# Accreditation Report

## Island Health

Victoria, BC

On-site survey dates: April 15, 2018 - April 20, 2018

Report issued: May 16, 2018

# About the Accreditation Report

Island Health (referred to in this report as "the organization") is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in April 2018. 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 Client Engagement Coordinator is available if you have questions or need guidance.

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

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

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# Executive Summary

Island Health (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

Island Health's accreditation decision is:

<div align="center">

### Accredited (Report)

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

# About the On-site Survey

- **On-site survey dates: April 15, 2018 to April 20, 2018**

- **Locations**

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

  1.  Bowen Community Care Facilities Licensing/Tobacco & Vapour
  2.  Cairnsmore Place
  3.  Chemainus Health Care Centre
  4.  Comox Valley Home & Community Care
  5.  Cormorant Island Community Health Centre
  6.  Cowichan District Hospital
  7.  Duncan Home Health Unit (Ingram Health Centre)
  8.  Duncan Mental Health Centre
  9.  Eagle Ridge Manor
  10. Eric Martin Pavilion
  11. Esquimalt Health Unit
  12. Gateway Village Health Unit
  13. Glengarry Hospital
  14. Gold River Health Centre
  15. Gorge Road Hospital
  16. Hillside Seniors Health Centre
  17. Lady Minto Hospital
  18. Mount Tolmie Hospital
  19. Nanaimo Public Health Unit
  20. Nanaimo Regional General Hospital
  21. Nanaimo: Mental Health Community Support Team
  22. North Island Hospital, Campbell River & District
  23. North Island Hospital, Comox Valley
  24. Oceanside Health Centre

25. Pembroke Street Mental Health

26. Peninsula Health Unit

27. People Centered Care

28. Port Alberni Mental Health & Addiction Services

29. Port Hardy Hospital

30. Port Hardy Mental Health & Addiction Services

31. Port Hardy Primary Care Center

32. Port McNeill Health Unit

33. Port McNeill Hospital

34. Queen Alexandra Centre for Children's Health

35. Royal Jubilee Hospital

36. Saanich Peninsula Hospital

37. Salt Spring Island Health Unit

38. Trillium Lodge

39. Victoria General Hospital

40. Victoria Health Unit

41. Victoria Pandora Avenue Health Centre (VICOT & ACT Teams)

42. West Coast General Hospital

43. Yucalta Lodge

- **Standards**

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

  *System-Wide Standards*
  1. Governance
  2. Infection Prevention and Control Standards
  3. Leadership
  4. Medication Management Standards

  *Population-specific Standards*
  5. Population Health and Wellness

*Service Excellence Standards*

6. Aboriginal Community Health and Wellness - Service Excellence Standards
7. Ambulatory Care Services - Service Excellence Standards
8. Community Health Services - Service Excellence Standards
9. Community-Based Mental Health Services and Supports - Service Excellence Standards
10. Critical Care Services - Service Excellence Standards
11. Developmental Disabilities - Service Excellence Standards
12. Emergency Department - Service Excellence Standards
13. Home Care Services - Service Excellence Standards
14. Hospice, Palliative, End-of-Life Services - Service Excellence Standards
15. Inpatient Services - Service Excellence Standards
16. Long-Term Care Services - Service Excellence Standards
17. Mental Health Services - Service Excellence Standards
18. Obstetrics Services - Service Excellence Standards
19. Perioperative Services and Invasive Procedures - Service Excellence Standards
20. Primary Care Services - Service Excellence Standards
21. Public Health Services - Service Excellence Standards
22. Rehabilitation Services - Service Excellence Standards
23. Reprocessing of Reusable Medical Devices - Service Excellence Standards
24. Telehealth - Service Excellence Standards

- **Instruments**

The organization administered:

1. Governance Functioning Tool (2016)
2. Canadian Patient Safety Culture Survey Tool
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) | 120 | 2 | 0 | 122 |
| Accessibility (Give me timely and equitable services) | 167 | 3 | 0 | 170 |
| Safety (Keep me safe) | 647 | 26 | 9 | 682 |
| Worklife (Take care of those who take care of me) | 205 | 9 | 0 | 214 |
| Client-centred Services (Partner with me and my family in our care) | 664 | 11 | 1 | 676 |
| Continuity (Coordinate my care across the continuum) | 141 | 2 | 0 | 143 |
| Appropriateness (Do the right thing to achieve the best results) | 1192 | 40 | 3 | 1235 |
| Efficiency (Make the best use of resources) | 66 | 1 | 0 | 67 |
| **Total** | **3202** | **94** | **13** | **3309** |

# 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 | 50 (100.0%) | 0 (0.0%) | 0 | 35 (100.0%) | 0 (0.0%) | 1 | 85 (100.0%) | 0 (0.0%) | 1 |
| Leadership | 49 (98.0%) | 1 (2.0%) | 0 | 96 (100.0%) | 0 (0.0%) | 0 | 145 (99.3%) | 1 (0.7%) | 0 |
| Infection Prevention and Control Standards | 40 (100.0%) | 0 (0.0%) | 0 | 30 (96.8%) | 1 (3.2%) | 0 | 70 (98.6%) | 1 (1.4%) | 0 |
| Medication Management Standards | 74 (94.9%) | 4 (5.1%) | 0 | 64 (100.0%) | 0 (0.0%) | 0 | 138 (97.2%) | 4 (2.8%) | 0 |
| Population Health and Wellness | 4 (100.0%) | 0 (0.0%) | 0 | 34 (97.1%) | 1 (2.9%) | 0 | 38 (97.4%) | 1 (2.6%) | 0 |
| Aboriginal Community Health and Wellness | 37 (100.0%) | 0 (0.0%) | 2 | 63 (100.0%) | 0 (0.0%) | 0 | 100 (100.0%) | 0 (0.0%) | 2 |
| Ambulatory Care Services | 43 (97.7%) | 1 (2.3%) | 2 | 78 (100.0%) | 0 (0.0%) | 0 | 121 (99.2%) | 1 (0.8%) | 2 |
| Community Health Services | 40 (93.0%) | 3 (7.0%) | 0 | 77 (96.3%) | 3 (3.8%) | 0 | 117 (95.1%) | 6 (4.9%) | 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 |
| | # (%) | # (%) | # | # (%) | # (%) | # | # (%) | # (%) | # |
| Community-Based Mental Health Services and Supports | 42 (95.5%) | 2 (4.5%) | 0 | 88 (93.6%) | 6 (6.4%) | 0 | 130 (94.2%) | 8 (5.8%) | 0 |
| Critical Care Services | 60 (100.0%) | 0 (0.0%) | 0 | 104 (99.0%) | 1 (1.0%) | 0 | 164 (99.4%) | 1 (0.6%) | 0 |
| Developmental Disabilities | 51 (100.0%) | 0 (0.0%) | 1 | 84 (100.0%) | 0 (0.0%) | 0 | 135 (100.0%) | 0 (0.0%) | 1 |
| Emergency Department | 64 (90.1%) | 7 (9.9%) | 0 | 103 (96.3%) | 4 (3.7%) | 0 | 167 (93.8%) | 11 (6.2%) | 0 |
| Home Care Services | 47 (95.9%) | 2 (4.1%) | 0 | 75 (98.7%) | 1 (1.3%) | 0 | 122 (97.6%) | 3 (2.4%) | 0 |
| Hospice, Palliative, End-of-Life Services | 45 (100.0%) | 0 (0.0%) | 0 | 107 (100.0%) | 0 (0.0%) | 1 | 152 (100.0%) | 0 (0.0%) | 1 |
| Inpatient Services | 58 (96.7%) | 2 (3.3%) | 0 | 81 (95.3%) | 4 (4.7%) | 0 | 139 (95.9%) | 6 (4.1%) | 0 |
| Long-Term Care Services | 51 (92.7%) | 4 (7.3%) | 0 | 95 (96.0%) | 4 (4.0%) | 0 | 146 (94.8%) | 8 (5.2%) | 0 |
| Mental Health Services | 50 (100.0%) | 0 (0.0%) | 0 | 92 (100.0%) | 0 (0.0%) | 0 | 142 (100.0%) | 0 (0.0%) | 0 |
| Obstetrics Services | 71 (100.0%) | 0 (0.0%) | 2 | 85 (97.7%) | 2 (2.3%) | 1 | 156 (98.7%) | 2 (1.3%) | 3 |
| Perioperative Services and Invasive Procedures | 112 (97.4%) | 3 (2.6%) | 0 | 106 (97.2%) | 3 (2.8%) | 0 | 218 (97.3%) | 6 (2.7%) | 0 |
| Primary Care Services | 52 (89.7%) | 6 (10.3%) | 0 | 81 (89.0%) | 10 (11.0%) | 0 | 133 (89.3%) | 16 (10.7%) | 0 |
| Public Health Services | 46 (97.9%) | 1 (2.1%) | 0 | 69 (100.0%) | 0 (0.0%) | 0 | 115 (99.1%) | 1 (0.9%) | 0 |
| Rehabilitation Services | 45 (100.0%) | 0 (0.0%) | 0 | 77 (96.3%) | 3 (3.8%) | 0 | 122 (97.6%) | 3 (2.4%) | 0 |
| Reprocessing of Reusable Medical Devices | 85 (96.6%) | 3 (3.4%) | 0 | 39 (97.5%) | 1 (2.5%) | 0 | 124 (96.9%) | 4 (3.1%) | 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 |
| | # (%) | # (%) | # | # (%) | # (%) | # | # (%) | # (%) | # |
| Telehealth | 52 (100.0%) | 0 (0.0%) | 0 | 89 (100.0%) | 0 (0.0%) | 0 | 141 (100.0%) | 0 (0.0%) | 0 |
| Total | 1268 (97.0%) | 39 (3.0%) | 7 | 1852 (97.7%) | 44 (2.3%) | 3 | 3120 (97.4%) | 83 (2.6%) | 10 |

* Does not includes ROP (Required Organizational Practices)

## Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

| Required Organizational Practice | Overall rating | Test for Compliance Rating | |
|---|---|---|---|
| | | **Major Met** | **Minor Met** |
| **Patient Safety Goal Area: Safety Culture** | | | |
| Accountability for Quality (Governance) | Met | 4 of 4 | 2 of 2 |
| Patient safety incident disclosure (Leadership) | Met | 4 of 4 | 2 of 2 |
| Patient safety incident management (Leadership) | Met | 6 of 6 | 1 of 1 |
| Patient safety quarterly reports (Leadership) | Met | 1 of 1 | 2 of 2 |
| **Patient Safety Goal Area: Communication** | | | |
| Client Identification (Ambulatory Care Services) | Met | 1 of 1 | 0 of 0 |
| Client Identification (Critical Care Services) | Met | 1 of 1 | 0 of 0 |
| Client Identification (Emergency Department) | Met | 1 of 1 | 0 of 0 |
| Client Identification (Home Care Services) | Met | 1 of 1 | 0 of 0 |
| Client Identification (Hospice, Palliative, End-of-Life Services) | Met | 1 of 1 | 0 of 0 |

| Required Organizational Practice | Overall rating | Test for Compliance Rating | |
|---|---|---|---|
| | | **Major Met** | **Minor Met** |
| **Patient Safety Goal Area: Communication** | | | |
| Client Identification (Inpatient Services) | Unmet | 0 of 1 | 0 of 0 |
| Client Identification (Long-Term Care Services) | Met | 1 of 1 | 0 of 0 |
| Client Identification (Mental Health Services) | Met | 1 of 1 | 0 of 0 |
| Client Identification (Obstetrics Services) | Met | 1 of 1 | 0 of 0 |
| Client Identification (Perioperative Services and Invasive Procedures) | Met | 1 of 1 | 0 of 0 |
| Client Identification (Rehabilitation Services) | Met | 1 of 1 | 0 of 0 |
| Information transfer at care transitions (Ambulatory Care Services) | Met | 4 of 4 | 1 of 1 |
| Information transfer at care transitions (Community-Based Mental Health Services and Supports) | Met | 4 of 4 | 1 of 1 |
| Information transfer at care transitions (Critical Care Services) | Met | 4 of 4 | 1 of 1 |
| Information transfer at care transitions (Emergency Department) | Unmet | 4 of 4 | 0 of 1 |
| Information transfer at care transitions (Home Care Services) | Met | 4 of 4 | 1 of 1 |
| Information transfer at care transitions (Hospice, Palliative, End-of-Life Services) | Met | 4 of 4 | 1 of 1 |

| Required Organizational Practice | Overall rating | Test for Compliance Rating | |
|---|---|---|---|
| | | Major Met | Minor Met |
| **Patient Safety Goal Area: Communication** | | | |
| Information transfer at care transitions (Inpatient Services) | Met | 4 of 4 | 1 of 1 |
| Information transfer at care transitions (Mental Health Services) | Met | 4 of 4 | 1 of 1 |
| Information transfer at care transitions (Obstetrics Services) | Met | 4 of 4 | 1 of 1 |
| Information transfer at care transitions (Perioperative Services and Invasive Procedures) | Met | 4 of 4 | 1 of 1 |
| Information transfer at care transitions (Rehabilitation Services) | Met | 4 of 4 | 1 of 1 |
| Medication reconciliation as a strategic priority (Leadership) | Met | 4 of 4 | 2 of 2 |
| Medication reconciliation at care transitions (Ambulatory Care Services) | Unmet | 0 of 7 | 0 of 0 |
| Medication reconciliation at care transitions (Community-Based Mental Health Services and Supports) | Unmet | 2 of 4 | 0 of 1 |
| Medication reconciliation at care transitions (Critical Care Services) | Unmet | 1 of 5 | 0 of 0 |
| Medication reconciliation at care transitions (Emergency Department) | Unmet | 0 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 (Home Care Services) | Met | 4 of 4 | 1 of 1 |
| Medication reconciliation at care transitions (Hospice, Palliative, End-of-Life Services) | Met | 5 of 5 | 0 of 0 |
| Medication reconciliation at care transitions (Inpatient Services) | Unmet | 1 of 5 | 0 of 0 |
| Medication reconciliation at care transitions (Long-Term Care Services) | Unmet | 3 of 5 | 0 of 0 |
| Medication reconciliation at care transitions (Mental Health Services) | Met | 5 of 5 | 0 of 0 |
| Medication reconciliation at care transitions (Obstetrics Services) | Unmet | 3 of 5 | 0 of 0 |
| Medication reconciliation at care transitions (Perioperative Services and Invasive Procedures) | Unmet | 0 of 5 | 0 of 0 |
| Medication reconciliation at care transitions (Rehabilitation Services) | Met | 5 of 5 | 0 of 0 |
| Safe Surgery Checklist (Obstetrics Services) | Met | 3 of 3 | 2 of 2 |
| Safe Surgery Checklist (Perioperative Services and Invasive Procedures) | Met | 3 of 3 | 2 of 2 |

| Required Organizational Practice | Overall rating | Test for Compliance Rating | |
|---|---|---|---|
| | | **Major Met** | **Minor Met** |
| **Patient Safety Goal Area: Communication** | | | |
| The "Do Not Use" list of abbreviations (Medication Management Standards) | Met | 4 of 4 | 3 of 3 |
| **Patient Safety Goal Area: Medication Use** | | | |
| Antimicrobial Stewardship (Medication Management Standards) | Met | 4 of 4 | 1 of 1 |
| Concentrated Electrolytes (Medication Management Standards) | Met | 3 of 3 | 0 of 0 |
| Heparin Safety (Medication Management Standards) | Met | 4 of 4 | 0 of 0 |
| High-Alert Medications (Medication Management Standards) | Met | 5 of 5 | 3 of 3 |
| Infusion Pumps Training (Ambulatory Care Services) | Met | 4 of 4 | 2 of 2 |
| Infusion Pumps Training (Critical Care Services) | Met | 4 of 4 | 2 of 2 |
| Infusion Pumps Training (Emergency Department) | Unmet | 3 of 4 | 2 of 2 |
| Infusion Pumps Training (Home Care Services) | Met | 4 of 4 | 2 of 2 |
| Infusion Pumps Training (Inpatient Services) | Met | 4 of 4 | 2 of 2 |
| Infusion Pumps Training (Mental Health Services) | Met | 4 of 4 | 2 of 2 |
| Infusion Pumps Training (Obstetrics Services) | Met | 4 of 4 | 2 of 2 |

| Required Organizational Practice | Overall rating | Test for Compliance Rating | |
|---|---|---|---|
| | | Major Met | Minor Met |
| **Patient Safety Goal Area: Medication Use** | | | |
| Infusion Pumps Training (Perioperative Services and Invasive Procedures) | Met | 4 of 4 | 2 of 2 |
| Infusion Pumps Training (Rehabilitation Services) | Met | 4 of 4 | 2 of 2 |
| Narcotics Safety (Medication Management Standards) | Met | 3 of 3 | 0 of 0 |
| **Patient Safety Goal Area: Worklife/Workforce** | | | |
| Client Flow (Leadership) | Met | 7 of 7 | 1 of 1 |
| Patient safety plan (Leadership) | Met | 2 of 2 | 2 of 2 |
| Patient safety: education and training (Leadership) | Met | 1 of 1 | 0 of 0 |
| Preventive Maintenance Program (Leadership) | Met | 3 of 3 | 1 of 1 |
| Workplace Violence Prevention (Leadership) | Met | 5 of 5 | 3 of 3 |
| **Patient Safety Goal Area: Infection Control** | | | |
| Hand-Hygiene Compliance (Infection Prevention and Control Standards) | Met | 1 of 1 | 2 of 2 |
| Hand-Hygiene Education and Training (Infection Prevention and Control Standards) | Met | 1 of 1 | 0 of 0 |

| Required Organizational Practice | Overall rating | Test for Compliance Rating | |
|---|---|---|---|
| | | Major Met | Minor Met |
| **Patient Safety Goal Area: Infection Control** | | | |
| Infection Rates (Infection Prevention and Control Standards) | Met | 1 of 1 | 2 of 2 |
| **Patient Safety Goal Area: Risk Assessment** | | | |
| Falls Prevention Strategy (Aboriginal Community Health and Wellness) | Met | 3 of 3 | 2 of 2 |
| Falls Prevention Strategy (Ambulatory Care Services) | Met | 3 of 3 | 2 of 2 |
| Falls Prevention Strategy (Critical Care Services) | Met | 3 of 3 | 2 of 2 |
| Falls Prevention Strategy (Emergency Department) | Met | 3 of 3 | 2 of 2 |
| Falls Prevention Strategy (Home Care Services) | Met | 3 of 3 | 2 of 2 |
| Falls Prevention Strategy (Hospice, Palliative, End-of-Life Services) | Met | 3 of 3 | 2 of 2 |
| Falls Prevention Strategy (Inpatient Services) | Met | 3 of 3 | 2 of 2 |
| Falls Prevention Strategy (Long-Term Care Services) | Met | 3 of 3 | 2 of 2 |
| Falls Prevention Strategy (Mental Health Services) | Met | 3 of 3 | 2 of 2 |
| Falls Prevention Strategy (Obstetrics Services) | Met | 3 of 3 | 2 of 2 |

| Required Organizational Practice | Overall rating | Test for Compliance Rating | |
|---|---|---|---|
| | | **Major Met** | **Minor Met** |
| **Patient Safety Goal Area: Risk Assessment** | | | |
| Falls Prevention Strategy (Perioperative Services and Invasive Procedures) | Met | 3 of 3 | 2 of 2 |
| Falls Prevention Strategy (Rehabilitation Services) | Met | 3 of 3 | 2 of 2 |
| Home Safety Risk Assessment (Home Care Services) | Met | 3 of 3 | 2 of 2 |
| Pressure Ulcer Prevention (Critical Care Services) | Met | 3 of 3 | 2 of 2 |
| Pressure Ulcer Prevention (Hospice, Palliative, End-of-Life Services) | Met | 3 of 3 | 2 of 2 |
| Pressure Ulcer Prevention (Inpatient Services) | Met | 3 of 3 | 2 of 2 |
| Pressure Ulcer Prevention (Long-Term Care Services) | Met | 3 of 3 | 2 of 2 |
| Pressure Ulcer Prevention (Perioperative Services and Invasive Procedures) | Met | 3 of 3 | 2 of 2 |
| Pressure Ulcer Prevention (Rehabilitation Services) | Met | 3 of 3 | 2 of 2 |
| Skin and Wound Care (Home Care Services) | Met | 7 of 7 | 1 of 1 |
| Suicide Prevention (Aboriginal Community Health and Wellness) | Met | 5 of 5 | 0 of 0 |
| Suicide Prevention (Community-Based Mental Health Services and Supports) | Met | 5 of 5 | 0 of 0 |

| Required Organizational Practice | Overall rating | Test for Compliance Rating | |
|---|---|---|---|
| | | Major Met | Minor Met |
| **Patient Safety Goal Area: Risk Assessment** | | | |
| Suicide Prevention (Emergency Department) | 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 |
| Venous Thromboembolism Prophylaxis (Critical Care Services) | Met | 3 of 3 | 2 of 2 |
| Venous Thromboembolism Prophylaxis (Inpatient Services) | Met | 3 of 3 | 2 of 2 |
| Venous Thromboembolism Prophylaxis (Perioperative Services and Invasive Procedures) | Met | 3 of 3 | 2 of 2 |

# Summary of Surveyor Team Observations

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

Island Health (also known as the Vancouver Island Health Authority) is responsible for health services delivered by 22,000 staff at approximately 150 sites. The chair and members of the governing body apply for the position and are appointed by the British Columbia Minister of Health. The board represents the geographical and cultural diversity of the island as well as a broad range of skills and experience relevant to the work of the organization. The board is proud to partner with the government of British Columbia and the Provincial Health Services Authority to align its efforts with the provincial strategic priorities for health. It is also proud to have taken a leadership role in advancing high-priority initiatives such as the Aboriginal health plan and some major capital redevelopment initiatives.

Under the direction of a newly appointed chief executive officer, the leadership team has established a set of priorities that are aligned with the strategic plan. There is a strong commitment to community engagement and patient- and family-centred care, and to bringing the patient voice into planning and evaluating Island Health's programs and services and facilitating opportunities to obtain feedback from community groups about many aspects of health care delivery. Of note, extensive work has been done recently to develop an Aboriginal health plan, in partnership with the First Nations Health Authority and other Indigenous organizations, using facilitated on-site community consultations and online opportunities to provide feedback.

Since the last on-site survey Island Health has lost a significant amount of corporate knowledge related to its principle-based care and decision-making leadership and practice, requiring a refresh of this very important work. The research ethics component of the work continues to operate in compliance with national and international guidelines. The clinical ethics component has undergone a significant transition in the past year. The team that is working on ethics and risk management has done significant work to refresh the program and provide the organization with resources to support leaders and staff who are dealing with issues requiring ethical review.

A highly engaged team is involved in quality improvement work for Island Health. Oversight and direction is provided by a team of administrative and clinical leaders and physicians from across the island. Work is being done to engage unit-level staff in quality improvement and safety using staff huddles and visual daily management tools. Interest and engagement in quality improvement work was evident in many of the programs and services that were visited during the on-site survey.

Good work is being done at the rural sites to build the capacity of Island Health's people. Staff training activity, online access to education, updating of resources to support decision-making, and financial and in-kind support for professional development are evident. There is a highly engaged leadership team. The work that is being done to build effective dyad relationships between physicians and other leaders is leading to improved problem solving and planning at all levels of the organization.

Staff and leaders throughout the organization were highly engaged in the on-site survey process. Island Health staff appear to be interested and engaged in continuous quality improvement and innovation. There is evidence that the organization is seeking information about best practices across the province and nationally to support the work being done.

The organization is doing good work to advance primary care and making good use of technologies like telehealth to provide access to patients in rural and remote locations.

Some concern was raised about the voices of rural communities not having the same impact as those in urban centres. This is an issue that any geographically diverse health region has to keep in mind and proactively address in its planning work. Full engagement of all geographic areas will help mitigate these concerns.

# Detailed Required Organizational Practices

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

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

| Unmet Required Organizational Practice | Standards Set |
|---|---|
| **Patient Safety Goal Area: Communication** | |
| **Information transfer at care transitions**<br>Information relevant to the care of the client is communicated effectively during care transitions. | · Emergency Department 12.16 |
| **Client Identification**<br>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. | · Inpatient Services 10.2 |
| **Medication reconciliation at care transitions**<br>Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions. | · Emergency Department 10.5<br>· Perioperative Services and Invasive Procedures 11.6<br>· Ambulatory Care Services 8.5<br>· Long-Term Care Services 8.5<br>· Obstetrics Services 8.5<br>· Critical Care Services 8.6<br>· Community-Based Mental Health Services and Supports 9.5<br>· Inpatient Services 9.7 |
| **Patient Safety Goal Area: Medication Use** | |
| **Infusion Pumps Training**<br>A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented. | · Emergency Department 4.9 |

# 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.

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

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

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

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# 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.

| The organization has met all criteria for this priority process. |
|---|
| **Surveyor comments on the priority process(es)** |

The chair and the members of the Island Health Board of Directors are appointed by the British Columbia Minister of Health. Interested board members apply to be considered. The process gives the government the opportunity to ensure there is a mix of skills and experience that reflects the various geographic and demographic parts of the island and supports the business of the organization. Board members have a good sense of their roles and responsibilities and feel they have adequate orientation and access to professional development. This includes a checklist of information that should be covered prior to assuming a role on the board and courses offered by the Institute of Corporate Directors.

The board is proud of being the first group of health governors in the province to have received training in the distribution and use of naloxone kits as a response to the opioid crisis that is prevalent in Vancouver Island communities.

The board is clear about being a policy board that ascribes to a philosophy of "nose and ideas in, hands out." Members are provided ample and up-to-date briefing materials for board meetings, and it is notable that all members are able to access daily e-briefings from the organization on a range of happenings and issues.

To fulfill its fiduciary duties the board receives regular briefings on the organization's quality and risk management activities, including data about adverse events and the opportunity to hear a more in-depth review of level 4/5 incidents.

The board is aware of and supports the work being done to hear the experiences of patients and to involve patients in the decisions being made by the organization.

The board recently appointed a new CEO and has a committee structure that provides abundant opportunity to participate in decision making with the senior leadership team via committees that have been established to prepare for deliberations and decision making at regular board meetings.

## Priority Process: Planning and Service Design

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

| The organization has met all criteria for this priority process. |
| --- |
| **Surveyor comments on the priority process(es)** |

The organization has a strong and engaged board and leadership team. There have been significant changes in leadership leading up to the on-site survey and some initiatives that would support full compliance with standards are in early stages.

The organization ensures it is aligned with the strategies of the British Columbia government and the Provincial Health Services Authority. Leaders are also proud of their initiatives to get out ahead of the provincial strategic plan where it serves the health needs of island residents. This is evident in the work to advance priorities such as Aboriginal health and wellness and the involvement of patient advisors.

Community partnerships are an area the organization has established as a priority. The work with Cowichan Now was highlighted, and many community partnerships demonstrate the organization's willingness to talk about specific community culture and needs when good practices are being rolled out across the organization. Online and face-to-face methodologies are used for community engagement and to initiate dialogue with community members about various aspects of health service needs and delivery.

There have been significant challenges in introducing and spreading the electronic health record (EHR) on the island. These challenges call into question the change management approach preferred by Island Health. No specific model for change management was presented but this is a discussion that likely needs to occur in a more deliberate way. In contrast to the experience with the implementation of the EHR, there is evidence that a robust and successful change management process was planned and implemented to relocate to two new hospitals that were recently opened.

## Priority Process: Resource Management

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

| The organization has met all criteria for this priority process. |
| --- |
| **Surveyor comments on the priority process(es)** |

The resource management group is an established team that has good mechanisms to develop operating and capital budgets for Island Health. In addition, variance analysis is done on a regular and ongoing basis.

Deficits are not permitted in the province and the leadership has ensured compliance with balanced budgets for the past number of years. This is commendable.

Island Health is subject to annual financial audits and no significant issues have been identified.

Learning opportunities on resource management topics are provided to leaders on a regular basis and at orientation.

The governing body receives regular reports from management on the financial health of the organization.

Similar to other regional health authorities in this country, challenges are ahead related to the demands of an aging population. Infrastructure investments will be required along with information technology.

There is an opportunity for improvement with regard to contracted services. The team is encouraged to review all contracted services, particularly those that are providing direct patient care, to ensure all providers are aware of Island Health's obligations and responsibilities to Accreditation Canada.

The team is encouraged to continue to embrace the principles of client-centred care. In alignment with the direction of the overall organization, the team could review opportunities to engage clients and have them provide input.

## 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)** |

Island Health's human capital team has responsibility for 22,000 employees, 1,800 physicians, and 6,800 volunteers. The average age of employees is 46 years and on average employees have worked at Island Health for more than 10 years.

Island Health provides numerous opportunities for staff to be engaged. Forums include the value and recognition program, the combined quality program, and Experience to Engagement.

The number of volunteers and the manner in which they are managed is noteworthy.

A good working relationship has been established with the numerous unions.

Medical leadership is engaged and proactive in dealing with future challenges, and is an active participant at human capital discussions.

Mechanisms are in place to ensure privileging and credentialing of physicians. There is a medical staff and engagement program, and a separate medical staff website. As well, there is a physician quality improvement program.

A workplace culture survey was completed and numerous opportunities for improvement were identified, some of which are safety, recruitment, and a talent management strategy. In response, a facility-wide Workplace Culture Council has been established with 35 representatives from throughout the island. This is initiative is encouraged.

The comprehensive facility-wide health and safety program includes prevention of workplace violence.

There is evidence of good compliance with standards related to professional development and learning.

Exit surveys are conducted regularly.

Efforts to recruit and retain the Aboriginal population are noteworthy. Numerous initiatives have been established, including scholarships with the Aboriginal Health Council. A cultural safety handbook has been written.

There is an opportunity for improvement related to documenting in volunteer records any continuing education courses that have been taken.

Numerous departments and services maintain personnel records throughout Island Health. In addition to the main file in human capital, records are also kept in other areas such as security and performance. Consideration could be given to developing a strategy to consolidate the number of records, with the objective of having a single human capital record for each employee.

## Priority Process: Integrated Quality Management

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

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Standards Set: Leadership** | |
| 16.3    The organization's leaders require, monitor, and support service, unit, or program areas to monitor their own process and outcome measures that align with the broader organizational strategic goals and objectives. | ! |
| **Surveyor comments on the priority process(es)** | |

The organization is in the early stages of organizing its quality councils to create intersections between program areas and geographical areas. A Combined Quality Oversight Council, with good representation from patient advisors, staff, and physicians, has been established to identify priorities for integrated quality management and initiate activities related to those priorities.

The organization has done some work using visual daily management tools to encourage staff and patients to become engaged in unit-level activities. This work is designed to focus attention on items that are identified as opportunities for improvement and on better communication in general.

Many activities related to continuous quality improvement are in the early stages but there is abundant activity and sincere efforts to encourage people to bring forward ideas or concerns for further assessment and investment of time and resources where warranted. There is a current patient safety plan, a robust incident reporting and follow-up system, and good reporting and discussion with leadership and the board. Patient advisors are welcome at many planning and decision-making tables and consistently say they feel like their voices are being heard and valued.

The organization acknowledges that medication reconciliation practices are inconsistent across the organization. Although this has been identified in previous on-site surveys there does not appear to have been significant effort to comply with the standards and the Required Organizational Practice. This is a serious concern. The organization is encouraged to learn from the experiences of the units that are in full compliance and to scale and spread that good work to places where this work has not progressed, in spite of the clear awareness that the standard is not being met. This area of medication management is one that needs to be seen as enough of a risk to warrant the organization setting a clear time frame for when it will be in full compliance, including a process and a system for auditing compliance.

The organization is encouraged to continue working on the integrated risk management approach. There is evidence of interest and engagement in this work.

## 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)**

There is a robust research ethics component to the Combined Quality Oversight Council that complies with national and international standards for the review and approval of research proposals.

The clinical ethics side of the council has had to undertake some foundational work since the last on-site survey to revitalize its program. The work is focused on engaging people to come up with a structure and tools that are evolving and flexible enough to engage with people and teams when they are looking for information and consultation. An example is the work being done to support the development of the medical assistance in dying program across the island.

There is an ethics framework and workbook that outlines the organization's approach to ethical considerations and the support available to people who are working through ethical issues. The group that is working to revitalize the ethics framework supports a partnership model to determine what might be the best approach to particular groups or areas of interest. For example, there is a partnership with the First Nations Health Authority to determine priorities for the Indigenous population, one of which is to make cultural competency and safety a priority when orientating and training staff.

Efforts are underway to move beyond having patients represented on committees to enhancing the role of the patient in decision making.

Those who are developing the ethics work at Island Health are interested in moving toward a more provincial approach through a process of harmonizing efforts across the British Columbia health system. Largely due to work that has been done in the past ten months, the organization is in compliance with the standards for principle-based care and decision making. The priority now is to make this part of its core work and to create a sustainable model that has high visibility to all who walk through Island Health's doors.

## 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)** |

Overall there are good mechanisms for Island Health to communicate with internal and external stakeholders.

With responsibility for 150 sites, 22,000 employees, 2,300 medical staff, 6,000 volunteers and an overall population of over 760,000 individuals there is a need for numerous avenues of communication, some of which include Island Health's website, online communications, email, Facebook, Twitter, newspapers, and the Island Health magazine. The magazine in particular is a well-done publication that achieves numerous goals for Island Health. It helps educate the public regarding overall health status and facilitates the dissemination of information from staff and physicians at Island Health.

The organization also participates in health fairs and events and uses the community health networks.

The team seeks input from stakeholders on a regular basis to evaluate the effectiveness of organizational relationships.

Finalizing a communication plan is linked to a broader province-wide strategy.

A robust process is in place to protect the privacy and confidentiality of patient information. Breaches of confidentiality are investigated and follow-up occurs.

Island Health complies with provincial requirements for the collection and retention of information, especially clinical information. The organization is encouraged to review island-wide requirements for corporate records retention.

Opportunities exist for leading practices to be introduced to the organization.

Patient engagement is evident in numerous areas as it relates to communications and the organization is encouraged to build on and expand these practices.

The team will need to continue to monitor the most effective ways to reach internal and external stakeholders. As new forms of communication are used, such as WhatsApp, the team will have to decide best value for resources expended.

## Priority Process: Physical Environment

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

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Standards Set: Perioperative Services and Invasive Procedures** | |
| 3.7    Rooms where surgical and invasive procedures are performed have at least 20 complete air exchanges per hour. | ! |
| **Surveyor comments on the priority process(es)** | |

Physical space meets applicable laws, regulations, and codes. There is a mix of old and new buildings. Efforts are made to maintain the plant in good working condition.

Recent changes include the replacement of the two main heating boilers, which is noteworthy. There is a plan to replace the final boiler and this is supported.

There are good backup systems, including generators for power. Units are tested on a regular basis. A secondary fuel source is available.

Changes and new construction comply with applicable legislation to ensure minimal impact on the environment.

Designated operating room space meets code with restricted access. Maintenance regularly monitors all heating, ventilation, temperature, and humidity. Twenty complete air exchanges occur per hour.

Medical gas is also monitored and meets applicable codes and legislation.

Ducts have appropriate filters in place.

Other systems including medical gas and heating, venitlation, and air conditioning meet code and are monitored.

Given the size of the plant, engineers are on site 24 hours a day and monitor alarms accordingly. Appropriate trades are available and on call.

Good working relationships with external agencies, including BC Hydro and the municipalities, are in place.

The cleanliness and the organized nature of the power plant are commendable.

## 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)**

Island Health has a robust emergency preparedness and management program that is fully integrated with Health Emergency Management British Columbia (HEMBC), municipal governments, and emergency responders. Since 2013, HEMBC has had employees embedded in the health authorities providing expertise, increased capacity, education, and response coordination. This arrangement, unique to British Columbia, allows for the sharing of best practices, province-wide input into the development of public and institutional resources, spread of innovative practices, consistent messaging, and enhanced surge capacity.

Standardized documents, streamlined all-hazard disaster and emergency response plan templates, and assessment tools have been developed corporately and are housed on the intranet. Each location or facility has its own customized documents. The organization is encouraged to review these documents annually, update them as required, and delete legacy documents from the intranet. Resources such as the Quick Start cards are creative, easy to use, and well received by staff. Plans for a Quick Start app are promising.

The organization benefits greatly from over 100 protection staff who provide risk assessment, fire and emergency code training, protection of people and property, and de-escalation of potentially harmful events. They are well trained, committed, and enthusiastic. The organization is encouraged to continue to develop this role.

The organization has activated an incident management response to address several situations in recent years. It is commended for also conducting a large-scale complex inter-agency exercise in 2016 and another in 2017. One was a multi-day event covering aspects from rescue and extraction to decontamination and managing mass casualties, while the second simultaneously impacted three large hospitals. The organization is recognized for embedding evaluators in these exercises and conducting a formal debriefing complete with after-action reports. The outcomes of the debriefs are used to enhance the organization's continuous quality improvement.

While annual testing of the fire plans is evident, the organization is encouraged to test other components of the plan annually, such as a mock code orange response with community partners. It is suggested that rural areas of the organization could benefit from more support and establishing a rural emergency management network with the inclusion of local partners.

The organization recognizes the psychosocial impacts of major and/or lengthy events and has taken steps to ensure private and volunteer practitioners and employee and family assistance programs and services

are available to staff. Ethical issues are identified and reviewed as they arise (i.e., a current saline shortage).

The links among public health, the medical officers of health, infection prevention and control, emergency departments, family physicians, emergency medical services, and community partners in the management of communicable disease outbreaks are strong and effective. Many people spoke of their learnings during and post-H1N1 and Ebola, and how protocols were shaped and refined based on applied use and evaluation. The organization has a robust emerging pathogens and pandemic plan, with increased surveillance capacity available from the BC Centre for Disease Control as needed.

Backup systems for electricity are in place at most facilities (excluding most community-based programs) with oxygen and suction backup at larger sites. Staff report that they have current fire safety training, and 19,000 staff, volunteers, and physicians are trained. All fire extinguishers that were observed were up to date.

Relationships with key community agencies have improved the organization's ability to respond to the ongoing opioid crisis. The organization is encouraged to continue to work with these agencies to improve the personal preparedness of the island's most vulnerable people in the event of an emergency. The organization is also encouraged to ensure partners are involved in the development of the emergency response and recovery plans at all sites and that this is documented.

An all-hazards approach is evident across Island Health with strong business continuity processes. The organization is commended for its progress in having the people, ongoing development, and infrastructure in place to respond to emergent events.

## Priority Process: People-Centred Care

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

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Standards Set: Community 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: Community-Based Mental Health Services and Supports** | |
| 3.4   Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families. | |
| **Standards Set: Primary Care Services** | |
| 2.5   Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families. | |
| 16.3   Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families. | ! |
| **Surveyor comments on the priority process(es)** | |

Island Health is commended for its focus and commitment to people-centred care. From the board to the bedside, it is evident that patients and families are the main drivers of care processes and decisions related to service planning, design, and delivery in most settings. Patient advisors are integrated into organizational-wide teams such as the Residential Care Family Council, the Frail Seniors project, the Healthcare Ethics Advisory Committee, and the Combined Quality Oversight Council. Patients and families are treated with respect and compassion. There are many examples of the ways in which teams "wrap services around the patient." Patient and family education is a priority and the website provides comprehensive information on the various programs.

Island Health's Patient Advisory Council (PAC) is an engaged group of advisors and staff. There are terms of reference and the co-chair and vice chair are patient advisors. The goal is to serve in an advisory capacity, making recommendations and providing feedback on matters that impact the experience of patients and their families in Island Health. Orientation for the council is done through the Patient Voices Network as well as in-person at Island Health by the patient experience leader. There are monthly meetings and it would be beneficial if the minutes of those meetings were available to the public.

Advisors are members on some of the Island Health quality councils. These councils are island-wide and focus on specific projects.

There is a yearly work plan for the advisors. It is a note of interest that there was a 2018 accreditation process where advisors worked on mock tracers with staff to prepare for accreditation, other events were creating always events.

PAC created four top priorities or recommendations related to improving patient- and family-centred care at the point of care, as follows:

1. Always event discussions
2. Use of white boards
3. Stories of excellence in partnership
4. A patients' bill of rights (in progress)

PAC members commented that they would like to see one of their members sit on the board. Surveyor impressed that for the interviews of the senior leadership team including the CEO PAC were part of the process. It would be encouraging to see this consistently throughout all levels of the organization.

Island Health is encouraged to include patients and families in the review and discussions of visitor policies, practices, and protocols. In some areas of the hospital, family members are not allowed to be with their loved one or the number of visitors is limited. Staff are encouraged to listen to the voices of the patient and their family and where possible and make all attempts to meet the needs of the individual so as to enhance patient- and family-centred care.

## 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 is commended for the significant work done to advance a strategy for patient flow since the last on-site survey. An organization chart outlines accountability for patient flow and care transition in the organization and a patient flow team has been created.

Clear roles and responsibilities are outlined for the patient flow team, hospital liaison and social work team, community access centres, and the residential and assisted living access team.

The overarching goal for the patient flow portfolio is to facilitate safe and efficient flow by fostering a high degree of situational awareness at all levels of the organization. Flow issues are rapidly escalated and a plan to eliminate or reduce barriers is put in place. The team works across the health region and with the province and beyond to optimize flow.

Goals, purpose, patient care process, tools, patient flow management steps, and communication and escalation processes and accountabilities are clearly defined at all levels of the organization. A road show was developed and carried out across the organization to explain the new flow process, and outline standards of work, tools, and reports.

The flow team has done an exceptional job in not only developing the program but in collaborating with the communication department to create easy communication tools to support visual data, visual communication standards, and cascading huddles that link bedside providers to senior leaders on a daily basis.

All departments and units are required to participate in two access teleconferences daily to report on their flow status and determine action plans.

Comprehensive reports include the daily access indicator report that includes census, alternate level of care, residential care dashboards, and community intake use with turnaround times. A comprehensive patient flow and care transition scorecard is circulated monthly to outline trends.

Patient flow measures that have been implemented at one site include the development of a community of practice to establish regional standards, a physician connector service with a central hotline open 14 hours a day where a general practitioner or specialist can call to get help with support for patients to enable ED avoidance, access to mental health crisis intervention in the community, support of a seniors' outreach nurse, access to ambulatory care clinics for antibiotics and alcohol withdrawal, and activation of a patient transport network to move patients and meet their needs.

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Also of note is the ED-to-home pilot in Nanaimo that supports patient flow and reduces hospital admissions. A team of general practitioner, pharmacy, and seniors support resources developed a plan to return patients home, prevent admission, and ensure a safe environment. Approximately five admissions per day are avoided with this program. The steps and cost impact of spreading this program to other centres will be required.

A highly organized, collaborative, and efficient patient flow communication process happens daily not only in acute care but in community settings across the region. Teams in many centres are working on local initiatives to support ED avoidance, admission avoidance, and aligning care and service in the community so patients can be cared for at home or in other appropriate settings.

However, despite the implementation of a comprehensive patient flow strategy there continue to be increased demands on the system. Over the past year, most hospitals have experienced high occupancy and overcrowding, particularly in the flu season. Overcrowding can impact patient and staff satisfaction, safety, patient privacy, and the ability to ensure appropriate infection control practices and measures. This was seen in all areas (e.g., medicine, surgery, and emergency departments).

The organization will need to continue to be diligent in implementing and evaluating initiatives to address overcapacity and crowding to promote access, reduce wait times, and ensure patients are receiving the right care at the right time in the right setting.

The extensive modelling and trend analysis for patient flow will be used to support further work to examine how to better align staffing demands and needs with the flow demands, particularly with a growing population and seasonal variation.

## 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: Reprocessing of Reusable Medical Devices** | |
| 8.9 Workplace assessments of the MDR department are regularly conducted for ergonomics and occupational health and safety. | ! |
| 11.2 All flexible endoscopic reprocessing areas are physically separate from patient care areas. | ! |
| 11.3 All flexible endoscopic reprocessing areas are equipped with separate clean and contaminated/dirty work areas as well as storage, dedicated plumbing and drains, and proper air ventilation. | |
| 11.8 Flexible endoscopic devices are appropriately stored following manufacturers' instructions in a manner that minimizes contamination and damage. | ! |
| **Surveyor comments on the priority process(es)** | |

Island Health has an active and engaged biomedical engineering department. The team is very proud of the thorough and successful work that was completed by the biomedical team for the opening of two new hospitals on Vancouver Island.

The biomedical department plays a role in repairing and maintaining all medical technology across the island. It monitors warranties and ensures vendors provide the necessary education on new technology and equipment to staff. A preventive maintenance program for all equipment, with the exception of the laboratory, is available and meets provincially agreed-to policies and procedures.

To become more visible and available to staff needs, biomedical rooms have been set up near the perioperative services and medical device reprocessing department areas. Staff note that equipment is repaired in a timely manner and biomedical staff are quick to respond to urgent calls. They feel the biomedical team is approachable and good team players.

Procurement at Island Health is administered by BC Clinical and Support Services (BCCSS) and there is an open and formal process to select and buy medical devices and select qualified suppliers.

Island Health has a capital planning process that focuses on replacement planning. The annual capital list is approved by Island Health's board. The hospitals' foundations, auxiliaries, and the community in general provide great financial support to their community hospitals.

# Priority Process Results for Population-specific Standards

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

Priority processes specific to population-specific standards are:

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

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

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Population Health and Wellness** | |
| 6.4    The organization works with primary care providers, partners, and other organizations to integrate information systems. | |
| **Surveyor comments on the priority process(es)** | |
| **Priority Process: Population Health and Wellness** | |

The focus for this priority process is the organization's population health response to the opioid crisis that was declared a public health emergency in 2016. Island Health has had 508 illicit drug-related deaths since January 2015. The organization has taken a harm reduction approach with an immediate goal of reducing deaths. These efforts have been supported by additional funding from the Ministry. At the same time it is working to increase access to and improve addiction treatment and also address the fundamental causes of substance use and addiction. There is a cross-sectoral approach with the response centred around four pillars: prevention and early intervention, harm reduction, treatment, and recovery and relapse prevention.

The population health team collects information from multiple sources such as emergency departments, the BC Coroner's Office, Justice, First Nations Health Authority, community-based programs, and partners to identify the population impacted, set priorities, inform service planning, and enhance a timely response. Services are both data and client informed. This information is shared proactively with partners.

New and existing teams are responding to this crisis and it is unlikely to be over in the near term, especially with an increasingly toxic drug supply. The organization is encouraged to keep a close watch on their employees to ensure they have the supports they need to stay well. The importance of staff and client safety is evident.

It has been challenging to prevent overdoses in the majority of cases, as they are men who use alone in private residences. The team has begun working with the construction industry but will have to be very creative to reach this population. Stigma has been identified as a barrier to services. The organization is recognized for educating and training its board of directors for administration of naloxone.

The team relies on primary health care, mental health and substance use, acute care, primary care and specialist physicians, emergency health services, community health, pharmacies, and community and provincial partners to provide the services and programs required to meet the needs of the population. There are many limitations with regard to sharing information with the current clinical information systems. The organization is encouraged to take advantage of any provincial opportunities to move toward an integrated electronic health record.

Community action teams are committed groups working to build capacity at the community level, increase peer outreach, and accelerate progress. Community engagement sessions have often been challenging when respect for what the community wants clashes with the needs of a vulnerable population. The team works to mitigate the impact on businesses and residents and address concerns.

The team works with the mental health and substance use and public health quality councils. An evaluation of the overdose prevention services has been conducted. The organization is encouraged to share as much as possible from the internal restricted dashboard with leaders and partners. Extensive data for overdose prevention services is collected and reported weekly.

The team is recognized for several significant achievements such as same day access to opioid agonist therapy (OAT), quadrupling the number of OAT prescribers, enhanced primary care physician training and support, establishing an addictions medical consult service, education for nurses, and expansion of services to rural areas.

# 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:

**Clinical Leadership**
- Providing leadership and direction to teams providing services.

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

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

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

**Impact on Outcomes**
- Using evidence and quality improvement measures to evaluate and improve safety and quality of services.

**Medication Management**
- Using interdisciplinary teams to manage the provision of medication to clients

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

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

**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: Aboriginal Community Health and Wellness - Direct Service Provision

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Clinical Leadership** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Competency** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Episode of Care** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Decision Support** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Impact on Outcomes** | |
| The organization has met all criteria for this priority process. | |
| **Surveyor comments on the priority process(es)** | |
| **Priority Process: Clinical Leadership** | |

A considerable amount of effort has gone into developing an Aboriginal health plan to guide the work of Island Health employees and partners. The plan speaks to engagement, system navigation, partnerships, and connections with culture as key aspects of the urban Aboriginal strategy.

Island Health leaders, staff, and community partners speak passionately about the commitment to work with the First Nations Health Authority and community partners across the island to build capacity and deliver services that strive to be culturally competent and culturally safe. There was extensive community engagement to develop the health plan, include culturally sensitive design features in capital projects, and connect with patients through the Aboriginal nurse liaison program.

Engagement and partnerships are a significant aspect of the work that is being done to build Island Health's capacity to respond to the health needs of the Aboriginal population. Dedicated resources have been assigned to this important work.

**Priority Process: Competency**

Island Health has dedicated resources to develop and maintain the Aboriginal Health program. The intent is to provide access to specific services such as liaison nurses and access to cultural healing places and practices by ensuring that cultural awareness and competency is encouraged and advanced across all program areas and service delivery spaces.

There is an emphasis on the impact of racism and strengthening cultural humility and safety. It is said that reconciliation begins when there is understanding of how we got to where we are today. The partnerships with Indigenous leaders and organizations at Island Health would appear to be key to the opportunities for success in this regard. The organization is commended for the work it is doing to reach out to and establish partnerships with the Indigenous people of the island. The organizational and Indigenous leaders who are responding to and leading the call are commended for being prepared to lead the healing and capacity building journey alongside Island Health leaders.

**Priority Process: Episode of Care**

The Indigenous population is served by health services across the island. There is consensus that the considerable work that has been done to promote cultural competence, humility, and safety has begun to improve service delivery and has established specific strategic priorities to have the health care system take action toward reconciliation. The Indigenous Health staff and the liaison nurses are fully engaged in this process and feel that their presence and the work they do as part of the integrated health care teams will produce better outcomes.

**Priority Process: Decision Support**

Orientation, education, and programs to connect with Indigenous patients in the care of Island Health provide clear evidence of initiatives and partnerships that support quality decision making around the health needs of the Indigenous population. The board and leadership team's commitment to partner with the First Nations Health Authority and other community partners and organizations is further evidence of real progress that is being made in the journey toward reconciliation.

**Priority Process: Impact on Outcomes**

There is good access to all programs provided by Island Health across the island. The focus of the Aboriginal health strategic plan and its related actions is to address the social determinants of health by increasing the capacity of Island Health to deliver programs that help Indigenous people feel safe and that they are able to access. Some programs are delivered in mainstream clinics and hospitals and some are delivered via friendship centres or other access points that have been established to reach people in a way that fits with their preferred mode of community access.

There is also support for innovative community-based programs like Cowichan Now. A key aspect of impact on outcomes is the relationship providers have with the people they serve. Island Health's efforts to build educational opportunities, community partnerships, and staffing models that demonstrate innovative ways to approach and respond to community need for this vulnerable population should increase the likelihood of having a positive impact on health outcomes.

Partners and patient voices provide strong endorsement of the work Island Health is doing to advance Aboriginal health programming. But it is also noted that there is an abundance of caution from the Indigenous community around the work that is still necessary to move toward reconciliation in the health care system.

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

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Clinical Leadership** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Competency** | |
| 3.10    Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way. | ! |
| **Priority Process: Episode of Care** | |
| 8.5    Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications at ambulatory care visits where the client is at risk of potential adverse drug events. Organizational policy determines which type of ambulatory care visits require medication reconciliation, and how often medication reconciliation is repeated. | ROP |
|      8.5.1    The type of ambulatory care visits where medication reconciliation is required are identified and documented. | **MAJOR** |
|      8.5.2    For ambulatory care visits where medication reconciliation is required, the frequency at which medication reconciliation should occur is identified and documented. | **MAJOR** |
|      8.5.3    During or prior to the initial ambulatory care visit, a Best Possible Medication History (BPMH) is generated and documented in partnership with the client, family, caregivers, and others, as appropriate. | **MAJOR** |
|      8.5.4    During or prior to subsequent ambulatory care visits, the BPMH is compared with the current medication list and any medication discrepancies are identified and documented. This is done as per the frequency documented by the organization. | **MAJOR** |
|      8.5.5    Medication discrepancies are resolved in partnership with clients and families OR medication discrepancies are communicated to the client's most responsible prescriber and actions taken to resolve medication discrepancies are documented. | **MAJOR** |
|      8.5.6    When medication discrepancies are resolved, the current medication list is updated and retained in the client record. | **MAJOR** |

| 8.5.7 | The client and the next care provider (e.g., primary care provider, community pharmacist, home care services) are provided with a complete list of medications the client should be taking following the end of service. | **MAJOR** |
|---|---|---|

## Priority Process: Decision Support

The organization has met all criteria for this priority process.

## Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

## Surveyor comments on the priority process(es)

## Priority Process: Clinical Leadership

Six clinic areas were visited: systemic chemotherapy, medical day unit care, home dialysis, pain management, cystic fibrosis care, and transient ischemic attack (TIA) rapid assessment. Strong leadership and strong physician leaders are evident.

Some areas, such as home dialysis, have strong leadership support at the provincial level, in this case the British Columbia Provincial Renal Agency. Some programs, like the TIA rapid assessment clinic, are leading the way in the province with an innovative program. It is clear that evidence-informed programs are based on local and national collaboration to determine and implement best practice.

Patient and family involvement at the regional quality councils and also within site programs helps to shape the services provided. Ongoing evaluation of new evidence and outcomes results in ongoing evolution of programs to continue to provide optimal care.

## Priority Process: Competency

All programs have interprofessional teams who are committed to optimizing patient health outcomes.

Each team has strong physician collaboration and involvement on the interprofessional team. Orientation and ongoing career development allow all team members to acquire new knowledge and skills. Processes to evaluate continued competency are also in place.

## Priority Process: Episode of Care

The programs have embedded the values and attributes of patient-centred care into their services. This is no mean feat, given the increasing volume of patients presenting for care. Some programs have developed tools to evaluate referrals to identify patients in need of urgent care and ensure they do not wait longer than necessary. Patients appreciate and are thankful for the support and care they receive in the ambulatory clinics.

The falls prevention strategy implementation and ongoing assessment is extremely robust, standardized, and successful. A concerted effort is needed to plan and implement a consistent approach to medication reconciliation in all ambulatory areas.

**Priority Process: Decision Support**

Island Health is moving toward implementing an electronic health record. Several programs, such as the renal program and TIA rapid assessment program, have robust electronic systems that are used for patient care, quality, and research. Discussions are ongoing on how to integrate these mature programs into the electronic health record yet still maintain the functionality that is so critical to program and the care it delivers.

**Priority Process: Impact on Outcomes**

We are fortunate to be in a time when cross-jurisdictional collaboration in the areas of quality and best practice are common and increasing. Programs are able to link across sites, regions, provinces, and countries for the evidence to inform practice and service delivery. This is resulting in the ability to standardize care across the region. Evaluative metrics are also being standardized to the regional and provincial levels for easy benchmarking.

Involvement in clinical research is also evident and leading to new knowledge creation. It is important to think about how the new knowledge and evidence will be translated and used in clinical care, and how to fund innovations or service expansions.

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

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Clinical Leadership** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Competency** | |
| 4.4    Standardized communication tools are used to share information about a client's care within and between teams. | ! |
| **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** | |
| 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. | ! |
| 16.10    Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate. | |
| 16.11    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** | |

Community health services is well positioned in the communities, with multiple service partners. Work is done in schools, at various community sites, and in the clinics. The teams partner with their communities through the community health groups that include members of the public, First Nations, and the First Nations Health Authority. Partnerships vary with the needs of the community. Formal needs assessments are carried out periodically in each community, in close partnership with the community health group.

Services include publicly funded immunizations, pre-natal education and support, lactation and post-partum support, early childhood development, and reproductive health.

With the implementation of Primary Care Networks, community health resources will be challenged to work in a more integrated way with primary care.

## Priority Process: Competency

Staff in community services are highly committed to the community and the programs they provide to the community. They maintain their ongoing continuing education and work to support the development of new skills.

They are supported by Island Health in all aspects of their competence through reminder systems, online programs, and support for ongoing competency enhancement. Recently staff have noticed a reduction in funding for off-site courses.

Some of the more innovative programs are done in conjunction with the First Nations Health Authority. A recent Indigenous culture and safety course is an example.

Communication within the team and between community health teams is excellent and there is a strong IT program to support this. However, Panorama, the IT program, is a standalone program that does not support inter-team communication, necessitating a formal consent process between different programs in the same institution.

## Priority Process: Episode of Care

Community health services is very client centred in its approach to services, working with individuals to create comfort with the service and offer support when, where, and how the individual can best deal with it. This includes various locations including schools and other sites that best serve the particular target population. The program is partnering with schools to deliver sex education by supporting teachers in grade 5 or providing education in high schools.

Staff feel comfortable with ethical questions and use each other for support when working through ethical questions. Lab support is appropriate to the targeted programs.

Transitions are well managed.

## Priority Process: Decision Support

There are strong internal information systems in the community health program. Standardized work sheets support quality work. The Panorama IT program supports the work of this group. It is searchable and reports are available.

Access to Panorama is fully available throughout the island for community health team members and supports continuity within the community health team. This is particularly good as the population in rural areas is often accessing care in several communities.

**Priority Process: Impact on Outcomes**

The guidelines and standards used in community health services are mostly provincially or regionally directed. The provincial guidelines do not yet include patient input. The programs are mandated to use these guidelines and standards.

Quality improvement activities have been present for some time in the community health program. Several excellent projects have been done resulting in changes to service. Satisfaction surveys are ongoing. The program is using the accreditation standards to question processes. The team has set up boards in the clinic, and, despite not being required to meet Required Organizational Practices, is using them to review processes as well. All team members are integrated.

The team is encouraged to include clients and their families beyond the initiation of the projects. There are opportunities to use the wisdom of the clinic users, or the public in managing the evaluation to celebrate the results more publicly and help disseminate good learnings.

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

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Clinical Leadership** | |
| 2.5 Participation in activities to build the community's capacity to support clients and families seeking mental health services is demonstrated. | |
| 3.5 The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders. | |
| 6.2 Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate. | |
| **Priority Process: Competency** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Episode of Care** | |
| 7.1 There is a process to respond to requests for services in a timely way. | |
| 9.2 The assessment process is designed with input from clients and families. | |
| 9.5 Medication reconciliation is conducted in partnership with clients and families for a target group of clients when medication management is a component of care (or deemed appropriate through clinician assessment), to communicate accurate and complete information about medications. | ROP |
| 9.5.3 Medication discrepancies are resolved in partnership with clients and families OR communicated to the client's most responsible prescriber, and the actions taken to resolve medication discrepancies are documented. | **MAJOR** |
| 9.5.4 When medication discrepancies are resolved, the current medication list is updated and provided to the client or family (or primary care provider, as appropriate) along with clear information about the changes that were made. | **MINOR** |
| 9.5.5 Clients and families are educated about how to share their complete medication list with health care providers within the client's circle of care. | **MAJOR** |

| 10.3 | Treatment protocols are consistently followed to provide the same standard of care in all settings to all clients. | **!** |
|---|---|---|

**Priority Process: Decision Support**

The organization has met all criteria for this priority process.

**Priority Process: Impact on Outcomes**

| 15.3 | There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines. | **!** |
|---|---|---|

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

**Priority Process: Clinical Leadership**

The strong clinical leadership team in mental health and substance abuse is commended for building a new framework that includes a tiered service model, a recovery model, and a passion for client and family partnerships. The new geographic model strives to bring more equity to clients regardless of where they live. There was an increase of services available in the rural areas and a focus on delivering care in partnership with community stakeholders and other parts of the health system. The team is encouraged to keep moving in this direction, as clients appreciate the improvement in services at a local level.

The community mental health program has begun to include clients and families in co-design. The recovery model of care included patient advisors in the development of the model, which is being rolled out throughout Island Health. A family engagement guideline has been developed to guide staff in the implementation of people-centred care. The program is at the beginning stages of co-designing services at the local level. There are some pockets of excellent local work, such as the review and development of a day program and the development of a client and family handbook. The program is encouraged to bring these concepts to all program areas.

Some services are beginning to look for input from clients, families, and partners into job design, roles, space, and assignments; however, but this is not yet developed at a program level. This is an excellent area to develop more collaboration with the full team.

There are many partnerships and community capacity building, especially in the rural areas and in the assertive community treatment (ACT) teams. The collaborative work done with police, community agencies, and stakeholders is an example. There is still work to be done in some urban areas to work in partnership to build capacity, especially when there are wait lists.

**Priority Process: Competency**

The recovery model was developed by the program with client and family representatives. A guide to implementing this model of care has been developed and the roll out to all sites is in progress.

Education opportunities are abundant for staff in the mental health program. There are online learning modules, webinars, and conferences.

Team members are provided with feedback about performance in individual sessions with leaders regularly. Formal performance evaluations are not occurring on a bi-annual basis. Some sites are doing regular performance reviews, which is commendable. These are appreciated by staff.

A collaborative team approach is evident in all sites. The effectiveness of team collaboration is discussed at team meetings, retreats, and during quality improvement activities. The ACT teams have peer workers with lived experience as members of the work team, which is excellent.

**Priority Process: Episode of Care**

Clients and families are treated respectfully by the passionate staff at Island Health in every service area, with a true commitment to actively engaging clients and families in care being evident throughout the program. Clients are extremely pleased with the way they are included in care planning and how respectful staff are of their wishes.

The majority of programs respond to requests in a timely way. Brief therapy models, group programs, and rapid response have improved access considerably for most clients in the program. There are some outpatient programs that have wait lists of 200+ and they are strongly encouraged to review processes and services with input from clients and families, to build in effective wait list management and learn and share practices from other mental health programs in Island Health.

Many programs have flexible hours of operation that were developed based on client and family needs. The continuum of services, especially in the rural areas, includes collaboration among all service providers (community programs, crisis teams, emergency programs, and police) and this has improved the opportunity for clients to obtain care.

Medication reconciliation has not been formally introduced to community health services. Programs identify clients with medications and develop a best possible medication history; they now must develop processes to meet all tests for compliance. It will be important to identify which programs need to do medication reconciliation and which are not involved in medication administration. It will also be necessary for all nurses to have access to PharmaNet to facilitate the process.

Individualized care plans are evident. The recovery plan format has been rolled out with the model of care. Standardizing this tool in all areas would be beneficial as it clearly documents client input. The organization is encouraged to give a copy to the client. Processes have been developed to ensure information is communicated during transitions.

It is noteworthy that programs have fully integrated a concurrent model of care across the continuum of service. Substance use has become a major crisis and the program has responded with opening new models of care to address this crisis. ACT teams, rapid response, crisis teams, and safe injection sites are all providing services and an "any door is the right door" philosophy is evident.

**Priority Process: Decision Support**

Most services are using a hybrid charting system, where some information is entered electronically and some in paper form. This causes confusion and some risk to client care when records are not in one form. The organization is moving to the electronic medical record which is commendable. The program may wish to review some areas where there is resistance to using the electronic record options that are available.

The recovery plan and service plan have been reviewed. Client feedback was used to develop the plan.

**Priority Process: Impact on Outcomes**

The program is focused on client and staff safety. Services give all clients and families the Your Safety brochure and use this as a tool to begin the discussion. Many tools are used, based on the service delivered, to increase safety. ACT teams work with high-risk clients and so have extra precautions and review risk levels daily in huddles. Panic buttons, suicide risk assessment, and violence risk assessments are common approaches that have led to the development of safety plans across all services. The collaborative team approach with regular check-ins also contributes to safety.

Program-wide quality initiatives are evident and are developed with clients and family advisors. Lean-based tools have been introduced, as has visual leadership with white boards and local visits, the Patient Safety Learning System, suicide risk management, trauma-informed practice, and standardized falls screening. Data are collected centrally and sent to leaders. Monthly chart audits help ensure targets are met and these are often posted locally.

Local quality projects occur in some settings; however, more education on methods and indicator development is necessary. Some excellent examples of local projects are the day program development, client handbook, and the Matrix program which is a pilot program for methadone and stimulant users. Results have been dramatic. Congratulations are extended and the team is encouraged to continue sharing these learnings across all programs.

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

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Clinical Leadership** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Competency** | |
| 3.6     Education and training are provided on the organization's ethical decision-making framework. | |
| **Priority Process: Episode of Care** | |
| 8.6     Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions. | ROP |
|     8.6.1     Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented, in partnership with clients, families, caregivers, and others, as appropriate. | **MAJOR** |
|     8.6.2     The BPMH is used to generate admission medication orders OR the BPMH is compared with current medication orders and any medication discrepancies are identified, resolved, and documented. | **MAJOR** |
|     8.6.4     The prescriber uses the BPMH and the current medication orders to generate transfer or discharge medication orders. | **MAJOR** |
|     8.6.5     The client, community-based health care provider, and community pharmacy (as appropriate) are provided with a complete list of medications the client should be taking following discharge. | **MAJOR** |
| **Priority Process: Decision Support** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Impact on Outcomes** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Organ and Tissue Donation** | |
| The organization has met all criteria for this priority process. | |

| Surveyor comments on the priority process(es) |
| :--- |

| Priority Process: Clinical Leadership |
| :--- |

The team has access to a provincial database of information on the patient population and the needs and usages by region. It also has access to information on the different transports that occur between the regions and sites. There are seven critical care units in Island Health and the leaders are in frequent contact to ensure consistency of care across the units, ensure that access to care is consistent, and to aim for care closest to home. There is a Quality Council with representatives from each of the seven sites.

There is a non-refusal of care policy in place so that no patient who requires intensive care is refused access despite occupancy in the unit. The team expedites transfers and ensures that patients are provided with the care they need. In high occupancy times, patients can be kept in the post-anesthesia care unit or other appropriate units but still under the care of the critical care staff and physicians.

The provincial Patient Transport Network coordinates resources for all transports in the province and a call is initiated to start the process.

All patients and families are oriented to the unit on admission and brochures are provided so visitors have ready access to information.

The neonatal intensive care unit in Nanaimo is a well-laid-out and well-functioning care unit with great teamwork and respect for each other's expertise. There were some growing pains with the electronic record implementation but much of the anxiety appears to have settled down. There are still concerns about the way the implementation was done, rather than issues with accepting the electronic system.

| Priority Process: Competency |
| :--- |

In the past year the team consolidated the type of infusion pumps to ensure consistency, and also standardized the annual infusion pump training module. Twelve days for review of skills are scheduled. Staff nurses are supported to attain the critical care certificate from the British Columbia Institute of Technology.

When a patient who has spent significant time in the critical care unit is progressing to palliative or end-of-life care, the patient will remain in the unit as the patient and family are familiar with the staff members. The palliative care team is consulted as appropriate.

Managers in the critical care units are highly energetic and very engaged with staff development and competencies. There are great interdisciplinary teams that value the input and learning gained from each other.

The neonatal intensive care unit in Nanaimo supports ongoing education of the clinical staff members and leadership growth is nurtured through education and mentorship.

**Priority Process: Episode of Care**

The team works very closely with the other programs and other sites to standardize practices and implement order sets. An outreach program for the inpatient units has been implemented so team members can consult with critical care staff members when they have a concern about a patient. They have also implemented nursing practice guidelines with input from all the sites. They review the order sets for consistency and audit for compliance.

The Patient Safety Learning System is the team's incident reporting system and it is accessible to all staff members and physicians. The Quality Council reviews all significant events for learning opportunities. it also links with quality councils in other programs for opportunities that affect more than one program. There is a patient advisor on the council.

Medication reconciliation is done by the pharmacist who is dedicated to critical care. The pharmacist has access to PharmaNet, a provincial initiative where all community pharmacists are linked to an electronic network so all medications that are ordered and dispensed can be viewed on the system.

The team has an early mobilization protocol where a physiotherapist and an occupational therapist assess patients for readiness to mobilize and this recommendation is indicated in the care plan. The team is developing a modified falls assessment scale. The Braden scale is used for skin integrity and risk for developing pressure ulcers. The order sets include the assessment for the patients who are at risk for developing venous thromboembolism.

There are daily huddles where the interdisciplinary team members share information about the patients. Patients and family members are welcome to participate in the rounding that occurs for the patients. The team uses the numerical pain scale and the clinical pain observation tool for nonverbal patients, and has implemented the Safer Healthcare Now bundle.

The information shared at care transitions between care providers is mostly oral. There are prompts to guide the health providers in providing or asking the right questions to ensure information is complete. There is no evidence of audits for compliance or satisfaction with the process.

In the neonatal intensive care unit in Nanaimo, parents and families are encouraged to be at the bedside with their baby and participate in the decision about the care required. The parents decide who they want to visit in the unit and who is "family" for them. The nurses start to talk about discharge at admission and what will be required for the infant's care. A great initiative by the staff is a checklist of all the items that need to be taught and reinforced for the parents, with an option of requesting more information so they feel comfortable with the tasks. Feedback from parents in the neonatal intensive care unit is that they have the opportunity to discuss all aspects of the care of their baby.

The possibility of conducting rounds at the bedside, with the parents present, was discussed with the clinical staff on the unit. There are some hurdles such as confidentiality, but it is feasible. The unit is

covered by pediatricians who also work in the community, which fosters continuity of care once the infant is discharged from the unit to inpatient or to home.

**Priority Process: Decision Support**

The patient record is paper based, although there is an initiative at Nanaimo to move to an electronic health record. Documents can be scanned for easier access.

The electronic recording system in Nanaimo is comprehensive although it can appear cumbersome to navigate if a provider is unfamiliar with the system. Clinical staff generally feel that once the glitches have been worked out, it will certainly be better than a paper-based system. The general feeling is that the implementation was quite taxing on the leaders of the program as they had to navigate the hurdles of implementation while still doing their own work. As an example of what a monumental task this was, in the period of two years the leaders had to develop 500 order sets to input into the electronic system, whereas before they would develop only a handful every year.

There is a pilot project by some health care providers to look at secure texting between providers.

**Priority Process: Impact on Outcomes**

A team of 10 physicians meets to review best practice guidelines and come to a consensus for the evidence-formed guidelines and order sets. A research coordinator is available to facilitate all research projects.

Strategies have been implemented to identify and mitigate risks for the patients and families.

**Priority Process: Organ and Tissue Donation**

There is a provincial initiative with BC Transplant for all organ and tissue donations in the province. A representative from BC Transplant works on site and is responsible for all aspects of tissue donations.

## Standards Set: Developmental Disabilities - Direct Service Provision

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Clinical Leadership** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Competency** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Episode of Care** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Decision Support** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Impact on Outcomes** | |
| The organization has met all criteria for this priority process. | |
| **Surveyor comments on the priority process(es)** | |
| **Priority Process: Clinical Leadership** | |

The Queen Alexandra Children's Hospital school age therapy program is a commendable program that has been developed based on best practices and grounded in research.

The program provides child development and rehabilitation services, typically occupational therapy (OT) and physiotherapy (PT) to help children and youth achieve optimal independence and inclusion and meet their educational goals as per the provincial children and youth with special needs mandate. School-based therapists work with family members, teachers, and teaching assistants to help students access learning opportunities and actively participate at school and in the community.

A tri-ministry funding agreement among Island Health, the Ministry of Children and Family Development, and the three greater Victoria school districts funds the program. In a typical school year, approximately 1,650 children are supported by this program, which is delivered by 36 staff members (30.3 FTE) in 89 Schools. The rehabilitation support service provides additional support with intensive short-term rehabilitation for complex children and youth post-surgery. This service transitions the client from acute services to home and back to school therapy services. The therapists support transitions from early intervention programs (0 to 5 years of age) to school therapy services and then to adult-based programs.

Clinical practice support across the child, youth, and family rehabilitation is provided by the discipline leaders in OT and PT with a particular focus on evidence-based practice work supported by the resource therapist role (0.3 FTE in both OT and PT).

There is evidence of strong interprofessional collaboration among team members. They are passionate and committed to providing the best possible care for their clients and families. They act as tremendous resources for the various schools where they provide consultations and work with the clients.

Goals and objectives are regularly developed for this program and the team is encouraged to formalize the goals and share them with all team members. These align well with the Island Health strategic plan priorities.

Clients and families have opportunities for significant involvement in the planning and delivery of care services.

Appropriateness of services is reviewed regularly to ensure the community needs are addressed for this vulnerable population of clients. Service gaps are identified and mechanisms are in place for leaders to develop processes or partnerships to fill these needs (e.g., clients attending private schools).

## Priority Process: Competency

There is a wealth of educational opportunities for team members and they appreciate the opportunity to keep up to date with best practices (and beyond). They also have access to mandatory learning modules via the provincial Learning Management System that includes workplace violence prevention and reporting, privacy, and hand hygiene.

Staff complete a home visit risk assessment tool to ensure home visits are safe and risks are identified. Staff are aware of mitigation strategies should a risk be identified.

Performance appraisals are completed every two years and professional development goals and objectives are discussed and reviewed more frequently.

Team functioning is evaluated on a regular basis. The leaders are encouraged to put a more formalized process into place.

Staff are recognized for their accomplishments and positive outcomes in a variety of ways such as the Celebration of Excellence awards, summer solstice barbecue, and team meetings. Leaders involve team members in identifying their preferred method of recognition.

## Priority Process: Episode of Care

This incredible team of interprofessional practitioners demonstrates a commitment to making their clients' journey in life the best it can be. Stories were shared illustrating various ways the team turns challenges into opportunities and client dreams into achievements. The team enabled a teenager to

participate in a four-day hike, in the snow, with her grade 12 class. One of the courageous team members accompanied the client and the school class on the hike, after much planning, preparing, and practicing. This experience was a pinnacle moment for the client who had not spent a night without her parents prior to the trip. Prior to this, she had truly been an outsider to her peers but after the trip, the other students embraced her and she was eventually voted class valedictorian. Bravo team!

Family education and instructions for care are personalized and written in the voice of the client to the care team and for parents.

Wait times are a concern for the team and they are working to address access to care.

Assessments are based on standardized evidence-based tools.

Families are invited to participate in appropriate research via a formal letter. Several examples of research studies involving the client population were shared.

**Priority Process: Decision Support**

Clients and families, schools, and physicians receive an annual summary report of the client's care team assessments, care plan, goals, and developmental status. Family members value these reports and believe they are well informed about the plan of care. It is clear that the client and family is a partner on this team.

Health records are comprehensive and secure. Documentation is in a paper chart. As the electronic iChart rolls out throughout Island Health, the team will benefit from electronic documentation that will improve access to client-specific information.

**Priority Process: Impact on Outcomes**

The team is commended for investing in best practices and innovation. Two staff positions are dedicated to developing evidence-based practices and spreading these innovations throughout the program.

Indicators are tracked and monitored. However, team leaders acknowledge that they need to identify more outcome-oriented quality indicators and they are planning to be more outcome oriented going forward.

## Standards Set: Emergency Department - Direct Service Provision

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Clinical Leadership** | |
| 1.3 Specific goals and objectives regarding wait times, length of stay (LOS) in the emergency department, client diversion to other facilities, and number of clients who leave without being seen are established, with input from clients and families. | |
| 2.6 Seclusion rooms and/or private and secure areas are available for clients. | ! |
| 2.11 A universally-accessible environment is created with input from clients and families. | |
| **Priority Process: Competency** | |
| 4.4 Orientation to the unique work environment in the emergency department is provided to new team members. | |
| 4.9 A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented. | ROP |
| 4.9.4 The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed. | **MAJOR** |
| 4.14 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way. | ! |
| 4.16 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations. | ! |
| **Priority Process: Episode of Care** | |
| 10.5 Medication reconciliation is initiated in partnership with clients, families, or caregivers for clients with a decision to admit and for a target group of clients without a decision to admit who are at risk for potential adverse drug events (organizational policy specifies when medication reconciliation is initiated for clients without a decision to admit). | ROP |

| | | | |
|---|---|---|---|
| 10.5.1 | Medication reconciliation is initiated for all clients with a decision to admit. A Best Possible Medication History (BPMH) is generated in partnership with clients, families, or caregivers, and documented. The medication reconciliation process may begin in the emergency department and be completed in the receiving inpatient unit. | **MAJOR** | |
| 10.5.2 | The criteria for a target group of non-admitted clients who are eligible for medication reconciliation are identified and the rationale for choosing those criteria is documented. | **MAJOR** | |
| 10.5.3 | When medications are adjusted for non-admitted clients in the target group, a BPMH is generated in partnership with clients, families, or caregivers, and documented. | **MAJOR** | |
| 10.5.4 | For non-admitted clients in the target group, medication changes are communicated to the primary health care provider. | **MAJOR** | |

| | | |
|---|---|---|
| 12.16 | Information relevant to the care of the client is communicated effectively during care transitions. | ROP |
| 12.16.5 | The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include:<br>•       Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer<br>•       Asking clients, families, and service providers if they received the information they needed<br>•       Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system). | **MINOR** |

| | | |
|---|---|---|
| 13.9 | The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families. | |

**Priority Process: Decision Support**

| | | |
|---|---|---|
| 14.8 | There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements. | ! |

**Priority Process: Impact on Outcomes**

| | | |
|---|---|---|
| 16.3 | There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines. | ! |

| | |
|---|---|
| 17.4 | Safety improvement strategies are evaluated with input from clients and families. | ❗ |
| 18.7 | Quality improvement activities are designed and tested to meet objectives. | ❗ |

**Priority Process: Organ and Tissue Donation**

The organization has met all criteria for this priority process.

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

**Priority Process: Clinical Leadership**

There are highly engaged and passionate leadership teams in the diverse settings (tertiary, regional, and community) across Island Health where emergency and urgent care services are provided. The Emergency Department (ED) Quality Council membership reflects the diversity of care settings and is an excellent, high functioning team. The Quality Council has two patient advisors. The advisor at the regional meeting noted an atmosphere of learning, appreciation, and respect among the ED Quality Council members.

The team is actively using the comprehensive ED quality indicator information and dashboards. Targets are monitored and benchmarking occurs at the Island Health level. The team is encouraged to continue to look at potential sites in the rest of the province to further enhance benchmarking and performance opportunities to meet targets. A site visit is planned to a hospital in Vancouver to look at an acute behavioural and substance abuse unit and how the learning can be applied to Island Health.

Visual management and quality improvement boards and huddles are starting to be implemented in EDs and emergency service areas at various Island Health locations. The team is encouraged to advance this work to build on staff engagement and participation in quality improvement and meeting department goals. Core metrics and site- or setting-specific data and initiatives can be used to drive improvement and engagement.

The ED team actively participates in the comprehensive, structured Island Health patient flow strategy via cascading huddles. This enables transparency and supports escalation for overcrowding in the EDs.

Strong, collaborative, and creative partnerships are in place to address timely access to emergency care, ED avoidance, and admission avoidance (i.e., emergency medical services, police, First Nations Health Authority, home and community care, and more). The leadership teams are encouraged to continue to use the Quality Council as a forum to share successes and opportunities for improvement so partnership initiatives can be adopted and adapted to support meeting target metrics.

Despite a number of creative initiatives that have been implemented, ED overcrowding remains a significant issue for the organization. A continued organizational focus on flow and partnership with the community are required to support both patients and staff in emergency service areas.

Of note is the partnership with the community to address opioid addiction and early referrals to addictions treatment. An algorithm, order sets, and referral process have been put in place in Victoria with good results in the first year. This can be adapted and adopted to other settings. The team is encouraged to consider submitting this initiative as a Leading Practice.

The team is encouraged to continue developing partnerships with the heart health and brain health programs to support meeting emergency patient needs and outcomes in these areas.

Clinical leadership is encouraged to continue to work on worklife and workforce stabilization as well as recognition for staff. Of note is that the ED Quality Council gave a quality trophy to the West Coast General Hospital ED, recognizing this ED as the most improved team for a reduction in the percentage of patients who left without being seen.

## Priority Process: Competency

Comprehensive competency checklists adopted from the National Emergency Nursing Association's emergency nursing core competencies are used for orientation at urban sites. The clinical nurse educators and preceptors support the process of orientation.

The leadership teams and Quality Council are encouraged to look at how they can collaborate with more rural sites to update and adapt orientation and practice competency information to meet the needs of the diverse settings where emergency and urgent care is provided.

A number of programs for continuing education are available through the Learning Management System, and there are other emergency-specific courses. Staff are supported with some education days annually to promote competency development.

The organization is commended for its collaboration with the British Columbia Institute of Technology in urban settings to support recruitment to the ED. Island Health nurses have partial support for emergency nursing courses so they can move to the ED as positions become available. This makes it possible for staff to work in multiple areas in the organization.

## Priority Process: Episode of Care

The ED Quality Council provides excellent oversight for standardization and approval of clinical pathways, documentation tools, and order sets. The diversity of settings where care is delivered requires some flexibility in implementing pathways based on local resources. Extensive data on length of stay, Canadian Triage and Acuity Scale, patients leaving without being seen, and other core metrics are reviewed and actioned.

In some smaller community and rural settings, the ED entrance is shared with ambulatory or hospital main entrances. This can cause crowding and flow issues as well as make it difficult to triage ED patients in a timely manner.

Adult and pediatric areas are separate and set up with appropriate supplies and emergency equipment.

There is a strong focus on a safety culture for staff and patients with a number of initiatives including violence prevention education, code white refresher, morbidity and mortality rounds, and more. There has also been education for staff on trauma-informed care.

Patients are assessed and monitored for risk of suicide and strategies are implemented to ensure staff and patient safety. The e-learning on suicide risk assessment has helped support this work in rural settings.

There are opportunities to enhance activities around best possible medication history and medication reconciliation for inpatients, and to address narcotic diversion.

Some communication enhancements to improve patient care during transitions of care are being tested, such as the Pink Band project with residential care partners and verbal hand-over.

In the settings that were assessed, patients and family members are happy with the care provided based on their needs. They feel listened to and respected. Staff take the time to ensure each patient understands what is happening and the plan of care.

While patients and family are satisfied with their care, they would like the organization to provide public access to WiFi and phone charging. This is seen as key to communicating with family while in the ED as well as helping to pass the time when wait times are long.

**Priority Process: Decision Support**

Standardized assessment tools are used in the EDs.

There is a hybrid documentation system. Triage notes and other elements are in Cerner; however, most documentation is on paper.

The team is working on expanding Cerner dictation with rollout at West Coast General Hospital and Geo 4 hospitals. This will improve hand-off and the provision of legible information to primary care providers. In alignment with Island Health, a plan to advance this initiative across the EDs would be beneficial, as the current physician document form that is sent to the primary care provider is difficult to read.

It can take up to 48 hours for the physician discharge summary to get to the primary care provider. The team is encouraged to consider providing the patient with a copy of the document so they can bring it to their primary care follow-up appointment.

**Priority Process: Impact on Outcomes**

The ED Quality Council provides oversight for evidence-based practice and guidelines. ED quality and performance dashboards are reviewed quarterly by the council and regularly by the department leadership teams.

The ED Quality Council supports and acknowledges creative programs developed and implemented at each site so they can be shared and considered for adoption or adaptation at other sites. Some of these programs include the ED-to-home liaison nurse in Nanaimo and Cowichan District Hospital, rapid assessment admission units, opportunities to develop complex care plans for select patient groups, and the forensic nurse examiner program in the community.

Patient Safety Learning System data and trends are reviewed within departments and Island-wide when required. As noted, further work is needed to share this information with staff in the departments. In addition, morbidity and mortality rounds are held in local EDs so successes and opportunities can be actioned.

The ED teams are encouraged to continue to seek feedback from patients and family members using the feedback surveys, compliments and concerns, and suggestion box results to continue to enhance the patient and family experience.

**Priority Process: Organ and Tissue Donation**

The standards for organ and tissue donation are met in all areas. Organizational polices are in place to support a strong collaboration with BC Transplant.

Some ED team members commented that they get feedback on their results and this is greatly appreciated.

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

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Clinical Leadership** | |
| 2.5    The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders. | |
| **Priority Process: Competency** | |
| 3.10    Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way. | ! |
| 3.12    Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations. | ! |
| **Priority Process: Episode of Care** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Decision Support** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Impact on Outcomes** | |
| The organization has met all criteria for this priority process. | |
| **Surveyor comments on the priority process(es)** | |
| **Priority Process: Clinical Leadership** | |

Community health services experienced a transformation in the way in which the services are organized over the last several years. The impetus for this change was related to the goal of offering more equitable services to the communities of Vancouver Island and to provide more consistent and standardized care. A neighbourhood and geographical zone structure was implemented with a leadership dyad involving an administrative director and a physician leader. There are strong linkages and partnerships within this team of primary care experts and community and home care professionals. Client- and family-centred care principles are integrated into the philosophy of resource planning and care delivery models. A patient and family advisor has been part of this team since 2012.

The 2017–2018 annual report for primary and community care illustrates the many initiatives this team has implemented to decrease reliance on acute care services. Improvements include the frequent faces program, changes to staffing extended hours, and bi-weekly case conferences in some locations.

Interprofessional collaborative practice is evident, as per discussions with the leadership team and care providers. There are impressive collaborations with health unit teams and other relevant partners. Although the composition of teams is different in the various health units, it includes a variety of health care professionals such as registered nurses, licensed practical nurses, occupational therapists, physical therapists, pharmacists, and contracted support workers. Team members are passionate about the work they do every day and demonstrate genuine concern for clients and families. They know their clients who have been receiving care for a long time and learn as much as they can about new clients.

Home support services in some locations has introduced a rapid response physician that sees clients in their homes and visits clients who have no family physician. The rapid response physician can see clients urgently and in turn diverts unnecessary ED and hospital admissions. The responsiveness of the teams is commendable. Their focus is on the client's needs and trying to support the client in the most appropriate location.

Daily huddles occur at the beginning of shifts to communicate issues related to client-specific needs and general workload.

The support provided to clients by these teams located across Island Health is truly impressive. The communication among the care providers who help clients stay in their homes for as long as possible is an exemplary model of how a health care system should function. The teams are highly responsive to the needs of clients and families as well as to those of their team members. Critical thinking and expertise are used to anticipate client needs. Team members do their utmost to keep clients safe and informed, treating clients and families as partners in the health journey. They work services around the clients' preferred schedules. They want clients' lives to be as normal as possible.

Team goals and objectives are developed by the community health services team as part of Island Health and are reviewed. Oversight of achievements is provided at the Quality Committee. Individual health units could consider developing their own specific goals and objectives since some of their quality improvements might be unique to their location.

Space is an issue at some of the health units. In particular, the Salt Spring Island and Comox locations are challenged by limited space. Given the increasing health care needs of the communities and resources that will be required, functional planning is encouraged.

**Priority Process: Competency**

Staff have opportunities to access education and training on a variety of topics such as palliative care and end-of-life care processes. Mandatory education and safety training is accessed through the intranet portal.

While team members state they work well together, the effectiveness of their interprofessional collaboration would benefit from a more formal evaluation. There is tremendous evidence that the various professionals work well together in achieving extremely positive outcomes and experiences for clients and families.

Staff receive training on continuous ambulatory delivery device (CADD) pumps although IV infusions are not commonly ordered. When clients self-manage CADD pumps in their homes, an information sheet is available for quick reference.

Performance reviews are generally well done across the various health units; however, there are a few teams that need to focus on ensuring staff receive a regular review. Peninsula Health refers to these reviews as performance recognition and this could be considered as a model that could be duplicated by other teams.

## Priority Process: Episode of Care

The team is working with Island Health resources to ensure medication reconciliation is consistently documented. Audits are conducted and the team acknowledges that this is an area for improvement.

Community home care services offers home visits and on-site clinic visits at the health units for ambulatory patients attending booked appointments (i.e., these are not walk-in clinics).

Falls assessments and appropriate falls prevention interventions are a priority for this team. The health professionals provide falls prevention education to clients at risk for falls and respect clients' decisions when advice is not implemented, such as removing loose rugs in the home. This information is shared among team members.

The Quality Committee reviews outcomes related to pressure injuries and makes improvements to the program to ensure client safety. A patient and family advisor is a member of these committees and provides input into strategies when appropriate.

Transfer of information occurs in a variety of ways depending on the purpose. The team receives a formal notification when clients are admitted to hospital. The team sends the hospital a transfer of information form with standardized information about the client. Care provider to care provider transfer of information is accomplished using a handover note. The team is encouraged to ensure that all health units are aware of whether this form becomes a permanent part of the chart. The tool is an excellent vehicle for transferring information; however, it could be completed for each encounter in pen and maintained in the health record as a permanent form.

A significant amount of handwritten documentation is required by the care team, and client information is accessible and documented on the Paris platform. The team would benefit from moving to an electronic solution to try to streamline the multifaceted documentation requirements. Island Health is in the process of rolling out electronic documentation and this team would benefit from a more streamlined documentation process that takes into consideration the unique needs of home visits and multiple users.

Home safety risk assessments are completed in a timely manner and are a priority for the team.

Clients report high satisfaction with the community health services professionals and care staff with whom they interact. They act as navigators and key coordinators among primary care, hospital care, and other community resources.

## Priority Process: Decision Support

Client records are a hybrid model of an electronic system and tracking board and paper charts (one is called the travelling chart). Staff spend a significant amount of time documenting assessment results, particularly when enrolling a new client. They report that it can take two to three hours. There are risks associated with this hybrid model and the team is encouraged to continue to advocate for a comprehensive electronic solution to eventually eliminate paper documentation. Health records are secured in care providers' trunks when they travel on visits. The My Care Plan document that is left with the client and family outlines future action plans for the client.

Chart audits are completed and feedback from complaints and client satisfaction is used to inform those aspects of the chart that are evaluated, such as client teaching.

Staff huddles occur daily at the beginning of the shifts. An "issue of the day" form is completed to transfer information from care provider to care provider to improve communication and consistent care delivery. If concerns are major and require personal explanations, a phone call will be made to discuss this with any member of the interprofessional team.

The team is investigating the use of secure text messaging to improve timely communication.

Clients are asked to sign a form indicating they agree that information can be used for research purposes, with identifiers removed.

## Priority Process: Impact on Outcomes

Each team collects and reports indicator data that is shared on quality boards. There are several examples of quality improvement projects. The Peninsula community health unit is conducting a pilot with Beacon Services (the community support workers' contracted services) to locate the nursing supervisor in the community health services office. The team has identified several positive outcomes during this pilot and the hope is that this process will be shared across Island Health.

The team in Duncan used Lean methodology to redesign processes, resulting in improved productivity, efficiencies, and optimization of current resources. One initiative was around the hours for community health workers and this resulted in optimizing the hours used for community health workers. Another initiative related to introducing a Lean process to redesign the stock inventory, resulting in a reorganization of the stock, a reduction in waste product, and better inventory tracking.

The team would benefit from reviewing the type of quality indicators it is collecting. The current metrics are quite transactional and opportunities for service redesign might not be evident. A review of quality

indicators tracked by other community health service teams might trigger ideas for measuring different aspects of care and service. Formally measuring client satisfaction could also be considered as an additional quality measure.

A patient advisor is a member of the Quality Committee and as such, reviews quality initiatives and learns about outcome measures. The information is also shared on quality boards located in the health units.

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

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Clinical Leadership** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Competency** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Episode of Care** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Decision Support** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Impact on Outcomes** | |
| The organization has met all criteria for this priority process. | |
| **Surveyor comments on the priority process(es)** | |
| **Priority Process: Clinical Leadership** | |

The end-of-life and palliative care team provides regional leadership for all activities and care for this patient population. They provide specialist palliative care services and work at building capacity in the community for this growing population. They help support quality improvement initiatives and provide support for health services redesign. Palliative care consultants on the team support other health care providers in the region. They also provide education to their colleagues and in the community to help support end-of-life patients. As a team, they spearheaded the development of competencies for health care providers working with palliative patients.

The leadership team members are passionate advocates for the care of patients with end-of-life and palliative needs. They work very well as an interdisciplinary team and are accountable for many sites and modalities of care, be they beds in acute care, hospice, or home care.

Leadership has successfully advocated for additional funding to increase the number of clinical nurse specialists, social workers, and coordinators. They work on a population-based approach, which means they work with primary care, community health services, acute care, residential services, and community hospice societies.

The service works closely with the home care program in the community. Medical assistance in dying is available and has been offered at the sites.

## Priority Process: Competency

The Clinical Practice Committee, which reports to the Quality Council, is an interprofessional team that is responsible for reviewing standards of care and best practices and promoting a specialized practice. The Advance Care Planning Committee, which also reports to the Quality Council, is working on developing levels of intervention in care planning and promotes asking questions by patients and families. The Medical Orders and Scope of Treatment Working Group is accountable for implementing medically assisted death protocols, reviewing all deaths assisted by medical means, and reviewing concerns from families.

Volunteers receive an extensive orientation to each site, especially the hospice, and a 20-hour education session, all coordinated by the Oceanside Hospice Society.

## Priority Process: Episode of Care

The clinical needs of the patients needing end-of-life or palliative care are covered in palliative care units in acute care, home care, and hospice. Community requests take priority for admission to hospice but the wait list is frequently reviewed so there is no delay in admission when the patient is deemed ready and is willing to enter the hospice.

There are defined criteria for admission into the service (i.e., anticipated death within the next three months), clearly understood and stated goals of care, and having an advance directive plan of care.

Medication reconciliation is done as part of the initial assessment and falls assessment and skin integrity assessment are done regularly and updated as required.

## Priority Process: Decision Support

The end-of-life and palliative care team has had long-standing participation of patients and families, with members on all their committees and on the Quality Council. The patient and family representatives review educational information for the patients and lead the engagement of the different communities. There are over 100 volunteers across the island who support the programs of care for actual care and for education.

A paper-based system of record keeping is used. Patient assessment is done using the Palliative Performance Scale which notes the functional status, the evidence of disease and activity, the self-care possible, the intake needs, and the consciousness level of the patient.

**Priority Process: Impact on Outcomes**

There is a commitment to quality and team members work in partnership with the support team to develop metrics to measure quality. They are establishing evidence-informed standards and they support the clinical teams with expert consultants.

The team works together to address issues of quality and initiate quality improvement activities.

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

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Infection Prevention and Control** | |
| 8.4    Team members, and volunteers have access to dedicated hand-washing sinks. | |
| **Surveyor comments on the priority process(es)** | |
| **Priority Process: Infection Prevention and Control** | |

The infection prevention and control (IPAC) program is led by an enthusiastic and very engaged leadership team. The team is led by the executive director and executive medical director to reflect Island Health's adoption of a dyad leadership model. Team members consist of a director and medical director with an administrative assistant, 15 infection control practitioners (ICPs), two infection control consultants, one epidemiologist, and two co-op students who support the hand-hygiene program. They are organized in north and south regions and have two acting managers who support and supervise the north geographic region ICPs (1 and 2) and south geographic region ICPs (3 and 4).

Roles and responsibilities are well defined and documented in the IPAC program document that was updated in 2017. The team has accomplished a great deal since the last on-site survey to define goals, objectives, and work priorities that have been captured in 10 categories or "buckets." Projects are categorized according to these buckets in a project list that is monitored for progress at the regular monthly meetings and adjusted accordingly.

One of the priorities is to better support front-line staff by updating and providing a reliable resource list, shifting from being a "doing the work" resource to more of a consultant role ("how can I help you?"), and providing more information. One initiative that is being rolled out is the discontinuation of precautions for adults protocols that will empower the unit nurses to discontinue precautions without having to wait for the ICP to do it. This will allow for earlier lifting of precautions (such as after hours or on weekends) with predictable positive outcomes in patient and family satisfaction.

To this effect the team's epidemiologist has been a great support in producing a placemat that captures a snapshot of key information, such as a unit's hand-hygiene audit results, histograms of hospital-acquired infections or antibiotic resistant organism surveillance report (methicillin-resistant Staphylococcus aureus, Clostridium difficile infection, extended spectrum beta lactamase, influenza, etc.), information on how many days since a hospital-acquired infection was identified on the unit, and other information like contaminants found on cell phones. The epidemiologist also produces front-line surveillance reports that greatly assist with increasing front-line staff's knowledge of the organization's infection rates, and their literacy and understanding of IPAC issues. The epidemiologist also produces surgical site infection surveillance reports that are part of the quality placemat and are used by the ICPs.

At the unit level there is good understanding of IPAC practices among staff, including hand washing; donning personal protective equipment; screening for infections; and identifying, managing, and containing outbreaks in long-term care. ICPs are very involved in training and education, with some sites using fun and imaginative ways to educate staff about IPAC issues. They also audit activities and are a resource for front-line staff. Outbreaks in acute care or long-term care settings are well handled.

ICPs at the unit level use the online iHealth record to track positive laboratory results, track all patients on precautions in the hospital, and review indicators such as surgical site infections and readmissions to the inpatient units or the ED. They note that the electronic program saves time and helps identify where practices changes may be needed. This information is invaluable and provides opportunities to probe deeper into issues and identify opportunities to change practices.

Housekeeping is provided in South/Central Island sites by contractors and by in house staff in Central/North Island locations and all staff are well trained in IPAC practices before they are allowed to work on the units or anywhere in the hospital. They are well versed in cleaning routines and precautions protocols. Audits are frequently conducted and results are shared with the staff.

All food services staff are all trained and certified in safe food handling.

Laundry services are provided by two regional laundries, one in the south and one in the north, both are owned and operated by Island Health and follow IPAC principles handling soiled and clean linens.

ICPs have developed close working relationships with their facilities and maintenance staff to ensure all work projects are reviewed from an infection prevention and control perspective.

While Island Health has some state-of-the-art new facilities, there are also sites that are challenged by space and aging infrastructure. Some sites have inadequate handwashing facilities and others are challenged by design, patient flow, and overcrowding from lack of suitable space. More attention needs to be given to these older facilities to optimize knowledge of best practices and prevent the spread of infection.

## Standards Set: Inpatient Services - Direct Service Provision

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Clinical Leadership** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Competency** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Episode of Care** | |
| 8.11 Clients and families are provided with opportunities to be engaged in research activities that may be appropriate to their care. | |
| 8.13 Clients and families are provided with information about their rights and responsibilities. | ! |
| 8.14 Clients and families are provided with information about how to file a complaint or report violations of their rights. | ! |
| 9.7 Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions. | ROP |
|     9.7.2 The BPMH is used to generate admission medication orders OR the BPMH is compared with current medication orders and any medication discrepancies are identified, resolved, and documented. | **MAJOR** |
|     9.7.3 A current medication list is retained in the client record. | **MAJOR** |
|     9.7.4 The prescriber uses the BPMH and the current medication orders to generate transfer or discharge medication orders. | **MAJOR** |
|     9.7.5 The client, community-based health care provider, and community pharmacy (as appropriate) are provided with a complete list of medications the client should be taking following discharge. | **MAJOR** |
| 9.14 Diagnostic and laboratory testing and expert consultation are available in a timely way to support a comprehensive assessment. | |
| 10.2 Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them. | ROP |

| 10.2.1 | At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families. | **MAJOR** |
|---|---|---|
| 11.9 | The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families. | |

**Priority Process: Decision Support**

| 12.7 | The flow of client information is coordinated among team members and other organizations, in partnership with the client and in accordance with legislation. | |
|---|---|---|

**Priority Process: Impact on Outcomes**

The organization has met all criteria for this priority process.

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

**Priority Process: Clinical Leadership**

There is strong clinical leadership at the sites. In addition, there is also a physician lead and mature dyad leadership. Staff feel very supported during day-to-day work as well as with active career development, with targeted opportunities to acquire new skills.

Geographical, regional, and provincial collaborations are in place to standardize care across the island. More initiatives to further standardize across the province are encouraged.

**Priority Process: Competency**

Teams are well educated, well resourced, and well supported by strong clinical educators. Several team members stated they enjoy coming to work with the team and have found ways to recognize how they support one another on a day-to-day basis, as well as extra recognition for exceptional care and support.

Several teams have a formal process of goal setting and evaluation, and might consider articulating longer-term, measurable goals. Having some consistent goals across the health region could also be considered, as this would allow for benchmarking.

**Priority Process: Episode of Care**

The age of the facilities visited varied widely. Most units had adequate space, with only one unit in an old building with space constraints that necessitated having clean and dirty equipment in the same room. However, the equipment is labelled clean or dirty and the room is painted in two colours to help staff recognize the two sides. Applying a label to equipment is also used in several units and this is a good way of identifying clean equipment.

All units face challenges related to overcapacity, and various solutions have been implemented, including visitor and patient lounges being turned into a semi-private patient rooms. In some units corridors were crowded with people, medication carts, and computers.

All units have working links with, as well as community services liaison staff as part of the care team. There are good links for frail elderly and post-stroke patients. There is concern about a lack of or decrease in physiotherapy and occupational therapy staff and access to community services on weekends, which results in discharge delays and a decline in functional status over the weekend. Several units are finding solutions to mitigate these concerns, such as the ED-to-home pilot at the Nanaimo Regional General Hospital, which has significantly decreased the need for admission. Continued work to link flow to complex care planning is encouraged to deal with the overcapacity problems.

Hand-hygiene rates are posted on the units, and although they appear to be trending upward, a continued focus is required to achieve the target. Falls assessment and pressure ulcer surveillance and management are well done. The process of medication reconciliation needs to be reviewed at all sites and a standardized approach taken to implementing the Required Organizational Practices. Some sites report that these processes will be implemented soon. Medication reconciliation at transfer needs to be reviewed, so that transfer within the health region does not require having to manually reorder all medications. A more robust, standardized discharge process needs to be implemented.

All units have highly engaged staff who support each other as a cohesive team. The hospitalist model is well developed at several sites and very well integrated into the team. Patients feel they receive excellent care and their needs are met.

**Priority Process: Decision Support**

Nursing documentation is fragmented in facilities where the electronic health record has not been implemented. This results in information being in three paper charts or folders and electronic in Powerchart.

The full implementation of the electronic health record on the pediatric unit at Nanaimo Regional General Hospital highlights the benefits of moving to full implementation. Even moving more nursing and allied health documentation onto the electronic system would be a benefit, and would also decrease duplicate charting and having multiple folders or paper charts.

**Priority Process: Impact on Outcomes**

The organization is committed to safety, quality, and innovation at all levels. Initiatives and activities are occurring at the facility, geographical, regional, and provincial levels. All the teams visited appear to be well educated and aware of the local, regional, and provincial initiatives.

The use of pilot projects to assess impact is notable. The daily visual management boards collect new ideas from staff as well as patients and families. Patient and family input and involvement is noted for the provincial and regional work being done, and appears to be increasing when appropriate at the geographical and facility level.

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

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Clinical Leadership** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Competency** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Episode of Care** | |
| 8.5    Medication reconciliation is conducted in partnership with the resident, family, or caregiver to communicate accurate and complete information about medications across care transitions. | ROP |
| 8.5.1    Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented in partnership with the resident, family, health care providers, or caregivers (as appropriate). | **MAJOR** |
| 8.5.2    The BPMH is compared with the admission orders and any medication discrepancies are identified, resolved, and documented. | **MAJOR** |
| 10.5    Residents are involved in menu planning. | |
| 12.7    The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from residents and families. | |
| **Priority Process: Decision Support** | |
| 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. | ! |
| **Priority Process: Impact on Outcomes** | |
| 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. | ! |
| 15.5    Guidelines and protocols are regularly reviewed, with input from residents and families. | ! |

| 17.8 | Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities. | **!** |
|---|---|---|
| 17.11 | Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from residents and families. | |

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

### Priority Process: Clinical Leadership

Island Health's vision of "Excellent health and care for everyone, everywhere, every time" was evident at all residential care homes visited. There are passionate, quality-focused leaders and staff at all homes. There are strong partnerships with individual residents and their families, enabling the development and delivery of individualized care and service. Residents and families are actively engaged in local Resident and Family Councils and they appreciate the opportunity to be involved and have their voices heard.

Patient partners are active participants on the residential services program Clinical Governance Council and the Quality Operations Council. Additionally, a family representative has been engaged in the development process for the new facility that will replace the Mount Tolmie site.

Ongoing efforts to integrate patient advisors in quality improvement activities and service design at the local level will help homes to achieve the priority of "improved patient experience."

The residential services program collaborates with several partners such as the Victoria and South Islands Divisions of Family Practice, the Vancouver Island Association of Family Councils, and the Office of the BC Seniors Advocate to improve the quality of care and life for residents in long-term care. At a local level, individual homes benefit from strong community partners. Volunteer involvement varies throughout the homes and this may be an area of increased focus for those with limited volunteers, to increase access to activities particularly on weekends and evenings.

The physical infrastructure varies throughout the homes. There is a mix of private and shared rooms (two to four residents). Spa rooms vary from those with a single bathing system to those with multiple bathing systems in the same space. The degree of homelike, non-institutional design varies as well. The organization is encouraged to explore, with resident and family input, strategies to improve the physical environment and improve resident experience. All homes provide a secure, safe environment with access to outdoor spaces.

Access to outdoor space for residents who smoke appears to conflict with Island Health's smoke-free policy.

### Priority Process: Competency

Staff are one of the greatest strengths of the homes. Residents and families appreciate and benefit from a team of highly skilled, resourceful, and committed staff. They are prepared for their roles through a

comprehensive orientation program that includes online and home-specific components. Topics such as cultural safety and humility, respectful workplace, living our values, code of practice, violence prevention, infection prevention and control, and hand hygiene are required before commencing work and clearly demonstrate the culture for staff.

A safe patient handling program is also required by clinical staff prior to commencing work. The work completed on preventing musculoskeletal injuries is commendable.

Excellent opportunities are available for staff to participate in continuing education through the online Learning Management System that allows staff and leaders to  track and access education opportunities. Staff also benefit from clinical nurse educators who provide ongoing training and education.

Extra training and education has also been provided for teams to support specific populations served, such as Learning Essential Approaches to Palliative care (LEAP) for working with palliative care clients and P.I.E.C.E.S. (Physical health, Intellectual abilities, Emotional wellbeing, Capabilities, Environment, Social self) training for working with people with dementia. The Between the Lines residential services newsletter contains the "P.I.E.C.E.S. Corner" that shares valuable learnings across the homes.

Keeping staff safe is a priority for Island Health. Excellent electronic resources are available through the safety hub. Awareness and compliance with the Island Health violence prevention guideline was consistently observed at all locations. This strategy and its successful implementation into practice is a strength in the residential care program.

Staff feel valued. Various mechanisms are used to recognize staff and it is suggested that innovations such as the ProStar program be shared across the residential services program.

## Priority Process: Episode of Care

A coordinated, consistent assessment process is in place for all residents moving into long-term care. Standard assessments are used including falls risk, and Braden pressure ulcer risk. The completion of risk assessments varies. It is suggested that the homes review this and ensure compliance with Island Health's policy. Additionally, awareness of the suicide risk guidelines and the assessment process varied at the homes that were visited. Further work in this area is suggested to ensure compliance with guidelines.

Strong interdisciplinary teams are in place in the homes and a coordinated collaborative approach to assessment and care planning is evident. Access to and availability of interdisciplinary team members varies throughout the homes. A recent residential care initiative to increase family physicians' presence and involvement in residential care was noted as quite positive from the staff and family perspective. Numerous improvement efforts have been undertaken, such as activities to reduce unnecessary hospital transfers, reduce the use of antipsychotics, and reduce worsening pain.

The focus on resident and family involvement in assessment and care planning is evident. Resident and family choice is respected and valued by all team members, even when those choices are seen as placing

a resident at risk. Families appreciate the open, respectful communication and the kindness of staff. Families and residents speak very highly of staff. Families note they are part of a "larger family" within the home.

A family and resident orientation package is in place. One home recently introduced All About Me to create a personalized basket for new residents. Resident rights and responsibilities are visible throughout the homes and are provided to all residents and families in the resident and family handbook. However, limited information on recognizing and preventing abuse appears to be provided to residents and families.

There is an emphasis on safety for residents and staff. Numerous strategies may be employed when working with residents at risk of unpredictable, aggressive behaviours. Staff members are aware of the violence prevention guidelines. Medication reviews regularly occur within homes with Island Health pharmacy access. Preventing falls is a key priority for all homes. In one home an expanded care plan focuses on interventions to prevent falls such as hip protectors, socks with grips, and adapted clothing. A care plan form is being piloted.

Numerous recreational activities are in place to provide social stimulation and encourage resident engagement. Resident involvement in menu planning varies at the sites visited. Identifying mechanisms to engage residents in meal choice and planning is encouraged.

Residents may transfer to another home or to another level of care. Discharge planning is coordinated by the team. Evaluation of the transition processes is not always undertaken with resident and family input; a structured process to undertake this would be of benefit.

## Priority Process: Decision Support

Paper records are kept and appear to be comprehensive. There are resident-specific care plans; however, teams are encouraged to review these on a routine basis to ensure they are accurate, up to date, and appropriate. Leadership is encouraged to examine documentation processes to identify and reduce duplication and ensure standardized forms are used. There is variation in the forms that are used, with some homes developing site-specific forms for documentation.

Leadership is encouraged to examine audit processes to ensure a consistent approach is used at all homes. Additionally, it may be beneficial to consider using chart audits to monitor compliance with the Required Organizational Practices and Island Health policies and standards related to these. Identifying meaningful ways to engage families and residents in the design of processes to monitor and evaluate record-keeping practices is suggested.

The erasable activities of daily living form in all residents' bedrooms provides staff and families with quick access to important care plan information. In rooms with two or more residents, it is suggested that the location of this information be reviewed and discussed with families and residents to ensure resident privacy is protected.

There are multiple strategies to support communication between team members and across teams.

## Priority Process: Impact on Outcomes

A residential services quality improvement plan was initiated in 2016 that focuses on implementing quality improvement actions to improve performance in key quality indicators. Significant efforts continue to be employed to implement improvements as part of a continuous journey toward excellence. Quality improvement work is supported by structures such as the introduction of quality councils and the Clinical Governance Council.

Homes have introduced different versions of quality boards and are communicating results of activities to staff and other stakeholders using a variety of methods. Linking performance data to effectiveness of quality improvement activities is not apparent in all locations. Teams are encouraged to identify improvement targets for selected indicators.

Family and resident input into the selection of quality improvement initiatives based on feasibility, relevance, and usefulness is not evident in all homes, nor is family and resident involvement in the development of a standardized process for deciding among conflicting evidence-informed guidelines. The Clinical Governance Council as well as the quality councils could play a role in this regard.

Several mechanisms are in place to obtain family and resident feedback, including What Matters to Me?, resident and family councils, and compliments and complaints forms. There is a strong commitment to listening and making improvements based on the feedback received.

A strong focus on keeping residents safe while balancing their desire to live at risk was observed in all homes. Families and residents feel safe in their surroundings.

## Standards Set: Medication Management Standards - Direct Service Provision

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Medication Management** | |
| 12.1     Access to medication storage areas is limited to authorized team members. | ! |
| 13.3     Chemotherapy medications are stored in a separate negative pressure room with adequate ventilation, and are segregated from other supplies. | ! |
| 15.1     The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose. | ! |
| 18.2     Medications are dispensed in unit dose packaging. | ! |
| **Surveyor comments on the priority process(es)** | |
| **Priority Process: Medication Management** | |

The Therapeutic Stewardship and Safety Council (TSS) has oversight for the therapeutic appropriateness of medications and safety of the medication systems throughout Island Health. This is an interprofessional council with wide representation including two patient advisors. A number of specialized medication committees report to the TSS along with the provincial Pharmacy and Therapeutics Committee.

A medication safety pharmacist coordinates many of the medication safety initiatives at all sites. Medication safety is a collaboration between the pharmacy and medication safety quality departments who ensure the medication management standards and Required Organizational Practices are being met.

There is a robust antimicrobial stewardship program with medical microbiologist and pharmacist leadership. The program is supported by five antimicrobial stewardship pharmacists who have been funded through the quality program. These pharmacists monitor antimicrobial use and recommend interventions and discontinuation of unnecessary therapies. As well, they provide educational support to the front-line pharmacists at the various sites. In addition, the antimicrobial stewardship program provides advice and guidance to the provincial antimicrobial stewardship program.

Since the last on-site survey, there has been extensive work on the high-alert medication policies, with labelling and awareness to ensure there is understanding at the unit level of the risks and potential harm that can occur from unintended consequences of readily accessible high-alert medications. A rigorous review process is used to validate the rationale along with the controls for variances to the high-alert medications as ward stock, including completing a risk matrix for consequences versus likelihood. The medication safety pharmacist has taken a lead on spreading this excellent work.

The team has a vision for a closed loop medication system, with multiple stages to be implemented at various points in the medication use process from prescribing, dispensing, and product selection by the nurses, to administration. Significant resources have been directed to the i-Health project at the Nanaimo site with the computerized provider order entry project.

The new north island hospitals were designed with 100 percent automated dispensing cabinets in all inpatient and ambulatory care areas. A significant amount of work was completed in advance to understand the nursing workflow in each area and adapt policies to match local needs. The comprehensive planning resulted in a successful implementation and staff have embraced the new technology.

Medication incidents are reported in the provincial Patient Safety Learning System and all 4 and 5 level incidents are reviewed at TSS. The team has hired a summer student who has reviewed the "other" category to better understand trends and make recommendations for changes to the medication system. These recommendations are brought to the local and geographic levels as well.

Island Health is encouraged to continue implementing technology, barcoding, and systems to achieve the closed loop medication systems at all sites. The National Association of Pharmacy Regulatory Authorities (NAPRA) has new national standards for compounding sterile hazardous and non-hazardous products, and these will need to be considered when planning for further expansion of the CIVA services.

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

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Clinical Leadership** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Competency** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Episode of Care** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Decision Support** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Impact on Outcomes** | |
| The organization has met all criteria for this priority process. | |
| **Surveyor comments on the priority process(es)** | |
| **Priority Process: Clinical Leadership** | |

The strong clinical leadership team in mental health and substance abuse has operationalized a tiered service model to support the recovery model, trauma-informed care, and a strengths-based approach to providing care to clients and families. Involvement of clients and families is apparent from the regional table to local units.

The teams are encouraged to continue exploring innovative ways to include clients and families in service design, policy development, and resource and program evaluation. Strong partnerships within the mental health and substance use program as well as Island Health and external organizations are evident.

**Priority Process: Competency**

Interprofessional collaboration is evident with a variety of clinical backgrounds and disciplines represented within the teams. Initial and ongoing orientation is available for staff, including targeted training such as addictions. Staff are trained in various risk assessments including violence prevention and management, suicide prevention, and falls prevention.

Team members function cohesively and support each other.

## Priority Process: Episode of Care

Teams demonstrate strong support and respect for clients and their families. Clients speak positively of the services offered. They feel informed when providing consent and that their confidentiality, privacy, and goals are maintained. The units provide ample open, bright spaces and a safe environment.

Risk assessments are routinely performed and integrated into the client's plan of care. Teams communicate effectively and have established strong processes to ensure standardized information is exchanged. Strategies include huddles, change of shift handover, and admission, transfer, and discharge reports.

## Priority Process: Decision Support

The program uses a hybrid health record of paper and electronic documentation. It is encouraged to continue moving towards solely documenting in an electronic health record to facilitate communication across health services and allow for more seamless transitions in care. Clients and families are consulted and have input into information documented in the health record.

## Priority Process: Impact on Outcomes

Client and staff safety are a priority for the program. Risk assessments and prevention strategies are aligned to help keep clients and staff safe and create a therapeutic environment. Safety equipment such as panic alarms are routinely used.

Teams are involved in quality improvement initiatives, which range from informal changes to more formal projects and data collection. The program is commended for introducing and supporting releasing time to care (RTC) to some of the teams. There is evidence of effectiveness, with teams using portions of RTC to make smaller improvements that are not part of the RTC program.

## Standards Set: Obstetrics Services - Direct Service Provision

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Clinical Leadership** | |
| 1.3    Service-specific goals and objectives are developed, with input from clients and families. | |
| 2.8    Resources and infrastructure needed to clean and reprocess obstetrics devices are accessible in the service area, as required. | |
| **Priority Process: Competency** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Episode of Care** | |
| 8.5    Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions. | ROP |
|     8.5.2    The BPMH is used to generate admission medication orders OR the BPMH is compared with current medication orders and any medication discrepancies are identified, resolved, and documented. | **MAJOR** |
|     8.5.4    The prescriber uses the BPMH and the current medication orders to generate transfer or discharge medication orders. | **MAJOR** |
| **Priority Process: Decision Support** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Impact on Outcomes** | |
| The organization has met all criteria for this priority process. | |
| **Surveyor comments on the priority process(es)** | |
| **Priority Process: Clinical Leadership** | |

Each region has its own leadership team for the perinatal programs. Managers sit at and participate in quality improvement councils at the health authority level.

Teams across Island Health have adopted the MORE-OB program and are at different levels of implementation. One very high-functioning team has been involved for over eight years and is at the tenth milestone of the program. By using the program as the basis for continuous quality improvement

the team is able to constantly identify opportunities for improvement. Through this program all involved parties (e.g., physicians, nurses, midwives, health care aides) are at the table to promote good working practices, make decisions, and enhance communication and respect for each others' practices.

Teams have developed special space for their First Nations clients to respect their culture.

**Priority Process: Competency**

The MORE-OB program ensures good collaboration among team members and provides plenty of opportunities for continuous learning and skill development. In addition to the MORE-OB modules, staff have access to neonatal resuscitation training and leadership and management training through the internal Learning Management System. Nursing staff are encouraged to complete their masters degree and have access to funding support for these education endeavours.

Staff have regular performance assessments.

The MORE-OB program ensures that all team members are skilled in identifying and mitigating risks. An example of the integration of these principles is one team that had to undergo a major move into their new facility. In anticipation of the move the team undertook four failure modes and effects analyses to ensure they had anticipated what could go wrong and were ready for all eventualities when the move was complete. To ensure successful transition staff from other services, such as pediatrics, the ED, and the operating room, were included.

All staff members are trained on infusion pumps and staff who have been off for a prolonged period of time must undergo refresher training before re-integrating into their units. All training is documented and records are stored electronically.

**Priority Process: Episode of Care**

Each pregnant woman participates in developing a birthing plan, and the plan is reviewed with the assessment nurse when the patient arrives in the perinatal unit.

Assessment and care pathways are standardized as they are provided through the Provincial Health Services Authority. This ensures consistency throughout Island Health and the province.

Teams demonstrate respectful and transparent relationships with clients. They have developed a very respectful approach to the cultural needs of their First Nations clients.

The initial assessment nurse gathers the information on the best possible medication history but that information is not always used by the most responsible physician when completing orders. There was no evidence of a medication reconciliation process on discharge. Island Health is encouraged to develop medication reconciliation process and deploy it throughout the organization.

On the other hand, since the last on-site survey a comprehensive falls prevention program has been implemented in this service at all sites visited.

**Priority Process: Decision Support**

The whole of Island Health uses charts and forms, care pathways, and guidelines as directed and required by BC Perinatal Services. Island Health is in the midst of implementing an electronic health record; some information is charted electronically and some in writing. Island Health is encouraged to move as soon as possible to full electronic format to reduce the possibility of errors due to duplicate charting.

**Priority Process: Impact on Outcomes**

Care pathways, protocols, and charts are all provided through the Provincial Health Services Authority, specifically BC Perinatal Services. The team also follows the Society of Obstetricians and Gynaecologists of Canada guidelines.

The organization-wide implementation of the MORE-OB program is a great way to identify and mitigate risk. It also encourages team members to discuss and learn from adverse events that might occur, using the debriefing technique learned through the program. Some of the higher functioning teams have used predictive techniques like failure modes and effects analysis to detect potential risk.

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

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Clinical Leadership** | |
| 2.5    The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders. | |
| **Priority Process: Competency** | |
| *The organization has met all criteria for this priority process.* | |
| **Priority Process: Episode of Care** | |
| 10.13   Clients and families are provided with opportunities to be engaged in research activities that may be appropriate to their care. | |
| 11.6    FOR INPATIENTS ONLY: Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions. | ROP |
|      11.6.1    Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented in partnership with clients, families, caregivers, and others, as appropriate. | **MAJOR** |
|      11.6.2    The BPMH is used to generate admission medication orders OR the BPMH is compared with current medication orders and any medication discrepancies are identified, resolved, and documented. | **MAJOR** |
|      11.6.3    A current medication list is retained in the client record. | **MAJOR** |
|      11.6.4    The prescriber uses the BPMH and the current medication orders to generate transfer or discharge medication orders. | **MAJOR** |
|      11.6.5    The client, community-based health care provider, and community pharmacy (as appropriate) are provided with a complete list of medications the client should be taking following discharge. | **MAJOR** |
| 17.1    Routine practices are followed to reduce the risk of infection to clients and team members. | ! |
| 17.2    A dress code is followed within the surgical suite. | ! |
| 20.16   There is a process to follow up with discharged day surgery clients. | |

## Priority Process: Decision Support

The organization has met all criteria for this priority process.

## Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

## Priority Process: Medication Management

The organization has met all criteria for this priority process.

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

## Priority Process: Clinical Leadership

The surgical program is led by an executive medical director and an executive director.

The goals for this program are to standardize island-wide policies and standards and develop and implement island-wide quality improvement initiatives. Physicians and staff discuss and help with the development of this program at regularly scheduled meetings. The primary focus for this program and the leaders is meeting the Ministry of Health's strategic initiatives to reduce wait times.

A patient advisor is part of the surgical program. The surgical team has identified the value of having a patient voice at the table and having the opportunity to hear precisely what care provisions are important from a patient's perspective. The surgical team is encouraged to invite more patient partners to the table and expand the role the patient plays in planning, developing, and implementing processes of surgery. Patients at the point of care could report back to the surgical leaders the successes and areas for improvement or consideration with patient care.

Staffing is an issue for the surgical program and the medical devices reprocessing department, particularly since the organization is increasing surgical volumes to meet the Ministry's wait time targets. Island Health has a strong working relationship with Victoria College and University. Students are encouraged to complete their clinical courses at the hospital sites on Vancouver Island. Island Health hires several students immediately following graduation.

Staff feel there are opportunities for professional growth and development in the organization and opportunities for advancement should one so desire.

## Priority Process: Competency

The are several clinical nurse educators (CNE) throughout the organization. Their role is valued by the management and front-line staff. The CNE provides educational support to new hires and ensures staff complete their annual recertification(s). Several educational courses are provided on the Island Health intranet and the managers are able to monitor the completion of staff education on this system. The CNEs are accountable for providing education or resources for learning new knowledge and skills.

Staff note that Island Health provides social and recognition events for staff, such as the annual summer barbecues. They also appreciate the individual recognition that is provided to those staff who go above and beyond. Staff treasure the recognition cards they receive from management and peers when a job is well done.

There is a violence policy and a supporting toolkit. Staff are familiar with the interpretation of the toolkit and the necessary steps should an incident occur. All patients going for surgery are screened using a violence assessment test tool.

Staff scheduling occurs external to the hospital sites. There are some frustrations with the processes used to schedule or call in staff, from both a management and staff perspective. There is an identified need to review, with input from key stakeholders, this method and process of scheduling staff.

**Priority Process: Episode of Care**

Surgical services on Vancouver Island are provided by eight hospitals and two non-hospital sites that are privately owned. Each hospital site provides specific surgical case types. For example, neurosurgery, gynaecology and trauma are provided at the Victoria General Hospital and some bariatric surgery, cardiac, and gender reaffirming is provided at the Royal Jubilee Hospital.

The Ministry of Health has identified four key surgical strategy initiatives with the purpose of reducing wait times and increasing access to surgery. In the past year, approximately 3,400 total joints were completed and an additional 1,300 total joints have been added to this year's base. The additional total joint cases have added stressors to several departments of the organization. Staffing, patient flow, and bed accessibility are at times an issue. In the past, elective surgery may have been cancelled due to bed capacity; however, the leaders of the organization are planning and working diligently to ensure elective surgery does not get cancelled. The Ministry of Health reviews wait time targets with the CEO on a monthly basis. Teamwork and cooperation are evident throughout the Island Health system and everyone appears to be working hard to meet wait time targets.

With the addition of operating room cases, there was a need to open more operating rooms and add additional operating room days. The surgical team has identified that an acute step-down unit that is adequately staffed would help with some of the patient flow issues. A step-down unit would support the intensive care unit and help with placing the right patient in the right bed.

**Priority Process: Decision Support**

The patient health record is part hard copy and part electronic. The organization is encouraged to continue to introduce the electronic chart. Nanaimo has introduced the Power Chart (iChart) and front-line staff are becoming more familiar and comfortable with the program. A nurse informatics is available in the perioperative area at the Nanaimo site and this role is an excellent resource and support to the physicians and the front-line staff. Down boxes are available for computer down times.

The electronic chart is reviewed at several checkpoints (e.g. pre-admit day surgery, operating room, post-anesthesia care unit) prior to the patient's arrival. Staff note that they feel better prepared to receive the patient when they have time to review patient information prior to arrival, and can better predict the needs of a patient coming to their area. Medication lists, past health history, allergies, and blood tests, among other, were reviewed with patients on admission and additions or changes were made in the electronic chart as needed.

Surgical services staff feel supported by the IT department and are familiar with IT policies and accountabilities such as privacy. In most areas, they feel they have a sufficient number of computers.

## Priority Process: Impact on Outcomes

The surgical program is commended for its quality initiatives that are occurring at the local, regional, and organizational levels. There is evidence that surgeons and anaesthetists are engaged at each surgical site. Department of surgery meetings occur on a regular basis and communication from this committee flows to the surgery program Quality Committee.

Two toolkits are used by the surgical program: the Discharge Abstract Database and the National Surgical Quality Improvement Program. These toolkits help identify the volume of surgical cases performed on the island as well as morbidity, mortality, readmission to the inpatient units, and the number of patients who return to the ED. Case reviews are based on the Clavien-Dindo grading system with all cases that score between 3 and 5 reviewed. Surgical site infections, venous thromboembolism, and hand-hygiene compliance are audited and these data are available to staff on the improvement boards in their departments.

## Priority Process: Medication Management

The perioperative department obtains a list of the patients' prescribed medications prior to the procedure, using the PharmaNet tool. During the pre-admit appointment this list is verified and validated with the patient by the health care providers.

Narcotics are securely locked and change of shift counts are completed as per protocols.

Proper checks for high-alert medications and aseptic technique for drawing and labelling medications are used by the operating staff.

The organization needs to ensure that all refrigerators that house medications are monitored for temperature control and that all medication refrigerators are plugged into the red outlets to ensure power during a power outage.

The organization has moved to unit dose packaging and is encouraged to take the next step of purchasing and introducing automated medication dispensing cabinets.

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

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Clinical Leadership** | |
| 2.3    An appropriate mix of skill level and experience within the team is determined, with input from clients and families. | |
| 2.6    The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders. | |
| 2.8    A universally-accessible environment is created with input from clients and families. | |
| 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. | |
| **Priority Process: Competency** | |
| 4.6    The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified. | |
| **Priority Process: Episode of Care** | |
| 6.11    Clients' ability to access services is tracked and the information used to make improvements to services. | |
| 9.2    The assessment process is designed with input from clients and families. | |
| 11.13    The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families. | |
| **Priority Process: Decision Support** | |
| 12.8    There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements. | ! |
| **Priority Process: Impact on Outcomes** | |
| 14.2    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. | ! |

| 14.5 | Guidelines and protocols are regularly reviewed, with input from clients and families. | ! |
|------|----------------------------------------------------------------------------------------|---|
| 15.1 | A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families. | ! |
| 15.4 | Safety improvement strategies are evaluated with input from clients and families. | ! |

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

**Priority Process: Clinical Leadership**

Local chapters of the GP divisions, in partnership with Island Health, are working with information about their local service areas to develop programs to meet the needs of the community. This partnership will create Primary Care Networks as defined by the policy document of the British Columbia government. The initiative is in several communities throughout the island and is in the first wave of application. Other primary care programs already exist in several communities. Each of these programs is unique and has been developed in response to initiatives at the time of development, primary care principles, and the needs of the community.

Four primary care models with significant involvement of Island Health were reviewed. Each has a different mandate and partnerships. Each of the clinics, through their involvement with Island Health, receives information about needs in the community. Programs are developed to meet the needs of the community or in one case a specific focus on seniors.

In reviewing the provincial mandate for the Primary Care Network initiative, it is apparent that each of these legacy clinics has aspects that meet the objectives of the network initiative and aspects that do not.

Stronger and more integrated partnerships with community health care, home care, and long-term care are mentioned as a base for the new Primary Care Networks. In addition, integrated interdisciplinary teams are needed as part of the model.

Leadership is in place within Island Health to continue Primary Care Network development and forge stronger integration with authority-controlled aspects of community service. There is some transition work to be done with each of these clinics to support their development to the new model.

**Priority Process: Competency**

Primary care exists in a multitude of models of care with some legacy sites, some Island Health–managed sites, and some private practice sites. The four sites reviewed have significant Island Health input. Three have a partnership with independent physicians and one has a partnership with a privately owned clinic. Island Health resources are available to its employees. There is sometimes a divide between the Island Health employees and the private clinic employees.

Island Health provides strong support for ongoing education and competency for its employees. All areas have been addressed. Other employees in the private/public partnerships do not have the same advantages. Primary care professionals have professional obligations on many of the same parameters as are measured in this area of competency.

The clinics have some form of interdisciplinary team, but the integration of the teams varies significantly. Some disciplines express concern about their ability to integrate their skills into client care.

Primary care has many informal connections with the communities and with the individual clients and families and is generally responsive to needs.

## Priority Process: Episode of Care

Primary care does not usually view itself as an episode of care but rather a medical or health home for consistent care over time in an atmosphere of continuity. These clinics all perform ongoing care for a known group of clients and families in a professional and respectful manner. They are responsive to access demand and accept all clients and families. Processes have been formed through leadership from professional obligations, clinical guidelines, professional group support, and Island Health support. PharmaNet has been a major assist in providing the best possible medication history.

Clients and families stay with the clinics as long as they wish. There are no formal discharge processes. Transfer will occur occasionally to more specialized care with the intention of follow-up after the intervention(s).

Small communities where there is personal continuity between the acute care and community sector have good transition processes.

Evaluation processes are often informal and generally the clinics are not yet thinking in terms of formal evaluation.

These clinics have a variety of team members because of, in part, historical reasons, community requests, or observed clinical need.

## Priority Process: Decision Support

Record keeping processes vary widely in primary care. Each clinic has devised its own method which varies from paper to a mix of electronic records and paper-based methods to electronic methods. One clinic has two computers at the work station to work with the electronic medical record of the clinic and the Cerner system of Island Health.

Regulations for privacy are provincially dictated and all providers are working within these regulations. Information management appeared to be effective, but evaluation is limited in this area. Most staff are working in an environment of mixed record keeping methods.

Information gathering is supported by standardized tools in both Island Health and the primary medical practice world through the British Columbia Medical Association.

**Priority Process: Impact on Outcomes**

Guidelines and standards are provided through the clinical practice guideline group of British Columbia. These guidelines and chronic disease management care pathways are centrally developed without client input at this time, although there are plans to change this.

Primary care does not currently have a Quality Council at Island Health. There is a desire to replace this among the leadership. A broad-based engagement program for physicians has provided quality improvement training and seed money for quality improvement initiatives. These are appreciated. One such program will provide a needed methadone clinic in a small community.

Quality improvement is in an early phase within primary care. There is still a mix of private and Island Health-managed clinics with an increasing number that have shared responsibility between the physicians and Island Health. There are good examples of early quality improvement projects that are derived from collaboration with the health councils of the community. The Friendly Faces initiative to work with the individuals who are using the system most frequently and often not to good effect has numerous examples of individuals who are better supported in other ways. Evaluation frameworks or methodology of these projects is still not clear. The teams are encouraged to think of evaluation earlier in the implementation process, and then as a clear step in a plan-do-study-act cycle that can lead to further refinements of the initiatives and potential broadening of the application.

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

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Clinical Leadership** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Competency** | |
| 4.3   Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way. | ! |
| **Priority Process: Impact on Outcomes** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Public Health** | |
| The organization has met all criteria for this priority process. | |
| **Surveyor comments on the priority process(es)** | |
| **Priority Process: Clinical Leadership** | |

The public health program is a diverse program. Four areas were surveyed: health protection and environmental services, community care facilities licensing, tobacco and vapour prevention and control, and the communicable disease and harm reduction program. Public health receives provincial direction from the Ministry of Health guiding framework. There is alignment with the provincial guiding framework as well as with Island Health's overall strategic direction.

Strong leadership in this program ensures the networks are fostered to obtain feedback within and outside Island Health, so they can collaborate to offer services to the public to meet its mandate of promoting and protecting health and preventing illness.

| **Priority Process: Competency** |
|---|

The program follows the provincial regulations and processes for education. Additional educational topics emerge from trends and questions or requests from stakeholders, licensees, and retailers.

Team members are provided with regular and ongoing feedback on their performance. The program is encouraged to engage in formal performance evaluations as a means of further supporting staff and recognizing their accomplishments.

**Priority Process: Impact on Outcomes**

There is a strong commitment to monitoring and surveillance of numerous health indicators and these are routinely shared with partners and the public. The program responds to emerging trends and has found innovative ways to collaborate with new and existing partners to address issues. Formal research and quality improvement initiatives are conducted and evaluated to strengthen the program's mandate of promoting and protecting health and preventing illness.

**Priority Process: Public Health**

The program is very responsive to identified immediate risks. There are numerous examples of prevention services being mobilized to address public health concerns, such as the opioid crisis and outbreaks of sexually transmitted infections.

The program is commended for collaborating with different Island Health programs, government, and the public to ensure public safety. Surveillance, monitoring, licensing, and enforcement are conducted according to regulations and staff engage through a professional, collaborative, and educational approach to meet the program mandate.

## 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** | |
| 7.11    Clients and families are provided with opportunities to be engaged in research activities that may be appropriate to their care. | |
| 10.8    The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families. | |
| **Priority Process: Decision Support** | |

The organization has met all criteria for this priority process.

| | |
|---|---|
| **Priority Process: Impact on Outcomes** | |
| 15.11    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** | |

Island Health has a variety of rehabilitation services, from high intensity to low intensity plus community-based services. The neuro unit at Victoria General Hospital and the ortho unit at Royal Jubilee Hospital were reviewed.

The rehabilitation service has implemented a clinical caucus with representatives from across the portfolio. This group reviews policies, evidence, and best practices and brings forward recommendations to the rehabilitation Quality Council for approval. This then moves to the Quality Operations Committee. Quality is integrated throughout the teams and there are numerous touch points to incorporate feedback from staff, patients, families, and community partners. The teams have introduced quality boards to share information with staff, patients, and families.

The rehabilitation program focuses on functional restoration and/or maintenance. Program planning ensures input is sought from patients and families and includes a focus on meeting the needs of the Indigenous population.

Rehabilitation services works with the four geographic areas to create equitable access for all people in Island Health. Innovation and technology have been used to further build access to all communities.

The rehabilitation portfolio has been developing a Restorative Wellness Centre that would oversee the inpatient, outpatient, and community rehabilitation services across the continuum of care and patients' life journey. The framework is being developed for implementation over the next five years. It will be important for the team to ensure processes are considered to maximize equitable access to rehabilitation services in all geographic communities.

The Quality Council develops the quality improvement plan, focused this year on the island-wide rehabilitation review recommendations. The Quality Council oversees the goals and objectives that include metrics, monitoring the findings, and responding to areas flagged as needing to be addressed.

The patient advisor is an integral part of the team, sitting on the Quality Committee and having input along with gathering input from other patients and families. Another approach used to gain input from patients and families is engagement to experience, where input is gathered through initiatives such as town hall forums and newsletters. Each rehabilitation portfolio team engages with patients and families through surveys and family councils.

Specific complaints and concerns are used as sentinel events to review and improve processes such as family meetings and transitions of care.

Population health needs and service programming are discussed through various forums such as neighbourhood development sessions and open forums.

Island-wide rehabilitation quality work planning and key metrics have been instrumental in guiding the directions for the rehabilitation portfolio.

The team used the frailty scale with the 75+ population to identify patients who could have their needs addressed in the community. The data assisted in placing an occupational therapist in the ED who could target high-risk seniors to divert them from the ED and direct them home with the right services. A patient-mapping exercise to determine opportunities to improve processes and in turn patient outcomes has been used. Another initiative focused on pre-morbid function to establish a care plan in the ED to drive transitions once a patient is admitted to the hospital. The occupational therapist follows the patient for 24 hours after admission to support communication and transition on the inpatient unit.

The team is encouraged to explore opportunities to compare with other rehabilitation organizations across the province and nationally. The organization submits National Rehabilitation Reporting System data and pushes these data to the Canadian Institute for Health Information. Data are used to look at performance over time, letting the organization compare with others and make necessary changes. The organization has used the data to make changes to wait times. As a result, it introduced discussions about transitions earlier than had been occurring previously on the units.

Mandatory training and education is provided, monitored, and reviewed for infusion pump safety, workplace violence, medication reconciliation (this is being transitioned so it is standardized across the system), palliative care and end of life, and pressure ulcer prevention.

The Patient Safety Learning System is used as a tool for crucial conversations in strengthening patient safety. The patient advisor confirmed the system is valuable and was very impressed with how these are presented and how the lessons learned are then built into making improvements.

Speech language pathologist numbers are lower than required for adults and the portfolio is encouraged to explore opportunities to build capacity.

The rehabilitation units visited were wheelchair accessible, spacious, bright, and had railings along the walls to help clients with ambulation.

Rehabilitation services would benefit from including an evaluation process, especially as it relates to a number of pilot initiatives, to determine the added value and need to scale up a particular initiative or pilot.

## Priority Process: Competency

Rehabilitation team members receive training and education on the ethical decision-making framework.

The rehabilitation portfolio has a strong interprofessional presence throughout the services. The rehabilitation team has identified key team members to provide oversight in complying with ongoing mandatory training and education.

Support services staff are incorporated as valuable team members. All team members understand their contributions to client safety.

The team has a strong collaborative approach to the delivery of clinical services.

All team members receive training and education related to the prevention and management of workplace violence.

Infusion pump safety training and education is tracked and monitored on an annual basis.

## Priority Process: Episode of Care

The rehabilitation portfolio has developed processes to ensure the patients are directed to the right service. This includes identifying patients who could be discharged home and provided with rehabilitation care in the community.

Patient consent is obtained throughout the patient's journey through rehabilitation.

Processes are in place so patients and families can report concerns or issues, including follow-up.

The rehabilitation team has introduced more explicit processes to track projected discharge dates.

The rehabilitation team uses at least two identifiers to confirm that patients receive the service or procedure intended for them. There are strong protocols in place for falls prevention and patients and families are included in the processes.

The pharmacist has taken the lead in ensuring consistency in the application of the medication reconciliation processes that include the transitions from point of care at admission and discharge.

Chart audits are used to ensure documentation is completed as outlined in the team's guidelines. If there are flags, this is reported to the team and/or individual clinician and addressed.

**Priority Process: Decision Support**

Processes are in place to ensure a consistent and standardized approach to clinical documentation. The rehabilitation portfolio has introduced goals of care as part of the documentation process.

The rehabilitation team has processes to optimize efficiencies with transitions to the inpatient unit and the discharge from the unit to the community. The team has integrated the home care coordinator into the team to support the provision of services when patients are being discharged from the service.

There are processes in place that are consistently used for clinical documentation. The team uses a combined manual and electronic health record with the primary record being manual. Processes are in place to store clinical records according to legislation. All clinicians document in the chart and daily communication processes are in place to ensure access to the right information at the right time.

There are numerous strategies to ensure the privacy and confidentiality of patient information.

There is regular communication with patients and families and this is used as an opportunity to solicit feedback to improve communication processes.

**Priority Process: Impact on Outcomes**

The rehabilitation team uses National Rehabilitation Reporting System data collection and pushes these data to the Canadian Institute for Health Information so the team can compare data with other organizations.

Quality improvement is integrated across the rehabilitation services and the Quality Council oversees the rehabilitation portfolio. The rehabilitation Quality Committee meets on a monthly basis and guides the

processes related to reviewing services, tracking and monitoring key metrics and pushing forward key recommendations based on the data.

The program includes processes to shape an evidence-informed, leading and best practices framework.

Rehabilitation services is familiar with Island Health's ethical decision-making framework and use it when needed to support decisions for clients, families, and teams.

The Patient Safety Learning System is a tool used to monitor, track, and review patient incidents and learn lessons to put strategies in place to ensure patient safety at all times. The team uses the system to track key indicators including a number of the Required Organizational Practices such as falls and pressure ulcers. Using the data and with regular reviews, the team is able to introduce strategies to respond to reported incidents as well as monitor trending patterns over time. The system is a valuable resource in making improvements for patient safety.

The rehabilitation team introduced an initiative in the ED called enhanced discharge of seniors from the emergency department. In using the data, it was determined that if clinical resources were deployed in the ED it could prevent unnecessary admissions as well as support transitions from ED to acute care with improved length of stay outcomes associated with the admission. The initiative demonstrated that the occupational therapist deployed in the ED reduced unnecessary hospital admissions. This cost avoidance initiative has been presented at an ED conference and plans are being developed to scale the initiative up.

The rehabilitation portfolio monitors a Quality Committee tracking report that monitors indicators, key performance measures, and quality improvement initiatives. This report is reviewed at all Quality Council meetings.

## Standards Set: Telehealth - Direct Service Provision

| Unmet Criteria | High Priority Criteria |
|---|---|
| **Priority Process: Clinical Leadership** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Competency** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Episode of Care** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Decision Support** | |
| The organization has met all criteria for this priority process. | |
| **Priority Process: Impact on Outcomes** | |
| The organization has met all criteria for this priority process. | |
| **Surveyor comments on the priority process(es)** | |
| **Priority Process: Clinical Leadership** | |

Telehealth services is an exceptional program and the leaders and health professionals (health services and IM/IT) are commended for this state-of- the-art, innovative program.

Telehealth services help increase access to health care services for Island Health communities. It also reduces the need for interagency transfers, challenging transportation requirements, and access to specialists. The telehealth strategic plan 2015–2020 was developed to ensure there is a comprehensive strategy so as to be purposeful and innovative with non-traditional health care delivery.

The home health monitoring program was assessed during the on-site survey. The team has strong leadership and team members understand their responsibilities across the island and facilitate access to services. Over 40,000 successful consultations have been completed since the program was established in 2006. Clients are linked to clinicians throughout the island and in Vancouver and elsewhere as appropriate.

Oncology is the largest user of the service. Other services include rehabilitation, renal, mental health, primary care, and thoracic.

There are over 60 sites across the island and equipment is replaced and updated on a regular basis.

Home monitoring is a collaborative effort with Telus. The program provides self-management coaching and education for individuals living with heart failure and chronic obstructive pulmonary disease.

## Priority Process: Competency

There are well-defined job descriptions and roles are clear. Staff are geographically dispersed throughout the island. Staff in the home monitoring program are registered nurses. Access to continuing education is available to staff.

The team has contacted the Patient Voices Network about having a patient advisor sit on the Quality Committee. This supports Island Health's philosophy of ensuring that the voice of the client and family is a partner in service design, planning, and evaluation of services.

Staff are supported in accessing education and training for professional development and mandatory and essential training modules. Special education specifically geared to the technology involved in home care monitoring is also provided. Staff also attend conferences related to telehealth and to meet needs related to their clinical specialty clinic such as multiple sclerosis (MS). Knowledge and competencies related to the special skills and knowledge needed to be proficient with telehealth activities is part of orientation.

A comprehensive toolkit has been developed as a resource for new telehealth sites. This resource helps standardize equipment, room set up, and care processes, similar to setting up franchises where the experience and delivery of service is seamless regardless of staff and location.

Island Health's mission, vision, and values are at the core of each team's practice, with the client and family driving care needs.

## Priority Process: Episode of Care

Telehealth provides standardized tools and processes to support the smooth integration of telehealth into clinical practice. Access and monitoring of wait times is the responsibility of the respective clinical service.

Demand for home health monitoring is increasing. The program has resulted in significant reductions in emergency visits and readmission, and has reduced travel time for clients and families.

Consents are obtained by the service using telehealth.

Strong partnerships with the telehealth team enable the clinical team to have access to clients, specialists, and primary care. Community home care staff provide services to clients as part of the home health monitoring program when they meet certain criteria such as requiring assessment or intervention but are unable to leave their home. Clients are supported by this program for up to three months; this service is particularly useful for rural clients.

Unique technology and equipment is used to enable access to specialists, such as the recent pilot of a Surface Pro computer to connect clients, the nurse, and the specialist via a three-way teleconference.

Port Hardy community health services offered to enable MS clients to connect with the MS telehealth clinic, demonstrating how client need drives priorities. This type of teamwork and collaboration is just one example of how the Island Health staff work together to connect clients to health care services.

Clients receive a copy of the My Health Plan in addition to a binder containing information on the service goals of the program. Clients are informed and included in the care planning process.

## Priority Process: Decision Support

Records are maintained for each client and are the responsibility of each service using telehealth. The home health monitoring program maintains and evaluates records for each client. Records are stored in a secure area.

Documentation is done using a paper chart and the electronic system is used to access laboratory and diagnostic results. The team is hoping that the Nanaimo MS telehealth clinic will be part of the rollout of iHealth.

During a client visit, the MS telehealth clinic nurse and the neurologist noted the presence of the surveyor in the progress notes, to ensure transparency and accuracy.

## Priority Process: Impact on Outcomes

There is evidence that the program is successful and is having a meaningful impact on outcomes. It is noteworthy that 100 percent of clients would recommend the telehealth services to family and friends. More than 250,000 hours of travel have been prevented, not to mention the unsafe travel conditions that have been avoided.

A process is in place to report incidents and for appropriate follow up.

There is client engagement and participation in decision making. During one of the visits, the registered nurse and the neurologist checked in with the client to clarify "Is this referral ok with you?, How do you think things are going?, Do you have any concerns you would like to discuss with the neurologist?" The concern for the client's goals and perception of issues was palpable.

The teams are working to identify programs in Island Health that would benefit from telehealth and home monitoring services. As demand for the service continues to increase, the program will require Island Health to consider the capital and operating funding requirements that are needed to keep this program viable and progressive.

The team collects indicator data and reports them to the Quality Committee. These are also shared within the team.

# Instrument Results

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

## Governance Functioning Tool (2016)

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

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

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

- **Data collection period: June 22, 2017 to August 9, 2017**

- **Number of responses: 8**

**Governance Functioning Tool Results**

| | % Strongly Disagree / Disagree | % Neutral | % Agree / Strongly Agree | %Agree * Canadian Average |
|---|---|---|---|---|
| | Organization | Organization | Organization | |
| 1. We regularly review and ensure compliance with applicable laws, legislation, and regulations. | 0 | 13 | 88 | N/A |
| 2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed. | 0 | 0 | 100 | N/A |
| 3. Subcommittees need better defined roles and responsibilities. | 100 | 0 | 0 | N/A |
| 4. As a governing body, we do not become directly involved in management issues. | 13 | 0 | 88 | N/A |
| 5. Disagreements are viewed as a search for solutions rather than a "win/lose". | 0 | 0 | 100 | N/A |

| | % Strongly Disagree / Disagree | % Neutral | % Agree / Strongly Agree | %Agree * Canadian Average |
|---|---|---|---|---|
| | Organization | Organization | Organization | |
| 6. Our meetings are held frequently enough to make sure we are able to make timely decisions. | 0 | 0 | 100 | N/A |
| 7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable). | 0 | 0 | 100 | N/A |
| 8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making. | 0 | 0 | 100 | N/A |
| 9. Our governance processes need to better ensure that everyone participates in decision making. | 88 | 0 | 13 | N/A |
| 10. The composition of our governing body contributes to strong governance and leadership performance. | 0 | 0 | 100 | N/A |
| 11. Individual members ask for and listen to one another's ideas and input. | 0 | 13 | 88 | N/A |
| 12. Our ongoing education and professional development is encouraged. | 0 | 13 | 88 | N/A |
| 13. Working relationships among individual members are positive. | 0 | 0 | 100 | N/A |
| 14. We have a process to set bylaws and corporate policies. | 0 | 0 | 100 | N/A |
| 15. Our bylaws and corporate policies cover confidentiality and conflict of interest. | 0 | 0 | 100 | N/A |
| 16. We benchmark our performance against other similar organizations and/or national standards. | 0 | 25 | 75 | N/A |
| 17. Contributions of individual members are reviewed regularly. | 0 | 13 | 88 | N/A |
| 18. As a team, we regularly review how we function together and how our governance processes could be improved. | 13 | 13 | 75 | N/A |
| 19. There is a process for improving individual effectiveness when non-performance is an issue. | 0 | 13 | 88 | N/A |
| 20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities. | 0 | 13 | 88 | N/A |

| | % Strongly Disagree / Disagree | % Neutral | % Agree / Strongly Agree | %Agree * Canadian Average |
|---|---|---|---|---|
| | Organization | Organization | Organization | |
| 21. As individual members, we need better feedback about our contribution to the governing body. | 50 | 25 | 25 | N/A |
| 22. We receive ongoing education on how to interpret information on quality and patient safety performance. | 13 | 0 | 88 | N/A |
| 23. As a governing body, we oversee the development of the organization's strategic plan. | 0 | 13 | 88 | N/A |
| 24. As a governing body, we hear stories about clients who experienced harm during care. | 0 | 13 | 88 | N/A |
| 25. The performance measures we track as a governing body give us a good understanding of organizational performance. | 0 | 13 | 88 | N/A |
| 26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience. | 14 | 14 | 71 | N/A |
| 27. We lack explicit criteria to recruit and select new members. | 75 | 13 | 13 | N/A |
| 28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body. | 13 | 13 | 75 | N/A |
| 29. The composition of our governing body allows us to meet stakeholder and community needs. | 0 | 13 | 88 | N/A |
| 30. Clear, written policies define term lengths and limits for individual members, as well as compensation. | 0 | 13 | 88 | N/A |
| 31. We review our own structure, including size and subcommittee structure. | 13 | 13 | 75 | N/A |
| 32. We have a process to elect or appoint our chair. | 29 | 43 | 29 | N/A |

| Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to: | % Poor / Fair | % Good | % Very Good / Excellent | %Agree * Canadian Average |
|---|---|---|---|---|
| | Organization | Organization | Organization | |
| 33. Patient safety | 0 | 38 | 63 | N/A |
| 34. Quality of care | 0 | 50 | 50 | N/A |

# Canadian Patient Safety Culture Survey Tool

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

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

The organization used an approved substitute tool for measuring the degree of safety culture. 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.

# Worklife Pulse

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 15 business days.

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

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

## Action Planning

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

# Appendix B - Priority Processes

## Priority processes associated with system-wide standards

| Priority Process | Description |
|---|---|
| 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. |