Accreditation Report

Ongwanada

Kingston, ON

On-site survey dates: November 14, 2021 - November 18, 2021

Report issued: February 2, 2022

About the Accreditation Report

Ongwanada (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 November 2021. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

This report is confidential and will be treated in confidence by Accreditation Canada in accordance with the terms and conditions as agreed between your organization and Accreditation Canada for the Assessment Program.

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

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

A Message from Accreditation Canada

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

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

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

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

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

Table of Contents

Executive Summary

Ongwanada (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

Ongwanada's accreditation decision is:

Accredited with Commendation (Report)

The organization has surpassed the fundamental requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: November 14, 2021 to November 18, 2021**

- **Location**

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

  1. Ongwanada

- **Standards**

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

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

  Service Excellence Standards
  5. Intellectual and Developmental Disabilities - Service Excellence Standards

- **Instruments**

  The organization administered:

  1. Worklife Pulse
  2. Canadian Patient Safety Culture Survey Tool: Community Based Version
  3. Governance Functioning Tool (2016)
  4. Client Experience

Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
Population Focus (Work with my community to anticipate and meet our needs)	22	0	0	22
Accessibility (Give me timely and equitable services)	13	0	1	14
Safety (Keep me safe)	135	3	11	149
Worklife (Take care of those who take care of me)	51	0	1	52
Client-centred Services (Partner with me and my family in our care)	73	2	1	76
Continuity (Coordinate my care across the continuum)	13	0	0	13
Appropriateness (Do the right thing to achieve the best results)	210	3	8	221
Efficiency (Make the best use of resources)	19	1	0	20
Total	**536**	**9**	**22**	**567**

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	49 (98.0%)	1 (2.0%)	0	35 (97.2%)	1 (2.8%)	0	84 (97.7%)	2 (2.3%)	0
Leadership Standards for Small, Community-Based Organizations	39 (97.5%)	1 (2.5%)	0	69 (98.6%)	1 (1.4%)	0	108 (98.2%)	2 (1.8%)	0
Infection Prevention and Control Standards for Community-Based Organizations	25 (92.6%)	2 (7.4%)	7	46 (100.0%)	0 (0.0%)	1	71 (97.3%)	2 (2.7%)	8
Medication Management Standards for Community-Based Organizations	62 (100.0%)	0 (0.0%)	4	51 (100.0%)	0 (0.0%)	6	113 (100.0%)	0 (0.0%)	10
Intellectual and Developmental Disabilities	54 (100.0%)	0 (0.0%)	0	90 (98.9%)	1 (1.1%)	2	144 (99.3%)	1 (0.7%)	2
Total	229 (98.3%)	4 (1.7%)	11	291 (99.0%)	3 (1.0%)	9	520 (98.7%)	7 (1.3%)	20

* 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 Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Information transfer at care transitions (Intellectual and Developmental Disabilities)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	2 of 2
The "Do Not Use" list of abbreviations (Medication Management Standards for Community-Based Organizations)	Unmet	4 of 4	2 of 3

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
High-Alert Medications (Medication Management Standards for Community-Based Organizations)	Unmet	5 of 5	2 of 3
Infusion Pumps Training (Intellectual and Developmental Disabilities)	Met	4 of 4	2 of 2
Narcotics Safety (Medication Management Standards for Community-Based Organizations)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	2 of 2
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1

Summary of Surveyor Team Observations

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

Ongwanada provides programs and services for more than 800 persons with developmental disabilities in the Kingston and Eastern Ontario region. Services are provided through community residences, host families, Complex Care Homes, Supported Independent Living (SIL), Community Networks of Specialized Care (CNSC), Case management, Day Programs in the Community and Respite. Additionally, programming is delivered at various sites in Kingston, including Crescent Centre and the Ongwanada Resource Centre. Some of these services include a Snoezelen room, hydrotherapy pool, clinical nutrition, physiotherapy, virtual programming (Wellness Activity Group), and day support. Other programs delivered for adults with a developmental disability include residential respite care and genetic counselling. Ongwanada works with Queen's University, conducting research into genetic disorders associated with developmental disabilities.

Ongwanada is led by a Board of Governors. The board is committed and passionate about the work they do, work closely with the Senior Leadership Team and are proud of the excellent work of the staff of Ongwanada.

The organization has many partnerships, from the Ministry of Children and Social Services to Public Health to schools and municipalities. Partners appreciate the professionalism and transparency of Ongwanada and hold them in high regard.

The organization operates from a philosophy of servant leadership with core values being support, respect and choices. All people at Ongwanada were observed to be living these values.

Ongwanada has a strong leadership team that advocates on behalf of their clients, families and staff. The leadership team works tirelessly to ensure the necessary resources are there for those who need them.

Staff are committed to enriching the lives of those they work with. Families of clients put their trust in the staff to care for their family members. All four families who attended the Client and Family Engagement Meeting reported they felt less stress and anxiety because their children were being well cared for and they had trust in the staff caring for them. Many of the staff have been with the organization for long periods of time.

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	
The "Do Not Use" list of abbreviations A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.	· Medication Management Standards for Community-Based Organizations 1.5
Patient Safety Goal Area: Medication Use	
High-Alert Medications A documented and coordinated approach to safely manage high-alert medications is implemented.	· Medication Management Standards for Community-Based Organizations 1.7

Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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

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

Priority Process Results for System-wide Standards

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

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

Priority Process: Governance

Meeting the demands for excellence in governance practice.

