilitate Services Related to Autism Spectrum Disorder for Families and Healthcare Providers in Rural Areas of Western NL
Children who are diagnosed with autism spectrum disorder (ASD) in Western NL are eligible to receive early intervention services through an Applied Behavioural Analysis (ABA) Intervention process. Traditionally, these services have been provided by face-to-face format. This modality has many access limitations for children, families, home therapists, caregivers, child management specialists, and other healthcare providers. To increase access, Telehealth has been introduced at three phases of the process: 1. to facilitate delivery of the three-day ABA training; 2. to provide mentorship and support for the Child Management Specialists; and, 3.to provide support and follow up to the family and home therapist in the child's home.

Optimizing Care of Frail Elderly Long Term Care Residents with Diabetes
Beginning in 2014, Western Health and Central Health, two regional health authorities in Newfoundland and Labrador (NL) in collaboration with the Canadian Agency for Drugs and Technologies in Health (CADTH) began a journey to optimize the care of frail elderly Long Term Care (LTC) Residents with non-insulin dependent diabetes. Data and scientific/best practice evidence were used to mobilize stakeholders to introduce changes in practice as part of this particular quality improvement initiative. Audits of existing practices indicated variation throughout both regions. Local and interregional working groups were established and our QI journey began with the support of CADTH. Key enablers of the desired practice changes included provider and family/resident engagement, provider education, decision support tools, recruitment of champions and monitoring and evaluation. Our improvement initiative demonstrated positive outcomes.

Making Memories
Making memories was launched in November 2016 across the western region for LTC residents. The purpose of the program is to enhance the resident's life one wish at a time. The focus is to provide each resident with the opportunity to submit a special wish and to have that wish granted with family, staff and friends. The program was in response to feedback obtained in experience surveys. Experience surveys identified the need to enhance availability and types of activities and to enhance opportunities to alleviate residents' worry, boredom and loneliness. With each special wish granted memories are created and lives have been enhanced in some way. An interdisciplinary team of staff volunteers was established to develop the structure, and process of the vision enabling a special wish for each resident. A regional brochure, application and approval process were created and an awareness/marketing campaign was implemented with multiple community partners joining forces.

The day the wish is granted the resident also receives a certificate from the Regional Making Memories Committee. Partners such as businesses or organizations that support a wish are also provided with a framed "Appreciation Certificate".

The board have a well-established process in place for new board members, including an explicit orientation program, ongoing education, technology to support their work, and a mentor system for new members. The board members spoke positively about this approach and how they valued this support in their new role.

It is evident the organization has achieved ongoing integration and coordination and enhanced team building across the region, despite the geographical challenges which is validated by staff. Many staff members commented on the support and guidance they are given from the corporate level, which assists in service delivery.

Consistently positive comments were received from residents, families, patients and community partners.

Western Health is a strong contributor and partner working in collaboration with the three other regional health authorities in Newfoundland and with the Department of Health and Community Services.

The Learning Management System is a robust approach to education via e-learning that is appreciated by the staff.

Western Health will continue to foster success along the quality improvement journey as they monitor indicators, define benchmarks and use this information to make positive changes.

The organization is encouraged to have a visible presence of patients and families when making improvements to truly understand what is happening at the point of care delivery.

The person centred care philosophy and approach they have embarked on will help them get valuable input and feedback to guide their work in service and care delivery.

The community partners were very complimentary of Western Health, their support, leadership and responsiveness.

The community partners would value ongoing collaboration, like the discussion today, to raise concerns and problem solve. They also requested access to Western Health's education and training when applicable, as it would benefit their staff and volunteers.

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.

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
2.11 The governing body's renewal cycle supports the addition of new members while maintaining a balance of experienced members to support the continuity of corporate memory and decision-making.	!

Surveyor comments on the priority process(es)

The Western Health has 12 board members, of which 1 seat is vacant. There is an Independent Appointments Committee (IAC) under the provincial legislation that verifies appointments of new board members, following a request from the existing board. The board considers various factors when requesting a board member. For example, they consider geographic area, gender, experience to note a few.

The governing board is committed to their role and knowledgeable of their responsibilities and limitations. They ensure ongoing planning and monitoring occurs as they evaluate data and seek input from the community through environmental scans, evaluation of indicator results, client surveys, community focus groups and consultations. They also work with several Community Advisory Councils (6 or 7) for the region.

There is an inclusive process for strategic planning, including the development and review of the vision and values, that includes board members, community stakeholders, staff and physicians, patients and families. They are encouraged to continue to engage patients and families in the process. The staff have a strategic planning committee for participation and input.

There was a very nice wall done by the community, staff and board depicting the vision of the organization through pictures donated by individuals and groups.

The board is transparent and has a good working relationship with the senior leadership team.

New board members receive an orientation, are provided a tablet for easy access to information, board meeting materials and, are provided a buddy to assist them as new board members. A board member spoke highly of the process and how it helped them in his role as board member. The board expressed an open-door policy in that they listen to all community members who have concerns or issues. The board is provided ongoing education and development for their roles.

The board members reviewed the standards in preparation of the accreditation visit during their retreat. The governance functioning tool was completed by the board in 2016, as they were to have their survey in 2017. The board has developed an action plan to address any issues and are encouraged to follow through on those initiatives.

The board is proud of the ongoing collaboration and integration across the region. The system works collaboratively to improve health and service access. The four Regional Health Authorities, the boards and CEOs, will continue to meet on a regular basis to ensure a culture of planning, collaboration and evaluation is maintained.

The board commended the senior leadership team for their attention to providing quality care and for moving to a philosophy of person centred care.

There is a succession plan for the CEO that was developed and implemented. The board regularly reviews their board governance approach, individual contribution and participation, and following meetings of the four committees of the board.

The board look at efficiencies, deficiencies and how to ensure every community has access to services. For example, in rural areas there is use of telehealth and technology to gain service access.

The board is also proud that radiation services will be provided for in the new facility underway for the region. This will provide better and more timely access as there will be two provided in the province, rather than just one in St. Johns. They offer a satellite service for oncology services now from St. Johns.

The board were aware of their role in ensuring patient and staff safety in care delivery, through quarterly quality reports, reviewing incident reports and monitoring data.

There are several outstanding patient records that are not completed at Western Health that poses a risk for the organization, patient care outcomes and patient flow. I would strongly encourage the board to monitor this under their patient safety initiatives. This was noted in the previous survey visit as well.

There is patient safety legislation in Newfoundland and Labrador (NL) that the board were knowledgeable in. Patient stories are shared with the board to raise awareness and enhance person centred care. The board spoke of person centred care and that they were not there yet but recognized the importance and that they are moving in the right direction through community consultations, securing patient advisers, and sharing patient stories. Across the region, there are examples of person centred care in some clinical

areas and services that the region can draw from. It is encouraged that the board consider patient advisers on the board to bring a different lens to decision making and direction.

The board reference the staff, volunteers and the communities for their commitment and dedication to health. A volunteer at the community partners discussion has been a volunteer at the hospital for 25 years. They spoke highly of the greeting program at the front of the hospital which a number of patients and families talked about.

The board values recognition events for staff and place value on professional development.

The process for granting privileges and evaluating performance is outlined under the Medical Bylaws, approved by the Western Regional Health Authority Board of Trustees in 2011 and revised in 2016.

The Independent Appointments Commission (IAC) is an independent body established by the government of NL. They appoint and define the length of appointments for health board members. There are members on the board beyond the term length as indicated in the policy. The organization is encouraged to adhere to the renewal cycle while maintaining corporate memory.

The community partners discussion was very well attended, and they spoke highly of Western Health, their support and responsiveness. They believe more regular interactions would be help.

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)

NL has a legislated process for completion, review and updating the health regions' strategic plan over a 3-year cycle. The organization has a vision and strategic plan (2017-2020) which was an inclusive process with staff, physicians, community partners.

The four strategic goals from 2014-2017 must be reported on for their progress and a new plan presented, outlining the strategic and operational goals for 2017-2020.

The organization has developed and implemented a change management framework that links the LEADS framework and Lean methodology. Team Steps were also completed that can be utilized. The change management framework can be accessed through e-learning. Senior leadership and corporate division stated that the framework has been used, yet many staff are not aware of it. It will be important to educate staff on its use and how it can positively impact change.

There is a risk management plan in place that outlines the All Hazards Plan. The organization has aligned with HiRoc, their insurer, to complete a 3-year risk assessment process which will help identify risk and can potentially reduce their insurance rates. A draft integrated risk management plan containing a check list has been implemented as a result.

The organization gets input on services and needs for their community from board representative, the Community Advisory Councils, the staff, patient advisers, community consultation, long term care resident councils, surveys, forums, and data that is monitored and tracked.

They presently have approximately 14 patient advisers who have gone through orientation and on boarding.

Senior walkabouts occur annually at all sites to focus on safety. Staff feel that more regular visits and walkabouts by senior leaders would be beneficial to further engage staff.

Facility planning for the new acute care and long-term care (LTC) facilities are underway. Completion for LTC is scheduled for 2020 and acute care in 2023. The LTC facility will have 120 beds, plus 10 palliative care beds, plus 15 rehabilitation beds. The acute care facility will have 164 beds. There has been input and feedback from the community, government and staff. The process has been slow however moving ahead and the organizations' clients and staff would benefit from new facilities. The acute care facility is challenged both from an infrastructural design, environmental features and ease of flow and movement

through the building. The group who represent the organization at the planning meetings are knowledgeable and committed to the process and the delivery within the timelines. They ensure that the needs of the community, the patients and families, commitment to government and staff are met.

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)

The resource management team is dedicated and knowledgeable on the processes to follow for budgeting. The budget planning process includes the managers, as well as some clinical educators. They consider clinical trends, once the draft budget is complete it is presented to senior leadership before it is approved by the board.

The team has developed education around the financial planning process that will be offered soon through e-learning for staff.

The physicians are involved in financial planning at some level and have participated in efficiencies. For example going from weekend staffing model for the operating room to a call back model. It has reduced the budget and enabled staff to get time away from work. They have also made efficiencies through provincial standardization for ortho, ophthalmology and bulk tendering process. The team has moved to using the Cognos software reporting system to help leverage the information to assist further with key metric development and analysis.

The region cannot re-profile their budget to create new positions or services unless applied for and approved through government.

The turnaround times in terms of accounts payable has improved.

The team is encouraged to continue to define and monitor regional targets for overtime, sick time, casual staffing numbers. These indicators will assist the team in budget planning. Human capital staff would benefit from this information as well. Staff note in some areas that they work on a regular, casual basis but they would prefer a permanent job. Budget for the staffing required for the new facilities in 2020 and 2023 will need to be factored in.

There is a capital equipment project for purchasing equipment that begins in June each year. They have a regional committee to prioritize the list, then it is submitted to the medical advisory committee for information, to finance for review, to senior management, and then finally to the board for review and approval. The process is transparent. The approved list of capital requests is forwarded to government for approval to support. The foundations are involved in purchasing equipment as well.

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)

Employee files are centralized in Corner Brook. The organization has 3100 employees, 160 physicians and 1600 volunteers.

Western Health's e-learning and follow-up that happens by the clinical educators and the human capital team is very good and greatly appreciated by their staff. The list of e-learning is comprehensive and meets the needs of the organization. The organization requires some of the e-learning completed as a condition of hire.

