



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Gateway Community Health Centre

Tweed, ON

On-site survey dates: October 23, 2016 - October 26, 2016

Report issued: November 15, 2016

About the Accreditation Report

Gateway Community Health Centre (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in October 2016. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

Accreditation results are based on information provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Accreditation Report.

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only. Accreditation Canada does not release the report to any other parties.

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

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

A Message from Accreditation Canada

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

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

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

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

We look forward to our continued partnership.

Sincerely,



Leslee Thompson
Chief Executive Officer

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Executive Summary

Gateway Community Health Centre (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

Gateway Community Health Centre's accreditation decision is:

Accredited with Exemplary Standing

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: October 23, 2016 to October 26, 2016**

- **Location**

The following location was assessed during the on-site survey.

1. Gateway Community Health 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. Governance
2. Infection Prevention and Control Standards for Community-Based Organizations
3. Leadership Standards for Small, Community-Based Organizations
4. Medication Management Standards for Community-Based Organizations

Service Excellence Standards

5. Primary Care Services - Service Excellence Standards

- **Instruments**

The organization administered:

1. Governance Functioning Tool (2011 - 2015)
2. Canadian Patient Safety Culture Survey Tool: Community Based Version
3. Worklife Pulse
4. Client Experience Tool

Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	22	0	0	22
 Accessibility (Give me timely and equitable services)	14	0	2	16
 Safety (Keep me safe)	94	2	3	99
 Worklife (Take care of those who take care of me)	50	1	0	51
 Client-centred Services (Partner with me and my family in our care)	66	1	0	67
 Continuity of Services (Coordinate my care across the continuum)	18	0	0	18
 Appropriateness (Do the right thing to achieve the best results)	189	0	17	206
 Efficiency (Make the best use of resources)	21	0	0	21
Total	474	4	22	500

Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	44 (97.8%)	1 (2.2%)	5	36 (100.0%)	0 (0.0%)	0	80 (98.8%)	1 (1.2%)	5
Leadership Standards for Small, Community-Based Organizations	39 (100.0%)	0 (0.0%)	1	69 (100.0%)	0 (0.0%)	1	108 (100.0%)	0 (0.0%)	2
Infection Prevention and Control Standards for Community-Based Organizations	22 (91.7%)	2 (8.3%)	3	46 (100.0%)	0 (0.0%)	0	68 (97.1%)	2 (2.9%)	3
Medication Management Standards for Community-Based Organizations	26 (100.0%)	0 (0.0%)	3	32 (100.0%)	0 (0.0%)	6	58 (100.0%)	0 (0.0%)	9
Primary Care Services	57 (100.0%)	0 (0.0%)	1	89 (98.9%)	1 (1.1%)	1	146 (99.3%)	1 (0.7%)	2
Total	188 (98.4%)	3 (1.6%)	13	272 (99.6%)	1 (0.4%)	8	460 (99.1%)	4 (0.9%)	21

* Does not include ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
The “Do Not Use” list of abbreviations (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	3 of 3

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
High-alert medications (Medication Management Standards for Community-Based Organizations)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0
Preventive maintenance program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1
Workplace violence prevention (Leadership Standards for Small, Community-Based Organizations)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand-hygiene compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Hand-hygiene education and training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1

Summary of Surveyor Team Observations

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

The governing board of the Gateway Community Health Centre are a very dedicated and committed group. A number of the board are members of the Centre, however, the board is to be commended for reaching beyond the boundaries of the community and catchment area to recruit skilled individuals. The board has a very robust application and selection process for interested board members as well as a detailed orientation package for new members. Board members are encouraged to access ongoing education provided through conferences and webinars.

The board reports that they are provided with up to date information and data which assists them when making decisions and that they are very proud of the services provided to their clients by the staff, physicians, students and volunteers of the organization.

The community and community partners expressed a high level of appreciation and satisfaction with the services and care the Centre provides. They reported that the Centre solicits input and feedback through surveys, forums, meetings and direct patient care. Gateway Community Health Centre is the lead of the Healthlink program in its region. This honour highlights the organization's ability to forge partnerships with various community counterparts within a complex health care system.

