

Accreditation Primer Report

Driving Quality Health Services • Force motrice de la qualité des services de santé

Nova Scotia Hearing and Speech Centres (NSHSC) Halifax, NS

On-site survey dates:
October 13, 2015 - October 16, 2015

Report issued:
October 28, 2015



**ACCREDITATION CANADA
AGRÉMENT CANADA**

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About the Accreditation Primer Report

Nova Scotia Hearing and Speech Centres (NSHSC) (referred to in this report as “the organization”) is participating in Accreditation Canada's Accreditation Primer program. As part of this ongoing process of quality improvement, an on-site survey was conducted in October 2015. Information from the on-site survey was used to produce this Accreditation Primer Report.

Accreditation Primer 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 Primer Report.

Confidentiality

This report is confidential. Accreditation Canada only provides it to the organization; it is not released to any other parties.

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

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

ACCREDITATION PRIMER REPORT

A Message from Accreditation Canada's President and CEO

On behalf of the Board of Directors of Accreditation Canada, I would like to extend my sincere congratulations to your Board, your leadership team, and your staff on your participation in the Accreditation Primer. As the first step in your quality journey with Accreditation Canada, I am confident that the process will be helpful in identifying strengths and areas where your organization can focus its quality and safety improvement efforts. The Accreditation Primer is how organizations begin to realize the full value of our Qmentum program.

Attached for your review is your Accreditation Primer Report, which includes the accreditation decision and the final results from your organization's on-site survey. The information in this report, as well as your online Quality Performance Roadmap, is designed to guide your organization's quality improvement activities.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by partnering with Accreditation Canada on your quality journey.

As always, your feedback is welcome. We too are focused on improvement, and your input provides us with an opportunity to strengthen our program to ensure that it remains relevant to your organization.

Should you have any questions, your Accreditation Specialist is available to assist you.

I look forward to our continued partnership.

Sincerely,



Wendy Nicklin
President and Chief Executive Officer

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Section 1 Executive Summary

Nova Scotia Hearing and Speech Centres (NSHSC) (referred to in this report as “the organization”) is participating in the Accreditation Canada Accreditation Primer program. This is the first step on its quality improvement journey with Accreditation Canada—an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health care organizations in Canada and around the world.

The Accreditation Primer program involves an evaluation of the quality and safety of the organization’s programs and services. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed the organization against Accreditation Canada standards. The results 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 quality improvement principles into its programs, policies, and practices. At this point, we congratulate the organization and encourage it to continue its journey to begin the Qmentum program.

The organization is commended on its use of accreditation to improve the services it offers to clients and the community.

1.1 Accreditation Decision

Nova Scotia Hearing and Speech Centres (NSHSC)’s accreditation decision is:

Take action and proceed

The organization has achieved Accreditation Primer Award Accreditation Canada recommends that the organization create a plan to address the items identified with red and yellow flags. The organization should contact its Accreditation Specialist to discuss strategies for success as it begins Qmentum.

1.2 About the On-site Survey

- **On-site survey dates: October 13, 2015 to October 16, 2015**

- **Locations**

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

- 1 Bridgewater-42 Glen Allan Drive
- 2 Bridgewater-South Shore Regional Hospital
- 3 Halifax - Dickson
- 4 Halifax - HCC
- 5 Halifax - IWK
- 6 Halifax - IWK Newborn Hearing
- 7 Halifax - Provincial Administrative Office







- **Standards**

The Primer Standards were used to assess the organization's programs and services during the on-site survey:

- 1 Primer - Service Excellence Standards

1.3 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)	2	0	0	2
 Safety (Keep me safe)	20	3	9	32
 Worklife (Take care of those who take care of me)	8	1	0	9
 Client-centred Services (Partner with me and my family in our care)	9	0	0	9
 Continuity of Services (Coordinate my care across the continuum)	1	0	0	1
 Appropriateness (Do the right thing to achieve the best results)	21	1	3	25
Total	61	5	12	78

1.4 Overview by Standards

The Accreditation Primer is an opportunity for the organization and Accreditation Canada to work together to establish the supports, structures, and processes necessary for accreditation, with a particular focus on the fundamental elements of quality and safety. Accreditation Canada's programs use national standards to assist organizations in improving the quality and safety of their services. Results from on-site surveys are used by the organization to identify areas for improvement and determine priorities for action.

The Accreditation Primer standards identify policies and practices that contribute to high-quality, safe, and effectively-managed care. This table shows standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were met, unmet, or not applicable during the on-site survey.

Standards Set	Total Criteria		
	Met	Unmet	N/A
	# (%)	# (%)	#
Primer	61 (92.4%)	5 (7.6%)	12
Total	61 (92.4%)	5 (7.6%)	12

1.5 Summary of Surveyor Team Observations

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

The organization, Nova Scotia Hearing and Speech Centres (NSHSC) is commended on preparing for and participating in the Primer survey process. The Nova Scotia Hearing and Speech Centres (NSHSC) is a provincial organization which delivers audiology services to Nova Scotians of all ages, and speech-language pathology services to pre-school children and adults. These services are provided at 33 clinic sites in 24 communities. Clinic sites are located in a variety of settings including hospitals or stand-alone leased community facilities. In addition, some consultative or care giver training services may be delivered in pre-schools or in the home setting.

The organization employs approximately 150 staff. The NSHSC is congratulated for its commitment to ongoing growth, accountability and excellence. Of note is that in the midst of leadership changes, changes in the provincial landscape of health structures, the organization committed to becoming accredited with Accreditation Canada and became a client member in June of 2014. Throughout the primer survey visit, numerous examples were observed by the surveyor team where the application of the standards was apparent. Examples include: revision of the mission, vision and values; new focus on strategic priorities; development of an integrated quality management framework and the development of an organization-wide integrated scorecard. Interviews with leadership and all levels of staff members confirmed this commitment to service excellence and an understanding of quality improvement and risk management. All staff members encountered during the survey were open and transparent and openly sought information to address further development where challenges remain. The board chair engaged in the introductory discussions. An excellent Governance Handbook has been developed and it is clear from leadership discussions, that the roles and responsibilities of the board of directors and the governing style are both well-understood and applied.

The NSHSC is a provincial service delivered in many locations and settings. As such, a matrix approach has been adopted to support staff accountability, site liaison roles and overall systemic councils which address organization-wide communications, quality, staff safety and wellness, management and strategic planning. NSHSC is encouraged to look at how standards and practices can be standardized as much as possible while also meeting the local unique needs of the populations. This is well done, although in some areas challenges remain. Emergency preparedness and disclosure of adverse events are examples where encouragement is provided for NSHSC to pay further attention to the unique requirements of organization-specific services and sites, and how needs and processes may differ where service delivery is located at a host site.

The NSHSC is also commended for its commitment to education and accessing research and evidence. Evidence of this was reflected in the many policies reviewed as well as in interviews with staff.

Section 2 Detailed On-site Survey Results

This section provides the detailed results of the on-site survey. Results are presented by priority process and standard set.

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 episode of care priority process includes criteria from a number of sections in the Accreditation Primer standards that address various aspects of client care. These include intake or admitting, assessment, service planning, service delivery, follow up, and transitions. This provides a comprehensive picture of the care clients receive as they move through the organization.

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

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

2.1 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.

2.1.1 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 NSHSC has a clear and concise mission, vision and values document, which was updated recently and approved by the board in June 2015. The process of updating the mission, vision and values was inclusive, involving staff and board input, and key stakeholder input via surveys. Also of note is the client and family rights and responsibilities document which is supported by the mission and values. During the on-site interviews with staff members it was clear that their engagement throughout the mission, vision and values revision was received positively. The NSHSC is commended for this.

Strategic goals were identified for the 2015/2016 period and are reported in alignment with the Nova Scotia Health and Wellness priorities. There is good evidence that these strategic goals have informed the business plan for 2015/16 which includes budget requirements for the planned activities.

The NSHSC noted that previous strategic goals were met ahead of schedule. Following the updating of the mission, vision and values, three new strategic directions were established by the organization for 2016-2020. These are to: be innovative in enhancing involvement of clients, families, and caregivers throughout their care; improve access to and delivery of services through enhanced collaboration and partnerships; and, expand processes to target, measure and report on quality improvement initiatives. The integrated quality framework will certainly support the monitoring of activities which will support each of these strategic directions.

Information about the population in Nova Scotia is accessed by the NSHSC from provincial sources. Information related to referral demands is also monitored. Specific population needs for example, First Nations, are also being reviewed. The location of services across the province represents rural/urban population demands for the most part.

Partnerships are important to this organization, as reflected in the new strategic priorities. Discussion with staff members noted appreciation of this and also confirmed that some activity is already underway in this regard. For example, linkages with child care programs and the provision of information to families regarding communication milestones.

On an annual basis, a clinical forum is held where all staff members come together. This event not only supports networks across all sites but also provides an opportunity to deliver ongoing education and

information regarding quality, safety, risk management and overall excellence.

2.1.2 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)

There is a comprehensive organizational chart in place. It is suggested that detailed charts specific to each of the sites may prove helpful given the matrix accountability in place. For example, staff members may be accountability to a specific manager that may or may not be the site liaison person. The on-site discussions with many staff members noted a strong commitment to the organization and a clear understanding of their accountability. Performance feedback is comprehensive and carried out on a regular basis.

The collective agreement requires that position descriptions be updated regularly and at minimum every four years. This has become the standard policy and practice for all positions at the NSHSC.

There is a joint occupational health and safety committee for the organization as a whole. The purpose of this committee is to support healthy workplace action strategies. Each of the sites also has a joint occupational health and safety representative. Site representatives are supported in sharing information both at the site level and with the broader committee. Also of note is the completion of site-specific audits completed by the site representatives and submitted to the vice president responsible for staff safety and wellness. These site audits are completed annually at a minimum. The information in the central database is reviewed at the joint occupational health and safety committee and any required follow-up recommendations are developed for action.

The organization supports a healthy work environment. Staff benefits include access to an employee and family assistance program that is available 24/7/365.

The organization is committed to ensuring that employees work in a safe environment and violence prevention is promoted and supported. Several policies are in place to support healthy workplace relationships. There are policies on violence management and reporting, intolerance of workplace bullying and harassment, internal complaints management and staff incident reporting.

The NSHSC accommodates volunteers. There is a volunteer management program with associated policies in place. All volunteers are registered and appropriate activity descriptions, with screening requirements are noted. Job shadowing (neither volunteers nor students) is also accommodated by the organization. It is suggested that the accountability of these individuals be reviewed to ensure appropriate liability is supported.

2.1.3 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

Standards Set: Primer

- 1.4 The organization has an ethics framework.
- 1.5 The organization's leaders provide support and education to the governing body, staff, and service providers about using the ethics framework.
- 2.6 The organization has a formal and open process for the disclosure of adverse events to affected clients and their families.

Surveyor comments on the priority process(es)

The organization has an ethics decision-support working group. This group is responsible for leading ethics education, reviewing policies and procedures with an ethics lens, developing and supporting use of decision-support tools and ensuring ethics consultation support is available. Should staff members require advice, then managers and the teams are readily available to provide support. Also of note is that the organization has confirmed its partnership with the Nova Scotia Health Ethics Network which will support access to external consultation and expertise as needs arise. This network includes peer support and bio ethics expertise.

The organization has chosen to align ethics with quality and clinical standards groups, as well as to linking ethics across other portfolios. This is a comprehensive first step. There is a need to develop an ethics framework. It may be helpful for the NSHSC to review the ethics framework used by other organizations and develop a framework pertinent to this organization and its services. An ethics framework will guide decision-making processes as ethics issues arise, and can assist with staff training in this area which will support a greater understanding of ethics and the application of the framework.

An integrated quality framework is in place. This is well done in that it encompasses three domains: clients/community; quality and improvement including standards and performance metrics; and safety and wellness for staff and risk management. This framework demonstrates the organization's commitment to client care and safety.

There is an incident reporting policy in place. The policy has a focus on staff incidents but is also used for client incidents should these occur. All incidents are documented and included in the chief executive officer's (CEO) monthly reporting to the board. Documentation reviewed during the on-site survey confirmed the tracking of all reported incidents. The organization may want to review the current incident report form and confirm that it can and does capture all client-related adverse event information.

There is a disclosure policy in place for disclosing information to affected clients and families in the event of a breach of confidential information. However a policy to address disclosure of adverse events related to unexpected outcomes as a result of service delivery is not in place. There is a need to develop such a policy

that addresses adverse care outcomes in the event of care provided directly by staff members of the organization, as well as care provided by staff members as part of a team where other providers are staff of partner organizations. These two situations are considered key to consider given the unique nature of the services provided by the organization, which many times, is in partnership with others and at sites hosted by other organizations.

An annual integrated scorecard was developed last year. A review of the report for 2014-2015 shows the scorecard approach is well done and aligned to the three over-arching domains. Specifically, metrics related to clients and communities include tracking of the strategic plan, business goals, operational plan, client safety and client satisfaction; and metrics related to quality include a variety of standards development, standards audits, encounter activity, financial variance reporting and service performance; and safety and wellness metrics include staff vacancies, continuing education activity, and client concerns monitoring.

As the organization further develops its integrated quality reporting, it is suggested that the appropriate frequency of reporting each metric be determined. There is a need to consider the development of partial reports on a quarterly basis and to include those areas which require frequent tracking, with a complete annual report that includes all areas.

The NSHSC demonstrates an excellent commitment to teaching and learning. This not only includes staff members, clients and the community at large but also students. The organization has linkages with several academic institutions and has ready access to evidence and research to inform best practices and standards.

2.1.4 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 is committed to providing an environment that protects staff and client safety. Should issues arise, incident reports are submitted. Where services are delivered in hospital settings, the hospital site is responsible for the maintenance of the environment. Community spaces are leased and lease contracts include maintenance and housekeeping functions. Manager Liaison responsibilities include site functions. Annual checks are completed by the managers for each site.

The organization is commended for its attention to the safety of the environment where services are provided in the client home. A safety assessment is completed for every home location prior to service delivery commencing. A safety plan is also developed for home-based services. Issues such as restraining of pets and secure-keeping of firearms are examples of issues assessed during this safety assessment process.

2.1.5 Priority Process: Emergency Preparedness

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

Unmet Criteria

Standards Set: Primer

6.2 The organization has a disaster and emergency preparedness plan.

6.3 The organization holds regular drills to practice the measures outlined in the disaster and emergency preparedness plan.

Surveyor comments on the priority process(es)

An emergency response policy is in place and it was updated September 2015. Non-essential staff members are directed to respond to their community needs. The policy notes that all NSHSC employees have access to the current emergency and evacuation plan for the site at which they provide service. Each of the joint occupational health and safety committee site representatives is tasked to ensure that their site has the current emergency and evacuation plan posted, and this is audited annually. At the time of the surveyor team visit, disaster and emergency plans were not yet in place for three sites and/or recorded in the central binder at the provincial office. There is a need to ensure that all sites where staff members are working have these plans in place and further, to ensure that these plans are up-to-date.

Fire and evacuation drills are the responsibility of each of the host sites as well as sites that are housed in space leased by the organization. All staff members are expected to comply with these site-specific drills. Staff participation is tracked by the joint occupational health and safety committee.

Fire drills are in place at the vast majority of sites. There are some however, similar to the emergency plans, where these drills are not consistently in place or practiced. There is a need to ensure that regular fire drills occur at all sites.

2.1.6 Priority Process: Medical Devices and Equipment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization neither has nor regularly receives funding for capital purchases; it does create a prioritized capital equipment purchase plan on an annual basis. The organization also has a small reserve fund that it uses to deal with unanticipated equipment failure. Capital purchases have in the past been managed by using year-end surplus funds.

There is a preventive equipment maintenance plan in place that requires pre-use inspection and calibration by staff, where necessary. Major equipment repairs and purchases are coordinated centrally as required, and annual inspections of all equipment are conducted according to the manufacturers' specifications.

Because of their professional backgrounds, staff members are typically familiar with the use of available equipment. Should equipment use new technology however, staff members are afforded training for the equipment by either the manufacturer or by in-house-trained staff, using a train-the-trainer model.

2.2 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 Primer

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

Medication Management for Primer

- Using interdisciplinary teams to manage the provision of medication to clients

Competency

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

Episode of Care

- Providing clients with coordinated services from their first encounter with a health care provider through their last contact related to their health issue

Decision Support

- Using information, research, data, and technology to support management and clinical decision making

Impact on Outcomes

- Identifying and monitoring process and outcome measures to evaluate and improve service quality and client outcomes

2.2.1 Standards Set: Primer - Direct Service Provision

Unmet Criteria
<p>Priority Process: Competency</p> <p>The organization has met all criteria for this priority process.</p>
<p>Priority Process: Episode of Care</p> <p>The organization has met all criteria for this priority process.</p>
<p>Priority Process: Decision Support</p> <p>The organization has met all criteria for this priority process.</p>
<p>Priority Process: Impact on Outcomes</p>

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Competency

The organization provides a well-organized orientation for new staff, and it includes opportunity for mentoring with a more experienced peer. This has been well-received by new hires and is reported to be invaluable to their introduction to the organization. While this has been available for a number of years, the organization is recognized for its efforts in formalizing the mentorship program.

The opportunity for continuing professional development is valued by all staff. The organization's commitment to support its clinicians in the development of new skills and best practices is acknowledged.

Teamwork and communication amongst all staff members is readily apparent and ensures seamless care and a positive experience for clients.

Priority Process: Episode of Care

The professionalism and commitment to quality care demonstrated by the organization's clinicians was clearly evident at all locations visited. Strong interdisciplinary teams have evolved and are well-connected and integrated within their respective communities to ensure seamless client care. The organization is recognized in the province for the provision of specialized services and has developed strong links to and working relationships with supportive disciplines.

Clients and their families are provided thorough information about their rights and the services they receive. Consent is obtained regularly, both for care and for communication with other health professionals. While the organization has policies related to complaints, these do not appear to be specific to complaints from clients about care. The organization has an opportunity to further develop the information provided to families about the complaint process, and perhaps to include families and clients in the development of these processes.

It was noted that the use of two client identifiers prior to the provision of service is inconsistently done, with some clinicians defaulting to reception to provide this verification for them. The organization is strongly encouraged to ensure that policies clearly articulate the responsibility for verifying client identity, as well as how that would be accomplished in the various services.

The organization is commended for its development of innovative service delivery models including, but not limited to the enhanced role of communications disorders technicians and the introduction of group programs for similar client populations. The organization could explore the potential for the development of wait-list management strategies in those areas with long wait times for service.

Priority Process: Decision Support

It is noted the gradual introduction of an electronic health record during the past few years has greatly improved the standardization of client information. It has also enhanced the organization's ability to collect and analyze data related to client demographics, service delivery models, and the like. Perhaps more importantly however, the electronic client record facilitates the exchange of client information amongst clinicians in different geographic sites as clients move along the service continuum.

In the transition to the electronic record some locations have been left with residual historical hard copy information on site. While this information is reasonably securely stored, it is suggested that the organization develop processes and time lines within which to move this information off-site into more secure storage facilities.

Priority Process: Impact on Outcomes

Clients and their families are provided with limited materials regarding their role in promoting safety. The challenges presented by the diversity of client involvement with the organization with widely varying lengths of service are recognized. Nonetheless, there is an opportunity to provide clients and families with improved communication on safety issues related to care and the role they have in ameliorating them.

An annual client satisfaction survey is administered annually, the results of which are communicated back to staff members and remedial action is initiated as indicated. It is noted that the organization is considering ways to improve survey return rates, including online surveys and additional promotional materials.

2.2.2 Priority Process: Infection Prevention and Control for Primer

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has established policies and procedures for infection prevention and control (IPAC). The responsibility for infection prevention and control is assumed by the joint occupational health and safety committee, the members of which assume an active role in ensuring its practices are current and reflective of best practices.

The majority of practices associated with IPAC are informed by those of the Public Health and Nova Scotia Health Authority, thereby ensuring that there is congruence and consistency for staff members that work at various host sites

Much of the equipment used is sole purpose and then disposed. In circumstances in which equipment is reprocessed, the organization defaults to the host site, generally a hospital, to provide that service. In addition, national guidelines inform cleaning and reprocessing requirements.

The organization acknowledges its struggle with the requirement for staff immunization, but has once again established policies and practices that are in line with other health providers in the province.

Annual hand-hygiene training is provided to all staff members and hand rubs and wipes are readily available at the point of client interaction, and to clean equipment between uses. It was noted that the development of regular hand-hygiene audits is in process. The organization is encouraged to include reporting and evaluative processes associated with the audit, as well as processes by which to improve identified deficiencies.

It is suggested that the organization consider whether there is an opportunity to include clients and families in training about hand hygiene and other infection prevention and control activities. Family education sessions may offer one venue in which this could be accomplished.

An inventory of personal protective equipment (PPE) is maintained centrally and available to all sites. Host sites provide more specialized PPE, based on the client population.

2.2.3 Priority Process: Medication Management for Primer

Using interdisciplinary teams to manage the provision of medication to clients

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Medication Management priority process is not applicable for this organization.

Appendix A Accreditation Primer

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

As part of the Accreditation Primer process, organizations complete a Self-Assessment, have the option of completing and submitting survey instrument 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 Primer Report within 10 business days.

An important adjunct to the Accreditation Primer Report is the online Quality Performance Roadmap (QPR), available to the organization through its portal. The organization uses the information in the QPR in conjunction with the Accreditation Primer Report to develop comprehensive action plans.

Throughout the Accreditation Primer program, Accreditation Canada provides ongoing 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 Primer Report and QPR to develop action plans to address areas identified as needing improvement. The organization uses this information to make continuous quality improvements so it can begin the Qmentum program.