The employee assistance program (EAP) is accessible and seen as helpful by users. The organization has staff in the region to support EAP. They are very committed to support staff and creative in finding solutions.

The convenience of onsite flu clinics is innovative and appreciated by the staff. The organization uses various initiatives to increase the numbers of those staff and physicians receiving the flu vaccine.

The organization has a regional employee wellness advisory committee that is developing an action plan to address the issues raised in the Worklife Pulse Tool survey. They are reinforcing a no blame culture across the organization.

Recognition programs are in place, including the Western Outstanding Worker (WOW) award for which staff members are nominated. This creative team has also developed a place on its intranet site where it can post fun things such as pictures and events for staff. There is recognition for years of service which is appreciated by staff. The surveyor team observed many staff displaying their years of service pins, indicative of being proud to work here.

There is a wellness activity fund which staff members can apply for to do a wellness activity. They can also receive funds for an activity such as setting up a yoga class. The team has developed a recognition toolkit for managers. All staff wear their name tags for identification.

Western Health does not have many staff vacancies although several staff work on a casual basis but would prefer permanent work. There are some vacancies in the physician area, especially for specialty positions. The team is encouraged to ensure it revisits the human resources (HR) plan and look to the next 10 to 15 years, as the workforce moves to retire. Succession planning will be very important to sustain services. It will be important to align the HR plan with the service delivery plan, including the completion of the new long-term care and acute care facilities. Succession planning needs to be developed in alignment with the leads framework that has been implemented across the organization.

There has been marked improvement in performance reviews across the organization. There have also been improvements in completion of exit interviews as they are now available on line.

The staff safety alert system is excellent, and encouragement is offered to continue with the planned spread across the region.

Gentle persuasive approach training and violence prevention strategies are taking place region wide, including working alone call-in policies and procedures.

There has been an increased expansion of telehealth across the region and this is meeting the needs of many clients, including diabetic clients and those with wound care needs. There is however, still much opportunity to increase telehealth and telemedicine in Western Health, especially for rehabilitation and population health, given the geographical challenges in the region.

Talent management plan is in place and based on leading practices. It includes the WOW awards, online learning for LEADS, each branch has a goal identified by the staff from the staff engagement survey, rewards and recognition events, enhance a no blame culture, safety walkabouts by senior leadership in addition to safety huddles. The organization has adopted the LEADS framework and learning modules for staff. The LEADS approach will be incorporated into their position profiles in future.

There is a robust orientation program in place with online learning plus additional orientation to the unit (on boarding). There is a Good Call Award to recognize staff for identifying near misses.

Staff describe the organizational culture as supportive, getting better, willing to help, why people stay because the team is like family. They would like more senior leadership visibility, opportunity to grow and transparency.

There is a 3 year cycle for hazards assessment and there is a committee wrapped around that initiative.

Staff fatigue and stress are monitored through biweekly overtime reports. The branch feels that if overtime can be managed, that will help staff reduce fatigue and stress.

There is attention paid to violent incidents towards the staff and follow-up occurs to find solutions.

Critical incident stress debriefing is provided through EAP. Cumulative Stress debriefing is also available for staff.

The organization also provides training on "Working Minds." The organization is congratulated for implementing several strategies and initiatives to support staff and their psychological health.
staff are designated for OH and S. There is a focus on psychological health and safety, that is now a part of the OH and S inspection form.

Priority Process: Integrated Quality Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

This committed and knowledgeable quality management team performs a broad role across the health region and has several new additions since the last survey. They are committed to integrate quality improvement and management across all parts of the region and at all levels. They function as a regional team.

Much work has been done to support risk management strategies such as falls prevention, medication safety, hand hygiene and patient flow.

The board, CEO, senior management and all staff levels are committed to providing safe, quality services. To improve hand hygiene compliance, the organization has trained front line staff to audit hand hygiene compliance. They completed over 5000 audits across the region and as a result, they have improved hand hygiene compliance (from 60 % to 85%). This is evidence of a creative initiative, that was spread across all areas to improve patient and staff safety.

There is clear implementation and spread of an electronic incident reporting system to record occurrences. Following an occurrence, a full disclosure occurs where staff members are supported to be involved in the disclosure process if appropriate and they would benefit from it.

Results from monitoring and tracking indicators are broadly shared with staff. CIHI (Your Health system) data trending is also shared.

Quarterly patient safety reports are shared with the board, so they have good insight into safety issues and action plans for improvements.

Patient safety plans are linked to the ROP's and based on the patient safety culture results.

Units or facilities can request support to consider a quality initiative such as the long physio wait times in Stephenville. Following an assessment and review, the wait times were decreased by 50 percent to allow improved patient access. This is another initiative that could be spread to other parts of the region, to improve patient access and outcomes.

Several projects are piloted in Corner Brook and then spread across the region. The team is encouraged to continue the spread of quality improvement initiatives across all parts of the region, ensuring a common language is used for improved communication. In some cases, staff in rural areas get results to post for

information but they are not clear on how it applies to them or how they can implement these results to improve their patient care.

Encouragement is also offered to continue to engage in process improvement strategies using the Lean methodology, the LEADS framework, communication tools such as the SBAR, TeamStepps.

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 a well-established, multidisciplinary committee for the region that includes a patient adviser. The representation is broad however they would benefit from a rural and physician rep on the committee.

They collaborate with the Provincial Health Ethics Network Newfoundland and Labrador (PHENNL) and the Provincial Health Research Ethics Authority (HREA)for research activities.

The Health Research Ethics Authority Act, proclaimed on July 1, 2011, requires that all health research conducted in the province be reviewed and approved by a provincial research ethics review board. All new research conducted by Western Health now requires review and approval by the Provincial Health Research Ethics Authority (HREA).

There is an Ethics policy for the region. They have an Ethics Framework since 2005 that has been used many times, however, frontline staff are not using it to its full extent. The committee is encouraged to continue to educate staff and promote use of the framework by using it to work through ethical situations.

For training, the committee has asked PHENNL for examples of ethical situations; however, the committee could use their own situations for training purposes.

There is ongoing ethics education for staff through e-learning, the ethics meetings are open to staff, and there is a provincial program made up to 16 modules which when completed, provides you with an ethics certification.

Ethics education and training are not part of the mandatory education for new staff. The organization is encouraged to consider making ethics mandatory for staff orientation to enhance engagement in the process.

The committee has been asked to put an ethical lens to many areas including the smoke free spaces policy, MAID, and other ethical situations. They are committed to providing feedback to staff and patients in a timely manner.

The committee has access to ethicists provincially and the Director from PHENNL, who participates in their meetings. When an ethical situation arises that requires their immediate input, they can provide a same day turn around which is wonderful support to staff and patients. There is a process to document the situation and when the committee provides their insight, it is in writing in a very clear and concise manner.

Priority Process: Communication

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

Unmet Criteria		High Priority Criteria
Standards Set: Leadership		
11.1	Information management systems selected for the organization meet the organization's current needs and take into consideration its future needs.	
11.7	The quality and usefulness of the organizations' data and information are regularly assessed, and the assessment results are used to improve the information systems.	

Surveyor comments on the priority process(es)

This is an innovative and collaborative team, who have supported: clinical online documentation, e-learning, Cognos, physician portal, staff safety alert system, constant observation decision tree, Meditech, EKG system, PAC's, InterRAI host for the provinces' assessments, as well as many other programs to support clinical and business intelligence in the organization. The team is committed to information security and confidentiality and has policies in place to enable this, including ones for auditing and follow-up.

The information management (IM) staff will be moving to provincial basis soon. Staff see the benefits as well as the challenges moving forward.

E-learning via the learning management system provides online education and training for staff. Much of this is built internally and the staff really appreciate this method of access. It works for them.

The staff have access to evidence-based information through the librarian, the internet and their professional bodies.

There is a communication plan in place, that includes an organizational plan and unit plans. The role of communication is presented during the orientation for managers and includes communication approaches. They focus on the importance of two-way communication throughout the organization. At the leadership forum, the role of communication and engagement was outlined. The staff in rural areas say they would benefit from more timely communication on quality initiatives and more visits from the senior leadership.

As a support to communication and good continuity in patient care, Western Health is encouraged to address the issue of incomplete records across the organization. Having incomplete patient records puts the patient at risk, puts the physician at risk, can negatively impact patient care outcomes and impede patient flow. There is an incomplete records policy and letters are sent out to physicians to address the

issue. The medical director and the medical advisory committee are aware. Follow up must be done to mitigate risk of incomplete medical information and to ensure patient safety. At the Western Regional Hospital, many charts that were not completed. A weekly report is generated by medical records department; however, this change can only be implemented at a senior level to be successful and it would help to have physician champions. The issue of incomplete charts has been highlighted during the last two accreditation surveys.

There is an information management plan in place that includes the IM infrastructure and human capital. The organization is encouraged to ensure it articulates what is required for the integration of infrastructure for clinical and business intelligence and decision making, now and in the future.

The publications and philosophy of communication to all stakeholders is good. Staff newsletters are circulated every 2 months that staff look forward to reading. The newsletter committee is responsible for the content. They have surveyed the staff regarding the newsletter content and to gain new ideas from them.

For the community newsletter, they surveyed members of the Community Advisory Council for feedback.

The organizational website was revised, and their intention is to do a follow up survey to see if the changes made a difference.

The team has a respectful relationship with the media and provides media training for their staff.

The intranet and internet are comprehensive and up to date.

Community partners are engaged and aware of what is going on in the region. Social media is being used to send out information such as where and when flu clinics are being held throughout the region.

Western Health is also encouraged to continue to increase e-mail access for all providers and at every level of the organization, to help further engage all staff.

The board has access to information and materials via a tablet that is provided. This is an excellent approach to ensure the board has access to real time information for business meetings.

There is a privacy and confidentiality learning module on line that is completed during orientation. There is a privacy and confidentiality policy in place that staff review, and an Oath of Confidentiality is signed. Breaches in confidentiality are reported to the province and followed up internally. There is a reporting process on the Clinical Safety Reporting system. They use the data to educate staff, learn and make improvements, and have implemented safety huddles to support transfer of information and decision making. There is a Privacy and Breach Management protocol in place. All breaches are disclosed by the most appropriate person from the organization.

Priority Process: Physical Environment

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
9.11 Initiatives are undertaken to minimize the impact of the organization's operations on the environment.	

Surveyor comments on the priority process(es)

The Western Memorial Regional Hospital (WMRH) is an older facility that has been maintained to meet the safety codes. It is large and built on a hill which can make access a problem for some. They have made some improvements as they await the new acute care facility scheduled to open in 2023. The building is clean although some areas are difficult to clean. There is good signage throughout the building although it is still difficult to get around due to the lack of flow and integration.

It will be important for the region to continue to move forward with the new acute care facility.

There has been addition to the loading dock for ease of off load especially in climate weather.

The stores space is large enough but some of the flow could be a problem. It was very organized and well maintained.

The kitchen is large with windows and although cluttered, I noted some signs of lean projects to improve flow and efficiencies.

The carpentry areas were very clean and well maintained.

The morgue is quite large and bright for work, refrigerated area and locked to hold bodies, there is ergonomic lift to assist with autopsies. It is suggested a separate area for work flow as opposed to line on the floor.