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
2.10 The governing body's membership policies and/or by-laws address term lengths and limits, attendance requirements, and compensation.	
2.11 The governing body's renewal cycle supports the addition of new members while maintaining a balance of experienced members to support the continuity of corporate memory and decision-making.	!
Surveyor comments on the priority process(es)	

There is an active and engaged Board of Directors (BOD) at Ongwanada. The board has been in place for many years and consists of thirteen members with an elected chair. The Chief Executive Officer (CEO) is their one employee and is an ex-officio member of the BOD. The board currently has two vacancies. Individuals who are interested in becoming board members can apply via the website or frequently what occurs is that a board member will approach individuals to apply. The BOD has a 'Board of Governors Skills Matrix and Inventory' to ensure the board attracts individuals with specific skill sets that will enhance the board. As an example, the board is currently seeking someone with a legal background to join the BOD. Board members complete an inventory of skills (e.g., Finance, Business Management, Government and Government Relations, Board and Governance, Experience with Individuals with Developmental Disabilities and French Language as examples) and rate themselves as zero (no experience) to three (Advanced).

There is ongoing training for the board as well as a more robust orientation process. Since the last survey, the board has implemented a mentorship program to ensure new board members are paired with a more senior board member for support.

The Board President (chair) is elected from the board, and this is a two-year term that can be renewed. The duties of the President are outlined in Section #22 of the Bylaws. One of the duties of the President is to ensure there is an annual evaluation of the CEO.

Since the last survey, the board has assisted in the development of the Talent Management Plan and developed a Succession Plan for the CEO. They are most proud of the excellent staff of the organization; particularly how hard they have worked to continue to provide services through the global pandemic.

The BOD follows the Bourinot's Rules of Order to conduct their business. The organization has developed a Rules of Procedure for the Board of Governors policy that incorporates Bourinot's Rules and provides direction on how to conduct their meetings. This document includes a template for agendas.

Ontario's Not-for-profit Corporation Act (ONCA) was proclaimed in October 2021 and the act stipulates that BODs of Not-for-profit entities must have terms for their directors. This will be a challenge for the current BOD as they are passionate about the work they do and enjoy their role on the board very much, having served for as long as 41 years in one instance. There are no terms for current BOD members and over the next three years, the board must transition to terms. It is recommended that the board consider three-year terms with one renewal before taking a break. It will be important during this transition to ensure the board gradually brings on new members slowly, over the next three years, so that there is a constant rotation but ensuring no more than four of the directors leave at one time. Another consideration will be to have a process for if a board member must be replaced partway through a term. Perhaps the individual who replaces them would not have the time during which they complete the term of the previous individual count towards their own term, should they be interested in staying on.

During the global pandemic, we have seen unprecedented change and at a rapid pace. The environmental scanning that is done to ensure the organization keeps abreast of the changing landscape is even more important than ever. It is recommended that the organization consider formalizing its environmental scanning.

There are Medical Bylaws that include credentialing – these bylaws are now six years old and need to be updated. The organization is currently working on updating the bylaws.

When the board wishes to recognize staff for their quality of work, ensure they have the CEO contact the staff member(s) to extend their appreciation. Prior to the global pandemic, they may have invited staff to a more formal dinner. The board may wish to consider having a board award that is awarded yearly at an annual meeting or similar event to ensure public recognition of staff for quality improvement work. This could be an opportunity to share the information organization wide as well as with the public, highlighting the excellent work of the organization and profiling the BOD at the same time.

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)

Since the last survey, the organization has continued to grow in its client and family engagement. The Client and Family Advisory Committee provides input at both a strategic and operational level. At the board level, families and clients can be involved in the Quality Services & Support Committee. There are statements on individual rights that were developed in 1980. These rights are reviewed regularly and adjusted as required.

Understanding the needs of the clients and families is gleaned from a number of sources. The Community Needs Assessment and referral agencies are two main mechanisms. Partners such as the surrounding communities, government ministries, St. Lawrence College, Queen's University, Kingston Health Sciences, City of Kingston, Public Health assist to identify the needs of clients and families. Finally, the clients and families themselves assist the organization to understand what is needed now and into the future. An emerging focus is a need for palliative care in this population.

The organization has just completed a refresh of their strategic plan and have developed an operational plan for the coming year. During this process, the values and service principles were updated, and the organization has three values: support, respect, and choices. Feedback from partners, clients, and families demonstrates that the organization is living its values. Partners describe the organization as resourceful, collaborative, professional, supportive, quality-driven, safe, and very ethical. Partners would like to see the organization continue to expand its reach and in the next five years believe that organizations like Ongwanada and their own organizations will struggle with increasingly complex clients, require innovative housing options, and like everyone else will struggle to replace staff.

Priority Process: Resource Management

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small, Community-Based Organizations	
8.4 Annual operating and capital budgets are prepared according to the organization's financial policies and procedures.	!
Surveyor comments on the priority process(es)	

The budget for the organization is complex as the organization has two organizations in one. There is the Ongwanada Hospital as well as the Non-profit Housing Corporation has 28 properties and 14 are still with mortgages. The finance team is currently working on decentralizing the budget to have leaders more involved. In this way subject matter, experts can be more involved in planning for their areas.