The organization has a strong and dedicated leadership team who wear many hats within the organization. In addition many of the clinicians and leadership team members serve as ambassadors and advocates to governmental agencies. The leadership team is dedicated to ensuring that the Gateway CHC is a leader in health system transformation. It is committed to the educational development of its leadership team through support in courses such as the Rotman curriculum. The organization may want to develop a defined succession plan to ensure strong leader development for continued progress in health system transformation.

The GCHC is fortunate to have a substantial complement of staff. Leadership is thoughtful regarding staff workload. The organization should be commended regarding their management and staff culture that their employees are supported in a "family first" philosophy. Worklife balance is a priority for the organization. Gateway CHC demonstrates an attention to indicators of employee wellness that includes social support and cooperative employee evaluation. Staff express satisfaction with their workplace despite the organization's financial constraints with regards to salary increases. Team cohesiveness is strongly evident and includes the acknowledgement of all of the volunteers that enable excellence in patient care.

There is an extensive number of community programs available for patients and residents of Hastings county. The GCHC uses targeted engagement using a patient conversation guide to solicit and authenticate their programs. The organization has excellent use of the annual logic model to determine the viability of service and return on investment. Gateway CHC highlights an innovative culture demonstrating the values of a

community health centre with such examples as: the System Navigator, Justice in Health Partnership, Oral Care and Early Years Programs.

The patients, partners and board members highlight the excellence in primary care services. The clinical staff demonstrates a true dedication to patient-centred care through their attention to patient needs via triage and same day appointments and provision of 24/7 hour accessibility, palliative care and focus on transitions in care.

Client satisfaction is obtained through a variety of modalities that include: patient satisfaction surveys, focus groups, direct patient interaction. There is a robust quality improvement plan and reporting structure throughout the organization. Patient satisfaction along the continuum of services is featured prominently in these quality improvement plans. The organization should be commended for its use of secondary data in decision support to develop service needs.

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

MAJOR

Required Organizational Practice

Major ROP Test for Compliance

MINOR

Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

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

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

Priority Process: Governance

Meeting the demands for excellence in governance practice.

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
13.7 The governing body regularly reviews the contribution of individual members and provides feedback to them.	!
Surveyor comments on the priority process(es)	

The governing body of the Gateway Community Health Centre report that they are very proud of the team of professionals and service providers who deliver a high quality, comprehensive service to the clients of Tweed and catchment area. They acknowledge that there are many challenges facing the Centre mostly due to the constant change in the healthcare system, the unknown and financial restraints. They report that the board members are very dedicated and committed to their roles and responsibilities and have an open and transparent relationship with the CEO, staff and community partners. Board members routinely serve on regional and provincial committees and bring the voice of the rural and remote Centre and the clients it serves to the table.

The governing body has completed a five year strategic plan which spans the years 2015 to 2020. The plan was developed with input and feedback from staff, physicians, clients, volunteers, community partners and other service providers.

Priority Process: Planning and Service Design

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Gateway Community Health Centre continuously seeks input and feedback from the clients they serve, the community and catchment area regarding gaps in service and identified needs. This results in managers and staff utilizing the "Logic Model" to plan, execute, evaluate and resource programs which benefit their clients. One of many examples is the "Super Dad's/Super Kids Program". The Centre collaborated with their community partners to access space, utilize resources and provide a "safe environment for dad's". The focus of the program is on responsible fathers-men who make a conscious choice to be role models for their kids. Follow-up formal feedback allowed for an evaluation of the program and revisions to the delivery. Many such programs are developed through the logic model such as The Youth Jazz Ensemble, True You, After School Program, Reading Stars, Pole Walking and many others. The staff expressed that one of the indicators of success was when a high school student volunteered to assist with the "Reading Stars Program," having been a client of the program as a child. The "System Navigator RN" is another program which identifies clients with complex healthcare issues and creates a coordinated care plan which engages the clients healthcare team including family members, providers and community resources.

Clients of the Gateway Community Health Centre express their high level of satisfaction with the services and programs provided by the Centre. They report that their input and feedback is obtained through client satisfaction surveys and focus groups. The feedback has resulted in extended clinic hours three days a week, physicians and nurse practitioners making "house calls" and access to medical professionals on a 24/7 basis. They are "very proud" of the Centre, the staff and physicians. They report a decrease in their anxiety level from the initial phone call to the friendly, helpful receptionist and their scheduled appointment or access to care if their issue is of an urgent or emergent matter. The volunteers reported feeling "appreciated and recognized" for their service.

Priority Process: Resource Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Gateway Community Health Centre is to be commended for balancing their budget. The financial manager reports looking for opportunities to improve efficiency. An example of this is the creation of the "A Great Place Accounting System," a template that replaces manual input. The finance committee of the board reports that the reports they receive are comprehensive and easy to interpret. The finance committee meets with the finance manager prior to the board meetings and reviews the reports which are then presented to the board for approval. The annual operating and budget plans are prepared with input from staff, physicians and board with final approval at the board. The Centre is facing challenges to address wage parity for staff as budgets have been frozen for the past several years. This is of particular concern for the Centre's recruitment and retention of staff.

Priority Process: Human Capital

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Gateway Community Health Centre is to be commended for their commitment to a "family first" philosophy which allows staff and management flex time to attend family events. The Centre has been challenged over the past years to provide enhancement to their compensation dollars but has been able to provide a compensation package to address a worklife balance through vacation, floating stats, flex time and sick days. Staff report that some positions can be worked from home and with a small team of employees, staff and managers "watch out for each other". A social fund created through payroll deductions supports social events such as luncheons and dinners.

Developing leadership skills and expertise has been provided to staff through attendance at the Rotman School of Management which is offered across the LHIN. To date the Centre has four graduates with others scheduled to attend. The tools acquired have been utilized within the organization and found very useful.

The Centre employs summer students and provides practice opportunities for students across the spectrum of professionals. Summer students are given exit interviews along with their work experience evaluation, this could potentially be a future recruitment opportunity.

Ongoing patient safety, training and education is evident throughout the organization. OH&S training is on a three year rotation with updates provided as legislation changes. The pandemic plan is reviewed annually and updated as necessary.

Human resources manually maintain employee records which are well organized and are stored in a locked closet.

Performance appraisals of all staff are done every two years and copies kept on the staff file.

Staff compliance with the voluntary flu immunization for the past year reports that 33 out of 35 staff received the flu shot.

Recruitment of staff is always a challenge for the organization particularly for part-time positions and maternity leaves. The rurality of the community and inability to compete for salary compensation often are barriers to recruitment.

Priority Process: Integrated Quality Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Gateway Community Health Centre was recognized in the Health Quality Ontario Provincial report 2015/2016 -"the lead organization in the Rural Hastings Health Link-stands out as a notable example of a primary care provider that is directly engaging patients in their care and showing strong results in doing so. Gateway has been an early adopter of a new role they call the System Navigator in primary care, and has found the role helpful when managing care coordination plans".

The organization exhibits a strong commitment to patient safety throughout the client care areas, programs and services . Patients are engaged in their care plans and feedback is solicited from clients through a tool "the conversation guide", prior to implementing new programs. This gives the staff an opportunity to test the validity of the program and whether or not it is a fit for the clients they serve. New employees, volunteers, students and physicians are walked through an occurrence report during their orientation. All reports are reviewed, analyzed and action taken where applicable. Tracking and trending reports are reviewed by managers, staff and the board.

The Centre has a robust Quality Improvement Program with staff, volunteers, students and physicians input and feedback to the quality improvement plan. The plan is monitored and reports are shared at all levels of the organization.

The Director of Quality and Decision Support provides support to the Bancroft site and was recognized by the ED as an asset to their organization.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has developed an ethic framework for decision-making. The organization should encourage leadership, the governing body and working groups to use and apply the framework to their activities.

Priority Process: Communication

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Gateway Community Health Centre does not have a formalized communications department, however, the task of providing relevant, meaningful information and data is managed throughout the organization by the staff, managers and CEO. The messaging is consistent and shared broadly across the organization, to the board and the external partners and community. The community partners report that the Centre seeks input and feedback from its partners and community members about the services they provide and willingly accept suggestions for improvement based on evaluation and outcomes. The Centre's team use many tools to communicate both internally and externally, examples are: newsletters, email, meetings, presentations at national and provincial forums, bulletin boards, pamphlets, to name a few. The surveyors were able to view many of the artful and creative bulletins and education materials that are developed by the team. The team is proud of the "Transformational Change Award" they received. Future plans for providing access through a portal for clients to obtain information in their health record will evolve as the Centre moves to Telus. The team is to be commended for the development of customized templates in their Nightingale system and the support they provide to their community partners and agencies.

Priority Process: Physical Environment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Centre presented a very welcoming, friendly environment. There was evidence of appropriate hand washing stations with clear directions for staff and visitors. Appropriate space was provided to ensure client confidentiality in all client care areas and admission. Signage was appropriate, as well education materials were well organized on bulletin boards, television, pamphlet holders and wall postings. The staff and administration indicated that they were increasingly experiencing space issues and were looking forward to the planned expansion. The elevator to the basement level was out of order which may create potential safety issues for clients having to access services on the basement level. The organization may want to consider replacing the carpeted areas with a material that is easier to clean and maintain.

Priority Process: Emergency Preparedness

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Gateway Community Health Centre has a comprehensive Pandemic Plan which is updated annually and could be transitioned and utilized by the Centre in the event of an emergency or disaster. The Centre routinely has planned fire drills which include evacuation of the Centre. There is a debriefing held with the Occupational Health and Safety Committee following all drills which include an evaluation component. This resulted in a change to how clients signed in on the attendance sheet, to print rather than write their names so that they were legible and easy to read and clients could be identified. The Centre has a designated manager who has oversight of the organizations preparedness for any and all emergencies and disaster.

The Centre may want to consider asking the municipality to involve them in their emergency/disaster preparedness planning.

Priority Process: Patient Flow

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization encourages strong leadership to identify and address barriers that prevent patients from accessing services. The organization should be commended for their efforts in engaging clients and community residents to promote the organization's services. The leadership has been very thoughtful to identify and further addressing systemic barriers that prevent patients from accessing healthcare services.

Priority Process: Medical Devices and Equipment

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

Unmet Criteria	High Priority Criteria
Standards Set: Infection Prevention and Control Standards for Community-Based Organizations	
10.7 When an organization cleans, disinfects, and/or sterilizes devices and equipment in-house, there are designated and appropriate area(s) where these activities are done.	!
10.8 The organization appropriately contains and transports items to the appropriate area for sterilization.	!

Surveyor comments on the priority process(es)

The organization has several dedicated staff that ensure that medical devices are maintained. They have a robust process to check equipment and track necessary maintenance of the equipment. The organization does not have a separate designated area for contaminated equipment that requires sterilization that is distinct from the clean storage and patient care areas. There is a plan that includes meeting the criteria of separate clean and contaminated areas for sterilization in the new capital development project.

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:

Competency - Primary Care

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

Infection Prevention and Control for Community-Based Organizations

- Infection Prevention and Control for Community-Based Organizations

Medication Management for Community-Based Organizations

- Medication Management for Community-Based Organizations

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.

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

Unmet Criteria	High Priority Criteria
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Priority Process: Infection Prevention and Control for Community-Based Organizations

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Infection Prevention and Control for Community-Based Organizations

The organization regularly updates infection prevention and control policies and procedures. These policies reflect best practice activities including strong hand hygiene practice, staff and patient education and IPAC audits. During this survey, all team members were observed to follow these polices. The organization should be commended for their ability to include patients’ participation in auditing the staff regarding hand hygiene.

The organization should be commended as it continues to develop and evaluate IPAC policies and procedures, reflecting the best practice guidelines in infection prevention and control. The organization could consider formalizing its role in the education of residents of Tweed/Hastings County regarding health promotion, health literacy and infection prevention and control best practices, beyond the clinics primary care patients. Many staff members currently perform this function informally as part of existing programs and services. There remains opportunity for the organization to continue to educate and encourage vulnerable patients to follow hand hygiene practices themselves.

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

Unmet Criteria	High Priority Criteria
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Priority Process: Medication Management for Community-Based Organizations

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Medication Management for Community-Based Organizations

Gateway Community Health Center has added a clinical pharmacist to oversee the implementation of best practice medication management activities. The organization should be commended in its attention to medication reconciliation at intake and transitional points of care. In addition, the primary care team takes great care in ensuring appropriate medication management, medication reconciliation and patient education of medication.

Standards Set: Primary Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Competency - Primary Care

The organization has met all criteria for this priority process.

Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

10.6 Access to spiritual space and care is provided to meet clients' needs.

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Competency - Primary Care

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Priority Process: Clinical Leadership

Team members are encouraged to identify and to lead opportunities to improve services for patients. There is a distinct culture created by the organization and its leadership to support their staff to each develop as clinical leaders and advocates for patients. Patients are continually engaged to identify new opportunities for service design and to evaluate if services are meeting patient needs.

The clinical leadership is very thoughtful in identifying gaps in care for their patients. The organization is a leader in the Healthlink initiatives that identifies and addresses needs in the complex patient population. The leadership collaborates with various organizations, creating partnerships to improve healthcare services across the system.

The organization includes clinicians that all participate in providing palliative care services for patients.

Given the rural setting, the organization should be commended for the comprehensive services that patients receive regarding palliative care from the providers.

Priority Process: Competency

There is a strong team approach to patient care. Team members work at full scope, taking the lead in the development and implementation of numerous services that address patient needs. The organization should be commended for the excellent orientation for staff. There is a dedicated process to ensure that best practices pearls are shared between clinical staff following participation in educational updates. It is evident that team members support collaboration in patient care through referrals to team services and continued patient education.

The organization should be commended for setting a culture and process whereby patients are engaged at every level to ensure that services are designed to meet patient population needs.

Priority Process: Episode of Care

There is a strong intake process for patients that include educating patients and residents regarding services available at the community health centre. The organization should be commended for their efforts to educate community residents regarding health care services available for both registered and non-registered patients. The organization advertises their services in local community papers and community boards. Employees are also ambassadors of the organization.

Gateway Community Health Centre provides triage for patients to ensure timely access to care in addition to same-day and after hours appointments. Patients interviewed during the survey report ease of timely access to services in the clinic. They highlight their satisfaction with timeliness of services and thoughtfulness of all staff in meeting their healthcare needs.

The organizations should be applauded for their provision of 24-hour after-hour telephone access to clinical services. The clinicians may provide face-to-face services after hours as appropriate to patient care. These efforts support the reduction in Emergency room visits. Beyond patient initiated visits, the clinical staff members are proactive in engaging patients and ensuring that they have appropriate follow up. There is also exceptional use of task lists to ensure that referrals are managed in a timely manner.

The organization should be commended for their leadership in the comprehensive risk assessments of complex patients and their participation in the local healthcare system integration of these patients in the care plan. Furthermore, there is a comprehensive risk assessment for new patients. The team ensures that patients are aware of services that may benefit patients in health promotion including affordable oral care, mental health support, child development and parental support. The clinic has created an innovative solution to help with system gaps beyond clinical services for patients through their system navigator.

Patients interviewed during the survey highlight the respectful relationship with all members of the care team.

Priority Process: Decision Support

The organization uses an electronic record system that helps to standardize health information. The dropdown menu for health information, diagnoses, and other critical information enables decision support for secondary use. The organization should be commended for their use of aggregate data to determine service needs in their patient and resident population.

Priority Process: Impact on Outcomes

A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families.

Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families. The organization should be applauded for its use of data driven initiatives, particularly in service design and Healthlink initiatives for complex patients. The organization participates in various quality improvement initiatives with Health Quality Ontario, and the SELHIN. The organization has a Director committed to the exceptional use of multiple data sources to evaluate impact on patient outcomes.

Instrument Results

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

Governance Functioning Tool (2011 - 2015)

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

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

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

- **Data collection period: July 14, 2015 to October 30, 2015**
- **Number of responses: 1**

Governance Functioning Tool Results

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1 We regularly review, understand, and ensure compliance with applicable laws, legislation and regulations.	0	0	100	93
2 Governance policies and procedures that define our role and responsibilities are well-documented and consistently followed.	0	0	100	94
3 We have sub-committees that have clearly-defined roles and responsibilities.	0	0	100	95
4 Our roles and responsibilities are clearly identified and distinguished from those delegated to the CEO and/or senior management. We do not become overly involved in management issues.	0	0	100	97

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
5 We each receive orientation that helps us to understand the organization and its issues, and supports high-quality decisionmaking.	0	0	100	90
6 Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	97
7 Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	98
8 Individual members understand and carry out their legal duties, roles and responsibilities, including sub-committee work (as applicable).	0	0	100	91
9 Members come to meetings prepared to engage in meaningful discussion and thoughtful decision-making.	0	0	100	95
10 Our governance processes make sure that everyone participates in decision-making.	0	0	100	95
11 Individual members are actively involved in policy-making and strategic planning.	0	0	100	92
12 The composition of our governing body contributes to high governance and leadership performance.	0	0	100	95
13 Our governing body’s dynamics enable group dialogue and discussion. Individual members ask for and listen to one another’s ideas and input.	0	0	100	95
14 Our ongoing education and professional development is encouraged.	0	0	100	92
15 Working relationships among individual members and committees are positive.	0	0	100	95
16 We have a process to set bylaws and corporate policies.	0	0	100	93
17 Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	93
18 We formally evaluate our own performance on a regular basis.	0	0	100	80
19 We benchmark our performance against other similar organizations and/or national standards.	0	0	100	67

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
20 Contributions of individual members are reviewed regularly.	0	0	100	74
21 As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	82
22 There is a process for improving individual effectiveness when non-performance is an issue.	0	0	100	65
23 We regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	83
24 As a governing body, we annually release a formal statement of our achievements that is shared with the organization's staff as well as external partners and the community.	0	0	100	77
25 As individual members, we receive adequate feedback about our contribution to the governing body.	0	0	100	66
26 Our chair has clear roles and responsibilities and runs the governing body effectively.	0	0	100	96
27 We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	88
28 As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	96
29 As a governing body, we hear stories about clients that experienced harm during care.	0	0	100	80
30 The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	87
31 We actively recruit, recommend and/or select new members based on needs for particular skills, background, and experience.	0	0	100	92
32 We have explicit criteria to recruit and select new members.	0	0	100	86
33 Our renewal cycle is appropriately managed to ensure continuity on the governing body.	0	0	100	93

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
34 The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	90
35 Clear written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	90
36 We review our own structure, including size and subcommittee structure.	0	0	100	93
37 We have a process to elect or appoint our chair.	0	0	100	93

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2016 and agreed with the instrument items.

Canadian Patient Safety Culture Survey Tool: Community Based Version

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

Results from the Patient Safety Culture Tool allow the organization to identify strengths and areas for improvement in a number of areas related to patient safety and worklife.

The organization [redacted] h [redacted] o [redacted] # [redacted] . The organization has provided Accreditation Canada with results from its h [redacted] o [redacted] # [redacted] and had the opportunity to identify strengths and address areas for improvement. During the on-site survey, surveyors reviewed actions the organization has taken.

Worklife Pulse

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

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

The organization used an approved substitute tool for measuring quality of Worklife. The organization has provided Accreditation Canada with results from its substitute tool and had the opportunity to identify strengths and address areas for improvement. During the on-site survey, surveyors reviewed actions the organization has taken.

Client Experience Tool

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

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

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

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

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

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

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

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

Appendix A - Qmentum

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

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 10 business days.

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

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

Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement. The organization provides Accreditation Canada with evidence of the actions it has taken to address these required follow ups.

Evidence Review and Ongoing Improvement

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

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

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

Priority processes associated with service excellence standards

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

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