The facility, Charles Legrow, was constructed in 1984 is very clean and in good repair. The manager of facility is focused on improvements and has implemented a new cold-water system, copper pipes to manage Legionaries' disease, new central air conditioning units for hospital and long-term care patients rooms and new electrical panels for the aging infrastructure. The penthouse is clean and uncluttered, and the program has a comprehensive preventive maintenance system. There is good redundancy for all the key electrical and mechanical building services.

This facility, Port Saunders, was constructed approximately 20 years ago. The site is clean, and in good

repair. Recent facility upgrades include a new ramp to offload supplies from trucks, and a locked door with appropriate security cameras at the emergency entrance to improve staff safety in the evenings and nights. Recently the organization incurred a failure of its generator during a hydro outage. A temporary generator was brought onsite until the onsite generator was fixed. There have been no issues with the generator since its failure. The frequency of the testing of the generator has been increased to weekly. The lead of facilities is very focused upon patient safety and patient experience. The team prioritizes repairs with focus upon the needs of patients after consulting with hospital staff.

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)

We spoke to Emergency Preparedness at Western Memorial Regional Hospital and Corner Brook Long Term Care. This committee is multidisciplinary however only a few could attend today.

There is a Business Continuity Management policy in place that the team has built using software designed by the Disaster Recovery Institute (DRI). The end result is a user-friendly process that appears easy to use and organized. It also contains a Business Impact Analysis component. The goal is to standardize business continuity tools across the province (Get Prepared).

The team has made improvements in standardization and consistency of emergency preparedness processes and polices across the Western Health Region. Fundamental to this approach is the emergency operations centre (EOC) response system which creates a command structure for the region. The EOC response system is activated as a command centre at the Western Memorial Regional Hospital site, which uses an incident management framework. The region has access to three mass casualty trailers in the event of an emergency.

The team conducts regular reviews of universal codes and conducts exercises as well as actual emergency events with external partners including police, fire, coast guard, neighbouring health regions. Each event provides improvement opportunities which are used to revise emergency preparedness documentation, knowledge and training. There is a template and process outlined to support the debriefing process.

Front-line staff members receive mandatory training on all universal codes via e-learning modules, which is also documented as a part of their performance appraisal.

There is a fully implemented All-Hazards plan that staff are aware of. The senior leaders in the organization are familiar with the plan and what role they play. The lead VP for an emergency is determined by the main services involved in that event.

The organizations' representatives participate in emergency preparedness training in the community, as well as provide talks and exchanges with community stakeholders. The community partners were very complimentary of emergency preparedness across Western Health. They reported they were always willing to help and support, were very knowledgeable and responsive. They spoke highly of the team, as well as the Regional Director of Paramedicine, Medical Transport and Emergency Preparedness.

There is effective integration with the Department of Health and Community Services, Medical Officer of Health (MOH), Communicable Diseases Centre (CDC) and Public Health to manage outbreaks, mitigate

risk and manage any disruption in services.

There is a Crisis Communication Plan in place since 2017 to share information.

There is a protocol in place to respond to hazardous materials incidents, that indicates an external regional body will respond to such incidents.

Decontamination is handled by an external regional team as well.

The team is encouraged to consider doing an environmental scan on the clarity of direction to the hospital.

Traffic flow around the hospital could ensure good direction on how to leave the area, as well as for safety reasons.

Overall emergency preparedness is well done, inclusive and beginning to make gains in standardization.

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: Community Health Services		
9.3	Goals and expected results of the client's care and services are identified in partnership with the client and family.	
Standards Set: Emergency Department		
18.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Governance		
2.2	There are established mechanisms for the governing body to hear from and incorporate the voice and opinion of clients and families.	
5.4	The governing body monitors and evaluates the organization's initiatives to build and maintain a culture of client- and family-centred care.	!
10.5	The governing body regularly hears about quality and safety incidents from the clients and families that experience them.	!
Standards Set: Inpatient Services		
15.9	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.	!
16.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Leadership		
3.6	There are regular dialogues between the organization's leaders and clients and families to solicit and use client and family perspectives and knowledge on opportunities for improvement.	
6.2	When developing the operational plans, input is sought from team members, clients and families, and other stakeholders, and the plans are communicated throughout the organization.	

Standards Set: Long-Term Care Services		
1.1	Services are co-designed with residents and families, partners, and the community.	!
1.7	Barriers that may limit residents, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from residents and families.	
17.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from residents and families.	!
Standards Set: Mental Health Services		
14.7	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.	!
Standards Set: Perioperative Services and Invasive Procedures		
24.7	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.	!
Standards Set: Substance Abuse and Problem Gambling		
14.8	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.	!

Surveyor comments on the priority process(es)

Western Health has had input from clients and families in various programs over the years. The values of the organization clearly state that collaboration, is meant to enhance health by working together with patients, residents and families. The Board of Directors hears client stories at each meeting, however they should form a structure to receive regular reports and monitor progress.

A client/family survey was done in late 2016 which led to the development of a Person and Family Centered Care (PFCC) Steering Committee and the development of a people/family steering committee to help develop a new structure within the organization. This group looked at current processes and decided to have advisory committees in three areas: LTC, Community and Hospital. The LTC resident and family advisory council was formalized in March 2017 and have been active for over a year. The community had a well established process for getting input from clients, families and partners and due to the distances and geographic nature of the region, they were kept at a community level. The Hospital advisory council was formed in September 2018 and is passionate about the work they see ahead. The PFCC steering committee was actively involved in recruiting, interviewing and orientating members of the new committees.

Advisors have been involved in brochure development, policy reviews, family presence policy and the new

"Our commitment document" which is in draft form at this time. The councils feel they are moving in the right direction, although they have just gotten started and much work lies ahead. Some members are waiting to see how recommendations are received by the organization and hope to see changes as a result of their input. A patient advisor has been on the Ethics Committee for some time and the contributions have been impressive. The next step is to educate patient and family advisors on the role and begin moving them into program areas on a more formal basis.

Clients and families have expressed much admiration for the staff at Western Health: their commitment to clients and families, making clients and families an important part of planning care, reintegration into community and "enhancing quality of life" for residents.

Client and Family partnerships were seen in most clinical care areas. Staff have truly embedded this practise in direct care situations. The leaders and staff are commended on moving this philosophy to the local level.

A great start in having clients and family involved in design of the environment. Examples are the waiting room survey, new hospital design and safety renovations at Western Memorial.

Many opportunities lie ahead to include input from clients and families in designing programs, being a part of Patient Safety and Risk as well as Quality Improvement. Some pockets of excellence were seen, however this has not spread to all programs and sites yet. Operational planning for the organization is another area which could be looked at for PFCC input.

Congratulations on your journey so far and look forward to more integration in the future.

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)

There is a strong emphasis on improving patient flow throughoout the organization. There is a great deal of work across the continum of care and external stakeholders on a number of initiatives to reduce length of stay, encourage the HomeFirst strategy, and increase LTC bed access. There is a recent initiative to influence physicians to routinely assign an Estimated Date of Discharge to all patients. In spite of these initiatives, both WRMH and STRH continue to have significant ALC problems.

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: Diagnostic Imaging Services		
8.6	All diagnostic imaging reprocessing areas are physically separate from client service areas.	!
8.7	All diagnostic imaging reprocessing areas are equipped with separate clean and decontamination work areas as well as separate clean storage, dedicated plumbing and drains, and proper air ventilation and humidity levels.	!

Surveyor comments on the priority process(es)

Western Health has two sites that provide reprocessing services: Western Memorial and Sir Thomas Roddick. Since the last Accreditation survey, the organization has completed a large amount of work and The Medical Device Reprocessing (MDR) team (Director, Regional Manager, Lead Hand and Sterile Supply Technicians) have lots to celebrate. Leadership, teamwork and passion are all present here!

Virtually all of the reprocessing functions have been centralized to MDR in a physical space that has been laid out to ensure that there is a barrier between the contaminated area to clean to sterility to high level clean storage. All areas have separate monitoring for temperature, humidity, ventilation and negative or positive air exchange depending on the area.

Since the last survey visit, the Censitrac system has been fully implemented. This electronic work processing and instrument tracking system is extremely functional, user-friendly, effective and efficient. In addition, an inventory management system is in place (Logi-D).

In addition, other quality initiatives are in place: a closed cart system, improved efficiencies via infrastructure renovations to both MDR and the Endoscopy Suites, and Channel air purge scope cabinets.

There is standardization of MDR processes with regional SOPs (on-line) that are reviewed and updated on a regular basis.

Staff are appropriately trained and qualified to provide reprocessing services and are offered educational opportunities both internal,external and through on-line modules. All have up to date performance appraisals with particular attention to career and professional development with applied goals and objectives.

All cleaning and sterilization processes meet the standards and these have the appropriate

documentation allowing tracking and recall when necessary.The design and functionality of the sites is appropriate. There has been close attention to the separation of clean and contaminated materials.

The management of endoscopic instruments meets the standards- primary cleaning, transport, scope washer application and storage. The scopes are labelled and their usage can be traced to a patient by appropriate "tagging" and documentation.

Good, Solid Work is being done by the Team.

There is a preventative maintenance program (MP2) with electronic recording of all items with in house or manufacturer's guidelines as to frequency. The current system is dated, and is being replaced with a Web-based system (Archibus).

All repair and maintenance is documented and where necessary instrument may be deemed defunct and require replacement. The

The Region has developed a robust system for the purchase of new or replacement equipment. There is input from the user / site with requests being forward "up the line" from the front line to the site manager-the service oversight leadership and then to the purchasing committee which makes the final recommendation to administration and finance. This is ultimately sent to the Board and then Province for final approval. This system seems to be working and there is a feeling that it is fair, non-biased and there are plenty of options for real participation.

Opportunity for Improvement
The high level disinfection device (Trophon) used for the reprocessing of intra-cavity probes is in the treatment rooms in Diagnostic Imaging. Decontamination of the probe is done in the sink of the treatment room prior to the probe being place into the Trophon. The organization is encouraged to review the manner in which the intra-cavity probes are decontaminated (not in treatment rooms) prior to be placed in the Trophon.

Priority Process Results for Population-specific Standards

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

Priority processes specific to population-specific standards are:

Population Health and Wellness

- Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Standards Set: Population Health and Wellness - Horizontal Integration of Care

Unmet Criteria	High Priority Criteria
Priority Process: Population Health and Wellness	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)
Priority Process: Population Health and Wellness

Western Health has a strong, passionate population health team. They understand the needs of their identified priority populations and work diligently with them to improve their health.

Staff education is extensive to address the requirements of working with the high-risk populations i.e. diabetes.

Providing tools to individuals for the self-management of their chronic condition is key. The team is cognizant of the importance of waiting for the client to be ready to accept this assistance. This demonstrates the recognition of the client's needs as a people-centred care approach. Clients need to be engaged before they can participate in the management of their disease process.

In Corner Brook they have a Wellness Collaborative that focuses on improving outcomes for patients by using a team-based approach based on best practice. Many quality initiatives, such as this one, have been introduced and evaluated. The team is also using a standardized approach to client care throughout the region as much as possible. Community variations are managed accordingly.

The Population Health Team has solid connections with the community and other health care practitioners. This enables them to provide optimal care in the most efficient and effective manner. The team also makes good use of technology (i.e. telehealth) to provide service in the hard to reach areas. Having good connections in the communities also allows for a wide dissemination of health care

promotion messaging to improve the health of the populations they serve. Feedback is continuously sought to see how they might improve their services through such opportunities as focus groups and surveys. A LEAN project was undertaken improve service provision to pediatric diabetic clients.

The population health team is commended for their recognition of the need to adapt staff's perception of health care provision - moving towards self-management - and taking steps to educate individuals on this shift. They also do an amazing amount of work with the limited number of staff that they have.

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:

Point-of-care Testing Services

- Using non-laboratory tests delivered at the point of care to determine the presence of health problems

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

Organ and Tissue Donation

- Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.

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

Public Health

- Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.

Transfusion Services

- Transfusion Services

Standards Set: Biomedical Laboratory Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Diagnostic Services: Laboratory	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)
Priority Process: Diagnostic Services: Laboratory

The Western Health laboratories have both ISO and IQMH Accreditation; the Accreditation Canada survey is therefore limited to reviewing the standards in biomedical, transfusion and point of care services. The Western Health Laboratory Leadership team is based in Cornerbook. They use technology effectively to keep in touch with the staff across the region and frequently visit in person. The operations management, quality and technical leadership staff all have regional accountability. The team has an effective leadership development and succession plan in place with the assignment of MLT technologist 1 -2 and 3 positions as well as Quality and Point of Care leads and a Manager of Quality that also works with the Diagnostic Imaging team.

The laboratory leadership team has completed their IQMH action plan and resolved the very few major and minor non-conformance noted from their last survey.

Laboratory services are provided exclusively by the provincial regional authorities with referred out esoteric tests going to Gamma Dynacare and Hospitals in Common Laboratories. A provincial repository makes access to patient results easily available to authorized users. All laboratories are moving toward standardization of their equipment platforms which is expected to improve quality of care, facilitate the relocation of laboratory technologists, eliminate duplication of services and be financially expedient through procurement practices.

The laboratory team has a very strong document management system in place that supports effective

creation, maintenance and distribution of new and revised standard operating procedures (SOPS). The system will be further developed for inventory control, preventive maintenance and equipment repair logs. The team's SOPS's are clear and up to date.

The laboratory space at the Western Memorial site is cramped and subsequently cluttered and difficult to keep clean.

A bedside patient ID and labeling system has substantively improved the issue with mislabeled specimens and markedly improved efficiency and safety. Lab staff validate patient ID and label the specimens at the point of care ensuring accurate labeling of patient specimens.

The discipline teams and quality leads have several quality improvement projects underway including a provincial RFP for chemistry, a patient & family centered pilot project around hand hygiene and further development of the Paradigm software and quality management system. The Quality team is encouraged to learn more about the use of scorecards and the development of quality indicators to further embed the practice of continuous quality process improvement into laboratory operations. This addition to the quality framework could be shared with each laboratory site to enable bench marking and staff engagement within the region.

The laboratory leadership team is supportive of the Choosing Wisely utilization management campaign and has undertaken to reduce the use of occult blood and ESR tests. An Appropriateness of Care Committee has just been struck and will be the forum for future work of this nature.

Referring clinicians are happy with laboratory services however there are some requests for improvement in the rural centres such as extended operating hours, community-based collection centres, solutions to account for the 48-hour sample expiration rule. The Laboratory Quality team may want to consider a site-based Satisfaction Survey for their referring clinicians.

The laboratory at the Sir Thomas Reddick site is very well organized, clean and efficient. The laboratory team is collegial and professional proudly displaying their academic certificates in the outpatient laboratory. The staff regularly attend educational programs and are creative in finding ways to fulfill their CME requirements. The laboratory team is appreciated for their corporate citizenship as they consistently step up to participate on committees and are actively engaged in laboratory and hospital projects. The team was knowledgeable around the Accreditation criterion and were well prepared. They have patient safety alarms in the specimen collection rooms that ring in the main laboratory, the team knows how to call for assistance when working alone off shift and feels safe behind locked doors.

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

Community Health Services has embarked upon several large and transformation initiatives. Some of these projects started out as pilot projects (Enhanced Care Program) and following a successful evaluation have now moved to a permanent program with increased spread and scale. Many of the programs have significant partnerships with external organizations such as the red cross and other sectors including LTC and acute. Using the Western Health Change Management Framework, has been successful in engaging staff in many process improvements resulting in increased efficiency and effectiveness. The team is very proud of their efforts to support each other in multi-disciplinary forums. Leadership is now not discipline specific and is a program management model. This transition was supported with commitment of dedicated time for disciplines to keep current in evolving practices. It is commenced the engagement of clients in the identification of priorities, the organization is encouraged to expand the engagement of clients in the co-design of solutions responding to the client priorities.

Priority Process: Competency

The CHS has undergone significant change in the past few years. This change in resources follows an ongoing commitment to understand the needs of the clients. New position classifications such as Behaviour Management Specialists (BMS), and Licensed Practical Nurse (LPN) have been added to the complement of staff. To assess the effectiveness of staffing a comprehensive work load assessment study

was completed by the province. The CHS now has specific measurable targets for work load. The scope of practice for the members of the team are reviewed on a regular basis ensuring the scope of practice matches the client's needs. This scope review has in some cases resulted in the identification of new resources such as OT Assistants versus expanding the role of the OT.

The CHS works with a multidisciplinary team, and communication between members has been improved through increasing referral documentation required to support new members of the team.

Priority Process: Episode of Care

Access to CHS is through a central intake process within each of the specific programs. During the intake process there is an assessment of risks of the client as well as those that could be incurred by staff providing care in home settings. Following the intake, a comprehensive assessment is conducted ensuring that appropriate resources are allocated to meet the client needs. Programs are enhanced as the client needs change or provincial priorities. For example, the addition of dementia care strategies introduced within the home first program.

Clients are provided information to ensure that they can participate in the provision of their care, make informed decisions about alternatives, understand how to make a complaint, and where appropriate transition to new services.

Priority Process: Decision Support

CHS has a mix of paper and electronic records. The manual records are maintained in an organized fashion with clearly labeled sections of information required to provide seamless care by the multidisciplinary team. The electronic portion of the record (CRMS) follow a charting approach referred to as focus. Staff confirmed that this new charting approach addressing the need for consistency in charting of clinical interventions.

A recent quality improvement effort was the review of the client referral management system. The review not only identified gaps in consistency in reporting, but more importantly the variance in completion time. It was noted that the delays in completing the referrals was in some cases putting the clients at risk. The recommended and implemented solution was to have the charting completed within 24 hours. The audit completed after implementation of the new process has confirmed adoption to the new requirements.

Priority Process: Impact on Outcomes

The CHS are innovative, leading with passion, and client focused. Several new initiatives have been introduced in some cases as mandated by the provincial government, but often, an identified need by staff resulting in piloting new programs. The new DIVERT program has been introduced with a goal of reducing ER visits by 20%.

The results of the Client Experience Survey confirm that 97% of the clients would recommend that services to friends or families. Small number of opportunities were identified for improvement, and action is currently underway.

In summary CHS has great outcomes. There is an opportunity to communicate successes to clients in a meaningful manner to elevate the level of engagement of clients.

Standards Set: Critical Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Priority Process: Organ and Tissue Donation	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

Western Health has two critical care units and a 8 (4) bed facility at WMRH and a 2(+1) facility at STRH. These units are well integrated into the medical community and share the same leadership. The STRH provides intensive care, with no capacity to ventilate patients for more than a few hours. This is an open unit, to which patients are only admitted under Internal Medicine Specialist and Surgeons. The staff are well-trained.

The ICU is a fully staffed at WMRH, closed unit with constant coverage by a rotating group of 3 internists and one anesthetist. The unit offers full ventilatory and invasive monitoring capabilities. There is a robust system of care auditing and ongoing staff training.

The physical plant condition at WMRH ICU is poor. The desks at the station where the staff works are deteriorating, with the edges falling off the sides. The entire unit is badly in need of a paint job. The walls are covered with many notices and pieces of paper, many of which are laminated but stuck to the wall with tape. This makes the walls look messy and cluttered and is not ideal from an infection control standpoint. The hallways are full of equipment, since they have nowhere else to put these items that are frequently required for patient care.

Priority Process: Competency

All staff are well trained and complete the required modules and standards in schedule. Professional development is integrated into all activities.

There is strong and effective collaboration with a wide range of services.

Priority Process: Episode of Care

The care provided appears to be appropriate. Daily rounding occurs with the physician covering at 9 am, and the presence of family is encouraged. The full range of diagnostic services is available 24/7.

Treatment protocols in WMRH and STRH are identical, but higher acuity patients are treated at WMRH. There is an excellent quality improvement initiative underway around the issue of delirium. Blood sugar control is strongly emphasized, with point of care glucose monitoring readily available. Transfers out to the unit are handled in a standardized process using the SBAR format.

Priority Process: Decision Support

As in the rest of the hospital, physician orders are still handwritten. However, a large and increasing amount of care is provided through Patient Order Sets, which are completed and printed as needed.

Priority Process: Impact on Outcomes

There is a clear effort to evaluate and choose appropriate guidelines, involve input from a patient advisory committee. Several quality control indicators are collected and followed closely. Recent concern about poor hand hygiene results led to education of staff and an overhaul of how audits are carried out.

Priority Process: Organ and Tissue Donation

Organ and tissue donation are carried out in close coordination with the OPEN program, which is run out of St. John's. They provide staff training and deal with most issues surrounding the donor family. The organ harvesting procedure is not carried out locally, but the donor is transported to St. John's.

Standards Set: Diagnostic Imaging Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Diagnostic Services: Imaging		
1.2	The team collects information at least annually from referring medical professionals about their needs for diagnostic imaging services.	
4.3	For nuclear medicine, the team designates separate waiting areas to segregate clients who have been injected with radioactive substances from other clients.	!
6.5	Diagnostic imaging providers have a Policy and Procedure Manual that includes detailed procedures for positioning the client for diagnostic imaging examinations that is signed by the medical director or designate.	
16.4	The team documents all repeat/reject analysis including corrective action taken.	!
17.5	The team collects, analyzes, and interprets data on the appropriateness of examinations, the accuracy of the interpretations, and the incidence of complications and patient safety incidents.	!
Surveyor comments on the priority process(es)		
Priority Process: Diagnostic Services: Imaging		

Western Health and Province have a central patient repository for images and reports. This universal access through the Newfoundland and Labrador National Centre for Health Information is used and appreciated by the Medical Imaging (MI) professionals and their referring clinicians. The Corner Brook Leadership team implemented PowerScribe - a Voice Recognition tool interfaced to the PACS software that enables the Radiologists to provide rapid report turnaround times. The team is pleased with the tool and the impact it has had on the quality of consultation service.

Medical Imaging services are governed by the Department of Health and this model of oversight may be extended to other specialty services. Medical Imaging services are comprehensive in Corner Brook with fewer modalities available in the more rural areas.

The team at Western Memorial Hospital offer an Interventional Radiology program that draws patients from the Western Health region and beyond. The Region is fortunate to have several interventional radiologists to sustain and grow this program.

The region does have Access to Care issues relative to MRI, ultrasound and CT - the wait list in MRI and ultrasound is extensive. There are multiple factors contributing to the scenario and the team is

encouraged to consider options for eliminating the backlog and right sizing capacity based on the demand required by the region's patients and specialists. CT is a basic diagnostic tool and standard of care for hospitals with an Emergency department, the DI Leadership team is encouraged to work with their rural colleagues to review the efficacy of increasing access to CT.

