ACCREDITATION CANADA



Driving Quality Health Services

Accreditation Report

Winnipeg Regional Health Authority

Winnipeg, MB

Second Component

On-site survey dates: April 14, 2013 - April 19, 2013

Report issued: May 10, 2013

ACCREDITATION CANADA
AGRÉMENT CANADA

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

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About the Accreditation Report

Winnipeg 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 April 2013. 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.

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A Message from Accreditation Canada's President and CEO

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

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

Your Accreditation Specialist is available if you have questions or need guidance.

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

We look forward to our continued partnership.

Sincerely,

Wendy Nicklin
President and Chief Executive Officer

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Section 1 Executive Summary

Winnipeg 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 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. 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.

1.1 Accreditation Decision

Winnipeg Regional Health Authority's accreditation decision is:

Accredited (Report)

The organization has succeeded in meeting the fundamental requirements of the accreditation program.

1.2 About the On-site Survey

- **On-site survey dates: April 14, 2013 to April 19, 2013**

This on-site survey is part of a series of sequential surveys for this organization. Collectively, these are used to assess the full scope of the organization's services and program.

- **Locations**

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

1 1050 Leila
2 2015 Portage Avenue
3 490 Hargrave
4 496 Hargrave
5 80 Sutherland
6 Access Downtown Centre
7 Access River East Centre
8 Concordia Hospital
9 Deer Lodge Centre
10 Golden Links Lodge
11 Golden West Centennial Lodge
12 Grace Hospital
13 Health Sciences Centre
14 Holy Family Home
15 Klinic Community Health Centre - 870 Portage Ave.
16 Manitoba Adolescent Treatment Centre
17 Middlechurch Home of Winnipeg
18 Misericordia Health Centre
19 Nine Circles Community Health Centre
20 Rehabilitation Centre for Children
21 River East Personal Care Centre
22 River Park Gardens
23 River Road Place (St. Amant Centre)
24 Riverview Health Centre
25 Seven Oaks General Hospital
26 St. Boniface Hospital
27 The Birth Centre
28 The Convalescent Home of Winnipeg
29 The Saul and Claribel Simkin Centre
30 Tissue Bank Manitoba
31 Victoria General Hospital

- **Standards**

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

  Population-specific Standards

  1 Maternal/Child Populations
  2 Mental Health Populations
  3 Public Health Services

  Service Excellence Standards

  4 Acquired Brain Injury Services
  5 Ambulatory Care Services
  6 Community-Based Mental Health Services and Supports Standards
  7 Critical Care
  8 Developmental Disabilities Services
  9 Home Care Services
  10 Long-Term Care Services
  11 Medicine Services
  12 Mental Health Services
  13 Obstetrics Services
  14 Organ Donation Standards for Living Donors
  15 Organ and Tissue Donation Standards for Deceased Donors
  16 Organ and Tissue Transplant Standards
  17 Primary Care Services
  18 Rehabilitation Services

- **Programs**

  The following WRHA programs were assessed during the on-site survey.

  1 Adult Mental Health
  2 Child & Adolescent Mental Health
  3 Child Health
  4 Family Medicine
  5 Genetics
  6 Home Care
  7 Long Term Care
  8 Oral Health
  9 Population & Public Health
  10 Primary Care, including Antenatal Home Care & Midwifery

11 Psychology
12 Rehabilitation Geriatrics
13 Transplant (i.e. Misericordia Lion's Eye Bank, Tissue Bank MB, Transplant MB)
14 Women's Health

1.3 Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table 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 (Working with communities to anticipate and meet needs)	107	10	1	118
 Accessibility (Providing timely and equitable services)	101	3	2	106
 Safety (Keeping people safe)	348	17	15	380
 Worklife (Supporting wellness in the work environment)	139	4	0	143
 Client-centred Services (Putting clients and families first)	337	5	10	352
 Continuity of Services (Experiencing coordinated and seamless services)	108	0	0	108
 Effectiveness (Doing the right thing to achieve the best possible results)	574	72	16	662
 Efficiency (Making the best use of resources)	60	5	2	67
Total	**1774**	**116**	**46**	**1936**

1.4 Overview by Standards

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

System-wide standards address quality and safety at the organizational level. 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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Mental Health Populations	3 (75.0%)	1 (25.0%)	0	34 (97.1%)	1 (2.9%)	0	37 (94.9%)	2 (5.1%)	0
Public Health Services	42 (97.7%)	1 (2.3%)	4	58 (86.6%)	9 (13.4%)	1	100 (90.9%)	10 (9.1%)	5
Maternal/Child Populations	2 (66.7%)	1 (33.3%)	0	29 (100.0%)	0 (0.0%)	0	31 (96.9%)	1 (3.1%)	0
Obstetrics Services	62 (100.0%)	0 (0.0%)	1	72 (96.0%)	3 (4.0%)	0	134 (97.8%)	3 (2.2%)	1
Acquired Brain Injury Services	26 (96.3%)	1 (3.7%)	0	64 (85.3%)	11 (14.7%)	1	90 (88.2%)	12 (11.8%)	1
Ambulatory Care Services	31 (93.9%)	2 (6.1%)	5	61 (82.4%)	13 (17.6%)	1	92 (86.0%)	15 (14.0%)	6
Community-Based Mental Health Services and Supports Standards	18 (100.0%)	0 (0.0%)	0	108 (96.4%)	4 (3.6%)	0	126 (96.9%)	4 (3.1%)	0
Critical Care	29 (100.0%)	0 (0.0%)	1	70 (100.0%)	0 (0.0%)	23	99 (100.0%)	0 (0.0%)	24
Developmental Disabilities Services	34 (97.1%)	1 (2.9%)	0	74 (97.4%)	2 (2.6%)	0	108 (97.3%)	3 (2.7%)	0

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Home Care Services	39 (95.1%)	2 (4.9%)	0	43 (82.7%)	9 (17.3%)	0	82 (88.2%)	11 (11.8%)	0
Long-Term Care Services	24 (100.0%)	0 (0.0%)	0	68 (94.4%)	4 (5.6%)	0	92 (95.8%)	4 (4.2%)	0
Medicine Services	27 (100.0%)	0 (0.0%)	0	68 (98.6%)	1 (1.4%)	0	95 (99.0%)	1 (1.0%)	0
Mental Health Services	31 (100.0%)	0 (0.0%)	0	69 (97.2%)	2 (2.8%)	0	100 (98.0%)	2 (2.0%)	0
Organ and Tissue Donation Standards for Deceased Donors	34 (97.1%)	1 (2.9%)	0	73 (96.1%)	3 (3.9%)	4	107 (96.4%)	4 (3.6%)	4
Organ and Tissue Transplant Standards	55 (94.8%)	3 (5.2%)	1	72 (90.0%)	8 (10.0%)	0	127 (92.0%)	11 (8.0%)	1
Organ Donation Standards for Living Donors	39 (97.5%)	1 (2.5%)	0	69 (90.8%)	7 (9.2%)	0	108 (93.1%)	8 (6.9%)	0
Primary Care Services	31 (91.2%)	3 (8.8%)	0	60 (90.9%)	6 (9.1%)	0	91 (91.0%)	9 (9.0%)	0
Rehabilitation Services	26 (96.3%)	1 (3.7%)	0	61 (89.7%)	7 (10.3%)	0	87 (91.6%)	8 (8.4%)	0
Total	**553 (96.8%)**	18 (3.2%)	12	1153 (92.8%)	90 (7.2%)	30	1706 (94.0%)	108 (6.0%)	42

* Does not includes ROP (Required Organizational Practices)

1.5 Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Acquired Brain Injury Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Ambulatory Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Community-Based Mental Health Services and Supports Standards)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Critical Care)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Home Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Long-Term Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Medicine Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Mental Health Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Obstetrics Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Rehabilitation Services)	Met	2 of 2	0 of 0
Information Transfer (Acquired Brain Injury Services)	Met	2 of 2	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information Transfer (Ambulatory Care Services)	Met	2 of 2	0 of 0
Information Transfer (Community-Based Mental Health Services and Supports Standards)	Met	2 of 2	0 of 0
Information Transfer (Critical Care)	Met	2 of 2	0 of 0
Information Transfer (Home Care Services)	Met	2 of 2	0 of 0
Information Transfer (Long-Term Care Services)	Met	2 of 2	0 of 0
Information Transfer (Medicine Services)	Met	2 of 2	0 of 0
Information Transfer (Mental Health Services)	Met	2 of 2	0 of 0
Information Transfer (Obstetrics Services)	Met	2 of 2	0 of 0
Information Transfer (Rehabilitation Services)	Met	2 of 2	0 of 0
Medication Reconciliation At Admission (Acquired Brain Injury Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Ambulatory Care Services)	Met	5 of 5	2 of 2
Medication Reconciliation At Admission (Community-Based Mental Health Services and Supports Standards)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Critical Care)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Home 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			
Medication Reconciliation At Admission (Long-Term Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Medicine Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Mental Health Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Obstetrics Services)	Unmet	4 of 4	0 of 1
Medication Reconciliation At Admission (Rehabilitation Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Acquired Brain Injury Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Ambulatory Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Community-Based Mental Health Services and Supports Standards)	Met	3 of 3	2 of 2
Medication Reconciliation at Transfer or Discharge (Critical Care)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Home Care Services)	Met	3 of 3	2 of 2
Medication Reconciliation at Transfer or Discharge (Long-Term Care Services)	Unmet	0 of 4	0 of 1
Medication Reconciliation at Transfer or Discharge (Medicine 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			
Medication Reconciliation at Transfer or Discharge (Mental Health Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Obstetrics Services)	Unmet	4 of 4	0 of 1
Medication Reconciliation at Transfer or Discharge (Rehabilitation Services)	Met	4 of 4	1 of 1
Surgical Checklist (Obstetrics Services)	Unmet	1 of 3	0 of 2
Surgical Checklist (Organ and Tissue Transplant Standards)	Met	3 of 3	2 of 2
Surgical Checklist (Organ Donation Standards for Living Donors)	Met	3 of 3	2 of 2
Two Client Identifiers (Acquired Brain Injury Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Ambulatory Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Critical Care)	Met	1 of 1	0 of 0
Two Client Identifiers (Home Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Long-Term Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Medicine Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Mental Health Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Two Client Identifiers (Obstetrics Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Rehabilitation Services)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Medication Use			
Infusion Pumps Training (Critical Care)	Met	1 of 1	0 of 0
Infusion Pumps Training (Home Care Services)	Unmet	0 of 1	0 of 0
Infusion Pumps Training (Medicine Services)	Unmet	0 of 1	0 of 0
Infusion Pumps Training (Obstetrics Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Rehabilitation Services)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Infection Control			
Pneumococcal Vaccine (Long-Term Care Services)	Met	2 of 2	0 of 0
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Acquired Brain Injury Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Ambulatory Care Services)	Unmet	3 of 3	0 of 2
Falls Prevention Strategy (Home Care 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 (Medicine 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: Falls Prevention			
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 (Rehabilitation Services)	Unmet	3 of 3	0 of 2
Patient Safety Goal Area: Risk Assessment			
Home Safety Risk Assessment (Home Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Critical Care)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Medicine Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Rehabilitation Services)	Met	3 of 3	2 of 2
Suicide Prevention (Community-Based Mental Health Services and Supports Standards)	Met	5 of 5	0 of 0
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0
Venous Thromboembolism Prophylaxis (Medicine Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Organ and Tissue Transplant Standards)	Met	2 of 2	2 of 2
Venous Thromboembolism Prophylaxis (Organ Donation Standards for Living Donors)	Met	2 of 2	2 of 2

1.6 Summary of Surveyor Team Observations

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

The organization, Winnipeg Regional Health Authority (WRHA) is commended on preparing for and participating in the second component of its Qmentum survey. The WRHA serves the health needs of a population greater than 700,000 in Winnipeg and accepts specialty referrals from North Western Ontario and Nunavut. The Churchill Health Region has recently joined WRHA as part of the restructuring of health regions in the province of Manitoba. Two board members from Churchill and one from Nunavut are included in the board membership. The WRHA provides oversight for a number of programs and facilities by way of service purchase agreements. Most of these organizations have retained their own governance and administrative structures. The WRHA operates under a matrix structure, with program responsibilities such as strategic planning, standards and support operations under one accountability structure. The hospitals' and Community Area Directors' responsibilities including day-to-day operations and management such as budget, volumes, quality and safety, are under another accountability structure. This leads to a complex organizational structure for integration of quality initiatives and standardization of care processes across the organizations. There are challenges in roles and responsibilities and coordination of overall capital investment in information technology (IT) and infrastructure among the different organizations required to provide the best support for patient/resident care.

The WRHA has recently completed a new strategic plan for 2011-2016, and also has reviewed and revised the vision, mission and values. The new five-year plan calls for an increased focus on improving the patient experience, enhancing the quality and integration of services, and increasing the level of public engagement. Continued areas of focus from the previous strategic plan are worklife, research and education, and system supports including information technology, as well as operating and capital budgets.

With the renewed focus on public engagement, the WRHA is moving to local health involvement groups to provide input on specific initiatives to the board. The efforts of strengthening community partnerships and the role of the community facilitator to strategically support community development and build capacity is proving valuable in improving program access to diverse populations. The diversity of community populations has challenged the teams to be creative in providing community programs. The use of volunteers and outreach programs has helped to reduce barriers and access issues. WRHA is to be commended for their excellent leadership and focus on the health equity issue. They are encouraged to continue in this direction to address the significant health inequities identified across their population.

There is a strong partnership with the Manitoba Government and the University of Manitoba for the sharing of information at several levels, and for the coordination of research agendas. For example, the Community Health Assessment is a provincial initiative and the information is shared with the regional health authorities. The WHRA provides leadership on development of many clinical practices for the province and shares information with other health authorities and organizations.

The organization has undergone considerable change, and the leadership support in change management is acknowledged. The teams feel supported by their managers and the overall team morale appears healthy with strong physician and staff engagement.

There is an experienced stable work force in most programs providing opportunity for mentorship for new staff members. Areas of higher staff turnover are being addressed to achieve more consistency in service delivery. There are ample educational opportunities for learning and development. However, there is not consistent documentation of learning plans, performance reviews and current licensure on staff personnel files. The workforce is dedicated and passionate about their programs and clients. The culture of caring is evident.

Patient flow was cited as a major concern of the board. Other challenges are the changing demographics, the burden of chronic disease and the population demands. The WRHA has made advances in primary care, successfully engaging family physicians in hospital and in community primary care. Innovations in service delivery models include a new birthing model, the integration of services for home care clients and overall coordination of health and social services delivery in the community. The WRHA has been developing Community Access Centres across the region to provide integrated service delivery of community-based programs of health and social services, and other vocational resources. The co-location of programs has helped move the WHRA towards its goal of stronger integration of services and inter-professional teams. This is well-received by both staff members and clients. Overall, clients served by the organization appear to be satisfied with the services delivered and have noted improvement in service delivery.

The organization is developing strategic plans using a quality monitoring framework and logic model at the program levels. The targets are now being developed to provide improved outcome measures and consistent program evaluation. The introduction of a new incident reporting system will enhance the quality management reporting and provide more readily, the necessary feedback to front-line staff.

Despite the fact that this is a mature region with strong leadership and vision, there is not a single regional culture and strong local organizational identities remain. This is a barrier to drive standardized processes and clinical practices across sites to support quality patient care and reduce risk. For example, there are forms for similar use which differ from site to site, such as medication reconciliation; and more generally there is inconsistent implementation of required organizational practices (ROPs) across sites. The integration of services across the region to create a stronger regional identity and accountability is encouraged. There exists an opportunity to review communication strategies and look at branding of regional quality initiatives.

In closing, the organization is commended for its ongoing commitment to quality improvement and is encouraged to continue the leadership in innovative quality initiatives.

Section 2 Detailed Required Organizational Practices Results

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

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

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Communication	
Medication Reconciliation At Admission The team reconciles the client's medications upon admission to the organization, with the involvement of the client, family or caregiver.	· Obstetrics Services 9.5
Medication Reconciliation at Transfer or Discharge The team reconciles the resident's medications with the involvement of the resident, family, or caregiver at transition points where medication orders are changed or rewritten (i.e., internal transfer, and/or discharge).	· Obstetrics Services 12.3 · Long-Term Care Services 12.3
Surgical Checklist The team uses a safe surgery checklist to confirm safety steps are completed for a surgical procedure.	· Obstetrics Services 9.9
Patient Safety Goal Area: Medication Use	
Infusion Pumps Training Staff and service providers receive ongoing, effective training for service providers on all infusion pumps.	· Medicine Services 4.4 · Home Care Services 4.6
Patient Safety Goal Area: Falls Prevention	
Falls Prevention Strategy The team implements and evaluates a falls prevention strategy to minimize client injury from falls.	· Rehabilitation Services 15.2 · Ambulatory Care Services 17.2

Section 3 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

3.1 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.

3.1.1 Priority Process: Planning and Service Design

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

Unmet Criteria		High Priority Criteria
Standards Set: Public Health Services		
1.9	The organization shares the results of the most recent community health assessment with key stakeholders and the general population using a variety of methods.	
5.3	The organization and partners communicate essential public health information at multiple levels using appropriate language and different media.	
5.5	The organization regularly assesses the effectiveness of its communication strategy and uses this information to make improvements.	
9.6	Team leaders regularly evaluate and document each team member's performance in an objective, interactive, and positive way.	
17.1	The team regularly evaluates and improves the quality of its services.	
17.4	At least every three years, the organization evaluates the outcomes and impacts of its public health programs and services.	!

Surveyor comments on the priority process(es)

The various programs greatly appreciate the surveillance team reports for surveillance monitoring, as well as collection and management of epidemiological data, as these provide valuable information for strategic planning. The diversity of the skill set has provided broader perspectives and thinking to the team. These databases will provide a strong foundation for ongoing evaluation. The initiative to invest in development of new information systems will add capacity to better inform public health (PH) programs and support tracking and integrate service delivery. The current system however, is labour intensive with limitations.

Community partnerships and efforts to increase public engagement at the community level are commended. These partnerships are truly valued by the team and proving very valuable to support program objectives for supporting both planning and service delivery. The partners vary and range from schools to local

non-government organizations (NGOs) and service clubs to more recent partners such as the police department and urban planners and these also support program design and objectives. The overall strategic goal of the organization, to foster public engagement, is helping to drive this forward and ensure there are clear agreements and expectations with the partners.

Another noted strength is the ability to respond to communicable disease outbreaks in a timely manner and to increase in immunization rates of the population. In areas where immunization rates are lower than desired, commendation is given to the team efforts at reaching out to families and promoting immunization, resulting in a significant increase in the response rate.

The team has recognized the health inequities and disparities in the population health status. There is the ongoing challenge to invest significantly in health promotion with competing priorities in the healthcare system. The team is encouraged to continue to look at different approaches including the built environment to promote healthy living. There is excitement in the team to move in this direction and efforts to look at the evidence and to reframe some of the team's approaches is encouraging.

Program evaluation to measure the impacts of program and services is not consistent. The organization is encouraged to continue to develop the program monitoring framework and identify key indicators to provide measured outcomes. Ongoing efforts to build strong strategic program plans and logic models are noted. The next step is to ensure the results are measured and feedback is provided to the teams and community to answer the question: "are we making a difference", and consider options for service design and delivery.

The organization is encouraged also, to evaluate its communication strategy and ensure the WRHAS is strategic in the use of various tools such as social media. The heads-up campaign, where social marketing was used effectively, is an example of such evaluation that could help inform other program information campaigns. Other evidence-based strategies need to be considered. There is also a considerable non-English speaking population, where print material is not yet translated. The organization's programs are encouraged to look at various tools to effectively reach these and other priority populations and provide consistent key messages.

3.1.2 Priority Process: Emergency Preparedness

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The disaster management program has developed a broad range of comprehensive plans to address potential emergencies. In response to the previous accreditation on-site survey visit, a revision of the WRHA's emergency response plan was published in June 2012. The plan includes specific contingency plans, response processes, and exercise/drill methods. It is noted the plan references emerging best practices from the Department of National Defence Centre for Security Science's Capabilities-Based Planning Initiative. There is an excellent WRHA influenza pandemic plan and more recently, the heat alert response plan. The response to many different emergencies has proven very successful, with incorporation of the lessons learned into plan updates.

There is strong participation and collaboration with community partners in emergency preparedness. For the most part, the role of community partners is well-defined and instrumental in the overall effectiveness of the emergency response. Identification of the need for psycho-social support as part of the response plan was recently identified, and development of a plan to more effectively respond to this area is commendable.

One of the areas that were noted for improvement is clarification of the Federal government’s role in supporting First Nations in emergency situations. This has proven to be a challenge in previous emergency responses and clarification will be important to avoid duplication of services and ensure a coordinated response effort.

Given the many different partnerships and levels of response required from the service unit to the macro level, the WRHA’s complexity makes it challenging to coordinate planning for emergency responses. Ongoing efforts will be required to ensure there is an integrated response with annual testing exercises and regular updates to the plan at all levels, including fan-out lists.

3.1.3 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)

The surveyor team noted that clients and families understand how to access services and appreciate the support they received in navigating services such as Centralized Intake, 24/7 on-call availability or Mobile Crises and/or through individual services with which they were currently engaged or had previous encounters. Universally, clients and families felt supported in their care journey and experience and were comfortable raising concerns/issues around service access.

Clients and families universally expressed gratitude for being able to access service, particularly in light of what they view as long wait lists for services. They count themselves fortunate to be receiving service and encouraged the WRHA to continue to be innovative and to find ways of expanding service capacity.

3.2 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:

Chronic Disease Management

- Integrating and coordinating services across the continuum of care for populations with chronic conditions

Population Health and Wellness

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

3.2.1 Standards Set: Maternal/Child Populations

Unmet Criteria	High Priority Criteria
Priority Process: Population Health and Wellness	
7.1 The organization identifies and monitors performance measures for maternal/child services.	!
Surveyor comments on the priority process(es)	
Priority Process: Population Health and Wellness	

The Antenatal Home Care Program at the WRHA is a time-tested service originally designed out of economic considerations as a safe alternative to hospital care. It is a success in this regard as a number of evaluations have shown. Currently, it provides clinical care at home as well as support and education to women and their families experiencing antepartum complications. Many of the patients enter the program after discharge from hospital for antepartum problems. Others are referred from obstetricians or family physicians. It currently also provides continued care for patients with hypertension in the immediate postpartum period. It has achieved a national reputation and has served as a model for programs in other parts of Canada.

The home care nurses within the program conduct careful patient education programming as a major component of their clinical services. The nurses, who require as a condition to the position a high level of skill as obstetric nurses, have evolved into public health nurses as well.

There is a community partner's advisory group that meets on a regular basis to provide input into the program. This group includes hospital based obstetrical managers and educators, an obstetrician and representatives from primary care. The program draws major support from this group. Other support comes from aboriginal health services, pastoral care, diabetes educators and individual family physicians whose patients are within the program.

An excellent electronic medical record exists. This permits sharing of information with midwives and other primary care providers.

The program is encouraged to use the strength of the electronic medical record to identify and monitor performance measures for the program.

3.2.2 Standards Set: Mental Health Populations

Unmet Criteria		High Priority Criteria
Priority Process: Chronic Disease Management		
6.5	The organization uses the information system to generate regular reports about performance and adherence to guidelines, and to improve services and processes.	
7.1	The organization identifies and monitors performance measures for mental health services.	!
Surveyor comments on the priority process(es)		
Priority Process: Chronic Disease Management		

The programs are to be commended for the variety of initiatives by which they engage clients, families, and stakeholders. Universally, clients and families expressed their satisfaction not only with direct care received, but also with their involvement in care and service planning, and how they were respected as individuals. This was also clearly manifested in an approach to maximizing client empowerment, responsibility and accountability in decision-making around service planning and action. Moreover, all clients and families spoken to expressed a strong affiliation with their primary mental health providers and teams. This was true in all programs and sites visited, such as the Manitoba Adolescent Treatment Centre (MATC), the Attention Deficit Hyperactivity Disorder (ADHD), the Intensive Residential Treatment, inpatient services at Health Sciences Centre, the McEwen site, the Access Downtown and the Program of Assertive Community Treatment (PACT) at Leila. Beyond that, community members of the WRHA Regional Adult Mental Health Advisory Council felt strongly engaged by the region, found their work on the Council strongly supported, and felt that their input had value to the WRHA in evaluating and developing services, for example in regards to the Crisis Response Centre.

Staff generally expressed strong feelings of support from management. They reported being supported through continuing education and training, to maintain safe practice and to manage their work with an appropriate level of autonomy.

In several programs, management and staff identified that regular program meetings were held. These meetings focus on a range of issues appropriate to ensuring excellent functioning of the program and team. The topics covered include sharing of clinical information and trends between team members, suggestions for service delivery changes, and evaluation of team function. These efforts are to be commended.

From a standpoint of review and dissemination of evidence-based guidelines and best practices, work at an individual program and site level is supplemented by the work of a Regional Practice Guideline Coordination Committee.

Community partners were generally complementary about WRHA’s engagement in identifying and resolving a number of issues of joint concern/interest.

The WRHA's Mental Health services are encouraged to undertake development for each program and site, of a more robust set of quality and performance metrics, which are meaningful to staff, and clients and families,

which can support ongoing evaluation of client needs and service offerings, and which will inform service direction into the future. In some cases, data already being collected is amenable to further development with relatively little effort. This would allow programs to demonstrate and report on the quality of services being offered.

The WRHA is currently challenged by the existence of a number of paper-based and electronic based record systems. In many circumstances, electronic systems do not communicate with one another. Program staff were often observed - or reported - that they had to access one or more electronic systems or had to supplement their work by accessing paper records or receiving hard copy documentation from other sites and programs.

There were suggestions that the WRHA could play a stronger role in coordinating and rationalizing efforts of various agencies in the region. This was tempered by acknowledgement that the WRHA is not responsible for how some initiatives roll out, such as initiatives from the Department of Health, or other government ministries, and thus may not be positioned to manage implementation and coordination.

3.2.3 Standards Set: Public Health Services

Unmet Criteria		High Priority Criteria
Priority Process: Population Health and Wellness		
11.5	The organization works with its partners to create supportive employment and living environments.	
11.8	The organization regularly assesses the impacts of its health promotion activities on the intended outcomes.	
17.3	When evaluating its services, the team involves clients, families, and other organizations.	
17.7	The team regularly completes utilization reviews to ensure resources have been used appropriately.	
Surveyor comments on the priority process(es)		
Priority Process: Population Health and Wellness		

One strength is the organization's work with the community to build capacity. The role of the Community Facilitator has been to engage community partners to build capacity and empower the community. Small grants awarded to organizations to promote healthy living has provided a wide range of health promotion activities among diverse groups at minimal costs with the added advantage of building confidence and competence in new community leaders. The focus on leveraging partnership with the community is commendable and showing positive results.

Tailoring health promotion to its target audiences and the settings where they will be delivered was noted as another strength. For example, the Healthy Baby Program is delivered at a school in a French speaking community where the children will eventually go to school. The school provides volunteers for the day care for older siblings, while the Healthy Baby Program is conducted. In this case, it creates a strong social and support network for these parents within their community. The program is in the morning allowing Moms a chance to get out for part of the day. Similarly, the same program is delivered for Moms twenty one years and under at the school where many are enrolled, but for this age group, the program is after school and provides a nutritious meal with recipes and activities to promote role modelling and provide information for the Moms. Street Connections in the Healthy Sexuality program similarly provides outreach programs where outreach workers use a van and downtown walk-in clinic to best meet the needs of the population served.

The injury prevention program is a highly focused approach to advance policy and health promotion activities on significant population health risk issues such as falls prevention strategy and bicycle helmet legislation. The tools developed to support these quality initiatives and communicate to the public are well researched and excellent resources.

The team is encouraged to pursue the recent partnership with urban planners for infrastructure and transportation to look at opportunities to create supportive environments for healthy living. The recent Coalition Linking Action and Science for Prevention (CLASP) project will help the organization move on this direction.

There is not consistent evaluation of the impact of health promotion activities on intended outcomes and overall health status. The team is encouraged to establish processes to measure the outcomes of program and activities. The evaluation process should include feedback from clients, families and community partners.

The team is encouraged to regularly review resource utilization to ensure appropriate usage. There are examples of resource reallocation and more effective assignments. More regular reviews would ensure such opportunities are not missed. The introduction of new information tools will assist in workload measurement.

3.3 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:

Organ and Tissue Transplant

- Providing organ transplant services, from initial assessment of transplant candidates to providing follow-up care to recipients

Primary Care Clinical Encounter

- Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services

Clinical Leadership - Primary Care

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

Competency - Primary Care

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

Impact on Outcomes - Primary Care

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

Decision Support - Primary Care

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

Organ Donation (Living)

- Providing organ donation services for living donors, including supporting potential donors to make informed decisions, conducting donor suitability testing, and carrying out donation procedures

Clinical Leadership

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

Competency

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

Episode of Care

- Providing clients with coordinated services from their first encounter with a health care provider through their last contact related to their health issue

Decision Support

- Using information, research, data, and technology to support management and clinical decision making

Impact on Outcomes

- Identifying and monitoring process and outcome measures to evaluate and improve service quality and client outcomes

Organ and Tissue Donation

- Providing organ donation services for deceased donors and their families, including identifying potential donors, approaching families, and recovering organs

3.3.1 Standards Set: Acquired Brain Injury Services

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
1.9	The team regularly reviews its services and makes changes as needed.	
2.1	The team works together to develop goals and objectives.	
2.2	The team's goals and objectives for its acquired brain injury services are measurable and specific.	
Priority Process: Competency		
3.8	The interdisciplinary team follows a formal process to regularly evaluate its functioning, identify priorities for action, and make improvements.	
4.4	The organization trains the team on how to prevent workplace violence.	
Priority Process: Episode of Care		
7.8	The team uses standardized clinical measures to evaluate the client's pain, taking into consideration the client's communication and cognitive capacities.	
11.6	Following transition or end of service, the team contacts clients, families, or referral organizations to evaluate the effectiveness of the transition, and uses this information to improve its transition and end of service planning.	
Priority Process: Decision Support		
14.2	The team reviews its guidelines to make sure they are up-to-date and reflect current research and best practice information.	!
14.3	The team's process includes seeking input from staff and service providers about the applicability of the guidelines and their ease of use.	
Priority Process: Impact on Outcomes		

14.5	The team shares benchmark and best practice information with its partners and other organizations.	
16.1	The team identifies and monitors process and outcome measures for its acquired brain injury services.	
16.3	The team compares its results with other similar interventions, programs, or organizations.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The acquired brain injury (ABI) program has access to information on the brain injured population in Manitoba from the Manitoba Brain Injury Association. There is a close link between the program and the organization that work together to provide service and facilitation for the ABI population.

The program is client-centred and fits into the regional strategic direction of enhanced patient experience. The clients interviewed spoke highly of the service they were receiving and it was obvious from meetings and discussion with staff that their focus is in providing a client-centred approach to their service delivery. The team works closely with their partners in the acute care and home care settings to provide seamless continuity of care.

It was obvious from discussion with staff members and clients that the clinical team leader has the background and skills appropriate to the ABI population. This leader is highly regarded by staff and clients in the program. The team supports students from all of the various disciplines involved in the interdisciplinary team. There is evidence of a strong volunteer base and this includes some of the discharged clients.

The program has worked with the Manitoba Brain Injury Association to deliver prevention messages to at-risk populations, and is just starting to look at bringing the message of prevention to the school systems. Encouragement is offered to bring the message of prevention to a wider audience.

The ABI program has not had a long history at this site, having transitioned from the tertiary care centre at Health Sciences Centre Hospital to Riverview site, and is still in the process of developing the program. Encouragement is offered to develop goals and objectives for the team members to focus their efforts as they build the program. They will also need to build an evaluation process so that they can review their services and make changes where necessary.

Priority Process: Competency

The program has a strong interdisciplinary team whose members work well together to coordinate their clients' care. Team members are comfortable with one another, know their roles and work together in a collaborative way to facilitate client-centred care. There is evidence that team members are able to attend education and training sessions specific to the brain injured client. The team holds regular team rounds to discuss client progress and achievement of goals and objectives. Every team member reports on their respective clients' progress and barriers to keep all team members updated on the achievements of clients. Home care staff members also attend rounds and are integral in assisting with discharge planning for a seamless continuity of care. The staff members identify that they receive regular performance reviews.

Although staff members are aware of the process for reporting incidents of workplace violence, they could not identify a formal training program on how to prevent workplace violence. Some of them however, were able to talk about education opportunities for identifying behavioural issues but again, not specific to workplace violence. Encouragement is offered to look at a formal education process on prevention of work place violence.

There is no formal process used to evaluate the team's function. Again, encouragement is offered to develop an evaluation process and to address any issues that arise from an evaluation for ongoing quality improvement purposes.

Priority Process: Episode of Care

The interdisciplinary team is made up of a highly motivated group of professional staff that are client focused. They work together to maximize functional gains for their clients. The clients interviewed spoke highly of the staff and the service provided by the team. There are good communication lines between the disciplines that facilitate the continuum of care. Each of the team members completes a comprehensive assessment for every client. Team discussions and decisions at rounds are documented in their interdisciplinary notes.

All referrals for the ABI program go to a central waiting list and it is noted that although wait times fluctuate, the average wait for assessment and admission to the program is short. The physician that reviews the referral assessment identifies when a client is not ready for the ABI program. The physician provides advice on what can be done to prepare the client in order to meet the criteria for admission. The physician also provides information on alternate services when the client cannot be admitted to the program.

The program encourages staff members to report incidents and to use the report as a learning tool for improvement. It is felt this 'no blame no shame' approach to incident reporting has encouraged staff to report.

The clients spoken with were aware of their rights and knew who to contact if they had any concerns about their care. The team collaborates with the clients and their families in developing goals and objectives. Goal achievement is discussed and documented. Clients indicated that they were aware of their care plans and felt that they had input to the plans. The team has developed a form to ensure that pertinent information is provided at transition points and at discharge.

It appears that a region-wide coordinated approach to care for ABI clients is lacking. There are pockets of excellent care such as the program at Riverview site and the Health Coordination program within Home Care.

The ABI program is challenged in discharging their clients due to limited resources in the community, including access to outpatient treatment, housing and vocational training. There exists a two-tier system in that clients who have been involved in a motor vehicle accident have access to third party funding for private care providers post discharge; whereas other ABI clients are unable to access the same level of post discharge care. The WRHA is encouraged to continue to work at developing a consistent model of care that covers the full continuum of services for this complex client population.

The team is encouraged to review how they chart their information and work at reducing unnecessary duplication. Charting is comprehensive but it was noted that some of the forms were not signed off, making it difficult to identify who had completed the form. The team is advised to review their charting and verify that all assessments and forms are signed off by the appropriate staff member(s).

Currently, there is no formal process in place to do follow-up with ABI clients once they have been discharged from the program. The team uses the Functional Independence Measure (FIM) assessment tool on admission and during the hospital stay but does not complete a process for follow up. The program staff members would benefit from a follow-up process to help them evaluate the effectiveness of their discharge process.

Priority Process: Decision Support

The team has developed good tools to facilitate transfer of information at transition points. The team has a good process to ensure that they receive the necessary information on clients from their referred source.

The team has access to best practice information on brain injury clients and treatment with its association with the Manitoba Brain Injury Association, the region and their facility. Team members have regional calendars of educational opportunities that they can access.

The facility has an ethics committee with staff representation. The team members feel that they have access to their managers, the team and the committee to report ethics issues.

In discussion with team members, they identified that although they do have access to new information systems, they could benefit from a more extensive education on how to use the new systems. They did acknowledge that they are trained on new technology related to patient care.

The team members are encouraged to set up a process to regularly review their guidelines.

Priority Process: Impact on Outcomes

All clients admitted to the Brain Injury program are assessed for risks of falls. There was evidence that the falls prevention intervention is specific to the individual clients needs. The program reports the number of falls to the Regional Rehabilitation program and receives reports on a monthly basis. This is one of the Rehabilitation Program's quality improvement initiatives and the ABI program is working with the region on this initiative. Staff members routinely use two identifiers prior to providing service which was validated in discussion with the clients.

Although the team completes FIM assessments on every client it does not collect aggregate data and there is no process for comparing the results with other agencies. Team members feel that they are obtaining good results with their clients, and it is suggested that comparing their data with similar programs would be a good way to confirm their outcomes. Encouragement is offered to continually look at other areas of their service for opportunities to make improvements.

3.3.2 Standards Set: Ambulatory Care Services

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
1.1	The team collects information about its clients and the community.	
1.2	The team uses the information it collects about clients and the community to define the scope of its services and set priorities when multiple service needs are identified.	
2.1	The team works together to develop goals and objectives.	
2.2	The team's goals and objectives for ambulatory care services are measurable and specific.	
Priority Process: Competency		
3.7	The interdisciplinary team follows a formal process to regularly evaluate its functioning, identify priorities for action, and make improvements.	
Priority Process: Episode of Care		
8.6	The team uses standardized clinical measures to evaluate the client's pain.	
12.6	Following transition or end of service, the team contacts clients, families, or referral organizations to evaluate the effectiveness of the transition, and uses this information to improve its transition and end of service planning.	
Priority Process: Decision Support		
16.1	The organization has a process to select evidence-based guidelines for ambulatory services.	!
16.2	The team reviews its guidelines to make sure they are up-to-date and reflect current research and best practice information.	!
16.3	The team's guideline review process includes seeking input from staff and service providers about the applicability of the guidelines and their ease of use.	
Priority Process: Impact on Outcomes		
16.5	The team shares benchmark and best practice information with its partners and other organizations.	
17.2	The team implements and evaluates a falls prevention strategy to minimize client injury from falls.	ROP

	17.2.4	The team establishes measures to evaluate the falls prevention strategy on an ongoing basis.	**MINOR**
	17.2.5	The team uses the evaluation information to make improvements to its falls prevention strategy.	**MINOR**
18.2	The team monitors clients' perspectives on the quality of its ambulatory care services.		
18.3	The team compares its results with other similar interventions, programs, or organizations.		
18.4	The team uses the information it collects about the quality of its services to identify successes and opportunities for improvement, and makes improvements in a timely way.		
18.5	The team shares evaluation results with staff, clients, and families.		

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The survey of several different programs under the same set of standards represents a challenge in assessing compliance with a number of the standards due to the disparate nature of the services and the unique patient populations being served. The program areas surveyed include two dental clinics under the Oral Health program, the Rehabilitation Centre for Children, the Day Hospital program at the Deer Lodge Centre, and the Genetic and Metabolism program. There exists a commonality of strong clinical leadership, interdisciplinary team delivery of clinical services, and a defined patient population. All of the programs function on an ambulatory, out-patient basis. These programs do not provide some of the clinical procedures, therapies and interventions covered by these standards specifically, the Required Organizational Practices standards related to training on infusion pumps.

Common strengths of the ambulatory programs include interdisciplinary functioning both in clinical service delivery and in the planning of services. Staff members that were interviewed in all of the programs expressed high degrees of engagement with the program and with the specific clinic services provided as well as a personal commitment to the clientele being served. This is reflected in a high degree of patient satisfaction with the services offered by these programs, although for the most part this satisfaction is determined via anecdotal information and individual feedback rather than through formal assessments or surveys.

These programs align with the overall strategic goals of the WRHA and fill specific niches serving clearly defined populations. Each of the programs has a clear mandate for the population served and the services provided. There is effective collaboration with other services and programs to provide comprehensive services for patients and clients and to ensure a smooth transition for clients between services. The programs surveyed are effective at ensuring that information on the services that they offer and the process for accessing them is easily accessible to both patients and other care providers. Staff members in all roles and programs express satisfaction about being involved in team and program planning.

While the programs surveyed have goals and objectives, these are for the most part, implied goals or goals of a general nature. There exists an opportunity for the programs to develop specific and measurable goals with clear indicators, targets and benchmarks, and to use these indicators both to assess the quality and effectiveness of the services delivered and to share successes between programs across the WRHA and

elsewhere. Staff members interviewed are currently aware of the overall goals of the program in which they work or practice, with the exception of the Genetics and Metabolism program and the Rehabilitation Centre for Children. They are not aware however, as to whether or not these goals are being achieved, nor do they have the information necessary to plan improvements to their service delivery to meet these goals.

Priority Process: Competency

Each of the ambulatory care programs surveyed functions as a clinical team. The teams consist of both regulated professionals and non-regulated staff. In all instances, these staff members have appropriate training and the necessary credentials to undertake their roles on the team. There is a combination of formal and informal orientation programs for new team members based on the complexity and specialized nature of the clinical services provided.

The WRHA has a broad array of training courses and procedures or condition-specific decision support available to professional and non-professional staff. A variety of media is used for this purpose. There are online courses, just-in-time learning and specialized training. In each of the ambulatory programs surveyed, staff members have a high degree of awareness of these resources and there is evidence that these resources are utilized effectively.

In each of the programs and clinics surveyed, clinicians co-operate with other services and utilize shared space for patient examinations.

Although managers reported that they know that all of their staff members hold the appropriate credentials and valid licenses, not all of the human resource (HR) files reviewed had documentation of current professional licensure or of professional credentials. Depending on the specific profession, be it physician, nurse or other, there are a variety of reporting methods for verifying, reporting, and documenting professional credential status. These inconsistencies create the potential for process gaps and could create liability in the situation of a mass critical event audit, as has occurred in other jurisdictions.

The dental clinic at the Deer Lodge Centre is the only program surveyed in which sterilization equipment is used. All other programs either use single use disposable equipment and supplies or use the services of the central sterile supply and reprocessing (CSR) department of the WRHA. The sterilization equipment at the dental clinic is appropriate to the setting and appropriate sterilization techniques are being followed. However, there may be opportunities for further alignment with the central reprocessing department for enhanced quality control.

Priority Process: Episode of Care

The ambulatory programs reviewed in the Child Health, Oral Health, Genetics and Metabolism, and Rehabilitation and Geriatrics programs provide a broad range of clinical services to a diverse group of defined populations. The services provided are unique to these populations. There are noted areas of strength and challenges unique to each of these programs. There are also common areas of strength and opportunities for improvement that are common to all of the programs surveyed.

Each of the programs and settings surveyed has a strong patient/client focus that is reflected in the emphasis on providing pertinent and timely information to clients on the services provided, access to services and safety. In each of the settings surveyed, staff members work to schedule patients to access interdisciplinary services that require a high degree of logistics to coordinate schedules. In each setting surveyed, there is a clear focus on scheduling to meet the clients' needs, albeit within the constraints imposed by professional availability. This client/patient focus was commented on and reiterated by patients/clients interviewed.

Although the context of the ambulatory programs differs, each of the programs has developed an effective approach to undertaking medication reconciliation as a key safety initiative. While the format of medication reconciliation varies between the programs, staff members are not only aware of the current initiatives underway but also of the clinical and operational rationale for the specific methodology employed in their setting. In all settings surveyed, patients are actively involved as partners in medication reconciliation.

Each of the programs surveyed has effective mechanisms in place for the transfer of information at points of transitions in care. The involvement of clients with the varying programs ranges from a single consultation encounter such as for the Genetics and Metabolism program to multi-year follow-up at the Rehabilitation Centre for Children. However, in every instance there is an awareness of the service's role in the continuum of care that the client is receiving and effective mechanisms to ensure that appropriate information is transferred between providers to ensure smooth and safe transitions.

Detailed information is provided to patients and it includes referral sources following consultation and investigations. Information is provided to patients and families in plain language. As appropriate, family groups are brought in for education and counselling specifically for the Rehabilitation Centre for Children and Genetics and Metabolism program.

In keeping with the focus on information transfer, there are opportunities for improvement regarding consistent evaluation of the effectiveness of this information transfer. Evaluation of regular feedback from referral sources and from other care providers, as well as from patients and families would help ensure that information transfer is streamlined, effective and timely and that potential gaps in information transfer are avoided.

Priority Process: Decision Support

There are variations between the ambulatory programs surveyed in the use of practice guidelines. The Rehabilitation Centre for Children has a clear process for selecting or developing clinical guidelines for the management of specific conditions. The Dental programs surveyed rely instead on professional standards of care propagated by the regulatory college and representative professional association to guide treatment decisions. Similarly, there are variations in the role of research and knowledge generation. The Genetics program is widely recognized and publishes extensively. In all instances where research is undertaken, there is appropriate research and ethics oversight and the programs' research activities meet applicable standards.

There is a wide variation in information management and the availability of electronic information. It is clear that the organization is in a period of transition toward electronic medical and health records and toward inter-connectivity and integration of patient information. The clinics and programs surveyed utilize a wide range of patient charts and records and have inconsistent access to information on electronic lab results, picture archiving communications system (PACS), and patient records. While the individual clinics have developed 'work arounds' and processes specific to their unique information needs, there is an opportunity for improvement across the WRHA for a focused and consistent approach to information management that includes the ambulatory care settings in which these programs operate.

Priority Process: Impact on Outcomes

Each of the programs surveyed has undertaken work to ensure that all clients are appropriately identified using two client identifiers prior to any procedure. The format by which client identification takes place varies between programs as the context of care and the client populations served vary. However, there is an consistent approach across all of the ambulatory programs surveyed to develop appropriate protocols for the identification of clients.

Similarly, while the risk of falls varies between the client populations being served, each of the programs has an organized approach to assessing the risk and reducing the potential for falls. Clients are consistently provided with information, and information is prominently displayed on the role of clients in ensuring and promoting safety. All sites' handwashing and hand sanitizing materials are prominently and strategically placed for staff and client use and both staff and clients were observed to use these materials.

The Genetics program staff members continually make process improvements to reduce their general program wait list. At this time the program meets benchmarks for time sensitive counselling and testing such as prenatal screening.

While considerable work has been done to introduce and update protocols and processes in alignment with organization-wide client safety initiatives such as falls prevention, there exist opportunities for improvement. Examples are the need for consistent evaluation of the effectiveness of such programs and the use of evaluation results to generate improvements to these processes. Some programs and clinics such as the Rehabilitation Centre for Children routinely obtain feedback from clients on the quality of the services provided however, this is not consistent across the ambulatory programs. In other clinics and programs feedback is anecdotal and is not routinely used to inform quality improvement (QI) initiatives.

The programs surveyed have considerable information from data and indicators relative to activity and service volume levels. These programs are encouraged to develop process and outcome indicators and to establish targets and benchmarks to guide QI activities. It will also be important for these programs to ensure that front-line staff members receive timely feedback and useful information derived from submitted reports, whether these reports are incident-based, or are submitted as part of routine program monitoring.

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

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
4.3	The organization maintains up-to-date and accurate records of all staff and service providers' credentials, and reviews the records on a regular basis.	
4.8	Staff and service provider training and education are documented in personnel files.	
4.10	Team leaders regularly evaluate and document each staff member's performance in an objective, interactive, and positive way.	
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
19.2	The team regularly monitors process and outcome measures.	
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

The program takes a strong person-centred, strengths-based, individually-directed approach to service provision. Time and again examples could be noted regarding the passionate commitment that staff have to finding solutions to challenges presented in providing and maintaining quality of care to clients/patients and families. All of this is highly commendable. Where possible, families or significant other supports were readily engaged in service delivery and were otherwise supported in their associated challenges.

Community partners were complimentary about the WRHA's role in building community capacity and if anything, were supportive of further engagement by the WRHA in this regard.

The program is urged to expend stronger efforts at developing metrics that help it assess service demands, utilization and effectiveness on a regular basis. Such efforts need not be overly complex or require huge amounts of labour. Effort will however, go some way to helping the team evaluate and manage its service

offerings and further offer the potential to further enhance communication with clients and families about the quality of service they are receiving.

While there were no expressed complaints about a lack of supplies or equipment, some space deficiencies were noted for mental health services for children youth and families at the Manitoba Adolescent Treatment Centre (MATC) for example, in the office space for Youth Addictions Centralized Intake (YACI), and in the configuration of Attention Deficit Hyperactivity Disorder (ADHD) space.

Priority Process: Competency

Several excellent examples of well-functioning interdisciplinary teams were noted during the on-site survey. Particularly impressive is the shared care model of service.

Student placement and support does occur. Students talked with during the on-site survey were appreciative of the quality of their experience.

The program demonstrates strong commitment to staff education and this was universally expressed by staff members. This commitment was manifested by access to regionally offered sessions, some financial support and flexibility in work hours.

Team members universally commented on the commitment that the organization showed for their personal safety and were readily able to identify a number of options they had to ensure their safety while delivering service to clients.

It was noted that staff training and education was not always documented or documented consistently in the personnel files reviewed.

Furthermore, staff members do not regularly receive formal performance appraisals and/or such documentation is lacking in their personnel files.

Priority Process: Episode of Care

The team consistently demonstrated and was cited by clients/families for engaging in an open, transparent and respectful relationship with individual clients. In addition, clients were readily able to identify that they understood their rights and responsibilities in receiving service.

It was clearly demonstrated that extraordinary efforts are often undertaken to ensure that client needs are met. One excellent example of persistence in light of many challenges in maintaining service is to be found in the program for assertive community treatment (PACT). Others could also be cited.

In several circumstances, it was noted that not only were individual client needs identified and supported, so too were the needs of families. Clients and families universally expressed satisfaction at their involvement in their service planning. As service needs changed, they were again involved in changes. There was strong evidence of excellent transfer of information between services and with the clients and families.

Given that staff members appear to be unaware of ethics consult opportunities, the organization needs to take steps to enhance the profile of this service.

The program is encouraged to continue moving forward with its plans to standardize practices related to suicide assessment and intervention across the program.

Priority Process: Decision Support

There are numerous mechanisms/processes by which the service continually evaluates its practices. This includes team-based, client-focused, real-time evaluation of care as well as a regional practice guideline committee that is focusing on a number of broadly applicable practices for the Mental Health program.

Priority Process: Impact on Outcomes

All aspects of mental health services are strongly committed to the safety of team members. Team members were able to identify a number of mechanisms by which they could ensure their safety, as well as that of the client, including refusal of work, alternate locations/opportunities for service delivery, and use of a buddy system as required. In all circumstances, staff members felt that their safety was important to management.

The services do have incident and occurrence reporting processes and systems in place and reporting does take place. However, there does not appear to be a robust means of aggregating data, analyzing and reporting on trends, communicating results to staff, and ability to make system-wide changes to practices as may be suitable. The WRHA is encouraged therefore, to further pursue these opportunities to enhance the impact of its reporting systems.

A consistent challenge for most components of the Mental Health services of the WRHA namely, Adult Mental Health and Child and Adolescent Mental Health, is the lack of comprehensive, robust and routinely collected/reported performance metrics for services delivered. In most cases, volume metrics are collected and a limited number of regularly collected quality and performance metrics. In circumstances where some metrics are being collected, it was not observed that these are widely shared or reported to staff members or clients/families. This challenge is compounded by a lack of automated data collection/analysis and the lack of a common electronic record across services to make data collection/analysis easier. It is understood that efforts are being made to move towards greater commonality of electronic systems and this effort is encouraged.

3.3.4 Standards Set: Critical Care

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

The critical care standards were applied in the setting of the two neonatal intensive care units (NICUs) in the WRHA at the Health Sciences Centre Hospital and at the St. Boniface Hospital sites. The standards cover critical care as it is delivered in a variety of settings, and some of the clinical standards are more appropriate in the setting of adult critical care. Consequently, some of the Accreditation Canada Required Organizational Practices (ROPS) have been deemed to be 'not applicable' in the exclusive context of neonatal intensive care.

The two NICUs are staffed by a common group of neonatologists, with a few individual exceptions. This group of medical specialists provide exemplary clinical leadership to the interdisciplinary team providing highly specialized care. The clinical teams have strong leadership from all clinical disciplines and this leadership and interdisciplinary teamwork has created an atmosphere of clinical excellence and continuous improvement. There is cross-representation between the two teams to committees and groups responsible for the quality management and improvement and the development of clinical protocols. The clinical protocols developed by the NICU teams, particularly regarding respiratory support for neonates have generated new clinical knowledge and this knowledge is being translated into improved clinical practices not only in Winnipeg but across the country and internationally.

The NICU teams have developed strong processes for anticipating the need for their services and actively plan for the arrival of individual patients. In addition, the two NICU teams plan collaboratively for surge management and collaborate with other centres nationally to ensure that all high-risk neonates receive appropriate care. The two NICUs serve a referral base that covers all of Manitoba, north western Ontario, and parts of Saskatchewan and Nunavut.

The NICU teams have clear and explicit goals and objectives for their services and use clinical benchmarks to gauge the effectiveness and appropriateness of the care that they provide.

The Health Sciences Centre's NICU recently undertook a complete evacuation in the context of a fire. The team is commended for the efficient and safe evacuation that resulted. In addition, initial evaluation of the NICU has pointed to the effectiveness of space and service planning for an intermediate care nursery and for surge capacity protocols, as well as to the excellent teamwork.

Although there is excellent collaboration between the two NICU sites regarding all aspects of clinical quality management and to some extent, staffing, there is still site-specific approval of clinical protocols. Since the majority of staff practice and work in only one site, there is the potential for asynchrony in the management and application of clinical protocols leading to variations in outcomes between the two sites. Since both NICUs operate under the same program, the organization is encouraged to ensure that standards of care and the supporting decision support materials are harmonized, and that the processes by which quality of care is managed are unified.

Priority Process: Competency

The NICU teams function as true interdisciplinary teams. There are formal rounds and informal opportunities and venues for all team members to actively participate in the planning and review of the care provided to NICU patients. All team members have the opportunity and are encouraged to exercise leadership in the design and implementation of practice improvements. The interdisciplinary nature of care provision in the NICU is reinforced, and patient-focused care is enhanced by active parental involvement in daily care rounds. Parents report feeling that they not only have access to all members of the care, but that they have an increased sense of trust in all members of the team as a result of observing the level of collegiality and inter-professional reliance expressed in the rounds.

Staff members in the NICU report a high level of trust in and support for their colleagues. There is a clear and consistent orientation process for new staff to this high technology, high clinical risk area of practice. There is a sense of pride expressed by staff in the unit and in the opportunity to work in a leading clinical setting.

There are processes in place and staff members have the opportunity to access services to address grief and stress that are a result of practicing in a high-risk clinical environment. There are formal processes such as an annual memorial, to recognize patients that did not survive the neonatal period. Staff members are encouraged to address their own grief and stress and to engage with the families of their patients.

The NICU at St. Boniface site is limited in space. This creates challenges for patient privacy, for work flow and could create risks in the event of an emergency similar to the one experienced by the Health Sciences Centre NICU.

The staff members of the two NICUs are almost exclusively members of regulated professional bodies and hold the appropriate credentials and valid licenses. However, not all of the human resource (HR) files reviewed had documentation of current professional licensure, or professional credentials. Depending on the

specific profession be it physicians, nurses, others, there are a variety of methods used in the WRHA for verifying, reporting, and documenting professional credential status. These inconsistencies create the potential for process gaps and could create liability in the situation of a mass critical event audit, as has occurred in other jurisdictions.

Priority Process: Episode of Care

As mentioned elsewhere in the report, because of the highly specialized nature of the critical care services and the patient population served by the two NICUs, several of the clinical standards for critical care were considered to be non-applicable. Specifically, the venous thrombo embolism prophylaxis standards do not apply to the NICU, nor do the standards regarding delirium screening and interruptions in sedation. This should not be interpreted as a failure to follow appropriate clinical guidelines and protocols for the management of sedation. The NICU teams utilize the Neonatal Pain, Agitation and Sedation Scale (N-PASS) as part of the regular assessment of patient clinical status.

The NICU teams utilize, and in some cases have developed, evidence-based leading practice guidelines for the management of specific conditions and the prevention of complications. Examples of these include the N-PASS tool, skin care and management protocols, and ventilation protocols.

The neonatal team has clinical guidelines for the management of both common clinical concerns such as for enteral feeding and uncommon concerns such as congenital diaphragm hernia. These guidelines and practice protocols are regularly reviewed and updated to verify currency with evidence and leading practices.

The neonatal team has a significant role in clinical outreach as the neonatal infant transport team that services all of Manitoba, parts of north western Ontario and south western Nunavut. The team actively monitors for pending high risk deliveries across the catchment area and mobilizes its resources accordingly.

The neonatal team is actively involved in the WRHA's medication reconciliation initiatives, and has developed specific tools for medication reconciliation that are appropriate to the NICU environment.

Priority Process: Decision Support

The two NICU teams are lead by specialist neonatologists and these specialists or their clinical fellows are constantly present in the NICU. This ensures that emergency care is constantly available.

There is a focus on ensuring that blood collection and other invasive testing or procedures are streamlined and coordinated to minimize the trauma to and impact on patients.

The teams have introduced the use of two client identifiers during interdisciplinary rounds to ensure accuracy of results reporting and information integrity.

There is cross representation between the two NICUs on each others' clinical working groups and quality committees. This is an important mechanism to ensure information sharing and communication between the two teams, consistent evaluation of care processes and outcomes, and to ensure consistency in care.

There is excellent collaboration between the two NICUs in the development, utilization, implementation and evaluation of clinical protocols and guidelines. However, these decision support tools continue to be site specific in scope. With consequent variations in the standards of care between the two sites it creates the potential for variations in the application of care protocols, particularly by staff members that do not practice in both settings. The organization is encouraged to explore options to further harmonize care

standards and the supporting decision support tools to ensure consistent high quality care and excellent patient outcomes.

There is variability between the sites, and within sites regarding access to electronic clinical information. At both sites there is a combination of electronic and paper-based records, although not the same combination. Critical clinical information such as laboratory records and digital diagnostics are not consistently available. The organization is encouraged to move forward with the implementation of comprehensive electronic patient information management tools and with the development of a strategy to optimize information availability and flow. This will enhance patient care, reduce risk and inefficiency, and provide a fertile venue for further evaluation and research opportunities.

Priority Process: Impact on Outcomes

There is a strong research agenda that involves both NICUs in ongoing clinical research. The WRHA's Child Health program and its neonatal services are active participants in Evidence Based Practice in Improving Quality (EPIQ II) - a five year Canadian Institutes of Health Research (CIHR) grant funded research program in newborn care.

Research in ventilation methods for neonates has lead to improved clinical outcomes with low rates of bronchopulmonary dysplasia amongst graduates of the WRHA's NICUs. This has resulted in clinical practice guideline improvements and knowledge translation that is improving newborn ventilator care at national and international levels. As an academic centre, the NICU team is constantly evaluating its outcomes against benchmarks and assessing its performance.

Priority Process: Organ and Tissue Donation

The WRHA has chosen to have its two Neonatal Intensive Care Units (NICU) as organizational components of the Child Health program, and surveyed against the Accreditation Canada Critical Care standards. These standards include a section on organ and tissue donation. The patient population served by these NICUs are high risk, acutely ill neonates. Although this patient group may be considered in the context of recipients of organ donations, particularly heart transplants, this is an extremely sub-specialized service and is not offered directly by the WRHA, but by referral to an established heart transplant program in Edmonton.

This patient population served by the NICUs is not typically considered as potential organ donors, unlike the patient population served by adult intensive care units and critical care programs. The standards for organ and tissue donation are separately surveyed in the corresponding survey of WRHA's Transplant program (Transplant Manitoba, Eye Bank, Tissue Bank Manitoba). Consequently, it is considered that the organ and tissue donation standards, while an essential component of a Critical Care program, do not apply in the context of the NICUs surveyed.

3.3.5 Standards Set: Developmental Disabilities Services

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
2.2	The team's goals and objectives for its developmental disabilities services are measurable and specific.	
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		
16.9	Team members participate in quarterly safety briefings to share information about potential safety problems, reduce risks, and improve quality of service.	!
17.1	The team identifies and monitors process and outcome measures for its developmental disabilities services.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

It is noted that St. Amant River Road facility is an older faith-based institution that is steeped in a history of caring for people with developmental disabilities. A long history of service has resulted in the development of a specialized body of knowledge in working with long-term residential care clients. The leadership team is currently engaged in a site-specific strategic planning process that has yet to be approved. Broadly speaking, the team identifies that its mission is to provide the best possible care for clients not yet in a position to be integrated into a community-based residential setting, and to persist in all efforts to look for community based residential care options for all. Respite care is also provided to support families caring for loved ones at home.

There is a strong emphasis on the rights of patients/clients. One of the quality improvement (QI) initiatives noted is an audit process related to the application of the bill of rights by workers in their daily care routines.

This facility takes pride in providing a home for residents that might otherwise be held up in the acute care system, a system that is better suited to more acute patients and ill-suited for people that belong in a home-like setting. The service includes a broad range of connections to a network of community-based resources and service providers that make up the continuum of care for a complex client population.

Priority Process: Competency

This faith-based facility has an active ethics committee, which is facilitated by spiritual care with access to ethicists that are housed at St. Boniface site. Staff members noted that there are frequent issues in resident care that are vetted by the ethics committee.

There is evidence that the facility provides access to orientation, mandatory training and ongoing professional development for staff. Safe lifts and transfers are a priority. Some concern has been noted about time loss injury claims. As resources become available the facility is installing ceiling track lifts for use with heavy care clients.

Good evidence of interdisciplinary collaboration was noted during the tracer and tour activities and during a resident and family care conference. Staff members were careful, respectful and deliberate about including the resident and family in the process.

The facility provides care to residents with complex co-morbidity and heavy personal care needs, yet the emphasis on care provision appears to be on ability. Workload is organized in such a way that staff members appear to be working to their full scope of practice, thereby making good use of available resources. It is noted resident assistants provide the majority of the direct care.

Priority Process: Episode of Care

The high priority on placement in the community is evident in discussion with staff about plans of care for various clients in the facility. The facility is meticulous about establishing connections that ensure collaboration with family and substitute decision makers to review client progress, deal with critical decisions and update care plans. Staff members are well aware of the legal requirements under child and family service and vulnerable persons' legislation.

The on-site school program ensures access to daily interactions that mirror activities of daily living in the community.

Up-to-date client records and mechanisms for communication of information between staff and from shift to shift ensure continuity of care. There is appropriate sharing of information, which supports staff and patient safety. Descriptions of how cases are managed when families do not support plans for more independent or at-risk living for clients indicate that this organization adheres to the goal of de-institutionalized care, while respecting that families and clients require support and information to arrive at consensus on these plans of care for people with complex needs.

Priority Process: Decision Support

Information systems are largely paper based. The organization is keen to participate in the development of an electronic health record to support information sharing and data management.

Priority Process: Impact on Outcomes

There is a comprehensive organization orientation and specific unit orientation for all new staff members, and it includes workplace safety training. Existing staff members have access to training and professional development opportunities related to their work.

While the facility talks about being in a process of developing a strategic plan and "end statements", there is limited evidence of a structured quality improvement framework with measurable outcomes. Encouragement is offered to work with the region to develop clear targets and then to engage point-of-care staff in initiatives that demonstrates and monitors improvement. This is a facility with many noted strengths and with a body of knowledge that can benefit colleagues delivering similar services.

3.3.6 Standards Set: Home Care Services

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
2.2	The organization's goals and objectives provide the foundation for delivering services.	
2.3	The organization's goals and objectives are measurable and specific.	
2.4	The organization identifies the resources needed to achieve its goals and objectives.	
Priority Process: Competency		
4.6	Staff and service providers receive ongoing, effective training for service providers on all infusion pumps.	ROP
4.6.1	There is documented evidence of ongoing, effective staff training on infusion pumps.	**MAJOR**
4.8	Staff members are trained to prevent and safely manage aggressive or violent client behavior.	!
4.10	The organization regularly evaluates and documents each staff member's performance in an objective, interactive, and positive way.	
Priority Process: Episode of Care		
2.1	The organization uses a team approach to develop its goals and objectives.	
7.8	The organization follows a process to identify, address, and record all ethics-related issues.	!
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
3.7	The organization follows a formal process to regularly evaluate the functioning of the team annually, identify priorities for action, and make improvements.	
14.5	The organization shares leading practice information with its partners and other organizations, as appropriate.	
15.3	The organization compares its results with other similar interventions, programs, or organizations, as appropriate.	

15.5 The organization shares evaluation results with staff, clients, and families.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

During the on-site team interviews an obvious atmosphere of knowledge, caring and commitment was evident. The teams have access to a wealth of information on the community they serve from the regional community assessment and public health information. A full minimum data sets (MDS) assessment is completed on every client and this provides additional information to the team about their client population and what type of services they need.

The teams work closely with the acute care facilities and hospital-based home care coordinators to gather information and provide a seamless continuum of care. They feel that they have developed a good two-way system of communication that facilitates client discharge and access to home care services. There is strong evidence of this collaboration between the hospital based case coordinators and the community care case coordinators, which facilitates good discharge plans and follow-up care in the community.

All contracts for services are via the regional program, and the main contract is with community therapy services (CTS) for physiotherapy (PT), occupational therapy (OT) and speech language pathology (SLP). There is reliance on the region to monitor the contractual services. There is a good working relationship between Home Care and CTS. Members of the CTS staff are asked to sit on planning committees in Home Care and feel that their input is valued by the home care program.

The team has introduced bi-annual education and training processes for the health care aides (HCAs) to support the delivery of quality home care services. There are also ample regional opportunities for inservices and courses for all staff members to maintain certification and training. Case coordinators provide clients with information about their services and are skilled at managing client expectations.

There is a definite focus on client and staff safety across the home care program. A safety report is completed on all clients and when a safety issue is identified, a safety visit plan is developed and recorded on the client chart.

It is noted that currently, staff members within a sector meet separately on a regular basis. There are plans in the future to integrate the direct home care service coordinators with the nursing coordinators for joint meetings. This will facilitate better communication flow and teamwork between the two areas of service. It is noted this is already in place at the Point Douglas site and it is working well. At other sites there is evidence of joint problem solving between the two groups, which has improved service delivery. Encouragement is offered to formalize this process to better enhance the quality of their service delivery.

In discussion with staff members at the acute care hospitals, they indicated a need to have weekend coverage of home care services to facilitate discharges. A pilot trial took place during the Easter long weekend and the managers are waiting for the results. The organization is encouraged to review the possibility of weekend coverage.

Priority Process: Competency

The health care aides (HCAs) have received training on medication management and report that there is opportunity to attend in-house courses and training sessions. Nursing personnel reported that they have ready

access to inservice and education courses. Attendance at courses and training is recorded on the employee file.

The Huma Resources services screen to ensure that nursing professionals are licensed to work. There are processes in place to address issues of non-compliance to licensing.

Recognition for staff consists of notification from managers when clients and family comment on good service. A letter is sent to the employee and a copy is filed on their personnel file. This is consistently done across all the Home Care sites. The region offers long service awards, and Christmas parties for staff appreciation.

They surveyor team met with some clients and they were happy with the services they received from Home Care and spoke highly about their care providers.

There is evidence that opportunities exist for Direct Service Home Care staff to attend training and educational sessions. The staff interviewed during the survey stated that they did not always attend the sessions and in some cases stated that they had not attended educational sessions for a number of years. It is suggested that the home care service encourage staff to attend these sessions especially amongst their long term staff to ensure that their skills are kept current. There are plans in place to ensure there are refresher courses on medication management every two years. The team is encouraged to start developing the refresher training process so that is ready to roll out.

Priority Process: Episode of Care

The integration of client care is a noted major strength of the home care programs. The case coordinators based at Grace Hospital are notified whenever an Home Care client is admitted to the emergency (ER) department and the process of discharge planning begins right away. The communication between the hospital-based coordinators and the St. James community coordinators works well. This good communication system is also evident with the community coordinator at the Seven Oaks Hospital, the Seven Oaks community site and at the Point Douglas site. This communication and coordination is instrumental in providing good seamless care for Home Care clients.

The Home Care teams are focused on facilitating services for hospital 'holds' to improve patient flow, which is a high priority for the region.

Each of the case coordinator works closely with clients to look for the best combination of care options available to them. The resource coordinators are instrumental in scheduling staff to meet those service needs. The case coordinators actively provide clients with advice and referrals to other agencies when they are unable to provide all of the services the client needs.

All Home Care sites have developed medication reconciliation processes on admission for their Home Care clients and at transition points. The hospital-based Home Care staff members ensure that clients are discharged with a best possible medication history (BPMH) medication list, which is reviewed by the nurse case coordinators and reconciled with the community pharmacy or family physician.

One of the challenges that Home Care staff members have to deal with is the expectation that clients have of what services can be provided. The case coordinators review the services with every client and provide them with printed information. Included in the information is a copy of the client's rights and their responsibility in promoting safety. Every client is also provided with an emergency plan specific to their needs in the event of an adverse weather condition.

The organization has developed a health coordination team, which provides home care services for a population of clients with multiple physical and mental health needs. Although this team faces major challenges in finding appropriate accommodations, it has seen significant success in keeping their clients in the community and reducing the number of admissions to hospital settings. The team is encouraged to develop outcome measures to celebrate these successes.

It is noted the Health Coordination program has some areas of risk that need to be assessed, as there are no supervisors to oversee and advise the night-time Integrated Support Workers that provide service during this period to this high-risk client population.

The Home Care program has policies and procedures in place for two identifiers. It is suggested however, that these be reviewed with staff as some of the staff interviewed at the Seven Oaks site did not appear to appreciate the importance of consistently using the two identifiers.

Priority Process: Decision Support

Home Care employees identified that they have access to evidence-based practice online and access to journals and education sessions.

The teams are encouraged to trend data related to occurrence reporting and to develop quality initiatives to address issues. At the Point Douglas site, there is evidence of trending of occurrence data which is shared with the front-line staff.

Priority Process: Impact on Outcomes

The staff members are aware of the policy on reporting incidents and state that they feel comfortable in filling out reports as these are used as a learning tool to facilitate improvement. There is strong evidence of information flow among the service providers and with partner agencies. They have developed relations with other agencies that is serving them well in providing the best possible care for their clients.

Although the teams did not identify formal safety huddles, they did talk about the informal processes they use. They follow a more informal approach, meeting with a few of their peers to discuss issues retroactively. Encouragement is offered to develop a safety briefing process that works for the teams, schedule regular reviews on a more proactive basis and record their discussions and decisions for staff members unable to attend due to shift work.

There is evidence that the managers collect utilization and outcome data however, front-line staff members were not aware of what outcomes are measured. The teams are highly motivated to provide client-centred care. It is important that they have access to outcomes collected and receive education about indicators. They need to know how indicators can be used to improve their service and to compare their outcomes across the region and to similar Home Care Services offered in other provinces. They are encouraged also, to formalize processes and develop indicators to measure the quality of their services and share their successes across the region.

3.3.7 Standards Set: Long-Term Care Services

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
2.1	The team works together to develop goals and objectives.		
2.2	The team's goals and objectives for its long-term care services are measurable and specific.		
Priority Process: Competency			
3.7	The team follows a formal process to regularly evaluate its functioning, identify priorities for action, and make improvements.		
4.11	Each team member's performance is regularly evaluated and documented in an objective, interactive, and positive way.		
Priority Process: Episode of Care			
12.3	The team reconciles the resident's medications with the involvement of the resident, family, or caregiver at transition points where medication orders are changed or rewritten (i.e., internal transfer, and/or discharge).		ROP
	12.3.1	There is a demonstrated, formal process to reconcile resident medications at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).	**MAJOR**
	12.3.2	The team makes a timely comparison of the up-to-date, complete medication list, and new medication orders or recent changes.	**MAJOR**
	12.3.3	The team documents that the up-to-date, complete medication list and new medication orders or recent changes have been reconciled; and appropriate modifications to medications have been made where necessary.	**MAJOR**
	12.3.4	Depending on the transition point, an up-to-date medication list is retained in the resident record (internal transfer), OR, the up-to-date medication list is communicated to the next provider of care (discharge).	**MAJOR**
	12.3.5	The process is a shared responsibility involving the resident or family, and one or more health care practitioner(s), such as nursing staff, medical staff, and pharmacy staff, as appropriate.	**MINOR**
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

Staff members at all eight personal care homes (PCH) visited have documented changes in resident profiles over time. Residents are supported for a longer time in the community and move into care homes in a frail condition with multiple co-morbidities. This change in resident profile is evidenced by the resident assessment instrument - minimum data sets (RAI MDS) census and resident profile reports. It is a noted strength that staff members know their residents not only as individuals, but also as a population.

In addition to long-term care (LTC) services, some PCHs offer respite services, meals on wheels, adult day programs, convalescent care, chronic care, special needs support and supportive housing as part of their scope of services. Services in all PCHs are aligned with the strategic direction of their own organization and also with the WRHA. Strong support of PCHs by the WRHA was cited by all organizations as an asset. Educational opportunities and clinical practice support were particularly valued.

Staff members reported satisfaction with the level of support from their clinical leaders. Most front-line staffs indicated their team leader or educator were readily available to support them to provide quality services. Staff members also expressed satisfaction to be working to their full scope of practice.

Students and volunteers were supported in their work in all personal care homes. Residents, families and staff expressed gratitude for the energy of students and the gift of volunteer time.

While all PCHs visited had clinical teams working on various initiatives, not all teams had developed measurable and specific goals and objectives. All teams are encouraged to undertake this formal process to monitor their progress.

Organizations are encouraged to regularly review services and make changes as needed. Information is collected and trended over time but it is rarely used to evaluate services and drive changes.

Priority Process: Competency

Strong interdisciplinary teams are in place to support resident care. There was evidence of excellent collaboration across disciplines in all personal care homes (PCHs) surveyed. Teams communicate well to coordinate services. Staff members report there is support for education. This support for learning begins at orientation and continues thereafter. Organizations expressed satisfaction with educational opportunities offered by the WRHA. Staff members cited the usefulness of plain language ROP interpretations. Staff recognition includes formal acknowledgement of years of service as well as informal gatherings and tokens of appreciation.

Teams are encouraged to undertake a formal process to regularly evaluate team functioning, and to identify priorities for action and make improvements.

It is recommended that documentation of online credential checks be completed.

Priority Process: Episode of Care

There is consistency of resident assessment for all Personal Care Homes with the use of RAI MDS assessments. Consistent assessments are recognized as the foundation of consistent care planning and service delivery. The assessment process involves all disciplines as well as the resident and family. Efforts are being made to ensure integrated care plans reflect this strong interdisciplinary assessment. There is positive work underway to increase collaboration with paid companions while maintaining safety. Resident-centred care is evident and family involvement is encouraged. Families expressed satisfaction with their level of involvement and the care of their loved ones.

Progress has been made concerning pressure ulcer prevention and education. Staff members recognize the contribution of the WRHA training and clinical support with wound care. Clinical teams monitor the prevalence of wounds and can compare Personal Care Home with others. Staff members are now working toward greater consistency of assessment and intervention across Personal Care Homes. Progress is also noted with medication reconciliation on admission where regional templates have been utilized. Work continues to increase the consistency of application of medication reconciliation forms on transfer or transition.

Pain is assessed consistently on admission however, there is less documentation about pain assessed with a clinical measure during the episode of care.

Many front-line staff members did not recognize day-to-day ethical dilemmas. Clinical leaders are encouraged to discuss ethical decision-making and highlight the resources available to support teams.

Priority Process: Decision Support

Client records were accurate and up-to-date in all Personal Care Homes visited. Excellent transfer of information at transition points was observed. The regional transfer forms were well utilized on resident transfer. Clinical teams in these homes collaborate with staff at their respective local emergency department to ensure coordination of information flow.

The Personal Care Homes staff members expressed appreciation for the WRHA support and involvement with evidence-based practice guideline development and implementation. Most teams rely on the WRHA to meet the standard of reviewing the guidelines to verify they are up-to-date and reflect current research and best practice.

Client records are similar but not the same across all Personal Care Homes. Greater consistency would enhance safety for those providers that work in multiple settings.

Research is underway in many settings however, there appears to be little sharing beyond clinical leaders or those participating on regional committees, and better sharing across Personal Care Homes would benefit all teams.

Priority Process: Impact on Outcomes

Staff members recognize that their safety is not only important to them, but is also a priority of the organization. This shared accountability for safety was evident in all Personal Care Homes (PCHs) surveyed. Much progress has been made to support falls prevention. All PCHs utilize the same WRHA assessment tool and falls prevention practice guideline. Falls with fractures are monitored and reported to the WRHA with other quality indicators related to medication reconciliation, infection control, and client identifiers.

Resident satisfaction with services is measured regularly in all PCHs and satisfaction rates are high. Survey data are shared with residents, families and staff. The PCH staff members expressed appreciation of the support from the WRHA's Client Relations to maintain resident and family satisfaction.

Teams are encouraged to more fully utilize data on resident falls to evaluate the strategies and use this information to make improvements to the falls prevention strategy. Teams are using process measures to monitor their services and are encouraged to also include outcome measures. It is noted that plans to address consistency in pressure ulcer assessment and intervention include some outcome measures, as well as comparisons with Canadian Institute for Health Information (CIHI) data.

Although staff members readily report adverse events, they do not always learn the outcome of the investigation. Leaders are encouraged to 'close the loop' of reporting back to staff about the outcome of an investigation to promote further learning and to continue to develop a culture of safety. Implementation of the RL6 occurrence reporting database will assist in this area.

3.3.8 Standards Set: Medicine Services

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
4.4	Staff and service providers receive ongoing, effective training on infusion pumps.	ROP
4.4.1	There is documented evidence of ongoing, effective training on infusion pumps.	**MAJOR**
4.8	Team leaders regularly evaluate and document each team member's performance in an objective, interactive, and positive way.	
Priority Process: Episode of Care		
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

Population health information is generally available from the WRHA's health status reports.

The Concordia organization is self-governing with a board and operating agreement with the WRHA. There is close collaboration with other services in the region such as St Boniface Hospital and Access River East. The Victoria General site is fully integrated with the WRHA as of April 30, 2013.

The Concordia family medicine service serves the northeast sector of Winnipeg. Feedback from patients interviewed showed that this is a community with a unique identity. This sense of community is recognized by both patients/clients and caregivers.

The south Winnipeg population served by Victoria General family medicine includes a significant population of 500 persons that live in assisted living and supportive housing accommodations. Because there is no in-house support for these people in their homes, their significant health care needs must be met by visits to the emergency department of the Victoria General Hospital. This creates an impact on the family medicine in-patient service and makes discharge planning difficult.

Student placement is a feature in both these programs. Their role in education is a noted strength at both facilities. A number of student interactions were noted during the site visits including nursing, physiotherapy and family medicine.

Encouragement is offered to pursue greater liaison with Home Care to assess resources needed to provide more home support for people living in assisted living and supportive housing.

The Child Health program uses a balanced score card and quality improvement roadmap, with specific goals and targets.

Priority Process: Competency

Interdisciplinary team work was noted on a number of occasions at both facilities. Regular interdisciplinary huddles take place to plan the patient care.

Infusion pump training takes place at both sites. At the Concordia site there is documented evidence of ongoing training. At the Victoria General site, training only occurs at orientation and whenever there is a pump upgrade. There is no regular protocol for ongoing and documented training.

Personnel files were reviewed at Concordia site and position descriptions were present. The standard for performance review is every two years at both hospitals. No employee interviewed at either site has had a performance review in that period. Some of the files reviewed however, had reviews in that period. Concordia has a plan in effect to put a revised system into place and is encouraged to follow through with this plan.

Priority Process: Episode of Care

In the majority of cases, the decision to admit at both hospitals is made at the emergency department level. On occasion, a family physician will send a patient from the office or arrange to meet a patient at the emergency department. The decision for most admissions is tentatively made by the emergency (ER) physician and confirmed by the receiving family physician.

Venous thrombo embolism (VTE) prophylaxis is done at both sites. A policy guideline exists, risk assessment is done and prophylaxis is administered in accordance with the assessment.

Impressive documentation and charted evidence exists for risk assessment and implementation of interventions to prevent pressure ulcers at both hospital sites. An acknowledged expert in the field on staff at Victoria General was interviewed.

Medication management is done in an orderly and careful way at both sites by a coordinated effort of nursing and pharmacy. It is greatly facilitated at both sites by use of the Pyxis medication cabinet.

Ethics considerations are dealt with consistent with the ethics framework of the WRHA. Staff members confronted with ethics issues first seek support and advice from peers and managers. Subsequently, the issues involve a higher level of management and consultants as necessary, according to the circumstances involved.

Priority Process: Decision Support

Evidence-based guidelines for medicine services such as the minimal restraint guideline are generated by a regional team.

The sharing of client information among WRHA organizations/facilities is difficult because of variations in the format of documents in the different organizations.

Priority Process: Impact on Outcomes

The falls prevention strategy has been emphasized and is implemented. Some evaluation data were reviewed. Patient information material emphasizing safety including the patient's role was reviewed. The interviews with staff members disclosed widespread knowledge regarding reporting of sentinel events and acknowledgement of a no-blame culture.

For Child Health the team has a bone health program aimed at reducing injury to at-risk pediatric patients for reduced falls as well as other injuries sustained by handling of patients. Specifically, the bone health program identifies patients at risk of injury from falls and other handling.

3.3.9 Standards Set: Mental Health Services

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
4.10	Team leaders regularly evaluate and document each team member's performance in an objective, interactive, and positive way.	
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
16.1	The team identifies and monitors process and outcome measures for its mental health services.	
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

Various programs and sites continually share information about service delivery, individual client experience, and staff experiences to support more effective service provision to clients. It was clear that an overall strong commitment to quality of client/patient experience was a key motivator in all instances. The surveyor team attended a number of rounds and other staff meetings at which strong team work was observed and again, done against a backdrop of commitment to a positive client/patient experience.

Staff members expressed few, if any concerns about lacking the necessary supplies and equipment to deliver quality mental health services.

The services are commended for engagement of students and volunteers in various programs/sites. Student feedback obtained was universally positive. Volunteer engagement in mental health services can often be challenging but it has been achieved at more than one site/program.

Feedback from individual psychologists in the program indicates that the organizational matrix of the department works well for them because they can provide their unique body of knowledge to the program teams where they reside, and look for specific professional support and consultation within the pool of psychologists on staff.

At the McEwen site, while no substantial concerns were expressed about lack of supplies and equipment, there should be significant concern relative to the physical environment in which service is being delivered. The physical plant in which inpatient and outpatient mental health services operate is need of priority replacement. The site is of cinder block construction, with rooms of inadequate size for patient care requirements. There is doubling up of patients or even tripling up, there are issues of ability to support infection control protocols, rooms/doors that do not support use of standard hospital beds/stretchers, a small-size medication room in which an electric panel takes up a large amount of wall space. There is a lack of private bathrooms, and an overall inability to maintain and support privacy and confidentiality.

Priority Process: Competency

As mentioned before, several excellent examples of well-functioning interdisciplinary teams were noted during the on-site survey. In several instances, regular meetings/time was set aside for the team to evaluate its functioning and team culture.

The various sites/programs provide non-violence crisis intervention training for staff. Moreover, staff members have a variety of methods/mechanisms to support safe provision of care from personal alarms, cellular telephones, and ability to buddy where there is concern about safety.

Priority Process: Episode of Care

In all conversations with clients and families there was universal confirmation that they were aware of their primary care provider, how to access them as required, and alternative arrangements should their primary provider not be available. This demonstrates not only good process but also strong and passionate commitment on the part of staff to their clients/patients/families. Moreover, the team generally adopts a can-do attitude that manifests itself in efforts to find creative service alternatives if normal channels do not suffice.

The success and consistent management of medication reconciliation is highly commended. In several circumstances it was noted that not only were individual client needs identified and supported so too were the needs of families.

Strong and successful efforts were seen in not only adhering to the organization's policies and procedures on the use of seclusion and restraints, but the near elimination of such patient management techniques. Clients and families universally were able to identify how they could bring complaints forward and in circumstances where they had done so they felt that their issues had been dealt with in an expeditious manner.

Clients and families universally expressed satisfaction at their involvement in their service planning. As service needs changed, they were again involved in changes. There was strong evidence of excellent transfer of information between services and with the clients and families.

Clinical tracers were conducted in the psychology program at St. Boniface site, the Bariatric Surgery program and the inpatient Mental Health Unit at Victoria General Hospital site. These tracers demonstrated that in each case there was timely access to the service and that clients and the multidisciplinary team felt that the referral was appropriate and beneficial. Clients indicated that they were treated in a respectful manner, understood the purpose of the intervention, and saw value in the process. In the case of the Bariatric Surgery program there was consensus among providers and the client that the service is essential to a positive and appropriate long-term outcome from the surgical procedure. In one of the tracers there had been an adverse event that added complication to an already invasive surgical procedure. The intervention of the psychologist was perceived by the client to be an appropriate and timely intervention that added value to the positive manner in which the organization had executed its disclosure policy.

Encouragement is offered to continue moving forward with its plans to standardize practices related to suicide assessment and intervention across the program. Variation in approach was particularly evident in the adult mental health program. There is no doubt that providers are well aware of the individual client baseline, are attentive to variation from same, and have good training /knowledge base for suicide risk assessment. However, the adequacy of the documentation of assessment was inconsistent.

It appeared that front-line staff members were generally unaware of the ethics consult service. Efforts should be undertaken to enhance awareness and the availability of this service.

Priority Process: Decision Support

There are numerous mechanisms/processes by which the service continually evaluates its practices. This includes team-based, client-focused, real-time evaluation of care as well as a regional practice guideline committee that is focusing on a number of broadly applicable practices for the Mental Health program.

Priority Process: Impact on Outcomes

All aspects of mental health services are strongly committed to the safety of team members. Team members were able to identify a number of mechanisms by which they could ensure their safety, as well as that of the client, including refusal of work, alternate locations/opportunities for service delivery, and use of a buddy system as required. In all circumstances, staff members felt that their safety was important to management. A number of physical mechanisms to support personal safety such as personal pendant alert devices and security cameras were also noted in a number of programs.

The Psychology program takes initiative to seek opportunities for improvement in its intake and service delivery mechanisms. The Intranet is used as a medium to introduce the program to colleagues and provide information that streamlines referrals. The program uses a Sharepoint site to share data amongst colleagues. To facilitate communication to clients about their referral, an automated process has been put in place to let the client know that their referral has been accepted and to share contact and other information about the program. To facilitate access to services that might otherwise have lengthy wait lists, the department has implemented group programs for clients that might otherwise be waiting for excessive periods to access one-on-one service. Similar to past experience with an online sleep disorder program, access to a group experience has proven to help decrease waiting time.

The services do have incident and occurrence reporting processes and systems in place and reporting does take place. However, there does not appear to be a robust means of aggregating data, analyzing and reporting on trends, communicating results to staff, and ability to make system-wide changes to practices as may be suitable. The WRHA is encouraged therefore, to further pursue these opportunities to enhance the impact of its reporting systems.

A consistent challenge for most components of the Mental Health services of the WRHA, namely Adult Mental Health and Child and Adolescent Mental Health, is the lack of comprehensive, robust and routinely collected and reported performance metrics for services delivered. In most cases, volume metrics are collected and a limited number of regularly collected quality and performance metrics. In circumstances where some metrics are being collected, it was not observed that these are widely shared or reported to staff members or clients/families. This challenge is compounded by a lack of automated data collection and analysis, and the lack of a common electronic record across services to make data collection and analysis easier. It is understood that efforts are being made to move towards greater commonality of electronic systems and this effort is encouraged.

3.3.10 Standards Set: Obstetrics Services

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
The organization has met all criteria for this priority process.			
Priority Process: Competency			
5.7	The team has a fair and objective process or program to recognize team members for their contributions.		
Priority Process: Episode of Care			
6.1	The team identifies and removes where possible barriers that prevent clients, families, providers, and referring organizations from accessing services.		
6.10	If the team is unable to meet the needs of potential clients or referring organizations, the team explains the reasons why, advocates and helps the client to access services offered by other organizations, and records the information for use in future service planning.		
9.5	The team reconciles the client's medications upon admission to the organization, with the involvement of the client, family or caregiver.		ROP
	9.5.5	The process is a shared responsibility involving the client and one or more health care practitioner(s), such as nursing staff, medical staff, pharmacists, and pharmacy technicians, as appropriate.	**MINOR**
9.9	The team uses a safe surgery checklist to confirm safety steps are completed for a surgical procedure.		ROP
	9.9.2	The team uses the checklist for every surgical procedure in the operating room.	**MAJOR**
	9.9.3	The team has developed a process for ongoing monitoring of compliance with the checklist.	**MAJOR**
	9.9.4	The team evaluates the use of the checklist and shares results with staff and service providers.	**MINOR**
	9.9.5	The team uses results of the evaluation to improve the implementation of and expand the use of the checklist.	**MINOR**
12.3	The team reconciles the client's medications with the involvement of the client, family or caregiver at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).		ROP
	12.3.5	The process is a shared responsibility involving the client or family, and one or more health care practitioner(s), such as nursing staff, medical staff, and pharmacy staff, as appropriate.	**MINOR**

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

Programs in Women's Health align extremely well with the WHRA's strategic plan. The 2011-2012 fiscal year update for the plan sets out a 'patient first focus' for the region. The Women's Health program has entered into a number of partnerships to connect with populations that traditionally have access difficulties such as the homeless and other hard-to-reach groups. The result is Partners in Inner-City Integrated Prenatal Care (PIIPC). Partners include public health, midwives and others who work together to facilitate prenatal care for these disadvantaged groups. The Antenatal Home Care program offers service to a wide range of clients including women from the north who stay in Winnipeg for long periods during their pregnancy as a result of complications.

A number of changes have been implemented in the program. Family medicine clinics have been expanded. A Family Medicine Obstetrics Network (FMON) has been initiated, and it will provide family medicine obstetrics by a collaborative of family physicians at St Boniface Hospital. This provides a referral option for family physicians that have prenatal patients but do not perform deliveries. The intention is that referral to FMON will mean the overall goal of family-centred obstetric care will be met. The number of deliveries being done by family physicians is slowly increasing.

Changes in supply management are being implemented to prepare for the opening of the new Women's Hospital at Health Sciences Centre.

There is good coverage of a busy service at St Boniface Hospital by two obstetrician groups that manage call arrangements well, providing excellent coverage while maintaining the ability of all the individual obstetricians to have adequate free time. The recently opened Birth Centre is a noted strength of the Primary Care program. It is staffed by a dedicated group of midwives and has benefited from strong partnerships with the hospital obstetric units, neonatology and the ambulance service in the region. The Antenatal Home Care program also serves as a noted major strength. It was originally planned as a hospital replacement program to provide economies compared to expensive in-patient services. While still serving this purpose, it has also become a major asset for many families in the community that rely on the program for home care that addresses serious pregnancy complications.

Collaboration between the hospital services needs to be enhanced to address sharing of services. The team at St Boniface site is under significant pressure to accommodate demand for services. A plan to 'even-out' the service level with Health Sciences Centre by transferring patients that are booked for elective surgeries (C-sections) has been implemented. However, it is meeting some resistance from patients and obstetricians. The result is that for some weeks, surgeries at St Boniface are higher than planned. The team leadership at the program level and in both hospitals is encouraged to focus on this problem to find a reasonable conclusion that maintains quality of service.

Priority Process: Competency

Interdisciplinary team meetings occur regularly in the various sites. Two times per day management huddles are held in both hospitals to assure appropriate nursing assignments to respond to patient volume changes. An active schedule of quality/education rounds is in place

A user friendly computer file on team members' education was reviewed at the St Boniface site. A similar system exists at Health Sciences. All education and ongoing training processes including infusion pump training are logged.

Credentialing for midwives has become more standardized during the past ten years, since the regulatory legislation has been put into place.

Orientation of new employees continues to improve. Unit educators are responsive to the needs of nurses and other employees in both hospitals.

The standard for employee performance (contribution) review is every two years in both hospitals. This standard was met in all of the human resources files reviewed.

Although a number of processes to recognize team members were encountered across the program, there is no process in place to recognize midwives.

Medical licensing criteria in Manitoba prevent family physicians from attending home deliveries. This is a barrier for collaboration with midwives at the Birth Centre facility. This is potentially a missed opportunity for inter-professional collaboration. Further discussion at the level of program and regional leadership needs to take place, with engagement of the College of Physicians and Surgeons if all parties agree that this is appropriate.

Priority Process: Episode of Care

The teams at St Boniface and the Health Sciences Centre sites have worked hard at developing and evaluating communications tools and processes for information transfer between units in the services.

Risk identification and management is done well in all services with Women's Health. Transfers such as between the birthing centre and the hospitals or home and hospital are done efficiently. Major attention has been focused on information transfer in the past year.

Stress and fatigue is sometimes a factor for midwives attending a long labour. Team members support each other in this regard.

There is a well-developed ethics framework in the WRHA. There are links to a provincial group. A number of providers have specialized bio-ethics training and a presence is developing in the medical school. Ethical dilemmas in the hospital services and the midwife practices are generally addressed by peer consultation in the first instance, and then consultation is sought.

All reprocessing is done at the central site. No flash sterilization is done.

Supply management has been greatly improved by adoption of a system (Kanban) that ensures supplies are provided in the right amount in the right place at the right time. This has resolved many problems with

undersupply of some supplies and overstocking of others. The supply rooms on units are tidy and appropriate labelling makes re-stocking easy. The system was developed by a staff-led process.

Risk assessment is done well at all levels in the regional obstetrical services. Patients that are booked for elective cesarean section are monitored carefully as the due date approaches, and if an emergency operation is required it is done safely and without delay.

Medication reconciliation is beginning in the Antenatal Home Care program using the electronic medical record. Chart reviews at the Health Sciences Centre showed compliance with medication reconciliation and safe surgery checklists standards.

Despite good overall access to services for patients, a problem exists regarding access to midwifery services where seventy-five percent of applicants cannot be accommodated. The organization is urged to work with the midwife team to seek some reduction to this number.

The Midwife program is only able to accept approximately twenty five percent of the patients that request service. Communications with the patients that are refused offer reasons for this as inadequate numbers of midwives. The patients are advised to seek medical attention via telephone communications from a clerical staff member.

Despite the availability of a user friendly form at St Boniface site a number of charts that were reviewed were missing the physician signature confirming medication reconciliation. None of the C-section charts reviewed at St Boniface had complete safe surgery checklists in the appropriate section of the OR report.

Priority Process: Decision Support

There are numerous clinical practice guidelines in use in the obstetric service across the region. At the primary care level an excellent electronic medical record (EMR) permits the sharing of information among primary care ambulatory services, including midwife clinics and the Antenatal Home Care program

The sharing of client information among the WRHA organizations/facilities is difficult because of variations in the format of documents in different organizations.

Priority Process: Impact on Outcomes

Falls prevention is a priority across the region, and well-designed but different forms detailing the assessment and intervention process are in use.

Clear and concise pamphlets detailing the family's role in safety were reviewed.

A formative evaluation of the goals and objectives of the Birth Centre is being carried out to assess the first 15 months of operation.

A number of quality improvement projects have resulted in improvements. A Lean initiative in inductions has resulted in a more reliable system. The time delays in same day admissions for Cesarean section have been greatly reduced. A community intravenous (IV) program has been shown to reduce admissions.

Given the inconsistency regarding forms and processes for assessment and intervention, the WRHA is encouraged to implement standardized forms for monitoring of patient safety across the region.

3.3.11 Standards Set: Organ and Tissue Donation Standards for Deceased Donors

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
4.8	The donation team annually reviews and evaluates the effectiveness of the SOPs. Based on the results, the team changes the SOPs, training activities, or monitoring processes as necessary. CSA Reference: Z900.1-03, 6.4.	
Priority Process: Competency		
6.9	As a part of their performance evaluation, donation team members demonstrate their competence. CSA Reference: Z900.1-03, 4.2.	
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		
18.2	The donation team regularly monitors process and outcome measures.	
Priority Process: Organ and Tissue Donation		
12.3	When the recovery team comes from outside the organization, the donation team verifies their credentials and qualifications before recovering the organs or tissues.	!
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

The organ and tissue donation teams at the WRHA benefit from strong clinical and administrative leadership. They have well-developed goals and objectives, routinely measure their performance against key indicators and they continually strive to improve their performance. There exists a strong culture of quality improvement that is well-embedded in the day-to-day work of the teams.

The teams have well-developed standard operating procedures (SOPs) which are consistently shared with staff members via numerous educational processes. The organ and tissue donation programs have benefited from the presence of a team member with strong data acquisition and management skills and is a process

quality engineer. This is particularly remarkable given the fact that the records are still to a large extent, paper-based.

The introduction of the Organ Donor Organization (ODO) physician is an important and valuable component of the donation program. This role will become ever more relevant as the program increases its activities across the region and introduces a Donation after Cardiac Death (DCD) program. Members of the donation team are noted to be extremely professional, compassionate and caring by families that have been through the organ donation process. Despite the tragic circumstances, families consider the organ donation experience to have been overwhelmingly positive, providing healing and hope for the future.

All members of the team are commended on being true to the values of dignity, care and respect while maintaining their commitment to innovation, excellence and stewardship.

Priority Process: Competency

The donation team members are highly skilled, qualified practitioners with a range of appropriate clinical experience. The medical director works closely with the clinical manager that ensures regular education and training is provided to team members. New team members benefit from a competency-based mentorship process to ensure they have mastered all requisite skills prior to working independently.

Senior team members are in the process of developing competency-based mock sessions and scenarios which will be completed by all team members on an ongoing basis to ensure that they maintain proficiency in all aspects of their role. All team members participate in the regular review and discussion of SOPs and contribute to the development of new SOPs. All educational activities and SOP related learning is logged.

Priority Process: Episode of Care

It is noted that comprehensive donor information is acquired by using standardized documentation templates.

Priority Process: Decision Support

The donation teams maintain meticulous paper-based records for all donations. They have rigorous quality control processes to check, cross reference and verify documentation. Information is shared readily between local donor organizations (tissue bank, eye bank and organ agency) as well as with appropriate provincial and national agencies. The donation teams acquire and follow evidence-based protocols and apply ethical principles in their practice.

Priority Process: Impact on Outcomes

The donation teams use regular team meetings to provide updates on quality and safety issues. They have well-documented SOPs to describe the appropriate response to sentinel and adverse events and they act in accordance with these SOPs when appropriate. The teams have well-developed quality measurement processes in place, which are generally focused on process measures at this time.

Future consideration would be to balance process with outcome measurements. While there is abundant ad hoc positive feedback from family members, it may prove useful to consider a standardized periodic survey instrument to further quantify and track family perspectives over time.

Priority Process: Organ and Tissue Donation

The donation teams were noted by families to have provided excellent information and further, have ensured that this information was understood in advance of any discussion about consent to donation. Team members provide support throughout the process and ensure that spiritual and emotional supports are offered. Ethics issues are readily identified and expert resources are brought to bear to support resolution.

Despite the marginal physical space for donation teamwork and documentation, the laboratory, diagnostic imaging and where necessary, specialty consultation services are readily available. The donation teams follow evidence-based guidelines in the declaration of death as well as the management of donors following declaration of death. They consistently adhere to Health Canada's regulations when considering requests for exceptional distribution and document all aspects of the case in their records.

There exists considerable opportunity to enhance record quality and team efficiency, with the implementation of an electronic record keeping system for organ and tissue donation. A list of qualified medical practitioners from associated transplant centres is maintained. Temporary privileges are assigned to visiting recovery team members by the medical director and to a large extent, based on the recommendation of senior surgeons at the originating centre. This represents a relative risk in the system as real-time verification of credentials and qualifications is virtually impossible. This issue exists at every transplant centre in the country that receives out of province recovery teams and requires a national strategy to mitigate.

3.3.12 Standards Set: Organ and Tissue Transplant Standards

Unmet Criteria		High Priority Criteria
Priority Process: Organ and Tissue Transplant		
9.1	The transplant team allocates organs using an established, transparent algorithm.	!
9.4	The transplant team documents the algorithm guideline that was used for each organ that is transplanted.	!
Priority Process: Clinical Leadership		
3.8	The transplant team annually reviews and evaluates the effectiveness of the SOPs. Based on the results, the team changes the SOPs, training activities, or monitoring processes as necessary. CSA Reference: Z900.1-03, 6.4.	
Priority Process: Competency		
5.10	The Medical Director or designate regularly evaluates and documents each team member's performance in an objective, interactive, and positive way.	
5.11	As a part of their performance evaluation, each team member demonstrates competence. CSA Reference: Z900.1-03, 4.2.	
6.3	The transplant team has a process for recognizing team member contributions and dedication to excellence.	
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
19.2	The transplant team participates in regular safety briefings and shares this information to improve service.	!
20.2	The transplant team identifies and monitors process and outcome measures through internal auditing and performance measurement.	
20.4	The transplant team works with the recipients' primary care providers or follow-up centre to obtain long-term outcomes data.	
20.5	The transplant team regularly reviews and analyzes the long-term outcomes data in order to make improvements to its services.	
20.7	The transplant team regularly monitors the clients' perspectives on the quality of service.	

Surveyor comments on the priority process(es)

Priority Process: Organ and Tissue Transplant

All transplant programs maintain meticulous records on a waiting list of potential recipients. The renal transplant programs have well developed and publicly available algorithms to guide organ allocation and audit their adherence to the algorithm via a committee of program staff, an ethicist and a patient representative. Written documentation is provided to substantiate any deviation from the algorithm such as extraordinary medical circumstances. The renal programs also provide excellent communication to clients on the waiting lists and have recently initiated a top-of- the-list clinic to re-assess potential candidates that have been on the wait list for extended periods or that by virtue of medical necessity, have been given priority for available organs.

All transplant teams have recently completed or revised written guidelines for venous thrombo prophylaxis consistent with current best practice. Preliminary audits have been completed. It is imperative that all programs continue to audit compliance with guidelines and continue to educate health professionals on appropriate management for these special populations.

Priority Process: Clinical Leadership

Standards for access to diagnostic and consultative resources are informal or implied. To date, there have been no significant issues with access and where issues have arisen there has been prompt attention and resolution. In general, the organ donation and transplant programs are lean in their staffing however, their staff members are committed, well trained, hard working and passionate about their work.

The physical conditions of the organ donation and transplant services working space at the Health Sciences Centre Hospital are marginal. There is no doubt these sub-optimal conditions represent a threat to quality, safety and privacy not to mention staff morale. The co-location of staff members with paper record archives in the same room as them may provide some efficiencies however, the quality of the program would undoubtedly be enhanced with implementation of an electronic record keeping system.

Given the almost certain growth and expansion of the WRHA Organ Donor and Transplant program, it would seem most reasonable to develop a strategy for physical infrastructure renewal at the Health Sciences Centre to complement work ongoing at the Misericordia site. All transplant teams generally enjoy good access to unit, intensive care (ICU) and operating room (OR) resources, with the exception of the Lung program, which is periodically challenged with inpatient beds for the work-up of potential recipients. The corneal transplant program would benefit immensely from the ability to ensure a consistent number of transplants during regular OR slates. A minimal investment in discretionary spending would be required until such time as corneal 'donorship' plateaus. Shifting from an ad hoc scheduling system to a predictive model would allow for greater efficiency of OR resources; improve patient access and experience, and may facilitate pooling of patients among surgeons to improve wait-list management.

All transplant teams have recently completed substantial revisions to pertinent SOP manuals. They must now undertake the deliberate process of ensuring these SOPs are put into practice, evaluated and revised on an ongoing basis.

Priority Process: Competency

The transplant teams are comprised of highly skilled individuals that are passionate about their work. The teams have highly developed quality practices and standardized procedures. New team members are carefully and consistently brought on board with adequate support and education. All teams in the organ donation and transplantation programs are actively engaged in continuing education. Regular feedback is provided to team members by peers, patients and families and supervisors however, regular formal performance evaluations are not consistently completed. This represents an area of potential improvement.

Priority Process: Decision Support

The pediatric transplant team has recently conducted a significant review of evidence-based practices for the management of various post transplant scenarios and have updated treatment guidelines accordingly. Transplant team members participate in national transplantation associations and utilize leading techniques and evidence-based guidelines.

Priority Process: Impact on Outcomes

The donation teams use regular team meetings to provide updates on quality and safety issues. They have well-documented SOPs to describe the appropriate response to sentinel and adverse events and they act in accordance with these SOPs when appropriate. The teams maintain meticulous documentation and have well-developed quality measurement processes in place which are generally focused on process measures at this time. Future consideration would be to balance process with long term outcome measurements. While there is abundant ad hoc positive feedback from patients, it may prove useful to consider a standardized periodic survey instrument to further quantify and track patient perspectives over time.

The transplant team exhibits a culture of continuous improvement, meeting regularly, evaluating and actively modifying processes to enhance quality. There is an opportunity to add an element of safety to the quality improvement focus by way of regular briefings or huddles.

3.3.13 Standards Set: Organ Donation Standards for Living Donors

Unmet Criteria		High Priority Criteria
Priority Process: Organ Donation (Living)		
The organization has met all criteria for this priority process.		
Priority Process: Clinical Leadership		
2.2	The living donation team has adequate physical space to properly function and carry out its living donation activities.	
2.3	The living donation team has private space to meet with potential living donors to provide information and education about the living donation process.	
3.5	The living donation team annually reviews and evaluates the effectiveness of the SOPs and based on the results, the team changes the SOPs, training activities, or monitoring processes as necessary. CSA Reference: Z900.1-03, 6.4.	
3.12	The organization conducts an independent audit by a neutral individual every two years to verify that the living donation team is following the SOPs.	
Priority Process: Competency		
5.9	The Medical Director or designate regularly evaluates and documents each living donation team member's performance in an objective, interactive, and positive way.	
5.10	Living donation team members demonstrate their competence as a part of their performance evaluation. CSA Reference: Z900.1-03, 4.2.	
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
18.2	The living donation team participates in regular safety briefings.	!
19.2	The living donation team regularly monitors process and outcome measures.	

Surveyor comments on the priority process(es)

Priority Process: Organ Donation (Living)

The living donor program has strong leadership and coordination, and this is reflected in a comprehensive set of policies, standards and documentation tools.

All prospective living donors undergo thorough medical and psychological evaluations including appropriate screening tests in a graduated confidential process that supports their determination of whether or not living donation is appropriate.

Excellent educational and emotional supports are available throughout the process including the post-donation phase.

Priority Process: Clinical Leadership

The Living Donor Program (LDP) has benefited from strong leadership and coordination and a close relationship with the 'deceased' donation program. The program exhibits a high level of compliance with its well-developed SOPs.

The program is in a sense a victim of its own success and in this regard, the current coordinator complement is probably not adequate to support the anticipated future growth of the program. Plans to enhance the program with another 0.5 coordinator would seem appropriate and timely.

The physical space at the Health Sciences Centre where the LDP is located is of marginal acceptability. There is limited privacy and the space used for clinical assessments is small and crowded. Given the anticipated growth of the LDP, it would seem most reasonable to be considering plans to provide a future space more conducive to high-quality interactions.

Priority Process: Competency

The living donation team members are highly competent, skilled and caring. They benefit from a close association with the deceased donation team members, strong leadership from the clinical manager and support from the process quality engineer.

Team members receive frequent informal feedback from colleagues, families and their supervisor. There would be some value in conducting a formal performance evaluation with some regularity, with a focus on personal goals for education and development purposes. The team is credited with devising a practical approach to maintenance of competency that will benefit all team members. This process could link to the formal performance review process with little effort and would render that assessment more comprehensive.

Priority Process: Decision Support

The living donation program maintains meticulous records on all prospective donors.

Priority Process: Impact on Outcomes

The living donation team members are strongly oriented toward quality improvement and high-quality care. They are recognized as national leaders in transplantation and rigorously evaluate their team's performance vis a vis national colleagues. Team members consistently operate using best available evidence and comply with current Health Canada regulations.

As with the deceased donor program, there would be value in the living donation team identifying a number of key quality metrics and outcome measures to track over the next phase of their development. It is suggested that current team huddles and meetings could be modified to include a 'safety moment' with minimal interruption.

3.3.14 Standards Set: Primary Care Services

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership - Primary Care		
The organization has met all criteria for this priority process.		
Priority Process: Competency - Primary Care		
4.5	The clinic develops standardized processes and procedures to improve teamwork and minimize duplication.	
4.7	The team follows a formal process to regularly evaluate its functioning, identifies priorities for action, and makes improvements.	
5.7	The clinic includes a demonstration of competence as part of the staff evaluation.	
Priority Process: Primary Care Clinical Encounter		
6.1	During regular hours, the clinic provides same-day access to primary care services for clients and their families, as required.	!
6.6	The clinic tracks clients' ability to access services and uses this information to make improvements to its services.	
Priority Process: Decision Support - Primary Care		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes - Primary Care		
14.2	The clinic's staff and service providers participate in regular safety briefings to share information about potential safety problems, reduce the risk of error, and improve the quality of service.	!
14.3	The clinic identifies, reports, records, and monitors in a timely way sentinel events, near misses, and adverse events.	!
15.1	The clinic identifies and monitors process and outcome measures for its primary care services.	
15.3	The clinic compares its results with other similar interventions, programs, or organizations.	
Surveyor comments on the priority process(es)		
Priority Process: Primary Care Clinical Encounter		

Each of the three clinics surveyed has developed innovative approaches to service delivery and integration for multiple populations. The co-location of primary care services with social services at the Access Centres is highly effective and promotes attendance. The Nine Circles Community Health Centre has developed an on-site food bank as a means of providing valuable support to their community and nurture relationships to encourage health promotion interactions with a challenging transient population.

All primary care sites surveyed incorporate social, economic, environmental and cultural factors in patient assessments, care planning and service planning. These sites are universally praised by their clients for developing respectful relationships, respecting individual dignity and providing compassionate high-quality care. All three of these clinics provide care to some of the most complex high-needs patients in the region.

Priority Process: Clinical Leadership - Primary Care

All primary care services included in this on-site survey collect and use data on an ongoing basis to understand their respective client population and inform service planning. They are all in advanced stages of integration with other community providers and agencies and actively promote the appropriate access to these services by their clients. These services have well-developed and documented processes for transfer and referral to a full range of health services.

The physical space in each of the clinics varies in design and function. The Access Centre at 640 Main is a stellar example of purposeful design for primary health care service integration. The clinical spaces, warm inviting reception and waiting area, shared team area and proximity to social and other services clearly support a client-centred approach, and are much appreciated by staff and clients alike. The Klinic Community Health Centre has a longstanding reputation of strong collaboration and maintains a just-do-it culture. As a result, it has attracted numerous services and is highly regarded as a trusted partner to many community agencies. The Nine Circles Community Health Centre fulfils a vital role in the provincial healthcare landscape as a centre of excellence for primary care of persons with human immunodeficiency virus (HIV) and other vulnerable populations. All three centres have highly engaged staff members that show passion for their work and genuine care for their clientele is palpable. Each of these centres benefits from exceptional leadership and vision.

It was observed that the physical space at the Nine Circles Community Health Centre reflects a more traditional office model and that in some respects, limits the ability of the team to interact with clients and one another and has a negative impact on the range and quality of services provided by the clinic. Given the important role this clinic plays in the support and management of a high-needs and vulnerable population, it would seem reasonable to consider incorporating this centre's space needs into the region's long range capital infrastructure planning processes.

Priority Process: Competency - Primary Care

All clinics surveyed demonstrate a strong commitment to inter-professional team care. Team members are involved in goal setting as well as planning service innovations. The Klinic team has excelled at ensuring all team members work to the full scope of practice. They have aggressively challenged themselves to adopt innovative approaches that are client centred and make the best possible use of each member of the team. This has resulted in enhanced quality, client satisfaction and outstanding team morale and satisfaction.

Each of the primary care clinics surveyed is working hard to improve teamwork and enhance performance. The approaches used however, vary from team to team depending on the aspect of teamwork or team members involved. There may be value in adopting a standard approach to evaluation of team function and role clarification.

Priority Process: Impact on Outcomes - Primary Care

The primary care clinics that were surveyed are working to develop routine quality practices. There exists some peculiar challenges to implementing traditional quality processes such as safety briefings and near miss reporting in highly specialized community primary care practices. These challenges might include for example, the distributed nature of teams, the interaction of clients with many non-clinic staff and the nature of the service provided being non-technical and non-standardized. Each of the clinics surveyed is at varying stages in their development of process measures, and none has pursued outcome measures to date.

All clinics solicit patient and staff feedback and use this aggressively to plan and deliver services. Again, comparative metrics and benchmarks are of limited availability in highly specialized community settings which are for all intents and purposes: "one of" organizations. As a general rule, these organizations provide more intense services to a smaller population of vulnerable individuals that are constantly on the margin of significant adverse health events. While they are considered primary care services, they operate health and social services programs that are highly effective at keeping at-risk individuals in a community rather than in a hospital. In economic terms, the value of the clinics' efforts goes well beyond the immediate service provided. They are effectively mitigating demand for much more intense services and as such, represent a socially responsible and economically sound option. The region is commended for its ongoing support of such valuable programs.

Priority Process: Decision Support - Primary Care

All clinics surveyed have implemented or are in the process of implementing an electronic medical record (EMR). There is some variability from clinic to clinic in the utilization of EMR data to support the analysis of practice variation, service utilization or population characteristics. The Nine Circles Community Health Centre is quite advanced in this regard, using EMR data in addition to client input and provider feedback to customize services and routinely measure effectiveness. Leadership in this community health centre is duly commended.

All clinics utilize up-to-date evidence and best practice guidelines in the delivery of services and mostly, in focused or specialized populations. All clinics could take advantage of latent capacity in the EMRs to incorporate and track utilization of clinical practice guidelines.

3.3.15 Standards Set: Rehabilitation Services

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
2.1	The team works together to develop goals and objectives.		
2.2	The team's goals and objectives for rehabilitation services are measurable and specific.		
Priority Process: Competency			
3.7	The interdisciplinary team follows a formal process to regularly evaluate its functioning, identify priorities for action, and make improvements.		
Priority Process: Episode of Care			
6.2	From their first contact with the organization or team, clients and families are informed of the team member who is responsible for coordinating their service, and told how to reach that person.		
Priority Process: Decision Support			
	The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes			
15.2	The team implements and evaluates a falls prevention strategy to minimize client injury from falls.		ROP
	15.2.4	The team establishes measures to evaluate the falls prevention strategy on an ongoing basis.	**MINOR**
	15.2.5	The team uses the evaluation information to make improvements to its falls prevention strategy.	**MINOR**
15.3	Staff and service providers participate in regular safety briefings to share information about potential safety problems, reduce the risk of error, and improve the quality of service.		!
16.1	The team identifies and monitors process and outcome measures for its rehabilitation services.		
16.4	The team uses the information it collects about the quality of its services to identify successes and opportunities for improvement, and makes improvements in a timely way.		
16.5	The team shares evaluation results with staff, clients, and families.		
Surveyor comments on the priority process(es)			

Priority Process: Clinical Leadership

There is significant variation between the two units that were visited during these on-site surveys. The rehabilitation unit at the Health Sciences Centre is a short-term intense rehabilitation unit serving a mix of spinal, neuro, and amputee clients. The Seven Oaks facility generally serves an older clientele in a community hospital setting, and these clients may be returning home after receiving post acute rehabilitation or they may be waiting for placement in long-term care.

The unit at the Health Sciences Centre is housed in an older building with crowded hallways and small multi-bed rooms. Personal care is provided by nursing staff and health care aides. Although the multidisciplinary team comes together regularly to discuss and plan for the care of the individual patients all but the nursing staff work somewhat like consulting services from their respective areas of specialty. Clients are not able to identify any particular team member who is the go-to person for continuity of information about their individualized care plan. A couple of clients that were interviewed identified their health care aides (HCAs) as the people they consider to be their primary source of information. Documentation of assessments and treatment plans from the various disciplines is evident and the staff appear to be well aware of modes of communication that work in this environment. The clinical resource nurse plays a pivotal role in coordinating and communicating for the nursing services.

The Seven Oaks facility demonstrated evidence of the use of Lean methodologies to coordinate care planning and share data driven information on selected indicators of quality. Visual tools and staff huddles are being used regularly to bring all staff of the unit together with managers to talk about progress on the selected measures and to share thoughts on improvement initiatives for administrative and clinical activities. The Seven Oaks facility is a newer unit that is organized into small pods. There is evidence that quality improvement initiatives have been undertaken to manage inventory, organize workspaces, and address quality of care concerns. Of particular note are that the facility engaged in a couple of improvement processes such as 3P processes to ensure that capital projects take the experience of point of care staff into full consideration, and two piece Kanban system is being implemented for inventory control. White boards are used in all of the client rooms to ensure that clients and caregivers both know who is the most responsible person on any given shift, and to provide at-a-glance alerts to any significant additional information for that day.

There would be value in the units continuing to work on the development of targets that are aligned with those of the WRHA and that reflect the priorities of the interdisciplinary teams delivering the services. Once consensus is reached on a set of measurable targets, mechanisms can be put in place to collect data that the teams can regularly review and use to make decisions about adjustments in their daily work to improve the potential to achieve desired outcomes.

Priority Process: Competency

There is evidence that staff members are highly qualified for the work they do in these specialty areas and also, there is access to mandatory education and ongoing professional development.

Priority Process: Episode of Care

For the survey, chart reviews were completed and clinical tracers were carried out to follow the journey of clients in the rehabilitation services provided at the Health Sciences Centre and Seven Oaks inpatient units. It was evident that clinical assessment and treatment planning is carried out and documented by each of the pertinent disciplines. Information is shared on a need to know basis in rounds and care conferences, although

in some cases, it is not clear that there is a coordinated multidisciplinary care plan that is formulated and shared with the client and caregivers in a comprehensive way.

There would be value in these teams continuing to work on improvement initiatives that bring the multidisciplinary team together perhaps with patient representatives to identify initiatives to improve communication about priorities and expectations of assessment and treatment in these service areas. The use of Lean methodologies to collect and utilize the "voice of the customer" would add value.

Priority Process: Decision Support

Decision support tools are largely paper based. The units are keen to develop 'e-health' mechanisms to assist with data collection and analysis.

Priority Process: Impact on Outcomes

The work of the rehabilitation units is physically and emotionally demanding. Staff and patient safety need to be a highly visible top priority. The Seven Oaks facility demonstrates evidence of initiatives that are similar to those seen in the "well-organized ward" concept from Releasing Time to Care. Releasing Time to Care initiatives have been implemented in some sites in Manitoba according to recent information from Manitoba Health. The Seven Oaks experience demonstrates many positive effects such as relatively low rates of lost time from work due to injury, staff that are engaged and informed of the priorities of the unit, patients that report good engagement and understanding of their plan of care, and data to support sharing of information about quality indicators. These programs are encouraged to learn from one another and to look at ways to transport concepts and initiatives that have shown positive results from one unit to another, taking into account the somewhat distinct cultures of each program.

In 2012 a quality improvement initiative was undertaken in the Rehabilitation and Geriatrics program. The description in the roadmap indicates that the emphasis of the initiative was to do timely assessments and then conduct audits to ensure compliance. The objective was to reduce critical incidents related to falls because the WRHA had recently dealt with several in the Rehabilitation program areas. While there is evidence of some attention to falls risk assessment there is no evidence of a consistent falls prevention program that engages staff, clients, and family members in an overall initiative targeted at reducing or eliminating risk. The exception is the Falling Stars program at Seven Oaks site. The WRHA would do well to adopt a standardized program for falls prevention across the organization. This is a program that requires the consciousness and active participation of all who work with these vulnerable populations. The Safer Healthcare Now! bundle from the Canadian Patient Safety Institute (CPSI) has proven a useful resource in some healthcare organizations. The Falling Star program at Seven Oaks also appears to have multiple components to it, which are designed to support assessment, evaluation and awareness.

Section 4 Organization's Commentary

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

As a sign of our commitment to quality and patient safety, the Winnipeg Regional Health Authority (WRHA) welcomed the external assessment conducted by Accreditation Canada's survey team of peers from other Canadian health corporations, which took place from April 14th to 19th, 2013. Our capability to co-ordinate and deliver safe and caring services that promote health and well-being is strengthened through the everyday application and integration of Qmentum (the Accreditation Canada survey program) into our strategic planning and operations. This year's survey visit included fourteen of the WRHA Clinical programs; spread over thirty one sites within the Winnipeg health region.

Qmentum provides the WRHA with an integrated quality framework, standards of excellence, self-assessment tools, processes, quality roadmaps and more. However, these are only tools. Quality and patient safety is about people in action. It is something the Winnipeg health region provides on a continual basis; the actions which flow from our ongoing conversations, insight and judgments - day in and day out 24 hours a day seven days a week. We are committed to innovation, excellence and stewardship. The Qmentum program supports us to achieve these commitments.

The Accreditation survey team identified many strengths within the WRHA, indicating the WRHA is meeting standards across every one of the eight Dimensions of Quality. The WRHA met 94% of the total criteria from the standards sets used to evaluate these 14 programs. There are also challenges and opportunities for improvement within the region including our continued pursuit of reaching 100% compliance with all applicable Required Organizational Practices.

The WRHA remains firmly committed to quality, patient safety and the innovation necessary for continual process improvement. Accreditation provides the Winnipeg region with an effective mechanism to compare its clinical performance against national standards of excellence. This report will help guide the WRHA in strengthening the overall quality of its programs and further improve patient safety.

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

Evidence Review and Ongoing Improvement

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

Appendix B Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions
Population Health and Wellness	Promoting and protecting the health of the populations and communities served, through leadership, partnership, innovation, and action.

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and overall goals and direction to the team of people providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services
Decision Support	Using information, research, data, and technology to support management and clinical decision making
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Providing clients with coordinated services from their first encounter with a health care provider through their last contact related to their health issue
Impact on Outcomes	Identifying and monitoring process and outcome measures to evaluate and improve service quality and client outcomes
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ and Tissue Donation	Providing organ donation services for deceased donors and their families, including identifying potential donors, approaching families, and recovering organs
Organ and Tissue Transplant	Providing organ transplant services, from initial assessment of transplant candidates to providing follow-up care to recipients
Organ Donation (Living)	Providing organ donation services for living donors, including supporting potential donors to make informed decisions, conducting donor suitability testing, and carrying out donation procedures
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems

Priority Process	Description
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge