Accreditation Report

Nova Scotia Hearing and Speech Centres (NSHSC)

Halifax, NS

On-site survey dates: October 30, 2017 - November 3, 2017

Report issued: November 28, 2017

About the Accreditation Report

Nova Scotia Hearing and Speech Centres (NSHSC) (referred to in this report as "the organization") is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in October 2017. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada

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

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

Your 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

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Executive Summary

Nova Scotia Hearing and Speech Centres (NSHSC) (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

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

Accredited with Commendation

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

About the On-site Survey

- **On-site survey dates: October 30, 2017 to November 3, 2017**

- **Locations**

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

  1. Halifax - Infirmary
  2. Halifax - Provincial Administrative Office
  3. Kentville-Town Square
  4. Kentville-Valley Regional Hospital
  5. Lower Sackville
  6. Sydney-Cape Breton Regional Hospital
  7. Sydney-Health Park
  8. Truro

- **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

  Service Excellence Standards
  4. Community Health Services - Service Excellence Standards

- **Instruments**

  The organization administered:

  1. Canadian Patient Safety Culture Survey Tool: Community Based Version
  2. Worklife Pulse

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)	30	0	0	30
Accessibility (Give me timely and equitable services)	8	0	0	8
Safety (Keep me safe)	67	1	6	74
Worklife (Take care of those who take care of me)	57	0	0	57
Client-centred Services (Partner with me and my family in our care)	50	0	2	52
Continuity (Coordinate my care across the continuum)	10	0	0	10
Appropriateness (Do the right thing to achieve the best results)	186	2	9	197
Efficiency (Make the best use of resources)	21	1	0	22
Total	**429**	**4**	**17**	**450**

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	45 (100.0%)	0 (0.0%)	5	36 (100.0%)	0 (0.0%)	0	81 (100.0%)	0 (0.0%)	5
Leadership	48 (100.0%)	0 (0.0%)	2	95 (99.0%)	1 (1.0%)	0	143 (99.3%)	1 (0.7%)	2
Infection Prevention and Control Standards for Community-Based Organizations	28 (90.3%)	3 (9.7%)	3	43 (100.0%)	0 (0.0%)	4	71 (95.9%)	3 (4.1%)	7
Community Health Services	43 (100.0%)	0 (0.0%)	0	80 (100.0%)	0 (0.0%)	0	123 (100.0%)	0 (0.0%)	0
Total	**164 (98.2%)**	3 (1.8%)	10	254 (99.6%)	1 (0.4%)	4	418 (99.1%)	4 (0.9%)	14

* Does not includes ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3

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

Summary of Surveyor Team Observations

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

Nova Scotia Hearing and Speech Centres (NSHSC) is a provincial independent organization responsible for providing audiology services to Nova Scotians of all ages and Speech Language Pathology (SLP) services to preschool children, home schooled children, and adults. They are engaged in direct care to individuals with a wider range of disorders and communication challenges, actively engaged in prevention and promotion activities, and work in close collaboration with provincial and community partners to deliver a variety of specialty programs, including delivery of services to stroke patients and children with autism and cochlear implants. Services are provided across 35 clinic sites (in hospitals or community based), located in 24 communities (urban and rural).

It is evident that everyone at NSHSC takes to heart its inspiring vision: Every person deserves a voice. Every voice deserves to be heard. Board, management, staff, students and volunteers are mission driven and care deeply about making a difference in the lives of those they serve.

The organization's decision to pursue accreditation (with Accreditation Canada), earning the Primer Award in 2015 and undertaking their first Qmentum survey in 2017, demonstrates their commitment to service excellence, ongoing quality improvement and client safety. The organization is commended for the tremendous amount of work they have done since the Primer to address the recommendations received at that time and to continue to build capacity in many areas across the organization, e.g. in ethics, risk management and quality improvement.

NSHSC has a strong and engaged board that takes it its roles and responsibilities seriously, including overall accountability for the quality of the services provided by the organization. There is a robust strategic planning process and the board's decisions are made in alignment with the key directions and objectives of the strategic plan and priorities in any one year. The organization has developed a comprehensive integrated scorecard that the board uses to monitor progress on organizational goals, key safety, wellness and risk indicators, quality improvement initiatives, as well as utilization data. In addition to the board's 3 standing committees (Executive, Policy and Governance, and Nominating) members also participate in key staff led committees, such as the Quality Advisory Council. As well, ad hoc groups are formed as necessary as issues emerge that need board leadership.

The board is committed to client and family involvement in all aspects of care and seeks out opportunities to hear their voices directly/indirectly. Of note, 10 out of the current 16 board members are currently, or have been clients or family members of service recipients. The board is acutely aware that wait times limit access to needed services and see it as a priority to identify and reduce the barriers to access as much as possible. The leadership is a small, but mighty team, that work well together to execute successfully on a long list of planned objectives. They keep the best interests of their staff front and centre as they strive to provide excellent service to clients and families as they are aware without energized and well supported staff you cannot have highly satisfied service recipients.

The organization and its staff are well regarded by their community partners across the province. Partnerships occur at many levels - from integrated service planning for speciality populations, policy input and development, to service delivery within interdisciplinary clinical teams. NSHSC is well regarded and described as being highly collaborative, team focused, professional, strong clinically, very creative, client and family centred, and always seeking out ways to maximize scarce resources. They are also seen as always willing to share their information and knowledge and be open to joint training and exploring new and creative integrated approaches to service delivery. NSHSC take quality improvement seriously, well organized (as one partner said they were "a well-oiled machine") with solid processes, policies and practices in place. Gaps in service were identified that partners thought NSHSC could step up and fill, e.g., in-home services (including continuing care facilities) and service to indigenous communities. NSHSC is aware these are populations in great need and have made efforts to reach out and provide service, however adequate funding and the need to build the capacity of more staff to in culturally safe and appropriate service delivery models for indigenous communities is critical to be successful.

The surveyors connected with many clients and families (both one on one and in a focus group) who were so appreciative of NSHSC's various services and programs. Words used to describe the organization and its staff included: passionate, committed, high quality, angels, supportive like a family, compassionate, understanding, a valuable resource, responsive etc.
The most frequent concern expressed was the long wait time for service in some programs and geographies. Client experience survey results (done in 2015 and 2016) show an extremely high satisfaction with the services received with 99% of SLP and 100% of audiology respondents noting they felt safe, involved in decision-making, received needed information and they were treated with respect. Areas for improvement identified were for the for the most part around explaining access to and client rights, as well as more convenient appointment times.

Clients/patients reported that they feel part of the team at the clinics and are comfortable with all interactions. Some clients/patients/families would like more SLP and audiology services available. Clients/families interviewed reported that through the services they or their family members have made significant gains towards achieving their service goals. In one case, the client said that the clinicians motivated her when she thought she would not get her life back. The incremental success with each visit resulted in a return to a life she enjoys each day. There are opportunities for follow up are readily available and clients are thankful for that. Service plans include education for the client and family and resources available in their communities.
NSHSC are starting an exciting client and family engagement initiative with the creation of a "Partners in Care" working group that has brought together client partners to work with the organization in improving their care and service. It's in the early days of the process, but they can already see the benefits from having client and families at the table, providing their experiences and hopefully truly co-design new programs/services in the future.

Communication is always a challenge in any organization with a workforce working in multiple sites and programs across a large geography. NSHSC works very hard at keeping the lines of communication open and transparent across and up and down the organization – from the board to the front-line staff. They use different channels of communication to capture the attention of very busy staff and clinicians and make it

easy for them to access important information. For example, face to face and on-line (Lync) meetings, e-mails, and regular news in the quarterly "Centre's Voice". Staff have on-line access to needed policies/procedures/forms as well as great clinical support from other point of care staff across the province with expertise in various areas, through facilitated case consultation sessions or just reaching out for support when facing a new and/or challenging client situation. In addition, the organization has a culture of best practice and ensures practitioners are consistently using evidence based pathways/treatment approaches etc. in their work.

The organization is operating in a constantly changing health care system and one stretched to meet the ever-increasing demands for service within a limited funding envelope. They have been creative and nimble in developing new models of service delivery and identifying efficiencies where possible to stretch their resources. They will need to continue to search for innovative ways and new sources of funding to meet their strategic directions.

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.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The NSHSC's governing body takes its roles, responsibilities and legal obligations seriously. They are a committed group of volunteers who understand their fiduciary duties, and their overall accountability for the quality of the services provided by the organization. Management provides the board with regular (quarterly and annual) reports to ensure they can monitor all aspects of the business. NSHSC has a robust strategic planning process in place. Their current plan (2016 - 2020) was developed with extensive stakeholder input and is refreshed annually. NSHSC provides an annual business plan to their major funder (Nova Scotia Department of Health and Wellness – DHW). This plan aligned with their strategic plan, informs the annual operating and capital budgets. As well, NSHSC develops annual operations plans with clear objectives and targets in 5 key areas: client/staff safety risk plan; operational risk plan; quality improvement; talent management; and communications.

The organization has developed a robust integrated scorecard that the board uses to monitor progress on organizational goals, key safety, wellness and risk indicators, quality improvement data and initiatives and utilization. In addition to the board's 3 standing committees (Executive, Policy and Governance, and Nominating) members also participate in key staff led committees, such as the Quality Advisory Council and some of its working groups. As well, ad hoc groups are formed as necessary as issues emerge that need board leadership.

The board is committed to client and family involvement in all aspects of care and seeks out opportunities to hear their voices directly/indirectly. Of note 10 out of the current 16 board members are and/or have been clients or family members of individuals who have received service. Site visits are arranged for members and client stories are shared in person or brought forward by management to illustrate areas/issue of focus. The board is acutely aware that wait times limit access to needed services and see it as a priority to identify and reduce the barriers to access as much as possible, including increasing awareness in the community that self-referrals are possible.

The board has used the accreditation process to critically review its own functioning and effectiveness. It has recently updated and/or put in place new policies and practices to comply with all of Accreditation Canada's current governance standards. It has completed the Board Governance Functioning tool twice to date (once with the Primer and again for this survey) and used the results to identify areas for improvement and action. The board has an orientation program in place and ensures the ongoing education of its members with regular education sessions at each board meeting and access to external materials/learning opportunities.

The board has a strong working relationship with the CEO and the senior team. They understand their governance role and are careful to have their "noises in; fingers out" of operations. They are thoughtful in their deliberations and keep the organization's vision, mission and values front and centre in all their decisions and actions.

It is suggested the board consider including the following standing items in their meeting agendas to highlight their importance: i.e.
- Declaration of any conflict(s) of interest
- Compliance with all statuary payments/filings (i.e. management would declare they are/are not in compliance)
- In-camera (as required)

The board's Policy and Governance Review Committee may want to research current best/common practice of not having a separate Executive Committee. It could be replaced with an Audit and Finance Committee and the full board would then assume the Executive Committee's functions. This may allow for more full board engagement, minimize duplication of work and meetings for some members and create efficiencies for staff and volunteers. For this to be effective a smaller board (maximum 12 members) is advised. The board is also encouraged to move forward with its plan to review its dormant Foundation to determine how best to resurrect it or close it down. There is no doubt additional resources would enrich the organization's programs and services and provide some non-government unrestricted funding. However, it is understood considerable volunteer and staff time would be needed to be successful in a competitive fund-raising environment.

Priority Process: Planning and Service Design

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
6.3 The operational plans identify the resources, systems, and infrastructure needed to deliver services and achieve the strategic plan, goals and objectives.	
Surveyor comments on the priority process(es)	

NSHSC has a robust strategic planning process in place. Their current plan (2016 - 2020) was developed in a time of uncertainty with extensive stakeholder input and considerable analysis of demographic data, heath system reports, as well as their own historical data. Significant provincial restructuring was concurrently going on which ultimately resulted in two Heath Authorities (down from 9) and many other changes. NSHSC remains as an independent provincial entity, albeit without a formal service agreement in place with their major funder, the Nova Scotia Department of Health and Wellness (DHW). The organization has had verbal assurance an agreement has been approved but at the time of this survey it had not been signed.

The organization, through their external scan, identified 2 high need, marginalized populations they are seeking to better understand and figure out how they can best service in the future: 1) indigenous community, and 2) the elderly at home and in continuing care settings.

NSHSC provides an annual business plan to DHW. This plan is aligned with their strategic plan and informs the annual operating and capital budgets. As well, NSHSC develops annual operations plans with clear objectives and targets in 5 key areas: client/staff safety risk plan; operational risk plan; quality improvement; talent management; and communications.

The organization has developed multiple formal and informal partnerships and alliances at all levels of the organization. As the provincial provider of SLP and audiology services they work in collaboration with others to deliver the best service possible to clients whether they are situated in hospitals, child care centres or clinics.

A diverse group of community partners (10 in total) provided their perspectives on their relationship with NSHSC, its strengths and opportunities for improvement. Partners had high praise for the organization. They described them as easy to work with, highly collaborative, team focused, professional and strong clinically, very creative, and always seeking out ways to maximize scarce resources. As well, they were viewed as always willing to share information and be open to joint training and exploring new and

creative integrated approaches to service delivery. NSHSC was also seen to be client and family centred, take quality improvement seriously, well organized (as one partner said they were "a well-oiled machine") with solid processes, policies and practices in place. Gaps in service were identified that partners thought NSHSC could step up and fill, e.g., in-home services (including long term care facilities), use of assistive technology, and service to indigenous communities. Bottom line all felt there was just not enough clinicians to meet the demand in the province. As well, they were eager to see more SLP for treatment vs. assessment which is the current priority. Some providers commented they would appreciate notice when the organization was short staffed and how long they anticipated vacancies. The organization was also encouraged to collaborate with other organizations and their Foundations to raise much needed funding for needed services and innovative work enabled by technology.

Of note the Ekasoni First Nations have developed a very positive working relationship with a SLP who took the initiative to educate herself about this community and how best to provide culturally safe and appropriate services and also was willing to bring the services on site so that the community did not have a barrier of long distant travel to access needed services. As well she is helping to transfer her knowledge to other SLPs to build the necessary cultural competencies. However, the First Nations partners are passionate and adamant that NSHSC needs to accelerate their efforts to provide more community based services to their people. They also emphasized the need for the organization to ensure they have staff who have taken the requisite training to do so and concern was expressed that if something happened to the current SLP they would be without the knowledgeable support required. In addition, they would appreciate flexibility in the service model that would allow home visits. Parents are not always able to accompany their child to the service location and even though they are able to talk to the therapist on the phone, in person interaction is missing and families would like to have this option.

NSHSC is commended for not only planning well but being successful on executing its plans for the most part which is the tough job. The organization is encouraged to look at focusing their efforts in future planning cycles on a few key deliverables that will have the most impact. Management and staffing resources are limited. As well, it is suggested that client and family voices be engaged at the outset to co-design any new programs (versus just consulting with them once a program is established for QI purposes).

Priority Process: Resource Management

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

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

The organization has an annual operating and capital budgeting process that is largely dictated by their government funder (DHW) who provides approximately 97% of NSHSC's revenue and most of their expenses are wages and benefits. The capital budget consists primarily of new/replacement audiology related equipment which is critical to provide service. For the past few years NSHSC is operating in a status quo mode with no opportunity for submitting proposals for enhancement dollars. Although the government support is considered "base funding" there is always an element of uncertainty as confirmation of their annual budget is often lagged well beyond any one fiscal year. The organization is looking forward to finalizing a long in coming formal service agreement with their funder (DHW). Although no guarantee of ongoing funding levels in this service agreement, it will put in writing the obligations of both parties and offers NSHSC some sense of certainty of their future.

Management prepares the budget, aligned with the strategic and operating plans as well as government's requirements, and presents it to the board for approval. Financial information is prepared monthly for the board and there are adequate controls/policies in place.

The organization is in a relatively stable financial position; in a small surplus position for the last couple of years. Surpluses may be retained by the organization but should they have any special funding requests to the government they are usually required to use any accumulated surplus. Of note however, the organization was successful in receiving special funding from DHW this year to address a financial pressure related to obsolete technology for cochlear implants.

The organization has a relatively new Director of Finance and Operations (in place for a year), who has done a great job with her team of implementing many new processes, payroll and financial systems to create efficiencies. A priority on her list for the coming year is to provide better financial and operational reporting for managers to help guide their decision making. Currently much of their data is manually collated on excel spread sheets which is time consuming and limiting as to what can be produced with the resources available. Key to this objective is implementing a new Client Medical Record (CMR) by January 2019 when the current system will no longer be supported by the vendor, hopefully eliminating much of the manual data collection and analysis currently required. NSHSC is encouraged to continue looking for operational efficiencies where possible – e.g. through automation, access to bulk buying sources, elimination of waste/no added value processes etc. As fixed costs rise and government funding is flat lined this becomes even more important.

Once the formal service agreement is in place with DHW the organization feels it will be in a better position to turn its attention to diversifying its funding. NSHSC is encouraged to move forward as soon as

possible in seeking collaborative/partnership opportunities to find new funding sources that will enhance access to hearing and speech services, particularly for identified populations, e.g., home and continuing care, indigenous communities and/or other underserviced/marginalized groups. NSHSC recognizes there are opportunities to diversify its funding base through potential new service contracts with other government departments/private funders as well as pursuing grant/foundation applications. As well, the Federal government's recently stated priority of home care and continued investment in First Nations communities are well worth investigating.

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)

NSHSC is a large provincial provider of audiology services to all ages, and speech-language pathology (SLP) services to preschool children, home schooled children and adults. (As such the only other SLP jobs are either with the school boards or as a private practitioner.) The workforce has approximately 140 full-time equivalents – the majority (124) being clinicians. It is a unionized work environment with central bargaining. The current contract expired in 2015 and they expect to be in negotiations shortly.

NSHSC has a Talent Management Plan in place that clearly depicts the many facets of their HR practices but also identifies their previous year's achievements and the current year recommendations and areas of focus.

The organization works hard to listen to staff concerns and address them in a timely manner. Results of the Employee WorkLife Pulse tool were reviewed and action plans are in place to address the few yellow flags identified. They have many long service staff and turnover is low by industry standards. Exit interviews are conducted where possible. In the event they can't be done in person the organization may want to consider sending a brief mail out survey to extend an invitation to comment.

Staff wellness, health and safety is paramount and they have an active JOHSC, practices that support working safely in-home settings, as well as access to an external confidential EAP program as needed.

NSHCS has a long-standing affiliation with the University of Dalhousie's School of Human Communication Disorders. The organization provides numerous intern opportunities each year to their students and in turn NSHCS hires their graduates so it is a significant recruitment pool (almost 95% in audiology and close to 80% of SLP students).

The organization has an HR lead on site who works closely with the managers to recruit and support all HR functions. Additional HR support is accessed as needed through their Association, e.g. they have an assigned labour lawyer available for consultation. All required HR policies and practices were observed to be in place. Recruitment is an ongoing focus with certain positions and geographies, harder to recruit for than others. Currently the organization is challenged to recruit and retain sufficient communication disorder technicians. Any vacancy impacts access to timely service so the organization works proactively to fill known short-term leaves as well as permanent positions.

There is a robust orientation program which includes a peer mentorship program for the first six months which is much appreciated. Performance reviews are conducted at three and six months and every two years thereafter unless there are performance issues. The organization tracks due appraisals and is

encouraged to complete these as required to ensure timely feedback for staff. However, it is evident there is lots of great coaching and support happening all the time for staff as required, not just as part of the formal appraisal process.

The organization invests in both internal and external training opportunities, provides service and peer recognition awards and hosts a biannual event for all staff which includes an educational component, as well as a celebration of achievements. NSHSC has recognized the need for ongoing leadership training and introduced the LEADS Canada program in 2016 with approximately 30 staff to date enrolled. Efforts to build leadership capacity at all levels of the organization are commended. As well, they are working hard to create a culture of ongoing learning and continuous improvement in both service delivery and operations.

The organization does advise and encourage all staff to get their flu shot although they recently stopped tracking their rate of compliance given the administrative work to do so on the part of the staff and HR and other priorities. NSHSC is encouraged to consider a simplified alternate way to still get this data (e.g. an on-line self-declaration a person has had he shot) that is not onerous, given it is a recommended safety initiative that protects both clients and staff.

The organization is encouraged to consider how best to incorporate client and family voices into their HR programs and practices – everything from inviting them to nominate excellent clinicians along with the current peer program (e.g. "Client Choice awards) to using client/family partners on hiring panels for key staff positions.

In addition, they may want to explore increasing the use of volunteers in all their programs to enhance the service provided.

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)

A key strategic direction for NSHCS is the expansion of its processes to target, measure and report on quality improvement initiatives. Their investment in accreditation demonstrates this commitment to quality, safety and risk mitigation. It is clear they have used the accreditation standards to make improvements across the organization, from governance to service delivery.

Their work is grounded in an excellent Integrated Quality Framework which identifies three overarching and connected themes, i.e. Clients and Communities, Safety and Wellness and Quality and Improvement. Embedded within these themes are six key areas – organizational goals, client safety and experience, staff safety and wellness, standards and quality improvement, utilization and service performance. The organization has created an integrated scorecard that summarizes their performance in all these areas and tracks their progress in meeting objectives/targets quarterly and annually. Scorecards are shared with board and staff and a summarized version with the public on NSHSC's website. NSHSC has a Quality Advisory Council in place to ensure the delivery of standardized, high quality service province-wide. Reporting to the Council are many work groups, i.e., Standards and Audit, Quality Improvement, Ethics Decision-Support, Collaborative Care Champion Team, and the Partners in Care Committee.

The organization has a long history of working hard to make ongoing improvements to the services they provide to Nova Scotians (independently and with their partners) but it is only in the last few years they have focused their efforts on building a more formal program and collecting both process and outcome performance indicators that can be analysed and trended over time. Currently there is little consistent data to do this, albeit there are great examples of quality improvement initiatives and program evaluations conducted that have led to changes for the better. As part of their efforts to build quality capacity they recently created two Quality Support Team Lead roles to assist improvement initiatives. This additional resource will be a big help to develop their program further and allow them to consider more sophisticated analytics. The organization has been challenged to get good data as much of it must be collected manually. They will be implementing a new HMR in 2018 which will hopefully be a huge help in getting useful quality related reports to help decision-making.

The prospective analysis undertaken as a requirement for this survey was the first one they had ever conducted. It focused on streamlining the referral intake process in one of their SLP programs and proved to be a good learning experience and led to positive changes for both clients and staff.

The Patient Safety Culture Survey was conducted in November 2016 and the organization has acted to address the yellow flags, e.g. better communication on incident reporting and outcomes, emphasizing a just culture environment, raising awareness through team discussion and internal communications.

In addition to their integrated scorecard, key performance indicators have been identified with targets for the first time in collaboration with DHW. These will be part of the service agreement with DHW once it is finalized.

Client experience survey results (done in 2015 and 2016) show an extremely high satisfaction with the services received with 99% of SLP and 100% of audiology respondents noting they felt safe, involved in decision-making, received needed information and they were treated with respect. Areas for improvement identified were for the for the most part around explaining access to and client rights as well as more convenient appointment times.

The organization has always provided client and family centred care but are now trying to raise the bar and have set a clear strategic direction to implement innovative ways to enhance their involvement. A recent initiative this year that the organization is excited about is the creation of their "Partners in Care" working group to amplify the client and family voice. To date they have enrolled 6 partners to work with them and lend their perspectives to various committees/quality improvement initiatives.

The organization is encouraged to consider identifying more client outcome indicators (vs. activities and/or process ones) that are meaningful and will truly measure the impact of programs/services. As well, more specific, measurable targets would be helpful to demonstrate progress towards achieving desired goals (vs. generic increases/decreases with no concrete number attached). The integrated dashboard noted above is a very useful monitoring "at a glance" high level picture but it is important to continue to have more granular program specific objectives and data that ensure more focused attention on certain key indicators to address areas needing improvement.

The surveyors connected with many clients and families (both one on one and in a focus group) who were so appreciative of NSHSC's various services and programs. Words used to describe the organization and its staff included: passionate, committed, high quality, angels, supportive like a family, compassionate, understanding, a valuable resource, responsive etc. The stories shared were ones of being overwhelmed and alone with a recent trauma/diagnosis that left individuals and families reeling and NSHSC provided the much-needed support, education, treatment, as well as encouragement and hope. Client/family volunteers with the organization (whether on the board or a committee) were eager to give back in some way for and wanted to help make the organization and the system better for those that may need the service in the future.

Opportunities for improvement suggested by clients and families for the organization to consider include: continue to search for ways to decrease wait times for service, engage in more advocacy.

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)

An ethics team is co-lead, has been in place for about 2 years and a client representative has recently been added. The organization is a member of the Nova Scotia Health Ethics network which is an excellent resource for the team. The network provides information, networking opportunities, consultation and education/workshops. A bioethicist resource can be accessed when needed.

The ethics framework is well developed utilizing SBAR (Situation, Background, Assessment and Recommendations) methodology. An SBAR worksheet is available on SharePoint and simple instructions on how to use the worksheet and additional resources available are included. Ongoing education is provided for all staff in orientation, education sessions and included on the agenda for regional meetings which all staff can attend. Feedback from the regional meetings identified the need for more case studies to assist in the identification of ethical issues and education on the ethical issues in the organization.

The team provided many examples of ethical issues that the ethics team deals with including the review of the immunization policy, conflict of interest and reducing barriers to care through revisions to policies. The team is commended for their systematic process of prioritizing and reviewing policies with a focus on the ethical implications.

The organization is encouraged to develop pamphlets and other communication materials to reach out to clients/families.

While clinicians are familiar with the NSHSC ethics framework and process they should also become familiar with the host site's ethics framework.

Research is initiated primarily by students during their placement. NSHSC is encouraged to seek opportunities to participate in research and develop research questions that would advance the work of the organization.

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 recognizes the importance of communicating with a dispersed workforce across the province, as well as their clients, families, service partners, funders and the general public. They have an infrastructure in place to support their communications activities, i.e., the NSHSC Communications Council, which sets the plan and oversees all related activities, and two standing work groups (Public Relations and the Web). As well, they create ad hoc groups as required to deal with emerging communication issues or initiatives.

There are a number of communication policies/guidelines in place that assist staff in non-emergency and emergency situations. As well, there is a designated Privacy Officer to ensure compliance with legislation and support staff with any related issues.

They are acutely aware of the need to use different channels of communication to capture the attention of very busy staff and clinicians and make it easy for them to access important information. For example, face to face and on-line (Lync) meetings, e-mails, and regular information in the quarterly newsletter "Centre's Voice". Staff have on-line access to needed policies/procedures/forms as well as great clinical support from other point of care staff across the province with expertise in various areas, through facilitated case consultation sessions or just reaching out for support when facing a new and/or challenging client situation. In addition, the organization has a culture of best practice and ensures practitioners are consistently using evidence based pathways/treatment approaches etc. in their work. (There is a Standards and Audit Committee that leads this work.)

NSHSC has some excellent communication materials in place that are distributed internally and externally, e.g. brochures, newsletters, information booklets. They have also created materials for staff to use in their public presentations that ensure consistent messaging. In their efforts to increase the engagement of all their stakeholders, but particularly consumers of their services, they created a "Hear My Voice" feature on their website inviting comments/queries. As well, they use client feedback from surveys and are eager to engage client partners in their various committees and projects. NSHSC is interested in developing a client portal and are exploring how they can piggyback on the government's "One Person, One Record/My Health" provincial initiative rather than setting up their own. Depending on the timelines they may want to consider moving forward with their own that could eventually interface with the province's system, as government projects have been known to move slowly for a variety of reasons.

NSHSC is challenged by limited funding and infrastructure to support initiatives they are keen to make better use of, such as social media. They are long on creative ideas to raise their public profile and awareness of speech and language issues/services but short on the ability to resource and manage them.

The organization is making concerted efforts to raise not only the public's awareness of their services and how to access them but also forging and maintaining strong relationships with primary care practitioners and other referral sources and service partners. NSHSC is encouraged to source out funding that would support their interest in updating their website and making it a more interactive platform with the public.

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)

Nova Scotia Hearing and Speech Centres (NSHSC) are situated in 35 clinic sites either hospital or community based, in 24 communities' province wide both urban and rural. Overall responsibility/accountability to maintain and update the physical environment for the most part rests with the 'host' site including leased facilities. Where clinics operate in hospital settings, the hospital is responsible for maintaining the building, housekeeping etc. Sites in the community are leased and maintained is the responsibility of the landlord. Cleaning services are provided either by the landlord or contracted out by NSHSC. A facilities manager supports the site managers when necessary to follow up to obtain needed maintenance at specific sites.
The organization has back up servers for technology but other backups for essential services are managed by the hospitals or landlords.

NSHSC seeks feedback from the clients/families and clinicians to make improvements to reduce barriers to service. The Occupational Health and Safety and Risk Management Committees are in place to review and make improvements when incidents related to the physical space are reported.

The Department of Health is moving toward infrastructure lease agreements which will include performance expectations and evaluation.

Prior to making a home visit, a safety assessment is conducted. If there are concerns, they are addressed before any home visit will occur. Staff feel confident they are supported in their own safety.

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)

An all hazard disaster and emergency response plan is developed and coordinated. In hospital host sites, the hospitals disaster and emergency plans are utilized. The clinicians in the hospital follow these plans including regular emergency drills. The record of the drills, including debrief notes are forwarded to NSHSC when their clinics/staff are directly involved. Monthly fire drills are held in the hospitals host sites. Evacuation drills occur on the hospital schedule. Staff are educated on their role emergency response activities. The Occupational Health and Safety committee reviews all documentation.

All emergency response plans for each host site are organized and maintained in SharePoint. Clinics in leased sites follow the procedures for the buildings they are housed in. NSHSC conducts quarterly fire drills in all leased sites. These drills are documented, including the debriefing notes, and the results are posted on the organizations intranet.

There is an off-site work policy which includes a safety check list and safety tips for working outside the clinic in client homes. When staff go to a client's home they carry an emergency phone and they report out to team members when they leave and then back in. Staff do not go into homes if a safety check is not complete or if they feel at risk.

Each hospital clinic follows the infection prevention and control policies and procedures of their host. As well, SLP and Audiology have national infection prevention and control guidelines including the use of PPE's. Policies and procedures are reviewed by the JOHS Committee.

A business continuity plan is in place. It was utilized when a clinic site received smoke and water damage, clients and staff evacuated and then the service relocated while repairs were made. The site manager initiated the plan and was supported by the organization. A debrief was conducted when the clinic returned to their site and quality improvements were initiated.

There is an excellent communication plan in place utilizing various communication methods.

Priority Process: Patient Flow

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

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)
The organization is acutely attuned to ensuring (as best they can given limited resources) access to their programs and services across the province. They have made an effort to simplify their intake process, provide more service options for clients and families and respond to surges in demand by reallocating staff resources where they are most needed (i.e. parachuting staff into those communities with high wait lists).   One of NSHSC's key strategic directions is to improve access to and delivery of services through enhanced collaborations and partnerships. Working with partners to reduce barriers to services, exploring innovative service models and directing specialty populations/conditions to expert clinicians with these populations - all help to improve client flow and maximize use of available resources.

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	
10.8 If cleaning, disinfection, or sterilization of reusable medical devices and equipment is contracted to external providers, a written agreement or contract is maintained with each provider that outlines requirements and respective roles and responsibilities.	!
10.9 When cleaning, disinfection, or sterilization of reusable medical devices and equipment is contracted to external providers, the organization regularly monitors the quality of the services provided.	!
10.22 There is a process that allows for the tracking of medical devices associated with a sterilizer or sterilization cycle.	!
Surveyor comments on the priority process(es)	

Nova Scotia Hearing and Speech Clinics have a limited number of medical devices and equipment. Infection Prevention and Control Guidelines for Audiology and Speech-Language Pathology are contained in the IPAC manual. There are also specific cleaning instructions for each device contained on SharePoint readily available to all staff. For SLP assessment equipment has been limited to familiar objects found in patient/client rooms rather than speciality items shared between patients/clients.
There are limited reusable devises that require sterilization. The sterilization process, when required, is performed by the host hospital, but a contract is not in place. The quality of quality of the services is not formally monitored and evaluated. It is noted that a contract is in development and will contain the requirements and respective roles and responsibilities.

There is a preventative maintenance program in place. All medical devices and equipment are logged and maintenance recorded. Equipment is calibrated at each site and reports are forwarded to head office monthly. An annual preventative maintenance program is in place for all equipment and devices. The preventative maintenance program is logged and available on SharePoint. Equipment is replaced when repair is not an option.

Clinicians are consulted when new devices are being considered and training is provided, usually by the supplier.

Joint Occupational Health and Safety representatives are at each site and report back/seek guidance from their managers as needed. At one site, the JOHS representative participates on the Quality and Safety Committee for the stroke service.

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
- Infection Prevention and Control for Community-Based Organizations

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

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

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

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

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

Standards Set: Community Health Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Team goals and objectives are related to the strategic plan and operational plan. The teams are very engaged and understand the community needs in their areas. Service plans are co-designed with the client/family/patient and clinicians.

Examples of the strong collaborative inter professional practice in place at all sites was observed. For example, in host hospitals, the SLP works very closely the dietician, other team members on the patient units as well as with radiology.

Staffing levels are determined by funding available and community need. Communities/hospitals would like more resources available to serve the needs (hospitals, First Nations etc.) Clinicians can be reassigned to busier clinics if the demand/need is greater.
There are volunteers at some sites, usually self-referrals of previous clients or family members. Volunteers are required to have police checks, attend an orientation (usually 1:1).

There are some NSHSC pamphlets available but were not consistently available and some are outdated. The organization should update the pamphlets to insure they contain current information and make them available at all sites. The pamphlets could include the process to pay a compliment, make a concern or complaint and the availability of ethics resources.

Priority Process: Competency

The teams are cohesive and collaborative. Clients/patients reported that they feel part of the team at the clinics and are comfortable with all interactions. Some clients/patients/families would like more SLP and audiology services available in their communities. SLP and Audiology managers support the programs and available for advice and consultations.

Workload is monitored using data collected for indicators. Changes have been made to how the data collection is designed to obtain more accurate workload information. Clinicians are encouraged to participate in organizational committees as well as external ones. Many clinicians teach at Dalhousie University and student placements are encouraged. The connections to the university and professional bodies provide opportunities to obtain and develop best practices with their peers across the province and nationally. NSHSC encourages staff to access their funding to attend educational events and conferences.

The clinicians work to their scope of practice and when opportunities arise to enhance their scope of practice, they are encouraged and supported to do so. For example, 2 clinicians have been training with the Ear Nose and Throat (ENT) physician to conduct Fibrotic Endoscopic Evaluation Swallow (FEES) in the hospital setting. As well as expanding their scope of practice, it will also increase accessibility for the client/patient.

Clinicians are aware of the complaint and grievance procedures and the violence in the workplace policies.

Standardized assessment tools are utilized in both the clinics and hospitals. They are paper based and need to be scanned into the electronic record. This duplication will be eliminated when the electronic systems are compatible. The organization is encouraged to move forward to design electronic assessment capabilities.

It is noted that all clinicians have received Non-Violent Crisis Intervention (NVCI) training to manage behaviours and keep them safe in their environment.

Priority Process: Episode of Care

NSHSC works to reduce barriers to service for their clients/families. Barriers to service can include NSHSC policy, availability of staff, geographical location etc. A current example is a project with the First Nations community to understand the cultural, transportation, finance and geographic location to make improvements to the service available to the community. The organization has assigned .1 FTE SLP to provide education, support, interventions in groups for children, elders and fragile individuals as well as .1 FTE for home based visits for clients with autism and other medically compromised clients. Currently there are 47 active clients with a waitlist of 25 clients. The need is increasing in this community especially. There are 16 referral sources, as well as self-referral. The need for a completed case history before a clinic visit has been eliminated for this community as well as the others which has removed one barrier. Additional resources are needed from potential funding sources. This is an important project and NSHSC is a leader in making change.

Clients/families interviewed reported that through the services they or their family members have made significant gains towards achieving their service goals. In one case, the client said that the clinicians motivated her when she thought she would not get her life back. The incremental success with each visit resulted in a return to a life she enjoys each day. There are opportunities for follow up are readily available and clients are thankful for that. Service plans include education for the client and family. Information is provided on the services as well as in a publication Hear My Voice. There is a hotline to provide feedback and complaints. The organization is encouraged to post the hotline number, website address and ethics information in each clinic and on pamphlets to encourage feedback. Client surveys are conducted regularly and the results analyzed and improvements made as indicated. An example of a quality improvement initiative is the introduction of client screening in the stroke program rather than referring all strokes to SLP. This initiative has improved efficiency and increased access to the service.

NSHSC provides home visits for clients with autism and medical fragile clients. At service transitions, for example when children are transferred to the school system programs, clinicians participate in multidisciplinary transfer conferences which include the client/family. There is the capability for telehealth and tele practice across the province.

When opportunities for clients to participate in research are available, clinicians provide information to access research projects.

Priority Process: Decision Support

Standardized assessment tools are completed on paper and scanned into the electronic health record. The electronic record does not provide a true electronic health record where the data can be collected, tracked and trended over time, rather data is collected manually from assessments. It is acknowledged that the organization has a pending move to a new software supplier and that even with this new supplier, the new system is not likely to be compatible with their partners systems for a seamless electronic health record for patients/clients across the health care continuum.

Clinicians have quarterly meetings to keep informed and discuss issues impacting their practice. They often sit on organizational committees and external committees including at Dalhousie University. They have access to best practices through these connections as well as through their associations.

Quality indicators are discussed at monthly clinic meetings and with their manager as indicated.

Policies are in place for the use of email and social media.

Priority Process: Impact on Outcomes

The teams access their data to monitor, in part, caseload, waitlists, referrals, direct and indirect service delivery. The teams have monthly meetings where the data is monitored, evaluated and improvement initiatives are started. Organization wide data is provided to all teams and discussed at the quarterly meetings as well. SharePoint also contains this information. The teams are encouraged to share and celebrate the success of their improvement activities within the clinics and organization wide. The organization should consider developing data trending graphs to demonstrate the results of quality improvement initiatives over time.

To enhance the participation of clients/families in the planning, NSHSC has established a Partners in Care initiative. Partner volunteers, often former clients, are welcomed in many committees to participate in planning, policy development and on committees according to their interests. Partners in Care is in its early stages and as the initiative expands throughout the organization, additional recruitment and education on the processes will be needed.

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	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Infection Prevention and Control for Community-Based Organizations	

Each hospital site has a designated member of the Joint Occupations Health and Safety Committee (JOHS) who takes the lead to liaise with the hospitals and communities regarding infection control issues. The management co-chair of JOHS is the designated infection control lead. The teams work closely with the host hospital to stay up to date on any infection control issues at the site. The clinicians adopt and follow all policies and procedures used by the host hospital. There is good communication between the host hospital and site clinicians who also keep their manager and team informed. The health authority also emails with information on infection control issues relating to NSHSC.

Clinic sites use a screening tool during the flu season and ask clients to reschedule their appointments if they are ill. This reduces any risk of influenza transition. The screening tool also contains hand hygiene, reminders to wash objects and toys and to cough into the arm or sleeve.

All surveillance at host hospitals is conducted by the hospital and information is shared with the NSHSC teams. At one hospital, the designated JOHS is a member of the quality and safety committee for the stroke program.

All clinicians receive annual education on Personal Protective Equipment (PPE) and hand rubs by accessing online tools from NSHSC and the hospital learning management system when working from a hospital.

Housekeeping services are provided by the host hospital or the clinic site. There is no food preparation or delivery. Laundry services are provided by host hospitals only and after use is deposited into appropriate laundry bags in the patient room.
Hand hygiene audits are conducted by the host hospitals and results posted on unit bulletin boards. Self-audits have been conducted by the health authority.

An influenza vaccination policy is in place.

The organization is encouraged to formalize cleaning schedules for toys and other objects used in assessments.

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.

Canadian Patient Safety Culture Survey Tool: Community Based Version
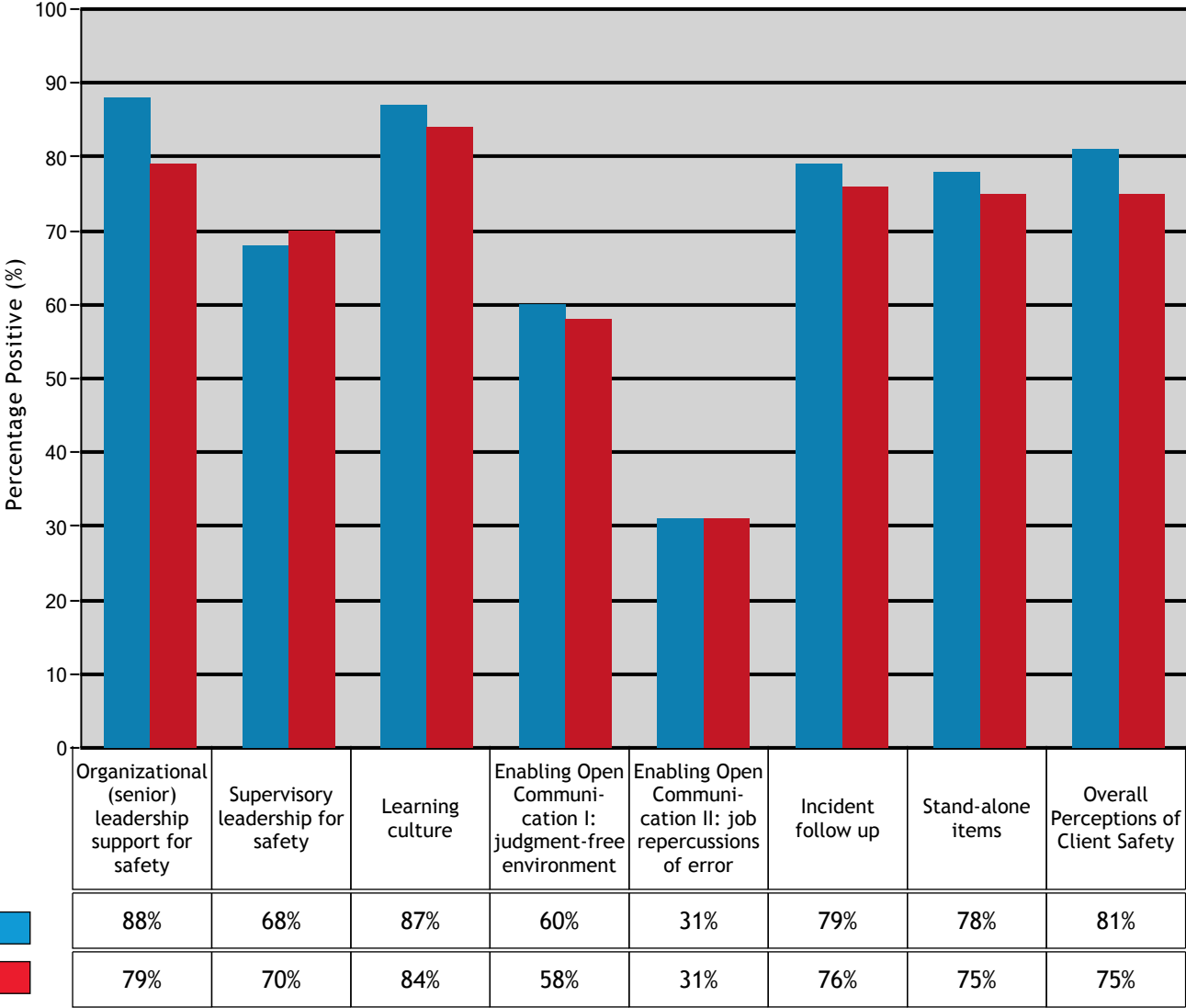
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations 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 18, 2016 to December 2, 2016**

- **Minimum responses rate (based on the number of eligible employees): 94**

- **Number of responses: 111**

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
■	88%	68%	87%	60%	31%	79%	78%	81%
■	79%	70%	84%	58%	31%	76%	75%	75%

Legend

■ Nova Scotia Hearing and Speech Centres (NSHSC)

■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2017 and agreed with the instrument items.
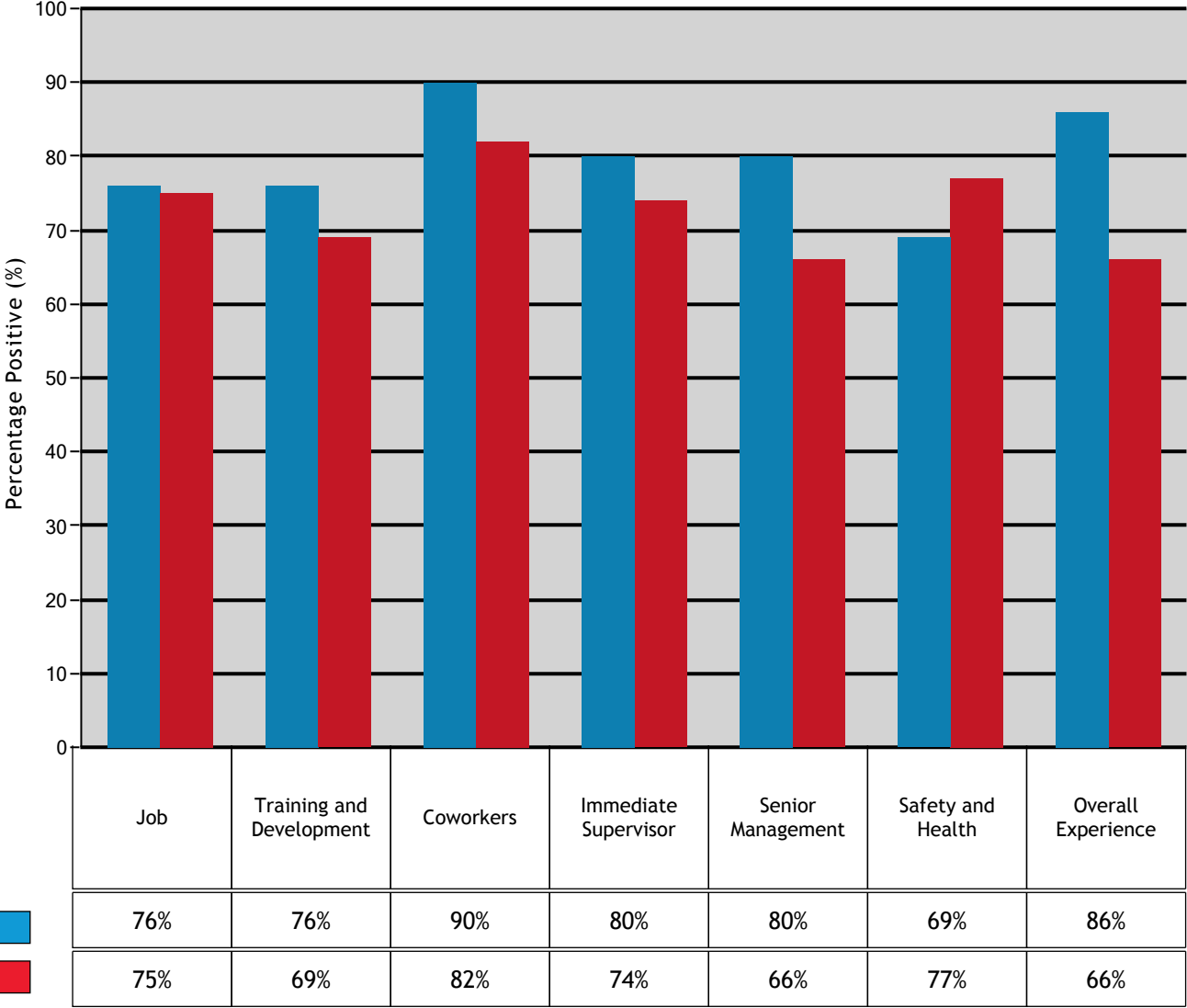
Worklife Pulse

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: March 1, 2017 to March 15, 2017**

- **Minimum responses rate (based on the number of eligible employees): 102**

- **Number of responses: 119**

Worklife Pulse: Results of Work Environment

	Job	Training and Development	Coworkers	Immediate Supervisor	Senior Management	Safety and Health	Overall Experience
■	76%	76%	90%	80%	80%	69%	86%
■	75%	69%	82%	74%	66%	77%	66%

Percentage Positive (%)

Legend

■ Nova Scotia Hearing and Speech Centres (NSHSC)

■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2017 and agreed with the instrument items.

Appendix A - Qmentum

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

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

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

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

Action Planning

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

Evidence Review and Ongoing Improvement

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

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

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

Priority processes associated with service excellence standards

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

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