



**ACCREDITATION  
AGRÉMENT**  
CANADA  
**Qmentum**

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# Accreditation Report

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## Winnipeg Regional Health Authority

Winnipeg, MB

On-site survey dates: September 22, 2024 - September 27, 2024

Report issued: January 20, 2025

## 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 2024. 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,

A handwritten signature in black ink, reading "Leslee Thompson". The signature is fluid and cursive, with the first name "Leslee" and last name "Thompson" clearly distinguishable.

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 22, 2024 to September 27, 2024**

- **Locations**

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

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

## • 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. Infection Prevention and Control Standards
2. Infection Prevention and Control Standards for Community-Based Organizations
3. Medication Management for Community-Based Organizations (For Surveys in 2021)

### ***Population-specific Standards***

4. Population Health and Wellness

### ***Service Excellence Standards***

5. Acquired Brain Injury Services - Service Excellence Standards
6. Ambulatory Care Services - Service Excellence Standards
7. Community-Based Mental Health Services and Supports - Service Excellence Standards
8. Hospice, Palliative, End-of-Life Services - Service Excellence Standards



9. Intellectual and Developmental Disabilities - Service Excellence Standards
10. Long-Term Care Services - Service Excellence Standards
11. Medication Management (For Surveys in 2021) - Service Excellence Standards
12. Mental Health Services - Service Excellence Standards
13. Primary Care Services - Service Excellence Standards
14. Public Health Services - Service Excellence Standards
15. Rehabilitation Services - Service Excellence Standards
16. Substance Abuse and Problem Gambling - Service Excellence Standards

- **Instruments**









The organization administered:

*Indicators*

1. 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)	78	4	0	82
 Accessibility (Give me timely and equitable services)	108	2	1	111
 Safety (Keep me safe)	454	12	32	498
 Worklife (Take care of those who take care of me)	105	2	1	108
 Client-centred Services (Partner with me and my family in our care)	416	25	1	442
 Continuity (Coordinate my care across the continuum)	96	0	0	96
 Appropriateness (Do the right thing to achieve the best results)	667	57	21	745
 Efficiency (Make the best use of resources)	19	1	0	20
<b>Total</b>	<b>1943</b>	<b>103</b>	<b>56</b>	<b>2102</b>

## 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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Infection Prevention and Control Standards	51 (98.1%)	1 (1.9%)	15	35 (100.0%)	0 (0.0%)	2	86 (98.9%)	1 (1.1%)	17
Infection Prevention and Control Standards for Community-Based Organizations	33 (97.1%)	1 (2.9%)	0	46 (97.9%)	1 (2.1%)	0	79 (97.5%)	2 (2.5%)	0
Medication Management for Community-Based Organizations (For Surveys in 2021)	88 (97.8%)	2 (2.2%)	12	44 (95.7%)	2 (4.3%)	5	132 (97.1%)	4 (2.9%)	17
Population Health and Wellness	3 (75.0%)	1 (25.0%)	0	33 (94.3%)	2 (5.7%)	0	36 (92.3%)	3 (7.7%)	0
Medication Management (For Surveys in 2021)	87 (95.6%)	4 (4.4%)	9	44 (100.0%)	0 (0.0%)	6	131 (97.0%)	4 (3.0%)	15
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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Ambulatory Care Services	42 (93.3%)	3 (6.7%)	2	75 (96.2%)	3 (3.8%)	0	117 (95.1%)	6 (4.9%)	2
Community-Based Mental Health Services and Supports	37 (82.2%)	8 (17.8%)	0	84 (89.4%)	10 (10.6%)	0	121 (87.1%)	18 (12.9%)	0
Hospice, Palliative, End-of-Life Services	42 (95.5%)	2 (4.5%)	1	105 (98.1%)	2 (1.9%)	1	147 (97.4%)	4 (2.6%)	2
Intellectual and Developmental Disabilities	49 (90.7%)	5 (9.3%)	0	91 (97.8%)	2 (2.2%)	0	140 (95.2%)	7 (4.8%)	0
Long-Term Care Services	49 (87.5%)	7 (12.5%)	0	89 (89.9%)	10 (10.1%)	0	138 (89.0%)	17 (11.0%)	0
Mental Health Services	47 (94.0%)	3 (6.0%)	0	92 (100.0%)	0 (0.0%)	0	139 (97.9%)	3 (2.1%)	0
Primary Care Services	55 (93.2%)	4 (6.8%)	0	87 (95.6%)	4 (4.4%)	0	142 (94.7%)	8 (5.3%)	0
Public Health Services	44 (93.6%)	3 (6.4%)	0	68 (98.6%)	1 (1.4%)	0	112 (96.6%)	4 (3.4%)	0
Rehabilitation Services	39 (86.7%)	6 (13.3%)	0	74 (93.7%)	5 (6.3%)	1	113 (91.1%)	11 (8.9%)	1
Substance Abuse and Problem Gambling	45 (97.8%)	1 (2.2%)	0	76 (92.7%)	6 (7.3%)	0	121 (94.5%)	7 (5.5%)	0
<b>Total</b>	<b>757 (93.7%)</b>	<b>51 (6.3%)</b>	<b>39</b>	<b>1131 (95.9%)</b>	<b>48 (4.1%)</b>	<b>15</b>	<b>1888 (95.0%)</b>	<b>99 (5.0%)</b>	<b>54</b>

\* 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: 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 (Hospice, Palliative, End-of-Life Services)	Met	1 of 1	0 of 0
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Client Identification (Mental Health Services)	Met	1 of 1	0 of 0
Client Identification (Rehabilitation Services)	Unmet	0 of 1	0 of 0
Client Identification (Substance Abuse and Problem Gambling)	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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information transfer at care transitions (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	1 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
Information transfer at care transitions (Mental Health Services)	Unmet	2 of 4	1 of 1
Information transfer at care transitions (Rehabilitation Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Substance Abuse and Problem Gambling)	Met	4 of 4	1 of 1
Medication reconciliation 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
Medication reconciliation at care transitions (Community-Based Mental Health Services and Supports)	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 (Long-Term Care 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 (Mental Health Services)	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 (Substance Abuse and Problem Gambling)	Met	3 of 3	1 of 1
The “Do Not Use” list of abbreviations (Medication Management (For Surveys in 2021))	Met	4 of 4	3 of 3
The “Do Not Use” list of abbreviations (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	3 of 3	3 of 3
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management (For Surveys in 2021))	Unmet	0 of 4	0 of 1
Concentrated Electrolytes (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
Concentrated Electrolytes (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	3 of 3	0 of 0
Heparin Safety (Medication Management (For Surveys in 2021))	Met	4 of 4	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Heparin Safety (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management (For Surveys in 2021))	Met	5 of 5	3 of 3
High-Alert Medications (Medication Management for Community-Based Organizations (For Surveys in 2021))	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 (Long-Term Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Mental Health Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Rehabilitation Services)	Met	4 of 4	2 of 2
Narcotics Safety (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
Narcotics Safety (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	3 of 3	0 of 0



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

## Summary of Surveyor Team Observations

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

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.

## 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
<b>Patient Safety Goal Area: Communication</b>	
<b>Information transfer at care transitions</b> Information relevant to the care of the client is communicated effectively during care transitions.	<ul style="list-style-type: none"> <li>· Mental Health Services 9.18</li> </ul>
<b>Client Identification</b> 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.	<ul style="list-style-type: none"> <li>· Rehabilitation Services 9.2</li> </ul>
<b>Patient Safety Goal Area: Medication Use</b>	
<b>Antimicrobial Stewardship</b> There is an antimicrobial stewardship program to optimize antimicrobial use. Note: This ROP applies only to organizations that provide acute inpatient care, cancer treatment services or inpatient rehabilitation services.	<ul style="list-style-type: none"> <li>· Medication Management (For Surveys in 2021) 2.3</li> </ul>
<b>Patient Safety Goal Area: Infection Control</b>	
<b>Hand-Hygiene Compliance</b> Compliance with accepted hand-hygiene practices is measured.	<ul style="list-style-type: none"> <li>· Infection Prevention and Control Standards for Community-Based Organizations 8.4</li> </ul>

## 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

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: Emergency Preparedness

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

<b>The organization has met all criteria for this priority process.</b>
<b>Surveyor comments on the priority process(es)</b>
Emergency preparedness related to outbreak management and the planning for pandemics in acute facilities, long term care homes as well as the community is largely directed by Winnipeg Regional Health Authority (WRHA) wide policies and procedures. Within the acute and long term care organizations, outbreaks are declared by internal infection prevention and control staff and physicians. Public Health is more heavily involved in outbreak management within the community sector. Communication both internal and externally regarding outbreaks is well coordinated and has been enhanced through the recent experiences of the COVID-19 pandemic.



## 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
<b>Standards Set: Ambulatory Care Services</b>	
15.3 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
<b>Standards Set: Community-Based Mental Health Services and Supports</b>	
17.3 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
<b>Standards Set: Hospice, Palliative, End-of-Life Services</b>	
16.3 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
<b>Standards Set: Long-Term Care Services</b>	
17.3 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from residents and families.	!
<b>Standards Set: Mental Health Services</b>	
15.3 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
<b>Standards Set: Primary Care Services</b>	
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.

**Standards Set: Rehabilitation Services**

- 1.7 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.

- 2.4 Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.

- 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.

- 14.7 Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.



- 15.3 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)**

Consistently and remarkably impressive was the high level of engagement patients and families demonstrated in their own care. Whether through short term involvement or longer through a home environment in one of the Winnipeg Regional Health Authorities (WRHA) personal care homes, all were actively involved and had the opportunity to inform their care journey. Where caregivers were involved with patients, they were actively and proactively engaged and were considered an important part of the team. As plans evolve or change, effective communication exists with clients, with opportunities to participate in their care journey.

All receiving care knew who their primary caregivers were and had the opportunity to engage proactively. This was particularly evident in several of the ambulatory programs where multidisciplinary teams were providing care and support. Care plans and goals were reviewed and updated as necessary, and all relevant information was provided to those receiving care and support to ensure understanding. The commitment to personalized care was noted with approval. Each person receiving care was treated as an individual and could take comfort knowing that their unique needs would be addressed throughout their journey.

The WRHA employs several tools to support engagement including resident councils at their personal care homes. They also survey those receiving care, although this could be more comprehensive and consistently applied across the health authority.

While real-time engagement of patients and families is positively acknowledged, there is a more expansive opportunity to involve patients, families and caregivers in broader issues affecting the WRHA and projects that will impact care delivery. The WRHA Patient and Family Engagement proposal was reviewed and supported. Efforts to broaden involvement by intentionally looking for opportunities where patients, family members, and caregivers can be proactively engaged is fundamental to a high performing organization. Elevating engagement could provide WRHA with a significant opportunity to advance the organization in a person-centred manner. To be truly effective however, clear expectations and accountability should be established, which currently appears to be a commitment.

The organization is commended for the way patients and families view the care being provided, and for the transparency through which they advance the patient experience. Current efforts to broaden engagement will be impactful moving forward and will clearly reinforce the WRHA values.

## Priority Process: Medical Devices and Equipment

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

Unmet Criteria	High Priority Criteria
<b>Standards Set: Infection Prevention and Control Standards for Community-Based Organizations</b>	
10.21 The integrity of each sterile package is maintained.	!
<b>Surveyor comments on the priority process(es)</b>	

The cleaning, disinfecting, and sterilization of medical devices and equipment across the acute, community and long-term care settings is primarily guided by Winnipeg Regional Health Authority (WRHA) wide policies and procedures. None of the areas visited, regarding Infection Prevention and Control standards, provide endoscopy services. Many of the sites visited are using disposable and single-use supplies. Reprocessing and sterilization of medical instruments which are required in some settings is being conducted by an acute care centre or another off-site facility and the procedures required for cleaning, disinfecting, and handling prior to reaching the acute centre are being followed as per WRHA policies.

It is recommended that all organizations provide a clean and separate storage area for sterile trays and equipment to ensure the integrity of these supplies. The Access Nor-West centre has plans to ensure that this is met, and the organization is encouraged to move forward with these plans as soon as possible.

The cleaning of client areas, including rooms, exam rooms, and other related spaces, as well as personal use devices and medical equipment used to support client care is assigned to specific staff with checklists completed daily and auditing performed regularly. The WRHA is commended for the attention that has been given to ensure that this cleaning is conducted.

## 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
<b>Priority Process: Population Health and Wellness</b>	
2.1 The organization sets measurable and specific goals and objectives for its services for its priority population(s).	
6.4 The organization works with primary care providers, partners, and other organizations to integrate information systems.	
7.1 The organization identifies and monitors performance measures for its services for its priority population(s).	!
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Population Health and Wellness</b>	

A new WRHA Indigenous Health Team Chief Operating Officer has been appointed to report to the WRHA CEO. Aligned with the vision and mission of the WRHA, a new strategic plan for Indigenous Health Services will be co-developed with the Indigenous communities in February 2025. The plan will engage a 14- member advisory committee and about 90 Indigenous groups representing the community, providing strategies for improving health access and anti-racism. Resource allocation is a significant challenge due to numerous priorities and staff involvement in multiple planning committees. It is recommended that the Indigenous Health Service prioritize needs and implement an action plan to build capacity for effective resource utilization. For example, training and education can be developed online or through a train-the-trainer program for the WRHA staff on Indigenous health issues and culturally responsive care. Starting in January 2025, some staff will transfer to the WRHA, requiring planning for changes in program delivery due to reduced staff. The workforce development initiative has implemented recruitment for Indigenous workers as healthcare staff. It is suggested that the Indigenous workforce adopt some of the French worker recruitment initiatives, such as supporting new workers and providing incentives to join the workforce.

Discharge planning presents challenges and requires collaboration to find housing options. The staff and research partners have expressed concerns with the difficulty of communication and information retrieval in the charting systems. The electronic health record systems are not integrated, making accessing information challenging. It is suggested that the WRHA integrate health information with various health information platforms to make health information easily accessible for healthcare professionals.

Regional epidemiologists collected and analyzed data until recently, when their responsibilities were transferred to Provincial Manitoba Health. This has left gaps in population health surveillance and unclear roles and responsibilities between Regional Health and Manitoba Health. The integration and shift in the

health system are in a transitional stage. It is suggested that the WRHA and Manitoba Health clarify the data surveillance and resume providing the regions with timely data and analysis.

It is recommended that the organization develops a dashboard or benchmarks to track and analyze data, identifying service priorities to meet community needs. Population health and wellness may consider identifying and monitoring performance measures to establish benchmarks for monitoring health outcomes.

WRHA staff collaborate to support homeless and at-risk populations by building trust and introducing community resources to community agencies. Providing health clinics at drop-in sites may help agencies manage high-need clients transitioning from hospitals back to the community. Additional medical support for the homeless in the community would be beneficial. The population health management and staff are commended for their dedication to improving the health of hard-to-serve populations by providing public health and primary care support, especially given the increased support needs of homeless individuals since the post-COVID-19 pandemic.

The NorWest Co-op Community Health owns and operates Access River East, funded by the WHRA. NorWest also receives grant funding and donations for financial support. Community partners and interdisciplinary teams well support the program. Access NorWest provides youth programs and support for family violence. The program has a high percentage of Indigenous youths and offers mental health counselling, cultural programs, health education, and employment training. An elder provides cultural teaching with the program. Harm reduction supplies are readily available for health promotions and youth support at the front door.

The community health centre provides youth with an eight-week health education group that is self-sustained by designated champions. The program is partnering with the University of Manitoba on a related research project.

The Access NorWest site has completed significant renovations, working with youth to design the building. There is one room that intended to function as an Indigenous cultural training room and is equipped for smudge ceremonies. The organization is encouraged to share its expertise and success with the WRHA Indigenous Health Team.

## 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:

### **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

### **Infection Prevention and Control**

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

### **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
<b>Priority Process: Clinical Leadership</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Competency</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Episode of Care</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Decision Support</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Impact on Outcomes</b>	
The organization has met all criteria for this priority process.	
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Clinical Leadership</b>	
<p>WRHA Acquired Brain Injury (ABI) Services is a dedicated 10-bed program in support of clients with acquired brain injuries. Clients offered insights such as, 'The staff here are phenomenal - dedicated and friendly'; 'They ask us for our feedback and opinion.'; and 'Our stay is beyond therapy as staff gives me instructions to let me do my exercises when I am in my room.'</p> <p>This is a dedicated interprofessional team where leaders actively support the opinions of front-line staff. Front-line staff have submitted their 'white paper' to government, presenting key recommendations. The team collaborates closely with leadership to proactively identify and address emerging needs.</p> <p>The ABI program is a well-established, integrated program with community engagement. Leadership supports the interprofessional team and fosters a phenomenal, coordinated transitional program into the community. Given the limited capacity in the system, the program would benefit with additional inpatient and community capacity to effectively support the complex needs of the ABI population.</p>	
<b>Priority Process: Competency</b>	
<p>Riverview Health Centre has a dedicated interprofessional team to support clients with acquired brain injuries. The team advocates for the needs of the clients throughout their care journey, including their transition back to the community.</p>	

The team is provided with education during orientation and continuous education at a specified frequency.

Palliative Care Services are not available on the ABI unit; however staff are aware of how to trigger the need for medical care when necessary. Direct referral within the organization is available for palliative and end-of-life care needs.

The organization provides crisis intervention and prevention education for staff to assist in de-escalating client behaviors.

The ethical decision-making framework is available on the WRHA website. It is recommended to ensure it is easily accessible for staff, considering the needs of the population served.

#### **Priority Process: Episode of Care**

Riverview Health Centre has a comprehensive ABI program supported by a dedicated interprofessional team. The team accepts patients from several partner organizations and recently began admitting patients directly from the community.

Care goals are established at family team meetings and documented using physical charts. Upon admission, patients and caregivers receive a comprehensive package detailing the program and expectations. The unit is commended for the active quality and safety huddles scheduled daily to support both day and evening staff.

The team noted difficulty with discharges based on limited services in the community for clients with ABI. Upon discharge, clients are followed at 3-month, 6-month, and 1-year intervals.

#### **Priority Process: Decision Support**

Staff is aware of standard protocols, policies, and procedures for record keeping and privacy. All documentation completed on paper. Charts are transferred to the record keeping department after patient is discharged. The organization is expected to transition to an electronic health record system within two years.

#### **Priority Process: Impact on Outcomes**

Staff use a standardized ABI process to support their clients, however individualized care is provided to meet individual needs. One client stated, 'We are involved in every step of the way'.

The team is committed to ensuring quality of care. There are four areas where quality improvement activities are occurring: Safety (zero preventable harm), Quality (decrease falls), Efficiency (discharges by 1100 hours), and engagement (1 recognition per day). The team is to be commended for their dedication to client care and advocacy to ensure appropriate discharge.

The team identified significant challenges due to the lack of ABI services in the community, which may result in longer lengths of stay.

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## Standards Set: Ambulatory Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Competency</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Episode of Care</b>	
7.9 The client's informed consent is obtained and documented before providing services.	!
<b>Priority Process: Decision Support</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Impact on Outcomes</b>	
14.6 Safety improvement strategies are evaluated with input from clients and families.	!
15.1 Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners.	
15.2 The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.	
15.10 Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Clinical Leadership</b>	

Several Ambulatory Care Programs were evaluated across multiple sites, including: PRIME, Movement Disorder Clinic (MDC), SMILE plus, Neuromuscular & Electrodiagnostic (EMG) Clinic, Geriatric Day Hospital, ACF Surgery, Obstetrics and Gynecology, Heart Function Clinic, Pacemaker Clinic, Pre-Admission Clinic, and Bariatric Clinic.

What stood out across all areas visited was the team cohesiveness and their commitment to providing the

best care possible to those served. Staff were consistently approachable and engaged in discussions with the surveyors. There was a strong appreciation of the accreditation process and its impact on quality of care, and many of the team members approached were conversant on standards and aware of the Required Organization Practices (ROPs). Within these, all programs visited responsibly addressed medication reconciliation, two person-specific identifiers and care transitions. On the latter, particularly those programs where clients were engaged over extended periods of time, robust transition documentation was noted.

The passion staff, physicians and volunteers brought to their roles was palpable. All took great pride in the work they were doing, as supported by conversations with clients. Clients felt engaged, heard, and were able to clearly articulate the benefits of the program in which they were involved. In discussions with all clients visiting the Riverview Health Centre, this was reinforced, as were the social aspects of the programs offered. One client specifically shared that the program was key to helping them deal with the loneliness they felt on a daily basis. Where multi-disciplinary teams were involved, the care coordination was stellar, with clients often able to connect with multiple providers in one visit. Broader client involvement in quality improvement initiatives and planning would be beneficial and may be part of the broader Winnipeg Regional Health Authority (WRHA) plan.

Surveyors were able to participate in Quality Huddles and their focus on safety, quality, efficiency and engagement were noted. Staff kudos were also shared, with direct, positive feedback very much appreciated. Huddles were standardized however were not currently occurring across every program visited. Where absent, plans are in place to introduce these moving forward, which is noted. One area where additional focus may be required, is linking the broader WRHA Quality Plan to the front-line Plans, including goals and objectives. In discussions with staff, it wasn't clear if there was strong alignment through the organization, which is a key requirement in advancing the various goals and objectives of the organization.

Across several of the programs visited, there was a visible emphasis on health promotion and wellness. At PRIME, as an example, the focus was on the coordination of health and well-being in a multidisciplinary manner, to keep individuals in their home environment as long as possible while reducing their dependency on the broader health system, including the emergency department. The garden associated with PRIME, and the impact it had on engaging clients was very impressive and a strong reminder of the importance of people-centred care when setting up various programs. Additionally, the outreach efforts to daycares by the SMILE program were outstanding, with impressive downstream impacts of these types of initiatives.

Research, innovation, and education were also clear priorities of the programs visited. Students, including medical residents, were key parts of the fabric of the programs and were very helpful in recruitment and retention. Several clinicians were actively engaged in research, with appropriate ethical review protocols in place, as necessary. One challenge raised was the process required to secure approvals to replace retiring clinicians, notably in pediatric ophthalmology. While not directly part of the survey process, placing priority here, and across all disciplines is key to program sustainability and growth. This is particularly true in subspecialty services where the available talent pool is remarkably small, and recruitment windows are tight.

The teams involved in the ambulatory programs across the WRHA are commended for living the WRHA values of compassion, collaboration, inclusivity, accountability, integrity, and equity in all that they do – it was a pleasure to visit and meet so many wonderful members of the team.

#### Priority Process: Competency

Staff had good access to the training supports necessary to their respective areas of focus, including both WRHA offered, and more broadly offered opportunities. The research and innovation focus in some of the programs provided a good opportunity for broader visibility and growth, and helped ensure best-practice delivery of service. A good example of this was in the Movement Disorders Clinic where new technology on drug administration was currently being introduced. In fact, the supplier of the technology was meeting with the program when the surveyor was on site.

Staff felt supported from a development perspective and all engaged were comfortable raising concerns and issues with their local leadership. Staff achievements were recognized and visible through huddle boards. All staff engaged were asked about security and wellness and expressed feeling safe in their work environments and supported from an overall wellness perspective.

#### Priority Process: Episode of Care

Given the nature of the programs reviewed, surveyors were overly impressed with the ways in which clients were engaged in their care. Where programs resulted in clients to join for an extended period, a detailed onboarding process was conducted to ensure maximum value was gained from the interaction. Wait times for some of the services are a challenge, although once involved, access to multidisciplinary, team-based care is, for the most part, exemplary. Front end access to a neurologist in the Movement Disorders Clinic is a good example of where access restrictions occur however, significant efforts are being placed here, and elsewhere to address these barriers.

Client relations are stellar. All feel valued and respected, and all engaged felt that they had timely access to all care and services required. Where caregivers were involved, the programs very much engaged them in the care planning process, including follow-up and when changes were required.

Transitions of care are well managed in these programs, albeit requirements for some vary. Most programs are shorter stay, with regular information flow within the client's circle of care. Programs like PRIME, where the team takes over all care needs including primary care, the transition requirement does not exist until the client leaves the program, usually to be transitioned to a Personal Care Home.

Overall, informed consent is also well managed. While consent for disclosure of information is standardized and well documented, there is a lack of a standardized approach to obtain and document informed consent at St. Boniface and Victoria General Hospitals. In some clinics, this may be interpreted as implied consent but was not well-defined. Focusing on this is recommended.

In discussions with staff, there was limited interaction with the Ethics Program however all were aware of its availability and knew they could access it as required. Research was appropriately supported through the Research Ethics Process.

#### **Priority Process: Decision Support**

Access to technology varied across the programs reviewed and it is noted more broadly that a key area of focus for the WRHA, Shared Health, and other provincial health authorities moving forward will need to be a strategy for automation. In saying this, overall, the processes required for record completion and information flow were strong. In some instances, records were completely automated resulting in a great line of site into the population served. SMILE, PRIME and the Movement Disorders Clinic represent strong examples of this automation.

In some of the areas visited, such as the Heart Function Clinic, there was a hybrid of both electronic and paper records. This makes it exceedingly difficult to see an entire picture of the patient and requires duplication in clinical workflows. Addressing this through automation would bring valuable efficiency opportunities. In the ACF Surgery Clinic, shadow charts were observed, and it was recommended that they be eliminated.

Privacy and confidentiality were managed very well across all programs, including through space design. Staff demonstrated a strong awareness of their accountabilities, and it was impressive to witness the real-time sharing of visual cues related to phishing.

A broader opportunity exists in how clients, patients, and family members are engaged in areas outside of their own direct care goals. This will be strengthened as the organization further enhances its people-centred care philosophy.

#### **Priority Process: Impact on Outcomes**

Despite not having clear line of site during this survey to the broader data supports available across the WRHA, there were indicators available at the program level that supported specific goals and objectives. While the reporting structure was consistent, each program was able to identify its own key areas of focus to support priorities. Staff engagement in establishing and monitoring performance was evident however it was not clear how clients and families engaged in this broader process.

In one program, the quality board standard was not yet in place and was to be added shortly. Although corporate quality improvement was not a focus of this survey, leaving an awareness gap around corporate expectations and oversight, efforts were clear to advance quality and minimize risk, both for patients, clients, and staff. Quality huddles were attended and noted with approval.

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

Unmet Criteria		High Priority Criteria
<b>Priority Process: Clinical Leadership</b>		
The organization has met all criteria for this priority process.		
<b>Priority Process: Competency</b>		
10.6	Access to spiritual space and care is provided to meet clients' needs.	
<b>Priority Process: Episode of Care</b>		
8.9	The client's informed consent is obtained and documented before providing services.	!
8.14	Clients and families are provided with information about how to file a complaint or report violations of their rights.	!
9.4	Standardized assessment tools are used during the assessment process.	
12.7	The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	
<b>Priority Process: Decision Support</b>		
13.1	An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.	!
13.8	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.	!
14.2	Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.	
<b>Priority Process: Impact on Outcomes</b>		
15.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
17.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
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.	
17.7	There is a process to regularly collect indicator data and track progress.	
17.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
17.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
17.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
17.11	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

The WRHA Mental Health and Addictions Recovery Services senior leadership, physician leadership, and clinical leadership teams lead with passion and commitment. They have been observed and reported as embracing the values and mission of WRHA, as supported by regular leadership and staff meetings, as well as ongoing support for education and training. The implementation of safety huddles have been a welcome addition to the team's communication.

A healthcare environment of collaboration, appreciation, and respect was evident throughout the Community Based Mental Health Services Episode of Care. The interactions between team members, the leadership team, and residents and families were impressive, and the physical environment was clean and bright. There is a prominent level of support and engagement at all levels in the commitment to provide safe, quality care to clients and families and to improve the quality of worklife, health, and safety of the work environment. Team members make every effort to include members of the client's support network in their care and to ensure they are treated as equal partners in their care needs.

The organization is commended for the intentional efforts to enhance robust community partnerships. They continue to work collaboratively with numerous community partners to deliver a wide range of mental health and addictions services. They have Service Purchase Agreements with eleven grant funded agencies as well as additional partnerships with service organizations. These include the Canadian Mental Health Association, Sara Riel, Friends Housing, Clubhouse, Community Therapy Services, YM/YWCA, Eden Mental Health Services, Jewish Child & Family Services, ArtBeat, Klinik Community Health Centre, Women's Health Clinic, Aurora Family Therapy Centre, Peer Connections Manitoba, and Shared Health.

**Priority Process: Competency**

The Community Mental Health Services teams reported to have access to a comprehensive electronic learning management system that has been developed and implemented and addresses staff roles and responsibilities, team goals and objectives, and an increased focus on health, safety, risk, and accessibility. The organization has taken a proactive approach in the promotion of a safe and healthy workplace. Some examples include the implementation of staff safety Huddles and the Provincial Healthcare Violence Prevention Planning (VPP). Team members reported these new initiatives to be highly effective.

The teams described, and there was evidence of, a collaborative approach to delivering services among cross-supportive teams. This was validated during conversations with clients, meetings with teams, as well as one-on-one discussions. There is an eagerness to engage with clients, and families to promote open, transparent, and respectful methods of service delivery.

The Community Mental Health Services Team at the Access Downtown and Downtown West Community Health and Social Services locations reported that caseload and workload sizes, as well as the complexity of client's presenting issues and concerns, remain a challenge. The leadership team is encouraged to seek meaningful input from client and families in creating a standardized process for evaluating caseload and workload sizes.

The Downtown West Community Health and Social Services team discussed ethical issues they experience and the tools and availability of an ethicist as needed. While they were able to describe the consent for disclosure of personal health information process, there was a lack of standardization, understanding and documentation of the informed consent process with clients. It was suggested this could be part of their initial assessment but may not be documented.

It was reported by the leadership team and team members that they have a formalized performance appraisal process and there is compliance with their policy.

**Priority Process: Episode of Care**

The Winnipeg Regional Health Authority (WRHA) is commended for their ongoing support of the Mental Health and Addictions Recovery Services Advisory Council. The council is comprised of individuals, family members, natural supports, and community members, with a variety of lived and living experiences. The council has been an active and valued enhancement to Mental Health and Addictions Recovery Services since 2005 and have been providing an important mechanism for meaningful co-design and input into regional planning, implementation, and evaluation of the WRHA Mental Health and Addictions Recovery Services. However, WRHA is encouraged to seek further meaningful input from clients and families at the local level to provide team members, clients, and families the opportunity to contextualize the co-design for their respective care setting.

At the Access Downtown location, the current assessment tool utilized is paper based is not aligned with current best practice. According to the team, this tool does not effectively meet the needs of the complex

client population they serve. The organization is encouraged to review and evaluate the current assessment tool, as well as current best practice assessment tools, that would be more clinically appropriate for this client population. At the Churchill Health Centre, there is inconsistency in the use of tools such as the suicide risk assessment and the provincial psychiatric assessment.

At the Access Winnipeg West location, it is acknowledged that a standard process and documentation tool is used to document consent to disclose client information; however, there is no standard process or tool to support informed consent before providing services that includes an overview of risks and benefits of services, limits of confidentiality, and other considerations. In some cases, this is embedded in a progress note. The organization is encouraged to provide team members with more enhanced training to support informed consent.

The organization will need to explore standardization of treatment goals, with specific measurable outcomes and targets. The formalization of more objective and standardized measures of improvements for clients and families would benefit this organization.

The organization has a process to respond to and investigate client complaints. Cultivating an environment where clients or families feel comfortable raising concerns is central to working towards a Just Culture. It is recommended that the leadership team continue to collaborate with its client and families to clearly identify the incident and complaint process.

#### Priority Process: Decision Support

Through the months of June and July 2024, managers of health services, with support from the Practice Development Specialist from the WRHA Community Mental Health Services, conducted a quality audit. The leadership team is commended for applying the results of the audit to quality improvement, improving care, and to creating a baseline for future audits. The quality audit reviewed documentation within files, both paper and electronic, of individuals in the direct care of Mental Health Providers during the previous 12 months.

The Community Mental Health Teams at Downtown West Community Health and Social Services, Downtown Access, and Seven Oaks Health and Social Services Centre do not have access to document in an electronic medical record (EMR) system. All new referrals, and client documentation, including, assessments, care plans, and discharge plans, are paper based. The paper-based charts were complete with evidence of standardized intake, assessment, individual service plans, falls risk assessments, suicide risk assessments, medication lists, and safety assessments via the Safe Assessment Form Tool, for staff working in the community.

The organization is encouraged to consider an EMR implementation for the Community Mental Health Services to provide the interdisciplinary team with real-time access to relevant clinical information, enabling them to can provide the best possible care to clients. Additionally, it would allow the organization to collect standardized data to evaluate the degree of effectiveness and value of services provided through their respective program areas.

While there is a policy regarding the use of electronic mail at the Access Downtown location, five physical client files were reviewed which contained copies of email correspondences to external community partners containing personal health information and client identifiers. In discussion with the manager, they agreed to immediately follow-up with the team members to ensure that considerations are made for how to manage issues of privacy, professionalism, security of information, and privacy legislation.

At the Churchill Health Centre, there was no evidence to confirm any formal record-keeping practice evaluation such as peer or chart audits. It is recommended that the department conduct regular audits on record-keeping practices. Additionally, at this location, it was observed that there are no guidelines or policies to guide staff and clients on the use of text messages and phone calls. Considering that the Mental Health NP receives messages or phone calls after hours, the organization may want to consider revising their policy to include such guidelines.

### Priority Process: Impact on Outcomes

The creation of the Initiatives Lead Mental Health & Addictions position has been instrumental in leading quality improvement initiatives. Leadership highlighted several new initiatives and continuous quality improvement opportunities, including: the Youth Shared Care Pilot, which expanded the scope of Shared Care Counselling expanded to include youth aged 12 – 18 within one community area, and also provides child and adolescent psychiatry services; and the Post Crisis Brief Intervention Team for Youth, which secured provincial funding to create a Youth Mental Health & Addiction clinicians team to provide brief intervention to youth post crisis.

As with any new initiative, the organization is encouraged to continue to actively gather input from team members, clients, and families when reviewing the procedure to select evidence-informed guidelines. Although clients and families may not be involved in a technical or clinical review, their perspectives on client and family experiences of care are invaluable. At the Churchill Health Centre, verification that input is sought from clients and families could not be completed.

At Churchill Health Centre and at the Downtown West locations, verification that a formal quality improvement plan exists for the department was also unsuccessful. Additionally, at Access Winnipeg West and Churchill Health Centre, insufficient evidence was available to support the identification or verification of key performance and quality improvement indicators. Additionally, there was a lack of being collection and analysis to determine the effectiveness of quality improvement activities. Minimal performance indicators are monitored or shared with staff, residents, and families. The teams are encouraged to adopt the standardized safety huddle format to support discussions about local quality improvement initiatives.

Increased team member engagement and partnerships with clients, families, and community partners in quality improvement initiatives would be strengthened if the outcome data was more readily available and shared with the team. In the spirit of transparency, posting indicator reports and other data indicators at the site level would be appropriate and beneficial.

The organization is commended for the intentional efforts to enhance robust community partnerships. They continue to work collaboratively with numerous community partners to deliver a wide range of mental health and addictions services. They have service purchase agreements with eleven grant funded agencies as well as additional partnerships with service organizations. These include the Canadian Mental Health Association, Sara Riel, Friends Housing, Clubhouse, Community Therapy Services, YM/YWCA, Eden Mental Health Services, Jewish Child & Family Services, ArtBeat, Klinik Community Health Centre, Women's Health Clinic, Aurora Family Therapy Centre, Peer Connections Manitoba, and Shared Health.

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

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Competency</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Episode of Care</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Decision Support</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Impact on Outcomes</b>	
16.4 Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
16.6 New or existing indicator data are used to establish a baseline for each indicator.	
16.8 Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Clinical Leadership</b>	

The hospice, palliative, and end-of-life services at Winnipeg Regional Health Authority (WRHA) is coordinated through its community-based Palliative Care Program. Providers refer patients to the program and this single access point coordinates referrals for hospice care beds at Grace Hospice, or the palliative care units at Saint Boniface Hospital (SBH) and Riverview Health Center (RHC). Upon discharge from either palliative care units, follow-up is resumed by community palliative care coordinators, ensuring continuity when providing care for the patients.

Registered Nurses, Licensed Practical Nurses and Health Care Aides are common skills mix in these service areas with strong support from physician groups. There are varying degrees of access to allied health practitioners but all service areas seem to be connected and supported by the region. The hospice and palliative care units are strongly supported by educators and clinical resource nursing team members.

Volunteer support is also organized differently; some are provided by the region, while others receive localized coordination and support. The role of volunteers in palliative care is widely recognized as critical to providing quality service, as it augments the capacity of core staff to provide support such as pet therapy, spiritual support after hours, and recreational activities. There is broad recognition of continuing to support and revitalize the volunteer pool due to its immense value in providing palliative care services.

The organization utilizes various partnerships within the region or through the broader shared resource within Manitoba. There is strong awareness of referral pathways which speaks to the quality of existing partnerships

There is evidence of patient and family engagement, which varies across sites. Purposeful solicitation of feedback and meaningful engagement of patient and families are recommended. The hospice, palliative, and end-of-life service arm of WRHA can standardize this approach, using the same data set that can be used as baseline indicators for future quality improvement initiatives.

The physical spaces evaluated are all supporting home-like environments. There are sufficient areas encouraging the involvement of loved ones, accommodating visiting preferences including overnight stays. All spaces are designed to promote comfort to the greatest extent possible.

It is recommended to continue the regular maintenance and upkeep of the spaces, consider evaluating signages to ensure that it meets the accessibility standards (color contrast, font style, font size), further reduce clutter, and ensure that patient identifiers, such as birth dates, are not openly displayed.

It is recommended to review the palliative care space at Saint Boniface, as referenced in the 2016 Accreditation Canada report. It has one room with two beds that can pose infection control concerns if isolation is required and does not give patients and families privacy, especially considering the nature of their stay in the palliative care unit. The other recommendation is to enclose the medication space by the nursing station as it is currently enclosed by a curtain.

### Priority Process: Competency

There is strong evidence of continuing professional development being offered to the hospice and palliative care team members. Some sites provide in-person and just-in time support, while others have access to the region's Learning Management System. There seem to be varying degrees of access to online platforms and it is recommended that WRHA consider standardizing the learning platforms and expectations to streamline efforts and resources. It is suggested to explore creative ways of promoting knowledge aside from the traditional module offerings. This could include utilizing staff such as security personnel to ask employees that they encounter during their rounds random questions that promote learning such as 'Where is the muster point if you need to leave the building?' or 'What are the values of the organization?'. Tabletop exercises during night shifts could also be an option, with cue cards displayed in units or the use of learning passports. Employees could take ownership of their learning by actively stamping their passports upon completion, with the possibility of a reward system. It is recommended to

consider the mainstream trend on how people absorb information, focusing on short, targeted messages that are reinforced in a variety of ways.

Learning can take many forms. Evidence of creativity was demonstrated through tips and reminders posted in bathrooms and organizing a skills fair. It is commendable that the region has invested in educators and resource nurses to support the frontline team.

There is a regional initiative to ensure that departments have standardized huddle boards. Recognition is a section intended to trigger conversations around performance or idea celebrations. This is an excellent endeavor to be more intentional in acknowledging people, ideas, and good work.

Teams express strong support from their managers. They confirm that they receive regular performance appraisals and the appraisal process encourages supportive conversations.

A team-based approach with a shared understanding of purpose and value is consistent in all palliative care service areas. Teams work together and many employees express satisfaction in being part of their teams. They expressed honour in serving their patients and work together to make every individual patient's journey as dignified and meaningful as possible, with patients in the lead based on their preferences and values.

The organization is encouraged to continue to find ways to recognize individual staff and team excellence. This varies depending on the operation and some cited corporate recognition but not necessarily unit-based or department-based.

### Priority Process: Episode of Care

Patients and families interviewed during the survey were very happy with the care that they were receiving at all sites. They could not ask for any more than they were already receiving, they felt their needs are being met and all they had to do was push a button. They felt heard, respected, and that there was no other place that they would rather be than where they were.

There are no visiting hours; instead they accommodate friends and families depending on the patients' wishes. Cots are available for those wishing to stay overnight. Every effort to provide comfort, support, not just for families but for loved ones, were accommodated to the greatest extent possible.

It was harder on the palliative care units in Saint Boniface and Riverview Health Centre when visitor restriction was in effect. Grace Hospice was able to support visitors continuously due to the end stage of their patients.

One site was able to advocate and support a patient who wished to die in his home country, Africa. They have a Code Lavender through their Vocera system that alerts other team members that somebody has passed away. A Lavender Departure Code is utilized to notify team members that the deceased is passing through the hallways as a signal to pause to honour the individual. They also have a monthly death



debrief for staff to talk about those who passed away in the last month and share memories and feelings.

One site has a patient who shared that she determined what she could and could not do and staff supported her plans. Medical Assistance in Dying (MAiD) is fully supported when requested.

Physician support is also evident. They are fully integrated in the palliative care programs and those interviewed showed remarkable passion and fulfillment in palliative care medicine.

Another noteworthy element of the palliative care program is that once enrolled, a coordinator is assigned to each patient to support individuals throughout care transitions, including discharge to home. This speaks to the organization's commitment to care continuity and providing patients with the opportunity to lead decisions on their care and needs.

The organization is encouraged to continue to find meaningful ways to engage patients and families to influence quality improvement initiatives for the available programs and services. This could include active engagement in space planning, risk mitigation, communication strategies, and ongoing advocacy.

#### **Priority Process: Decision Support**

All services have standard forms to collect information upon admission, during transfers, and upon discharge, but at varying degrees of automation. The variation in documentation systems pose significant risks in missing critical documents, increased opportunity for errors, and reduced efficiencies by creating workarounds when transferring information from one service area to the other.

Conversations and education provided to patients and families could benefit from further standardization. Engaging an interdisciplinary committee and patient and family input in a tool review process could go a long way in ensuring communication clarity and consistent messaging. This could include a resource provided upon admission or discharge, which includes who to contact with concerns, relevant education, patient rights and responsibilities, a menu, routine, or other key messaging.

The patients and family members interviewed were very appreciative of their care and knew who to approach with concerns. For complaints management, consideration could be given to including a dedicated, impartial role, external to the daily care routine, where patients and families can feel comfortable bringing concerns or complaints. This would avoid any inherent hesitation to voice concerns out of fear of unintended consequences.

#### **Priority Process: Impact on Outcomes**

There is evidence that the organization is moving forward with streamlining quality improvement initiatives. A specific example is the concerted effort to introduce quality improvement and safety huddles in every department. The huddle boards have sections on Safety, Quality, Efficiency, Engagement, New Tickets, On Hold, Start the Clock, In Progress, Complete, and Recognitions. This standardizes the discussion at a granular level and encourages active conversations, providing a platform for employees

and ensuring that everyone has opportunities to contribute to the overall safety and quality of their units. This also presents an opportunity to recognize employees. The organization is encouraged to continue monitoring and evaluating this initiative.

Risk management and quality improvement audits could also benefit from improved standardization. An example is record-keeping practices, especially for areas utilizing paper charts, as some notes were observed to be illegible.

Overall, the palliative care programs in the region are remarkable in the quality of service delivery, the individual staff and team satisfaction, the availability of resources and support, the program continuity, and most of all, the true embodiment of people-centered care.

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

Unmet Criteria	High Priority Criteria
<b>Priority Process: Infection Prevention and Control</b>	
4.7 IPC policies and procedures are updated regularly based on changes to applicable regulations, evidence, and best practices.	!
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Infection Prevention and Control</b>	

The Winnipeg Regional Health Authority has a strong regional structure to support Infection Prevention and Control (IP&C) activities across the region. This structure includes an interdisciplinary regional committee, inclusive of infectious disease specialists. The committee meets every two months and has the responsibility to review and approve policies, procedures, and operational directives for IP&C functions across all three sectors: acute, community and long-term care. The WRHA is commended for the great work that has been done in the recent past to align all the major policies supporting IP&C functions across the sectors. Alignment of the policies and procedures has standardized work and aided communication as well as function across the continuum of care. Some work is still needed to ensure that all policies are up to date.

Reporting to the regional committee are three working groups, one for each of the sectors: acute, community and long-term care. The number of Infection Control Practitioners has increased since the last survey with the majority allocated to the acute sector in keeping with recommended ICP to bed allocation ratio. The region also introduced a new role of an Infection Control Support Associate (ICSA) in long-term care to provide hands on support in these areas. Support to community agencies has not evolved and several of the agencies surveyed indicated that this was of major concern for them as they are having difficulty supporting the growing needs for IP&C. It was indicated that currently there is only one ICP for over one hundred community sites.

Effective communication and collaboration exist across the three working groups and information appears to flow both up from organization to the regional committee as well as down from the central body to the various organizations. The working groups share scenarios with each other on a biweekly basis, providing opportunities to discuss various situations and to learn from each other.

Increased attention has been given across the WRHA to ensure that IP&C staff are engaged in renovations or construction projects, as well as the purchase of new, non-critical medical equipment.

A key quality initiative across the WRHA has been the introduction of a new electronic hand hygiene audit tool. The education regarding this tool is still ongoing for community agencies and the WRHA is encouraged to ensure that this training occurs as quickly as possible. Hand hygiene audits are being

regularly conducted in most facilities and it is recommended that further work be done to ensure this occurs across all organizations. As well, all organizations are encouraged to post hand hygiene audit results in an area where they are visible for staff as well as clients, residents, and patients. The WRHA is commended for the work that has been done to introduce the “Be a Partner in Your Healthcare” survey card, provided to patients and families to report on their healthcare providers hand hygiene compliance.

Another key initiative that has been implemented across all WRHA sites is standard work for the cleaning and disinfection of certain equipment and items by non-environmental services staff. Checklists of cleaning duties have been assigned to designated staff in the various facilities and audits are being conducted to ensure that this work is being completed.

The WRHA is commended for the work that has been done to complete a full audit of IP&C in long-term care homes. The audit was completed last year, and work related to the findings is underway. The audit tool is also under revision, with plans to be used on an annual basis.


The physical environment of certain facilities across the WRHA requires further attention to support IP&C, particularly due to the age of the buildings and presence of non-compliant surfaces, such as wooden handrails in corridors and fabric furnishings. Attention should be given to these areas as well as a plan to replace these items as soon as possible.

All facilities are encouraged to address issues with the amount of paper notices taped to the walls, as well as the presence of cardboard in storage areas.

Educational material regarding infection control, respiratory health and other common concerns is available across the WRHA. Organizations are encouraged to make this material available to clients and family members, and visible in key waiting or common areas. Some sites require signage near hand sanitation stations as reminders of proper hand cleaning techniques.

The WRHA is encouraged to review the ability to include other organizations such as long-term care and rural facilities in the health authority reporting of healthcare-associated infections (HAIs) to better identify trends in infections and diseases across the region. At present, although the tracking occurs in organizations other than those providing acute care services, only the performance of acute care facilities is reported.

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

Unmet Criteria		High Priority Criteria
<b>Priority Process: Infection Prevention and Control for Community-Based Organizations</b>		
2.4	Protocols are established for the safe handling of soiled linen where applicable.	
8.4	Compliance with accepted hand-hygiene practices is measured.	 <b>MAJOR</b>
8.4.1	Compliance with accepted hand-hygiene practices is measured using direct observation (audit). For organizations that provide services in clients' homes, a combination of two or more alternative methods may be used, for example: <ul style="list-style-type: none"> <li>• Team members recording their own compliance with accepted hand-hygiene practices (self-audit).</li> <li>• Measuring product use.</li> <li>• Questions on client satisfaction surveys that ask about team members' hand-hygiene compliance.</li> <li>• Measuring the quality of hand-hygiene techniques (e.g., through the use of ultraviolet gels or lotions).</li> </ul>	
8.4.2	Hand-hygiene compliance results are shared with team members and volunteers.	<b>MINOR</b>
8.4.3	Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	<b>MINOR</b>
<b>Surveyor comments on the priority process(es)</b>		
<b>Priority Process: Infection Prevention and Control for Community-Based Organizations</b>		

The following commentary is consistent with the details outlined in the Infection Prevention and Control Priority Process commentary. The WRHA has a strong regional structure to support IP&C activities across the region, which includes an interdisciplinary regional committee, inclusive of infectious disease specialists. The committee meets every two months and has the responsibility to review and approve policies, procedures, and operational directives for IP&C functions across all the acute, community and, long-term care sectors. The WRHA is recognized for the recent effort to align all major policies supporting IP&C functions across the sectors. Alignment of the policies and procedures has standardized work and aided communication as well as function across the continuum of care. There is still work to be completed to ensure that all policies are up to date.

Reporting to the regional committee are three working groups, one for each of the sectors: acute, community and long-term care. The number of Infection Control Practitioners has increased since the last

survey with the majority allocated to the acute sector in keeping with recommended ICP to bed allocation ratio. The region also introduced a new role of an Infection Control Support Associate (ICSA) in long-term care to provide direct support in these areas. Support to community agencies has not evolved, with several of the agencies assessed indicating that this remains a significant concern due to the difficulty supporting the increasing demands for IP&C resources. It was indicated that currently there is only one ICP for over one hundred community sites.

Effective communication and collaboration across the three working groups supports a reciprocal exchange of information, both up from the organizations to the regional committee, and down from the central body to the various organizations. To foster shared learning opportunities, the working groups share and discuss scenarios with each other on a biweekly basis.

Across the WRHA, increased attention has been directed to ensuring that IP&C staff are engaged in renovations or construction projects, as well as the purchase of new, non-critical medical equipment. A key quality initiative across the WRHA has been the introduction of a new electronic hand hygiene audit tool. The education to support this tool remains in progress for community agencies and the WRHA is encouraged to ensure that this training is completed as swiftly as possible. Hand hygiene audits are regularly conducted in most facilities and it is recommended that further work be done to ensure consistency across all organizations. All organizations are also encouraged to post hand hygiene audit results in an area where they are visible for staff as well as clients, residents, and patients. The WRHA is commended for the introduction of the “Be a Partner in Your Healthcare” survey card, which provides patients and families and opportunity to report on their healthcare providers hand hygiene compliance.

Implemented across all WRHA sites is the standardization of work for the cleaning and disinfecting of certain equipment and items by non-environmental services staff. Cleaning duties checklists have been assigned to designated staff in the various facilities and audits are being conducted to verify the completion of this work.

The WRHA is congratulated for the work that has been done to complete a comprehensive audit of IP&C in long-term care homes. The audit was completed last year, and work related to its findings is underway, as well as a revision of the audit tool is also under revision, with plans to be used on an annual basis.

The physical environment of certain facilities across the WRHA requires further attention to support IP&C, particularly due to the age of the buildings and presence of non-compliant surfaces, such as wooden handrails in corridors and fabric furnishings. Focus should be directed to these areas, as well as a plan to replace these items as soon as possible.

All facilities are encouraged to address issues with the amount of paper notices taped to the walls, as well as the presence of cardboard in storage areas.

Educational material regarding infection control, respiratory health and other common concerns is available across the WRHA. Organizations are encouraged to make this material available to clients and family members, and visible in key waiting or common areas. Some sites require signage near hand

sanitation stations to encourage proper hand cleaning techniques.

The WRHA is encouraged to review the ability to include other organizations such as long-term care and rural facilities in the health authority reporting of healthcare-associate infections (HAIs) to better identify trends in infections and diseases across the region. Currently, while tracking takes place in non-acute organizations, only the performance of acute care facilities is reported.

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## Standards Set: Intellectual and Developmental Disabilities - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
12.5 The person with intellectual and developmental disabilities is supported to obtain person-specific and age-appropriate education on healthy sexuality.	!
<b>Priority Process: Competency</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Episode of Care</b>	
15.8 Education, in easy to understand language, is provided to the person with intellectual and developmental disabilities and their family about the policy and process to appeal service decisions.	
15.11 There are policies and procedures that define the roles and responsibilities of staff when managing client's funds.	
16.12 Ethics-related issues are proactively identified, managed, and addressed.	!
16.13 Clients and families are provided with information about their rights and responsibilities.	!
16.15 Clients and families are provided with information about how to file a complaint or report violations of their rights.	!
<b>Priority Process: Decision Support</b>	
6.1 An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.	!
<b>Priority Process: Impact on Outcomes</b>	
The organization has met all criteria for this priority process.	
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Clinical Leadership</b>	

St. Amant is pursuing a shift from long-term residential care to a transitional residential service for clients. The vision and objectives of the leadership team are known and clear to staff members. Although staff members are not all aligned with this approach, they actively participate to support the clients' transition



to community-based residential care.

The organization is working toward implementing a family council for its client. The organization will benefit from their input in designing services, improving living quarters, and involving families in all steps of providing care to their clients.

The allied health team are strong advocates for the wellbeing of clients.

The leadership team, in collaboration with the social work team, reports developing a personalized, age-appropriate, healthy sexuality education program, from which clients will benefit upon implementation.

#### **Priority Process: Competency**

Communication within the team and with outside collaborators was reported as being exemplary by a highly dedicated team.

Tools and methods of communication between team members are standardized and well establish. However, questions remain whether the tools and processes used are the most efficient and reduce the occurrence of miscommunication between employees with differing responsibilities.

Monthly meetings are held to exchange information and update professionals involved with clients on the evolution of the situation in addition to the information exchanged daily.

Employees apply the processes required but are rarely familiar with the content of policies and how they relate to their daily work. The organization would benefit from fostering a deeper knowledge of policies and creating linkages to the work performed on the units.

Optional education and training sessions are provided on the organization's ethics framework. Facilitating and promoting more active participation in these sessions would enhance comprehension.

#### **Priority Process: Episode of Care**

Families actively engaged in the daily care of their relatives when they wish to be involved. During the interviews, concerns were raised regarding the formal involvement of families in service design, as well as their participation in care plan preparation and reviews.

The quality of information shared with families varies, with clinical information being well transmitted, while administrative information is shared in a non-standardized way. Families would benefit from formalized methods and processes to share and explain all the information they are entitled to receive.

A policy on funds management is present and states that the person responsible for managing the funds is to be identified on the agreement presented in the appendix. Upon reading through this agreement, it does not identify the position of the person who is to manage the funds and does not offer a space to identify the designated individual.

**Priority Process: Decision Support**

Employees apply the processes required but are rarely familiar with the content of policies and how they relate to their daily work. The organization would benefit from fostering a deeper knowledge of policies and creating linkages to the work performed on the units.

Chart audits revealed missing essential information related to dietary needs. It will be important for the organization to implement a process that prevents this issue from recurring.

Audits are performed on record keeping practices. The teams would likely benefit from formally sharing this information with clinicians.

**Priority Process: Impact on Outcomes**

The Health and Transition Services Program has a very structured and efficient data collection system. This information is presented to the various teams and is updated regularly.

Risk management also benefits from a structured program. This has led to improved performance in identifying risk, reporting incidents and accidents, and improving the quality of services provided. Indicator data is regularly collected, analyzed and shared with employees. Teams subsequently analyze this information to improve services.

Patient safety incidents are quickly identified, and the information is collected and analyzed. Families are promptly informed, promoting a sense of trust and collaboration between the staff and family members.

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

Unmet Criteria		High Priority Criteria
<b>Priority Process: Clinical Leadership</b>		
The organization has met all criteria for this priority process.		
<b>Priority Process: Competency</b>		
3.6	Education and training are provided on the organization's ethical decision-making framework.	
3.16	Resident and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
9.14	Access to spiritual space and care is provided to meet residents' needs.	
<b>Priority Process: Episode of Care</b>		
The organization has met all criteria for this priority process.		
<b>Priority Process: Decision Support</b>		
7.12	Ethics-related issues are proactively identified, managed, and addressed.	!
13.8	There is a process to monitor and evaluate record-keeping practices, designed with input from residents and families, and the information is used to make improvements.	!
<b>Priority Process: Impact on Outcomes</b>		
15.2	The procedure to select evidence-informed guidelines is reviewed, with input from residents and families, teams, and partners.	
15.3	There is a standardized process, developed with input from residents and families, to decide among conflicting evidence-informed guidelines.	!
17.1	Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from residents and families, team members, and partners.	
17.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from residents and families.	
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.	
17.7	There is a process to regularly collect indicator data and track progress.	
17.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
17.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
17.10	Information about quality improvement activities, results, and learnings is shared with residents, families, teams, organization leaders, and other organizations, as appropriate.	
17.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from residents and families.	
<b>Surveyor comments on the priority process(es)</b>		
<b>Priority Process: Clinical Leadership</b>		

Aging infrastructure is a costly and challenging issue in many of the personal care homes (PCH). Efforts are recognized in attempt to create homelike common spaces in facilities that were designed for institutional living in a medical model. The facilities are generally clean and well maintained.

There are strong multidisciplinary teams across the system. Strategic partnerships are in place to access programs and services that are not available on site. Referral processes are in place to facilitate access to services that residents cannot access on site.

#### **Priority Process: Competency**

The personal care homes in the region, in partnership with the WRHA, have worked together to ensure access to policies and procedures that can be used across the health authority's catchment area, reducing administrative burden at the site level.

In every site it is notable that there are strong multi-disciplinary teams and a commitment to resident-centred care. There have been strategic investments made in human resource capacity in response to issues identified in the long-term care sector. Although workload is identified as a significant challenge by staff and leaders across the system, it is acknowledged that recent investments in infection prevention and control, nursing, and allied health services to increase the average daily direct care hours per resident are appreciated and having a positive impact.

There are robust orientation, education, and professional development opportunities available to staff. Participation in mandatory education is supported, monitored, and connected to performance review and planning. This is recognized as essential to a culture of safety and quality.

There is ongoing collaboration with residents and families regarding care planning and to solicit feedback on quality of life in the homes, however, there is opportunity to enhance the structures and mechanisms in place to solicit and include resident and family input into the development and updating of clinical and administrative processes.

Staff and residents consistently praised staff and leadership for creating and sustaining quality of life in the facilities. The major concern was the sense that workload issues prevent staff from being as present and responsive as residents and their families feel they should be.

#### **Priority Process: Episode of Care**

Resident-centred care is identified as the top priority in all the sites visited during the onsite survey. One of the significant challenges is aging infrastructure. Most of the sites have undertaken renovations and made other efforts to create a homelike environment.

Teams are multidisciplinary and there is abundant evidence of collaborative processes in place to ensure safety and continuity of care. Paper-based charting presents some challenges to the timely sharing of information and to generating reports for decision-making. Charts are relatively standardized using WRHA forms and to demonstrate compliance during provincial audits. Care plans are required to be updated at least every ninety days and were found to be current in every chart review. The charts follow a logical sequence in terms of referral to the facility through to discharge. There are documented assessments including standardized instruments for falls, skin integrity, and suicidality.

Residents and family members were interviewed during the clinical tracers at every site. Feedback was consistently positive about the care experience. The major concern is the perception that there is inadequate staffing to be able to respond to requests, including call bells, in a timely way.

Staff and leaders expressed gratitude for recent investments in staffing for IP&C, nursing, and allied health. The primary challenge with increasing care hours to 4.1 hours per resident per day was identified as recruiting for key roles.

There are resident councils in place. Family members have the opportunity to participate in care to the extent they wish or that the resident approves. There are opportunities for the personal care homes to review the current mechanisms for inviting and facilitating resident and family input in meaningful ways. Currently the process is defined as similar to the ways in which a family might share information for the benefit of all, but in the spirit of continuous quality improvement it would be worthwhile defining the ways in which residents can participate in decision-making in a more formal way.

#### **Priority Process: Decision Support**

Most of the personal care homes are functioning with paper-based charting systems and various software systems for data collection. There are audit processes and standardized forms from the province and the

WRHA that promote consistency across the system. The provincial facility audits drive routine updating of care plans for all residents.

An eventual migration to electronic health records will no doubt reduce variation and allow for consistent data collection at the point of care, making it possible to produce management reports that are more useful for decision-making and continuous quality improvement.

#### **Priority Process: Impact on Outcomes**





Sites reported challenges with the collection, display, and analysis of indicator data. MDS data is reviewed but it is not considered reliable or useful for anything other than reporting requirements.

There is significant interest in quality improvement and plenty evidence of quality improvement activity. The organization would benefit from a standardized approach to quality improvement whereby sites are monitoring specific indicators and data that support strategic and operational priorities.

Feedback from residents, family members, and staff reflect a high level of satisfaction with the environment and care in the personal care homes. There are systems in place for the exchange of information and people feel well-informed and included in decision-making.

The advantages of being a part of the WRHA are described as valuable and appreciated for the provision of guidance on policies and procedures.

## Standards Set: Medication Management (For Surveys in 2021) - Direct Service Provision

Unmet Criteria		High Priority Criteria
<b>Priority Process: Medication Management</b>		
2.3	There is an antimicrobial stewardship program to optimize antimicrobial use.  Note: This ROP applies only to organizations that provide acute inpatient care, cancer treatment services or inpatient rehabilitation services.	
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
13.1	Access to medication storage areas is limited to authorized team members.	
13.2	Medication storage areas are clean and organized.	
22.2	At the time of admission, information on how to prevent patient safety incidents involving medications is provided to and discussed with clients and families.	

- 29.3 When medication management processes are contracted to external providers, the quality of the services is regularly monitored by reviewing the evidence from the external contractors.



#### Surveyor comments on the priority process(es)

#### Priority Process: Medication Management

The Regional Medication Quality and Safety Committee is responsible for the overall medication management of the organization. The committee provides interprofessional oversight for safe and appropriate medication use across the WRHA and HSC. The committee focuses on preventative measures to address medication safety occurrences by developing and implementing strategies to reduce risk and promote a safety culture. The committee consists of multidisciplinary teams of acute care, LTC, home care, primary care, pharmacy, community health services, quality, public health, and others.

In addition to policies, directives, and guidelines, the committee develops educational tools, manages formulary, and facilitates quality audits of medication management across the region. They also prepare and deliver communication and education for staff. The committee reviews performance indicators quarterly, such as effective drug utilization and medication incidents. It is recommended that the organization evaluate current medication management performance indicators to ensure program-specific and comparable indicators. The organization is also suggested to share performance reports quarterly with team members, clients, residents, and families as appropriate.

Many resources are available for staff, such as bulletins, evidence-based literature, online drug information, and patient teaching materials. These can be accessed using Micromedex, the WRHA virtual library, and the intranet. Staff education resources are also available in the learning management system (LMS). Not all staff have access to an intranet or LMS, given the lack of personal work emails. It is recommended that the organization prioritize equitable access to resources and tools.

Pharmacy services are either on-site or contracted out to vendors. Many long-term care homes in the Winnipeg area use the same vendor for standardized medication management practices. The contracted LTC pharmacy provider for WRHA sites is MediSystem Pharmacy. Computerized physician order entry (CPOE) is limited to St. Boniface Hospital, which could become a focal point when WRHA explores integrated electronic health records for the region. Most pharmacies either use Kroll or BDM pharmacy information systems, which have CPOE capabilities.

WRHA and most contracted pharmacy staff work collaboratively with patients, families, and interprofessional teams to educate patients, families, and staff. They also help with auditing medication storage and management practices, monitoring medication use, and investigating medication incidents. A collaboration with the University of Manitoba pharmacy, in partnership with the university, aims to include an experiential education facilitator.

There have been many achievements since the last Accreditation Canada survey. Accredited provider



status from the Canadian Council on Continuing Education in Pharmacy (CCCEP), the introduction of a standardized pharmacy information system, and the development of new roles, including pharmacy lead, and drug distribution operations positions.

The organization is commended for its continuous quality improvement efforts such as LTC deprescribing, the implementation of provincial clinical standards for provincial high-alert medications, pre-printed treatment protocols, medication reconciliation audit improvement and education initiatives, guidelines for medication storage in patient care areas, and conversion of multidose insulin vials to patient-specific insulin pens.

Currently, the WRHA does not have an Antimicrobial Stewardship Program. The Regional Medication Quality and Safety Committee confirmed a phased approach to establishing the Antimicrobial Stewardship Program.

Through the leadership and guidance of the Provincial Pump Steering Committee, the organization is currently in the process of implementing a standardized infusion pump, with soft and hard dose limits for provincially recognized high-alert medications programmed. Quarterly updates are planned and pushed wirelessly in urgent situations. The patient-controlled analgesia transition started recently.

The pharmacist or contracted pharmacist conducts quarterly medication storage area audits, which consist of audits for highly concentrated medications. The organization is encouraged to engage teams or sites in the current regional banned abbreviation audit.

It is also suggested that the committee share successes and opportunities more broadly with the team.

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## Standards Set: Medication Management for Community-Based Organizations (For Surveys in 2021) - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Medication Management for Community-Based Organizations</b>	
1.9 Revisions to applicable laws, regulations, standards of practice, and evidence are monitored, and medication management policies and procedures are updated accordingly.	
9.6 The CPOE system is integrated with other information systems used for medication management.	!
15.5 The team observes and supervises clients who self-administer prescribed and high-risk medications.	!
24.2 The organization conducts an annual evaluation of the medication management system.	
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Medication Management for Community-Based Organizations</b>	

Medication management in the community was reviewed at 5 ACCESS centres and one long-term care facility. All medication ordering in the ACCESS centres takes place in Accuro, a Medical Information System that has a regionally driven protocol to manage the formulary and alerts. At ACCESS Downtown, one of the physicians from the clinic is on the regional committee, serving as a representative of the clinic's needs. Prescribing is not restricted to the regional formulary and despite many suggestions for enhancements being submitted, modifications to the Accuro prescribing system have proven difficult. All prescriptions are entered electronically. ACCESS Downtown sends the prescriptions through the e-prescribe system or faxes them to the pharmacy, depending on whether the patient's pharmacy participates in e-prescribe. Prescriptions are not handed out to patients to avoid issues with lost, or modified prescriptions. ACCESS Transcona prescribes in the conventional manner. The application of either of these models in the other clinics is dependent on the clientele.

The clinics provide a regular drug administration service to their patients that can include Suboxone, psychiatric medications, and Depo-Provera along with Vitamin B12, allergy shots and a few others. These are all in cupboards in a locked room and labelled by the dispensing pharmacy and the patient's name. One crash cart and two wound carts are filled according to a policy developed onsite, secondary to the local needs at ACCESS Downtown. Other ACCESS centres have only a community crash cart, stocked according to the community standard. There is some adaptation of the community crash carts based on local usage. These are checked monthly or after each use. Codes are frequent, secondary to overdoses, at some sites. They also have a very limited supply of stock meds, typically only those which are also stocked in the carts.

Samples are stored in secure area, in a separate cupboard and are made available for those who lack the financial means. ACCESS Downtown also has a locked cupboard nearby stocked with one variety of benzodiazepine which is managed in the same way as Suboxone.

There is a robust incident reporting system in place, with information reviewed on a monthly basis, including medication errors. The reports reviewed were absent of medication errors over the past eight months.

Medication management needs in primary care differ considerably from those in residential settings like long-term care facilities. While these differences are evident in their respective policies, caution should be taken to ensure that the evidence-based, clinical content of these policies remains consistent across the region and aligns with current standards.

A key emerging issue in primary care is the repurposing of prescribed medications to minimize waste. Clinics are encouraged to collaborate with the central pharmacy group to explore potential solutions. As the clinics expand their services, other community-specific challenges are likely to arise.

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## Standards Set: Mental Health Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	

The organization has met all criteria for this priority process.

<b>Priority Process: Competency</b>
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The organization has met all criteria for this priority process.

<b>Priority Process: Episode of Care</b>
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7.10	The client's informed consent is obtained and documented before providing services.	!
9.18	Information relevant to the care of the client is communicated effectively during care transitions.	ROP
9.18.1	The information that is required to be shared at care transitions is defined and standardized for care transitions where clients experience a change in team membership or location: admission, handover, transfer, and discharge.	MAJOR
9.18.2	Documentation tools and communication strategies are used to standardize information transfer at care transitions.	MAJOR

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

<b>Surveyor comments on the priority process(es)</b>
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<b>Priority Process: Clinical Leadership</b>
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The WRHA Mental Health Leadership Team consults with the Mental Health and Addictions Recovery Services Advisory Council, comprised of individuals, family members, and community members, in the planning, implementation, and evaluation of WRHA Mental Health Recovery Services. The inpatient clinical leadership teams regularly work together to ensure that services are meeting the needs of the community. They are striving to address larger issues and establish partnerships with outside organizations to provide more integrated mental health services for patients and families. Recently, the

inpatient teams have collaborated in the development and implementation of education related to Indigenous health and harm reduction.

Patient experience insights from regional and local level surveys are being used to inform service design and establish priorities on inpatient units. Dashboards with local patient experience ratings and qualitative comments are monitored and tracked by clinical leaders. For consideration, these results could be more prominently displayed and discussed at team meetings, rounds, and huddles. Patients and families are actively engaged in direct clinical care activities. The WRHA Mental Health and Addictions Recovery Services Advisory Council supports patient and family engagement in regional improvement activities.

Local leadership teams are encouraged to consider strategies and processes to enhance patient and family engagement in departmental quality improvement initiatives.

#### **Priority Process: Competency**

The learning management system (LMS) for WRHA contains a comprehensive library of mandatory and elective training opportunities that are tailored for specific job titles and duties. While the LMS is used to track individual completion rates, there are limitations that require clinical educators to manually pull information from the LMS and track specific training attendance and compliance manually. Teams described the performance appraisal/performance conversations process as a welcome opportunity to meet with supervisors to discuss professional goals and learning/development opportunities.

Teams were observed recognizing one another during the recently launched Daily Safety Huddles. The Daily Safety Huddles also support situational awareness for all staff on units and provide an opportunity for evaluating team effectiveness. Staff and patient safety were highlighted as organizational priorities on the Daily Safety Huddle, and staff who were interviewed indicated that the organization is taking steps to improve safety and address workplace violence. The widespread regional launch of this standardized initiative is exceptional.

While the use of infusion pumps is not common on the inpatient mental health units that were reviewed, staff were trained on infusion pumps and are able to access supports if/when this is required. Keeping patients who require IV therapy on the mental health unit prevents a transfer of the patient to other inpatient units. The organization may wish to evaluate this approach (training all nursing staff on the unit) to determine whether staff are able to maintain this competence with limited exposure, or whether competence is better maintained with a smaller group of nurses who are dedicated to supporting these patient needs.

#### **Priority Process: Episode of Care**

Steps have been taken to ensure the physical security of clients and the team is protected, however there are some challenges with the current space. At St. Boniface Hospital, there are some areas with limited view around corners, and concealed doors have caused falls for patients on the unit. There have been

incidents of patients using furniture to break through glass windows in rooms and on the unit at Victoria General Hospital (VGH). It was indicated that the glass will soon be replaced with a safer alternative. The leadership team described the Critical Incident Stress Management Program, a recent initiative aimed at supporting co-workers, family, and friends after a traumatic event.

Clients described their tours and orientation to the unit as welcoming and inclusive. Before entering each inpatient unit at VGH, there are standardized signs with photos to identify the manager, including contact information to address any questions or concerns. Despite this information being clearly displayed on the unit, some clients were unaware of the process to follow to escalate concerns beyond their immediate care team. The organization may wish to consider augmenting the information that is shared with clients throughout their stay on the unit.

Clients expressed gratitude for the care that they receive on the unit, and staff demonstrated their commitment and passion for caring for patients. Patients' wishes to involve family in their care were respected, and staff demonstrated a deep appreciation for the consent process for disclosing patient health information.

In both settings reviewed, staff were unable to describe the process or demonstrate an understanding of obtaining informed consent from clients before providing services. When asked about informed consent processes for treatment, staff described the process for obtaining consent for disclosing personal health information. There is no standardized documentation for informed consent in the health record that include risks and benefits of treatment, limits of confidentiality, and so forth. While there was no evidence of obtaining or documenting informed consent from clients, teams described processes for involving substitute decision makers including the Public Guardian and Trustee.

One of the patient files that was selected by the team for review by the surveyor did not have a Suicide Risk Assessment, which may have been due to an internal transfer from another inpatient unit. The organization is encouraged to further standardize the admission process to require a Suicide Risk Assessment of every patient regardless of when the most recent assessment was completed. This would minimize variation and ensure that every patient on the unit has at minimum, a completed Suicide Risk Assessment on admission.

While the information that is required to be communicated when patients are transferred between services and upon discharged is defined and standardized, the information that is required to be shared at shift handover is not. The process itself is standardized in that each nurse writes a brief summary on a sheet and this is read to the oncoming shift, however, the information that is included in the summary is narrative without prompts, headings, or standardization. Several of the handover forms were reviewed at each location and there was no obvious standardization to the content that was shared. The organization is encouraged to standardize the information that is required to be included in the narrative as part of the handover process.

There is a process to assess clients prior to granting passes to leave the unit, however, the organization is strongly encouraged to review the process and documentation. An opportunity exists to improve the pass

process by adding details to the sign-out documentation that include: who accompanied the patient; the expected time of return; contact person, pass location address and phone number while on pass; description of clothing; and return time. Additional information could also include behaviours that were observed or reported during pass and whether an incident occurred, such as returning late, returning with unsafe items, substance use, self-harm, breach of conditions, verbal threats, ULOA attempt, physical aggression, and so on.

The care team utilizes the passes to ensure that patients have access to fresh, outdoor air and is very excited that a secure outdoor space for patients will be opening soon.

#### **Priority Process: Decision Support**

Documentation on inpatient units is electronic at St. Boniface Hospital, while paper-based patient records are used at Victoria General Hospital. The organization is encouraged to adopt an electronic health record to support enhanced standardization, clinical decision support, and ease of accessing clinical information in the health record. The process used to monitor and evaluate record-keeping is formalized using standard audit forms, however, there is no evidence that this process is designed with input from clients and families. While most records reviewed were complete and up to date, one of the patient records was missing a Suicide Risk Assessment for a patient who had been transferred from another inpatient unit. The organization is encouraged to standardize the completion of the Suicide Risk Assessment for every patient on admission to an inpatient mental health unit, regardless of where they are being transferred from or when they have last completed a risk assessment. The organization is also encouraged to review and update policies relating to collecting, documenting, storing, retaining, and destroying records as these policies are dated 2009-2013.

#### **Priority Process: Impact on Outcomes**

The indicator data being monitored and discussed at daily safety huddles is limited to small scale local improvement initiatives and not clearly aligned with broader organizational quality goals. Quality boards with additional indicator data would be helpful. Quality improvement activities are designed as part of the daily safety huddle discussions which is having a positive impact on team involvement in quality improvement. The organization is encouraged to consider ways that broader quality goals are cascaded throughout the organization to ensure that local improvement initiatives are aligned. The organization is also encouraged to consider further engaging patients and families in unit-based quality improvement initiatives.

Staff and patient safety were observed to be priorities on the units and teams described the processes being utilized to learn from safety events that are reported to prevent harm. The organization is encouraged to consider implementing standardized ligature risk assessments on units at regular intervals such as monthly or quarterly by the care team or leadership. Several ligature risks were noted on units during visits, including a removable telephone cord hanging on the wall close to the nursing station but out of sight from the care team, as an example.

## Standards Set: Primary Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Competency</b>	
10.6 Access to spiritual space and care is provided to meet clients' needs.	
<b>Priority Process: Episode of Care</b>	
6.6 During regular hours, same-day access to primary care services is available to clients and their families, as required.	!
<b>Priority Process: Decision Support</b>	
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.	!
<b>Priority Process: Impact on Outcomes</b>	
14.2 The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
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.	
16.10 Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Clinical Leadership</b>	

Primary Care within the WRHA is continuously evolving, with new primary care and minor injury clinics recently announced. Previously, Winnipeg had funded several ACCESS primary care clinics with a plan to provide one for each geographic area. There are several contracted facilities as well, with formal partnerships between the health authority and local charitable organizations.

Primary care teams have been introduced to many of the local primary care physician practices as well as



some clinics to serve specific needs in local areas. ACCESS Downtown is one clinic that evolved from an in-hospital primary care clinic to a community clinic, and is now located in a larger community clinic offering a wide range of services. Access NorWest primarily provides services to the homeless population and are highly attuned to understanding the needs of their patients through various methods. They are focused on developing individual relationship and working with them from their current situation. Due to the nature of their patients and their ability to engage, surveys and focus groups are not conducted.

ACCESS Transcona was one of the original access clinics which continues to serve the needs of the surrounding geographic area and remains the administrative home for the primary care teams in the area.

Nine Circles Community Health Centre is a contracted clinic which is an amalgamation of 4 local organizations that came together in 2000. They have evolved to include a key focus on HIV treatment with a primary care component. More recently, secondary to the burgeoning case load of HIV, they are restricting their new paneled patients to those who are HIV positive. However, they have a significant outreach program to address their mission of prevention and identification of HIV in the population.

Klinik Community Health Centre is a contracted clinic between WRHA and a 50-year organization that has evolved to have a number of programs. Several programs serve special populations with specialized services. There is also a base of primary care with a geographic responsibility. They provide service to the transgender population and survivors of sexual assault from across the city.

ACCESS Norwest is one of the regional clinics in the north of Winnipeg, a relatively isolated community with a long history of co-op programs. They also provide a food bank for the identified food insecurity issues.

Aikins and Mount Carmel are smaller ACCESS clinics providing care to a geographic region.

Churchill Community Clinic is a contracted clinic with the local Ongomiizwin Health Unit. It works with the population of Churchill through a mix of local and rotating external providers.

All clinics have modified their programs multiple times to meet the evolving needs of the patients and in response to central decisions.

The clinics would benefit from improved epidemiological information on the geographic area they are serving, data that has not been available for the past while. They utilize various methods to gather this information from a variety of sources, including community and academic partnerships, and surveys.

Physical access is an issue at some of the clinics. Problems with behavioral episodes frequently becoming violent and drug use with overdoses has created dangerous situations from time to time. A new Community Host Program has demonstrated a marked reduction in these episodes, creating a much safer and welcoming environment. This program hires individuals with skills in security, de-escalation, and Indigenous training, often with connection to the community or lived experience. Managing the dual requirements of safety for all and access has proven difficult. The Community Host Program has brought a positive impact to this balance.

Most of the clinics surveyed have long histories in Winnipeg. They have evolved and managed through multiple primary care initiatives. The staff at each centre demonstrate remarkable resilience in adhering to the core principles of primary care, including person-centered care, continuity of care, comprehensive and equitable care, team-based care, and coordinated care that is both accessible and high-value.

WRHA has a resource of expertise in the provision of primary care which ought to be considered in the future development of primary care initiatives.

### Priority Process: Competency

Specific competencies in primary care are identified and recruited for. All are aware of the specific models of care in both primary care provision, the specific skills required for the more specialized care areas in the clinic, and the broader primary health care agenda that many of the clinics add to their services. Team members of the clinics are supported to gain the specialized skills that are needed by the clinic. Support for both time and financial resources to gain and maintain skills is excellent and appreciated by the staff.

Performance reviews recognize the needs of the clinic and the career ambitions of the employee. There is exemplary work in developing a respectful workplace culture. Some of the clinics work in areas where trust in the health care system is low, and much work has gone into relationship and trust development through one-on-one engagement and meeting clients at their point of need.

Effective collaborative teamwork was seen everywhere within the primary care teams. Some of the clinics have extended this collaboration to the other co-located services and into the community with other organizations. Charting on the same EMR completed in some situations between the primary care clinic and community organizations (Aboriginal Health and Wellness Center). This is extremely helpful in managing patients who seek help wherever they can find it. Nine Circles is also on Accuro, the regional EMR, but is not able to be linked to the broader primary care system. It would be beneficial to add all primary care clinics to this EMR to share charting information.

Physicians are generally well integrated into the teams. However, in Churchill, there is an opportunity to include physicians more broadly in the planning and operation of the clinic as well as the clinical care.

Clinics within the WRHA have recently begun daily safety huddles as a vehicle to drive quality improvement activities. The WRHA clinics visited have adopted this tool, which enhances the already highly collaborative teams in their work.

Access to spiritual space is inconsistently based on space constraints and need. Quiet spaces are available in all settings, and several clinics have created safe and inviting spaces. Klinik and ACCESS Downtown are to be commended for their spacial design.

**Priority Process: Episode of Care**

The episode of care as observed in all primary care sites is exemplary in most respects. Patients are engaged at their point of need, with appropriate opportunities for care. There is inconsistency in the ability to meet same-day services. ACCESS Transcona has been keeping records of the individuals they need to send away from the clinic for service, mostly due to vacancies in the staffing complement, while other clinics have managed this in a variety of ways. After hours care is also managed in various ways, typically with on-call physicians. Extra effort is expended to maintain the opioid agonist therapy program through 24/7 availability.

Accuro (EMR) supports regular periodic health assessments. Many of the clientele do not place value on evidence-based interventions for screening and prevention. The clinics work with their clients to support their health journey in any way acceptable.

Referral to secondary care is supported by several programs, including community partnerships, personal telephone support, as well as a program to contact specialists through text and email in a timely way. Information flowing back from hospital programs and interventions to the primary care clinic is less reliable. Monitoring of requested lab work, diagnostic imaging and referral follow up is completed.

Clients are aware of their rights, as well as the complaints process, with the exception of one site. Signs to remind them of this in the waiting rooms would be helpful as a prompt.

Mental health supports were identified during the last survey as being difficult to access and seem to have improved. One clinic can offer same-day drop in appointments. Other adaptations include moving toward more short term interventions, broadening the presence of social workers in clinics, and enhancing the ability of staff to engage in supportive therapy.

**Priority Process: Decision Support**

Primary care is supported for record keeping with Accuro (the regional EMR). All clinics reviewed utilized this application, however Nine Circles Community Clinic was not integrated with the rest of the system.

The EMR supports complete charting, including the development of macros within the file which is being used to beneficial effect in several of the clinics. Efforts to enhance the quality of the charting from an information retrieval standpoint are ongoing in some clinics. This improves the retrieval of reports to support quality improvement activities.

Connection to other systems is currently only present through e-chart. Accuro provides a patient specific link which currently supports access to episodes of care, medication lists, and vaccination records.

The clinics are encouraged to continue to train the providers in standardized charting to enhance the effectiveness of the EMR to support patient care and quality improvement activities.

**Priority Process: Impact on Outcomes**

Primary care is data rich from a variety of generated reports, many of which are centrally developed and regularly distributed. The Home Clinic reports have data on primary care indicators such as panel size, utilization, chronic disease indicators and recommended screening indicators. Health team indicator reports and primary care access reports are also produced, and practitioners receive reports on many of these activities at the individual level. There is also capacity within the EMR to customize reports for unique questions and improvement projects, however many clinics do not have the local expertise to do this.

The contracted clinics have a quality position which at present is mostly used to collect data for the reporting process on their various contracts. There is an opportunity to use this skill and talent to promote improvement in practice.

Daily safety huddles are a regionally required practice for WRHA clinics which is supported by processes and tools to review safety and quality indicators regularly, in addition to the clinical huddles. These have been embraced by the clinics.

The policies and procedures are currently outdated and senior administration is aware. A process to update them has been initiated. The team is encouraged to intentionally involve clients, families and the input of the committed care providers to ensure that these policies meet the needs of the clinics.

The clinics already have the foundational skills and resources needed and are encouraged to continue their quality journey with more focused initiatives that address local needs. They are also encouraged to share this work with the communities they serve in as many ways as possible, incorporating the patient perspective directly into all aspects of their care.

## Standards Set: Public Health Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	

The organization has met all criteria for this priority process.

<b>Priority Process: Competency</b>
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The organization has met all criteria for this priority process.

<b>Priority Process: Impact on Outcomes</b>
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16.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
16.5	Quality improvement activities are designed and tested to meet objectives.	!
16.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!

<b>Priority Process: Public Health</b>
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The organization has met all criteria for this priority process.

<b>Surveyor comments on the priority process(es)</b>
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<b>Priority Process: Clinical Leadership</b>
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Position and Job descriptions have been developed and are regularly reviewed by team members.

<b>Priority Process: Competency</b>
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Public Health staff are provided with the appropriate training and education and work closely with community partners to identify training needs, such as cultural awareness and courses focused on engaging with Indigenous populations.

The Public Health Nurse Professional Model provides a framework and guidelines for roles in health promotion and communicable disease prevention. This essential guideline for nursing professionals has been refreshed, however, it may need another update after the health system transformation, as some of the roles and responsibilities have been transferred to Manitoba Health.

The staff at the public health sites visited appeared satisfied and fulfilled. They are strongly committed to helping the populations stay healthy through education, health prevention, immunization, and family support. Staff performance is evaluated regularly.

### Priority Process: Impact on Outcomes

The quarterly quality report tracked incidents for the Public Health division, providing recommendations for prevention and serving as a learning tool for all staff.

The loss of epidemiologists has led to gaps and uncertainties in data surveillance and analysis, leaving the region waiting for the data information it previously received before the health system transformation. It is recommended that Public Health develop and implement a quality improvement program.

### Priority Process: Public Health

The WRHA Population and Public Health program is undergoing system-wide transformation. Manitoba Health will coordinate public health leadership across the province, a new alignment that will shift focus from regional to provincial. The implementation is in progress, and timeline delays have created uncertainty with the changes. It would be helpful to provide updates and communicate the progress with the management team and staff. WRHA is preparing for the changes and aligning with Manitoba Health. The changes require clarification of roles and responsibilities as well as a good change management process. Presentations are available for the health system transformation. There will be adjustments for the changes, and WRHA leadership is already experiencing challenges finding information and filling the gaps with missing information.

The population health assessment was conducted in 2019. The data and demographics have changed, especially due to COVID-19 and population changes, such as the increase in newcomers. It is suggested the organization revitalize the process and complete the population health assessment every five years. An increase in newcomers and refugees settling in the region has posed challenges for providing public health services. Staff strive to help clients overcome barriers to accessing health services and are passionate about finding creative ways to help clients.

Communicable diseases are being tracked and analyzed. Public Health Nurses are assigned to follow up on cases of communicable diseases. A system is in place for contact tracing.

Health education and training are provided in partnership with community partners. It is suggested that the Public Health Division conduct client satisfaction surveys to obtain feedback and implement quality improvement programs. Tracking quality indicators will help staff work on improvement goals and celebrate their successes.

New staff orientation and continuing education have transitioned to Manitoba Health. Coordination is needed to coordinate onboarding for new staff.

Recruiting and retaining Indigenous employees continues to be a challenge. More Indigenous healthcare professionals and personnel are needed to serve the high percentage of populations using the healthcare system and support for retainment needs to be enhanced. The upcoming Indigenous Health Services strategic plan development may address this initiative.

There are processes for accessing and monitoring surveillance data, however, the provincial data is not available at the Public Health regional centres and revitalizing the program would be helpful.

The Public Health Centres collaborate with the schools and community groups to provide immunizations. Extra efforts are made to help families comply with the immunization program for their children. Some clients and families need to build trust with the staff before they are committed to using the services. The Public Health teams are commended for their efforts to encourage clients and families to utilize their services to maintain their health.

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## Standards Set: Rehabilitation Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
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.	<div>ROP</div>  <b>MAJOR</b>
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.	
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
13.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
13.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
13.5	Guidelines and protocols are regularly reviewed, with input from clients and families.	!
13.6	There is a policy on ethical research practices that outlines when to seek approval, developed with input from clients and families.	!
15.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
15.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!



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

The Deer Lodge, Victoria Hospital, and Seven Oaks Hospital Geriatric Rehabilitation programs all actively collect patient and family feedback through direct contact to the facility, regional patient satisfaction surveys, and phone surveys. Sample sizes for patient feedback from these inputs is limited and does not provide direct specificity to the Clinical Leadership standards. The region has also done large scale stakeholder engagement to inform Regional Health Service Strategies. The sites evaluated will have the opportunity to continue to redesign to their services to further the WRHA strategic plan. The organization is encouraged to solicit patient and family partners into committees and working groups, advancing rehabilitation care in the region to ensure continued focus on the clients served.

The leadership teams in the sites surveyed demonstrated innovative and creative initiatives to optimize resource use, balanced with furthering the organizations focus on quality and patient safety.

**Priority Process: Competency**

The organization has a comprehensive training and orientation program regionally and at the site level. Training records and opportunities were well documented. Unit workflows demonstrated each role performing to full scope. Victoria Hospital's success in cross training unit clerks and UCA's was noted as optimizing tasks and skills mix.

The safety huddle process was noted at all sites surveyed. The leadership teams are commended for embracing the intent of the huddles with continued focus on quality and reminders with regards to refreshing elements of safety and quality education initiatives.

Seven Oaks Hospital was noted to have a very positive response from staff in the diversity workshop offered at the site. The session observed was fully attended and staff were interactive with the presenter. The organization is encouraged to explore collaboration between these similar programs to allow for efficiencies in maintaining clinical competencies and standardizing the development opportunities for teams across sites. Collateral benefits will be the growth of discipline specific communities of practice across the sites, supporting networking and development opportunities for the teams.

**Priority Process: Episode of Care**

Clients access the Geriatric Rehabilitation program through a central access system. All the sites visited reported increased acuity in the clients presenting to their programs, resulting in longer lengths of stay and challenging staffing mixes that were designed for a less acute population. This was reflected in client feedback related to response times for client care needs. Teams also reported this trend and its impact to falls risk and wounds. Data reflecting patient safety was observed on quality boards in each of the sites. Plans addressing quality measures were displayed on quality safety huddle boards and also publicly displayed. The opportunity to add the action plan information to the data displayed would help clients and families understand the initiatives on the units to address safety issues and could highlight how families can assist in the initiative.

Innovative programs were noted at each of the sites. The Walking Program at Deer Lodge encourages aides to mobilize patients during their available time and track the activity. The organization is encouraged to engage families in this initiative and the tracking when safe and appropriate, to further involve families as partners in care while realizing the benefits of frequent mobilization.

The Hip Protector Pilot completed at Victoria General Hospital was funded by the hospital auxiliary and provided for those patients at risk of fall to have hip protectors provided. Over the course of the study the number of falls did not reduce, however the severity of the fall changed from harm or severe harm to minimal harm or near miss. The organization is encouraged to expand the program given the cost benefit of the hip protector to an admission for a severe hip injury.

The My Ticket Home program at Seven Oaks Hospital was developed by the team to respond to details that become barriers when patients are ready for safe discharge. The program engages patients as partners early in their care and prompts them to consider details about their safe return home, setting the stage for a barrier free transition.

The organization is encouraged to review the informed consent process in the context of the Geriatric Rehabilitation setting and in alignment with the standards for regulated health professionals. Consent was indicated in some progress notes for some providers. Training materials provided as evidence were aligned with procedural based care and examples that are more relevant to the rehabilitation unit setting may be helpful in generating staff, patient, and family perspectives on consent in that environment.

#### **Priority Process: Decision Support**

Client records were well organized and comprehensive. The organization reports transition to an electronic medical record is anticipated in the future, however the timing is uncertain. The information exchange with external stakeholders is challenging with others housing information on electronic systems. The example was provided with the lack of ability of teams to access home care databases with some members of the team able to view information and others not. This creates barriers in sharing relevant client information and optimizing care delivery, as well as potential for a patient safety event if information is not accessible. This example was also provided by the clinical pharmacist in terms of information sharing with acute care, primary care, and community pharmacies. Considerable time and effort were reported in compiling complete client histories and care considerations due to the variations in system access for care providers.

Information sharing between team members and huddles observed, provided for collaborative problem solving and continuity of patient care between providers. The organization may benefit from standardizing the information exchanged and how this process is documented.

#### **Priority Process: Impact on Outcomes**

The Geriatric Rehabilitation programs surveyed all demonstrate a sound commitment to safety and quality. All have mechanisms in place to profile organizational initiatives focused on patient safety that are prominently displayed on units and supported with data. Teams demonstrate a collaborative effort in reaching quality targets, which could be strengthened with the incorporation of client input. Displays on

the unit provide the opportunity for front-line staff to submit tickets with their input and ideas. Each program area is well positioned to evaluate the unique activities they are implementing, such as the walking program, hip protector initiative, and My Ticket Home, and link each back to one of their quality agenda items.

The implementation of the quality and safety huddles may also provide an opportunity for the organization to track and the ticket submissions across like programs to broaden the scope of staff and patient generated suggestions.

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## Standards Set: Substance Abuse and Problem Gambling - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
1.4 Services are reviewed and monitored for appropriateness, with input from clients and families.	
2.1 Resource requirements and gaps are identified and communicated to the organization's leaders.	
2.3 An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
2.5 The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
5.2 Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.	
<b>Priority Process: Competency</b>	
4.3 Position profiles with defined roles, responsibilities, and scope of employment or practice exist for all positions.	
<b>Priority Process: Episode of Care</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Decision Support</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Impact on Outcomes</b>	
14.7 Patient safety incidents are disclosed to the affected clients and families according to the organization's policy, and support is facilitated if necessary.	!
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Clinical Leadership</b>	

The Winnipeg Regional Health Authority (WRHA) Mental Health and Addictions Recovery Services senior leadership team, physician leadership and clinical leadership teams lead with passion and commitment.

They have been observed and reported to be living the values and mission of WRHA. This is supported by regular leadership and staff meetings and ongoing support for education and training. The implementation of safety huddles have been a welcome addition to the team's communication. The team makes every effort to include members of the client's support network in the client's care and are treated as equal partners in their care needs.

The programs and services of the Addictions Foundation of Manitoba (AFM) became part of Mental Health & Addictions, Shared Health and Manitoba regional health authorities (RHAs) during 2022. Since that time, the WRHA Mental Health and Addictions Recovery Services senior leadership team have been providing leadership to the significant Systems Transformation.

At the River Point Centre location, team members expressed concerns in relation to the perception of lack of communication, lack of meaningful engagement, and lack of trust from the leadership team since the transformation from Addictions Foundation of Manitoba (AFM) to the Winnipeg Regional Health Authority (WRHA). As a result, the team reported that they do not feel empowered to communicate resource requirements and gaps in their respective program areas.

At the Women's In-House location, the team highlighted their pride in their teamwork, and this was observed during the visit. All the staff that were interviewed acknowledged having a very positive relationship with their leaders and felt that their supervisor was responsive to their requests and/or concerns. There was some discrepancy between staff with respect to their experience with the transition from AFM to WRHA, with the nursing staff appreciating the additional rigor and evidence informed practices that have been adopted since the transition (e.g. Suicide Risk, Discharge Summaries, MySafe Plan, access to smoking cessation program).

From a positive change management perspective, the leadership team may want to take time to pause and reflect on the past couple of years. The leadership team may also want to be cognizant of change fatigue amongst team members and plan accordingly to address same. The leadership team is also encouraged to consider evaluating the strategic communication plan to re-engage community partners, clients, families and frontline team members in re-building evaluation the Systems Transformation, in addition to rebuilding their trust and commitment with their leadership team and team members. The leadership team is encouraged to evaluate the effectiveness of the change management strategy related to the transformational change from AFM to WRHA.

At the River Point Centre location, the team reported that since the change of their program's mandate from abstinence-based care to a harm reduction approach, there is a need to review the skill mix to support the safety and well-being of clients and team members that are working after hours. The team expressed the need for additional nursing support to support the change in complexity of the client population. The organization is encouraged to review the potential need for a change in skill mix and seek meaningful input from clients and families. The Orientation Coordinator has been instrumental in developing a comprehensive directory of pertinent partnerships with other services, programs, providers, and organizations to meet the needs of clients.

At the River Point Centre location, team members were not able to clearly articulate their roles, responsibilities and expectations regarding their positions. Since the transformation from AFM to WRHA, team members reported that they have not received an updated job description. They reported that input has not been sought from team members or from clients and families. There was no evidence provided during the on-site visit that the effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders. The organization is encouraged to leverage the WRHA Mental Health and Addictions Recovery Council to co-design an evaluation plan to help determine the effectiveness of resources, space, and staffing.

#### **Priority Process: Competency**

The team is commended for the interdisciplinary, collaborative team approach to care. The daily Kardex morning meetings is an excellent illustration of this approach to care. It was evident that this cohesive team is very supportive and respectful of each team member's roles and responsibilities.

It is acknowledged that the leadership team have provided team members with additional self-directed learning education modules related to harm reduction. However, in consultation with the team members, the team may benefit from more hands-on enhanced best practice training that would be contextualized for each team member's roles and responsibilities, as the required training and education varies by role. Clients and families can provide valuable input regarding education and training that could benefit team members and enhance services.

At the River Point Centre location, since the transformation from AFM to WRHA, some team members reported that they have not received an updated job description.

#### **Priority Process: Episode of Care**

The Winnipeg Regional Health Authority (WRHA) is commended for their ongoing support of the Mental Health and Addictions Recovery Services Advisory Council. The Council is comprised of individuals, family members, natural supports and community members with a variety of lived and living experiences. The Council have been active and valued enhancement to Mental Health and Addictions Recovery Services since 2005 and have been providing an important mechanism for meaningful co-design and input into regional planning, implementation, and evaluation of WRHA Mental Health and Addictions Recovery Services. However, WRHA is encouraged to seek further meaningful input from clients and families at the local level to provide team members, clients, and families the opportunity to contextualize the co-design for their respective care setting.

Since the transition from the Addictions Foundation of Manitoba (AFM) to the Winnipeg Regional Health Authority (WRHA), there have been some notable enhancements to WRHA Mental Health and Addictions Recovery Services, such as, a provincial coordinated approach; increased access across the province; Service Delivery Organization (SDO) accountability for services within their region; and service options for different stages of recovery offered by SDO. There are now a range and access of service options available in community. The following AFM service areas have integrated into the WRHA: Men's & Women's in-

house treatment sites; gambling services; impaired driving program; family services; recovery housing; and community-based services. Additionally, WRHA combined the two inhouse site intake teams into one and centralized their processes. The same approach was applied to bed utilization. WRHA is beginning to align service flow with the provincial Mental Health and Addiction standards that will come into effect in 2025 by reviewing referral triage, assessment, and admission processes within inhouse treatment services.

Implementation is underway of a new WRHA in-house addiction services referral form to standardize referral and admission criteria and to move away from clinical case reviews for admission. Due changes to the referral process, the Intake and Assessment Team report a rise in referrals, which have resulted in increased wait times for admission to the in-house treatment programs. The team is encouraged to develop a waitlist management strategy. For example, they may want to consider conducting regular waitlist audits by reviewing the waitlist frequently to confirm whether clients still require in-house treatment or their condition has changed. This proactive approach allows the organization to adjust the prioritization and scheduling based on current client needs, ensuring timely care for those whose conditions may have worsened.

At the women's in-house location, clients were actively engaged and involved in their care and treatment, with one client sharing, 'I was so reluctant to come here...now I see that they are so kind, so caring'. Many of the clients identify as Indigenous and it was suggested by clients that more could be done to support them by enhanced understanding of the impact of traditional healing methods on medications.

The team expressed pride in the bluebird pin that is given to each woman who completes the program. The pin was designed by a former patient and represents the connections that are made in the program. Former patients are invited to continue to participate in specific programs after completing the program, and many do so.

The Intake and Assessment Team have a standardized information package that is given to new clients at admission that contains important information about the In-House Treatment Program. It was acknowledged that the information package will need to be updated, and the team is encouraged to seek intentional, meaningful input from clients as part of their revision process.

Enhanced community partnerships have improved collaboration with numerous community partners to deliver a wide range of mental health and addictions services. The WRHA has service purchase agreements with eleven grant funded agencies as well as additional partnerships with service organizations. These include: the Canadian Mental Health Association; Sara Riel; Friends Housing; Clubhouse; Community Therapy Services; YM/YWCA; Eden Mental Health Services; Jewish Child & Family Services; ArtBeat; Klinik Community Health Centre; Women's Health Clinic; Aurora Family Therapy Centre; Peer Connections Manitoba; and Shared Health.

### Priority Process: Decision Support

The clinical documentation system is paper based, without a standardized approach to documentation.

The organization is encouraged to adopt a standardized interdisciplinary approach to documentation of clinical notes to enhance the quality and safe care of clients. Prioritization of an electronic health record system implementation will enhance the coordination of care and clinical efficiencies.

### Priority Process: Impact on Outcomes

The Winnipeg Regional Health Authority (WRHA) is commended for their ongoing support of the Mental Health and Addictions Recovery Services Advisory Council. The Council is comprised of individuals, family members, natural supports and community members with a variety of lived and living experiences. The Council have been active and valued enhancement to Mental Health and Addictions Recovery Services since 2005 and have been providing an important mechanism for meaningful co-design and input into regional planning, implementation, and evaluation of WRHA Mental Health and Addictions Recovery Services.

The design and layout of the River Point Centre was observed to be guided by a person-centered, recovery-oriented philosophy with a focus on destigmatizing mental illness, substance use, culturally inclusive, promoting safety, privacy and individual choice, and creating a therapeutic milieu for individuals, caregivers, staff and visitors. However, the organization is encouraged to seek meaningful input from the clients and family members to assist in the co-design of client bedrooms to create a more person-centered, recovery-oriented space. The bedrooms were observed to have a clinical feel, as opposed to a homelike environment.

The creation of the Initiatives Lead Mental Health & Addictions position has been instrumental in leading quality improvement initiatives. Some of the new initiatives and continuous quality improvement opportunities shared by the leadership include: community-based addictions counsellors co-located with in one location in order to improve processes and information transfer; the creation and implementation of a provincial addictions in-house treatment form; the implementation of a provincially coordinated in-house treatment bed management process to improve efficiency; urine drug screening practice changes at in-house treatment sites, aligning with best practices; a phone tree implementation at addictions access and intake to streamline processes and improving efficiencies; a streamlined referral pathway between the in-patient addictions unit and community in-house treatment; and Provincial Healthcare Violence Prevention Planning (VPP). All addictions service staff received VPP training and new protocols and processes have been implemented.

As with any new initiative, the organization is encouraged to continue to actively gather input from team members, client and families when reviewing the procedure to select evidence-informed guidelines. Although clients and families may not be involved in a technical or clinical review, their perspectives on client and family experiences of care are invaluable.

Increased team member engagement and increased partnerships with client, families and community partners in quality improvement initiatives would be strengthened if the outcome data was more readily available and shared with the team. In the spirit of transparency, posting indicator reports and other data indicators at the site level would be appropriate and beneficial.



## 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 20 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
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

Priority Process	Description
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
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