The Corner Brook Imaging team has several large quality improvement projects underway including replacing the Magnet, improving the thyroid ultrasound request form, a CT LEAN engagement and improving their access to technical information and document control. The MI team has a new part time Quality Manager who is working with the team to build an improved document management system leveraging the Paradigm software program used by the Laboratory team. This will streamline the administrative work to create and maintain Policy and Protocol Manuals - improve the ability to share the information with remote sites and make access to the information seamless.

The MI team also has an opportunity to create a more robust quality and safety management program using the new quality committee to drive the use of quality tools and engage in more quality process improvements. (use of indicators, analysis, process improvement idea generation, structured implementation methods, evaluation, spread and sustainment) The quality committee is encouraged to consider the principles of Choosing Wisely, radiologist peer review/education, customer service and quality of care.

The Radiology team is a collegial and positive team who provide compassionate and person centred care. Staff in Corner Brook are happy with their access to leadership and radiologists however the remote areas do not have as much contact.

The team has a good radiation safety program and uses Dose Rate Limits to analyze their use of radiation to produce diagnostic images. The team has excellent results confirmed through bench-marking with others in the industry. The use of the Western Health Pregnancy Enquiry label is another example of attention to patient safety.

The ultrasound team is professional and responsive to the needs of the referring clinicians and patients. They have an opportunity to work in collaboration with the MDRD and Infection Control teams to improve the quality and safety of the high-level disinfection and storage of the intra-cavitary probes.

Standards Set: Emergency Department - 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		
4.1	Required training and education are defined for all team members with input from clients and families.	!
4.5	Education and training are provided to team members on how to work respectfully and effectively with clients and families with diverse cultural backgrounds, religious beliefs, and care needs.	
Priority Process: Episode of Care		
10.14	Priority access to consultation services is available 24 hours a day, 7 days a week.	!
10.16	A process is followed to communicate and validate client diagnoses when there is discrepancy between the initial diagnosis and diagnostic imaging or laboratory results.	!
Priority Process: Decision Support		
10.12	Evidence-based protocols are used to select diagnostic imaging services for pediatric clients.	
14.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	!
Priority Process: Impact on Outcomes		
16.1	There is a standardized procedure to select evidence-informed guidelines that are appropriate for the services offered.	!
16.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
16.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
16.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.	!

16.5	Guidelines and protocols are regularly reviewed, with input from clients and families.	!
17.1	A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families.	!
17.2	Strategies are developed and implemented to address identified safety risks, with input from clients and families.	!
17.4	Safety improvement strategies are evaluated with input from clients and families.	!

Priority Process: Organ and Tissue Donation

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The emergency department leadership works closely with community partners and members of the public to ensure services provided meet the needs of the community. Western Health hospitals have appropriate equipment and protocols for the management of pediatric patients. They also have secure rooms and safe areas that are readily available.

The Charles Legrow Hospital has a dedicated Physician leader in the Chief of Staff role, has recruited a full team of Family Physicians to staff the ED, Inpatient and Long-Term Care services.

The team is well organized with an excellent communication and education program. They have the equipment needed to manage all emergencies including point of care ultrasound.

The Chief is involved in a Government/University project to improve simulation training for Medical Students and Staff. The team has a 3D printer and supplies and is part of a research project.

They have “printed” a life like trachea to perform cricoid interventions for airway management. The next project is to create a Colle’s wrist fracture to practice reductions on. The registration and triage process flow are different for each shift and the team has acknowledged a LEAN engagement would help them improve patient safety and flow. The team is also anxious when then work alone as there is no security in the building and limited RCMP resources to call upon. They have access to laboratory and medical imaging service. The would like to work with the Leadership teams from these services to improve access and efficiency.

Priority Process: Competency

There is no formal process to recognize and manage cultural and religious diversity. Performance evaluation is done consistently every two years, and appropriate training opportunities provided. While there is an established SBAR process of patient transfer to inpatient units, the development of a specific transfer document should be considered. The EDs have ready access to pediatricians, who provide very good consultant coverage.

Priority Process: Episode of Care

Both EDs visited, patients are triaged quickly using a number calling system. Ambulance offload times are very short. Most of the time, the patients are treated within the appropriate interval according to CAEP guidelines. Translation services are readily available by phone. Pharmacy and diagnostic services are available 24/7, as are consultations with a broad variety of clinical specialists and services. Discharge, all patients are given detailed instructions about appropriate follow-up.

Priority Process: Decision Support

The patient charts are mostly electronic, but physician orders are written by hand. There is a strong push for the development of Patient Order Sets, and many are in use. There are appropriate record control processes in place, as well as processes for clients to access their own health information.

Priority Process: Impact on Outcomes

The ED program does have established protocols but does have a formalized process to choose which protocol should be used. There does not appear to any patient involvement in this process. There have been several quality improvement initiatives instigated by patient feedback, including a 4-chair waiting area inside the WMRH ED where lower acuity patients are cared for. Both EDs have NPs working in them, who treat patients with CTAS 4 and 5 conditions.

Priority Process: Organ and Tissue Donation

Whenever potential donors are identified, the donation team in St. John's is notified. If appropriate, the patient is airlifted to have the procedure carried out in St. John's. There is no donor surgery carried in Western Zone. Psychosocial support for the family is provided both by the team in Eastern Zone and by the local services as appropriate.

Standards Set: EMS and Interfacility Transport - 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	
16.2 The ethical decision-making framework is used when deciding whether to decline or accept a mission.	!
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.	
Priority Process: Medication Management	
The organization has met all criteria for this priority process.	
Priority Process: Infection Prevention and Control	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The emergency medical services (EMS) at Western Health is led by an experienced team who effectively plans, monitors, evaluates and improves the services. Resources are effectively deployed not only to meet the needs of the community (i.e. community paramedics program) but also through support and integration of staff within hospital programs.

Priority Process: Competency

The staff of the EMS program are appropriately trained and supported through ongoing educational opportunities. Plans are to introduce an "e-learning" application to facilitate ease of learning and tracking of competencies.

All staff have completed a safety risk assessment of their position.

Western Health EMS deploys an array of staffing including PCP, ACP, and other non-certified staff. Each staffing classification has a clearly defined scope of practice. Much of educational and professional practice re-certification is regulated by the Province. It was noted that examinations were moving to an online version, which was welcomed by staff.

To maximize the contribution of EMS staff within the ER's of WH, several protocols have been developed to allow them to assist in the delivery of care.

Priority Process: Episode of Care

WH operates two ambulances, one in an urban setting and another in a rural setting. The dispatch/communications infrastructure varies in each site to match the volume of calls. Several the information data collection elements related to dispatch and onsite assessment and treatment are established provincially. A number of these data collection forums are planned to be computerized. This degree of automation should enable a more robust EMR in the emergency department.

The geographic location of some of the Rural Ambulance Bases (Port Saunders) has created the need to establish protocols for the safety of EMS staff. There are protocols restricting non-urgent transport after hours. Collaboration with other Emergency Services such as Ministry of Transportation (snow plowing), RCMP, fire etc. all have yielded a community safety net in the event of more tragic loss or in-climate weather.

This service has commenced effective communications with the broader public to increase awareness of the capacity of the team in collaboration with other members of the community. Engaging the community through the media along with face to face sessions such as Responder 101 are to be commended in urban settings. Consideration should be given to increasing communication with the rural communities on recent enhancements or strengths of the team.

The EMS has adopted several new protocols based upon sector best practices. These new protocols such as those for Stroke and Bypass directives have been implemented and evaluated. The results have been extremely positive.

Priority Process: Decision Support

Now the information collected with respect to patient condition, treatment, etc. is all manual. Plans are in place to move towards an electronic documentation system. This could improve the comprehensiveness of the EMR at the hospital (ER department) if the systems are integrated.

Priority Process: Impact on Outcomes

Several quality initiatives have been completed improving the effectiveness of the service. Most notable are the Code Stroke, Bypass directives and piloting of the community paramedics program. The community paramedicine program is in pilot phase and has yet to complete a full evaluation.

The service has recently implemented "electronic" power lift stretchers. An opportunity may exist to evaluate the effect of these new pieces of equipment, for example a reduction in muscle strains for employees.

As with all divisions in WH, there are opportunities to increase the engagement of patients in quality improvement initiatives.

Priority Process: Medication Management

Medication management pertains only to ACP's and as such was not observed in rural settings such as Rufus. There are clear protocols established for the effective and safe use of medications which are deemed to be within the scope of ACP's.

Priority Process: Infection Prevention and Control

There is a comprehensive ambulance cleaning protocol to be followed by staff. During the inspection of the ambulance while accompanied by EMS staff the vehicles were found to be clean, well organized, and appropriately stocked with supplies. A check list was utilized to document the inspections. At the present time this check list is recorded on paper and subsequently entered into an excel file. An opportunity exists to equip the staff with a mobile tablet with this report to complete at the vehicle. (Note at Rufus there were no computers in the ambulance station, the computers were located in the hospital).

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 Infection Prevention and Control (IPC) program is operationalized by a multi-disciplinary, geographically based team. Sites with visiting IPC practitioners engage Clinical Coordinators as primary contacts to ensure communication and uptake of program initiatives.

IPC works cooperatively with many programs, if not all programs, including construction, Joint Occupational Safety and Health, Pharmacy, Environmental Services, MDR, Endoscopy, Perioperative and others. There is a plan to have the ICP team to be included in Equipment and medical device acquisition.

Environmental services including housekeeping, laundry, and food services have infection prevention and control processes in place but compliance with best practices and standards is inconsistent across the region. It is recommended that Environmental Services, particularly at the Stephenville site, adopt the cleaning schedules and auditing functions as is being done at the Western Memorial site to ensure effective cleaning. In addition, the laundry at both Bay St. George and Western Memorial lack clear segregation from clean and dirty. The organization is encouraged to review the way laundry is processed at these sites with the view to mitigate the risk of cross contamination.

Staff in all areas readily articulate standard operating procedures (SOPs) used to prevent and/or mitigate spread of infection. Internal and external environmental cleaning audits are conducted, with corrective action and follow up identified. The team is commended for their excellent audit results.

IPC education is provided at orientation and ongoing, through e-learning sessions, safety huddle "Fast Facts", informal mentoring, one on one coaching, and in person team training. Staff report feeling well prepared to handle IPC issues, and having expert support from the IPC team when needed.

All clinical services encountered provide patients and families with targeted education related to routine practices, hygiene, and precautions as appropriate.

Hand Hygiene compliance audits are conducted in accordance with provincial requirements. A wide range of auditors have been trained. Results are available on each unit and regional results are reported publicly. Many clinical areas surpass the target, demonstrating a tangible commitment to patient safety.

Congratulations to these teams.

Outbreaks are managed in cooperation with Public Health. Tools such as line lists are used to identify and monitor outbreaks. Support is provided to sites and a robust debriefing process occurs. Regional communications are in place to notify the public when a unit is closed to the public.

The team is commended for their accomplishments to date, such as the "hand hygiene cart" which is taken to each dining area in LTC to ensure all residents have their hands cleaned prior to meals; the Asymptomatic Bacteriuria initiative that identifies best practices for UTI management that has seen much success; the tremendous amount of work done in both MDRs and Endoscopy to ensure clear separation of dirty-clean-sterile; and the robust regional Antimicrobial Stewardship program. Of note, the ICP Specialist has recently presented the work being done to decrease the inappropriate treatment of asymptomatic bacteriuria with antibiotics, at the IPAC Canada conference.

All in all, good solid work is being done by the ICP team. However, the span of control of this "small but mighty" team will need to be revisited especially when the new hospital and increased LTC beds become available, noting the vast geography and number of programs the ICP team is involved with and making a difference in. It is recommended the organization review the IPAC CANADA standards as a suggested yard stick for the appropriate number of ICP practitioners that are required for the entire Western Health.

Standards Set: Inpatient 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 Western Health in-patient sites at present have good leadership with participation in interdisciplinary rounds and community partner involvement. The smaller sites have excellent communication mechanisms due to their size and personnel proximities.

Many of the sites that the team visited has had new and changing leadership-directors and manager, leading to gaps but is slowly getting off the ground to some stability.

The organization will need to remain vigilant as new programs are implemented and reviewed to assess whether they are having the desired effect and to decide if further improvements need to be made. As many of the initiatives are relatively new, the organization is encouraged to monitor and review new processes and policies to confirm they are being utilized and that they are having the desired impact on quality, patient safety and risk management.

Priority Process: Competency

Staff are well trained and in many smaller rural sites have become quite adept at multi-tasking.

There are many educational opportunities, but service demand sometimes does not permit participation.

Performance evaluation is done consistently every two years, and appropriate training opportunities provided if required. Staff report that the process is deemed fair, transparent and of value to the staff member.

Orientation programs both corporate and location specific are in place and staff who have participated appreciate the time and efforts of the mentors and the time to become comfortable. Ethics training in some sites was deficient but there were plans for enhancement.

Priority Process: Episode of Care

Staff interviewed articulated that they felt they had input into assignments and schedules, worked well as a team, felt recognized for the work that they did and had access to the supplies, equipment and education to provide care to patients.

Patients interviewed expressed that they were well informed about all aspects of their hospitalization and discharge plans. Care was described as excellent and the staff responsive and compassionate.

There is evidence that there is good sharing of information amongst the interdisciplinary team as well as other providers who are involved in the care of the patient. Coordination of care although not without its challenges in specific case situations by and large is seamless. Complex client situations involve focused interdisciplinary discussions with the intent of having the patient discharged to the right continuum of care as quickly and safely as possible.

Patients/clients receive an orientation to their room and to the unit upon admission. Pre-printed information pamphlets are available at the bedside. A full nursing history is done at admission, is entered electronically and complements the history already recorded in the ER.

There is a policy and procedure in place to screen patients for the risk for venous thrombo-embolism and the risk for falls.

Medication reconciliation is done for every patient. Information transfer is managed well by the team.

The inpatient units are challenged with facilitating patient flow (Emergency Room hold-overs and overcapacity units) and the management of the ALC patients. The team is encouraged to continue their efforts to improve flow such as strengthening the Home First program and encouraging the recording of the ELOS in the patient's chart.

Good, solid work is being done by the team.

Priority Process: Decision Support

Clinical documentation is a hybrid process of both hand-written and electronic. There is hope to become fully electronic but it would appear that this is a long way off.

Front line staff are included in daily bullet rounds and provide timely input into the patient's progress during hospitalization. As well staff obtain first hand feedback from other members of the interdisciplinary team to incorporate into the plan of care and discharge.

At the current time, the team is not involved in research.

The team is proud of its accomplishments in skin ulcer prevention.

Transfer of information from shift to shift and from provider to provider is standardized.

There is a good interdisciplinary approach to care provided. Expertise from allied health, and others is well utilized especially for complex discharges cases.

Patients that were interviewed expressed that they were well informed about all aspects of their hospitalization and discharge plans. Care was described as excellent and the staff responsive and compassionate.

Staff indicated that they rely and use the chain of command when they encounter ethical issues. It is not clear if the front-line staff (that were interviewed) have ever accessed the hospital's ethics resources. It is suggested that education around clinical ethical issues may help build greater awareness of such issues, build capacity as well as highlight the availability of the Ethics Committee and resources to front line staff.

Priority Process: Impact on Outcomes

Staff appear well supported and able to advocate for their patients. They find they have a receptive ear in management. Collectively this supports a good work environment.

In addition to Order Sets that are in place, clinical Pathways are in use for Cardiac, COPD, Orthopedics, and Stroke care.

Patient feedback has resulted in the implementation of the Family Presence Policy.

Staff report that they appreciate being recognized by their peers (Kudos Board), patients (Guardian Angel Program), managers (Good Call Award), and the organization (WOW award).

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	
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

Western Health endeavors is to provide long-term care services throughout the region to meet the identified needs of the population. Staffing mix, roles and responsibilities are reviewed regularly, and changes made accordingly, to make the best use of resources. Staff, as much as possible, are working to their full scope of practice.

Long-term care facilities visited were in good condition and provided a home-like environment.

Residents appeared well cared for and all staff were very attentive to the residents' needs.

Priority Process: Competency

The staff employed within long-term care have the required education and training. Continuous training and updates are provided on a variety of subjects i.e. safe use of equipment, respectful work environments, violence prevention and palliative care, etc. Of note, is the education regarding infusion pump use. The training is completed on hire, and regularly thereafter, for those staff that provide IV therapy to the residents. IV pump types are limited to two for ease and safety of use. A couple of concerns at Bonne Bay LTC were noted regarding e-learning discrepancies and the lack of end of life training.

Performance evaluations are completed routinely. Based on these, additional training may be offered.

Western Health has an ethical framework and ethics committee. These have been utilized by staff when faced by such issues. A documented case, using these resources, was reviewed at the Corner Brook Long Term Care facility.

Staff are recognized, in several ways, for the excellent care that they provide to the residents. Exceptional teamwork was noted at the long-term care facilities.

Priority Process: Episode of Care

Western Health works diligently to provide safe, quality care to the residents within their facilities. Staff are dedicated, caring individuals who work well together as a team. Residents and families are encouraged to provide feedback and be engaged in the care provided. This may be informally or more formally by means of the resident/family councils.

A comprehensive physical and psychological assessment of the resident is completed at the time of admission. Rights and responsibilities of the resident and family are outlined at this time. They are informed of the process of how to report when infractions of these rights and responsibilities occur. If such a report is made it is thoroughly investigated and necessary steps taken to correct the issue. The health status of the resident, including a quarterly medication review, is completed and documented to confirm if any changes have occurred.

Medication reconciliation occurs at the time of admission, at any times of transfer, or discharge.

A falls prevention program is in place and it is evaluated regularly to assess its effectiveness and adaptations that may be required for improvement.

Western Health has an impressive wound care program that has led to a very low rate of pressure ulcers seen in their residents.

Not all residents have been assessed for suicide risk at this time at the Corner Brook LTC facility. A process has been started that will occur for all new residents on admission and at regular intervals thereafter. Previous residents will be assessed over time.

Palliative and end-of-life care are provided at the wishes of the resident and their family. Staff have received education on this type of care provision to feel competent. Advance care plans/directives are documented on the resident's record.

Two-person identifiers are utilized to confirm the resident that is receiving a service or procedure.

When a resident is transferred to or from other institutions relevant information is sent with the

individual. There is a formal process in place that insures consistency of the information provided at transition points.

Attention is paid to insuring that residents having a pleasant dining experience. Efforts are made to provide residents with local food preferences.

Pneumococcal and flu vaccines are provided to residents, if indicated and consents received.

Western Health is commended for their efforts in providing holistic resident care with family involvement in pleasing home-like surroundings. Staff are impressive in their efforts to go above and beyond in providing care and working collaboratively in teams.

Priority Process: Decision Support

Documentation on the resident's record is complete, up-to-date, and well organized. Part of the chart is paper, but the majority is kept electronically. The record is securely kept, and access limited to the staff needing access for review or documentation. Consent to share any of the information on the record must be provided by the resident, or assigned alternate decision maker, before this can happen. Residents and their families have access to the resident's file when requested. Consent for admission to the facility, and services to be provided, must be signed by the resident or alternate decision maker.

Policies and procedures dictate how resident records are stored, retained and destroyed.

Priority Process: Impact on Outcomes

Evidence based guidelines are used to direct the delivery of service in long-term care facilities. These are reviewed regularly to ensure that these are current and up-to-date guidelines.

Quality improvement activities are also undertaken to insure the best possible care is provided to the residents. Wound care programs have shown excellent results in reducing the number of pressure ulcer wounds that residents experience. Consciously working towards reducing the number of anti-psychotic drugs prescribed to the residents is also an impressive way care to the residents is being monitored and improved.

Statistics are collected and reviewed to improve care provided and access to services in several areas. For instance, wait times for admission have been examined to ascertain what things can be put in place to assist in decreasing these numbers.

Resident, family and staff surveys are completed to measure the success of the programs and indicate where improvements can be made.

Adverse events are documented and reviewed by the appropriate staff. Learnings from these events are shared widely to improve the safety of residents and staff, and to help decrease the repeat of such an occurrence. Disclosure to the resident and family is completed according to the related policy and procedure.

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

There are 3 sites with Pharmacy Services: Western Memorial, Sir Thomas Roddick and Dr. Charles Legrow.

Medication Safety was a Strategic Goal for 2014-2017.

Medication Management at Western Health demonstrates a multidisciplinary approach to many of their committees. Specific to medication management, the Medication Safety Committee, the Pharmacy and Therapeutics (P&T) Professional Practice, Quality and Risk, and Antimicrobial Stewardship Committees include representatives from a variety of areas and disciplines. Representatives on the Safe Medication Committee include regional representation from patient services, pharmacy, LTC, Population Health, Professional Practice, Western Regional School of Nursing, Quality and Risk (and others).

The medication management team is energetic and their enthusiasm for medication management and implementing best practice is apparent in the department's recent initiatives: implementation of Pixus units, Inventory control measures, new IV Pump with a central drug library, digital log of chemo drug preparation, standardized crash carts, implementation of multi-dose packaging in LTC and use of medication detection machine (MDM) for checking medication, and extensive auditing (concentrated electrolytes, anticoagulants, narcotics, med rec just to mention a few).

Since their last Accreditation Survey, there has been a marked reduction in medication occurrences specific to incorrect identification of patients and residents, transcription errors, and missed doses of medication. In addition, a robust Antimicrobial Stewardship program is in place. The Pharmacy team and the multidisciplinary teams that support their efforts (P&T, Antimicrobial Stewardship, etc.) have done a great job in establishing new programs and they are encouraged to maintain their momentum.

The Medication Management team will have to address the new "clean room" standards from the National Association of Pharmacy Regulatory Authorities (NAPRA) to manage humidity and growth of microbials.

There is an opportunity to further leverage technology for medication management, such as pharmacy generated eMar; electronic receipt on medication orders; CPOE and bedside medication verification.

There is a beautifully laminated, easy to read, and user-friendly Do Not Use list on every patient chart. Education about the Do Not Use list has been the subject of Safety Huddles, Fast Facts sheets, Directives, Posters and Policies. Compliance with the policy has been audited and results shared with the Regional Advisory Committee. However, it was noted by the surveyors and documented in the recent audits that compliance is not consistently occurring. The Pharmacists validated that the practice continues and that if they can readily read the hand-written order, even with the Do not use abbreviation, they will process the order.

Compliance with the Do not use list is audited and directives as far back as 2013 dictate not to use or transcribe the order containing an item on the list, however the practice continues. The organization is encouraged to implement process changes to ensure compliance with the Do not use list.

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	
11.8 There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	!
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

A thoroughly integrated Mental Health and Addictions (MH&A) program is evident in Western Health. This is a positive integration which creates open doors for the population of Western Health. Much work has been done over the years to create this integration and the program is commended for its forward-thinking direction.

A provincial framework has been developed and Western Health has embraced the plan and have found each step of the framework has improved client care. The recovery model of care has been adopted and a stepped care approached is outlined in the provincial framework. The energy and passion demonstrated by the leaders in their journey to improve care and access was admirable.

There is one psychiatric inpatient unit and one residential recovery unit for substance abuse. A continuum of community services is available in most areas of the region. The distance and geography as well as client feedback have led to the development of many e-tools which are available on the website. Self-Screening tools, chat sites and e-learning are available and have made a real difference for clients, they can use when they feel ready! A good example is the Strongest Family site which is recommended for adults with anxiety.

The MH&A programs are a priority area in the regions strategic plan. The program develops goals each year at their planning days which then translates to specific goals for each service area. They are very good at monitoring goals and reporting accomplishments.

A substantial increase in referrals (11% 2017/18) has been seen and with the new options for treatment like DoorWays (walk in single session consultations), brief therapy and web-based tools have helped to decrease the overall waitlists each year.

Client surveys, focus groups and informal consultation are used to ensure people centred care is a focus. Examples are the waiting room survey which led to changes in the physical environment at several sites, input was sought for the design of space in the new hospital planning process as well as a renovation in the MH inpatient unit which has safety concerns and limited space.

The Western Memorial Hospital in patient psychiatry unit is a concern as it still has 2-4 bed rooms which is very difficult for mental health clients. There is little room for quiet space and these factors led to increased aggression and violence. Great work was done by the unit to develop a proposal to renovate as the new hospital will not be ready for a few years.

The ACT team is moving to a new model FACT in the new year which is exciting and will provide more access to clients. This team is really stretched and will require some additional resources and a focus on wellness to continue the change process.

All teams expressed the same sentiment “We can’t work without partnerships”. The network of partners is extensive and now some staff work in community agencies, joint programming is evident, and a focus of prevention has helped decrease stigma.

Priority Process: Competency

There is collaboration and interdisciplinary team work. Psychiatrists work well with the team and everyone focuses on the clients wishes.

The ACT team has a high demand role with both shifts and on call responsibilities. Leaders are aware of this and should monitor staff stress levels and work towards efficiencies, with staff and possible alternatives to make workloads more manageable

Staff recognition is evident. Teams showcase results and 2 nursing awards have been presented to staff on the inpatient psychiatry unit.

Safety focused staff and leaders in each site visited. Environments especially inpatient have made changes like developing a separate close observation space which decreases stimulation for clients and provides 1-1 nursing care. Panic buttons are used to alert others. Community sites do risk assessments as well and have put in place protocols to ensure staff and client safety.

Priority Process: Episode of Care

The ACT team staff are flexible and go to great lengths to meet client needs, even if it means visiting them in the community 10 times a day.

In the Stephanville community program offering walk in sessions through “Doorways” has made a real difference to clients, so they can come for treatment when they are ready.

All staff lived the recovery model philosophy in their approach. The programs offer 24/7 access through crisis lines, evening and weekend hours through ACT and warm lines when someone needs to talk. The ER has a mental health liaison nurse who facilitates the right door for clients. Continued improvement in this collaboration with Emergency has streamlined care for the client.

Clients expressed their appreciation for staff’s passion, respect and making them a part of directing care.

Waitlist reductions are evident and the opportunity for brief treatment models have been a big factor in reducing the waitlists.

The collaboration between teams, integration of mental health and addictions is also a factor in accessible care.

Exceptional respect and caring for clients and families observed, e.g. is working with client on medication adjustments in ACT team.

Assessments are comprehensive and monitoring client progress through the RAI testing is evidence based. The GAIN screener is used in addictions treatment and if this screener could be used at various points of care, improvements could be validated qualitatively.

The inpatient unit has care plans which are in various parts of the chart, they should work to consolidate this information for easy reference and sharing with clients.

Care transitions work is exemplary, each part of the system has up to date information and access to charts and staff have verbal exchanges to enhance transitions.

Follow up through phone calls, groups and on-line options like the TAOL (Therapy Assisted On Line) are excellent.

Priority Process: Decision Support

The region has not yet involved client and family representation in reviews of charts and electronic information. This would be an excellent area to get client feedback on making parts of the record more client friendly and would facilitate greater input in care decisions and sharing of information.

Priority Process: Impact on Outcomes

The program has undertaken some excellent quality projects, both on a regional and local level. Developing new options like DoorWays and standardizing the process for care of a MH&A client in ER are examples of regional projects which have increased access and improved care have been developed and are followed up with measures to demonstrate success.

“Feathercarriers” which is taking a life promotion approach is an example of an initiative which has arisen from the information on suicide rates and cultural needs of Indigenous population. This collaborative includes indigenous community members, clients/families and health staff. Coaches are working with the group to develop cultural awareness as a start.

The program has a balanced scorecard with reports indicators, measures initiatives success and is shared with the Board of Directors.

The program has examples of areas clients and families have been involved in the program e.g. family presence policy, hospital design, waiting room and safety renovations. The team is encouraged to more fully involve clients and families in program development and review in the future.

Standards Set: Obstetrics 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 obstetrical service has excellent collaboration with a broad range of outside agencies and partners. Services are designed and planned with the needs of the community in mind. There are five obstetricians who provide very good service. The entire broad range of services are provided. There are 6 LDRP rooms that are extremely well laid out and comfortable, with all medical equipment immediately available but out of sight.

Priority Process: Competency

All staff are extremely well trained in all relevant areas and undergo frequent review and updating as needed. Current evidence-based best practices are implemented regularly. There is close collaboration with patients and their families about the design and provision of all patient services.

Priority Process: Episode of Care

There is ready access to obstetrical services 24/7. There 500-600 deliveries per year, all done by obstetricians in WMRH. There are no deliveries currently done by family doctors or midwives. The c-section rate is currently 23%, which is felt to be good. The induction rate seems to be high at 34%, and there is a current project underway to assess practices and determine whether any changes are

necessary, including strict adherence to defined indications. There is an an automatic door locking system in place to prevent neonate abduction.

Priority Process: Decision Support

Patient records are mostly electronic, with only physician orders being done by hand. The records are fully protocol based, and there is immediate access to all relevant hospital policies and procedures. Policies are up-to-date, are all staff are expected to follow them completely.

Priority Process: Impact on Outcomes

The program carefully assesses all relevant guidelines and discusses which to implement. All national and international accepted standards are followed, including those on monitoring, induction and neonatal care. Quality improvement initiatives are carried out with input from patients and families.

Standards Set: Perioperative Services and Invasive Procedures - 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		
20.16	There is a process to follow up with discharged day surgery clients.	
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
23.1	There is a standardized procedure to select evidence-informed guidelines that are appropriate for the services offered.	!
23.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
23.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
Priority Process: Medication Management		
The organization has met all criteria for this priority process.		

Surveyor comments on the priority process(es)
Priority Process: Clinical Leadership
There is a strong emphasis on people-centred care. The perioperative team has equal representation of four patients and four employees. Daily huddles with wide representation occur every day at 11 am. This group reviews all activities and planning for next day. Choosing wisely embedded since 2016. PAC done mostly by phone. ERAS being implemented. All patients are given information about follow-up.

Priority Process: Competency

All staff are well trained and prepared for their roles. Each team member has opportunity for growth in their positions. There is strong collaboration of all groups. The 12 week orientation program includes extensive training on IT systems,OHS regulations, safety, incident reporting, and workplace violence. There is a multilevel staff recognition program.

Priority Process: Episode of Care

WRMH provides a broad range of services, consistent with and with input from the community. Orthopedics, general surgery, urology, gynecology, vascular and ophthalmology are all provided. The case mix is mostly appropriate for the community. At STRH there is general surgery, ophthalmology and a few other smaller procedures. One concern is the small volume of some cases. there appears to be about 10 bowel resections per year, including 3 abdominoperineal resections for rectal cancer. There is strong evidence that rectal cancer surgery is best done by those with specific training in an environment where all staff can maintain their skills by participating in a reasonable number of cases. One general rule is that each surgeon should do a minimum of one rectal cancer operation per month to maintain competence. Also, there were 2 thyroid resections and 1 parotid operations in a one year period. With numbers this small, it may make sense to consider transferring those cases.

Western Health may wish to consider establishing rules about the appropriate location of low volume surgery.

Priority Process: Decision Support

The health records are partially electronic and partially paper based. Nursing assessments, Brayden scores and falls risk assessment, are on the electronic file. Physician orders are paper-based, but there is widespread use of Patient Order Sets, which are on line and printed as needed.

Priority Process: Impact on Outcomes

Evidence informed guidelines are used for many clinical services. However, there does not seem to be a process for deciding which guidelines to use. Also, there is no clear indication that there is client and family input into the decisions around guideline implementation. There has been some progress towards eliminating variation in service delivery, such as reducing the number of joint prostheses and lenses. Several quality improvement initiatives have been designed and implemented, including work to standardize processes between WRMH and STRH.

Priority Process: Medication Management

Most perioperative and surgical inpatient areas have Pyxix systems, and those who do not use appropriate medication management processes. Intraoperative medication practices meet all standards. Conscious sedation is only administered where resuscitation equipment is available.

Standards Set: Point-of-Care Testing - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Point-of-care Testing Services	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
Priority Process: Point-of-care Testing Services

Western Health has a very strong Point of Care program. A Regional Point of Care Supervisor is visible and well known to the Nurse educators and the laboratory staff at each site.

Laboratory leadership supported a review of point of care testing across the corporation and eliminated those that were not approved. An interdisciplinary committee meets to review the quality control and accepts applications for additional Point of Care tests and sites.

The nurses on the units know how to contact the PofC supervisor if there are technical issues and understand the importance of patient identification, consent to treatment, communication of abnormal result and factors that may impact the reference range. There are key users on the patient care units and the staff is also supported by their clinical educator.

The team may want to consider an interface for the POC glucometers. The results from the glucometer are written on paper by the RN and then transcribed into the Meditech EMR. An interface from the Glucometer to Meditech could be implemented which would eliminate this manual step and the risk of transcription error and delays inherent in the current process.

Standards Set: Public 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: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Priority Process: Public Health	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Western Health is fortunate to have such an enthusiastic group of public health professionals. Their roles, responsibilities and assignments are well delineated and appropriate.

Priority Process: Competency

Public Health staff have written job profiles and annual performance reviews are completed. They have the documented required training and education for their assigned roles.

Educational opportunities are regularly provided on relevant public health specific topics/issues as well as more general subjects.

Staff throughout the organization are recognized for their good work i.e.. WOW awards.

Priority Process: Impact on Outcomes

Public Health staff generate, and participate in, numerous quality improvement initiatives based on identified issues within the communities that they work. A couple of excellent examples are healthy eating initiatives organized by the regional nutritionists. These include better uptake of eating fruits and vegetables and providing small container pots for growing vegetables in group settings.

All quality improvement ideas are generated using evidence-based research and are evaluated to track progress. The evaluation data is widely shared with other professionals and the community. This evaluation also determines the appropriateness of spreading projects to other communities.

Priority Process: Public Health

Western Health has completed a comprehensive population health assessment to inform the public health department of current and emerging needs within the communities served. This includes populations that are at higher risk of poor health. Public Health has strong intersectoral relationships with whom they share the data generated from the population health assessment, and work with, to find solutions to the identified issues. The initiatives that are introduced, based on these findings, are in line with Western Health's vision, mission and strategic goals.

Emerging public health threats are continuously monitored through reports from such areas as the MOH office and Environmental Health Department. Surveillance data is regularly received and monitored.

Public Health programming is designed for specific populations, and as such, is made readily and easily available to those requiring the service. Barriers to receiving the service are identified and are mitigated as much as possible. These health promotion programs are designed to build capacity within groups and empower them to be proactive in caring for their health. Evaluation processes and tools are built into every program or project started. This provides an excellent basis for determining the value of the program and whether it should be continued and/or expanded. These evaluations are shared broadly.

Communication to the communities, regarding public health information, is provided in multiple ways and venues. However, consistent messaging is used to reduce misinformation.

Services provided by public health are built based on the determinants of health. These services also are intended to prevent communicable diseases and promote good health. Chronic disease prevention, or support to manage the disease process, is evident throughout the region. The Diabetic programming including education, screening and counselling is a good example of chronic disease management.

There is good collaboration and connection with the MOH and the Environmental Health to quickly address public health hazards or non-compliance with health laws. Although these services do not reside within Western Health this does not appear to put communities in jeopardy.

Public Health is responsible for vaccine administration. The immunization programs have exceptional rates of uptake for childhood diseases, both pre-school and school age children. Public Health is to be commended for their ability to ramp up service to meet the additional adult and seniors flu immunization required when physicians and nurse practitioners were no longer providing the vaccine.

Ethical dilemmas occur within the parameters of public health. Increased attention and awareness of these, with proactive relevant discussions would benefit all staff.
Western Health has a solid, well organized public health system.

Standards Set: Substance Abuse and Problem Gambling - 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		
11.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	!
Priority Process: Impact on Outcomes		
13.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
14.4	Verification processes are used to mitigate high-risk activities, with input from clients and families.	!
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

Mental Health Services and Substance Abuse and Problem Gambling Services are an integrated system at Western Health.

The surveyor(s) visited both services in some sites the services are fully integrated. The comments in the Mental Health section of this report extend to the Substance Abuse and Problem Gambling Services.

Priority Process: Competency

Education and training are important to ensure staff can function at an expert level. Many mandatory sessions are held for example, recovery, nonviolent and physical crisis intervention.

Performance reviews are done regularly, and staff are appreciative of the feedback from their supervisors. Passionate staff provide holistic and recovery-oriented care. A collaborative team and interdisciplinary work are evident in this team.

Priority Process: Episode of Care

The staff are very skilled and compassionate in each location visited. It was evident in each encounter with clients and families, they are working with the client to develop treatment plans together. On the inpatient unit, when clients are not able to take part in care direction for themselves, staff and family are their advocates.

Humberwood Centre is a provincial residential program for adults with substance abuse and or gambling problems. It operates under the mandate of Mental Health and Addictions Services of the Population Health branch of Western Health. The Centre has ten treatment beds and four beds designated for detoxification. It has a wide referral base and accepts both males and females over the age of nineteen. It is one of two provincial sites in the province with the other one being in St. Johns.

The facility is a nice quiet area within the city, not a lot of traffic and visually appealing. The facility is ten years old, well maintained, bright and most rooms are private with their own bathroom. There is a gym, therapy space with massage chair and other healing techniques. They have some art but one resident suggested expansion in art and gardens would be beneficial.

There are many examples where residents worked with the team at the center to improve their healing journey.

The residents prepare their own breakfast. Lunch and supper are provided from the Western Memorial Regional Hospital (WMRH). The residents can also prepare their own meals at any time. Groceries are available and often they will prepare a special meal for everyone.

The team is collaborative, knowledgeable and cohesive. A nurse practitioner was added to the team in 2018, who liaisons between mental health at WMRH and the Centre. There is a physician on the team as well.

The team focus on safety and in their October 2017 audits around medication accuracy, there was 100% compliance with dosages and recording. They did identify areas for improvement as two patient identifiers and this has been addressed.

The team collaborate with several external partners including community based Mental Health and Addictions, SWAP, other physicians, and addiction support groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Al- Anon to note a few.

They worked with Qalipu First Nations to implement a healing, cultural teaching session at Centre every three weeks. This will enhance cultural sensitivity and inclusion of First Nations clients.

They provide a Family Day for residents; however planned family visits are always supported.

The team is there to collaborate with, to support and to enhance recovery for these residents. The residents were very complimentary. They feel listened to, heard, and supported. One resident said she can talk to the team assistants at any time for support.

They have a yoga program as well as a gym; however, they would benefit from a formalized Recreational Program with a Recreational therapist. This is an area that has been identified by the clients as well as staff.

Priority Process: Decision Support

The region has made great advances with the electronic records. They are a great asset for sharing information with team members, especially on transition. Some part of the files is still in paper format and the region is encouraged to continue working towards a complete EMR system.

Priority Process: Impact on Outcomes

The team is encouraged to more fully involve clients and families in program development and review in the future.

The Substance Abuse team should make an effort to increase client and family involvement.

Standards Set: Transfusion Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Transfusion Services	
19.1 The organization has a transfusion committee that provides consultation and support on transfusion practices and activities.	!
Surveyor comments on the priority process(es)	
Priority Process: Transfusion Services	

Blood product delivery, type and cross- match services are provided. New automated technology (Vision) is in use in Corner Brook.

The MLT Transfusion Safety Officer is a key liaison with the regional programs.

Some good outcomes have been achieved in reducing blood product wastage. Wastage is monitored and has improved significantly following a review of the current state and data. Inter-hospital sharing of inventory enables the inventory to be sent to where it can be used before it expires.

The Western Health Transfusion Committee has not met for many months due to the resignation of the Physician member and Chair. The Laboratory and Senior team may want to consider a medium term solution and communicate with the regional stakeholders.

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: July 13, 2016 to September 30, 2016**
- **Number of responses: 8**

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	92
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	93
3. Subcommittees need better defined roles and responsibilities.	88	13	0	65
4. As a governing body, we do not become directly involved in management issues.	13	13	75	85
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	94

	% 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.	13	0	88	97
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	93
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.	88	13	0	60
10. The composition of our governing body contributes to strong governance and leadership performance.	0	13	88	92
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	96
12. Our ongoing education and professional development is encouraged.	0	0	100	86
13. Working relationships among individual members are positive.	0	0	100	95
14. We have a process to set bylaws and corporate policies.	0	0	100	93
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	96
16. We benchmark our performance against other similar organizations and/or national standards.	0	0	100	79
17. Contributions of individual members are reviewed regularly.	13	13	75	61
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	76
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	25	75	57
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	81

	% 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.	63	13	25	40
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	79
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	90
24. As a governing body, we hear stories about clients who experienced harm during care.	0	0	100	77
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	89
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	29	29	43	85
27. We lack explicit criteria to recruit and select new members.	57	14	29	77
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	43	57	86
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	13	88	94
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	13	0	88	89
31. We review our own structure, including size and subcommittee structure.	0	0	100	84
32. We have a process to elect or appoint our chair.	14	0	86	87

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2016 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	79

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, 2016 and agreed with the instrument items.

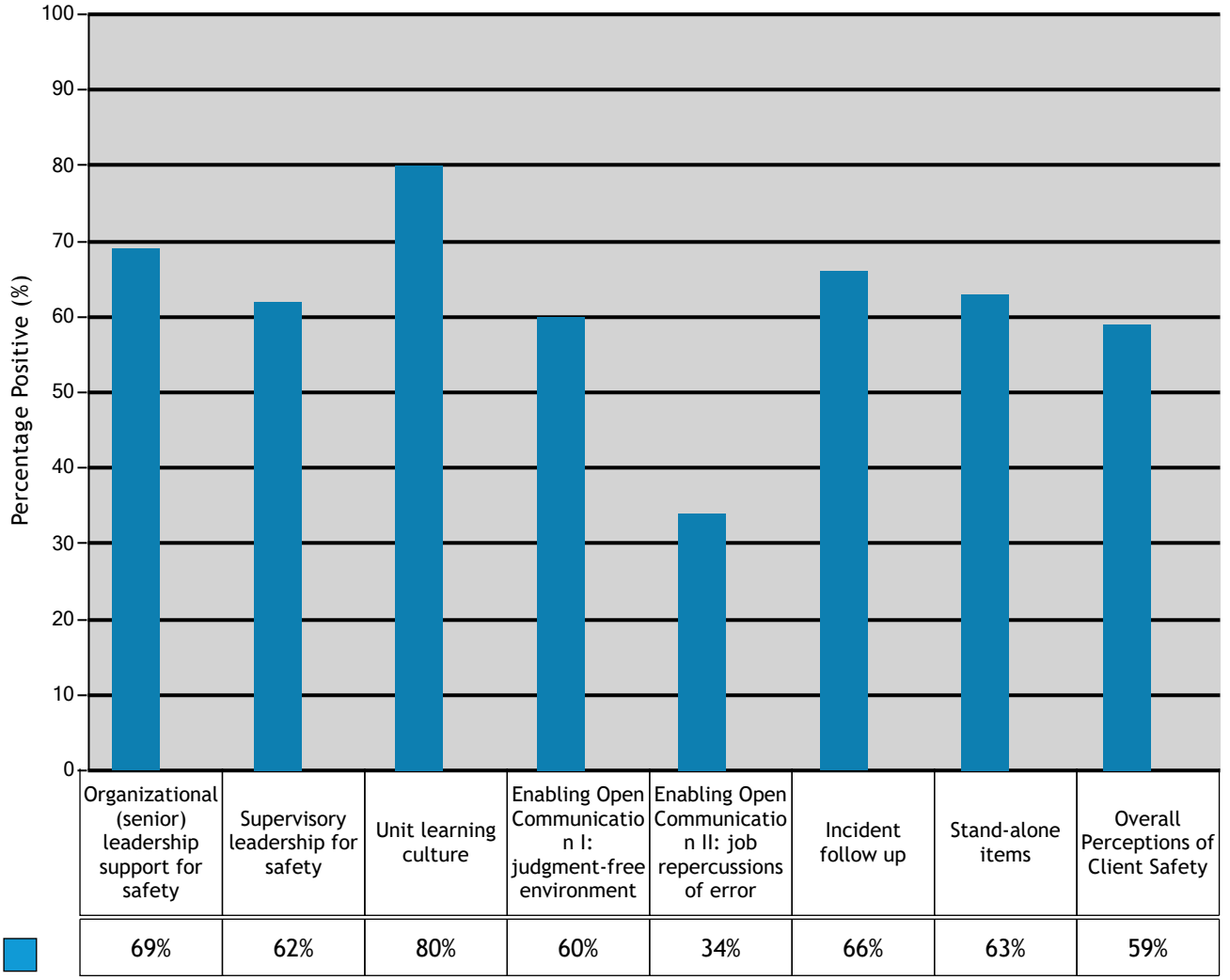
Canadian Patient Safety Culture Survey Tool

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: January 13, 2017 to March 17, 2017**
- **Minimum responses rate (based on the number of eligible employees): 302**
- **Number of responses: 310**

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
	69%	62%	80%	60%	34%	66%	63%	59%

Legend

Western Regional Health Authority

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 15 business days.

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

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

Action Planning

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
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.