The Chief Financial Officer provides a financial update monthly to the Finance and Property Committee of the board. This committee makes recommendations to the board as a whole. A major project for the finance team is the development of life cycle charts for the 28 residential homes and three organizational structures that the organization manages.

Executive limitations are embedded in the procurement policy. The team is in the process of developing finance policies and processes.

One of the challenges of the global pandemic has been the suspension of some programs and the reallocation of staff. The organization has processes to reallocate resources to where they are most needed.

An area the finance team is working on is the management of contracts. Currently, they do not have strong policies and processes around managing service level agreements and seeking the best value for services. They plan to go to RFP for contracts and ensure good processes are in place to manage the contracts, ensuring good value for money.

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)

Assessing and mitigating risk is a real strength of the organization. Environmental risk assessments are completed at least annually; monthly workplace inspections (including risks) are conducted monthly and reported. There is a Workplace Violence Policy that names the Director of Human Resources as the policy owner. Annual training is completed on the prevention and reporting of workplace violence incidents. There is an active Health and Safety Committee at the organization, and they meet monthly.

There is annual patient safety training: examples include non-violent crisis intervention, first aid, medication administration, privacy training, etc. The training is recorded in GP; lists of training that are coming due are obtained and staff are scheduled in.

All staff have position profiles that are up to date. At the time of hire, the employee reviews and signs a copy of their position profile and a copy is provided to them. The core competencies for these position profiles have been developed with input from clients and families.

Performance appraisals are completed as well as three probation reports. Six staff files were reviewed and there was evidence of probationary reports as well as annual performance appraisals. All files had Criminal Records Checks. Approximately 50% of the staff have performance appraisals completed annually. The organization needs to work on improving the completion rate of the performance reviews.

Exit interviews are offered to all staff who leave the employment of the organization. More than 90% leave to retire. These staff are offered casual work, and many are happy to do it. This is one of the strategies used by the organization to help with their staffing shortages.

One of the major challenges faced by the organization is the fatigue and stress of their staff relating to staffing shortages, which have been compounded by the global pandemic. Some staff are having to work additional hours as they cannot be replaced. This is causing stress and strain. Workers are tired and need rest; however, the clients need care and support. Some of the strategies being used by the organization to keep their staff healthy include sharing health information in the newsletter (The Source), influenza and COVID-19 vaccinations, providing a good benefits package, working with the Kingston Injury Management Committee, providing ergonomic assessments in-house, EAP and regular presentations on health and wellness.

Priority Process: Integrated Quality Management

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

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

The organization has a Client Safety policy (updated in June 2021) and in that policy, the Patient Safety Plan is described. The plan is developed by April of each year. The purpose of the plan is to ensure risks (actual or potential) are identified and mitigation strategies can be put in place. This contributes to the ongoing culture of being a safety-conscious organization. The Patient Safety Plan aligns with the Strategic Plan and Operational Plan. The high-level resources are described in the plan; however, the plan could be more specific about the amount and type of resources (including human) required to implement the plan.

The organization has a comprehensive disclosure policy. The policy has been reviewed by the Client & Family Advisory Committee. Families have shared informally that they do appreciate the honesty and transparency of the disclosure process. Examples were provided of times the organization has used the policy/process. When there is an event that requires disclosure, the team provides support to all involved, including staff. The supervisor reaches out to staff as well as families and staff may be referred to Occupational Health and/or EAP.

There is a comprehensive Medication Reconciliation (Med Rec) policy that outlines the roles and responsibilities. Every discharge from the hospital has Med Rec completed and this is audited with more than 90% compliance noted.

The organization provides services to a vulnerable and marginalized population. The strategy to prevent abuse includes training clients, families, and staff using plain language posters, annual training, and constant monitoring.

Ensuring a healthy and safe workplace is also a priority for the organization. There is an Occupational Health and Safety (OHAS) resource, OHAS committee, Violence Coordinator, monthly check-ins/safety checks.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization uses an ethical framework for navigating complex ethical dilemmas. On a day-to-day basis, as ethical situations present themselves, a team approach to dialogue and discussion is undertaken with the values of the organization used as the underpinning for the conversation. When this type of approach is used an overview of the situation and outcomes are documented in the minutes of the meetings where the discussion occurred. This type of approach is taken for ethical situations occurring at the front line, management, and senior management levels. The board is informed and engaged in ethical decision-making as required (for example, CBD compounding issue).

The ethics committee meets quarterly, and an Ethicist and Psychologist are available for consultation as required. As part of the annual education, in the spring of 2021, an ethics review with a quiz was completed with all staff. The organization was able to share a wide variety of clinical ethical dilemmas that had been addressed, including vaccine prioritization for residents. The senior management team is tackling the dilemma regarding HR shortage using a dialogue and discussion approach and has identified solutions to address staffing issues.

An ethicist is leveraged as needed. Additional areas to strengthen could include expanding lessons learned from ethical dilemmas through storytelling, case studies, and supporting ethics champions across the organization. These types of storytelling could also be used as part of the organization's thought leadership strategy.

