ACCREDITATION AGRÉMENT CANADA
Qmentum

Accreditation Report

Winnipeg Regional Health Authority

Winnipeg, MB

Virtual Survey date: February 8, 2021 to February 12, 2021

On-site survey dates: September 26, 2021 - October 1, 2021

Report issued: October 31, 2021

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 September 2021. 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 will be treated in confidence by Accreditation Canada in accordance with the terms and conditions as agreed between your organization and Accreditation Canada for the Assessment Program.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

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

A Message from Accreditation Canada

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

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

Your Program Manager or Client Services Coordinator is available if you have questions or need guidance.

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

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

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Executive Summary

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 leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

Accreditation Decision

Winnipeg Regional Health Authority's accreditation decision is:

Accredited (Report)

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

About the On-site Survey

- **On-site survey dates: September 26, 2021 to October 1, 2021**

- **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. 490 Hargrave
3. 496 Hargrave
4. Aboriginal Health and Wellness Centre
5. Accès-Access St. Boniface
6. Access Downtown
7. Access Fort Garry
8. Access Norwest
9. Access River East
10. Access Transcona
11. Access Winnipeg West
12. Actionmarguerite St. Joseph
13. Actionmarguerite St. Vital
14. Aikins Community Health Centre
15. Bethania Mennonite Personal Care Home
16. Breast Health Centre
17. Calvary Place Personal Care Home
18. Centre de santé St-Boniface
19. Churchill Health Centre
20. Concordia Hospital
21. Crisis Response Centre
22. Deer Lodge Centre
23. EPPIS - Early Psychosis Prevention and Intervention Service
24. Fred Douglas Lodge

25. Golden Door Geriatric Centre
26. Golden Links Lodge
27. Golden West Centennial Lodge
28. Grace Hospital (WWIHSS)
29. Health Sciences Centre
30. Health Sciences Centre - Children's Hospital
31. Health Sciences Centre - Women's Hospital
32. Health Sciences Psychealth Centre
33. Holy Family PCH
34. Lions Personal Care Centre
35. Manitoba Adolescent Treatment Centre
36. MATC (165-167 St. Mary's Rd.)
37. Meadowood Manor
38. Middlechurch Home of Winnipeg
39. Misericordia Health Centre
40. Misericordia Place
41. Northern Connections Medical Centre
42. NorWest Co-op Community Health Centre
43. P - Antenatal Home Care Program
44. P - Deer Lodge (IPC-LTC)
45. P - Health Sciences Centre (ED-EMS)
46. P- Health Sciences Centre (Ambulatory Renal)
47. P- Health Sciences Centre (Genetics)
48. P- Health Sciences Centre (Rehabilitation Respiratory Hospital)
49. P- Palliative Community (St Boniface Hospital)
50. P- St Boniface Hospital (CC Cardiac Sciences)
51. P- St Boniface Hospital (CC Child Health)
52. P- St Boniface Hospital (Home Care HC)
53. P- St Boniface Hospital (Inpatient Medicine)
54. P- St Boniface Hospital (Periop...Surgery)
55. P- St Boniface Hospital (Periop...Womens)

56. P- St. Boniface Hospital (Inpatient Cardiac Science)
57. Pan Am Clinic
58. Pembina Place Mennonite Personal Care Home
59. River East Personal Care Home
60. River Park Gardens
61. Riverview Health Centre
62. Seven Oaks General Hospital
63. St. Amant Health & Transition Services
64. St. Boniface Hospital
65. The Saul and Claribel Simkin Centre
66. Victoria General Hospital (SWIHSS)
67. WICC- Winnipeg Access (Primary Care)
68. WRHA Corporate Office & CHKI - 1155 Concordia Ave

- **Standards**

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

System-Wide Standards

1. Governance
2. Infection Prevention and Control Standards
3. Infection Prevention and Control Standards for Community-Based Organizations
4. Leadership
5. Medication Management Standards
6. Medication Management Standards for Community-Based Organizations

Population-specific Standards

7. Population Health and Wellness

Service Excellence Standards

8. Acquired Brain Injury Services - Service Excellence Standards
9. Ambulatory Care Services - Service Excellence Standards
10. Community-Based Mental Health Services and Supports - Service Excellence Standards
11. Critical Care Services - Service Excellence Standards
12. Diagnostic Imaging Services - Service Excellence Standards
13. Emergency Department - Service Excellence Standards

14. EMS and Interfacility Transport - Service Excellence Standards
15. Home Care Services - Service Excellence Standards
16. Hospice, Palliative, End-of-Life Services - Service Excellence Standards
17. Inpatient Services - Service Excellence Standards
18. Intellectual and Developmental Disabilities - Service Excellence Standards
19. Long-Term Care Services - Service Excellence Standards
20. Mental Health Services - Service Excellence Standards
21. Obstetrics Services - Service Excellence Standards
22. Organ and Tissue Donation Standards for Deceased Donors - Service Excellence Standards
23. Organ and Tissue Transplant Standards - Service Excellence Standards
24. Organ Donation Standards for Living Donors - Service Excellence Standards
25. Perioperative Services and Invasive Procedures - Service Excellence Standards
26. Primary Care Services - Service Excellence Standards
27. Public Health Services - Service Excellence Standards
28. Rehabilitation Services - Service Excellence Standards
29. Reprocessing of Reusable Medical Devices - Service Excellence Standards
30. Spinal Cord Injury Acute Services - Service Excellence Standards
31. Spinal Cord Injury Rehabilitation Services - Service Excellence Standards

- **Instruments**

  The organization administered:

  1. Canadian Patient Safety Culture Survey Tool
  2. Governance Functioning Tool (2016)
  3. Client Experience Tool

Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	123	12	0	135
 Accessibility (Give me timely and equitable services)	184	8	1	193
 Safety (Keep me safe)	984	34	56	1074
 Worklife (Take care of those who take care of me)	258	9	4	271
 Client-centred Services (Partner with me and my family in our care)	879	35	7	921
 Continuity (Coordinate my care across the continuum)	184	1	1	186
 Appropriateness (Do the right thing to achieve the best results)	1541	96	21	1658
 Efficiency (Make the best use of resources)	101	2	2	105
Total	**4254**	**197**	**92**	**4543**

Overview by Standards

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

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	42 (87.5%)	6 (12.5%)	2	35 (97.2%)	1 (2.8%)	0	77 (91.7%)	7 (8.3%)	2
Leadership	50 (100.0%)	0 (0.0%)	0	91 (94.8%)	5 (5.2%)	0	141 (96.6%)	5 (3.4%)	0
Infection Prevention and Control Standards	38 (95.0%)	2 (5.0%)	0	29 (93.5%)	2 (6.5%)	0	67 (94.4%)	4 (5.6%)	0
Infection Prevention and Control Standards for Community-Based Organizations	29 (100.0%)	0 (0.0%)	5	40 (93.0%)	3 (7.0%)	4	69 (95.8%)	3 (4.2%)	9
Medication Management Standards	66 (84.6%)	12 (15.4%)	0	58 (90.6%)	6 (9.4%)	0	124 (87.3%)	18 (12.7%)	0
Medication Management Standards for Community-Based Organizations	52 (96.3%)	2 (3.7%)	20	45 (100.0%)	0 (0.0%)	15	97 (98.0%)	2 (2.0%)	35

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Population Health and Wellness	4 (100.0%)	0 (0.0%)	0	31 (88.6%)	4 (11.4%)	0	35 (89.7%)	4 (10.3%)	0
Acquired Brain Injury Services	46 (100.0%)	0 (0.0%)	0	88 (100.0%)	0 (0.0%)	0	134 (100.0%)	0 (0.0%)	0
Ambulatory Care Services	45 (97.8%)	1 (2.2%)	1	77 (98.7%)	1 (1.3%)	0	122 (98.4%)	2 (1.6%)	1
Community-Based Mental Health Services and Supports	42 (93.3%)	3 (6.7%)	0	88 (93.6%)	6 (6.4%)	0	130 (93.5%)	9 (6.5%)	0
Critical Care Services	60 (100.0%)	0 (0.0%)	0	104 (99.0%)	1 (1.0%)	0	164 (99.4%)	1 (0.6%)	0
Diagnostic Imaging Services	58 (100.0%)	0 (0.0%)	10	63 (100.0%)	0 (0.0%)	6	121 (100.0%)	0 (0.0%)	16
Emergency Department	61 (84.7%)	11 (15.3%)	0	93 (86.9%)	14 (13.1%)	0	154 (86.0%)	25 (14.0%)	0
EMS and Interfacility Transport	99 (91.7%)	9 (8.3%)	11	109 (93.2%)	8 (6.8%)	4	208 (92.4%)	17 (7.6%)	15
Home Care Services	49 (100.0%)	0 (0.0%)	0	75 (100.0%)	0 (0.0%)	1	124 (100.0%)	0 (0.0%)	1
Hospice, Palliative, End-of-Life Services	43 (95.6%)	2 (4.4%)	0	105 (99.1%)	1 (0.9%)	2	148 (98.0%)	3 (2.0%)	2
Inpatient Services	54 (90.0%)	6 (10.0%)	0	82 (96.5%)	3 (3.5%)	0	136 (93.8%)	9 (6.2%)	0
Intellectual and Developmental Disabilities	54 (100.0%)	0 (0.0%)	0	89 (96.7%)	3 (3.3%)	1	143 (97.9%)	3 (2.1%)	1
Long-Term Care Services	54 (96.4%)	2 (3.6%)	0	98 (99.0%)	1 (1.0%)	0	152 (98.1%)	3 (1.9%)	0
Mental Health Services	50 (100.0%)	0 (0.0%)	0	86 (93.5%)	6 (6.5%)	0	136 (95.8%)	6 (4.2%)	0
Obstetrics Services	71 (100.0%)	0 (0.0%)	2	88 (100.0%)	0 (0.0%)	0	159 (100.0%)	0 (0.0%)	2

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Organ and Tissue Donation Standards for Deceased Donors	53 (98.1%)	1 (1.9%)	0	90 (93.8%)	6 (6.3%)	0	143 (95.3%)	7 (4.7%)	0
Organ and Tissue Transplant Standards	86 (98.9%)	1 (1.1%)	0	113 (95.8%)	5 (4.2%)	0	199 (97.1%)	6 (2.9%)	0
Organ Donation Standards for Living Donors	63 (96.9%)	2 (3.1%)	1	110 (94.0%)	7 (6.0%)	0	173 (95.1%)	9 (4.9%)	1
Perioperative Services and Invasive Procedures	113 (98.3%)	2 (1.7%)	0	107 (98.2%)	2 (1.8%)	0	220 (98.2%)	4 (1.8%)	0
Primary Care Services	52 (88.1%)	7 (11.9%)	0	85 (93.4%)	6 (6.6%)	0	137 (91.3%)	13 (8.7%)	0
Public Health Services	40 (85.1%)	7 (14.9%)	0	62 (89.9%)	7 (10.1%)	0	102 (87.9%)	14 (12.1%)	0
Rehabilitation Services	45 (100.0%)	0 (0.0%)	0	79 (98.8%)	1 (1.3%)	0	124 (99.2%)	1 (0.8%)	0
Reprocessing of Reusable Medical Devices	80 (92.0%)	7 (8.0%)	1	37 (92.5%)	3 (7.5%)	0	117 (92.1%)	10 (7.9%)	1
Spinal Cord Injury Acute Services	49 (98.0%)	1 (2.0%)	0	89 (95.7%)	4 (4.3%)	0	138 (96.5%)	5 (3.5%)	0
Spinal Cord Injury Rehabilitation Services	47 (100.0%)	0 (0.0%)	0	85 (97.7%)	2 (2.3%)	0	132 (98.5%)	2 (1.5%)	0
Total	**1695 (95.3%)**	84 (4.7%)	53	2431 (95.7%)	108 (4.3%)	33	4126 (95.6%)	192 (4.4%)	86

* Does not includes ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Acquired Brain Injury Services)	Met	1 of 1	0 of 0
Client Identification (Ambulatory Care Services)	Met	1 of 1	0 of 0
Client Identification (Critical Care Services)	Met	1 of 1	0 of 0
Client Identification (Diagnostic Imaging Services)	Met	1 of 1	0 of 0
Client Identification (Emergency Department)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client Identification (EMS and Interfacility Transport)	Met	1 of 1	0 of 0
Client Identification (Home Care Services)	Unmet	0 of 1	0 of 0
Client Identification (Hospice, Palliative, End-of-Life Services)	Met	1 of 1	0 of 0
Client Identification (Inpatient Services)	Met	1 of 1	0 of 0
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Client Identification (Mental Health Services)	Met	1 of 1	0 of 0
Client Identification (Obstetrics Services)	Met	1 of 1	0 of 0
Client Identification (Organ and Tissue Transplant Standards)	Met	1 of 1	0 of 0
Client Identification (Organ Donation Standards for Living Donors)	Met	1 of 1	0 of 0
Client Identification (Perioperative Services and Invasive Procedures)	Met	1 of 1	0 of 0
Client Identification (Rehabilitation Services)	Met	1 of 1	0 of 0
Client Identification (Spinal Cord Injury Acute Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client Identification (Spinal Cord Injury Rehabilitation Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Acquired Brain Injury Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Ambulatory Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1
Information transfer at care transitions (Critical Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Emergency Department)	Met	4 of 4	1 of 1
Information transfer at care transitions (EMS and Interfacility Transport)	Met	4 of 4	1 of 1
Information transfer at care transitions (Home Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Inpatient Services)	Unmet	4 of 4	0 of 1
Information transfer at care transitions (Intellectual and Developmental Disabilities)	Met	4 of 4	1 of 1
Information transfer at care transitions (Long-Term Care Services)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information transfer at care transitions (Mental Health Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Obstetrics Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Organ and Tissue Transplant Standards)	Met	4 of 4	1 of 1
Information transfer at care transitions (Organ Donation Standards for Living Donors)	Met	4 of 4	1 of 1
Information transfer at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	1 of 1
Information transfer at care transitions (Rehabilitation Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Spinal Cord Injury Acute Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Spinal Cord Injury Rehabilitation Services)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership)	Met	3 of 3	2 of 2
Medication reconciliation at care transitions (Acquired Brain Injury Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Ambulatory Care Services)	Met	5 of 5	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Community-Based Mental Health Services and Supports)	Met	3 of 3	1 of 1
Medication reconciliation at care transitions (Critical Care Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Emergency Department)	Met	1 of 1	0 of 0
Medication reconciliation at care transitions (Home Care Services)	Met	3 of 3	1 of 1
Medication reconciliation at care transitions (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Inpatient Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Long-Term Care Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Mental Health Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Obstetrics Services)	Met	4 of 4	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Rehabilitation Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Spinal Cord Injury Acute Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Spinal Cord Injury Rehabilitation Services)	Met	4 of 4	0 of 0
Safe Surgery Checklist (Obstetrics Services)	Met	3 of 3	2 of 2
Safe Surgery Checklist (Organ and Tissue Transplant Standards)	Met	3 of 3	2 of 2
Safe Surgery Checklist (Organ Donation Standards for Living Donors)	Met	3 of 3	2 of 2
Safe Surgery Checklist (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
The “Do Not Use” list of abbreviations (Medication Management Standards)	Met	4 of 4	3 of 3
The “Do Not Use” list of abbreviations (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	3 of 3

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management Standards)	Unmet	0 of 4	0 of 1
Concentrated Electrolytes (Medication Management Standards)	Met	3 of 3	0 of 0
Heparin Safety (Medication Management Standards)	Met	4 of 4	0 of 0
High-Alert Medications (EMS and Interfacility Transport)	Met	5 of 5	3 of 3
High-Alert Medications (Medication Management Standards)	Met	5 of 5	3 of 3
Infusion Pumps Training (Ambulatory Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Critical Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Emergency Department)	Met	4 of 4	2 of 2
Infusion Pumps Training (EMS and Interfacility Transport)	Met	4 of 4	2 of 2
Infusion Pumps Training (Home Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Inpatient Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Long-Term Care Services)	Met	4 of 4	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Infusion Pumps Training (Mental Health Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Obstetrics Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Organ and Tissue Transplant Standards)	Met	4 of 4	2 of 2
Infusion Pumps Training (Organ Donation Standards for Living Donors)	Met	4 of 4	2 of 2
Infusion Pumps Training (Perioperative Services and Invasive Procedures)	Met	4 of 4	2 of 2
Infusion Pumps Training (Rehabilitation Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Spinal Cord Injury Acute Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Spinal Cord Injury Rehabilitation Services)	Met	4 of 4	2 of 2
Narcotics Safety (EMS and Interfacility Transport)	Met	3 of 3	0 of 0
Narcotics Safety (Medication Management Standards)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Flow (Leadership)	Met	7 of 7	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (EMS and Interfacility Transport)	Unmet	1 of 1	1 of 2
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (EMS and Interfacility Transport)	Met	1 of 1	0 of 0
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Infection Rates (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Reprocessing (EMS and Interfacility Transport)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Acquired Brain Injury Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Critical Care Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Hospice, Palliative, End-of-Life Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Inpatient Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Long-Term Care Services)	Met	5 of 5	1 of 1
Falls Prevention Strategy (Mental Health Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Obstetrics Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Organ and Tissue Transplant Standards)	Met	2 of 2	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Perioperative Services and Invasive Procedures)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Rehabilitation Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Spinal Cord Injury Acute Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Spinal Cord Injury Rehabilitation Services)	Met	2 of 2	1 of 1
Home Safety Risk Assessment (Home Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Critical Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Hospice, Palliative, End-of-Life Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Inpatient Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Rehabilitation Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Spinal Cord Injury Acute Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Pressure Ulcer Prevention (Spinal Cord Injury Rehabilitation Services)	Met	3 of 3	2 of 2
Skin and Wound Care (Home Care Services)	Met	7 of 7	1 of 1
Suicide Prevention (Community-Based Mental Health Services and Supports)	Met	5 of 5	0 of 0
Suicide Prevention (Emergency Department)	Unmet	3 of 5	0 of 0
Suicide Prevention (Long-Term Care Services)	Met	5 of 5	0 of 0
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0
Venous Thromboembolism Prophylaxis (Critical Care Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Inpatient Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Organ and Tissue Transplant Standards)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Organ Donation Standards for Living Donors)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Spinal Cord Injury Acute Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Venous Thromboembolism Prophylaxis (Spinal Cord Injury Rehabilitation Services)	Met	3 of 3	2 of 2

Summary of Surveyor Team Observations

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

The Winnipeg Regional Health Authority (WRHA) is to be commended for continuing on with a hybrid survey amidst a Global Pandemic and a major restructuring in healthcare within the province of Manitoba. The survey consisted of two parts: virtual survey the week of February 8th -11th, 2021 and an on-site portion to complete the survey September 26th - October 1st, 2021.

Governance and Leadership

The WRHA has undergone significant, substantive change subsequent to the last Accreditation Survey in 2016. Service consolidations in 2018 followed by the introduction of Shared Health in 2020 have had a material impact on the look and feel of the organization. The COVID-19 Pandemic subsequently impacted every corner of the organization and continues to have a significant impact on all Teams associated with the organization and has very much impacted WRHA, Shared Health and the Health Science Centre's ability to move forward with restructuring.

The day the virtual portion of the survey began, WRHA welcomed a new, provincially appointed Board Chair. At that time, the Shared Health Board was under development and currently, based on the Shared Health website, is interim. In addition, interim leadership was in place at both WRHA and Shared Health. Between then and the on-site survey, permanent CEOs have been hired into both the WRHA and Shared Health, and an Interim Chief Operating Officer is in place at the Health Science Centre. All these realities point to the need to ensure strong, directional and supportive governance of all aspects of the organization.
Governance in today's healthcare environment is very challenging - the last year with the pandemic, more so. All governing bodies falling under this survey are to be commended for the passion and commitment exhibited in supporting the organizations in addressing the COVID-19 reality. There is also recognition that focus needs to shift towards advancing integration objectives and to stabilize the operating environments that currently are quite unstable from a staffing and morale perspective.
Updating necessary Strategic Plans needs to be a priority. With the current WRHA Plan having expired and Shared Health yet to really move to its intended place as a system/provincial leader, focusing on clarity of purpose will be key. Currently, within many organizations visited, particularly those whose services have been directly impacted by reorganizations and integration there is significant uncertainty as roles remain unclear and new relationships are yet to be developed. Providing staff with the change management tools necessary to advance in this environment will be fundamentally important in the short term.
Board Members involved in the survey were very engaged and fully understood the important role they played in ensuring the delivery of appropriate, high-quality services to the communities served. The on-boarding processes noted, the skills-based focus, as well as ongoing support to individual directors was strong, and the Board's role in oversight, namely in quality and finance, was very sound. One opportunity at the Board level appears to be diversity. While it is acknowledged that there is an Indigenous Member of the WRHA Board, it was not clear on all of the other Boards in place across the WRHA, including hospitals and

affiliates, whether or not the diversity of the communities served is reflected. While it is acknowledged and supported that "skills-based" Boards are best-practice, overlaying representational membership that aligns with community demographics is also achievable.

Still with governance, it will be important for all involved to understand where accountability rests. For example, the WRHA, WRHA hospitals such as St. Boniface, Affiliates such as some of the National Long Term Care providers, and Shared Health each have their own Board. Clearly articulating roles, responsibilities, and accountabilities will therefore be paramount, not only towards ensuring care and service are coordinated and delivered at full value to those seeking service, but also in sending a message of stability to those working and volunteering in the system. Shared Health will need to particularly ensure clear delineation between the role it plays in system and policy support for the entire province, the operational accountability it has for the Health Sciences Centre, and the operational accountability it has for programs resting within other organizations.

Leadership is to be commended for the stellar way they are leading all aspects of WRHA, Shared Health and the Health Sciences Centre. As a survey team, we have collectively never surveyed at a time with such disruption and uncertainty, so all involved in oversite roles deserve commendation. Uncertainty creates stress, COVID-19 creates stress; persistent staffing pressures create stress – combined, they create an environment requiring strong leadership, something the organization has managed to address. In saying this, many are in new or restructured roles so in addition to supporting those for whom they are responsible, they too require supports as they grow with their accountabilities. Those engaged in the survey, while feeling overwhelmed at times, did feel very supported and felt that there was a "light at the end of the tunnel."

The organization is commended for its corporate support of People-Centred Care. Structures, including Local Health Involvement Groups and Patient and Family Advisory Councils, are setting a nice tone around the importance of community, patient, and family engagement. It is recognized that supports for these activities at the frontlines have been very much impacted by COVID, however the organization is strongly urged to embed Patient Advisors into as many frontline areas as possible.

Many initiatives, not unlike the broader roll-out of People-Centred Care have been delayed due to COVID-19. Quality improvement activities and a broader penetration of ethics supports are two such examples. Both of these services are now to be delivered through Shared Health, however, have yet to be fully operationalized and the organization is urged to do this as soon as is practical.

Community and Community Partners

In all meetings where community partners were involved, a clear message of thanks was extended for all the system support provided in responding to the Pandemic. Organizations, particularly smaller ones, recognized that their abilities to respond appropriately were very much impacted by the supports and direction from others, and the leadership of Shared Health and the WRHA has not gone unnoticed.

A number of Community Partners participated in the survey process including: Klinic, Main Street Project, Norwest, Mount Carmel Clinic, Community Area Director, Manitoba Department of Families, Rehabilitation

Centre for Children (Specialized Services for Children & Youth (SSCY)), and Winnipeg Fire Paramedic Service (WFPS). All were clear on the value they placed on the relationships – some direct through funding – and very much appreciated the expertise available to them and their respective client bases. As with staff within the WRHA, Shared Health and the Health Sciences Centre, there was some anxiety registered with the current restructuring, not of the broad decisions themselves but rather focused on the need to finalize decisions to ensure service delivery mandates were clear. All were anxious to participate in upcoming strategic planning efforts and all fully supported the focus of wrapping the system around those in need. It was clear through these discussions that the broader determinants of health were very much front and center in decision making, and all were commended for the holistic approach being taken to the delivery of care and service across the region and province.

Client Satisfaction

All surveyors throughout their tracers had the privilege to speak with patients, family members and caregivers as part of daily activities. Feedback received was almost universal in tone and sentiment – staff were commended for the incredible work they were doing on behalf of those they were caring for. As one patient said:
"The staff are so wonderful; it almost feels like home here."
Despite the compliments received for the hands-on care provided, patients and family members were not immune to the stress staff are under and often commented on it. Comments on wait times and people looking rushed were shared – as challenges in accessing sites due to COVID-19 restrictions and, single door access required caregivers to walk extensive distances to units.

Surveyors noted some lag in securing patient satisfaction feedback, perhaps due to the pandemic, however, the organization is urged to continue to ensure the timely administration of surveys, including follow-up and action plans. This is an area where Patient Advisors can play a key role in identifying issues for follow up.
The team was asked to focus on Indigenous populations and saw some strong examples of how the organization reached out to support unique cultural needs. Canada's National Day for Truth and Reconciliation occurred while the survey team was in Winnipeg and Surveyors were able to see and hear about the activities and events planned, including an Honour Ceremony that was shared across the organization on the September 30th. The Ceremony included the Lighting of the Sacred Fire and a Pipe Ceremony and was a wonderful reflection of the priority placed by WRHA on Reconciliation.

Delivery of Care and Service

Incredible efforts are ongoing around staffing. Staff pressures exist everywhere, and all teams are commended for the manner in which they continue to step forward. Creativity – including bringing students in as health care aids – is helping.

Despite the pressures, the organization is commended for the manner in which it is focusing on and supporting safety and education. Teams are engaged and the focus on multidisciplinary care is noted. The pandemic has unfortunately slowed a number of key initiatives, including ethics roll-out and quality improvement. Despite this, supports continue to be available and teams continue to identify priority areas of

focus.

Physical spaces across the organization varies from requiring renovation to exceptional. The same holds true for infrastructure including IT supports and furnishings. Ensuring plans are developed to support ongoing delivery of care will be important.

The organization's vision for people-centred care is noted with approval and, while the pandemic has slowed some of the roll-out, teams are keen to re-engage. Active engagement of patients and caregivers will greatly assist in the delivery of care and service moving forward.

Staffing and Worklife

The compassion and commitment exhibited by all was outstanding. With this compassion and commitment though it was noticed that staff are tired and stressed. As the organization enters the fourth wave of COVID-19, it must be noted that critical care areas are already at or above capacity and need more surge capacity. Organizationally, it is acknowledged that there are numerous vacancies resulting in areas operating at less-than-ideal levels and are having to mandate staff attendance. Both of these strategies are temporary at best, and the organization is very clear on its need to address this moving forward. Efforts are made to support the team in any way possible through recognition efforts, often at the program level and by making Employee Assistance Resources readily available.
Leaders are commended for undertaking Performance Conversations at the rates noted, although appreciate numbers are not at the levels preferred.

The VIRGO Report on Mental Health and Addictions included the quote: "We are all on the same river but paddling in different boats." This characterizes the flux that people in organizations are experiencing. The Report describes how there is excellence in the silos where people are delivering care but the same cannot be said of the way in which integration should be present across the continuum of care. That said, regular feedback and communication are key and the organization is commended for the efforts in this area.

Overall, the Survey Team was remarkably impressed with the people engaged throughout the survey. Compassion, caring, and commitment are alive and well across the WRHA, the Health Sciences Centre and Shared Health. Congratulations on all that you do.

Detailed Required Organizational Practices

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

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

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Communication	
Information transfer at care transitions Information relevant to the care of the client is communicated effectively during care transitions.	· Inpatient Services 10.16
Client Identification Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.	· Home Care Services 9.2
Patient Safety Goal Area: Medication Use	
Antimicrobial Stewardship There is an antimicrobial stewardship program to optimize antimicrobial use. NOTE: This ROP applies to organizations providing the following services: inpatient acute care, inpatient cancer, inpatient rehabilitation, and complex continuing care.	· Medication Management Standards 2.3
Patient Safety Goal Area: Infection Control	
Hand-Hygiene Compliance Compliance with accepted hand-hygiene practices is measured.	· EMS and Interfacility Transport 8.7
Patient Safety Goal Area: Risk Assessment	
Suicide Prevention Clients are assessed and monitored for risk of suicide.	· Emergency Department 10.7

Detailed On-site Survey Results

This section provides the detailed results of the on-site survey. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary. Results are presented in two ways: first by priority process and then by standards sets.

Accreditation Canada defines priority processes as critical areas and systems that have a significant impact on the quality and safety of care and services. Priority processes provide a different perspective from that offered by the standards, organizing the results into themes that cut across departments, services, and teams.

For instance, the patient flow priority process includes criteria from a number of sets of standards that address various aspects of patient flow, from preventing infections to providing timely diagnostic or surgical services. This provides a comprehensive picture of how patients move through the organization and how services are delivered to them, regardless of the department they are in or the specific services they receive.

During the on-site survey, surveyors rate compliance with the criteria, provide a rationale for their rating, and comment on each priority process.

Priority process comments are shown in this report. The rationale for unmet criteria can be found in the organization's online Quality Performance Roadmap.

See Appendix B for a list of priority processes.

INTERPRETING THE TABLES IN THIS SECTION: The tables show all unmet criteria from each set of standards, identify high priority criteria (which include ROPs), and list surveyor comments related to each priority process.

High priority criteria and ROP tests for compliance are identified by the following symbols:

!	High priority criterion
ROP	Required Organizational Practice
MAJOR	Major ROP Test for Compliance
MINOR	Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

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

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

Priority Process: Governance

Meeting the demands for excellence in governance practice.

Unmet Criteria		High Priority Criteria
Standards Set: Governance		
1.3	The governing body approves, adopts, and follows the ethics framework used by the organization.	!
1.4	The governing body adopts a code of ethical conduct for its members.	!
7.7	The governing body, with the input of the organization's leaders, evaluates the CEO's performance and achievements annually.	
10.1	The governing body adopts patient safety as a written strategic priority for the organization.	!
13.4	The governing body follows a process to regularly evaluate its performance and effectiveness.	!
13.5	The governing body conducts or participates in an assessment of its structure, including size and committee structure.	!
13.6	The governing body regularly evaluates the performance of the board chair based on established criteria.	!
Surveyor comments on the priority process(es)		

Governance in today's healthcare environment is very challenging, and in the last year with the pandemic, even more so. The WRHA and Shared Health Manitoba Boards are to be commended for the passion and commitment exhibited in both supporting the organizations in addressing the COVID reality and in advancing the interests of the organizations, and therefore the population supported through the ongoing provincial transformation. From a governance perspective, there is significant, ongoing change. Within the WRHA Board itself, a new Board Chair was appointed to the organization at the beginning of the virtual survey as a result of the

Board Chair was appointed to the organization at the beginning of the virtual survey as a result of the removal of the incumbent. Notwithstanding this, the Board was very engaged in the survey and fully understood the important role they played in ensuring the delivery of appropriate, high-quality services to the community. The on-boarding processes noted, the skills-based focus, as well as ongoing support to individual directors was strong, and the Board's role in oversight, namely in quality and finance, was very sound. One potential area of opportunity at the Board level appeared to be diversity of its members. While there is a very qualified Indigenous representative at the WRHA Board table, it was not clear if representation existed on other Boards throughout the surveyed organizations - Shared Health Manitoba Interim Board or St. Boniface Hospital for example.

The overall structure of the organization and the ongoing evolution of Shared Health Manitoba will require a very strong focus on accountability, specifically who oversees which areas, and with whom does decision-making and therefore true oversite lay. With provincial restructuring ongoing - somewhat on hold through the pandemic - key areas such as Strategic Planning have also been put on hold. As the WRHA evolves to a "Service Delivery Organization," this planning will need to re-start in earnest, with the Board setting the tone on behalf of all the organization’s entities. The strong and ongoing community engagement through the Local Health Involvement Groups appeared to be very positive and will allow the organization to advance several key areas of focus, such as patient and family engagement.

Key operational activities have been delayed as a result of the pandemic, including but not limited to expanding people-centred care, quality improvement, and ethics. Two of these three important areas of focus – quality improvement and ethics – rest with Shared Health Manitoba, while people-centred care transcends all entities. Setting the tone from a governance perspective to advance in these important areas will go a long way towards stabilizing all partners into the future.

Moving forward, being "overly visible" to the organization from a governance perspective will be important as the inevitable uncertainty that comes with changes takes hold. Moving through the change process as quickly as is practical, while reinforcing the important roles of all team members will be important.

Priority Process: Planning and Service Design

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization is well into the process of re-designing and transitioning into a Service Delivery Organization within the provincial health system. As many components of the WRHA have transitioned to Shared Health Manitoba (the provincial organization that will set a direction for corporate and clinical services that are amenable to standardization across the health system), the WRHA has clearly articulated a vision, mission, values, and strategic and operational priorities that reflect a commitment to client-centred care delivered in a culture of safety and quality.

The organization has taken deliberate steps to support its people through a multi-year system transformation process. Leaders have been provided with in-person and online resources to help them process and manage change for themselves and the people reporting to their portfolios.

Financial sustainability is a key priority for the organization. There is evidence of rigorous and deliberate effort to connect with staff, leadership, and the Board routinely on key indicators for accountability. Dashboards have been developed to provide at-a-glance information to stakeholders; demonstrating transparency and accountability for how the organization is progressing on key indicators.

The organization demonstrates a key interest and concrete actions to connect and engage with internal and external stakeholders. The process of integrating community-based programs, hospital-based programs, private sector, and government services is a clear priority as health service re-design continues. The WRHA has taken the initiative to align much of its guiding documentation with that of Shared Health Manitoba.

During the survey process stakeholders consistently referred to the importance of a safety, quality improvement, and risk management lens in every part of its business. There are well-defined quality and safety plans and many examples of overt efforts to solicit and act on feedback from clients, community partners, staff, and physicians.

Priority Process: Resource Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Resource Committee and the Audit Committee of the Board receive information from leadership to support regular monthly review of the financial situation of the organization. Board members identify challenges associated with the complexity of the system transformation process and the challenges associated with pandemic pressures and expenditures. The Board feels comfortable that they are able to fulfill their fiduciary duties with the information they receive from management, and that they are able to follow the financial reporting cycle of government. The Board identifies challenges with being constrained by the government in their ability to make decisions that they feel would support the delivery of a balanced budget.

For capital and operational planning, Senior Leadership collaborates closely with the Ministry of Health and the provincial auditors to proactively manage any risk associated with decisions of the WRHA that could be problematic later on and to benefit from information that the government can contribute to budget development and planning.

There is a very structured process to engage people at various levels of the organization in the budget planning and monitoring process. This includes sharing key milestones for gathering and providing input into budget preparation and consistent connections between financial services and site/service leads for variance and management purposes. People with budget accountability are provided with management reports to support decision-making and have the ability to regularly review their progress via a dashboard that reports on key deliverables. The work is structured around five priorities: Access and Flow; Quality and Safety; Service Experience; Affordability and Sustainability; and Supporting Staff.

There is a boot camp for all managers that focuses on financial planning and management have online access to a course called The Art of Financial Management. People have access to business analyst services as required. A briefing note approval process is used to advance initiatives that may require new investment or reallocation of resources.

There is close attention to the legal, risk, and audit requirements of the corporation. There is a Finance Committee of the Board that is fully engaged. Auditors are retained via an RFP process. The current engagement is for five years. The committee is bolstered with attendees who are fully skilled for financial planning and monitoring.

The organization provided documented evidence to support the assessment of compliance with standards. Specific examples of how their processes have mobilized to respond to significant variances in areas such as sudden surges in surgical procedures, dialysis, use of PPE, and employee overtime were also provided.

Priority Process: Human Capital

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

There is substantial evidence that quality and safety is top of mind for the organization. There is a robust Employee Health service in place to support the onboarding of new employees and monitoring and assurance that staff immunizations are current. The organization encourages flu immunization; however, the uptake is reported to be in the range of 60%.

The Employee Health service has specific initiatives in place to prevent musculoskeletal injuries, promote safe patient handling, provide ergonomic assessments, and consult on WCB claims and return to work programs. Occupational Health and Safety Committees are in place at all work locations with representation from unions and management.

There is a significant focus on employee recruitment and retention particularly in nursing, recognizing that nursing schools in Manitoba do not have a sufficient number of seats to fill the forecasted vacancies.

An employee engagement survey done in 2017 indicated that the WRHA scored below the national average on a number of indicators. The organization attributes the feedback to the high degree of transition activity that was going on at the time and did develop an action plan and introduced a variety of measures to promote engagement at all levels. A small sample of employees who participated in a focus group for the virtual survey indicated and provided examples of workplace experiences that they interpreted as positive measures impacting employee engagement. They specifically referred to onboarding and orientation; support for training and professional development; access to leadership support; and regular performance conversations. The general consensus from people consulted for this survey is that there is good engagement between the employees and their units/sites, but less engagement with higher levels of the organization where there is significant change going on.

The performance conversation that has been in place for several years now has proven to be an efficient and effective way of increasing the uptake on performance appraisal completion. The organization has set a target rate of completion at 80% and has achieved 78%.

The organization provides access to an Employee Assistance Program that is well-publicized. There is an increasing focus on mental health and wellness in the workplace. Human Resource Leadership has identified this as an item that will require even greater focus and initiative to support employees recovering from the stress associated with the pandemic response.

There are both electronic and paper processes in place to hire and manage human resources. Records are kept at both the site and corporate levels. The tracer indicates that there is a lack of clarity about how employee information is managed; how payroll and benefits information is stored; and what a standard HR file should look like. The impression is that a comprehensive, provincial, automated human resources information system would be a reasonable goal to support the major system transformation that is currently underway.

Priority Process: Integrated Quality Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Shared Health Manitoba has begun the work of designing a quality improvement framework that will be provincial in nature. It is anticipated that the Service Delivery Organizations, including the WRHA will build quality improvement strategies and plans that line up with the provincial framework. The Board of the WRHA approved a comprehensive Quality Improvement (QI) Plan for the organization three years ago. The WHRA has participated in the development of the Quality Improvement Framework that is under development by Shared Health Manitoba with the intent to be fully aligned.

The WRHA has developed a Quality Improvement Framework that is aligned with the IHI Quadruple Aim for healthcare. To this end, a dashboard has been developed that captures data around access/safety, staff/people, health promotion/patient experience, and affordability/sustainability.

A focus on quality, safety, and risk mitigation are evident at all levels of the organization. Data is collected and accessed through a central repository at the provincial level and there are additional efforts underway to make data collection more timely and meaningful to the people who are involved in day-to-day quality improvement work. There are regular discussions between leadership and staff that include presentation of indicator data and discussion about progress that is being made on selected targets. If it is evident that targets may not be met, the responsible parties engage in the development of a counter measure summary that sets out corrective actions designed to put the selected initiative back on a course to success. There is recognition, based on feedback to staff and client surveys, that engagement of the people doing the work is essential to the achievement of quality improvement targets.

There is solid evidence of a robust system for reporting incidents and emerging issues with the intent to identify the problem, investigate, introduce measures to mitigate the chance of reoccurrence, and spread successful measures to other parts of the organization. Quality consultants are available to support operations in this important work, but part of the strategy is to build capacity amongst staff and operational leaders and to facilitate rather than taking over the responsibility for specific quality improvements at the operational level.

Reference to an online toolkit for managers, the automated incident reporting system, the use of Lean approaches (A3), specific change management methodologies, heat mapping, and the risk register demonstrate that there is a very structured approach to QI and Risk Management at the WRHA.

Evidence that the organization is working pro-actively and collaboratively to sustain what is working well and to work closely with Shared Health Manitoba towards a successful transition to an integrated provincial system is an indication that this is an organization that is engaged and prepared to be nimble through a period of significant system transformation.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

Unmet Criteria		High Priority Criteria
Standards Set: Leadership		
1.11	There is a process for gathering and reviewing information about trends in the organization's ethics issues, challenges, and situations.	
1.12	Information about trends in ethics issues, challenges, and situations is used to improve the quality of services.	
2.4	A code of conduct that applies to all those working in the organization is developed and implemented.	

Surveyor comments on the priority process(es)

The organization has placed a significant emphasis on principle-based care and decision-making and ethics. The WRHA is commended for this. As with many corporate services, the ongoing evolution of Shared Health Manitoba and the resulting transitioning of ethics oversight to the Provincial Authority is impacting the program. Added to this was the recent departure of the Program's Director. As the transition continues, efforts need to be made to simplify and reduce redundancies.

Regardless of some of the structural instability, there is strong visibility and coordination of the Program, with a number of key structures and resources available, including the Ethics Interests Network, Council of Ethics Chairs, and the WRHA Ethics Council. Complimenting this structure are some very good resources, including videos on Moral Distress and Ethics as well as the Ethical Decision-Making Guide, with these resources readily available to all who may benefit from them, including through the Patient Relations process. Consideration should be given to creating a centralized "library" of ethical resources, including previous issues addressed which could be accessible to all.

Research Ethics is handled very well by the Research Ethics Board through the University of Manitoba. There is a very sound structure in place with the Centre for Health Care Innovation, which is a great resource. There is strong patient engagement and great collaboration and willingness to share resources.

The Team has every right to be very proud of the ongoing work and is commended for the leadership being exhibited. Like many current corporate resources, as centralization continues, maintaining the many gains in place will be important and ensuring that there is a clear distinction between QI – both small and broader research activities.

Priority Process: Communication

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The WRHA is commended for the structure of its newly developed Communications Plan. There is a dedicated team of professionals, with clearly defined roles supporting the application of the Plan, with the necessary tools in place to assess the effectiveness of the Plan and the various communication approaches taken by the organization. The "no surprises" approach is sound, and communication is well supported through various structures such as the Nursing Workforce Task Group.

The increased presence on social media is noted with approval, and staff very much appreciate the platform's use for acknowledging members of the WRHA team. With the pandemic, there have been very different approaches to communication, and the organization is committed to expanding virtual platforms as available and appropriate.

Overall COVID-19 messaging has been very strong. In light of how the pandemic has unfolded, including unforeseen outbreaks, communication is often a balance between proactive and reactive and the organization has responsibly ensured both occur as necessary. Staying "on message" has been a challenge for all throughout the pandemic, with the WRHA making every effort to ensure consistency. Considering the structure in place, both within the organization and across the province, extra effort is required in ensuring that messaging is consistent and timely.

Branding is also important and will become more so as the new provincial structure becomes more entrenched. It will be very important to have a very clear understanding of where accountability lies for results as the transformation process evolves. Currently, there appears to be some overlap and confusion which will need to be addressed moving forward. The leadership is encouraged to review this within the WRHA itself, particularly where there are multiple Boards and websites in existence.

From the materials reviewed, the WRHA has a strong internal process for updating and maintaining policies. Continued emphasis on standardizing policies and protocols across the various entities will be important.

Communication alignment with Shared Health Manitoba will need to continue to be a focus, particularly as the narrative moves away from the pandemic and back to issues of day-to-day delivery of health services within a restructured environment.

Priority Process: Physical Environment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Capital Planning and maintenance of the physical environment are well into the process of transitioning to a provincial program. Approximately two years ago there was a provincial master planning process referred to as the development of strategic opportunity plans. Plans exist for all facilities and the intention is to have the plans refreshed every five years. There is a particular focus on services offered at the Health Sciences Centre/ Bannatyne campus where many tertiary provincial programs are located.

The objective of the provincial health system is to be proactive and to develop plans with strong substantiation aligned with clinical services strategic priorities. There is an expectation that capital priorities will be determined provincially, thereby managing local and regional expectations by determining each region's top five priorities and shortlisting based on provincial plans.

There is specific funding for safety and security initiatives and maintenance. Demand always exceeds available funding, so development of provincial plans allows for assessment of true need across the system and levels the playing field for rural, urban, and tertiary facilities. There are a number of mechanisms such as a scoring and rating system to prioritize needs based on criteria such as safety and risk of failure. There is an annual process to determine which projects will take the highest priority within a fiscal year.

The Shared Health Manitoba organization has recently retained a Director of Energy and Environmental Sustainability. The intention is to take a more coordinated approach to environmental sustainability and build on existing practices around programs such as recycling and energy efficiency.

It is recognized that a significant part of standardizing practice and getting buy-in from people across the system with new provincial approaches will take some time. However, there are solid orientation, training, and communication mechanisms in place to promote engagement. Ongoing work needs to be done in an environment undergoing major system transformation.

Some of the sites visited showed variations in maintenance and upkeep in the ageing infrastructure. The organization is encouraged to work on these sites to improve the physical environment.

Adherence to Infection Prevention and Control standards for renovations was observed at one location and the manager was satisfied that work is progressing with minimal impact on patient care.

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 WRHA is commended for its focus on sound emergency preparedness. From all the materials reviewed, all key plans were in place, including the requisite testing and updating. The organization had placed significant emphasis recently in business continuity, with the efforts noted with approval.

Within the organization, efforts need to continue around standardizing emergency plans and coordinating efforts where distinct governance structures exist. As with all corporate services and supports, the role of Shared Health Manitoba in the Emergency Preparedness Plan, including how this translates across all Service Delivery Organizations will be important.

With the virtual survey occurring amid the pandemic, the surveyors were able to see firsthand the approach taken by the organization. Participation in the Incident Management Control Group meeting highlighted the leadership, and a review of practices and protocols employed through the pandemic was undertaken. Like every health provider across the country, communication was a major focus, with the WRHA doing a commendable job in this area.

As part of the on-site section of the survey, it was noted that the Emergency Response Team (ERS) works closely with Public Health, Community, and Acute Care personnel to provide safe care during outbreaks. This focus on safety is not new and there are policies, procedures, and protocols that are well established to ensure staff and patient safety related to infectious agents and other areas including hazardous material management. COVID-19 has introduced new opportunities for collaboration between all sectors of the health system, and in the case of ERS, has resulted in a heightened focus on personal protective equipment (PPE) and infection prevention and control precautions, including hand hygiene protocols, site safety, vehicle cleaning, and public safety.

The organization is currently updating their emergency codes and over the last two years have been updating multiple documents/plans and merging them into one Disaster Management/Emergency Preparedness Plan and using the Incident Command Structure.

SOS books have been developed and placed at sites and these have been found to be quite useful. Fire drills are being conducted; however, at some sites, the drills are always on the day shift during weekdays. The organization is encouraged to ensure that fire drills occur on all shifts and weekends as the staffing complements can be quite different. In addition, some staff only work evenings and/or night shifts.

The team has also worked on their business continuity processes. They have sent out Continuity Plans for each department. This had been a recommendation from the previous survey.

Priority Process: People-Centred Care

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

Unmet Criteria		High Priority Criteria
Standards Set: Community-Based Mental Health Services and Supports		
1.2	Services are co-designed with clients and families, partners, and the community.	!
Standards Set: Emergency Department		
1.1	Services are co-designed with clients and families, partners, and the community.	!
1.8	Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from clients and families.	
2.5	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
3.5	Barriers within the emergency department that impede clients, families, providers, and referring organizations from accessing services are identified and addressed, with input from clients and families.	
4.15	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
18.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: EMS and Interfacility Transport		
27.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from patients and families.	!
Standards Set: Inpatient Services		
3.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	

16.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Long-Term Care Services		
17.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from residents and families.	!
Standards Set: Organ and Tissue Donation Standards for Deceased Donors		
3.7	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
5.16	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
19.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Organ and Tissue Transplant Standards		
2.8	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
4.16	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
22.5	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Organ Donation Standards for Living Donors		
2.5	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
4.19	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
22.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!

Standards Set: Perioperative Services and Invasive Procedures		
25.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Primary Care Services		
2.5	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
3.11	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
16.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Public Health Services		
16.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!

Surveyor comments on the priority process(es)

There is a very strong "People-Centred Care" framework in place across the organization with a very dedicated team. The Program appears to be very visible and is engaged in a number of value-add initiatives, notably the work around "The Impact of Unconscious Bias on Patient Experience, Treatment and Outcomes: Public and Staff Perspectives".

All involved in the Program appear well oriented to roles and expectations, and there is good visibility and touchpoints in key areas across the organization - policy review; committee involvement; and project involvement to name a few. Continuing to identify ways to strengthen this without burning out those involved will be important. The Patient Voice Committee is noted with approval, and the goal of decentralizing the Patient Advisory Committee appears in line with the needs of the organization.

The processes followed to secure patient feedback and, more importantly, to translate the feedback into tangible actions were strong. Making sure processes were as streamlined as possible is an area that is under review, as is ensuring that the overall culture of the organization recognizes that an "apology" can be an enabler and not an admission of guilt. The organization is commended for its work in this area, and the organization is encouraged to delve more into this important program.

While on-site, the survey team noted a wide variation in how patient advisors/partners were accessed. The momentum that was in place prior to the pandemic in operationalizing the voice of the patient in more and more processes was put on hold, and staff and physicians are anxious to reintroduce this in as many ways as possible.

Priority Process: Patient Flow

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
13.5 The effectiveness and impact of the client flow strategy is evaluated.	

Surveyor comments on the priority process(es)

The organization describes and provides evidence of rigorous attention to patient flow, particularly with regard to "access block" times in emergency departments. Efforts are underway to collect data from multiple sources and collate that data in a single repository, so the WRHA is able to produce more user-friendly and current management reports to guide this work. Of note, it is not yet possible to include data from primary care in this repository.

Solid processes have been put in place to assess system capacity in real-time and to discuss pinch points and actions that can be taken when problems are identified. There is a Central Bed Access structure that monitors and responds to utilization challenges in a number of areas of concern. Provincial utilization management resources come together with site resources daily to huddle and problem-solve hard-to-serve cases and to monitor surge capacity. Sites have several flow huddles each day to monitor progress and identify bottlenecks.

The organization describes the current process as one that is responsive and meets the needs of stakeholders, particularly looking at utilization from the point of view of a regional and provincial system where multiple sites work together to load-level demands where capacity exists.

There is an acknowledgement that patient flow is as much about safety as it is about the numbers. This is an important factor when engaging with front-line staff about improving flow. Without staff buy-in and engagement, it will be more challenging to cope with the heavy demands, let alone make the systemic changes necessary to achieve the desired results.

Evaluation of patient flow initiatives was described as "measuring, monitoring, and adjusting as we go". This may be characteristic of a system under development or in transition added with the urgency of a pandemic and unique and unrealized access expectations and patterns.

The development of a defined process to evaluate and improve on the current program on an ongoing basis would be worthwhile. The stellar efforts of those attempting to manage flow must be recognized and acknowledged. However, there is a concern for their capacity to deal with such grave situations day in and out without experiencing needed gains that lead to the transformative changes needed and sought. The organization is urged to monitor the fatigue levels of these managers who are at risk of burn-out and

The organization is urged to monitor the fatigue levels of these managers who are at risk of burn-out and fatigue similar to frontline staff. Supporting broadly attended facilitated sessions to evaluate current practices at a strategic as well as tactical level is encouraged. Innovation and creative thinking should be increasingly encouraged. One frustrated physician suggested the benefits of placing ER physicians at triage to better flow patients and avoid high waits for procedures best attended to elsewhere by staff best suited to the patient's need. Concern was also expressed regarding the need for experienced nurses with well-developed critical thinking skills at the point of triage. There is also an organization-wide opportunity to include patient input at the planning and evaluation level to help advance the organization in people-centred care.

Flow challenges are evident when visiting Emergency and Urgent Care sites and their receiving units in hospitals. Urgent Care sites consistently struggle with their role having been changed to Urgent Care from Emergency Departments. The pervasive feelings of staff and physicians in these sites is that the Urgent Cares actually continue to function as emergency departments yet with higher numbers and less staff and resources. Population growth continues in catchment areas and the public continue to present at Urgent Care hospitals out of need, habit, and lack of education about the service changes undertaken a few years back. COVID may have initially masked the demand but that is no longer the case. It is recommended that further education and community messaging continue about how and where to access the most appropriate services to meet their needs.

Within hospitals, frontline staff struggle with their realities related to suboptimal flow and the implications it creates for their patients and their work. There is evidence of an "us and them" mentality between units and supporting services created by a lack of understanding of the system wide, multiple contributing complexities. Opportunities for greater understanding and appreciation of the demands and constraints of sending and receiving units and programs should be explored and promoted.

From the pediatric perspective, there is good collaboration across sites and within the Health Sciences Centre for patient transfers.

Priority Process: Medical Devices and Equipment

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

Unmet Criteria		High Priority Criteria
Standards Set: Leadership		
9.6	There is a procedure or policy to ensure that team members using specialized medical devices and equipment are authorized and trained to do so.	
Standards Set: Reprocessing of Reusable Medical Devices		
3.3	Access to the MDR department is controlled by restricting access to authorized team members only and being identified with clear signage.	!
3.6	The MDR department has floors, walls, ceilings, fixtures, pipes, and work surfaces that are easy to clean, non-absorbent, and will not shed particles or fibres.	!
3.7	The MDR department is clean and well-maintained.	!
7.1	Clear and concise policies are developed and maintained for reprocessing services.	!
7.2	The reprocessing of critical and semi-critical single-use devices (SUD) is not permitted on-site in line with the organization's policy and the provincial/territorial regulations.	!
7.5	Clear and concise Standard Operating Procedures (SOPs) are developed and maintained for reprocessing services.	
7.9	Policies and SOPs are regularly updated, and signed off according to organizational requirements, as appropriate.	!
8.2	The reprocessing area's designated hand-washing sinks are equipped with faucets supplied with foot-, wrist-, or knee-operated handles, electric eye controls, automated soap dispenser and single-use towels.	
8.9	Workplace assessments of the MDR department are regularly conducted for ergonomics and occupational health and safety.	!
11.3	All flexible endoscopic reprocessing areas are equipped with separate clean and contaminated/dirty work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.	

Surveyor comments on the priority process(es)

The Medical Device Reprocessing (MDR) staff at all sites are committed and recognize the importance of adherence to the MDR standard operating procedures (SOP) for patient and staff safety. They expressed appreciation for the support of their leaders and the “just culture” environment they work in. MDR services are provided in-house at all sites. There is an automated preventative maintenance system (PM) that meets the requirements for acquisition, maintenance, and replacement of equipment and technology with service contract agreements.

MDR technical staff are certified and participate in ongoing education. MDR training and hospital learning management system (LMS) modules on Infection Prevention and Control, Hand Hygiene, Occupational Health and Safety, Workplace Violence Prevention and mandatory policies and training are provided. Staff participate in annual performance conversations.

The WRHA policies are accessible via the Intranet, though many need updating. The standard operating procedure (SOP) format is inconsistent. The MDR team is encouraged to standardize the format and content across all sites. A dedicated MDR educator/supervisor at St. Boniface is seen as a best practice to affect changes (e.g., consistency in staff training and continuous quality improvement processes (CQI) that improve staff and patient safety).

The 2016 accreditation report identified that there should be a more integrated approach for oversight of MDR service. A regional MDR Committee was formed and is working on several initiatives. A regional MDR Quality Improvement Program (QIP) is available, and sites are encouraged to use the regional template for site-specific QI initiatives.

Priority Process Results for Population-specific Standards

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

Priority processes specific to population-specific standards are:

Population Health and Wellness

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

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

Unmet Criteria		High Priority Criteria
Priority Process: Population Health and Wellness		
2.1	The organization sets measurable and specific goals and objectives for its services for its priority population(s).	
2.3	The organization dedicates resources to services and programs for its priority population(s).	
6.4	The organization works with primary care providers, partners, and other organizations to integrate information systems.	
7.5	The organization 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.	
Surveyor comments on the priority process(es)		
Priority Process: Population Health and Wellness		

WRHA had identified Indigenous Health as the priority population to be assessed during the 2021 Accreditation survey. Shared Health Manitoba has also indicated that addressing the gap between First Nation People's Health and other Manitobans as a strategic priority and as part of their commitment to the health-related recommendations of the Truth and Reconciliation Commission (TRC).

Unfortunately, even though the WRHA had identified addressing health inequities as a priority in previous strategic priorities there continues to be what the First Nations Health and Social Secretariat of Manitoba and the Manitoba Centre for Health Policy refer to as a "Big Widening Gap". Life expectancy at Birth of First Nations children is 11 years less than other Manitobans. Life expectancy for First Nations Boys is 68 years compared to 79 for other Manitoban boys while life expectancy for First Nations Girls is 72 compared to 83 for other Manitoban girls (Winnipeg Region Community Health Assessment 2019; The

Health Status of and Access to Healthcare by Registered First Nation Peoples in Manitoba August 2019).

Measures that Shared Health Manitoba and the WRHA have taken include requiring Board members, senior leaders, and managers to complete Manitoba Indigenous Cultural Safety training (MICST). Many public health staff have also taken MICST because of the desire to provide a culturally safe place for their clients.

One of the innovations by the Indigenous Health Program during the COVID pandemic was to move more of the cultural safety training to online formats – levering the existing MISCT option. This has allowed the team to increase the number of WRHA staff that they are able to reach with the training.

The Indigenous Health Program is enhancing the training and support for their Indigenous support workers in recognition that their role is broader than interpretation but also that they are a cultural/safety advocate for their clients. There is also a recognition that the role of these workers can be very stressful given systemic issues that they often need to deal with in supporting clients.

Another commitment of the WRHA and Shared Health Manitoba is to increase the number of Indigenous Health Care workers in keeping with recommendations of the Truth and Reconciliation Commission of Canada (TRC). The Indigenous Program is working with Human Resources to improve the collection and quality of self-identification status so more accurate reporting can occur and progress in increasing the number of Indigenous healthcare workers can be measured. There are also initiatives to promote health care as a potential future occupation among Indigenous youth.

During the survey, visits to various services and sites found examples of innovative and promising practices to involve Indigenous clients and Indigenous organizations in the delivery of health services.

Examples include Aikins Community Health Centre Public Health identifying that two public health nursing positions would require the Health Care Worker to be Indigenous given that close to half the population in the community is Indigenous. The positive influence of this approach on the reach and impact of services has been demonstrated. There is a proposal to expand this to an additional three positions. Agreements have been reached with unions. One of the individuals supporting this initiative was reassigned to the COVID pandemic response. This has slowed down the implementation and spread of this initiative.

The Healthy Sexuality and Harm Reduction program described a successful collaboration with Indigenous organizations including clients (Fire Keepers) that resulted in a collaboration that was co-led to address an urgent health issue that was impacting Indigenous clients and their newborns. The learning from this initiative led to a multi-year Indigenous-led initiative funded by the Public Health Agency of Canada. The WRHA and Shared Health Manitoba are encouraged to look at how learnings from initiatives such as these can be spread more widely.

The lead of this team has helped to advance WRHA's approach to Indigenous Health issues through greater engagement and empowerment of Indigenous clients and organizations. This was acknowledged by staff.

Staff hoped that based on the experiences of various initiatives that are consistent with the TRC, Shared Health Manitoba would co-develop the Indigenous Health Plan with Indigenous peoples and their organizations, and the plan would have measurable objectives and dedicated resources to support the plan. Addressing the 11-year gap in life expectancy for First Nations people in Manitoba is both an opportunity and a responsibility given the commitment to TRC recommendations.

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:

Living Organ Donation

- Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.

Organ and Tissue Transplant

- Providing organ and/or tissue transplant service from initial assessment to follow-up.

Infection Prevention and Control for Community-Based Organizations

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

Medication Management for Community-Based Organizations

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

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

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

Episode of Care

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

Decision Support

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

Impact on Outcomes

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

Medication Management

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

Organ and Tissue Donation

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

Infection Prevention and Control

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

Diagnostic Services: Imaging

- Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions

Public Health

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

Standards Set: Acquired Brain Injury Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)
Priority Process: Clinical Leadership

The Riverview Health Centre's Acquired Brain Injury program is a provincial resource, providing

and rehabilitation services to patients from Manitoba, NW Ontario, and Nunavut. Demographic data and information about patient need across this enormous geography is collected and used by the leadership of the Acquired Brain Injury (ABI) Unit at Riverview to identify and develop services and to understand needed service and staffing levels. The Unit serves a very complex patient population that is often structurally vulnerable, marginalized, dealing with concurrent substance use issues and still actively drug seeking, significant cognitive impairment, and/or survivors of trauma (e.g., Residential School survivors). The team at Riverview can be proud of the work they do with people who might otherwise fall through the cracks. An example of the commitment of the team to their populations is the research project the physician leader of the program is launching to explore outcomes related to patient characteristics, i.e., available social supports, prior brain injury, substance use, lack of housing, and indigeneity.

Clinical and physician leaders demonstrated very strong passion for their work and full commitment to supporting their patient populations and the staff members who comprise their interdisciplinary teams. The strong interdisciplinary, collaborative and patient-centred focus of every ABI team member met during the Tracer at Riverview indicates that this team is uniquely positioned to further share its expertise through building capacity beyond Winnipeg across the full continuum of prevention/education, rehabilitation, and post-injury service delivery and research. The opportunity that the new Shared Health Manitoba organization presents is the potential to provide support to rural and remote clinicians to manage the complex rehabilitation needs and goals of these complex patients both pre-admission for pre-rehab optimization and post-discharge, while waiting for an ABI Rehab bed at Riverview. Learnings from the COVID-19 pandemic may present opportunities to explore use of virtually enabled technology to facilitate capacity building and sharing of best practices with clinicians in rural and remote areas of the province/ NW Ontario/Nunavut, as well as to facilitate post discharge follow up with patients and families.

In the context of Accreditation Canada's focus on patient and family centred care, the team is commended for its ongoing evaluation of the effectiveness and efficiencies of practices that have been developed in partnership with and with input from patients and families, as well as community and other stakeholders. The team is encouraged to document these good works to make the goals and the partnership explicit.

Priority Process: Competency

The Acquired Brain Injury (ABI) unit at Riverview provides an interdisciplinary team approach and has seen little attrition of clinicians during the pandemic; leaders indicated they viewed this as a testament to the passion and commitment of the team to this program and the patient population. The ABI unit has strong leadership support for frontline team members and the team promotes patient-centred, inter-professional collaborative care. A matrix reporting relationship exists for clinical staff members who report to both program and discipline/practice leadership. A primary nursing model ensures consistent assignments for each patient. Family members are seen as an integral part of the team; sadly, family supports are not always available for the many vulnerable and marginalized patients seen in this program.

Although Violence Prevention training is provided, the risk of violent outbursts from ABI patients presents a risk to both staff and other patients. The program is encouraged to explore opportunities for funding for the reintroduction of Recreation staff, specifically a Recreation Therapist, with the skills to support all

the reintroduction of Recreation staff, specifically a Recreation Therapist, with the skills to support all patients and to work directly with those who have presented challenging outbursts both verbally and physically towards staff, other patients and families (Essential Care Partners during the pandemic); of course, a Recreation Therapist would offer many other benefits in terms of therapeutic programming and goal setting. The filling of a Neuropsychologist position for the team was celebrated by team members and the valuable role played by Spiritual and Indigenous Health was noted several times during the tracer. The reduced availability of Home Care supports and Indigenous Partners due to the pandemic and restructuring was lamented.

Staff working on the ABI unit interviewed during the Accreditation Canada Tracers provided strong testimonials of the strong team culture on the unit. One noteworthy comment reflected the overall mood that permeated all interactions with staff during the on-site Tracer: "I have found my clinical home here. It's never boring. I love (working with) this team."

Priority Process: Episode of Care

The Riverview Acquired Brain Injury (ABI) unit is functionally well-designed for this patient population with large, single rooms for patients and the ability to lock doors to mitigate the risk of elopement, as needed. Ceiling lifts in even a small number of rooms would improve workflow and increase both patient and staff safety. A walk-through with the Infection Prevention and Control (IPAC) leaders on the Riverview site reinforced that the physical space facilitates the team to successfully follow IPAC cleaning protocols.

A mock medication pass tracer was conducted that indicated medications being dispensed from the Pyxis medication system and taken to the patient is done in compliance with ROPs and blister packages are opened at the bedside and administered on location, checking two patient identifiers and the Medication Administration Record (MAR). Hourly intentional rounding focuses on the 5 Ps of pain, positioning, proximity, personal needs, and promise; this is an example of evidence into practice. Positive developments since the last survey are the inclusion of VTE prophylaxis in the standard admission orders for ABI patients that was started in the last 6 months; the installation of a new call bell system in the last 2 years, and the 3 month follow up post discharge with participation from the key disciplines involved in the care of the patient, e.g., OT, PT, SLP, SW.

Patients and families interviewed during the tracer reported that the ABI team works hard to incorporate their feedback at every stage of the planning for their care, including in defining their goals for care and discharge. Patients and families pointed out upcoming discharge planning meetings on the Bedside Board, suggesting that it is a useful tool to promote communication.

Compliance rates with medication reconciliation are monitored via inpatient chart audits; evidence of medication reconciliation on admission and transfer was found to be in place on the chart during tracers, however, chart audit reports suggest there are areas for improvement. The new WRHA medication reconciliation on transfer form was found on the charts reviewed and was noted by nursing to be a good tool.

The ABI team provides a comprehensive initial assessment and standardized documentation tools are used for transfer of information between care areas and between shifts that are all documented on the patient's chart, which is paper based.

A virtual ABI patient and family Support Group has been made available to patients on the Unit during the pandemic, however, given the cognitive challenges faced by most of the patients, uptake has been limited and the staff report in person sessions are sadly missed. Virtually enabled post-discharge follow up sessions may prove to be a useful modality both during and after the pandemic, if patient challenges with technology can be overcome, especially for patients who return to communities outside Winnipeg.

Priority Process: Decision Support

The care of Acquired Brain Injury (ABI) patients is highly specialized. Sharing of evidence-based guidelines occurs in the program at Riverview, and staff are aware of the value this brings to their work. Clinical assessment data and information from standardized, evidenced-based assessment instruments are used.

A centralized intake and prioritization system is in place across the province that serves to triage patients referred to the ABI Unit at Riverview. As in any program, opportunities to ensure clear communication about admission/eligibility criteria, the central waitlist process and the website, transparency about waitlists exist, recognizing waitlists may change due to patient priority.

Priority Process: Impact on Outcomes

A lean project on the unit was conducted as a team effort to reorganize the nursing supply room. The outcome of the project is that workflow has been simplified and all supplies are within expiry dates and well organized.

Acquired Brain Injury (ABI) unit leaders monitor patient safety indicators, many of which are posted on the bulletin board in the staff room and reviewed by the ABI team to inform local quality improvement initiatives. The corporate patient safety reporting system (RL6) is used for reporting of safety related incidents and staff reported incidents, such as a fall. The second step following the assessment of the patient after an incident is an impromptu team huddle; managers then follow up with their formal root cause analysis. Staff reported that there is a blame-free culture on the unit and errors/incidents are disclosed to patients and families. Falls rates are discussed at Nursing Practice Council. Chart and Hand Hygiene audits are conducted regularly.

Patient flow is impacted by the lack of long-term ABI rehab in the province and limited options for Outpatient Rehab (especially during the pandemic, e.g., closure of Health Sciences Centre Outpatient Neuro program). Here again the role this team could play as the mandate of Shared Health Manitoba is defined could be significant.

Both the patient and the family member interviewed during the tracer gave a perfect 5 score (using a scale where 0 = poor and 5 = excellent), when asked to rate the quality of care they have experienced on the Riverview ABI unit. Questions posed included whether they each felt involved in decisions about their care, if they each felt that information was provided in a way they could understand, if they each were treated with dignity and respect, including respect for their culture and traditions.

Standards Set: Ambulatory Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.5 Resources and infrastructure needed to clean and reprocess reusable devices are accessible in the service area, as required.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
7.15 A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.	!
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

Even with staffing challenges, teams are remarkably cohesive and have developed very strong relations with all patients and their families. There is strong “on-boarding” as patients either join one of the programs or move from one program to another. Virtual care has been utilized more in order to respond to the needs of clients where possible and teams are committed to maintaining high levels of care, even virtually. Some programs have focused on having a provincial view through the services that they directly provide as well as through partnerships. The team members and leaders are proud of their initiatives to support people-centred care.

Priority Process: Competency

Team members and leadership are deeply committed to providing safe, quality care for their clients. They work hard to ensure that clients have access to the services needed and work with partners and other organizations where possible.

Teams are dynamic, professional, and committed. Everywhere that further education and training have been supported by the leadership, staff have been enthusiastic and appreciative of those opportunities.

Team members noted that the education and training provided supported their work in providing the best possible care for their clients. The organization is encouraged to continue to provide opportunities for proactive education and training on ethical issues.

Like any program undergoing structural change, all team members are going through an adjustment and the organization is going to need to ensure that it provides change management supports as required.

Priority Process: Episode of Care

Clients stated that they are treated with care, dignity, and respect. The team members and leaders are encouraged to continue to obtain the input and feedback of clients in all service areas.

It is noted that the pandemic has negatively impacted quality improvement (QI) initiatives in a number of ways. Furthermore, the transitioning to Shared Health Manitoba has also resulted in a realignment of quality resource supports, with final assignment pending.

QI efforts were reviewed, and, in most areas, there is clearly a focus on this. However, efforts noted were somewhat dated, likely a reflection of the impact of the pandemic, including staff redeployments. Efforts need to refocus, particularly in the area of patient engagement and patient satisfaction surveys. Refreshing and developing clear action plans with the involvement of patients and families may also be beneficial.

Screening for COVID-19 at the entrances of all the sites is carefully done.

There has been good use of visits by telephone and by video. The telehealth/visual appointments have been welcome and useful for northern indigenous communities to allow for patient and family joint participation and avoidance of travel. Services that are able to use virtual care have done a wonderful job in being responsive to client needs but looking ahead, it will be a balance of if and how to reintroduce some in-person services.

Priority Process: Decision Support

The leaders are acknowledged for the strong commitment to research and evidence-based practice. It is clear that evidence-based guidelines are developed and implemented in most service areas.

It is clear that an electronic health record (EHR) strategy needs to be developed for the WRHA, Shared Health Manitoba, and their partners. Record keeping practices are highly paper-based and cumbersome. Where electronic health information systems exist, they are not integrated. An HER strategy is a clear opportunity for improvement within ambulatory services to support various aspects of the care process and decision making.

While increasing virtual care may assist the teams in dealing with and supporting increasing volumes, increasing wait lists are going to be a short-term reality absent resource increases. There are

opportunities for the organization to assess the approaches against other provincial programs to identify where “best practice” opportunities may exist.

Priority Process: Impact on Outcomes

Research and evidence-based decision making is supported and there is a strong commitment to quality improvement initiatives. As the demands for large programs continues to grow, it will be important to continually look for opportunities for improvements including addressing space challenges.

Patient feedback and satisfaction surveys are obtained in most areas and overall, clients stated that they are treated with care, dignity, and respect. It was noted, however, that providing more/different avenues for patient feedback may be beneficial as there is an opportunity to further enhance the programs by engaging clients and families in decision making and quality structures of the programs.

Standards Set: Community-Based Mental Health Services and Supports - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
1.3	Information is collected from clients and families, partners, and the community to inform service design.	
1.7	Processes and policies are established to meet the diverse needs of the community, with input from clients and families.	
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
7.11	There are processes to follow up with high-risk clients and/or families who do not appear for scheduled appointments.	
9.2	The assessment process is designed with input from clients and families.	
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
17.5	Quality improvement activities are designed and tested to meet objectives.	!
17.6	New or existing indicator data are used to establish a baseline for each indicator.	
17.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
17.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
Surveyor comments on the priority process(es)		

Priority Process: Clinical Leadership

All the services visited during this survey talked about the revery model, Cognitive Behavioural Therapy, and harm reduction activities as features of the approach that is taken by the WRHA and provincial programs to provide mental health services to the community. They cite client satisfaction surveys and clinical encounters with clients and families as proven ways to receive input on the design and delivery of programs and services. There is mention of a Mental Health Advisory Council with significant consumer representation that is consulted and has influence in terms of potential improvements to the system but there is better awareness of this at the senior leadership level than at the point of care. As mentioned in the VIRGO report, there is strong clinical leadership and practice within each of the program areas that were visited for this on-site survey, however, there is limited evidence of work being done to integrate programs that are doing community based primary mental health care and those that are doing specialized tertiary care. It appears that the consequence of that is that clients/patients are well served once they gain access to a particular program but there is work to be done to facilitate access and to strengthen the continuum of care and facilitate admission and discharge in a timely way. Providers and patients describe long wait lists for admission in some cases; remaining on service beyond expected timelines to ensure continuity of care; and duplication of effort or lack of information about care plans at points of transition. A couple of notable examples of programs that have been introduced to improve access and strengthen continuity of care are the Crisis Response Centre and the partnership for virtual service to the northern and Indigenous communities through the Manitoba Adolescent Treatment Centre. It is noted that there is some uncertainty about where the WRHA and Shared Health Manitoba will land on a service delivery model for community mental health as the system evolves and continues to implement the recommendations of the VIRGO report. As discussed in the report, there are highly competent teams working in the various programs and services across the authority, but the programs do not look the same. This results in a sense that some populations have better access to a range of services than others. For example, the Access Centres are a stellar example of interdisciplinary and interagency collaboration but there is concern that they are seen as "pilot projects" that could be discontinued if they are not adopted as the model for future service delivery. The tertiary and specialty programs are highly skilled and competent teams, but they are concerned that they could be "watered down" or disbanded in the interest of distributing mental health services in a more decentralized model of service delivery. All the people who participated in tracer activities shared a common desire to strengthen the continuum of care for their clients and to improve access in the WRHA service area and provincially. There is particular interest in increasing the range of services and access for children and youth.

Priority Process: Competency

There is consistent evidence that programs have well-defined competencies and job descriptions for the people who make up the teams working in specialized and primary care programs for community mental health services. Individual staff identified that additional supports for their professional development would be welcomed, but generally agreed that between orientation, the Learning Management System, and specific training and professional development opportunities within their units and from the organization do create a learning environment where there is encouragement and support to build and maintain the competencies required to perform their duties and advance in their careers. Every unit visited for the on-site survey acknowledged that the "performance conversation" system for performance review and development has assisted with improving the rate of uptake on this aspect of building and maintaining competency. There is a high degree of awareness that this has been flagged as a challenge in previous surveys and that it is a priority for the organization. Rates of uptake are as high as 90% in some units and are improving in others.

Priority Process: Episode of Care

The WRHA and Shared Health Manitoba are large and complex organizations that are in transition. Community Mental Health offers programs that are viewed as high priority by the government, the health system, and the public. The 2018 VIRGO report offers a strategic plan to strengthen a system that is complex and has many moving parts. The report describes the system as one that has people "on the same river but paddling in different boats". It describes mental health programs and services as highly competent care providers when working in individual silos, but not well integrated. The client/patient experience is not that of a strong, coordinated continuum of care.

Clients and providers who participated in the tracers for this survey provided clear and consistent evidence that the VIRGO report is an accurate reflection of their experience. There is a high degree of satisfaction in programs that are well resourced and have clearly defined mandates and a high degree of concern in programs that are oversubscribed and not adequately resourced to keep up with demand. There is consensus that a higher degree of integration is required so that workload and access are distributed more evenly across points of care and so that concerns about people falling through the cracks because of barriers to access are reduced.

Since the last survey and the acceptance of the recommendations of the VIRGO report there is a clear focus on improving safety and quality of care by strengthening what happens at points of transition. The quality aspect of the work is around audits of the records to ensure that a transition summary appears in the record. This work is resulting in improvements to how transitions are documented but there remains a significant amount of work to be done on sharing of pertinent information between services, especially between hospital and community. This should also lead to improvement of standards and mechanisms for handing off clients from one aspect of their care to the next (e.g., from crisis to defined to ongoing).

Engagement of clients and families in decisions that impact the way the system works at a macro level and the way in which specific services are operationalized at the point of care is a work in progress. There is evidence that the patient and family voice is heard during the clinical intervention, via client satisfaction surveys, and via higher level mechanisms such as the Mental Health Advisory Council. There are also important formalized ways of engaging people with lived experience such as the Peer Support program in the Crisis Response Centre. Based on the Accreditation Standards there is an expectation that client and family engagement will be evident in all that the organization is doing.

Priority Process: Decision Support

Community mental health services consists of primary and specialized programs that are accessed in a variety of ways and in various places across the system. Presently some of the services sit with the WRHA and some sit with Shared Health Manitoba. Evidence gathered via tracers at the sites visited during this survey indicates consistency with the messages delivered in the VIRGO report. Access and integration are

complicated by the fact that there are various service delivery models for both primary care and specialist services and there are various electronic and paper-based systems used to record and share information along the continuum of care. Within an individual service it is clear that mechanisms have been put in place to collect and share information in a way that respects privacy, includes client consent, and facilitates transitions between points of care. However, outside of these individual programs there is significant variation in how information is collected and shared to support decisions about improvement of the system as a whole. Staff describe a tendency to work within their own programs/teams and with collaterals with whom they have frequent interactions to develop their own tried and true ways of sending and receiving information that promotes continuity of care for individual clients. The need for a comprehensive interoperable electronic health record is frequently cited as a desirable quality improvement measure to support implementation of the strategic plan for strengthening mental health services across the continuum.

There is some evidence of programs identifying goals and targets that are monitored and evaluated using selected indicators but generally where there are quality boards, they are using posted data that is static and not discussed. Staff identify concerns that active quality improvement work is compromised by the constant state of transition that the organization has been in. Service level leaders are positive and enthusiastic about improvement initiatives that have been undertaken within their individual programs but they voice significant uncertainty about how their individual initiatives line up with corporate priorities.

Priority Process: Impact on Outcomes

Although there are a mix of paper and electronic charting mechanisms across the system there is consistent evidence that it is a priority to collect and organize client information in a way that is respectful of privacy, cognizant of safety, and organized in away that makes it possible to produce management reports that are useful for clinical and organizational decision-making. There is significant room for improvement in this area from a corporate perspective as the steps toward integration that have been identified in the VIRGO report and the related strategic plan unfolds. In the current state people at the unit level collect and work with what they have in order to focus on quality and safety for the population served by that program. There is awareness that there is significant room for improvement at a systemic level to build bridges between primary, secondary, and tertiary services so that effective and efficient transitions can be made from the point of view of the client/patient. Generally, there is a sense that improvements that strengthen the continuum of care will come with development of a comprehensive e-health solution and when the state of flux between the WRHA and Shared Health Manitoba settles down.

Standards Set: Critical Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
3.6 Education and training are provided on the organization's ethical decision-making framework.	
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

Clinical leadership for all critical areas met expected criterion. This was validated by two surveyors across 2 neonatal intensive care unit (NICU's), 1 obstetric intensive care unit (OICU), and 7 adult critical care units within the WRHA and Shared Health Manitoba. There is standardization of protocols for access and inter-unit transfers as well as direct response to emergency referrals.

Priority Process: Competency

Competency development and maintenance has been well attended to and records maintained in files for formal education programs. Many on-unit hands-on learning initiatives are completed in "just in time" ways. The Adult Critical Care Units are situated in the two academic tertiary hospitals in Winnipeg. The Health Sciences Center operates a Medical Intensive Care Unit (MICU), a Surgical Intensive Care Unit (SICU), and a specialized Intermediate Intensive Care Unit (IICU). St. Boniface Hospital as the second academic tertiary hospital has Medical, Surgical and Cardiovascular Surgery ICUs. In addition, the Grace General Hospital as a non-tertiary care center operates a Medical - Surgical ICU. Advanced clinical support capability is in place for invasive mechanical ventilation, continuous renal replacement therapy, and Extra-

capability is in place for invasive mechanical ventilation, continuous renal replacement therapy, and Extra-Corporeal Membrane Oxygenation (ECMO) for the population served. The conversion of Emergency Departments at three Winnipeg hospitals to urgent care centers resulted in closure of 21 critical beds overall and resulted in availability of more vent beds.

There are impressive and well-established linkages with academic medical sciences at the University of Manitoba and the Research Center at St. Boniface. Both medical / health discipline trainees and critical care medical research are supported. An active program known as “ICU Outcomes Improvement” to support and maintain the use of clinical best practices in critical care is in place. The goals are focused on achieving best possible patient outcomes balanced with fiscal accountability in terms of ICU value adds and cost-benefits. The structure to support this program includes a Centralized Steering Committee which provides oversight and feedback to each of the ICU. Quality Boards, staff-led unit-specific quality improvements are addressed, and changes incorporated into practice, clinical algorithms, standard order sets, clinical practice guidelines are consistently applied.

Tracers were conducted during time out handoffs in care, intubations, team huddles, interdisciplinary rounds, daily ICU Capacity Planning meetings (which address patient flow, access blocks, risks, harms, emergency consults, and critical care nurse staffing levels), as well as patient and family interviews.

There is impressive critical care knowledge, skills, competencies, and clinical leadership within each unit. Effective interdisciplinary teamwork and collaboration was validated, and impressive interdisciplinary teaching and learning was observed. Families were proactively engaged in daily rounds in person or virtually, and both patients and families expressed satisfaction with their care experience. Significant attention has been given to standardization of Code Blue protocols for early rescue intervention for patients declining medically in non-critical care beds.

Significant pressures on the critical care units collectively relate to shortages and vacancy rates for specialized critical care nurses. Creative redeployment and condensed critical care training and preceptorships for nurse extenders helped to address some of the gaps for the short term. The spinoff has been that the 3-month critical care nursing program has reopened this fall with some graduates available to the system in late November. Having said that, critical care nursing vacancy rates remain between an estimated 19-35% in each of the units. Mandatory overtime is actioned frequently leaving a ratio of 50%of staff on an evening shift in the overtime category on a given unit, as an example. This is not sustainable in the long run and yet is not an easy or quick fix. There is some evidence of staff fatigue and some evidence that a number have opted to leave critical care roles.

An added pressure that consumes significant focus and time by director and managerial levels is ensuring access to critical care beds for emergent needs. There is an imperative need to repatriate some patients to their community hospitals for continued care post tertiary intervention, or to medical, surgical, cardiac care and other available beds in Winnipeg proper.
Throughout the survey week there were nights when emergency departments were on redirect, one critical care adult bed may have been available in the city, emergency critical care consults were actioned in emergency departments and cardiac surgeries were held as no Cardiac ICU bed was available due to

lack of overflow for Cardiac ICU as for other critical care units. As these are the only cardiac surgical beds for the province, there is a need to address future requirements and establish the appropriate bed numbers for population needs and to support the provincial Cardiac Sciences Program and to readjust the mix and numbers of critical care beds overall as the pandemic settles. In the interim, it is more challenging to do so as the consolidation and transformation process impacts are mixed with pandemic bed expansions.

All the ROPs related to critical care were validated as met. Although, the Health Sciences Centre units are administratively aligned with Shared Health Manitoba, there is wonderful integrated communication and coordination with regional critical care counterparts at St. Boniface and the Grace Hospital critical care units. Which has been strengthened by the pandemic pressures on critical care in Manitoba and elsewhere. The provincial director for critical care actively supports this one system approach. Policies, procedures, clinical practice guidelines and protocols have been adopted as a critical care collective. Thus, standardization and practice variation reductions ensure better outcomes for patients served in any critical care unit in Winnipeg. Brandon is appropriately included in regional Critical Care tables. The frontline staff, managers and physicians are commended for leading the critical care strategic goals.

It is recognized that the critical care teams have endured and responded to 18 months of COVID-19 pandemic pressures. They were immensely supported by leaders, other units and departments who redeployed staff, educators and quality supports who took on direct care roles, environmental cleaning staff, infection prevention and control staff, facilities engineers and maintenance personnel who retrofitted areas for red level care zones, as well as inventory and stores personnel who worked extensively to harness much needed supplies.

This has resulted in greater support for the value of cross-training to hone specialized nursing skills that allows the system to be more flexible and nimbler. In addition, it has placed a spotlight on the importance of all services to safe patient care and maintaining a safe work environment.

The teams remain impressively humble about their contributions to critical care and their contributions to pandemic response. Staff spoke to the value of the supports from managers and leaders, clinical resource nurses and nurse educators, and one to one from their individual team colleagues, as well as feedback from patients and families. Wave four is emerging and daily red, orange and green level patients in emergency departments and critical care beds remains a focus. Despite this reality, the teams convey enthusiasm and hope.

They are now treating individuals who opted ‘not to immunize’ in non-judgmental and compassionate ways. Patients and families interviewed reflected on their appreciation for their involvement in the care processes. Kudos for all that you teach, learn, and do each and every day.

Priority Process: Episode of Care

There were no identified issues in any critical care area in relation to the episode of care and all ROPs were met.

Priority Process: Decision Support

Critical care areas have a mix of electronic and hybrid paper and electronic records with readily retrievable information used in rounds at the bedside with treatment plans updated and changes validated in read back. No breeches were noted.

Priority Process: Impact on Outcomes

Both the adult and pediatric critical care teams have embraced the use of evidence-based clinical care order sets, guidelines, and practices to standardize care across units and to reduce practice variations. Quality improvement and patient safety science and methodologies are well understood and incorporated into interdisciplinary care processes. The adult units across sites are commended for their use of critical incident trends to flag a potential bleeding risk with the use of a fecal management system. This risk would have not been flagged at all if the regional approach to examining trends had not been in place. The Critical Care Database is a robust source of data for monitoring outcomes in each area and within critical care units overall. Its use has diminished with the impacts of the pandemic and the loss of a quality support to the units regionally for data analysis. The WRHA and Shared Health Manitoba are encouraged to review and align the quality supports with the critical care units in line with best outcomes at best cost.

Priority Process: Organ and Tissue Donation

The adult critical care areas and the pediatric intensive care unit (PICU) at HSC utilize the policies and procedures related to potential organ and tissue donation and engage Transplant Manitoba who assess patients and work with families and the team accordingly.

Standards Set: Diagnostic Imaging Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Diagnostic Services: Imaging	

The organization has met all criteria for this priority process.

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

The Fetal Assessment Unit is a separate freestanding entity that reports through the Women/Child program. There is no connection practically or administratively with the Diagnostic Imaging program.

The unit is managed and serviced by trained, qualified nurses who provide sonography, counselling, and hands-on nursing care. The unit also provides genetic services to the clients and acts as a referral center for similar patients from the St. Boniface site. The unit is well accessed and appointed. All staff enjoy working there and the patients are extremely pleased with the service and location.

All patients are referred utilizing medical criteria. There are no waitlists, and the volumes (50 patients/day) are managed efficiently and confidentially.

Regular sonography is performed by the nurses and there is immediate confirmation of results by attending Maternal/Fetal physicians. Invasive procedures such as intrauterine transfusions, terminations, etc. also occur here. All safety precautions for procedural events including conscious sedation are in place.

Reprocessing is done centrally, and all equipment is under the control of the vendor with regular maintenance and tracking.

Quality improvement (QI) initiatives have been in place previously but with the onset of COVID and the move to the new facility these have been in abeyance. It is encouraged that QI become a regular part of the program as soon as is feasible.

Standards Set: Emergency Department - Direct Service Provision

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
2.4	An appropriate mix of skill level and experience within the team is determined, with input from clients and families.		
Priority Process: Competency			
4.4	Orientation to the unique work environment in the emergency department is provided to new team members.		
Priority Process: Episode of Care			
8.6	After the initial triage assessment, clients who are waiting for service are advised which team member to contact if their condition changes.		!
8.7	There is ongoing communication with clients who are waiting for services.		
10.2	The assessment process is designed with input from clients and families.		
10.7	Clients are assessed and monitored for risk of suicide.		ROP
	10.7.1	Clients at risk of suicide are identified.	**MAJOR**
	10.7.2	The risk of suicide for each client is assessed at regular intervals or as needs change.	**MAJOR**
10.9	Options and preferences for pain management are discussed with the client.		
12.3	Client privacy is respected during registration.		
13.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.		
Priority Process: Decision Support			
14.1	An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.		!
14.5	Information is documented in the client's record in partnership with the client and family.		
14.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.		!

15.2	Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.	
Priority Process: Impact on Outcomes		
16.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
16.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.	!
16.5	Guidelines and protocols are regularly reviewed, with input from clients and families.	!
17.1	A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families.	!
17.3	Verification processes are used to mitigate high-risk activities, with input from clients and families.	!
17.4	Safety improvement strategies are evaluated with input from clients and families.	!
18.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
Priority Process: Organ and Tissue Donation		

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The organization and its sites know and understand the needs of the populations they serve. Goals, indicators, and targets have been established for Emergency services. These measures are monitored and shared regularly.

Partnerships are established, formally and informally to support patient needs. Sites have appropriate and well-maintained equipment for the adult as well as pediatric populations. There is ease of access to diagnostic services, specialists and a myriad of support services including pharmacy, social work, and spiritual care. Pharmacists play vital educational and supportive services including facilitating medication reconciliation. A key resource at emergencies and urgent care centers are the clinical educators who are highly visible on units and are involved in formal and informal education, often serving as mentors and coaches in addition to tracking competencies.

There is access to palliative and end of life care. Protocols for organ and tissue donation exist and are known to staff.

The organization is encouraged to implement the principles of people-centered care (PCC) at all sites as well as a region. It is recognized that this process has started but been impacted by the pandemic. It is recommended that the organization consider the current situation as a good time to seek interested members of the public to engage and provide input and ensure the patient's perspective is pervasive in all aspects of the organization's governance and operations. PCC has the potential to support transformative change within any health system or region and the WRHA has the potential to significantly advance the PCC agenda to benefit patients and staff eager to positively health services in their area.

Throughout the survey, staff and physicians at sites, particularly at urgent care sites, expressed concerns about the challenges due to a lack of resources and their lived experiences of continuing to operate as an emergency versus an urgent care site yet with less staff and resources in the face of growing volumes and needs. This appears to be manifesting in challenging work demands and long-standing fatigue that could impact safety, quality of care, and retention.

Priority Process: Competency

There is evidence of considerable investment in education, training, and professional development. Mandated training is identified, tracked, and kept up to date. Most sites have access to a nurse educator who maintains records and the Learning Management System [LMS] for each site. Regular performance conversations occur between staff and their supervisor. Physicians also indicated they receive regular feedback on their performance from their medical directors.

Standard tools exist for transfer of information, and it was evident these tools are used and supplemented with transfer conversations.

Orientation may be inconsistent as although almost all employees indicated they had received adequate orientation, there was a staff member who stated that they had not received orientation when they started in the Emergency Department and felt quite overwhelmed.

All sites are encouraged to ensure staff receive education and support in using the Ethical Decision-Making Guide that was developed by the organization. The guide appears to be quite well done and is user friendly.

Priority Process: Episode of Care

Access to facilities is well demarcated. Standard triage processes and assessments exist. CTAS is used consistently however EMS staff expressed concerns about the site making changes in ratings post triage. These concerns may be justified; however, it is suggested that opportunities for education and dialogue on this matter be pursued.

Efforts are made for ongoing monitoring and ensuring staff have eyes on, and lines of sight of patients throughout their stay in the emergency department. Patients interviewed consistently had high praise for the care they were provided once they had endured waits (which they consistently felt were too long).

the care they were provided once they had endured waits (which they consistently felt were too long). There were consistent examples of staff making efforts to be pleasant and engaging clients and family in care as well as being respectful of client needs and wishes.

Translation services are available. Consent is consistently sought and documented. Clients and families have opportunities for submitting complaints and concerns and managers indicated these are responded to if contact information is provided. Pharmacists are active in most emergency and urgent care sites visited during the survey. Concern was expressed at one site regarding medication reconciliation and non-admitted long stay patients being a risk when reconciliation was delayed.

Patients interviewed at several sites felt there could be more ongoing communication about their status and who would be the person they should contact should they have questions or feel their situation deteriorating.

There does not appear to be a standard approach to suicide assessment. Staff at most sites do not automatically ask about suicide and only pursue suicide assessments if the patients present with mental health challenges or overtly expresses ideations of suicide.

The organization is also encouraged to involve clients and families more proactively in evaluating existing or proposed policies and procedures and programs in line with expectations for people-centered care.

COVID has significantly impacted patients' abilities to have families involved. There was evidence of accommodations and of restrictions - indicating inconsistencies across sites.

Priority Process: Decision Support

Record keeping practices across sites are largely standardized and a standard set of health information is collected at sites.

Documentation, storage, and retrieval of information follow appropriate policies and procedures are well done. Privacy is taken seriously by staff and attempts are made to configure space to optimize privacy.

There were inconsistencies in the use of audits to assess completeness of charts. It is recommended that regular chart audits be reactivated or undertaken, and results shared across the organization. One site was identified as using chart review audits as a means to help orient and train new hires in proper charting practices.

Principles of people-centered care were not evident in terms of patients participating in the development of their documentation. Several patients interviewed after their initial assessment indicated they were not aware of what was in their charts and were quite unaware of their status. It seems at several sites patients were more passive providers of answers. Greater efforts are needed to meaningfully engage clients and family members in monitoring and evaluating record keeping and providing input on use of electronic communications and technology.

Priority Process: Impact on Outcomes

Many indicators of quality and key performance measures exist at all sites. There is a comprehensive regional dashboard that is regularly shared throughout the organization. Daily management calls are held with all sites utilizing current measures to obtain a real time understanding of the day's issues and hot spots to help facilitate flow and access. Internal benchmarking occurs. Patient safety incidents are reported and followed up.

While the organization is commended for its efforts to measure and report, it is encouraged to support opportunities for managers and staff to pause, evaluate, analyze, and understand the excellent information provided by the data, with a view of encouraging reflective practice and quality improvement initiatives, in addition to the necessary "firefighting" that occurs. Examples of noteworthy quality improvements exist at many sites. The organization is encouraged to facilitate greater sharing of site initiatives within the overall organization and with the broader provincial system. Such activities could be a positive and motivational activity that will help renew and re-energize staff at sites emerging from the pace and chaos of coping with the pandemic.

Clients and families have opportunities for feedback and input into aspects of the organization however, the organization is encouraged to grow its expectation for people-centered care and proactively support much greater engagement of these key stakeholders. While it is recognized that surveys and complaint processes existing at most sites within the organization provide valuable insight, they are not sufficient to meet accreditation standards for people-centered care, and more importantly they are not adequate to proactively engage clients and family members in meaningful ways that overcome traditional barriers and to ensure the voice of the patient is heard and respected when key decisions, initiatives, or evaluations are undertaken.

Priority Process: Organ and Tissue Donation

Policies and protocols exist for organ and tissue donation. Staff have been educated and there are appropriate reminders at key areas in the Emergency Department that remind staff to consider options at the appropriate time. There is timely notification to initiate harvesting and often the patient is moved to areas most conducive to facilitate donations with appropriate respect and dignity.

Standards Set: EMS and Interfacility Transport - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
1.4	Transport planning is undertaken with input from patients, families, and partners.	
3.2	There is a communications policy for sharing information and raising awareness about the services the team provides.	
27.5	The results of ongoing retrospective case reviews are used to improve care.	!
Priority Process: Competency		
5.6	A formal mentoring or coaching program is included in the organization's orientation process.	
5.8	Education and training are provided on the organization's ethical decision-making framework.	
5.21	Patient and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
Priority Process: Episode of Care		
16.2	The ethical decision-making framework is used when deciding whether to decline or accept a mission.	!
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
17.1	Performance targets are set and tracked for handling requests for service.	!
17.4	Random case reviews are completed for each member of the dispatch team to measure compliance with its dispatch protocol, identify strengths, and target areas for improvement.	
25.2	The procedure to select evidence-informed guidelines is reviewed, with input from patients and families, teams, and partners.	
25.3	There is a standardized process, developed with input from patients and families, to decide among conflicting evidence-informed guidelines.	!

25.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from patients and families.	!
25.5	Guidelines and protocols are regularly reviewed, with input from patients and families.	!
25.6	There is a policy on ethical research practices that outlines when to seek approval, developed with input from patients and families.	!
27.10	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
27.12	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from patients and families.	

Priority Process: Medication Management

The organization has met all criteria for this priority process.

Priority Process: Infection Prevention and Control

8.7	Compliance with accepted hand-hygiene practices is measured.	ROP
8.7.2	Hand-hygiene compliance results are shared with team members and volunteers.	**MINOR**

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Shared Health Manitoba is now responsible for the delivery of consistent quality Emergency Medical

Services (EMS) and interfacility patient transport services within the province. Direct service is provided in all Manitoba Service Delivery Organizations. Oversight is also provided by Shared Health Manitoba for various municipal and contracted services province-wide. Transformation and coordination of ambulance and transport services are being strategically addressed through Shared Health Manitoba to ensure quality and safety standards are equitable and consistent for all Manitobans.

EMS and Interfacility Transport processes, standard operating procedures, quality checks and audits, continuing education, and quality improvements to ensure safe and effective transport services for staff and patients.

The Winnipeg, Brandon, and Thompson Fire Paramedic Centers coordinate incoming calls and dispatch available ambulances, as does Stretcher Services Manitoba. EMS staff at local sites are aware and are using the Standard Operating Procedure (SOP) for triage of patient transport needs and it seems to be working well. The team is encouraged to educate staff on what process exists to discuss, review, and make quality improvements across the emergency medical transport and interfacility transport.

There is a need to clarify quality oversight processes and role responsibilities in the new EMS structure at service delivery points. Patient handoffs should reflect collaborative accountability and mutual respect

between staff of various employers in the Shared Health Manitoba and Regional Health Authorities. This should be something to address as the transition work continues.

There were a variety of different programs that were interviewed in the assessment of the EMS Interfacility Transport Priority Process including air, ground, adult, children and two separate interfacility transport services in Winnipeg and Churchill. Recognizing that there are changes underway related to governance and operational oversight many individuals described challenges that they hoped would be resolved once the transition was complete. These challenges included those related to developing a coherent and standard programmatic perspective and amalgamating different corporate cultures and processes into one approach. Addressing these challenges will be critical to mitigating the risk to quality and patient safety, and related negative impacts on patient flow within the system.

There is evidence of a team-based and collaborative approach to ensuring timely patient care and safety; this was observed in multiple settings and provides a firm foundation upon which the new organization can be built. The leadership displayed pride in their teams. Medical oversight of services appeared to be well credentialled and engaged in providing direct oversight of operations. Staff described the Online Medical Consultation as supportive and available.

It was noted that the Children transport program makes efforts to engage the patient and family and ensures information on the service is provided. Staff with the Children's transport unit are trained in Pediatric Intensive Care and actively seek opportunities to keep skills up to date.

Priority Process: Competency

There is a good quality assurance and reporting structure. For example, casual staff often put in extended tours to support vacation and other absences for regular staff, there was a well-established orientation program in place that included a detailed walk-through of the ambulance and local processes related to medication management and supply/resupply.

The clinical procedures and other medical control protocols were well understood by staff, and each had ready access to supporting materials to help guide their practice.

There is an opportunity to more formally include patients and families in the care delivery and design. In addition, staff would benefit from having access to and routinely reviewing key performance measures related to the EMS service, and their own performance (for example hand hygiene audit results). If this is already available the staff interviewed were not certain how to access this information.

Ethical decision-making opportunities are presented regularly. There was no indication an ethical decision-making framework was used to guide decisions, however, for clinical decisions, medical directives are sought and obtained, and issues were escalated through the chain of command as required.

Concerning the overall care delivery model, given the changes, many staff were uncertain how/where they slotted in beyond being able to describe who they reported to and that things were changing.

Priority Process: Episode of Care

Well established processes are in place for each component of the Emergency Response and interfacility transport system. The integration of these components into a single unified service is ongoing and presents a significant opportunity to enhance quality and safe care.

The challenges due to the existing complexities in organizational structures and the inherent accountabilities, as well as the impact of the pandemic, are significant. The required COVID-19 related responses have appropriately been the focus in the past 18 months, and have delayed some of the much-needed dialogue and problem solving needed to guide the organizational transformations.

A Joint Operating Committee exists with the Winnipeg Fire Police and Paramedic services (WFPPS) that meets regularly and reviews performance in matters such as diversions, off-load delays, worker and patient issues. There also appears to be well-developed informal relationships and as well as a strong liaison bridging the organization and its contracted service providers. Other relationships, such as the Churchill Health Centre-based EMS teams with supervisors in Northern Health and the communication centre in Brandon also appear to be well established and functioning as expected.

Within Winnipeg it was noted that unequal site capacities and unique cultures prevail in many respects that at times interrupt or delay the consolidation efforts related to emergency and urgent care within Winnipeg and impact on standardization of the patient experience. An example provided was related to reticence to participate in Adverse Event Reviews or Quality Improvement conversations under the new structure.

It is recommended that clear delineations of who provides what service should be spelled out in formal agreements as the work to ensure current contracts are in place that would include such agreements is underway. There is also an opportunity to establish and communicate the performance measurement framework, and to ensure appropriate management and oversight is established. Some key performance indicators and targets have been set, although it is not clear that there is consensus among all partners.

Staff interviewed described being confused regarding leadership, oversights, and roles and responsibilities. Staff and community members would benefit from more education and communication on the changes underway and what can be expected. With that education and communication for the community comes an opportunity to formally determine an approach to engaging patients, families, and community in other aspects of the Emergency Response and interfacility transport systems. The inclusion of patient voices on senior committees, or the establishment of patient/family advisory committees would be two possible ways to do this. These committees should include representatives from the groups who access these services. The WRHA has substantial experience in partnership with patients around quality and safety, and that experience may benefit their partners.

Priority Process: Decision Support

There was evidence of consistent and comprehensive documentation for all calls. Policies and procedures are in place and consistent with relevant legislation, and information is shared at patient handover. When able to do so staff do include patient/family perspectives in their clinical notes related to complaints, concerns, and the reason the team was called. The determination of whether the family can accompany the patient is made in consideration of the local context and patient wishes (as appropriate).

Staff were unclear on the process that a patient would use to get access to their own medical records; however, they did indicate that they would escalate such requests to their supervisor, who in turn would be able to provide the appropriate information/process to follow.

Priority Process: Impact on Outcomes

The organization has well-established clinical protocols, ready access to supervisory and online medical consultative support, and strong provider to provider partnerships. Quality Assurance reviews (medic to medic) do occur, and there are processes to support the interprofessional review of selected cases. These processes result in individual practitioner learning, but also identify other system level improvement opportunities. These opportunities have resulted in local improvement initiatives being launched. As an example, the development of a nitric oxide program for adults was developed with broad team involvement to address an identified risk.

These types of routine retrospective learning activities within the adult program have fallen off due to COVID-19 priorities; however, the setup of team rooms facilitates on-the-spot learning and in-services, as staff are encouraged to share their experiences among colleagues. An example of this local discussion related to the identification of the timing of transfers, and the effect that delayed or “too soon” transfers can have to essentially immobilize the transfer system as vehicles are stuck in a queue waiting to clear.

There are solid professional relationships existing within the organizations and with the external partners. It appears that internal programs and sites would benefit from a common forum for discussing strategic and operational directions. While the intent is to establish shared values and standard processes within the organization, this has not yet occurred. Plans are in place to do so, and there is optimism that the evolving Pandemic response will ease enough to permit the transition execution to continue. When this occurs, it is recommended that a system-wide planning event be facilitated using widely accepted quality improvement and lean tools and techniques. These sessions should involve all partners and stakeholders, including patients and family members and lead to clear roles and accountabilities with performance indicators and targets.

A focus on quality would include identifying dedicated resources to support Quality and Patient Safety, including the initiatives that would be spelled out in the new organization’s Quality Improvement and Patient Safety Plan, this might include areas such as Just Culture, Disclosure, Patient Safety Incident Investigation, developing standard workaround medical control protocol revisions, and targeted initiatives such as reducing Off Load Delays or enhancing clinical simulation training and EMS research.

With the move to Shared Health Manitoba there is a significant opportunity for the leadership to champion Quality and Patient Safety as a fundamental component of their Mission.

Priority Process: Medication Management

When surveying EMS and Interfacility Transport, the paramedics were able to quickly pull up medication information that included commentary regarding scope of practice for each level of medic. When new medications are introduced into the clinical protocol set, information and education are provided. For example, there was a recent introduction of the medication tranexamic acid where an easily accessible electronic (available online and offline) information sheet was provided. The information included the following information highlighting key safety instructions:

-This document constitutes the standing order that allows paramedics to administer this medication.
-Providers with the EMR scope of work may not administer tranexamic acid, regardless of a physician order.
-Providers with the PCP, PCP-I and ACP scopes of work may administer tranexamic acid only as outlined in this document, or with an order from an ERS-affiliated physician.
Medication management is well established. Procedures vary appropriately by location, and safeguards related to diversion and high alert medications were noted in all areas surveyed.

Priority Process: Infection Prevention and Control

Infection prevention and control policies and practices exist and are followed with vigilance. Specialized cleaning policies have been adopted for COVID. Aircraft sterilization is contracted by the provider.

Each team, depending on location, has standard protocols. In the case of the Churchill team, they coordinate with the staff at the health centre to ensure safe care and transportation. For example, they are responsible for 911 response, but also support transportation from the facility to the airport in collaboration with the flight medic.

Staff do not always get the results of hand hygiene audits related to their practice from the auditor. In Churchill this information is collected and collated at the health centre but not shared with staff which would include EMS staff when supporting care on the unit.

Standards Set: Home Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
9.2 Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.	ROP
9.2.1 At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.	**MAJOR**
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

Manitoba's Clinical Prevention plan was implemented in the Fall of 2019. Unfortunately, a few months later, the Pandemic was declared. Overall, the managers stated they felt there is good communication from the new leadership, however in recent months some frontline staff are overwhelmed with the recent changes in the workplace. Changes have had to be made due to maintaining the appropriate skill mix and staffing levels during the COVID-19. Local leadership is working well to address day-to-day challenges and to support peers as well as staff reporting to them. There is mutual respect, care, and support between staff members displayed. The teams are very proud of their work, and their teammates.

Priority Process: Competency

Competence requirements are monitored by the regional home care nurse educator. There is a list of

competencies for health care aids and nurses, and the timeline for completion. The team participates in WRHA training. Specialized training opportunities that have been reduced during the COVID-19 response have been missed by the staff and there is a desire to return to regular professional development

opportunities. Staff education and staffing ratios are updated with comments from the yearly client surveys, from client complaints, and RL6 reports. Of note is all staff spoken with have had a performance appraisal within the past two years.

Priority Process: Episode of Care

Care delivery is highly client-focused, and clients are supported to be actively involved in their care where appropriate. There is a centralized intake model, and clients or family members can refer. There had been a backlog of cases, however this has been cleared with work and focused triage. Many services have been created as specialities including Palliative, ALS, and Mobility Suites. Access to the program is initiated within 24 hours, and within 2 weeks there will be a visit from the case coordinator to ensure the services are sufficient and tailored to the client needs. When shortages of staffing occur, there are 4 agencies contracted for short term back up. There are weekly meetings on Teams for the unit nurses. If there is a barrier to care for a client, this is the program to find a way to get it done!

Priority Process: Decision Support

A hybrid of electronic and paper charting is in place. There are opportunities to improve the formatting of electronically entered assessment data in the printed format to improve readability and highlight important findings. Improving the accessibility of charting completed in the different platforms is high on the list of opportunities identified by this program. Clients have full access to their paper charts.

Home Care Experience Surveys include ideas from clients on the most important thing home care could do to improve the quality of care. The home care Dashboard is monitored and shared with each team - learning where to focus on improvements. RL6 events are monitored, audits are completed, and improvements are made. Meeting the unmet criteria from the 2016 Survey has been a priority for this program.

Priority Process: Impact on Outcomes

Support has been provided to engage in research. This has leveraged the ability of completing patient surveys to gain better insight to opportunities and services offered. The research provided a dashboard to monitor results of audits completed for the many quality initiatives taking place. Quality initiatives include Medication Reconciliation, attending to outstanding service requests, improving the orientation experience, and improving the communication during transitions using Accreditation Canada Required Operational Practices and high priority criteria as the basis for improvements. Significant gains have been made for improved quality.

Standards Set: Hospice, Palliative, End-of-Life Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
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		
12.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	!
Priority Process: Impact on Outcomes		
14.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
16.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

Hospice, Palliative and End-of-Life Services are delivered through a partnership approach in the WRHA. The program spans a full-service model from community care, consultation services, inpatient care, and hospice care. Each service is delivered by a separate entity and, together, the parts make up the WRHA Palliative Program. The success of the program is dependent upon the success of the components which achieve more than the individual parts could achieve separately.

There is program leadership in place with coordination functions that are led by WRHA. Universally, patients, clients and families have shared positive feedback on the program and the services received.

The program is very client and family focused. It would be nice to see more evidence of how the voices of clients and families are reflected in the operational aspects of the program to truly embed the voice of clients and families in the future direction and ongoing operations of the program. Since clients of the

program are registered to the program to receive service and many clients have long-term relationships with the program and staff, there is opportunity to bring the voice of clients and families more fully into the work to shape the program and its operations.

Volunteers are a key component of the service model of the Palliative Program. The COVID-19 pandemic has severely curtailed volunteer involvement in the program, and everyone is eagerly awaiting the day when volunteers can return. There are good processes in place to support volunteers as a key aspect of care and there is a good partnership with Palliative Manitoba for volunteer training and support.

There is dedicated program leadership in place with leaders working to shape the future direction of the Palliative Program. It is a very complex program because of the number of partner organizations involved in delivering services. It is encouraged that the WRHA define a vision for the future of palliative care in the Winnipeg region and enable program leadership to deliver a program that meets the evolving palliative, hospice and end-of-life needs of the community.

Priority Process: Competency

Palliative, hospice, and end-of-life services in the WRHA are delivered from a very team-based perspective with volunteers being a key component of the team. Staff come to the team by having a true commitment to providing end-of-life care and a passion for the work. This is true for volunteers who are drawn to this important work.

Team members are highly competent and are supported through ongoing education and training. There is much expertise in the program to share knowledge of evolving clinical practice standards and to reach outside of the program to bring new knowledge into the program. The program provides many opportunities for students from multiple disciplines to have learning experiences within the program and to engage with clients, patients, and families.

Mandatory education is supported in key areas such as infusion pumps and there are opportunities for team members to develop their careers through ongoing education and training.

In all areas of the program, there is evidence of ongoing performance conversations and career planning based on feedback. In addition, team members are recognized for their contributions to the program and its success. This recognition includes volunteers.

The commitment of staff, volunteers, and program leadership to the success of the program is clear. As a committed team, they are anxious to see the program grow to serve more clients in innovative ways to support end-of-life needs in the region.

Priority Process: Episode of Care

The Palliative Program of the WRHA should be proud of the care and services it provides. The program meets the needs of a diverse population through a service model that is able to respond to clinical needs across the end-of-life spectrum.

The intake process is thorough, and it ensures that everyone receiving service does so as a registrant in the Palliative Program. Clients consistently commented on how blessed they felt to be part of the program. Clients and families have access to services 24 hours a day, each day of the week. Each client is aware of their coordinator and how to contact the program should any care issues arise. Standardized assessments are completed when a client is enrolled in the program and additional assessments are completed throughout service provision to ensure that client and patient risk are identified and mitigated as much as possible.

Families are a significant part of the care plan for clients of the Palliative Program. Conversations with families demonstrated how grateful they are for the program and the active role that families play along with the client. Each client is given the opportunity to discuss and share their wishes around levels of intervention and these are updated in discussions with the client and family, as appropriate. Levels of intervention are documented and easily accessible to members of the care team.

Through conversations with clients and families, they are very aware of whom to contact should they have any concerns or complaints. There is open and transparent communication between the client, family, and care team.

Standard documentation is used at care transitions although it is a bit fragmented given the mix of paper and electronic data capture and documentation. This is an area where there is some opportunity for improvement.

Medication reconciliation is well-documented, and it is evident that it is completed at care transitions. In addition, the use of two client identifiers was consistently demonstrated throughout the program.

Overall, the Palliative Program team consistently demonstrate a focus on excellent end-of-life care from community to inpatient care, to consultation and hospice care. Client care is individualized with a focus on the care needs of each client and their family. Consistently, through conversations with clients and families, it is evident that they are extremely appreciative to be part of the Palliative Program at this stage of their life journey.

Priority Process: Decision Support

In the area of information management for palliative, hospice and end-of-life services, the infrastructure could be described as a hybrid model. The systems for collecting client information range from paper records at Riverview Health Centre, to a community-based EMR for the community palliative team to a hospital-based clinical information system at St. Boniface Hospital. The systems are not integrated yet, somehow, information flows with the goal of supporting client care.

Given the structure of the Palliative Program with service delivery through multiple organizations, it may

be challenging to change these processes for information management. With future planning, it would be ideal to define a strategy that would support information integration regardless of which partner holds the information in its repository. In addition, it may be time for Riverview Health Centre to consider moving to an electronic health record since there are systems on the market that can support the services provided at Riverview Health Centre. These diverse information management approaches must be challenging to mine to compile meaningful data for program evaluation.

Regardless of the diverse information systems, information is well-managed to support decision making for the clients that are part of the Palliative Program. Client records are complete and accurate, and they follow the client regardless of where the client receives care.

Priority Process: Impact on Outcomes

The Palliative Program at the WRHA is very focused on bringing evidence-based guidelines into end-of-life care. Research is conducted to advance knowledge in palliative care and best practices are reviewed and adopted, as appropriate. The program is committed to improving the quality of care it delivers and to enhance quality in partnership with clients and their families.

Situations requiring an ethical decision-making approach are identified and the ethics framework is used as a resource to guide discussion and decision making.

There is a structured approach to assessing risk and ensuring that clients are able to function safely, regardless of the setting in which they receive care, and any incidents are reported and followed up to address the immediate impact of the incident and any learnings.

The program is committed to quality improvement and has formed a Quality Committee that spans the program. Performance indicators are monitored and areas for improvement are identified. The program may wish to consider how it can effectively engage clients and families in its quality improvement structure and as partners in quality.

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

Unmet Criteria		High Priority Criteria
Priority Process: Infection Prevention and Control		
2.6	The IPC team is consulted when planning and designing the physical environment, including planning for construction and renovations.	!
4.7	IPC policies and procedures are updated regularly based on changes to applicable regulations, evidence, and best practices.	!
8.5	Reminders are posted about the proper techniques for hand-washing and using alcohol-based hand rubs.	
14.5	Results of evaluations are shared with team members, volunteers, clients, and families.	
Surveyor comments on the priority process(es)		
Priority Process: Infection Prevention and Control		

The organization's Infection Prevention and Control (IPC) program has been under substantial scrutiny given the previous eighteen (18) months of the COVID-19 pandemic. They have addressed many of the issues identified that may have become more apparent during this time.

The IPC program has a multidisciplinary team led by a passionate IPC physician and includes representation from the IPC practitioners throughout the region. They meet on a regular basis providing direction on IPC issues as the organization is moving through transformation. IPC Practitioners work with multiple departments to provide a multi-faceted approach to IPC within the facilities. These departments include environmental services, laundry, and dietary services. All facilities were clean and well maintained. Laundry and dietary services are primarily regionally provided and met all IPC requirements.

Externally IPC Practitioners work with numerous agencies including public health. An even stronger relationship has been created during the pandemic with public health, occupational health, and the provincial lab to name a few. Locally, IPC practitioners are consulted when construction is planned or undertaken at the site level to ensure there is no potential health risks to staff, clients, residents, or the public during the building process.

There are policies and procedures in place to inform staff on how to perform duties related to IPC. Many of these are outdated, but it has been indicated updating these are a priority. The organization is commended on the initiative to combine the three currently separate IPC manuals into one (acute, long term care, and community).

Trends in health care associated infections are noted. An improved surveillance system would be helpful for the process of identifying and tracking infections. Outbreaks are recognized early, and with the assistance of public health, managed appropriately. All infections are investigated fully for source and method of spread. Learnings from these events are shared widely and changes made to prevent future infectious diseases from spreading.

Excellent education programs related to the IPC program for staff and volunteers were evident. This education occurs at orientation and regularly thereafter and includes hand-hygiene education. Audits are completed for hand-hygiene practices to measure compliance and effectiveness of education. Hand hygiene compliance rates were typically above 90% with a goal of 100%. Of note is the "Clean Wave for Hand Hygiene" program at one of the facilities. This is an example of an exemplary quality improvement project. As well, Infection Prevention and Control Week in October is celebrated each year with many activities and promotional materials distributed. Bug Day is an educational event started by one of the Infectious Disease physicians and was held virtually in 2020 with over 1300 people across Canada in attendance. “Stop Clean Your Hands Day” is also held during that week to raise awareness for clean hands. Many sites also have ways of promoting IPC during this time.

The organization has a regional quality improvement program that is well developed. Quality Improvement Boards were evident in all facilities providing data for clients, residents, families, and staff. Also, excellent collaboration and information sharing amongst sites was identified by IPC practitioners and staff. A quarterly IPC bulletin is available. The inclusion of clients, residents, clients and families in working on IPC issues related to IPC was outstanding.

Some areas of concern included the level of staffing, both IPC practitioners and professional staff, which does not meet suggested levels for the care provided. Many of the facilities are aging with issues that make it difficult to mitigate IPC concerns. Often the physical layout is not conducive to social distancing.

Overall, the organization has a strong, comprehensive IPC program. Staff are very engaged in the IPC program and following the identified protocols.

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

Unmet Criteria		High Priority Criteria
Priority Process: Infection Prevention and Control for Community-Based Organizations		
2.4	Protocols are established for the safe handling of soiled linen where applicable.	
2.5	Processes are established for selecting and handling medical devices and equipment.	
13.5	Results of evaluations are shared with team members, volunteers, clients/residents, and families.	
Surveyor comments on the priority process(es)		
Priority Process: Infection Prevention and Control for Community-Based Organizations		

There has been significant improvement in many areas since the last survey, especially in hand hygiene audits. The primary care clinics have done a lot of work to deal with the current pandemic. The clinics have transformed their infection prevention and control (IPC) measures to deal with the threat of COVID. The regional education programs in place are strong and have been instrumental at ensuring the clinics are safe for staff and clients. The region has been successful at standardizing the IPC practices. All the sites have a designated person responsible to implement and to follow up on the IPC regional policies and practice. To allow wide distribution and implementation of the IPC practices, the organization relies heavily on the local dedicated staff. The organization has successfully trained the local staff to take on the IPC role. The IPC network created to manage the pandemic provides effective dissemination of the information.

In the spirit of partnering with clients and families, sharing the IPC audit results should be made available at all sites.

Standards Set: Inpatient Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
3.1	Required training and education are defined for all team members with input from clients and families.	!
3.6	Education and training are provided on the organization's ethical decision-making framework.	
Priority Process: Episode of Care		
9.2	A comprehensive geriatric needs assessment is completed, when appropriate, in partnership with the client and family.	!
9.3	The inpatient services team works with the emergency department team to initiate the geriatric needs assessment, where appropriate, for clients who enter into the organization through the emergency department.	!
10.16	Information relevant to the care of the client is communicated effectively during care transitions. 10.16.5 The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	ROP **MINOR**
11.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		

14.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
14.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.	!

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Clinical leadership was evident at the service level with healthy participation by engaged physicians and nurse leaders in rounds, problem-solving and decision-making. Collaborative participation of all members of the teams.

There were clear examples of clinical leadership as demonstrated by the response to changes in programs and services within sites. The virtual COVID outbreak program at St. Boniface discharged COVID patients to go home but continues to monitor them remotely. The orange and red zone units established on medicine to cohort COVID positive patients and COVID suspected patients made clinical oversight and bed management easier. Amid the pandemic and organizational change, leaders on medicine at the Health Science Centre are navigating the addition of cardiac monitoring to several medical units. Changes in patient acuity and patient type at Concordia and Victoria Hospitals are also being managed successfully under the capable clinical leadership of the teams at these sites.

Concern was expressed by a variety of providers, including physicians, that delays in confirming clinical program structure, roles and accountabilities is a source of frustration and potential risk to the organization. Both WRHA and Shared Health Manitoba are encouraged to move quickly to clarify the structure and roles and communicate directly with those affected.

Generally, patients and families have not been involved in the operational or planning aspects of the program- service- unit and it is recognized although this is a desirable thing it is difficult to achieve without assistance and facilitation from, in most cases, the Quality department or other departments that support clinical operations.

Priority Process: Competency

The priority process of competency had no unmet ROPs. Education and access to information through the WRHA intranet and Learning Management System was cited by staff as an important part of remaining competent.

As an overall comment there seemed to be a limited amount of education and training in Indigenous health being offered to staff and physicians. Staff and physicians were respectful and polite in all the interactions observed by the surveyors. Although staff at most sites understood where they could access and escalate a concern using the ethical guidelines within their unit, there are some who were unaware of an ethical framework within their unit/site.

Priority Process: Episode of Care

All the ROPs in this priority process, apart from one, have been met at the inpatient sites visited by surveyors. The effectiveness of communication at the point of transfer has not been evaluated.

Although some of the routine and regular activities such as quality and safety huddles and data collection for some indicators have lagged due to the pandemic and ongoing changes in organizational structure and accountabilities, a high quality of care continues to be delivered. Staff appear well-supported and all staff including physicians and other health disciplines are engaged in the day-to-day activities of the units. Collaboration by all team members is noted at interdisciplinary rounds, staff safety huddles and patient rounds.

Patients and families spoke highly of the staff and physicians and their inpatient experience. They were happy with the amount of involvement in care planning and discharge, although bed pressure in the system has occasionally caused problems with arranging prompt discharge with family members.

Whiteboards at the bedside are used by sites with varying degrees of success. A quality initiative project around how to best use this as a communication tool between the team and the patient-family and how meaningful it is to patients and families might be worthy of consideration. Such a project is currently underway at Concordia Hospital.

The standards speak to a geriatric assessment that was not found at any of the sites in terms of an assessment tool or standardized assessment for use with that population. It is recommended that such a tool be developed with input from the geriatric clinical program similar to the suicide risk assessment tool whose development was led by mental health. This would be a helpful tool to tailoring care plans to the needs of the geriatric population and would also indicate when a referral for geriatric specialty program assessment is warranted.

Aging infrastructure is a risk at some sites. Hallways are narrow and cluttered with equipment at the St. Boniface site. At the Victoria Hospital the bathroom doorways are very narrow, and the facility is challenged to provide privacy and promote dignity for post-acute medical patients with mobility issues and for bariatric patients.

Priority Process: Decision Support

There was availability of tools such as MedWorks that assist with communicating accurate and timely information from shift to shift. Assessment tools have been standardized to decrease variation and represent the best practice in the areas of falls risk, venous thrombo-embolism risk and pressure ulcer risk. There is opportunity to add geriatric assessment and suicide risk assessment to the set of assessment tools available to inpatient staff.

The Privacy Officer at St. Boniface confirmed that records going back twenty-five years are stored off-site with Iron Mountain storage and old patient records can be retrieved from there by request. After 25 years records are destroyed. When asked about the policy and procedure around electronic medical records it was clarified that the WRHA owns the data, but the data is managed through Digital Health, a Shared Health Manitoba program. The electronic medical record has only been in use for the past 8 years and it is anticipated that this data would fall under the same twenty-five year guideline as the paper-based medical record.

Involving patients and families in evaluating record-keeping practices is a challenge without the benefit of an established family advisory council or survey that specifically engages patients and family members in the operational aspects of inpatient services.

Priority Process: Impact on Outcomes

There is evidence across all inpatient units surveyed that a process for evaluating and reporting selected quality and safety indicators exists.

Policies and procedures do exist at a regional and site level with respect to dealing with ethical issues. More education and case reviews on current ethical issues such as the process for deciding how to assign care and specialized equipment in times of limited resources.

Within the system there are people with substantive experience in research activity and significant research going on. An example of grounded research with immediate impact is that of the work done assessing the impact of re-processing on N-95 masks and the determination that these masks could be re-processed once before being discarded. Not only did the organization make use of this information but so did other health care organizations across the world.

Incident reporting is an important way for the organization and sites to assess safety and evaluate strategies to mitigate safety risks. The electronic reporting system and homepage where reporting can be categorized has been a valuable tool in identifying areas of safety concern and risk.

Standards Set: Intellectual and Developmental Disabilities - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
15.4	Waiting lists are regularly coordinated with those of other organizations providing similar services and/or funders, to give the person with intellectual and developmental disabilities timely access to services.	
15.7	There is a policy and a process for the person with intellectual and developmental disabilities and their family to appeal service decisions.	
15.11	There are policies and procedures that define the roles and responsibilities of staff when managing client's funds.	
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

Committed leaders and team members support quality services and programs at the St. Amant Health and Transition Services. A comprehensive interdisciplinary team supports clients includes nurses, licensed practical nurses, health care aids, social workers, physicians, speech language pathologists, dieticians, registered psychiatric nurses, music therapists, social workers, and spiritual health, to name a few. There is an appropriate skill mix of staff. The leaders are proud of the success with recruitment and retention of team members. A leader stated, “We are fortunate that we are able to fill our positions. Staff want to come to work here.” There are partnerships with community organizations and other health care organizations. Resource needs are identified by team members and submitted to the leaders. The team members stated that they have resources and equipment to do their work. Social inclusion initiatives are supported. The team members and leaders are employees of St. Amant and follow its policies, procedures and processes. There is a service purchase agreement with the WRHA.

and processes. There is a service purchase agreement with the WRHA.

The St. Amant Health and Transition Service is provided in a building surrounded by green space with outside sitting areas. The entrance is welcoming. There is a controlled access with COVID-19 screening at the building entrance. The housekeeping team members are committed to ensuring a clean facility. There is a commitment to a universally-accessible environment with wide corridors. There is access to a therapeutic patio to support the needs of clients and patients. The swimming pool has been closed based on COVID-19 protocols. The client rooms are primarily private but there are also shared rooms. Hand hygiene products are available throughout the facility. The washrooms and tub rooms are located on each unit. There is a plan to update the patient units. The organization is encouraged to continue with the plans to update the patient units and to consider infection prevention and control and client safety in the design. Furthermore, they are encouraged to seek the input of clients, families and team members in the re-design of the units.

Priority Process: Competency

A competent inter-disciplinary team and leaders support service provision at the St. Amant Health and Transition Service. The leaders are visible and supportive of team members. Performance conversations are held with team members. The leaders are acknowledged for their support of the team member's education and learning needs. The team members spoke highly of the education and training provided by the organization. A multi-phased orientation is provided to all new team members including, a corporate orientation, health transition services orientation and the completion of modules on intellectual disabilities. The team members spoke highly of the importance of the orientation in working effectively with clients and families. The team stated that they felt safe at work. Furthermore, they stated that they have the resources and education to support their safety. An Ethics Committee and an ethicist support ethical decision making. The leaders are encouraged to proactively provide opportunities for team members to discuss ethical issues and concerns.

Priority Process: Episode of Care

St. Amant's Health and Transition Services provides services for clients requiring specialized, temporary support. The program goal is to transition people receiving services back home or to a new permanent home through successful transitions. Care and developmental services are provided to 104 children and adults with developmental disabilities. Clients have access to a range of support including a school and recreational services. A caregiver spoke highly of the "excellent care and support" provided by team members. Furthermore, she stated, "I don't know what I would do without them. The staff and care is wonderful."

An engaged inter-disciplinary team supports the Health and Transition Service. The team members include; social workers, nurses, occupational therapist, physiotherapist, psychology, teachers, speech language pathologists, dieticians, and physicians. The team members stated that they have the resources to do their work. The team members describe St. Amant Health and Transition Service as a "wonderful place to work." Additionally, they commented on the "excellent team work" and "loved working with the

children". The leaders are commended for the successful recruitment and retention of team members.

There is an informal waitlist process, it has not been regularly coordinated with those of other organizations offering similar services. The leaders have implemented a new model of care and will be developing the formalized wait list process. The leaders are encouraged to continue with the development of a formalized waitlist process and protocols.

The team members and leaders are committed to the development of policies and procedures. However, there are policies that require development. There is not a policy and a process for the person with intellectual and developmental disabilities and their family to appeal service decisions. The leaders are encouraged to develop an appeals process. Also, there are not policies and procedures that define the roles and responsibilities of staff when managing client's funds. The leaders are encouraged to develop policies and procedures that define the roles and responsibilities of staff when managing client's funds.

Priority Process: Decision Support

The leaders and team members are committed to using decision support to enable quality care. Data is used to support decision making. Education and training are provided to the team on the use of technology. Paper based charts are use at the St. Amant Health and Transition Service. Standardized client information is collected. The charts are comprehensive and up to date. Care plans are developed and updated, however, the leaders are encouraged to explore the implementation of an electronic health record.

Priority Process: Impact on Outcomes

Team members, leaders and physicians are acknowledged for their commitment to safety. There is a Mission and Quality Council and Nursing Practice Committee. There is representation from clients and caregivers on a resident council. A Quality Improvement Road Map is developed and being implemented. The leaders are encouraged to continue with the quality improvement journey. There are a variety of initiatives implemented to support safety and quality including, development of best practices, quality boards, and risk assessment. Auditing occurs including hand hygiene audits.

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

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
3.17 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
Priority Process: Episode of Care	
10.3 A pleasant dining experience is facilitated for each resident.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The intake process in Long Term Care (LTC) is comprehensive. The resident and family are involved, and there are several assessments completed by a multidisciplinary team that include. These include medication reconciliation, a skin assessment to look for signs of breakdown/pressure injuries, a meal observation assessment, risk of suicide assessment, a pain assessment in residents with dementia, and a falls risk assessment. All admissions to the Personal Care Homes (PCH) are coordinated through the Long-Term Care Access Centre. Admissions are prioritized and efforts are made to ensure the right “fit” for resident and PCH’s. The team works with the resident and family to determine their resuscitation status in the event of a life-threatening crises and end of life is planning is ongoing from time of admission, making changes to the plan as needed.

The residents and families are provided with a great deal of information during the admission process. There are many brochures on how to reduce falls, reduce pressure injuries, among others. Goals of care are developed with the resident and family. These are reviewed 6-8 weeks following admission, then annually and as required if there is a significant change in the resident’s status.

Engaging residents and families in determining staffing levels, space needs and designing roles is both formal and informal. The main formal mechanisms are Resident and Family Satisfaction Surveys and

Resident Councils. Much of this feedback is informal, and the PCH's are encouraged to continue to work on engaging residents and families in all aspects of the organization.

Residents and families shared they see a need for more Health Care Aides to support meals and baths. There are potential opportunities for improvement in enhancing the dining experience with more meal-time choice for residents and offering a more home-like dining experience. Due to the COVID-19 pandemic, the recreational activities have been cancelled, reduced, or changed in many of the PCH's. This has been challenging for residents/families, particularly during outbreaks when visiting was reduced/suspended.

Priority Process: Competency

The Personal Care Homes (PCH) are to be commended for continuing to ensure their staff have the necessary competencies while trying to provide services during the pandemic. Credentials are reviewed and recorded in personnel files, and all files reviewed demonstrated evidence of clean Criminal Record Checks and the Manitoba Abuse registry check. Personal Health Information Act training has been completed and evidence of other mandatory trainings were documented. All personnel files reviewed had position profiles which were mostly up to date. There were some position profiles dated 2014-15, but these were infrequent. It is recommended the organization continues to ensure position profiles are up to date with current roles and responsibilities.

One challenge for PCHs is related to formalized performance reviews for staff. There are some PCH's that have improved (e.g., 80% of staff have had completed within 3 years), but there are areas where the rates of completion are as low as 20%. This means that at least 80% of the staff have not had a formal performance review in at least six years. In speaking with staff, they are mostly getting feedback in the moment, but are lacking the formal review with goal setting, a formal review of performance and identification of future/ongoing learning needs/interests.

End-of-life care has been an area that the PCHs have continued to work on since the last survey. There has been increased education provided and these conversations are being had with residents and families.

The P.I.E.C.E.S Framework (acronym for Physical, Intellectual, Emotional, Capabilities, Environmental, and Social) was implemented prior to the last survey. PCH's continue to use this tool for residents with responsive behaviors with success.

A long-term care (LTC) Advisory Council was formed in 2014. The council's mandate is to provide the organization with advice on planning, delivery, and improvement of LTC services. The council has been on hold because of the pandemic. The organization is encouraged to resume the council's activities as quickly as possible to ensure the voices of the residents and families continue to be heard and incorporated into planning.

Priority Process: Episode of Care

All admissions for PCHs are facilitated by the Long-Term Care Access Centre (LTCAC). The LTCAC follows a provincial policy to panel patients. The functions of the LTCAC include maintaining the wait list, coordinating, facilitating, and managing placement of LTC clients, facilitating urgent placements and flow from acute care, and liaise with both community and acute care to ensure the matches are the best fit. Currently there is a long wait to get into the PCHs, with patients backed up into acute care. The organization is working diligently to find matches for these patients, particularly with the fourth wave of the COVID-19 Pandemic underway.

Residents and families can define who is coordinating their care and report feeling involved in the resident's care. In instances where the resident is cognitively impaired there is a Power of Attorney appointed and it is clear to all who the substitute decision maker is.

There is a comprehensive intake process that is multidisciplinary and involves psychological, spiritual, and physical standardized assessments. The resident and family are central to the process and the plan of care is developed with their input based on the assessments. Residents and families are made aware of their rights, how to make a complaint, and the process that will occur should it be determined their rights have been violated. The resident Bill of Rights is visible in the PCHs.

Staff are educated and trained on the prevention and reporting of abuse and neglect and follow an implemented regional policy to do so.

Medication Reconciliation on admission is very well done in LTC. Compliance audits are high, more than 95%. The PCHs are working hard now to ensure the Medication Reconciliation upon return from hospital is completed and documented.

The PCHs use a tool to assess for risk of Falls. Compliance with completing the falls risk on admission is more than 90%. There are regional guidelines available for falls prevention and management in PCH and LTC facilities. The guidelines are used by the PCHs, but they do not include guidance on individuals living with diabetes. The region may wish to address newer research on the management of the HgbA1C in this population as it relates to falls. The opportunity for improvement identified by the organization is to ensure the education provided to residents and families is documented.

Evident at the last survey, the organization had improved their pressure ulcer injury education and training. A Pressure Ulcer Risk Scale assessment is completed on admission and all resident charts reviewed demonstrated completion of the assessment. The organization has noted in audits that there is improvement required is to ensure documentation upon return from hospital and documentation of education provided to the residents and families. There are brochures made up for residents and families available on the units.

The organization has made progress on their Suicide Prevention Strategy. There is a regional Suicide Risk Assessment LTC Resource Guide and the risk assessment tool is used in the PCHs. There is high

Assessment LTC Resource Guide and the risk assessment tool is used in the PCHs. There is high compliance with all resident charts reviewed during the survey, with completed assessments noted on admission and every 3 months. The organization is working on documentation of the treatment plan in the resident record.

Another area the PCHs have worked on is transfer of information at care transitions. The PCHs use a Long-Term Care/Personal Care Home information transfer envelope which contains a checklist on the outside to prompt the staff to ensure the pertinent documentation is enclosed. The evaluation of the information sent/received is informal and the PCHs are encouraged to audit and report on their transfer of information more formally.

Residents and families were generally very complementary of the staff they interact with, believe the staff have their best interests in mind, and like the home they live in. When asked what they would like to see improved, the most frequent issue cited was the dietary experience. This mostly centered around having more choice of food. There was recognition that the PCHs are trying to make this more pleasant and offer more choices. The other improvement recommended by residents and families was to increase the clinical staff, particularly health care aides.

With the onset of the COVID-19 Pandemic, LTC was hit particularly hard. The impacts and death rate in the elderly, particularly those in PCHs, were disproportionally high. The staff, leaders and government quickly addressed the outbreaks, examined processes, and put new processes in place with success.

Priority Process: Decision Support

Personal Care Homes (PCH) generally follow the WRHA Ethical Framework, with some PCHs modifying this framework to make it work for their areas. Staff and leaders were able to provide examples of how they have used the framework. One example provided was a resident whose health status was poor and was requesting full resuscitation. The team was experiencing moral distress as it was felt that resuscitation attempts could cause more suffering. The staff and leaders worked through this situation using their ethical tools, and then brought in a local ethicist from St. Boniface Hospital. The experience was beneficial to all including the resident and family.

Health records are in a hybrid state across many PCHs. A move to complete electronic records could assist in areas such as improved documentation and overall resident reporting in PCHs. All staff receive Personal Health Information Act training, and this is noted on their personnel files. The resident's record is comprehensive: there are many assessments completed and a review of the records demonstrates high compliance with policies.

Priority Process: Impact on Outcomes

The Personal Care Homes (PCHs) use many standardized tools and guidelines. While they may not directly involve residents and families in the selection of tools and guidelines, surveys, resident councils, and informal feedback are used to incorporate the voice of residents and families.

The organization has a policy regarding conducting research, and various PCHs are involved in research projects. They appreciate this opportunity.

There is a process to report safety incidents and staff reported being aware of how to report them. Leadership noted the reported incidents frequently involve falls and medication errors.

Resident satisfaction surveys have been suspended in some PCHs due to the COVID-19 pandemic, and it is recommended that these be instituted again as soon as possible to ensure there is a formal feedback mechanism for residents and families.

Standards Set: Medication Management Standards - Direct Service Provision

Unmet Criteria			High Priority Criteria
Priority Process: Medication Management			
2.3	There is an antimicrobial stewardship program to optimize antimicrobial use. NOTE: This ROP applies to organizations providing the following services: inpatient acute care, inpatient cancer, inpatient rehabilitation, and complex continuing care.		ROP
	2.3.1	An antimicrobial stewardship program has been implemented.	**MAJOR**
	2.3.2	The program specifies who is accountable for implementing the program.	**MAJOR**
	2.3.3	The program is interdisciplinary, involving pharmacists, infectious diseases physicians, infection control specialists, physicians, microbiology staff, nursing staff, hospital administrators, and information system specialists, as available and appropriate.	**MAJOR**
	2.3.4	The program includes interventions to optimize antimicrobial use, such as audit and feedback, a formulary of targeted antimicrobials and approved indications, education, antimicrobial order forms, guidelines and clinical pathways for antimicrobial utilization, strategies for streamlining or de-escalation of therapy, dose optimization, and parenteral to oral conversion of antimicrobials (where appropriate).	**MAJOR**
	2.3.5	The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	**MINOR**
5.2	Teams have timely access to the client's medication profile and essential client information.		
8.1	There is a process for determining the type and level of alerts required by the pharmacy computer system including, at minimum: alerts for medication interactions, drug allergies, and minimum and maximum doses for high-alert medications.		!
8.3	The medication information stored in the pharmacy computer system is regularly updated.		!

8.4	The pharmacy computer system is regularly tested to make sure the alerts are working.	!
10.2	The variety of available general purpose infusion pumps, syringe pumps, and patient-controlled analgesia pumps is limited.	!
11.1	Soft and hard dose limits are set for high-alert medications in the smart infusion pumps.	!
11.3	The medication information stored in the smart infusion pumps is regularly updated.	!
11.4	The limits set for soft and hard doses are regularly tested to make sure they are working in the smart infusion pump.	!
11.5	The limits set for soft and hard doses are regularly reviewed and changes are made as required.	
12.1	Access to medication storage areas is limited to authorized team members.	!
12.2	Medication storage areas are regularly cleaned and organized.	
13.3	Chemotherapy medications are stored in a separate negative pressure room with adequate ventilation, and are segregated from other supplies.	!
13.4	Anesthetic gases and volatile liquid anesthetic agents are stored in an area with adequate ventilation, as per the manufacturer's instructions.	!
14.5	Steps are taken to reduce distractions, interruptions, and noise when team members are prescribing, writing, and verifying medication orders.	
15.1	The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose.	!
15.2	When preparing medications for pediatric patients, the pharmacist double checks the dosing calculations of weight-based protocols.	!
18.1	Medications prepared in the pharmacy are visually inspected and the medication orders are verified against the prescription.	
19.2	A pharmacist or other qualified team member verifies, as soon as possible, that the correct medications were dispensed after hours.	

Surveyor comments on the priority process(es)

Priority Process: Medication Management

Oversight for safe and appropriate use of medications in the WRHA and Health Sciences Centre (HSC) is provided by the multi-disciplinary Medication Quality and Safety Committee (MQSC). Evidence of the

effectiveness of the MQSC is demonstrated in the improvement of ROP performance since the last site visit. The growth is notable and evident at the site level through the sites' commitment to medication safety through best practices reflective of regional policies and guidelines. Across the region, site staff are encouraged to report medication safety incidents. The incidents are then reviewed for understanding of root cause and opportunities for improvement, with feedback to the reporter. Trends in safety incidents are mapped by facility and across the region and are used to guide efforts towards medication safety.

The WRHA has done a remarkable job managing drug shortages over the last several years. As drug shortages are now an accepted and ongoing reality for hospitals, the WRHA has developed processes and strategies that have allowed them to effectively manage drug shortage challenges. The network created in response to this crisis has set the stage for success in dealing with medication demands created due to the COVID-19 pandemic.

The MQSC has identified antimicrobial stewardship as an opportunity. The pharmacy applications across the region support the data management required and the expertise and commitment to optimize antimicrobial use is evident at the site level. The WRHA and HSC are encouraged to review human resources required to support a robust antimicrobial stewardship program across the region.

Current state of infusion pumps across the region varies across sites. A smart pump project is currently underway to update the infusion pumps across the region. The WRHA is encouraged to review accreditation standards pertaining to infusion pumps as they work through the process of procurement and rolling out the inventory of new pumps. This will assist them in maximizing the full functionality of the smart pumps to ensure safest practice with the new pumps.

It is suggested that the region consider rolling out computerized physician order entry to all sites, as it is one of the safest approaches to managing medication orders. There are many varied pharmacy software applications across the region, creating risks in appropriately and effectively supporting each application, and more importantly, creates risks in keeping clients safe as they move through the system.

It is recommended the MQSC consider moving from multi-dose vials to client specific insulin pens as a step forward to more safely managing this high-risk medication.

Across many of the sites, medication rooms in client care areas are not locked. The WRHA is encouraged to pursue the opportunity to secure medication rooms/areas across the region.

The Community IV Program is a well-developed, robust program that not only serves to positively impact flow (e.g., moving clients out of hospital), but demonstrates a wonderful commitment to the client experience. It supports clients in a variety of ways from those who can attend the clinic for flexible appointments, to offering home visits or through self-administration in the home with appropriate training. Some of the community sites have implemented a novel practice to reduce the number of medication administration times. The Optimizing Medication Management During COVID-19 policy has been successful in reducing the frequency of daily medication passes, reducing workload.

The MQSC has a robust structure in place to support and spread sound quality improvement initiatives

The MQSC has a robust structure in place to support and spread sound quality improvement initiatives related to the medication management system. With the many challenges presented by the COVID-19 pandemic, much quality improvement activity has been understandably paused. Refreshing this quality improvement work at the earliest, most reasonable opportunity would be welcomed by staff.

The organization has much to be proud of in medication management. Site leadership and staff are dedicated to and have done a commendable job of creating a just culture of medication safety and learning.

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

Unmet Criteria		High Priority Criteria
Priority Process: Medication Management for Community-Based Organizations		
10.1	The pharmacist or other dispenser reviews all prescription and medication orders prior to administration of the first dose.	!
10.4	The pharmacist or other dispenser contacts the prescriber if there are concerns or changes required with a medication order and documents the results of the discussion in the client/resident record.	!
Surveyor comments on the priority process(es)		
Priority Process: Medication Management for Community-Based Organizations		

Many primary care clinics were visited. Observed on site was a very limited supply of medications to support vaccination, minor procedures or to treat sexually transmitted infections. The overall medication system for the community primary care clinics is managed centrally to ensure consistency. The regional policies in place are followed effectively. A policy to clarify the team member responsibilities in primary care as it relates to this standard and this environment could be considered. The current system in place is flexible and the team are adaptable to meet the needs of the population they serve.

Standards Set: Mental Health Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
10.9	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
15.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
15.6	New or existing indicator data are used to establish a baseline for each indicator.	
15.7	There is a process to regularly collect indicator data and track progress.	
15.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
15.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

Throughout the survey visit, the VIRGO report (2018) was referenced as a guiding document to the future of mental health and addictions services in Manitoba. The organization is encouraged to re-engage with the recommendations from this report to provide a present-day picture. Specifically, recommendations related to access, Indigenous health and mental health and addictions integration will be important areas for the organization to consider moving forward. Undoubtedly work on the VIRGO was disrupted by the pandemic.

The Mental Health program is continuing with renovations on inpatient units that are focused on increased safety for patients and staff. The program should consider processes that will continue to involve patients and families in decisions related to these renovations. Evidence suggests that patient advisory committees were involved in initial stages and their ongoing participation is crucial to this process.

Priority Process: Competency

The organization uses multiple standardized communication tools including inter-facility transfers, patient handover sheets and “My safe plan" to ensure safe transitions for patients and families.

Staff members identified multiple ways the organization supports their safety including panic alarms, de-escalation skills training, and the workplace violence policy.

Priority Process: Episode of Care

The surveyor was able to meet with leadership, patients, and frontline staff at all three sites visited (St. Boniface, Health Sciences Center (HSC), and Victoria General Hospital (VGH)). The mental health program continues to offer quality services throughout this difficult time. At all levels of the organization there is evidence of a focus on patient safety and staff safety.

Patients expressed a high level of satisfaction with the services they were receiving, and they acknowledged that the pandemic created challenges for the organization. The one area of consistent feedback from patients centered around them not knowing where to go when they required assistance. However, they also indicated that once they were engaged with services, they received safe and quality care.

Feedback from staff at all the sites identified ongoing work related to patient and staff safety. Some examples include ongoing renovations, the anti-ligature initiative and access to Nurse Educators. The Educators were identified as key resources at all sites for their availability and focus on education and training needs. Additionally documents such as the "My safe plan” and standardized transfer documents facilitate a focused approach on patient safety.

The mental health program meets the criteria for all of the ROPs. However, there is clearly variance in documentation related to suicide risk and the organization is encouraged to move towards a more standardized document to collect information at key points including admission, discharge, and transfer.

The St. Boniface and HSC sites should consider implementing safety huddles in all inpatient units. Presently only the VGH site holds daily safety huddles. The huddles should be held at a minimum of once daily with a clear and concise focus on equipment issues, environmental concerns, and clinicals risk factors. Additionally, a process should be created to ensure follow up and accountability for issues emerging from the safety huddles. There are opportunities for the sites to work together towards replicating the work done at the VGH on safety huddles.

All sites may consider development of auditing system for the medication rooms supplies. Medication rooms were cluttered, over-supplied and used for storage. These issues negatively impact cleaning, increase risks for errors related to expired products, and increase the risks for trips and falls.

All sites should consider sound barriers around all nursing stations. At present, only some of the nursing stations have the added barriers. Nurses are actively engaged in conversations throughout their day and these conversations often involve sensitive health information. Additional sounds barriers will mitigate privacy breaches.

Priority Process: Decision Support

The mental health program currently has one inpatient unit with electronic health records (EHRs) and the other inpatient units continue with traditional paper-based health records. The long term plan continues to be towards full implementation of EHRs. Full implementation will offer opportunities for more standardized approaches across the program and more efficient and safe transfer of health information. Additionally, EHRs can provide valuable clinical data to assist with quality improvement processes.

Priority Process: Impact on Outcomes

The organization has experienced multiple challenges such as the pandemic, organizational change, and staff recruitment and retention issues within a short timeframe. This has created distractions to work focused on quality improvement initiatives. There is evidence of collecting information from patients but actions and improvements from this information are not formalized. The organization may want to consider a more focused approach to re-organizing and prioritizing quality work throughout all levels of the organization. The involvement of patient and family advisory groups will be crucial in this work.

Standards Set: Obstetrics Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The Obstetrics program is well organized and collaborative. There is cohesiveness between the two major sites. There are strong connections also with the Midwifery program and one of the birthing sites. The leadership teams work well together and there is support for all parties. The services provided are similar and consistent. Service design, resources and job descriptions are consistent throughout the program. The volumes reviewed at the two major sites were similar, but with the opening of a new facility since the last survey there has been a noted increase in demand for this newer facility.

Priority Process: Competency

All staff have the appropriate training and credentials for the roles that they provide. There are ongoing education programs both internally and opportunities externally. Staff training has been available through orientation programs and ongoing updates with topics such as ethics, the complaint process and disclosure. Staff are encouraged to stay current with educational opportunities, and these aspects are reviewed during the staff annual performance evaluations, which are up to date.

Care is provided in a collaborative fashion at the individual sites as well as between sites. Transfers often take place when one site is overextended, with the client knowledge and understanding the services are similar.

Staff have been stressed during the pandemic and there are vacancies. Overall, the moral is upbeat, and most staff are quite satisfied with the workplace.

Priority Process: Episode of Care

Services are available at the sites 24 hours a day, 7 days a week. The Midwifery contact is direct, and the two main sites are open continuously. Access is not a challenge, and all clients were fully aware of the access procedures. It was noted there is an increasing preference for the newest birthing site as it has been newly opened since the last survey.

There is a very close relationship between providers and clients with attentions to preferences, culture, procedures, and outcomes. Higher level policies and procedures were found to have a lack of client and family input into their development and review. One site has been able to develop and continue with client and family engagement during the pandemic, whereas the other site had some very preliminary work on engagement. The program is encouraged to resume and improve the engagement of clients and families in the development, review, and progress in all aspects of the program.

All provision standards are met within the program. It is suggested that there be an increase in visible education for clients and families such as signs, posters, and quality boards to assist with broader communications.

Upon review of the interventional aspect of obstetrics, cesarean sections are managed well, and elective and urgent cases scheduled appropriately. Surgical checklists were in place and staff in compliance. All intraoperative standards were met.

Transitions within the sites meet the expected criteria as do transitions between sites. At the end of a care episode, external transition is appropriate and those clients who do not have a primary care provider in place are assisted with finding same for ongoing follow-up for mother and baby.

Priority Process: Decision Support

There are differences in technology availability at the different sites. Hybrids of electronic platforms and paper-based charting were evident, increasing the risk of errors on site or in client transfer situations. The information collected and documented was consistent and readily available to all providers.

Priority Process: Impact on Outcomes

The Obstetrical program has standardized policies and procedures which have been developed by the multidisciplinary partners in the program: obstetricians, primary care providers, midwives, and nurses. Client and family input into the program planning, development and implementation is an opportunity for improvement for this program.

The COVID-19 pandemic has interfered and interrupted quality improvement activities, but they are vital

for the continued development and sustainability of programs. The organization is encouraged to explore mechanisms to restart and enhance quality improvement.

Standards Set: Organ and Tissue Donation Standards for Deceased Donors - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
1.3	Organ and tissue donation is part of the organization's strategic priorities.	
1.4	Policies for both organ and tissue donation are developed with input from clients and families.	
2.1	A donation committee that is responsible for monitoring and improving the quality of the donation program is established with input from clients and families.	
2.2	Donation data is regularly reviewed by the donation committee and this information is reported to the organization's senior leadership with recommended strategies for improvement.	
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		

Transplant Manitoba, Organ and Tissue Donation are provincially mandated under Shared Health Manitoba and are assigned to Ambulatory Care Services.

The services include Living Donation, Deceased Donation, and Transplant Services (kidney, liver, lung).

They are active participants of National Programs: including Kidney Paired Donation, Highly Sensitized Patient Registry, Organ Donation and Transplantation Collaborative, and the kidney patient registry. Each organ and tissue service division has a leadership team, that includes a medical director.

Professional and public education is available online, and on request. The teams work hard to enhance their services through presentations, social media, and public campaigns. A family member provided feedback that they would like to see further marketing regarding services offered.

There is an organ donation nurse as well as clinical care coordinators who start the donation conversation with the families and support them through the process including support after the process is completed. The team members are described as caring, knowledgeable, compassionate, and very supportive.

There is a beautiful new collaborative designed center for transplant services. Staff were included in the planning, but in hindsight, they would have liked to have included more clients and families.

There are dedicated resources to quality improvement, and examples were provided of regularly reported indicators. Each service area has quality initiatives that are currently in progress.

Priority Process: Competency

The teams are very competent, knowledgeable and demonstrate excellent communication skills as validated by families and staff. The donation program is supported by a medical director who is also an ethicist.

The staff receive ongoing professional education and training. They actively participate in quality improvement activities and are comfortable with the ethical decision-making process. The medical director also being an ethicist is of benefit to the program.

The families view Transplant Manitoba with respect and admiration for what they do. The feedback from families is the team is very respectful of their decisions. As families, they are always included in events and feel they are a part of a special community.

The program has transitioned to electronic patient records using software which supports real time communication.

The program is involved in research that has the ethical process applied prior to approval.

Priority Process: Episode of Care

The Gift of Life Program is for all Manitobans, and the program is proud of the progress they have made with public awareness. This has been possible through social media presence, presentations, and public education through story telling.

There is a patient representative office for those seeking information and support. The approach taken to consent for organ and tissue donation is one of acceptance and respect, regardless of the final decision for donation.

The initiative "Sign up for Life " registry is proving to be more successful than the previously established donor card. The team would like to use different strategies to get more information out publicly regarding organ and tissue donation. This includes ideas such as creating educational courses on organ and tissue donation for the education system and have it added to grade 8 curriculum. This particular initiative is currently being worked on.

Priority Process: Decision Support

The program has transitioned to an electronic patient record. This reduces patient risk, supports real time communication, and enables the services to evaluate their quality initiatives more regularly.
The new Transplant Wellness Centre is impressive. It includes telehealth, a phlebotomy lab, increased clinic room access, and centralizes transplant services using a client centric approach. There was staff and some patient/family input however they would have preferred to have had more.

Priority Process: Impact on Outcomes

All programs are actively involved in quality initiatives. The teams place high priority on evidence-based care and making improvements through evaluation and monitoring indicators.

The COVID-19 pandemic has created challenges. There have been several staff who have been redeployed to critical care to help support the pandemic needs. At present, almost 50% of the coordinators are redeployed, placing additional stress on remaining staff. The program is encouraged to explore these risks in future planning to assist in ensuring staff wellness.

There is also additional pressure on the hospital system, preventing the program from providing typical levels of service. There is no dedicated transplant inpatient unit and wait times for transplants continue to increase.

Another challenge noted is inconsistent communication between inpatient and outpatient electronic systems due to hybrid charts, which can increase the risk to clients.

The first Medical Assistance In Dying donation of organs in Canada occurred here, following review under the ethical program guidelines and framework.

The staff have weekly meetings, have done retreats, use Employee Assistance Program supports, and have used various unique approaches to support their staff. For example, they shared experiences to give thanks to families for their donations by remembering them, then distributed stones into the water to say goodbye and to help them reduce personal stress.

The Tree of Life tribute, held annually, is a way they pay special acknowledgement to the donors and their families. This is held in high esteem by those left behind. They are given a donor medal and a leaf to hang on the tree, displayed proudly at one of the sites. They also give a donor medal to those who want to donate however due to medical reasons, they do not qualify. It is to acknowledge their decision to donate.

Priority Process: Organ and Tissue Donation

The organ and tissue donation process for all three programs meets all requirements of the federal government for cell, tissue, and organ services. They had a successful audit completed by Health Canada in January 2019 which is a national requirement.

All programs have standards of that are reviewed, updated, and followed by the team using standardized tools and forms. They are encouraged to ensure all policies are reviewed and updated on a regular basis, to align with the organizations' policy.

The programs have developed a model to guide donation conversations and support for the coordinator. They are also engaging family feedback through the development of donation experience surveys. Tissue Bank Manitoba Donor Family Support Services was established to provide support to families of tissue donors throughout the donation process. The families are provided grief packages and the coordinator passes on de-identified recipient letters of appreciation.

Standards Set: Organ and Tissue Transplant Standards - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Organ and Tissue Transplant		
The organization has met all criteria for this priority process.		
Priority Process: Clinical Leadership		
1.2	Information is collected from clients and families, partners, and the community to inform service design.	
2.11	The appropriate space and team members are available to manage recipients post-transplant.	
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		
19.2	Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.	
Priority Process: Impact on Outcomes		
The organization has met all criteria for this priority process.		

Surveyor comments on the priority process(es)

Priority Process: Organ and Tissue Transplant

The kidney transplant programs are part of the National Registry. For transplants, national guidelines are followed, and all processes are evidence based. At one site, the safe surgery check list witnessed was well done, as well as excellent communication between team members and the client. The teams for each respective service are knowledgeable, good communicators and very dedicated to what they do to support the donors and the recipients.

There was a successful transition between Tissue Bank Manitoba and the Eye Bank in Jan 2021. This merger saw no interruption in services and was seamless for the client. The period for cornea transplant sustainability is 14 days which provides more time for selection and preparation. A staff member shared

that the work they do is meaningful and important. They regularly participate in events to market the need for eye and tissue donations.

The Tissue Bank Manitoba Donor Family Support services was established to provide support to families of tissue donors throughout the donation process. The Donor Family Service Survey is an evaluation provided to families regarding their experience with the Tissue Bank. There is a volunteer who calls the family for feedback, then debriefs take place following these calls. The feedback is useful to make improvements and endorses person centered care.

Priority Process: Clinical Leadership

The clinical leadership for organ and tissue transplant is dedicated and knowledgeable in what they do. They would benefit from collecting more information from their clients, families, and other stakeholders to inform and enhance service design. This can be done through client/patient advocates, committees, or surveys.

The transplant standards are followed. Tissue Bank Manitoba and the Eye Care Centre of Excellence are amalgamated, providing additional resources to the eye bank, and building on their expertise. The eye bank will relocate to the Tissue Centre once the renovations are completed.

The pediatric and adult kidney transplant programs at the Health Sciences Centre (HSC) are good care delivery models with skilled and dedicated staff. When visiting HSC, there were three adult kidney recipients. There is not a dedicated unit for these patients however, this could be discussed to ensure an environment that is conducive to recovery, one that ensures confidentiality and where risk can be managed.

The programs are engaged in the Canadian Transplant Registry and work in close collaboration with the Manitoba Renal Program. The programs have made improvements in the transition of pediatric patients into the adult program to support a seamless transition for those renal patients.

The referral process for potential donors is well organized and comprehensive from referral to post-transplant. For tissue and corneas, the referral is completed, and the call comes from the coordinators who have additional training to help support these calls. The team is encouraged to apply person-centered care principles to all activities.

Priority Process: Competency

There is growing concern regarding redeployed staff not returning to their units. The teams work hard to welcome staff back and support the readjustment. Orientation and training are provided for those staff who were redeployed beyond one year. It would be beneficial if there was a standard approach to bringing staff back into their units.

The transplant program teams are highly competent and communication skills are excellent. The referral

process works well and there is communication at all levels and with all stakeholders. The team has a strong quality improvement program and uses the information to make proactive changes.

Education and practice using the ethical decision-making framework are ongoing. The Learning Management System (LMS) is very good and ensures staff complete training on routine practices, point of care testing, hand hygiene, falls prevention, workplace violence, and infection control. It is an online system that allows leaders to see when staff complete their training.

There is professional development, mentoring, and orientation for new team members. The infusion pump training is completed by the clinical resource nurse on each unit, as outlined in the required organizational practice and the practices are successfully demonstrated at the facilities where transplants occur.

Priority Process: Episode of Care

There is good understanding of the use of two patient identifiers used consistently across all areas. The falls prevention initiative is in place and falls risk assessment levels are completed regularly or as the patients' situation changes. Chart reviews are completed to ensure all improvements are implemented. There are tools in place to assist with transition points and accurate sharing of information. The team is very person centered however, encouraged to continue to include clients and families in designs, policies, and services to ensure alignment between staff priorities and the client and family perspective. Quality improvement initiatives are underway, and staff are encouraged to share these with each other, clients and families, and their partners. The consent process is very important and is followed. Diagnostic and lab results are provided electronically and are reported as outlined in the policy.

Priority Process: Decision Support

Each client has a record that is confidential and stored to adhere to policies. There are different hybrid systems in different areas. For example, when a patient is discharged, the chart is scanned into the electronic health record file for those that use it. Any charts for patients with eye transplants are retained for life. Other transplant files are maintained for at least 30 years. There is risk associated with the hybrid approach to clinical documentation and communication. The teams are recommended to implement procedures to mitigate these risks while they move to a complete electronic health record.
There was no evidence of input from clients and families into policies on the use of electronic communications. Some areas use an electronic health record, others use paper. Teams are encouraged to define how they want to use technology optimally and include input from clients and families.
With the transition of the Eye Care program over to Tissue Bank Manitoba, the goal is to maintain the same level of service during the integration. There is currently a wait list for corneas, so it is important services are not negatively impacted. The team continues to review ways to reduce the wait.

Priority Process: Impact on Outcomes

There are evidence-based guidelines to follow, and the standard operating procedures are reviewed, and changes are made if needed. The standard operating procedures are reviewed and approved by the medical director. There is ongoing education for staff online through the Learning Management System. The communication officer is working with staff to improve social media presence and there are very good social media platforms being used. There are also great pamphlets and documentation around the services offered with many numbers to call for information.

With the eye bank, when something is available, an email is sent to the surgeons who make the decision who best to get the donation. The team performs the transplant, and the surgeon follows the patient. There is follow up by the eye bank coordinator with the surgeon, within 3-6 months to see how the patient is doing. For kidney transplants, the coordinators follow the recipient after discharge and provide ongoing support.

The staff in all areas are very knowledgeable and dedicated to what they do. They love their jobs and most say that whether someone donates or not, they see it as providing them options. That is a positive outcome for them that Manitobans have the choice.

Standards Set: Organ Donation Standards for Living Donors - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Living Organ Donation		
The organization has met all criteria for this priority process.		
Priority Process: Clinical Leadership		
2.8	A universally-accessible environment is created with input from clients and families.	
6.2	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.	
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		
18.12	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	!
19.2	Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.	
Priority Process: Impact on Outcomes		
22.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
22.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Surveyor comments on the priority process(es)		

Priority Process: Living Organ Donation

The Living Organ Donor program was successfully certified by Health Canada in 2017. The certification review was postponed recently due to COVID-19. Any discrepancies from the last certification have since been addressed.

The standards of practice are reviewed and updated regularly by the team. The operational policies and procedures are signed off by the medical director. The policies are reviewed and approved by the organization.

The living donation team works up or assesses clients who want to donate, and all paperwork and calls are completed. If the client aligns with the criteria and is approved, the client is then registered in the Canadian Transplant Registry.

All aspects of the standard of practice for living organ donation are adhered to. Following the process, the donation is reviewed as to what went well and where they could improve. They also request feedback from the donor and their family.

There is special attention to those calls made to clients informing them they are not able to donate. The rationale that supported the decision is provided. Further support and explanation are provided as required and that has been appreciated by the clients.

Priority Process: Clinical Leadership

Within Transplant Manitoba is the Gift of Life Program for organ donation, including deceased and living donors. There is strong clinical leadership, including a knowledgeable and dedicated team of physicians, coordinators who are nurses, social workers, and pharmacists. The volume of living donors fluctuates, with a recent decline seen due to the program being temporarily closed for three months during the COVID-19 pandemic. Many staff have been redeployed from nursing which impacts the capacity of the program as well. The service and overall organization is encouraged to consider opportunities to rebuild teams when the redeployed staff return to their work units.

The team is developing a process and transitioning their program from sending a live kidney donor to a receiving site to harvest their kidney, to instead the kidney being harvested at the sending site and shipping the living donor kidney. This is referred to as a Kidney Paired Donation Program. It is being implemented across Canada.

The transplant program is housed in the new Transplant Wellness Centre, which is a wonderful environment for both clients and staff. There are numerous supports in place for living donors and families.

Priority Process: Competency

The team members have additional training and are highly skilled. This is validated by other teams they work with, as well as by clients and families. They described them as national leaders in their work. The team members have their credentials validated annually, and their performance reviews are up to date for nursing, pharmacy, and social work.

There is a good orientation program and new staff are mentored and supported until they feel comfortable in their work.

Health Canada requires donations be reviewed and certification updated every two years. This was last completed in 2017.

The team has daily rounds on the donor recipients that are attended by nursing, physicians, and pharmacy. There was great participation and interaction witnessed among the team members.

There is a recipient committee that provides feedback from clients and families, but there is no longer a donation committee. The program is encouraged to reinstate the donation committee to gain further client and family input and evaluation.

The overall policies are completed by the organization while the service develops, reviews, and updates the processes. The team is encouraged to ensure the standard processes are regularly reviewed for content, at least annually or more often if changes are required.

Priority Process: Episode of Care

The team's goal is to provide a positive experience for people going through the living donor process. One client spoke of her journey and shared how knowledgeable, caring, and supportive the staff were. The team are professional and highly respected. The client who was a living donor spoke of the "Fly a Flag" event that is raised at one of the sites. It acknowledges living, deceased and intent to donate donors. There is also a Garden of Life at a local park where donors are honored.

The team is encouraged to continue to actively engage clients and families, by requesting their feedback and asking them to participate. The team is updating post care surveys for clients and is developing surveys for feedback on the environment. The program is encouraged to implement these across the system.

The pediatric team works with the donor team and says the communication is transparent and timely, supports from the team are always available, and describes them as leaders in what they do.

The hybrid electronic health record systems and the paper documentation create inconsistent communication between in-patient and out-patient areas and should be reviewed for future planning and risk.

There is also concern regarding the lack of a dedicated space and staff for transplant patients. The organization is encouraged to review best practices for transplant patients. Improving this can ensure patients achieve the best possible outcomes.

Priority Process: Decision Support

The team uses an electronic health record. There were expressed benefits of this technology, although it does not connect with the inpatient hospital chart. Following inpatient admissions, a copy of the health record is sent to Transplant Manitoba where it is scanned into the electronic health record. This has eliminated the need for extra space to store records.

The organ can be traced from the donor to the recipient, and the client records are maintained for at least 30 years for living donors.

The program is developing and implementing the Kidney Paired Donation Program, where the living donor kidneys are shipped, rather than sending the live donor. The team has also developed an agreement to participate in the Living Donor Workup consent and has also participated in the Living Donor coordinator national network planning and implementation.

The clients and families feel that the service is focused on them and their care, and the program is encouraged to use client and family feedback to benefit and improve the overall program. This can be achieved through discussions and surveys, to gain their feedback and input.

Priority Process: Impact on Outcomes

There are several quality initiatives underway. The team would benefit from evaluation and feedback by the clients and families on their work. The team is encouraged to enhance client and family input across all services.

The team is very familiar with the ethical decision-making framework and has good working knowledge of how to apply it in ethical dilemmas. The program is encouraged to have regular ethical training to ensure they can quickly identify ethical situations.

The electronic health record has improved timely reporting and benchmarking of indicators. These are reported to team members and to leadership, and they are encouraged to share with their clients and families, as well as other organizations. Improvements are made according to these results.

Most of the documentation is done in English, some in French. The program is encouraged to ensure the information is aligned with the languages of the population.

The program has made good progress with social marketing, and the communications coordinator is working to support all transplant locations to enhance the public image. There are some very good social

platforms in use for the public.

Standards Set: Perioperative Services and Invasive Procedures - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
6.6	Education and training are provided on the organization's ethical decision-making framework.	
Priority Process: Episode of Care		
10.14	Ethics-related issues are proactively identified, managed, and addressed.	!
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
25.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
Priority Process: Medication Management		
The organization has met all criteria for this priority process.		

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The adult and pediatric surgical care sites and teams across the WRHA and Health Sciences Centre (HSC) are to be commended for their ongoing commitment to quality and safe patient care. Teams delivering adult and pediatric surgical services demonstrate a high level of teamwork and collaboration. These teams continuously exemplify patient and family centred care. This was also affirmed during the many patients that were interviewed during the survey process.

Regardless of health transformation, teams continue to work and collaborate. This was noted in the planning and quality work occurring in orthopedics, surgery, and women's health. This level of collaboration and cooperation has resulted in standardizing educational programs, spreading and scaling quality improvement initiatives and just being there to support each other during the pandemic. Even though it has been a stressful time for these teams, the team culture is one of forging ahead to always support patient care.

There was evidence of a healthy and effective medical and operational leadership team within the program areas. The child health and surgery team work well together to support pediatric surgical services at HSC.

Priority Process: Competency

All staff meet the required qualifications to work in perioperative services. All staff have received an annual performance review. Educational sessions and weekly huddles continue to be offered. The Learning Management System delivers compulsory education sessions.

Various strategies are utilized to recognize staff. Some examples noted during the survey were Celebration Nominations on the surgical inpatient unit at the St. Boniface Hospital, Nurse of the Year Award at the Grace Hospital, and appreciation gifts at the Pan Am Clinic.

Staff have received training related to cultural awareness, workplace violence and infusion pumps. There appeared to be a lack of training with regards to the organization's ethical decision – making framework as well as a lack of staff's awareness on what ethical supports were available to them. The organization is encouraged to explore this further.

Annual mock training sessions on the massive transfusion protocol and code blue have been provided to the staff at Health Science Centre.

Access to spiritual care and space is available. Specific space to support the Indigenous community is also available for ceremony such as smudging.

Priority Process: Episode of Care

The perioperative teams have shown incredible resilience during the pandemic response. They have encountered many service disruptions and multiple changes in their delivery of surgical services including temporarily relocating their services and the redeployment of staff. The teams did establish COVID protocols and new processes to reduce the risk of infection to clients and team members.

Patient satisfaction surveys are conducted. Patient feedback has resulted in improvements made in the perioperative environments. Opportunities to re-engage with patients and families with service planning, the development of standards and quality improvement activities is encouraged.

Consistent use of safe surgical checklists, time-outs prior to the operation proceeding and the use of processes and tools to communicate between patient transition points and hand-offs was evident. Several staff did not appear to be aware on how to identify and manage ethical related issues. More information and education to staff on the ethical framework and processes is suggested.

Translation and interpretation services are available, and staff know how to access them. Families are encouraged to be involved in care and the patients and families interviewed during the survey

encouraged to be involved in care and the patients and families interviewed during the survey appreciated the level of engagement.

Concordia is commended for their robust use of whiteboards at the bedside that involve patients and families in the multidisciplinary plan of care.

Assessments of BPMH, falls risk, Braden Scale, Violence Screening were consistently completed. All patients were identified using two client identifiers. VTE prophylaxis policy available and appropriately applied.

Priority Process: Decision Support

Patient health records are based on a combination of paper and electronic except for St. Boniface Hospital where there is already an electronic health record. In some settings, teams need to go into multiple platforms. In the absence of a single electronic patient record, teams work hard to mitigate this risk. The organization is encouraged to explore strategies to minimize the risk because of staff having to work with multiple charting systems. It was also noted that the aging computers in the operating room at the Children's Hospital are slowing workflow.

The surgical patient tracking board has improved patient and provider experience and has positively impacted patient flow. It is suggested that the effectiveness of information transfer to patient care providers (primary care) after day surgery and inpatient surgery be explored.

Priority Process: Impact on Outcomes

Staff are aware of how to respond and address safety issues. Communication amongst all team members is very robust. Standardized care transitions scripts are followed. Transition tools are utilized throughout the various site teams including the use of SBAR, and of note at the St. Boniface Hospital is the face-to-face handoffs at all transition points. As the Pan Am Clinic is a surgical outpatient facility, they have written protocols that outline the approach transfer of the stable and unstable patient. When required, they also utilize a patient transfer report tool and an interfacility patient transport request form.

The teams are congratulated on implementing the Early Recovery After Surgery (ERAS). Data is indicating that it is having a positive impact on length of stay which in turn impacts patient satisfaction and patient flow.

The St. Boniface Hospital surgery program has implemented the National Early Warning Score (NEWS) to monitor and identify patient deterioration. NEWS is an early warning score that is used to identify and respond to patients at risk of deteriorating using the vital signs of respiratory rate, oxygen saturation, temperature, systolic blood pressure, pulse rate and level of consciousness. NEWS works under the premise that early detection, timeliness, and competency of the clinical response determines the clinical outcome in patients with acute illness.

The Grace Hospital has recently moved to same day surgery for hip replacements. To date there have been no readmissions because of this change from an inpatient procedure to day surgery.

The Pan Am clinic has implemented an Opioid Safety After Surgery initiative. The orthopedic surgeons recognized the concerns around opioid use, the power of these pain killers being prescribed post-surgery and the risk of dependence, adverse drug events and even death. Wherever possible and appropriate, the surgeons at the Pan Am clinic will prescribe alternative, non-opioid medications to minimize pain after surgery.

Discharged patients are provided with written information on how the prescribed medication regime should be used. The team is evaluating this approach and early results are looking very promising.

Staff deployments and impact of COVID-19 has impacted quality improvement activities. At the St. Boniface, Grace and Concordia Hospital, public facing quality improvement and patient safety boards are evident. Daily unit huddles are occurring on some units. This is a great opportunity for staff to identify improvement opportunities. Some teams have been able to sustain a level of quality work while others have struggled due to services being relocated and staff redeployments. There were various levels of quality improvement initiatives occurring across the perioperative teams however there was lack of evidence to support that clients and families were fully engaged in these activities. All teams identified a need for quality and data support to reignite and support the quality work.

Priority Process: Medication Management

There were no concerns noted related to medication management. Medications in the surgical area are appropriately stored and secured.

Standards Set: Primary Care Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
1.7	There is collaboration between the clinic, secondary, acute, and specialized health service providers.	
Priority Process: Competency		
3.7	Education and training are provided on the organization's ethical decision-making framework.	
10.6	Access to spiritual space and care is provided to meet clients' needs.	
Priority Process: Episode of Care		
8.13	Ethics-related issues are proactively identified, managed, and addressed.	!
8.14	Clients and families are provided with information about their rights and responsibilities.	!
8.15	Clients and families are provided with information about how to file a complaint or report violations of their rights.	!
8.16	A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.	!
9.5	When prescribing any medication, the team reconciles the client's list of medications.	!
10.7	Clients and families have access to psychosocial and/or supportive care services, as required.	
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
14.5	Guidelines and protocols are regularly reviewed, with input from clients and families.	!
Surveyor comments on the priority process(es)		

Priority Process: Clinical Leadership

Every one of the primary care centres surveyed have enthusiastic staff who are devoted to improving health and wellness among their constituents.

It was an exceptional pleasure to attend these centres and hear the dedication and enthusiasm of staff members who generally acknowledge they are sometimes working with individuals with complex needs, lacking many social determinants of health. They enthusiastically embrace their clients at whatever level they wish to engage and provide a sensitive non-judgmental and respectful environment for the participant.

The primary care clinics surveyed, in general, report hit and miss collaboration with higher levels of care. Generally, they report good collaboration with their neighborhood hospital but there is an opportunity to improve transfer of discharge information from other major hospitals, in particular the Health Sciences Centre which does not have anyone answering the phone when providers are requesting discharge notes or summaries. This was flagged as a concern on comments at the previous Accreditation survey. Medication reconciliation at discharge is sent to the retail pharmacy but not to the primary care provider.

At the primary health centres complex and mixed payment models are in existence. 'My Health Team' under WRHA funds positions for allied health workers to assist both fee-for-service medical clinics and access programs.This has improved availability of staff, in particular staff pharmacist, at the NorWest centre, which is a Coop with additional funding from WRHA. The funding models allow longer time for providers to spend with their patients who often have complex needs. Other centres have benefitted from access to social worker and pharmacist on site part time. These mixed funding models allow longer time for providers to spend with their patients who often have complex needs. They also give the centre a bit of wiggle room to use funding on independent quality improvement initiatives.

Priority Process: Competency

Managers and team members are enthusiastic about the work they do and the collaborative team approach to care.

They are comfortable in their positions and appreciate the ability to access further training; and have meaningful input into the lives of their clients who often are marginalized, low socio-economic status and with complex needs. The multidisciplinary approach has worked well.

In general, all the primary care centres visited demonstrate strong attachment to the communities they serve and have adapted their additional programming to meet, as much as possible, the social and cultural determinants of health of their respective communities and constituents.

Team members interviewed at the Primary Care clinics, except Aboriginal Health and Wellness (who have their own culturally appropriate tool), were not fully aware of a defined ethical framework, nor had they had robust training in identification of ethical dilemmas. The teams know about and have access to an

Ethics team within the WRHA if they have serious issues or concerns. It might be appropriate to mandate culturally appropriate ethics education on ethical issue recognition and decision making at all the centres where racial diversity is the norm.

Most centres had access to a spiritual area, particularly where cultural practices such as smudging could take place. Hopefully, after pandemic space restrictions are eased, there could be space re-distribution, if this is found to be an important need for the population served by the community health centre which does not yet have access to a spiritual space.

Priority Process: Episode of Care

The primary care centres (PPC) have enthusiastic multidisciplinary teams who are committed to providing best possible care to their patient clients, who in some cases have been dismissed from private or fee-for-service practices due to complex needs and low socio-economic status, lacking in several social determinants of health. Sometimes the PPCs are the last-resort provider for the client.

Most of the PPCs visited are housed in community centres which also provide access to community services, income support, drop-in, and food services. Others have close associations with nearby community centres.

There have been issues with receiving notices of admission to tertiary care hospitals, and significantly, with notification of discharge and timely access to discharge summaries and medication reconciliation documents. Those clinics in the vicinity of a hospital were more likely to have good rapport and collaboration with them and be more proactive in transitions information sharing; and there have also been much appreciated random phone calls from physician providers at secondary and tertiary care centres identifying the upcoming needs of the newly discharged patients.

Education and training of staff on recognition of ethics related issues is lacking at all PPCs surveyed. There does not seem to be easily accessible training in ethics decision making in the learning modules. None of the provider staff interviewed were aware of an ethics framework and several said they discussed an ethical dilemma with a colleague. They were aware of the availability of an Ethics officer at the WRHA they could resolve a concern with, however, none who were questioned had ever done this. Notably, by exception, the Aboriginal Health and Wellness centre has a well-developed culturally sensitive document and framework which guides them.

Most patients interviewed were unaware of their rights and responsibilities. About half the PPCs visited have posters or pamphlets or both. It does not appear this is discussed at new patient intake. It might be useful to have a vignette on the educational TV screens in some of the waiting areas of the clinics.

Most PCCs wished for more access to psychiatry and mental health counselling. One centre reflected it could get a single consultation from a psychiatrist but no ongoing help managing complex psychiatric needs. Another centre was pleased with its access to psychiatry and mental health counselling. Perhaps mental health care could be flagged and funded within the "My Health Team" system.

Priority Process: Decision Support

The Primary Care Centres (PPCs) use the EMR Accuro which is not accessible by the hospitals. The PPCs also have access to E-file which should include basic history and allergies, consultant reports and lab results; however, discharge summaries are sometimes not uploaded in a timely fashion. This creates concerns for ongoing management of recently discharged patients.

At the hospital level there are several different electronic record systems in use which do not communicate well with each other nor with primary care. The PCCs wished for an integrated system to access patient health history to reduce the opportunity for missed or lost information. There is an opportunity to better integrate information systems from hospitals with that used at the primary care centres, and importantly, allow Emergency and Inpatient units access to the primary care "Bands data" from the Primary Care Accuro EMR systems. This would greatly improve accuracy of Best Possible Medication Histories (BPMH), and medication reconciliation at transfers.

Priority Process: Impact on Outcomes

Policies and care guidelines are from the WRHA at the In Site directory; they should be reviewed given that some are over a decade old (e.g., Anticoagulation, chest pain). Staff were not aware whether there were clients and families involved in their development. Some staff members thought that the WRHA is 'waiting until it is further consolidated" to develop region-wide policies.

Some Primary Care Centre (PPC) guidelines have been developed in conjunction with clients in an informal way by using ongoing needs and feedback from clients. There is an opportunity at some PPCs to create a Client and Family Committee with regular meetings to inform the team of what is on the clients' mind in a more formal way.

Aboriginal Health and Wellness have developed a more culturally appropriate way of connecting with their constituents with a series of "Fireside chats" with an Elder in the waiting room. These were disrupted during pandemic but hopefully will be restarted soon.

Research is undertaken at the PPCs, both as retrospective data gathering, such as Pap smear rates, as well as prospective on Women and their cardiac health, for example. Ethical practice in research boards embedded in tertiary care centres or the University handle the approval process. One of Manitoba's principal research coordinators is working at Access Winnipeg West.

Patient safety issues are easily reported using the RL6 system which is on the desktop. These incidents are processed centrally by the WRHA staff and fed back to the health centres.

Quality improvement (QI) strategies have been varied and rapidly changing due to the ongoing COVID pandemic. In addition, the PPCs have done independent QI projects, one of which was on vitamin B12 which was only funded by government if ordered as an injection. The team research project was able to demonstrate cost savings if the oral form of B12 were covered, in addition to improved patient safety. This has now been implemented.

has now been implemented.

The introduction of the Nuka, Alaska, model of care consisting of microteams has been adopted at some of the centres and will be adopted soon at Access Winnipeg West.

The Primary Care Centres have each been innovative in using their independent funding arms to facilitate the small grassroots innovations that can make each centre more effective within its clientele without the constraints and time delays of the WRHA and Shared Health Manitoba. These grassroots projects deserve to be encouraged as they can lead to unexpected efficiencies and better utilization of resources. An excellent example specific to an individual centre is the creation of Mobile Clinics by the Aboriginal Health and Wellness team who have found that their constituents are better served when the mobile van with doctor, nurse and other providers attend their constituents at street level, than expect them to come to the centre.

Standards Set: Public Health Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
5.1	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.	
Priority Process: Competency		
4.2	Required training and education are defined for all team members with input from clients and families.	!
Priority Process: Impact on Outcomes		
16.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
16.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
16.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Priority Process: Public Health		
2.1	A process is followed to regularly access and monitor surveillance data to identify and investigate emerging and immediate public health threats and trends.	!
2.2	There are agreements with partner organizations to access external surveillance data as necessary.	
2.6	There is a process to evaluate the surveillance system and make improvements.	
6.3	A population health improvement plan is jointly developed and implemented with partners, stakeholders, and the community.	!
8.2	Current public policies with population health implications are analyzed and policy gaps are identified.	!
8.3	Health impact assessments for proposed public policies, programs, and projects are conducted in collaboration with partners and with input from the community.	
10.7	Services that support smoking avoidance and cessation are provided.	!

14.5 The data system, i.e., hardware and software, is evaluated annually and upgrades to improve the access, quality and use of health data are planned and implemented.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

In discussions with managers and leaders, it was expressed that the COVID pandemic response has significantly impacted the transition process. Individuals expressed that it is unclear what their future role and responsibilities will be. They were unclear about what if any opportunity existed to be able to provide input into the transition planning. For some programs/services the team was concerned that required program/service support such as surveillance would still be available. Examples were provided of how NON COVID communicable disease outbreak response has been negatively affected by the lack of surveillance/epidemiological support.

The WRHA and Shared Health Manitoba are encouraged to identify opportunities for greater involvement of staff, clients and communities in the transition planning. This type of engagement and involvement can support a sustainable health system with a focus on addressing health inequities.

Priority Process: Competency

The public health workforce has been significantly impacted by the COVID pandemic. There are a number of staff that are new to public health who come from a clinical care background. The orientation process provides support for these new staff; however, the demands of COVID are limiting the mentoring support that new staff can be provided. There is a need to ensure that there is an ability to support staff through approaches such as the clinical nurse specialists and/or mentorships.

Frontline staff that have moved into leadership/manager roles on a temporary basis expressed appreciation for them to grow and develop. The is an opportunity for the WRHA and Shared Health Manitoba to support the ongoing development of future leaders.

Priority Process: Impact on Outcomes

Healthy Families described an initiative that they are partnering with Red River Community College to do – a more comprehensive outcome evaluation following positive qualitative feedback from clients. Bright Start focuses on improving early language and brain development for infants who are identified at risk.

The successful outcomes of engaging Indigenous organizations, leaders and clients in the Syphilis Outbreak Response led to a multi-year Public Health Agency of Canada funded grant for an Indigenous led and governed initiative.

Priority Process: Public Health

The accomplishments and contributions of Public Health Services in responding to the COVID pandemic were acknowledged by clients and community partners. During the Accreditation Survey, COVID Pandemic response continued to be an important service delivery area and priority for Public Health staff.

The COVID pandemic and the transition process to Shared Health Manitoba has meant that a number of the usual Public Health processes that use community health needs assessment and community engagement to develop a new Public Health Strategic Plan have not occurred. Therefore, while examples were seen that public health standards were being met at the local service delivery level that those usual overall strategic and operational plans either did not exist or had not been recently updated.

Examples were observed of how Public Health had responded to new issues and challenges raised by the COVID pandemic while at the same time continuing to provide core public health services to clients during the pandemic. This required rapid changes and innovations to meet client needs as some services' delivery moved to a virtual model. There was early recognition that some public health clients did not have access to the technical resources or lived in settings where virtual service delivery was not an option. Staff were supported to be able to safely deliver services to clients.

Clients and community organizations were consulted in the development of programs and services. Programs and service delivery areas were knowledgeable about their clients' needs and the population health assessment data for their service area. Vulnerable populations were identified in service and program planning. At the Public Health service sites visited, there were often multiple different vulnerable populations with unique and overlapping needs.

Clients spoke highly of the programs and staff in the services they receive. In some services such as directly observed medication for tuberculosis medications - staff and clients were very positive about the move to virtual service. For other services such as the Family First home visiting program, both clients and staff found virtual visits problematic. In many cases, clients did not have access to phones or devices capable of supporting video visits.

Staff identified the strengths of the centralized WRHA surveillance, knowledge, translation, and Healthy Public Policy that existed pre-transition. The WRHA had a strong surveillance and knowledge infrastructure that has been transitioned to Manitoba Health. Programs and services that rely on such support are concerned that the same level of support will not be available. Impacts are already being seen in some areas with delayed information/analysis of other non-COVID infectious disease outbreaks (such as Syphilis). The WRHA and Shared Health Manitoba are encouraged to ensure the necessary service support agreements are in place with Manitoba Health or consider other options to provide the required support. A similar concern exists concerning Healthy Public Policy. The Public Health Strategic plan needs to be renewed. The existing plan ended in 2019.

The WRHA had a focus on the Healthy Public Policy in recognition of the impact of social determinants of health. Some of those resources have been transferred to Manitoba Health. The WRHA and Shared Health

health. Some of those resources have been transferred to Manitoba Health. The WRHA and Shared Health Manitoba's ability to address the social determinants of health will be severely restricted in the absence of Healthy Public Policy as one Public Health Services function/role. This is a potential risk given the spotlight that the COVID pandemic has put on the role and impact of social determinants on health outcomes.

There are strong local partnerships with health, education, social services, and non-governmental organizations (NGOs) at the local service delivery area. Effective relationships are in place to respond to clients with complex and multiple needs.

There is concern that the strong collaborative partnership with schools that has enabled school immunization programs to address current inequities in immunization coverage will be eroded by Manitoba Health's direction to have a standard approach for COVID vaccine delivery for all school boards. The issue relates to restricting the use of mature minors' ability to consent to receive vaccination in school settings.

A number of senior public health positions continue to be committed to the COVID pandemic response with their positions being backfilled. This has provided an opportunity for frontline staff to explore whether management is a career option. There should be a specific strategy to help support and retain such individuals for the future.

Staff in the Public Health service areas expressed support and appreciation for public health leadership and the support they have provided to staff during the pandemic. Staff have regular performance appraisals and are supported in their personal and professional development. They identified their peers and local managers as important in responding to pandemic related COVID stress. Leaders and managers indicated some uncertainty associated with the transition. It was identified that some staff were leaving positions felt likely to be impacted by transition creating gaps in service and support.

Other examples of innovation in services were identified such as the outreach nursing to Single Room Occupancy Hotels and Boarding Homes in the downtown Point Douglas area. There is a need to be able to better spread these innovations when they have been demonstrated to be effective. There can also be challenges in having innovations such as dedicated positions for Indigenous staff, to move through the organization in a timely manner.

A more consistent approach to quality improvement and the use of indicators and benchmarking across all programs and services would be beneficial.

Standards Set: Rehabilitation Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.5 The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Rehabilitation Services are provided at sites throughout the WRHA. The rehabilitation teams are supportive of and work closely across sites to support client and family rehabilitation services. There is a strong commitment to developing and maintaining partnerships to meet the needs of clients. The leaders are encouraged to continue to work in collaboration with acute care, community care and rehabilitation services to ensure a smooth transition across services for clients. Information on the programs and services provided by the rehabilitation service is available with information available. The organization is encouraged to continue to seek the input of clients, families and team members in the design and future direction of the rehabilitation services.

Winnipeg's Rehabilitation Program at the Health Sciences Centre provides provincial and regional rehabilitation services to patients from Manitoba, as well as Northwestern Ontario and Nunavut. The COVID-19 pandemic has provided increased opportunities to explore use of virtually enabled technology to facilitate capacity building and sharing of best practices with clinicians in rural and remote areas of the province, as well as to facilitate post discharge follow up with patients and families. Clinical and physician leaders demonstrated strong passion for their work and commitment to supporting their patient populations and the staff members who comprise their interdisciplinary teams. The aged physical infrastructure of the rehabilitation unit includes small patient rooms without ceiling lifts and shared

bathrooms located outside patient rooms. A LEAN project was conducted as a team effort to simplify workflow and ensure all clean supplies are not expired. The outcome of the project was that secondary carts were eliminated from hallways thus, reducing clutter.

The Victoria General Hospital and Seven Oaks Hospital provides a geriatric rehabilitation program with inpatient services focusing on patients aged 65 or older who require rehabilitation to return to baseline. The program is supported by a committed and engaged team members and leaders. The leaders are visible and supportive of staff, patients, and clients. The interprofessional teams work collaboratively to provide care to clients and patients. The teams have a strong client centered focus and are committed to providing quality services.

The leaders are encouraged to review the infrastructure and space needs for rehabilitation services in keeping with infection prevention and control, patient and staff safety, and client and family engagement.

Priority Process: Competency

Rehabilitation Services are provided by strong interdisciplinary teams. Team members have described the value of collaboration and the “excellent teamwork” which supports client care. The leaders and teams are committed to providing quality and safe services for clients. The leaders are to be acknowledged for their commitment to supporting the education and learning needs of the team. Education and training opportunities are available with nurse educators supporting learning needs. An orientation is provided to all new team members, and they spoke highly of the orientation process. The team members stated that they feel safe at work. The team members were proud of their work during COVID-19.

The leaders are to be commended for the completion of performance conversations. Team members interviewed during tracers reported having participated in regular performance coaching conversations. viewed as an important tool to support the growth and development of team members. There has been little turnover of clinician and physician resources; leadership changes resulted in some internal promotion that clinicians viewed as setting the program up for both continuity and success.

Priority Process: Episode of Care

An engaged interdisciplinary team supports the rehabilitation service. The team members include social workers, nurses, occupational therapists, physiotherapists, health care aides, recreation therapists, rehabilitation assistants, speech language pathologists, dieticians, physician assistants, and physicians. The team members stated that they have the resources to do their work. The rehabilitation program has a central intake model with clearly defined admission criteria and central waitlists. The central waitlist coordinator works with the hospital when rehabilitation beds are available. There is opportunity to address urgent admissions.

The clients and caregivers spoke highly of the “excellent care” provided by team members and reported high levels of client satisfaction. A caregiver stated, “It is a wonderful place. They are all approachable. I feel welcome here”. A client noted, “The care is exceptional, the best care I have ever had. Before I came here, I could not walk, and I am being discharged tomorrow”. Clients and caregivers stated that they are

here, I could not walk, and I am being discharged tomorrow". Clients and caregivers stated that they are treated with care, dignity, and respect. They felt comfortable asking questions. A client stated that she found the white board located in her room useful as a communication tool. The leaders are encouraged to continue to support the engagement of clients and families in the rehabilitation service.

There is a commitment to auditing and acting on the results. Although, medication reconciliation on admission and transfer was noted to be in place on charts reviewed, the program's own audits show that there is opportunity for improvement to ensure that this important patient safety check is in place consistently. Lean process improvements have been completed. The team members and leaders are encouraged to continue the quality improvement journey and to seek the input and participation of clients and families.

Priority Process: Decision Support

The leaders, physician and team members are committed to using decision support to enable quality care. Data is used to support decision making. The leaders and team have access to evidence-based guidelines to support quality care. Education and training are provided to the team on the use of technology. Paper based charts are used at the rehabilitation units. Standardized client information is collected. Comprehensive and up to date information is collected with the input of clients and families. The care plans are developed and updated with the input of clients and families. The leaders are encouraged to explore the implementation of an electronic health record.

Leaders and team members are committed to protecting the privacy of client information. Clients are supported to access their health information in a client-centered manner. Team members have described receiving education and training on protecting health information.

Priority Process: Impact on Outcomes

Team members, leaders and physicians are acknowledged for their commitment to team and client safety. There are a variety of initiatives implemented to support safety and quality including, huddles, auditing processes, bed side shift reports, family conferences, white boards, quality boards, and interdisciplinary rounds. Post-fall huddles occur. Auditing occurs including hand hygiene audits.

There are quality boards located on the rehabilitation units. LEAN projects have been completed. The team members and leaders are encouraged to support the broad implementation of local quality initiatives shown to be effective. Furthermore, they are encouraged to continue to consistently share information about quality improvement activities, results and learning with clients, families, and partners.

Standards Set: Spinal Cord Injury Acute Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
2.5	Sufficient space is available to accommodate patients with spinal cord injury and provide safe and effective services, including private space for patients and families.	
2.7	The effectiveness of resources, space, and staffing is evaluated with input from patients and families, the team, and stakeholders.	
2.9	A universally-accessible environment is created with input from patients and families.	
Priority Process: Competency		
3.13	Patient and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
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		
15.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

The Health Sciences Centre (HSC) is the designated a provincial trauma and major healthcare referral centre for people with complex spine injuries from Manitoba, as well as Northwestern Ontario and Nunavut. An interdisciplinary team provides specialized trauma, orthopedic, and neurologic surgical acute care to these patients. In the spring of 2016, the spinal cord Injury program at Manitoba's HSC in Winnipeg was one of the first in Canada to be successfully accredited, using standards developed by the Rick Hansen Institute and Accreditation Canada. The tracer for the 2021 Accreditation survey examined the complex spine program provided under Shared Health Manitoba's surgical program on the surgical orthopedics and surgical neurology units at the HSC.

The clinical leaders of these units demonstrated a strong commitment to their patient populations and to the staff members who comprise their interdisciplinary teams. During the tracers, the opportunities presented by the new Shared Health Manitoba organization and the challenges of the pandemic were discussed. The new Shared Health Manitoba organization was seen as presenting the potential to improve patient flow by putting a spotlight on improved collaboration with rural communities; as well staff and leaders noted that the pandemic has further highlighted the need for the SCI program to fulfill its mandate as a tertiary provider. "Level loading" was the term used to describe an approach that addresses bottlenecks by transferring lower acuity patients to sites outside of Winnipeg to free beds in the HSC, when discharge home is not yet possible. These transfers appear to have been executed in a people-centred manner with a high degree of communication with patients and families. As one leader stated, "All eyes are now on us with this change (to Shared Health Manitoba). The players have changed and with the help of those at the top levels, it has made a real difference with the throughput of patients so that we can truly be a provincial resource".

Priority Process: Competency

There is a strong interdisciplinary team in place on both units. When asked during a "huddle" on the surgical neurology unit what they were most proud of, there was consensus that staff were most proud of "our interdisciplinary teamwork".

Every staff member encountered during the tracers on both units reported commitment and passion for their work with complex spine patients. Clinicians interviewed during tracers reported they have participated in regular performance coaching conversations, and several cited these conversations as the impetus for a career change (e.g., from RN to CRN or CNE roles). Physician Assistants play a vital role on both units and the "Physiotherapist Extender" role implemented on the D2 surgical orthopedics unit is innovative; the team is encouraged to evaluate the impact of this role on both patient and staff outcomes and satisfaction and to publish the findings.

A strong commitment to excellence in care provided to the patient populations on both units was evident during tracers and supported by feedback from the patients who were interviewed or observed during the tracers. Staff reported being well supported by their leadership team, as well as having timely information and mentorship to do their job. "Theme of the Month" education topics implemented by the shared CNE across both units focus on patient safety and specialized training; virtual learning opportunities have been supported during the pandemic.

The clinicians working on both units offer a unique skill set to meet the needs of their patient population. Staff interviewed during tracers reported feeling involved in decision making regarding their work with their patients and reported feeling listened to when they have suggestions for improvement. There is currently a high percentage of new graduates among both the nursing and the allied health staff on both units. The highly specialized skill set of nurses working with complex spine patients provided a stepping-stone to ICU and critical care positions, when needs in these areas rose during the pandemic and when the D2 unit pivoted to medical inpatient care to address COVID patient needs. The support of strong

the D2 unit pivoted to medical inpatient care to address COVID patient needs. The support of strong CRNs, CNEs, and geriatric CNSs was cited as being critical to the successful onboarding of the new graduates, who reported feeling well supported. Staff expressed hope the valued participation of Indigenous Services during Bullet rounds will resume after the pandemic. The limited availability of Rehab Assistant hours (½ day per week Monday to Friday) appears to be limiting efficiency of the Physiotherapist and timeliness of follow through on exercise and mobilization prescriptions that could help to optimize patient's pre-op and promote conditioning to reach discharge goals faster.

The lack of a Pharmacist at rounds as acuity of patients has increased was also noted by team members as a significant gap in providing safe and high quality direct patient care (conversations with patients and families) and as a support for nurses and physicians in helping to prevent medication discrepancies and errors.

Priority Process: Episode of Care

The acuity of patients in the complex spine program has increased as a direct result of longer waits for surgery due to the upstream impact of the pandemic on OR time; patients are sicker and more deconditioned. The strong foundation of interdisciplinary communication and integrated care planning on these units through Bullet Rounds, team huddles ranging from four times per day on the orthopedic unit to several times a week on the neurology unit, ensures that goals of care are developed by the team with shared decision-making involving patients and families and with barriers to discharge addressed with utilization and home care supports.

The CRN on both units conducts hand hygiene audits using the tablet based HandyAudit tool and reported active efforts to address opportunities for improvement at specific "moments" that had declined early in the pandemic. Audit results are posted on each unit for the surgical program as a whole. The CRN and unit leaders were encouraged to "pull" and post data specific to the unit to promote interest in performance at the local/point of care and to monitor local change, and hopefully improvement, over time.

Medication reconciliation was found to be consistently complete at admission and transfer on all charts reviewed during tracers on both units. The provincial pharmacy database auto-populates medications for each patient on the med rec on admission form; this list is then confirmed with the patient and was seen by the team as a very efficient process.

The focus of the teams on both units on falls risk assessment screening, pressure sore prevention, wound care, and malnutrition screening is commendable. Daily flow sheets are maintained, and care plans and individualized patient goals were documented on patient records. The use of two client identifiers was consistently noted during medication passes during the tracers. A new Internal Patient Transport Checklist, implemented since the start of the pandemic, documents and streamlines the transfer of information about patients at transition points; the form has been very well received by point of care staff.

The nursing, allied health, and housekeeping staff on both units are commended for their diligence in keeping their patients and colleagues safe during the pandemic through a vigilant focus on infection

keeping their patients and colleagues safe during the pandemic through a vigilant focus on infection prevention and control. Both units would benefit from ceiling lifts in at least some rooms to improve workflow for the staff (who must leave the room to locate portable lifting devices).

Three patients and a family member interviewed during the tracers all gave high praise for the quality of care they experienced; they felt involved in decisions about their care, felt that information was provided in a way they could understand, and that they were treated with dignity and respect, including respect for their culture and traditions. The patients interviewed during tracers ranged in age (early 20's, middle age, and late 80's) and represented ethnic diversity, including one patient who self-identified as Indigenous.

Priority Process: Decision Support

The care of SCI patients is highly specialized at any time and the complexity of the patients served by the spinal cord program has increased, as noted, due to the impacts of the pandemic. Team members noted an increase in patients presenting with post-op delirium and increased risk of falls. Review of evidence pointed to use of low height beds, whereas fall mats, when trialed were found to pose a different hazard. A virtual "Spine Day" is in planning as a way to continue to bring evidence to the point of care in spite of the limitations of in-person gatherings for education.

Priority Process: Impact on Outcomes

The leadership of both units use demographic data and information about community needs to understand needed service and staffing levels for the program. The strong interdisciplinary, collaborative and patient-centred focus of every team member encountered during the tracers on the spinal cord acute (neuro and ortho) units indicates that these highly skilled teams are uniquely poised to support the Shared Health Manitoba goal to extend expertise beyond Winnipeg by building capacity to support patients with SCI throughout Manitoba, Northwest Ontario, and Nunavut. Although there is no formal patient and family "council" on either unit, family engagement, despite COVID visitor restrictions, was evident. All patients and family members interviewed during the tracers gave a perfect 5 score (on a scale from 0 to 5, where 0 is the worst possible care and 5 is the best possible care), when asked to rate the quality of their care experiences on these units.

Efforts to link patient satisfaction survey scores (CPES-IC) to a review of the use of Bedside Boards is ongoing. During tracers' patients indicated a lack of understanding about the Boards in spite of the Patient Teaching Sheet about Discharge Bedside Boards; clinical staff indicated the difficulty in predicting LOS/Planned Patient Discharge Date (PPDD) for the large number of patients waiting for surgery contributes to this challenge.

Standards Set: Spinal Cord Injury Rehabilitation Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.5 Sufficient space is available to accommodate patients with spinal cord injury and to provide safe and effective services, including private space for patients and families.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
6.2 There is a procedure to facilitate timely communication with acute care services for notification of incoming patients with spinal cord injury.	
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

Winnipeg's Rehabilitation Program at the Health Sciences Centre (HSC) at provides provincial and regional rehabilitation services to patients from Manitoba, as well as Northwestern Ontario, and Nunavut. The new alignment of SCI Rehab from the Medicine to the Allied Health program was welcomed by leaders and was prompted by the introduction of Shared Health Manitoba. This represents a change since the last survey of this service in the spring of 2016, when the SCI the program was one of the first in Canada to apply the SCI Rehab standards developed by the Rick Hansen Institute and Accreditation Canada. During the tracer for the 2021 Accreditation survey visit, clinical leaders noted and expressed enthusiasm for the opportunity the new Shared Health Manitoba organization is expected to provide to expand their current efforts to build capacity throughout the province to support rural and remote clinicians to manage the complex rehabilitation needs and goals of their shared SCI Rehab patients post-discharge, as well as pre-optimization while waiting for a SCI rehab bed in Winnipeg. The COVID-19 pandemic has provided increased opportunities to explore use of virtually enabled technology to facilitate capacity building and sharing of best practices with clinicians in rural and remote areas of the province, as well as to facilitate post discharge follow up with patients and families. Clinical and physician leaders demonstrated strong passion for their work and commitment to supporting their patient populations and the staff members

passion for their work and commitment to supporting their patient populations and the staff members who comprise their interdisciplinary teams. Interest was expressed to develop a provincial rehabilitation strategic plan in alignment with the Shared Health Manitoba provincial mandate.

Priority Process: Competency

A strong interdisciplinary team supports SCI patients on the unit. Every staff member encountered during the tracer demonstrated passion for their work with SCI patients; this was evidenced during the weekly rounds meeting the surveyor attended during the tracer where goals for each patient were reviewed. A collaborative care initiative on Interprofessional Team Goal Setting focused on ensuring goals are set both in partnership with and with input from patients and families to ensure "goals will be person focused, developed with the consideration of the individual needs of the patient and their families". Goals are tracked with all team members, including patients and their families, for the purpose of improving communication, accountability, and engagement of all team members.

Clinicians interviewed during tracers reported having participated in regular performance coaching conversations. There has been little turnover of clinician and physician resources in the SCI Rehab program; leadership changes resulted in some internal promotion that clinicians viewed as setting the program up for both continuity and success. The change in program alignment within Shared Health Manitoba (from medicine to allied health) was seen as a positive change with initial reports that "more conversations have been had in the past year to build partnership with Acute than in the past decade". Clinicians and leaders expressed hope about the future in the context of the challenges of the past year due to the dual impacts of the pandemic on patient care and the program leadership, stating "we are now entering a period of stabilization and moving forward" and "Rehab at the HSC has always operated as a specialty service; we have always defined our program as a Centre of Excellence. Change to alignment with allied health will strengthen relations with our colleagues in allied health".

Priority Process: Episode of Care

Of the 31 inpatient rehab specialty beds in the rehab program, 13 are dedicated to SCI. Leaders indicated occupancy has been lower during the pandemic across the rehab program, including SCI patient admissions. The program works within a provincial rehab central intake model with clearly defined admission criteria and central waitlists. Feedback heard from surgical acute SCI clinicians was explored with leaders and the rehab clinician during the tracer, exploring current processes and feedback about transparency related to both clinician and patient/family desire to better understand the waitlisting process, recognizing that target dates may change due to patient needs.

The SCI program has developed evidence-based patient and family resources, including patient teaching handouts from online resources, an education board, a "what to expect (when you come to rehab)" and a "SCI Rehab Passport". A tracking tool tracks which patient education sessions patients have attended. Implementation of team goal setting and a formal process to communicate goals with all team members, including patients and families, is repeated biweekly at discharge planning rounds.

Although medication reconciliation on admission and transfer was noted to be in place on charts reviewed during tracers, the program's own audits show that there is opportunity for improvement to ensure that this important patient safety check is in place consistently. Patient safety is a focus on the unit with weekly team "huddles" and post-fall huddles.

The aged physical infrastructure of the Rehab unit raises concerns about patient and staff safety and privacy. Patient rooms are small and crowded/cohabitated (most with 4 patients per room) without ceiling lifts and without bathrooms (shared bathrooms are located outside patient rooms). For a program that serves a patient population with significant (and physically large) specialty equipment needs, the physical space on this unit for patient care poses risks for patients and staff. Although the team deserves kudos for their LEAN project that addressed clean supply storage and workflow and the program does have secondary storage, more storage is needed. Also, there is no communal dining, which during the pandemic would not be utilized, however, at any other time would be considered an essential ingredient of a rehab program geared to preparing patients for discharge and reintegration into community life.

All patients interviewed during the tracer reported high levels of patient satisfaction with the quality of the care and services received on the unit.

Priority Process: Decision Support

The team has reconfigured SCI rounds to incorporate information from patients and families in setting goals and the use of standardized outcome measures. The team is congratulated for this focus on shared decision making with patients and families. The team is encouraged to consider incorporating patient self reported outcome measurements (PROMs) in clinical practice support, quality improvement, and performance monitoring over time.

Priority Process: Impact on Outcomes

The SCI rehab team has an established process for selecting and integrating evidence-based protocols into their program. An example is the reconfiguration of SCI rounds to incorporate information from patients and families in setting goals and the use of standardized outcome measures.

A LEAN project on the unit was conducted as a team effort to simplify workflow and ensure all clean supplies are not expired. The outcome of the project was that secondary carts were eliminated from hallways, reducing clutter.

Patients interviewed during the tracer gave high praise for the quality of care they experienced, when asked if they felt involved in decisions about their care, if they felt that information was provided in a way they could understand, if they were treated with dignity and respect, including respect for their culture and traditions. When asked to rate the quality of care received as a patient in the SCI Rehab program, using a scale where 0 = poor and 5 = excellent, all patients interviewed during the tracer provided a perfect 5 score.

Instrument Results

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

Governance Functioning Tool (2016)

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

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

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

- **Data collection period: June 18, 2020 to August 11, 2020**
- **Number of responses: 14**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	95
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	7	0	93	97
3. Subcommittees need better defined roles and responsibilities.	64	21	14	73
4. As a governing body, we do not become directly involved in management issues.	0	14	86	87
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	96

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	97
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	14	86	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	14	86	95
9. Our governance processes need to better ensure that everyone participates in decision making.	29	21	50	61
10. The composition of our governing body contributes to strong governance and leadership performance.	7	7	86	92
11. Individual members ask for and listen to one another's ideas and input.	0	14	86	95
12. Our ongoing education and professional development is encouraged.	7	14	79	84
13. Working relationships among individual members are positive.	0	0	100	97
14. We have a process to set bylaws and corporate policies.	0	14	86	94
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	97
16. We benchmark our performance against other similar organizations and/or national standards.	7	21	71	80
17. Contributions of individual members are reviewed regularly.	14	36	50	69
18. As a team, we regularly review how we function together and how our governance processes could be improved.	21	29	50	79
19. There is a process for improving individual effectiveness when non-performance is an issue.	29	43	29	53
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	14	86	82

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21. As individual members, we need better feedback about our contribution to the governing body.	14	36	50	43
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	7	93	83
23. As a governing body, we oversee the development of the organization's strategic plan.	0	21	79	93
24. As a governing body, we hear stories about clients who experienced harm during care.	0	7	93	79
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	95
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	8	33	58	90
27. We lack explicit criteria to recruit and select new members.	33	67	0	78
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	8	8	85	90
29. The composition of our governing body allows us to meet stakeholder and community needs.	7	7	86	92
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	7	7	86	92
31. We review our own structure, including size and subcommittee structure.	7	21	71	81
32. We have a process to elect or appoint our chair.	15	38	46	90

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2020 and agreed with the instrument items.

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	14	86	83

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
34. Quality of care	0	21	79	83

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2020 and agreed with the instrument items.

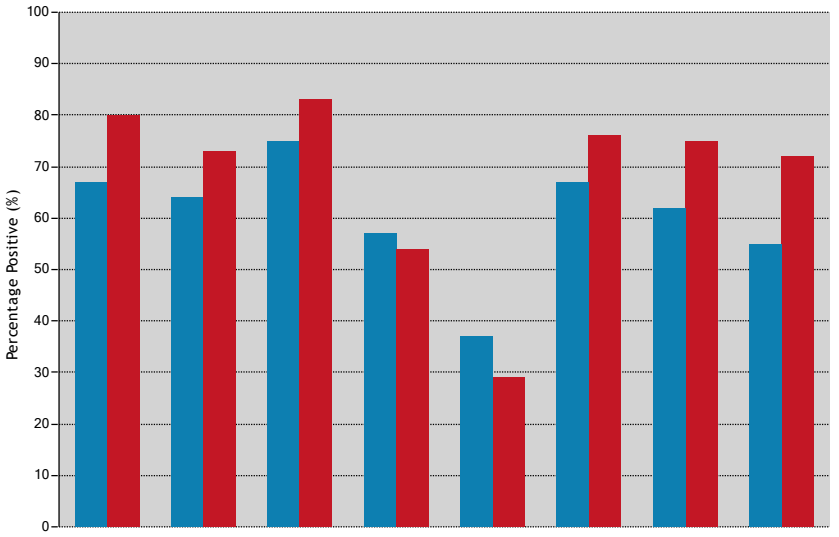
Canadian Patient Safety Culture Survey Tool

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

Results from the Patient Safety Culture Tool allow the organization to identify strengths and areas for improvement in a number of areas related to patient safety and worklife. Accreditation Canada provided the organization with detailed results from its Patient Safety Culture Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: January 14, 2020 to September 23, 2020**
- **Minimum responses rate (based on the number of eligible employees): 378**
- **Number of responses: 1827**

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



	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Unit learning culture	Enabling Open Communication I: judgment-free environment	Enabling Open Communication II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
	67%	64%	75%	57%	37%	67%	62%	55%
	80%	73%	83%	54%	29%	76%	75%	72%

Legend

Winnipeg Regional Health Authority

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2021 and agreed with the instrument items.

Worklife Pulse

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

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

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

Client Experience Tool

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

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

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

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

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

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

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

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

Appendix A - Qmentum

Health care accreditation contributes to quality improvement and patient safety by enabling a health organization to regularly and consistently assess and improve its services. Accreditation Canada's Qmentum accreditation program offers a customized process aligned with each client organization's needs and priorities.

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 15 business days.

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

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

Action Planning

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions

Priority Process	Description
Population Health and Wellness	Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and direction to teams providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.
Decision Support	Maintaining efficient, secure information systems to support effective service delivery.
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Partnering with clients and families to provide client-centred services throughout the health care encounter.
Impact on Outcomes	Using evidence and quality improvement measures to evaluate and improve safety and quality of services.
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Living Organ Donation	Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients

Priority Process	Description
Organ and Tissue Donation	Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.
Organ and Tissue Transplant	Providing organ and/or tissue transplant service from initial assessment to follow-up.
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge