



Winnipeg Regional Health Authority

Accredited

Winnipeg Regional Health Authority has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement.

Winnipeg Regional Health Authority is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **Winnipeg Regional Health Authority** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) www.isqua.org, a tangible demonstration that our programs meet international standards.

Find out more about what we do at www.accreditation.ca.

Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

On-site survey dates

September 22, 2024 to September 27, 2024

Locations surveyed

- **40** locations were assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed **Accredited** as of the date of this report.

See **Appendix A** for a list of the locations that were surveyed.

Standards used in the assessment

- **16 sets of standards** were used in the assessment.

Summary of surveyor team observations

These surveyor observations appear in both the Executive Summary and the Accreditation Report.

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

At the outset of this bridging (supplementary) survey, in addition to addressing priority process requirements and accountabilities, the survey team was asked to focus on five key goals: celebrating and highlighting the great work of the WRHA teams; observing, and providing feedback on patient flow throughout the system; assessing staff experience and engagement; reviewing patient, client, and resident experience; and observing the degree of integration between the WRHA and the Addictions Foundation of Manitoba (AFM).

A team of twelve Accreditation Canada surveyors spent five days at the WRHA, assessing nineteen priority processes across forty-five locations. Within this, each surveyor, in addition to overseeing specific priority processes, provided observation from a location perspective on all nineteen areas of focus. Through this approach, the WRHA can be comfortable knowing that the observations provided were validated across multiple sectors, and each priority process was assessed by at least one surveyor.

Regardless of the sector, all surveyors noted outstanding engagement of staff, physicians, and volunteers. It is reasonable to assume that hundreds of interactions took place over the week, with the vast majority being open, transparent, positive, and reflective.

Where engagement was lacking – by far a smaller minority than typically observed in surveys – it could be attributed to specific operational issues or realities impacting the organization. The amalgamation of the AFM with the WRHA, for example, was met with responses on both ends of the change management spectrum – some conveyed feelings of resentment and indignation with the process, while others expressed appreciation for the movement towards consistency and standardization. Regardless of the reactions, it is recognized that any change is disruptive, with individuals responding in different ways. Acknowledging this, while continuing to work through the situation with people in an open, transparent, empathetic, and personalized manner, appreciating that no two people are alike, will ensure the integration continues to stabilize. In saying this, the survey team did not observe any negative impacts on care delivery as a result of individual perspectives and, in fact sensed care processes, when combining the strengths of both organizations, were stronger.

Outside of the specific amalgamation noted above, all teams assessed were noted to be collaborative, high functioning and patient-centred throughout all activities. There is clearly a commitment to multidisciplinary team-based care, which shone through in multiple interactions. Nothing solidified this comment more than when staff were overcome with emotion while explaining specific situations involving patients and family members, recognizing the impact they had on an individual's life.

Of equal importance, this was recognized by patients, family members and caregivers and many commented on how comfortable and supported they felt while receiving care, regardless of duration or intensity. Patients and family members were very much involved in planning their care, and there were strong communication processes in place to ensure people felt that they were at the centre of decisions being made and had the opportunity to inform these decisions. While on the ground, real-time engagement of patients, clients, residents, family members, and caregivers was stellar, there are significant opportunities to more broadly engage this important group in WRHA planning processes, quality improvement activities, risk mitigation efforts, strategic planning and community engagement. The broader WRHA plan to strengthen patient and family engagement was reviewed and the organization is commended for pursuing this direction.

With this being a bridging survey, a number of the processes and tools that help inform surveyors during their work were not available, including surveys of staff. Materials reviewed however highlighted a strong commitment towards securing the opinions of all associated with the WRHA and translating feedback to action. Noted was an opportunity to elevate and standardize these processes and the WRHA is urged to continue with these efforts. The decision to implement standardized safety and quality huddles is a current example of how process improvement at scale can have a significant and positive impact on operations. Continuing to refine this activity and broaden its focus will be a very worthwhile investment of time and energy.

One of the observations a number of surveyors made was that there is a clear interest across the various entities that comprise the WRHA to learn from one another. Efforts to standardize processes appeared to be well received, and all engaged during the survey who had experience in this area felt the WRHA was very well positioned to further advance integration. In parallel to this, it is recognized that the ongoing broader reorganizations and realignments are impacting all providers across the province, creating the need to further strengthen and clarify these relationships. One area that would very much benefit from provincial leadership resulting in local improvement is the implementation of a time-sensitive automation strategy for the broader health system. While a number of programs and services across the WRHA are quite advanced from a technological perspective, the organization as a whole is not at the same level as other like systems across Canada. Addressing this in a proactive, planned manner will bring significant benefit to care delivery, data analysis, recruitment and retention, amongst many other areas.

One specific area that will further benefit from technological integration is patient flow. The survey team focused significant energy in this area and was overall impressed with the movement of people once in the system. Like everywhere in Canada, wait times coming into the system were a concern however, in areas where WRHA had control, systems worked quite well. It was noted that improvement opportunities existed in areas such as communicating during shift changes however

these were known opportunities and there appears to be a willingness to address them. In essence, the more data you have, the more information you can generate to enhance decision making. While somewhat beyond the purview of this survey, it is necessary to reinforce the importance of continuing to integrate planning and service design with Shared Health, the government and other entities as necessary. A poignant example of why this importance relates to physician recruitment, which has implications to wait-times and program sustainability and growth. In one interchange with a pediatric ophthalmologist, the recruitment process was discussed as challenging, with unclear accountability. Clarifying this and ensuring timely decisions around needed clinicians, new and replacement, will become increasingly important moving forward.

Optimistically, the detail in this report will be of value to the WRHA as it continues its journey of meeting and exceeding the needs of those served. As a health authority with influence over most areas that impact the health and wellness of the Winnipeg population, significant opportunity exists to improve the wellbeing of those served. The recent appointment of an Indigenous Chief Operating Officer is a good example of decisions that can have profound impact. The area of Indigenous relations is fraught with history, experience, and grief. Taking hold of this reality, in partnership with Indigenous populations, is an area where the WRHA could become a national leader, should it choose to do so.

This is one of many important areas of focus for the WRHA and the organization is urged to continue its important journey, always driven by its values of compassion, collaboration, inclusivity, accountability, integrity and equity.









Congratulations to the entire WRHA family on their achievements and continued success in your future endeavours.

Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

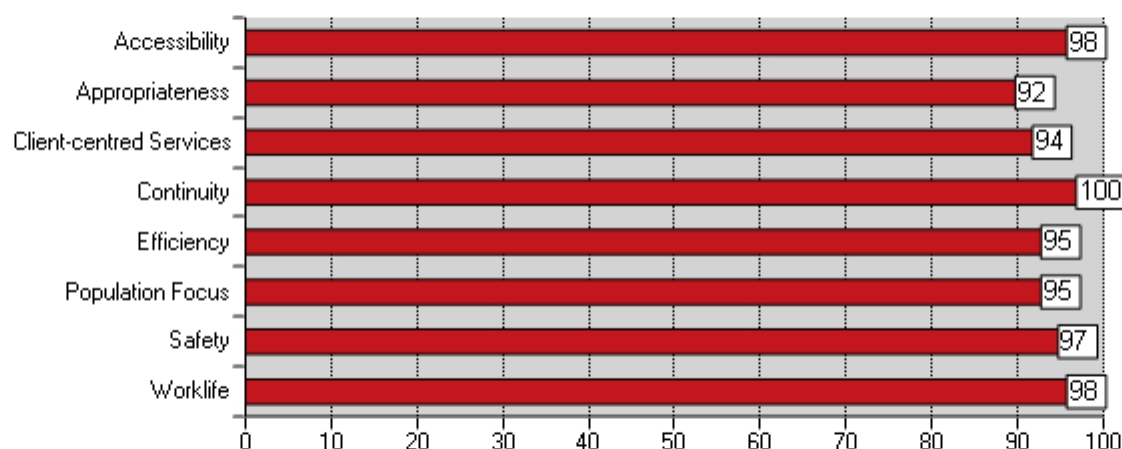
The quality dimensions are:

	Accessibility:	Give me timely and equitable services
	Appropriateness:	Do the right thing to achieve the best results
	Client-centred Services:	Partner with me and my family in our care
	Continuity:	Coordinate my care across the continuum
	Efficiency:	Make the best use of resources
	Population Focus:	Work with my community to anticipate and meet our needs
	Safety:	Keep me safe
	Worklife:	Take care of those who take care of me

Taken together, the dimensions create a picture of what a high quality health care program or service “looks like.” It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

Quality Dimensions: Percentage of criteria met



Overview: Standards results

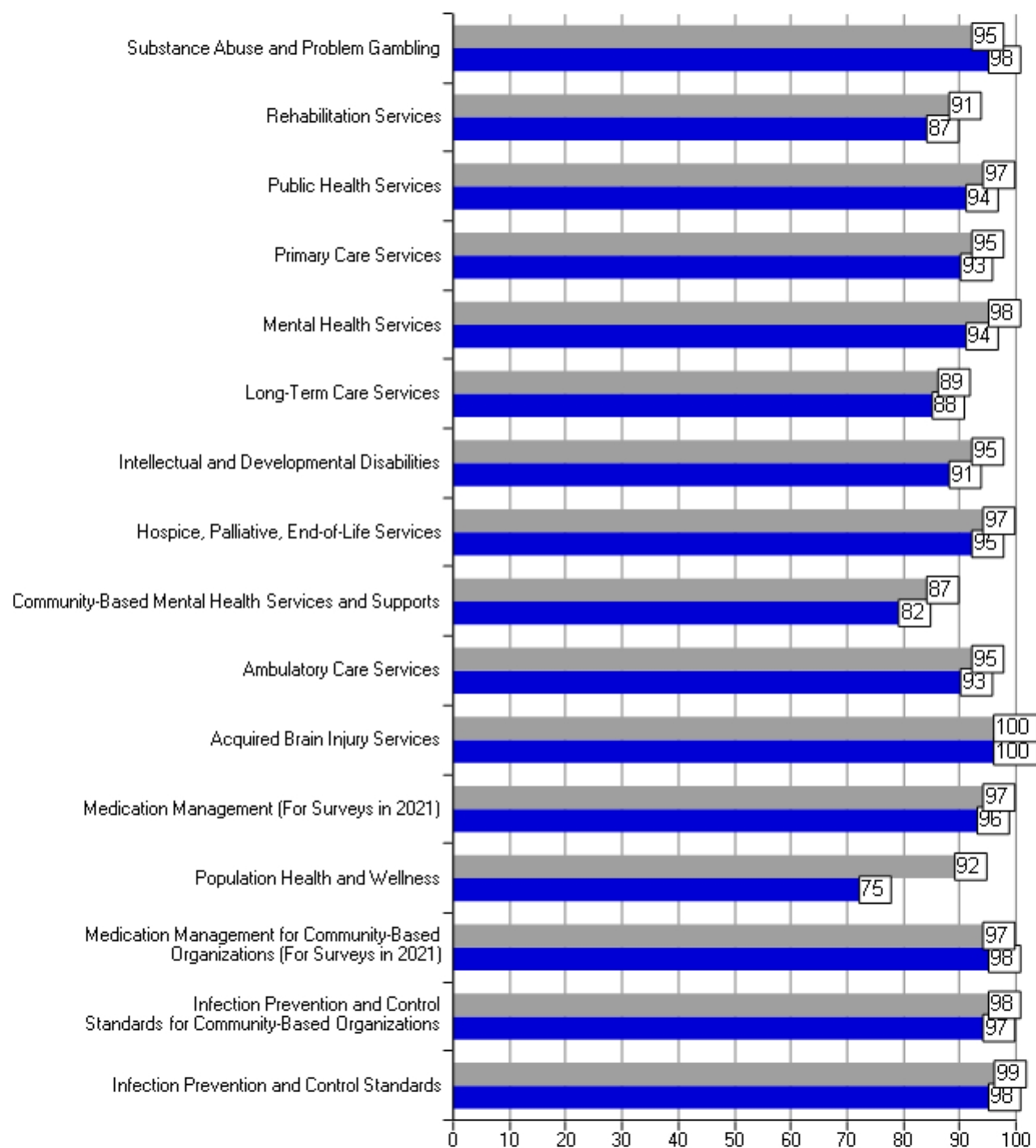
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.

Standards: Percentage of criteria met

■ High priority criteria met
 ■ Total criteria met



Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

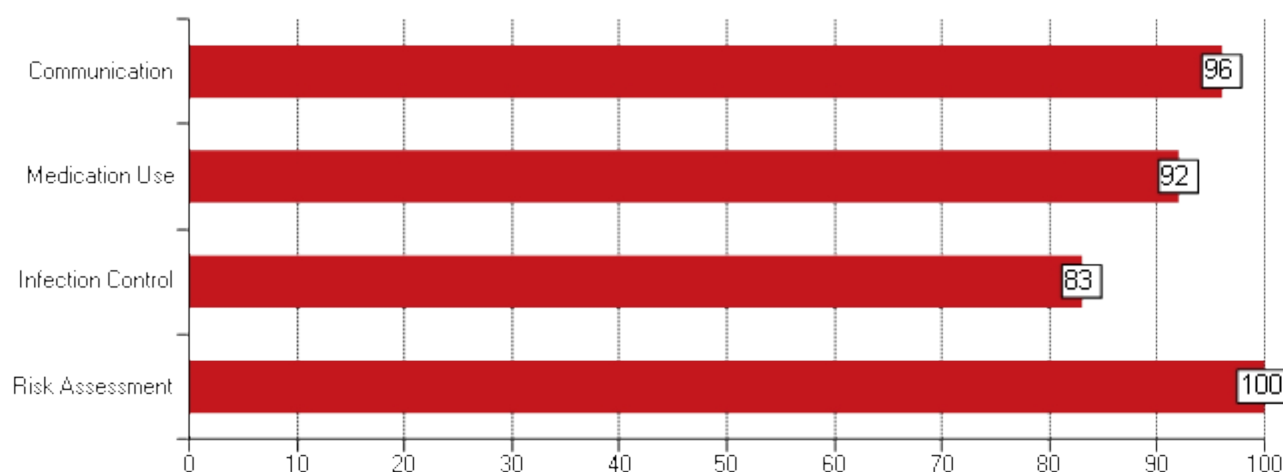
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes how select ROPs are being met across the country.

ROPs are categorized into six safety areas, each with its own goal:

- **Safety culture:** Create a culture of safety within the organization
- **Communication:** Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- **Medication use:** Ensure the safe use of high-risk medications
- **Worklife/workforce:** Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control:** Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- **Risk assessment:** Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

ROP Goal Areas: Percentage of tests for compliance met



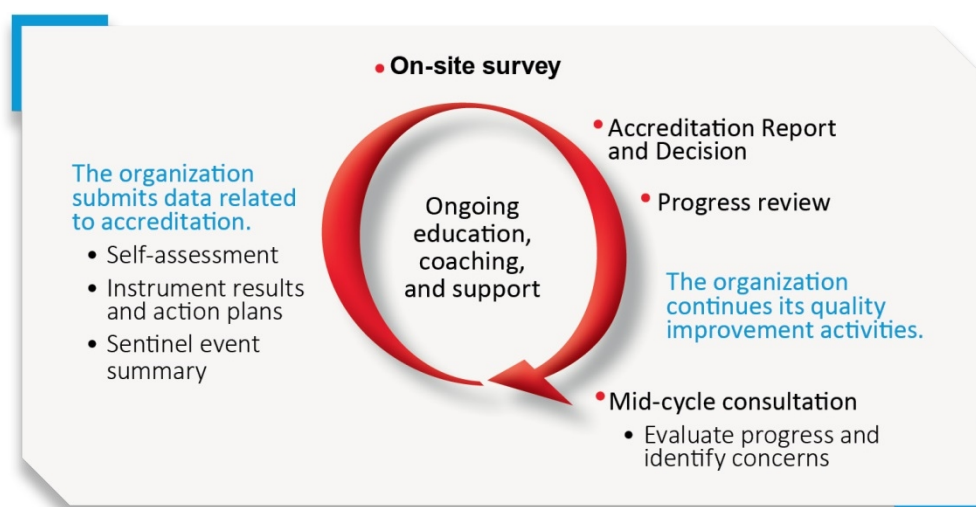
The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

Qmentum: A four-year cycle of quality improvement



As **Winnipeg Regional Health Authority** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

Appendix A: Locations surveyed

- 1 Access Downtown
- 2 Access Fort Garry
- 3 Access Norwest
- 4 Access River East
- 5 Access Transcona
- 6 Access Winnipeg West
- 7 Actionmarguerite St. Boniface
- 8 Actionmarguerite St. Joseph
- 9 Aikins Community Health Centre
- 10 Bethania Mennonite Personal Care Home
- 11 Churchill Health Centre
- 12 Concordia Place PCH
- 13 Convalescent Home of Winnipeg
- 14 Deer Lodge Centre
- 15 Donwood Manor Personal Care Home
- 16 Downtown West Community Health & Social Services Centre
- 17 Grace Hospital (WWIHSS)
- 18 Klinik Community Health Centre
- 19 Luther Home
- 20 Misericordia Health Centre
- 21 Misericordia Place
- 22 Mount Carmel Clinic
- 23 Nine Circles Community Health Centre
- 24 NorWest Co-op Community Health Centre-785 Keewatin
- 25 Park Manor Care
- 26 River East Personal Care Home
- 27 River Park Gardens
- 28 River Point Centre
- 29 Riverview Health Centre
- 30 Seven Oaks General Hospital
- 31 Smile Plus - Children's Dental Program
- 32 Southeast Personal Care Home
- 33 St. Amant Health & Transition Services
- 34 St. Boniface Hospital
- 35 St. Norbert Personal Care Home
- 36 Street Connections

- 37 Victoria General Hospital (SWIHSS)
- 38 West Park Manor Personal Care Home
- 39 Women's In-House Treatment Services
- 40 WRHA Seven Oaks Health and Social Services Centre

Appendix B

Required Organizational Practices

Communication

- Client Identification
 - Information transfer at care transitions
 - Medication reconciliation at care transitions
 - The “Do Not Use” list of abbreviations
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Medication Use

- Antimicrobial Stewardship
 - Concentrated Electrolytes
 - Heparin Safety
 - High-Alert Medications
 - Infusion Pumps Training
 - Narcotics Safety
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Infection Control

- Hand-Hygiene Compliance
 - Hand-Hygiene Education and Training
 - Infection Rates
 - Reprocessing
-

Risk Assessment

- Falls Prevention Strategy
 - Pressure Ulcer Prevention
 - Suicide Prevention
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