The organization is part of the Kingston Internship Consortium and through that relationship has a PhD candidate psychologist completing an internship with part of that internship including the identification of an ethical dilemma as a formal presentation. CBS and the Ethics Committee have been invited to those presentations in the past.

Priority Process: Communication

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has just recently released its new strategic plan. In the development of this plan, the organization conducted focus groups with partners, clients, families, staff, leadership, the board as well as ministries. This provided an opportunity to obtain feedback on their communication methods. The feedback from staff was that they wanted more communication.

During the period 2018 to 2020, the organization hired externally for a Communication Specialist. During this time, a staff member acted as a conduit between the organization and the external party. In 2020, upon completion of the contract, the organization hired an individual to look after both communication and fundraising. The individual that was hired has a background in media providing a great advantage for Ongwanada.

Part of the new role has been to increase the media presence of the organization. This has been done by sending out communications both internally and externally. In terms of internal communication, there have been ComBox messages, Town Halls (mostly virtual due to the pandemic; these are recorded and available to staff who were unable to attend) and and messages to families. Externally, there have been print, television, and radio stories. Some of the topics include COVID-19 Testing Bus, Vaccination Clinics, Community Partnerships with Public Health Nursing, Lionhearts, and Rotary Club. A goal of increasing media releases by 50% over the year was set and the organization is well on its way to meeting this goal.

As part of the work of the contractor, the webpage has been redesigned and refreshed. There is a significant increase in the hits on the staff section of the webpage along with anecdotal comments on how much easier and efficient the staff section is. Families report a better user experience and like the pictures. Rather than using stock photos, the organization has used its own clients/families (with permission). The team is working on ensuring the webpage is bilingual (French).

The organization has been working hard, particularly during the global pandemic, to ensure their communication is open, transparent, and consistent. The communication team is most proud of their theme of "staying connected." While there is no formal evaluation of the efforts to improve communication, managers are hearing a buzz, they overhear staff discussing things they are reading on ComBox or from the webpage. These are indicators to the team that there is improved communication.

The organization has a Manager of Client Information, and this role also acts as the Privacy Officer. There are policies and processes in place for clients/families to access their records as well as policies/processes on information management.

The organization is compliant with PHIPPA privacy legislation, and all staff are trained on the organization's Privacy Policy at hire and annually. Audits of the electronic record (eSIMS) are being conducted, but there needs to be more rigor about when and how often these are conducted.

Priority Process: Physical Environment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has many sites to manage in terms of physical plant and always puts the safety of the clients and staff as a priority. Fire safety inspections, Joint Occupational Health and Safety (JOHS) reviews and use of contractors that understand building code requirements are used.

Backup systems are in place, including the ability to move clients from one residential home to the Ongwanada Resource Center (ORC)-Day Program in the event a residence is not operational due to some unexpected failure. The organization is currently undertaking an assessment of all the sustainability opportunities that can be implemented to reduce the carbon footprint of the organization. Parking lights and building light replacements to LED's are being considered and recycling is currently in place.

Feedback from all members of the organization regarding potential or actual issues with physical plant is encouraged. A work order system is used to document repair requests and building maintenance is responsive to the needs with a focus on client safety as a priority. Security systems are in place and the ORC has security on staff until 8 pm each evening although many staff are working remotely or a hybrid of in office and remote at this time so staff are working isolated at ORC. Residential homes also have security systems and processes to ensure both clients and staff are safe.

The organization owns over 30 vehicles for client transportation and has established a contract with a local company to manage and maintain those vehicles. Overall, local contractors are used to assist with the maintenance of the physical environment.

Contractors are evaluated and where necessary contracts end if service is unsatisfactory.

Priority Process: Emergency Preparedness

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

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

The organization's Outbreak Policy is up to date, comprehensive and it is clear who took the lead in an outbreak. The organization's relationship with Public Health has been strengthened through their close contact throughout the global pandemic and this has the added benefit of being able to have them review plans. There is a robust process to ensure that all staff, clients/families, and leaders are notified of an outbreak and what they need to do next.

The Fire and Safety Specialist at the organization has Incident Command (IC) training from a prior role and this is an asset. There is evidence of IC seen throughout the Emergency Plan. The plan is reviewed regularly, aligned with partner agencies, team roles are identified, and regular drills are carried out. Fire drills are held at each site on a monthly basis on days/evenings mostly. There are some night drills; however, these are mostly avoided to ensure uninterrupted sleep for clients. Tabletop tests of the emergency plan are conducted annually, and mock disasters are held every two to three years with the last one occurring in 2019 (mock pandemic). Following each exercise, a debrief is held, learnings are incorporated, and a report is provided to the Senior Leadership Team. The debrief will include partners and their input will be sought/incorporated as well. As part of Ontario legislation, timed egress drills are conducted annually; these events must be timed and observed. This must occur at all sites, involves five fire departments, and takes approximately one month to complete. These were last completed in September 2021. Examples of improvements made as a result of mock exercises were the purchase of Evac Chairs and Rescue Sleds for evacuating residents who are not on the main floor of a site and unable to use the elevator/stairs (e.g., wheelchair-bound). One improvement for the organization is to consider basic incident command training for leadership and front-line staff. Leadership may consider taking advanced IC training. The organization has begun using IC terminology throughout the pandemic and

The organization has business continuity plans at the department level. The organization may wish to consider an organization-wide business continuity plan.

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: Leadership Standards for Small, Community-Based Organizations	
10.4 Education and training are provided throughout the organization to promote and enhance a culture of client- and family-centred care.	
Surveyor comments on the priority process(es)	

The organization is to be commended for its development of a Client and Family Advisory Committee. This committee has been integral in embedding the philosophy of client and family centred care into Ongwanada. The committee provides an opportunity for the organization to involve clients and families in organizational planning both at strategic and operational levels. An example is having the committee review policies and processes. The organization has also involved clients/families in their design/renovation plans and they appreciate these opportunities. There is a plan to expand client and family involvement in all levels of the organization and decision making. There have been clients added to the committee of the board.

In the client and family focus group with the surveyor, families, and clients were deeply appreciative of the services at Ongwanada. When asked to describe the organization in one word, families and clients used words like awesome, fantastic, life-changing, outstanding, and trustworthy. Family members described their long-term relationship with the organization and how the staff "are always there if you have a question". Parents also described the decreased stress/anxiety they feel seeing their child thrive at Ongwanada. Clients expressed that they like being able to have activities but miss some things that have had to be suspended due to COVID-19.

The organization is living its values of support, respect, and choices. Staff at all levels demonstrate deep respect for the clients they serve and there is a strong commitment to enriching the lives of those they serve.

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 intake, waitlisting, and admission process for developmental services are quite complex. The organization has several well-developed processes for managing patient flow for outpatient type services, residential services, and treatment center services. Information gathering, consultation, collaboration, and communication among team members inside and external to the organization are a key part of that process.

While individuals can wait a considerable time for services, this is not unique to the organization but rather the development services sector. There is an escalation process for emergency-type situations. The organization has just initiated a project to examine its admission, discharge, and transfer process that includes client family representatives and front-line staff.

Priority Process: Medical Devices and Equipment

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

Unmet Criteria	High Priority Criteria
Standards Set: Infection Prevention and Control Standards for Community-Based Organizations	
10.1　For each contaminated device and piece of equipment, a recognized classification system is used to determine what level of disinfection or sterilization is required.	!
Surveyor comments on the priority process(es)	

The organization handles many different types of medical and nonmedical devices, that are either client or organization owned. A preventative maintenance program is in place.

As a general rule medical equipment is not shared or loaned although the organization does have extra equipment like lifts that can be used by the client until their equipment is either repaired or replaced.

Building maintenance is primarily responsible for physical plant and organization-owned medical equipment such as lifts and beds. They also leverage an external provider to do an annual review as part of the preventative maintenance program.

Client-specific equipment is the responsibility of staff working with the client in the homes to clean and disinfect. Preventative maintenance of respiratory equipment is managed through an external contractor.

All equipment is tagged as part of the inventory process and managed as a master inventory by a designate.

Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

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

Medication Management for Community-Based Organizations
* Using interdisciplinary teams to manage the provision of medication to clients

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

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

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

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

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

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

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control for Community-Based Organizations	
9.3 There are policies and procedures for cleaning and disinfecting the physical environment and documenting that cleaning has been done.	❗
Surveyor comments on the priority process(es)	
Priority Process: Infection Prevention and Control for Community-Based Organizations	

Prior to COVID-19 the organization had well established infection prevention and control (IPAC) practices in place. As a result, they were able to pivot and respond to organizational demands, and during COVID-19 were identified as leaders in IPAC to assist other organizations struggling with their IPAC practices. Fortuitously, the organization identified a new role Nurse Educator with a portion of time dedicated to IPAC prior to COVID-19 outbreak. Leadership, collaboration, and partnership with those involved in the IPAC program have ensured the organization was able to keep both residents and staff safe.

The practice of ongoing environmental scanning and partnerships with public health inspectors and other infection control practitioners keeps the organization abreast of current and emerging best practices. A multipronged approach to the education of staff on IPAC has been taken.

The organization has achieved a 96% COVID-19 vaccination rate and works to encourage and increase the vaccination rate for Influenza as well.

Standards Set: Intellectual and Developmental Disabilities - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
16.7 Translation and interpretation services are available for clients and families as needed.	
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	

Partnerships and collaboration within the organization and externally are key to the operation of the organization.

To streamline work processes and ensure improvements in client documentation, the organization implemented an electronic client record.

All members of the team identify and advocate for changes that will enrich the lives of the clients.

The Spiritual Care Coordinator includes partnering to bring the community into the organization and seeking to identify ways and means to involve clients in the larger community.

The positive perception of staff within their organization and community awareness outcomes of the work of the spiritual care coordinator could be leveraged to facilitate recruitment of staff into the organization.

Priority Process: Competency

Initial and ongoing education and continuous learning efforts are evident in the organization. Staff feel prepared to do their work and feel comfortable identifying needs for additional education.

eCIMS standardizes communication and documentation of client care. Supervisors and Managers provide informal feedback and recognition to staff in addition to peer support. Formalized rewards and recognition programs could benefit staff morale.

Ongoing dialogue among team members along with open-door policies of supervisors and managers goes a long way to staff feeling they have the necessary support to continue their work. Staff are appreciative of the organizations' support for their physical and emotional safety.

Priority Process: Episode of Care

Staff across the organization are committed to and aligned with person-centered care and the values of the organization: support, respect, and choice. Ensuring that all clients receive equitable, fair access to services. Client and family are involved in planning as much as they are willing and able. Access to additional resources for clients are readily available with an interdisciplinary team seeking to optimize the client's abilities on an ongoing basis.

Restrictive measures are isolated to the treatment homes and are outlined in a behavioural support plan, so staff are clear and aware of expectations.

As the person progresses over time, their plan is updated regularly, and documentation of outcomes is included in eCIMS. The flagging system also alerts staff to missing information in the outcomes area.

Ethical situations and dilemmas, when they surface, are usually facilitated by the person-centered planners with solutions identified and put in place on an individual basis.

Priority Process: Decision Support

eCIMS implementation has standardized data elements for documentation and has improved consistency, accuracy, and completeness of care documentation. The system has flags and uses colour coding to remind the user of key actions that are required.

Downtime of eCIMS includes paper copies of forms in a secure and rescue box at the home to enable documentation for each client as necessary.

Client/family access to information in a format suitable to them will be coming into legislation in the near future, for the moment the organization has a mechanism to provide client information as requested.

Priority Process: Impact on Outcomes

The organization has taken positive steps to integrate patient outcome measures into care delivery practices. These measures are used as part of the individual client care planning process. Additional benefits could be achieved by leveraging the aggregate patient outcome measures to examine practices and potentially practice changes to improve care for specific populations.

Part of strategic and operational planning is the review of feasibility, relevance, and utility. The organization seeks evidence and uses science in making decisions regarding patient care, programs, and changes/improvements. The thought leadership work of the organization includes involvement with numerous research initiatives where new knowledge is being created.

Client and family advisory committee members are part of the Quality Committee of the board.

Risk management assessments are done in a variety of ways in the organization at the individual client, home and organizational levels with mitigation strategies identified. The current medication reconciliation and medication administration system is managed on paper in a shared accountability framework. Given that paper and process can create potential for errors, one suggestion would be to initiate a workflow improvement project looking proactively for ways to reduce potential safety incidents.

Learnings from continuous quality improvement activities are generally shared with the direct team impacted by the improvement initiative and more globally through the organizational newsletter.

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

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management for Community-Based Organizations	
1.5 A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.	ROP
1.5.7 Compliance with the Do Not Use List is audited and process changes are implemented based on identified issues.	**MINOR**
1.7 A documented and coordinated approach to safely manage high-alert medications is implemented.	ROP
1.7.6 Client service areas are regularly audited for high-alert medications.	**MINOR**
Surveyor comments on the priority process(es)	
Priority Process: Medication Management for Community-Based Organizations	

The pharmacy provides medication to all clients in the residential, host homes, and the treatment centre. Two electronic systems are used, Kroll for the pharmacy orders and Beacon for the supply chain. These two systems do not "talk" to one another.

Most medication is packaged via packagers and pharmacy technicians. There is some compounding done at the site, mostly ointments, and liquids. The organization does not store concentrated electrolytes or heparin and these Required Organizational Practices (ROPs) were rated as not applicable.

The pharmacy has restricted access. Housekeeping cleans while staff are in the pharmacy and only the pharmacist has access after-hours. The temperature is controlled, it is well lit. The pharmacy is crowded, but the staff make it work. There is a medication fridge that is temperature-controlled, and this is monitored/recorded twice per day.

Most staff who administer medications take a pharmacology course in their college program. For staff who may not be educated at the college level, training is provided during orientation. This training is a collaboration between the pharmacist and nurse educator. All staff receive training at hire and then annually. Any time there are changes throughout the year, staff receive written notice, have a demonstration, and then perform a demonstration to demonstrate competency.

Medication incidents are monitored, trended and changes made if required. The number one incident report related to medications is failure to double sign narcotics. The pharmacy team has reviewed the incidents, changed the forms, re-trained staff, and will then audit the MAR when it returns. Narcotics in the community are kept under lock/key. Naloxone kits are kept on site.

Appropriate medication policies are in place, they are comprehensive and up to date. During the survey visit, it was noted that the keys for the locked narcotics were attached to the locked narcotic box. It is recommended that the organization find a new storage place for the keys.

Two ROPs were unmet in medication management. The ROP for High Alert Medication is unmet. Currently, auditing is not being completed nor are labels always applied. Both surveyors observed medication containers with high alert medications without High Alert Medication labels. The other ROP is related to do not use. Currently, there are no audits are being conducted. It is recommended that the organization perform one to two audits to establish a baseline and then consider the results in determining the frequency going forward.

The organization has a Drugs and Therapeutics Committee. Between the global pandemic and changeover of pharmacists, the committee has not met since January; however, an agenda has been generated and they will have their first meeting with the new pharmacist soon.

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: May 1, 2019 to October 4, 2019**

- **Number of responses: 9**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	93
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	97
3. Subcommittees need better defined roles and responsibilities.	78	11	11	66
4. As a governing body, we do not become directly involved in management issues.	11	11	78	85
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	0	0	100	93

	% 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	98
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	95
9. Our governance processes need to better ensure that everyone participates in decision making.	67	22	11	60
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	93
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	96
12. Our ongoing education and professional development is encouraged.	0	0	100	91
13. Working relationships among individual members are positive.	0	0	100	95
14. We have a process to set bylaws and corporate policies.	0	0	100	92
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	98
16. We benchmark our performance against other similar organizations and/or national standards.	0	0	100	78
17. Contributions of individual members are reviewed regularly.	0	33	67	64
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	22	78	79
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	38	63	61
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	11	89	84

	% 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.	11	67	22	34
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	25	75	81
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	95
24. As a governing body, we hear stories about clients who experienced harm during care.	0	0	100	80
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	92
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	86
27. We lack explicit criteria to recruit and select new members.	67	11	22	76
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	90
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	93
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	94
31. We review our own structure, including size and subcommittee structure.	0	0	100	89
32. We have a process to elect or appoint our chair.	0	0	100	91

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2019 and agreed with the instrument items.

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	13	88	82
34. Quality of care	0	13	88	84

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2019 and agreed with the instrument items.

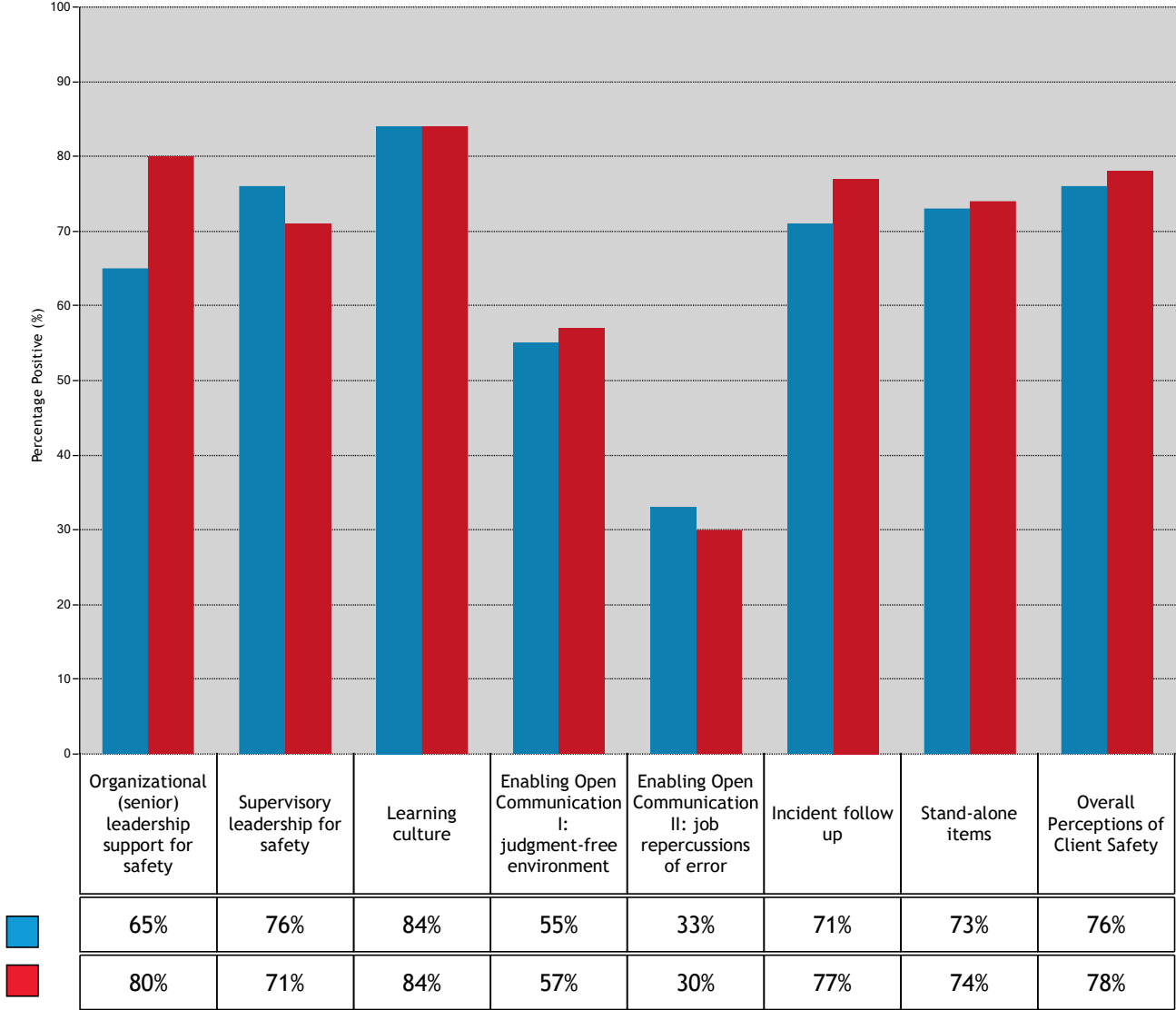# Canadian Patient Safety Culture Survey Tool: Community Based Version

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

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

Accreditation Canada provided the organization with detailed results from its Patient Safety Culture Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: November 5, 2018 to April 25, 2019**

- **Minimum responses rate (based on the number of eligible employees): 177**

- **Number of responses: 193**

Canadian Patient Safety Culture Survey Tool: Community Based Version: Results by Patient Safety Culture Dimension

	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Learning culture	Enabling Open Communication I: judgment-free environment	Enabling Open Communication II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
🟦	65%	76%	84%	55%	33%	71%	73%	76%
🟥	80%	71%	84%	57%	30%	77%	74%	78%

Legend

🟦 Ongwanada

🟥 * Canadian Average

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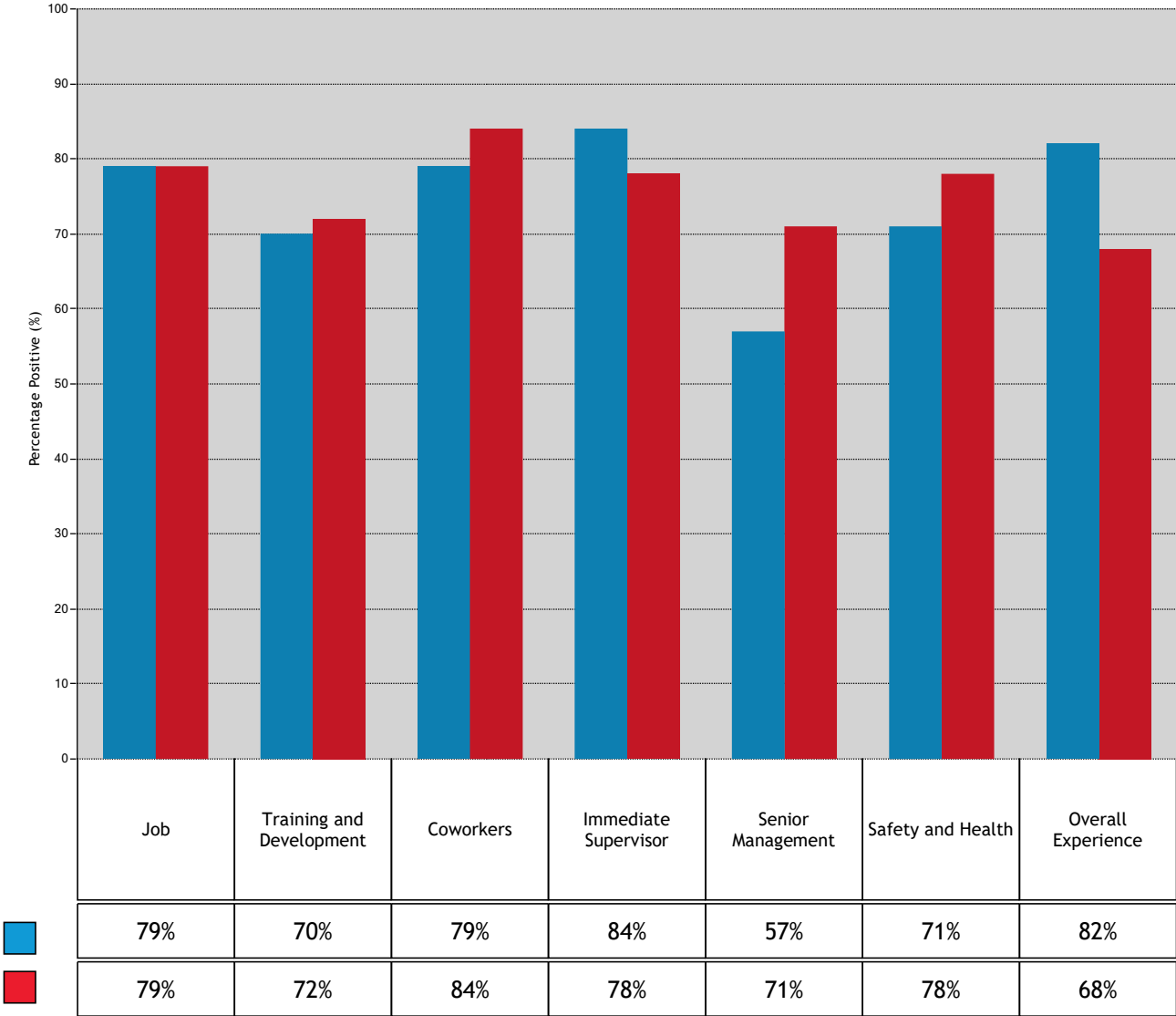
Worklife Pulse

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

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

Accreditation Canada provided the organization with detailed results from its Worklife Pulse Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: May 1, 2019 to August 1, 2019**
- **Minimum responses rate (based on the number of eligible employees): 195**
- **Number of responses: 200**

Worklife Pulse: Results of Work Environment

	Job	Training and Development	Coworkers	Immediate Supervisor	Senior Management	Safety and Health	Overall Experience
🟦	79%	70%	79%	84%	57%	71%	82%
🟥	79%	72%	84%	78%	71%	78%	68%

Legend

🟦 Ongwanada

🟥 * Canadian Average

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

Client Experience Tool

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

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

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

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

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

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

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

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

Appendix A - Qmentum

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

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

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

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

Action Planning

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions
Population Health and Wellness	Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Priority processes associated with service excellence standards

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

Priority Process	Description
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge