



ACCREDITATION CANADA



*Driving Quality Health Services*

## Accreditation Report

**CHSLD Manoir de l'Ouest de L'Ile**  
Pierrefonds, QC

*On-site survey dates: January 15, 2012 - January 18, 2012*

*Report issued: February 24, 2012*



ACCREDITATION CANADA  
AGRÉMENT CANADA

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

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## About the Accreditation Report

CHSLD Manoir de l'Ouest de L'Île (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 January 2012. 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.

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

## 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.

*Accreditation Canada is a not-for-profit, independent organization that provides health services organizations with a rigorous and comprehensive accreditation process. We foster ongoing quality improvement based on evidence-based standards and external peer review. Accredited by the International Society for Quality in Health Care, Accreditation Canada has helped organizations strive for excellence for more than 50 years.*

### A Message from Accreditation Canada's President and CEO

On behalf of Accreditation Canada's Board and staff, I extend my sincerest congratulations to your board, your leadership team, and everyone at CHSLD Manoir de l'Ouest de L'Île on your participation in the Qmentum accreditation program. Qmentum is designed to integrate with your quality improvement program. By using it 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 instrument data that your organization has submitted. Please use the information in this report and in your online Quality Performance Roadmap to guide your quality improvement activities.

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

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

We look forward to our continued partnership.

Sincerely,



Wendy Nicklin  
President and Chief Executive Officer

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Section 1      Executive Summary

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. Organizations that are accredited by Accreditation Canada undergo a rigorous evaluation process. Following a comprehensive self-assessment, trained surveyors from accredited health organizations conduct an on-site survey to evaluate the organization's performance against Accreditation Canada's standards of excellence.

CHSLD Manoir de l'Ouest de L'Île (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. This Accreditation 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.

CHSLD Manoir de l'Ouest de L'Île 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.

1.1 Accreditation Decision

CHSLD Manoir de l'Ouest de L'Île has earned the following accreditation decision.

Accredited (Report)
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## 1.2 About the On-site Survey

- **On-site survey dates:** January 15, 2012 to January 18, 2012

- **Location**

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

- 1 CHSLD Manoir de l'Ouest de L'Île

- **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 Customized Effective Organization

***Service Excellence Standards***

- 2 Infection Prevention and Control
- 3 Long Term Care Services
- 4 Customized Managing Medications

- **Instruments**









The organization administer:

- 1 Patient Safety Culture Tool
- 2 Worklife Pulse Tool

### 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 lists the quality dimensions and shows how many of the criteria related to each dimension were rated as met, unmet, or not applicable during the on-site survey.

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Working with communities to anticipate and meet needs)	9	3	0	12
 Accessibility (Providing timely and equitable services)	14	0	0	14
 Safety (Keeping people safe)	90	9	12	111
 Worklife (Supporting wellness in the work environment)	23	3	1	27
 Client-centred Services (Putting clients and families first)	35	2	3	40
 Continuity of Services (Experiencing coordinated and seamless services)	8	0	0	8
 Effectiveness (Doing the right thing to achieve the best possible results)	74	22	6	102
 Efficiency (Making the best use of resources)	7	1	0	8
<b>Total</b>	<b>260</b>	<b>40</b>	<b>22</b>	<b>322</b>

## 1.4 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 contribute to achieving the standard as a whole.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership, while population-specific and service excellence standards address specific populations, sectors, and services. The sets of 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.

Standards Set	High Priority Criteria			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
<b>System-Wide Standards</b>									
Customized Effective Organization	46 (92%)	4 (8%)	1	12 (80%)	3 (20%)	0	58 (89%)	7 (11%)	1
<b>Service Excellence Standards</b>									
Infection Prevention and Control	36 (95%)	2 (5%)	9	32 (84%)	6 (16%)	4	68 (89%)	8 (11%)	13
Customized Managing Medications	25 (86%)	4 (14%)	5	9 (75%)	3 (25%)	0	34 (83%)	7 (17%)	5
Long Term Care Services	31 (82%)	7 (18%)	1	69 (86%)	11 (14%)	2	100 (85%)	18 (15%)	3
<b>Total</b>	<b>138 (89%)</b>	<b>17 (11%)</b>	<b>16</b>	<b>122 (84%)</b>	<b>23 (16%)</b>	<b>6</b>	<b>260 (87%)</b>	<b>40 (13%)</b>	<b>22</b>



## 1.5 Overview by Required Organizational Practices

In Qmentum, a Required Organizational Practice (ROP) is defined as 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 how the applicable ROPs were rated during the on-site survey.

Required Organizational Practice	Overall rating	Test of Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Adverse Events Disclosure (Customized Effective Organization)	Met	3 of 3	0 of 0
Adverse Events Reporting (Customized Effective Organization)	Met	1 of 1	1 of 1
Client Safety As A Strategic Priority (Customized Effective Organization)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Customized Effective Organization)	Met	1 of 1	2 of 2
Client Safety Related Prospective Analysis (Customized Effective Organization)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Long Term Care Services)	Met	2 of 2	0 of 0
Dangerous Abbreviations (Customized Managing Medications)	Unmet	4 of 4	2 of 3
Information Transfer (Long Term Care Services)	Met	2 of 2	0 of 0
Medication Reconciliation As An Organizational Priority (Customized Effective Organization)	Met	4 of 4	0 of 0
Medication Reconciliation At Admission (Long Term Care Services)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test of Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication Reconciliation at Transfer or Discharge (Long Term Care Services)	Met	4 of 4	1 of 1
Two Client Identifiers (Customized Managing Medications)	Met	1 of 1	0 of 0
Two Client Identifiers (Long Term Care Services)	Met	1 of 1	0 of 0
Verification Processes For High-Risk Activities (Long Term Care Services)	Unmet	2 of 2	0 of 1
Patient Safety Goal Area: Medication Use			
Heparin Safety (Customized Managing Medications)	Unmet	0 of 4	0 of 0
Infusion Pumps Training (Long Term Care Services)	Met	1 of 1	0 of 0
Narcotics Safety (Customized Managing Medications)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Safety Plan (Customized Effective Organization)	Met	0 of 0	2 of 2
Client Safety: Education And Training (Customized Effective Organization)	Met	1 of 1	0 of 0
Client Safety: Roles And Responsibilities (Customized Effective Organization)	Met	1 of 1	2 of 2
Preventive Maintenance Program (Customized Effective Organization)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Customized Effective Organization)	Met	5 of 5	3 of 3

Required Organizational Practice	Overall rating	Test of Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Hand Hygiene Audit (Infection Prevention and Control)	Met	1 of 1	2 of 2
Hand Hygiene Education And Training (Infection Prevention and Control)	Met	2 of 2	0 of 0
Infection Control Guidelines (Infection Prevention and Control)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control)	Met	1 of 1	3 of 3
Influenza Vaccine (Infection Prevention and Control)	Met	3 of 3	0 of 0
Pneumococcal Vaccine (Long Term Care Services)	Met	2 of 2	0 of 0
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Long Term Care Services)	Unmet	3 of 3	1 of 2
Patient Safety Goal Area: Risk Assessment			
Pressure Ulcer Prevention (Long Term Care Services)	Unmet	3 of 3	1 of 2

## 1.6 Summary of Surveyor Team Observations

During the on-site survey, the surveyor team made the following observations about the organization's overall strengths, opportunities for improvement, and challenges.

### SURVEYOR TEAM OBSERVATIONS

This is the first full accreditation survey for the CHSLD Manoir de L'Ouest d L'Ile following a primer survey in January, 2010 and a primer focused visit in June, 2010. The organization has invested time and effort to understand the accreditation process and make changes to respect the accreditation standards. The result of this effort is impressive considering the many processes that required implementation over a two year period. The organization is presently operating 63 beds with 53 beds being transition beds contracted by the l'Agence de santé et de services sociaux de Montréal. As a result of the volume of transition beds, the average length of stay of the residents is six months. This situation puts a great deal of strain on the clinical team whose members are continuously in the process of evaluating and planning and adjusting to change.

#### Leadership

This Centre has been owned and run by the same family for the past 26 years. The general director is presently the youngest son in the family with support being provided by his parents. The other members of the leadership team have been in place throughout the accreditation preparation process. The leadership team is proud of all it has accomplished in preparation for the accreditation survey. The team remains committed to continuously improving the quality of care and services offered in the Centre. A strategic plan is in place with organization-wide operational objectives identified.

#### Community and Community partnerships

The creating and maintaining of strong community partnerships is identified as a priority in the Strategic Plan, 2012-2015. Principal partners include l'Agence de santé et de services sociaux de Montréal and the CSSS de l'Ouest de L'Ile. The organization is encouraged to continue with plans to increase the visibility of the Centre in the community and to share information with the community on the services it has to offer.

#### Staffing and Work Life

There is a caring, dedicated staff in place with many having worked in the Centre for over 10 years. The staff express a sincere interest in caring for the elderly and many have chosen to continue to work in the Centre because of the personalized approach to care that is valued by the organization.

The recruitment of part-time nurses as well as part time auxiliary service providers such as physio-therapists and occupational therapists is a challenge for this organization.

#### Delivery of Care and Services

Many education activities on various themes associated with delivering safe and effective care are offered to the clinical team. Many required organisational practices (ROP) have been put into place with the objective of assuring safe care and services. Efforts are made to continuously improve the quality of all services.

Considering the turnover of the clients in this Centre due to the number of transition beds, it is important that adequate support is provided to the care team.

### Client Satisfaction

Clients and family members met during the survey express their satisfaction with the care and services offered by this organization. An active Users Committee is in place and meets on a regular basis to discuss family and resident's concerns and to make suggestions to the leadership team on possible quality improvement projects.

## Section 2 Detailed Required Organizational Practices Results

This section gives more information about unmet ROPs. It shows the patient safety goal area into which the ROP falls, the requirements of the ROP, and the set of standards where it can be found.

The patient safety goal areas are safety culture, communication, medication use, worklife/workforce, infection control, and risk assessment.

Unmet Required Organizational Practice	Standards Set
<b>Patient Safety Goal Area: Communication</b>	
<b>Verification Processes For High-Risk Activities</b> The team implements verification processes and other checking systems for high-risk activities.	<ul style="list-style-type: none"> <li>Long Term Care Services 16.5</li> </ul>
<b>Dangerous Abbreviations</b> The organization has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the organization.	<ul style="list-style-type: none"> <li>Customized Managing Medications 1.10</li> </ul>
<b>Patient Safety Goal Area: Medication Use</b>	
<b>Heparin Safety</b> The organization evaluates and limits the availability of heparin products and has removed high-dose formats.	<ul style="list-style-type: none"> <li>Customized Managing Medications 1.6</li> </ul>
<b>Patient Safety Goal Area: Falls Prevention</b>	
<b>Falls Prevention Strategy</b> The team implements and evaluates a falls prevention strategy to minimize client injury from falls.	<ul style="list-style-type: none"> <li>Long Term Care Services 16.2</li> </ul>
<b>Patient Safety Goal Area: Risk Assessment</b>	
<b>Pressure Ulcer Prevention</b> The organization assesses each client's risk for developing a pressure ulcer and implements interventions to prevent pressure ulcer development.	<ul style="list-style-type: none"> <li>Long Term Care Services 8.4</li> </ul>

Section 3 Detailed On-site Survey Results

This section shows detailed on-site results. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary.

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 considers criteria from different sets of standards that each 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
-  Required Organizational Practice
- MAJOR** Major ROP Test for Compliance
- MINOR** Minor ROP Test for Compliance

### 3.1 Priority Process Results for System-wide Standards

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

Some priority processes in this section also apply to the service excellence standards. Where there are unmet criteria that also relate to services, those results should be shared with the relevant team.

#### 3.1.1 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 mission statement and values of the organization are known by the staff, clients and families. Excellent information on the organization is made available at the time of admission. Ongoing information is provided by an electronic screen at the entrance of the Centre as well as in the nursing station.

Information on client volumes and referral patterns is collected and this information is used in determining the priorities of the Centre. Consolidating partnerships with l'Agence de Montréal and with the CSSS de l'Ouest de l'Île has been a priority of the leadership team in order to remain aware of ongoing changes in community needs as well as to be informed of regional priorities. Although there has been great progress in this area, the leadership team is encouraged to further establish community partnerships.

A strategic plan has been developed by the organization with goals identified for the period 2012-2015. An operation plan is also available with specific actions to be taken. Remaining to be developed are operational plans by sector which reflect the main goals set for the organisation. This includes the development of specific, yearly objectives including quality improvement objectives, for nursing, human resources, recreation, housekeeping, emergency measures, dietary, etc. These plans should be reviewed and developed on an annual basis with specific, measurable indicators to be used to assist in determining the level of progress in achieving the objectives. An annual report presenting the achievements of each of sectors would assist the organization in the communication of its successes and challenges to staff, clients and partners.

The responsibility for the management of the finances of the organization is clearly defined. Requirements for managing the financial resources of the Centre and for the production of financial reports are met.



### 3.1.2 Priority Process: Human Capital

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

Unmet Criteria	High Priority Criteria
<b>Standards Set: Customized Effective Organization</b>	
6.5 The organization's leaders evaluate team members' stress and fatigue levels.	
<b>Surveyor comments on the priority process(es)</b>	
<p>The organization has recently developed a series of human resource policies and procedures which touch on workplace issues. Policies and procedures pertaining to the prevention of conflicts of interest are included . This information is made available to staff who have access to the Human Resource binder. It is important however, that the staff be made aware of the information that is available in the various policies and procedures.</p> <p>The organization is commended for the attention that it gives to the recruitment and retention of staff. Several members of the personnel have received recognition for past experience and education and are given opportunities to develop and to progress in the organization. Recruitment of part time nurses, occupational and physiotherapists remains a challenge. The organization is commended for having completed an employee retirement year forecast giving information on the number of persons retiring in a given year.</p> <p>The files examined during the survey process are complete and contain required information in an orderly fashion.</p> <p>An occupational health and safety policy is in place. It is suggested that specific guidelines concerning absence from work and return to work as a result of an infection be developed in collaboration with the infection prevention and control team.</p> <p>Strategies on the prevention of workplace violence have to date been centred on the prevention of acts of violence by residents against other residents and against staff. It is recommended that a more comprehensive approach to the prevention of workplace violence be used to include the prevention of other types of violence such as bullying, threats, intimidation and harassment.</p> <p>Educational sessions are offered to staff, many in the form of capsules of information. What remains to be developed is a human resource development plan which identifies on a yearly basis, those educational activities which are required, and those educational activities which have been prioritized for a given year.</p> <p>Efforts made by the organization to revise job descriptions to so that each includes the level of responsibility of the staff member in assuring client safety are recognized .</p>	

### 3.1.3 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	High Priority Criteria
<b>Standards Set: Customized Effective Organization</b>	
9.1 The organization has standardized procedures for collecting, entering, using, and recording information.	!
11.1 The organization has designated a person or team responsible for quality improvement.	
11.2 The organization has a quality improvement plan.	
11.3 The organization monitors the progress and achievement of the quality improvement plan.	!
<b>Surveyor comments on the priority process(es)</b>	

A strategic plan for 2011-2015 has been developed by the organization which includes measurable long-term goals and objectives for the organization. Client safety is included as one of the strategic priorities. It is important that on a yearly basis, an annual report is prepared describing the progress made in reaching the goals and objectives outlined in the strategic plan. This report should be shared with partners, staff, families and residents.

Quarterly reports on client safety are presented to the Risk Management Committee since the organization does not have a governing body. The committee meets monthly and discusses trends and issues pertaining to resident safety. Improvements made following incidents and accidents are shared with committee members. Recommendations are made as necessary. Policies and procedures pertaining to the reporting of incidents, accidents and sentinel events are in place. A formal and open policy and procedure for disclosure of adverse events has been developed. It is important that staff members are informed of these policies and procedures and understand their individual roles and responsibilities.

Although there is a commitment to continuous quality improvement throughout the organization, a comprehensive quality improvement plan is not in place nor has an individual or team been designated responsible for quality improvement. The organization is encouraged to enlarge the role of the Risk Management Team to include the mandate to monitor and receive reports on quality improvement objectives and initiatives from the various sectors in the organization. It should be a role of the committee as well to recognize the many quality improvement initiatives regularly taking place and to promote further initiatives. Two of the excellent quality improvement projects include the new pager system project which resulted from a suggestion by the Users Committee to reduce noise in the Centre and the installation of the electronic panels to provide ongoing education and information to staff, residents and families.

### 3.1.4 Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems

Unmet Criteria	High Priority Criteria
<b>Standards Set: Customized Effective Organization</b>	
9.4 The organization regularly assesses the usefulness of its data and information and makes improvements to its information systems.	!
<b>Surveyor comments on the priority process(es)</b>	
<p>The organization have developed an ethic framework. Education was offered to all staff. The staff are in the process of integrating the ethics framework within their practice. The organization is encouraged to consider offering in-services on how to identify and address ethics-related issues.</p> <p>The code of ethics is given to families upon admission. It is also visible upon entry to the Manor.</p> <p>The organization needs to develop a formal process to assess the usefulness of the data and information received. This will help them make improvements on existing programs.</p>	

3.1.5 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)
<p>The physical environment is bright, clean, well maintained with adequate space to provide safe care and services. The walls are decorated with painting which provides a homelike environment. The furniture and equipment addresses the needs of the resident and the staff.</p> <p>The building is well ventilated, no odours were noted. The organization restricts access to high-risk areas and labels are on the doors. Technical and material safety sheets were present in these areas.</p>

### 3.1.6 Priority Process: Emergency Preparedness

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

Unmet Criteria	High Priority Criteria
<b>Standards Set: Infection Prevention and Control</b>	
14.8 The organization reviews its policies and procedures regularly, and following each outbreak, and makes improvements as needed.	
<b>Surveyor comments on the priority process(es)</b>	
<p>The organization has emergency measures that addresses disasters and emergencies. The emergency measures include the necessary policies and procedures. The emergency codes are included on each identification card. The organization now has to ensure that the same language is used for all documentation, since, at the present time two separate systems are in place. A policy and procedure for medical emergencies (code blue) needs to be formalized and implemented. Education has been offered to the staff on the codes.</p> <p>The organization should clearly identify responsibilities and a chain of command for emergency response. When the emergency indicates that staff be contacted quickly, It would be a good idea to develop a telephone fan out sheet. The sheet should indicate contact names and telephone numbers. Mock drills on general emergency response time should be done.</p> <p>The organization is prepared for an evacuation. Mock drills are done on average annually with the participation of the firer department. All residents are assessed for mobility. The mobility colour codes are identified at the residents doors.</p> <p>The policies and procedures for identifying and managing outbreaks and pandemics are available. The organization needs to formalize the evaluation of these policies and procedures following each outbreak. The evaluation should include recommendations.</p> <p>The organization needs to develop an annual operational plan for emergency preparedness.</p>	

### 3.1.7 Priority Process: Medical Devices and Equipment

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

Unmet Criteria	High Priority Criteria
<b>Standards Set: Customized Effective Organization</b>	
8.3 The organization follows a schedule for upgrading and replacing medical devices and equipment.	!
<b>Surveyor comments on the priority process(es)</b>	

An informal process is in place for selecting medical devices and equipment but it is not written and has not been formalized. Encouragement is given to develop a written procedure which includes identifying the various steps in the process as well as identifying those who have a role to play in the selection process.

A list of all medical equipment presently in use in the Centre is available. On a weekly basis, each piece of equipment is checked according to an established procedure to make sure that it is in good working order. At the same time, each item is disinfected also according to a specific procedure. A log is kept indicating that the procedures have been followed. Quarterly spot checks on medical equipment are also carried out and results of the checks are logged. There are no sterilization procedures carried out in this organization and there are no medical instruments reprocessed.

A preventive maintenance program is also in place for equipment and systems other than medical equipment. An inspection calendar has been developed and responsibility for the control of the inspections has been determined.

## 3.2 Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

### Clinical Leadership

- Providing leadership and direction to teams providing services

### Competency

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

### Episode of Care

- 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


### Medication Management


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

### Infection Prevention and Control

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

### 3.2.1 Standards Set: Customized Managing Medications

Unmet Criteria		High Priority Criteria
Priority Process: Medication Management		
1.6	The organization evaluates and limits the availability of heparin products and has removed high-dose formats.	
1.6.1	The organization has completed an audit of unfractionated and low molecular weight heparin storage in all patient care areas.	MAJOR
1.6.2	The audit includes a review of products and quantities stored, assessment of the intended use for each heparin product stored (alignment with evidence-based guidelines), and identification of unnecessary products to be removed.	MAJOR

1.6.3	The organization has removed high-dose formats of unfractionated heparin products (50,000 unit total drug quantity) from patient care areas, i.e. 10,000 units/ml in 5ml vials and 25,000 units/ml in 2ml vials.	MAJOR
1.6.4	The organization has reviewed and reduced, where possible, availability of the following unfractionated heparin products in patient care areas, i.e. 10,000 units/ml in 1ml vials and 1,000 units/ml in 10ml vials.	MAJOR
1.10	The organization has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the organization.	
1.10.7	The organization audits compliance with the Do Not Use List and implements process changes based on identified issues.	MINOR
3.2	Prior to the initial dose, and when the dosage is adjusted, team members inform the client and family about the recommended medication therapy and potential reactions.	!
8.6	The organization provides staff with regular feedback about adverse drug events, hazardous situations, and risk reduction strategies.	!
9.3	The organization regularly monitors adherence to its policies and procedures for medications.	
9.4	The organization monitors medication use with an ongoing medication utilization review.	
9.5	Based on the data collected and analyzed, the organization identifies and addresses areas for improvement.	

## Surveyor comments on the priority process(es)

### Priority Process: Medication Management

The organization does have a medication policy and procedure for the usage of heparin products. Nursing and Pharmacy need to develop a medication high alert list. The list should include the limits of availability of heparin products and other high risk products.

A policy and procedure pertaining to the use of and availability of narcotics needs to be developed in collaboration with the pharmacist. Also required, are guidelines pertaining to the administration and monitoring effects when narcotics are started or when there is a change of dosage.

The organization needs to regularly monitor adherence to its policy and procedures for medication.

The organization could benefit in implementing a medication review committee. The committee could identify which medication data needs to be collected, analyse it and make recommendations.



## 3.2.2 Standards Set: Infection Prevention and Control

Unmet Criteria	High Priority Criteria
<b>Priority Process: Infection Prevention and Control</b>	
1.6 The organization shares trends in infections and significant findings with other organizations, public health agencies, and the community.	
2.2 The organization collaborates with its partners to engage the community in infection prevention and control initiatives and activities, including hand hygiene initiatives, education, and awareness campaigns.	
2.3 The organization regularly evaluates its partnerships and develops new partnerships based on gaps, community needs, and emerging trends.	
4.3 Each policy and procedure includes up-to-date references to research and best practice in infection prevention and control.	
7.3 Information provided to clients and families is documented in the client record.	!
8.4 The organization follows national and Occupational Health and Safety guidelines on work restrictions for staff, service providers, or volunteers with transmissible infections.	!
12.7 The organization verifies the concentration of its disinfectants daily using appropriate test strips, and disposes of disinfectants that are more than two weeks old, even if the concentration is verified.	

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

#### Priority Process: Infection Prevention and Control

A competent nurse has been assigned the responsibility to maintain a secure environment for the residents living in this Centre. Additionally, she is responsible for the development, the supervision and the follow up of policies and procedures related to infection control.

Certain elements of an infection prevention and control program are in place including the tracking of infection rates. Quarterly updates on clusters, outbreaks and trends are presented to a Risk Management Committee which analyses results and makes recommendations. Binders have been developed with information on the various types of infections and guidelines to assist staff in the identification of infections and the measures to take to prevent the transmission of organisms. It is important that procedures be developed for the identification of upper respiratory track infections as well as guidelines to be followed to prevent further outbreaks. The approach used for identifying and controlling gastrointestinal outbreaks could be used as a guide.

Education on infection, prevention and control (IPAC) is a priority for this Centre and in particular on hand washing hygiene. Staff, families and clients are provided with information on hand washing and on ways to prevent the spread of illness. Audit checks are regularly conducted and results are communicated to the Risk

Management Committee and to the staff.

An excellent procedure has been developed for the disinfection on a daily basis of all shared medical devices such as blood pressure machines, glucometre machines, lifts, etc. Audits are conducted to assure that these procedures are carried according to guidelines.

The environment is clean, housekeeping staff is aware of the tasks to be completed and schedules are clearly developed. Routine checks and audits are conducted by the person responsible for the environment. Guidelines on the handling of contaminated linen and materials have been developed and are known by the staff. Specific policies and procedures on cleaning in the Centre remain to be developed. An example of a policy to be developed is the process followed when selecting disinfectants including the involvement of IPAC staff in the selection process.

In order that the infection, prevention and control activities are regularly evaluated and revised , annual plans on what is to be accomplished in the coming year with specific objectives and identified responsibilities would assure that the IPAC program is complete and up to date.

Encouragement is given to further develop partnerships with other organizations and with Public Health in order to assure that only the most recent approaches to IPAC are followed. Encouragement is also given to provide ongoing education opportunities to the IPAC nurse in order to assist her in maintaining her level of competency.

### 3.2.3 Standards Set: Long Term Care Services

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
2.1 The team works together to develop goals and objectives.	
2.2 The team's goals and objectives for its long term care services are measurable and specific.	
<b>Priority Process: Competency</b>	
3.3 The organization encourages all team members to develop skills to improve the interdisciplinary approach and overall team functioning.	
3.6 The interdisciplinary team communicates regularly to coordinate services, roles, and responsibilities.	!
3.7 The interdisciplinary team follows a formal process to regularly evaluate its functioning, identify priorities for action, and make improvements.	
4.10 The team monitors and meets each team member's ongoing education, training, and development needs.	
<b>Priority Process: Episode of Care</b>	
8.3 The client's service plan includes strategies to manage pain and other symptoms.	
8.4 The organization assesses each client's risk for developing a pressure ulcer and implements interventions to prevent pressure ulcer development. 8.4.5 The organization monitors its success in preventing the development of pressure ulcers and makes improvements to its prevention strategies and processes.	ROP MINOR
10.10 The team provides clients and families with access to emotional support and counselling.	
10.12 The team follows the organization's process to identify, address, and record all ethics-related issues.	!
<b>Priority Process: Decision Support</b>	
15.1 The organization has a process to select evidence-based guidelines for long term care services.	!
15.2 The team reviews its guidelines to make sure they are up-to-date and reflect current research and best practice information.	!

- 15.3 The team's process includes seeking input from staff and service providers about the applicability of the guidelines and their ease of use.

## Priority Process: Impact on Outcomes

- 15.5 The team shares benchmark and best practice information with its partners and other organizations.

- 16.2 The team implements and evaluates a falls prevention strategy to minimize client injury from falls.

- 16.2.5 The team uses the evaluation information to make improvements to its falls prevention strategy.



MINOR

- 16.5 The team implements verification processes and other checking systems for high-risk activities.

- 16.5.3 The team evaluates the verification processes and uses information to make improvements.



MINOR

- 17.3 The team compares its results with other similar interventions, programs, or organizations.

- 17.4 The team uses the information it collects about the quality of its services to identify successes and opportunities for improvement, and makes improvements in a timely way.

## Surveyor comments on the priority process(es)

### Priority Process: Clinical Leadership

A strategic plan has been developed by the organization with goals identified for the period 2012-2015. An operational plan is also available with specific actions to be taken. Remaining to be developed are operational plans by sector which reflect the main goals set by the organization. This includes specific yearly objectives for long term care, nursing, recreation, dietary etc. These operational plans should be developed with staff and reviewed on an annual basis with specific, measurable indicators. Presently, the clinical teams have selected a priority goal and objectives for fall prevention. This goal and objectives are linked to the strategic plan.

The team supports student and volunteer placement. Volunteers participate in the recreational activities with the residents. Encouragement is required to integrate more volunteers and students within the offered services.

### Priority Process: Competency

The organization needs to formalize the interdisciplinary approach to care. A training to improve the interdisciplinary approach and team functioning should be offered to the team members. The functioning of the interdisciplinary team should be evaluated annually. The team should identify priorities and a plan for improvement.

The interdisciplinary team meet regularly with resident and/or family. It is noted that frequently the team is incomplete. Nursing is present, but few representation from other disciplines participate due to lack of availability. The organization is encourage to ensure liberation of staff such as the recreation educator, aides

etc. Other communication mechanisms such as telephone conferences may-be used to increase participation of Pharmacist and MD.

Performance evaluations are done for all staff. They should clearly state when specific educational needs are required for an individual.

Clinical teams have received education and training within the pass year. Monitoring of attendance to the training requires a structured follow-up. It is suggested, to evaluate percentage of attendance to the training to develop a three year operational plan for education of staff. The operational plan could include different means to reach staff. An example could be to videotape the training.

Team meeting are held every two weeks. To promote communication the team meeting could be formalized and posted for everyone to read.

## Priority Process: Episode of Care

The organization has regular discussions with l'Agence de Montréal regarding potential admissions. The discussions facilitate the appropriate placement and services.

The pain assessment tool is in place. This needs to be further developed to include strategies to manage pain. Strategies may include opioids along with physical, behavioural and psychological interventions. The revised pain management should also include best practice to manage pain in end of life.

The organization has a policy and procedure on wound management. The team monitors it's success in preventing the development of pressure ulcers. They now need to assess the results and develop an operational plan to make improvements to its prevention strategies and processes.

The policy and procedure for restraints is implemented. Audits are done regularly, the use of restraints have decreased. An operational plan needs to be developed.

The residents and families are provided with opportunities to access spiritual and cultural activities. The team needs to develop a formal access to emotional support and counselling. This service can be offered to families having difficulty coping with residents health related issues or for severe bereavement issues. It is suggested to link with external partners such as the CSSS who offer psychological services.

The staff can request liberation to attend the funeral service of a resident to help the remaining residents acknowledge and grieve their lost. The organization is encourage to put in place a memorial service to honour the departed residents. The memorial service can be held a few times per year with the participation of the families, staff and residents.

The organization have developed an ethic framework. Education was offered to all staff. The staff are in the process of integrating the ethics framework within their practice. The organization is encouraged to consider offering in-services on how to identify and address ethics-related issues.

Recreational activities are offered seven days a week. The organization is in process of evaluating the possibility to offer recreational activities in the evening.

The Team encourages residents and their families to express their food preferences. The rotation of the menu is every six weeks with punctual modifications. The food is of good quality and cooked in house.

## Priority Process: Decision Support

The organization have policies and procedures which require revision. A standardized revision process needs to be developed. The process would ensure all policies, procedures and/or guidelines are reviewed with regularity to reflect current best practice and research.

## Priority Process: Impact on Outcomes

The fall prevention program is in place. The residents are assessed regularly according to standard. The high risk residents are identified. Regular monitoring of the falls is noted. An operational plan needs to be developed with specific, measurable indicators to assist in determining the level of progress in achieving the objectives. Education was offered to the staff.

The organization has implemented verification processes for high risk activities. The team need to evaluate if the processes are adequate and use the information to make improvements.

The team collects information about the quality of the services. Operational plans by sector need to be developed annually. The organization presently does not formally prioritize areas of improvement based on criteria such as high risk, high volume and cost.

## Section 4 Instrument Results

As part of Qmentum, client organizations administer instruments. Instruments (or tools) are surveys related to areas such as governance, patient safety culture, and quality of worklife. They are completed by a representative sample of clients, staff, senior leaders, board members, and other stakeholders.

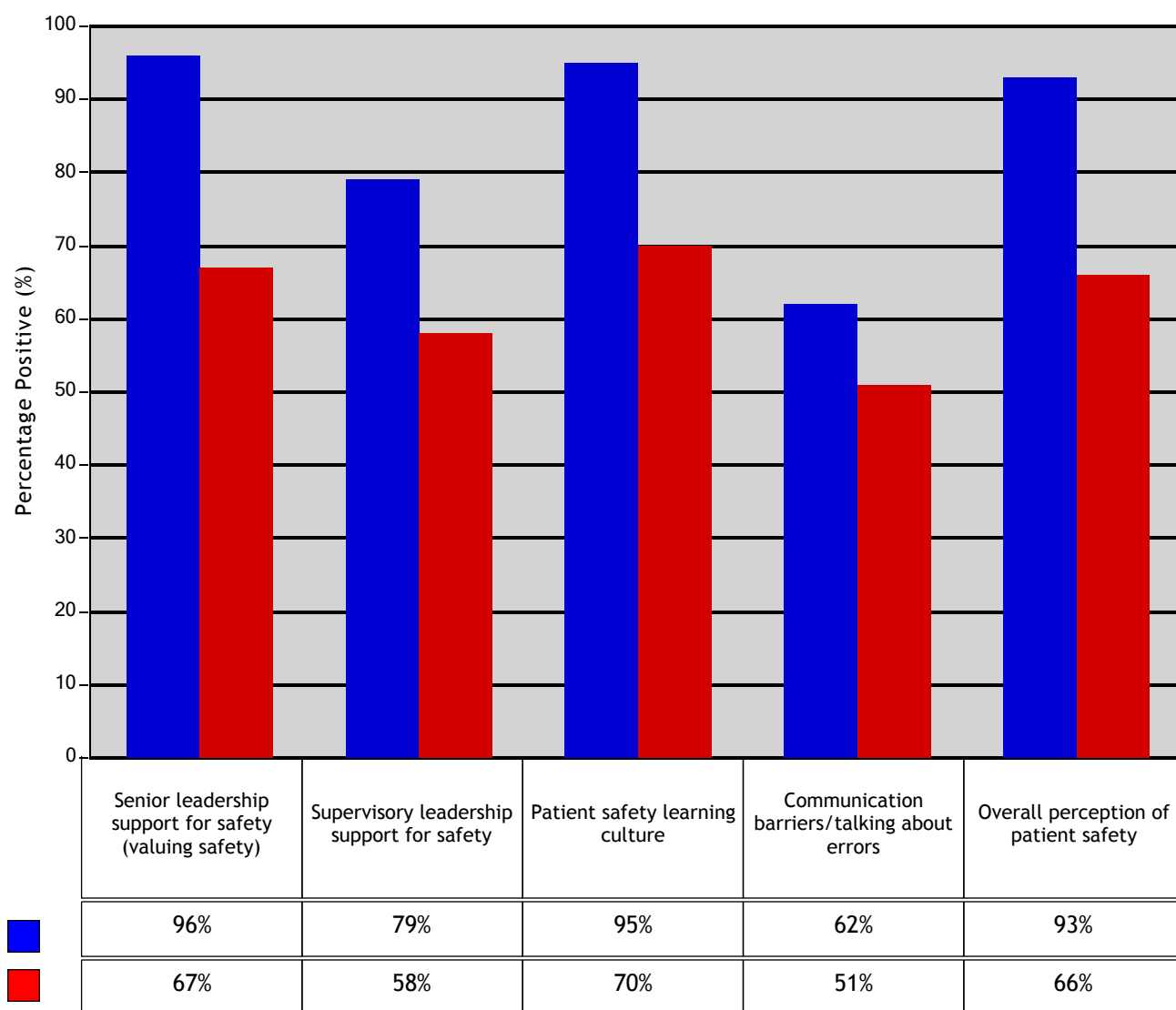
### 4.1 Patient Safety Culture Tool

The Patient Safety Culture Tool provides insight into staff perceptions of patient safety, allowing 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 Quality Performance Roadmap on 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: October 21, 2011 to October 28, 2011
- Minimum response rate (based on the number of employees): 53
- Number of respondents: 58

## Patient Safety Culture: Results by Patient Safety Culture Dimension



### Legend

- CHSLD Manoir de l'Ouest de L'Île
- \* Canadian Average

\*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2011 and agreed with the instrument items.



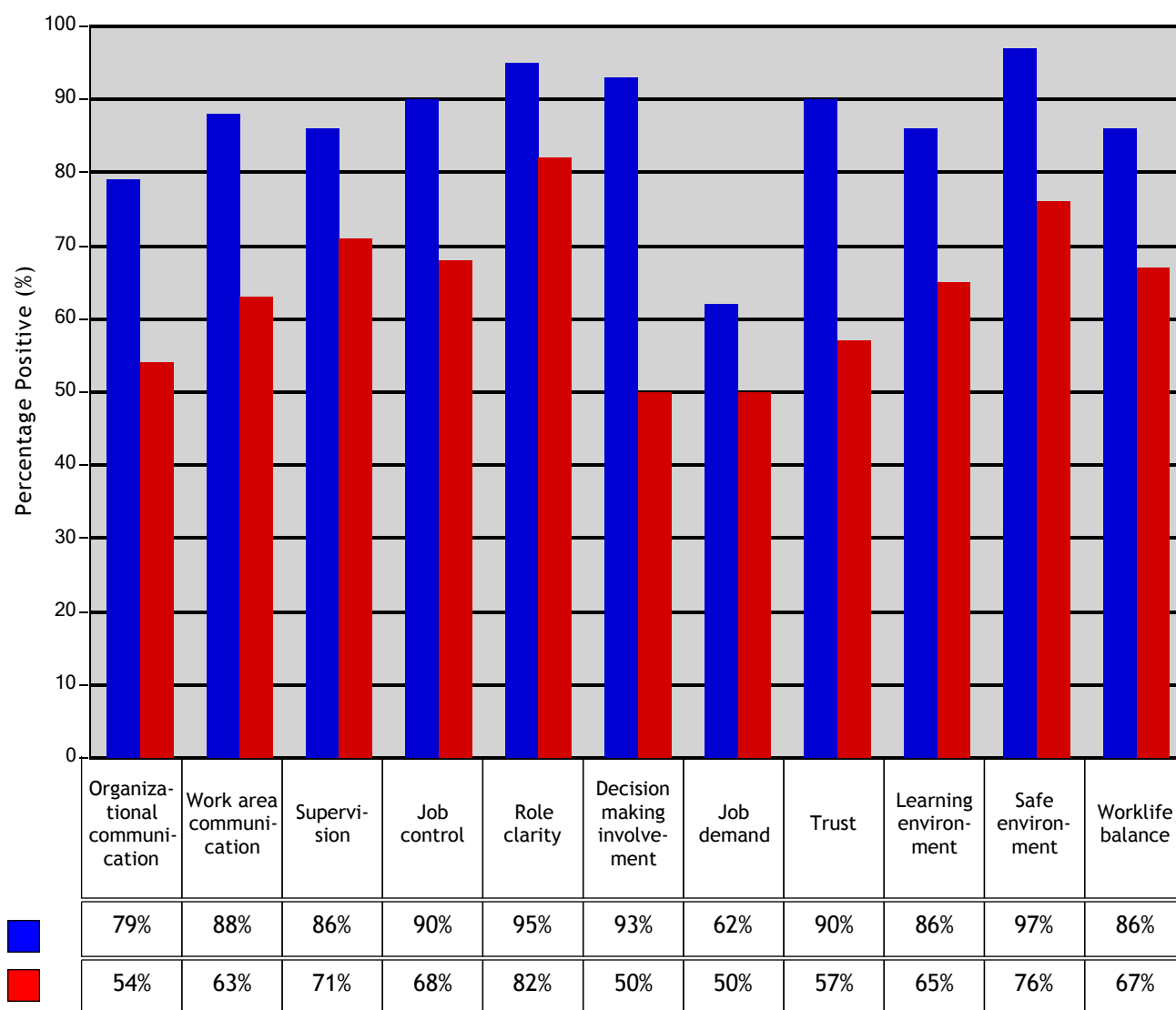
## 4.2 Worklife Pulse Tool

The Worklife Pulse Tool enables organizations to take the “pulse” of the quality of worklife by monitoring staff perceptions of various aspects of worklife, such as on-the-job communication, staff health and well-being, and job satisfaction. It collects information related to 11 aspects of the work environment that are known to contribute to individual quality of worklife and organizational performance.

Accreditation Canada provided the organization with detailed results from its Worklife Pulse Tool prior to the on-site survey, through the Quality Performance Roadmap on 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: October 21, 2011 to October 28, 2011**
- **Minimum response rate (based on the number of employees): 53**
- **Number of respondents: 58**

## Worklife Pulse Tool: Results of Work Environment



### Legend

- CHSLD Manoir de l'Ouest de L'Île
- \* Canadian Average

\*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2011 and agreed with the instrument items.

## Section 5 Organization's Commentary

After the on-site survey, the organization was invited provide comments to be included in this report about its experience with Qmentum and the accreditation process.

We were pleased with the findings in the report, even though there were few elements that did not apply to us but later on clarified. The findings clearly identify our success and challenges and will help us better standardize our organization.

Since our 2010 visit, we have worked hard to bring changes and improvements to our organization and we have come a long way. Accreditation Canada guidelines helped us reduce risk and put in place employee guidelines, thus creating a synergy that brought us to a higher level of quality of services offered to our clientele.

We have an action plan and are closely reviewing and dividing tasks amongst all departments. We are preparing a working plan which will help the organization and it's departments to improve on elements concerning each department. Some short term plans include Heparin audits, upper respiratory infection control, emergency codes. Our long term plan is to have a separate working plan for each department and to follow up and incorporate it to form our main action plan.

## 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 three-year cycle, Accreditation Canada provides ongoing liaison and support to help the organization address issues, action plan, 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 conditions.

### 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
Human Capital	Developing the human resource capacity to deliver safe, high quality services
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served
Principle-based Care and Decision Making	Identifying and making decisions about ethical dilemmas and problems
Resource Management	Monitoring, administering, and integrating activities related to the allocation and use of resources

### Priority processes associated with population-specific standards

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

## Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and direction to teams providing services
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services
Decision Support	Using information, research, data, and technology to support management and clinical decision making
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	Providing clients with coordinated services from their first encounter with a health care provider through their last contact related to their health issue
Episode of Care - Primary Care	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Impact on Outcomes	Identifying and monitoring process and outcome measures to evaluate and improve service quality and client outcomes
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ Donation	Providing organ donation services for deceased donors and their families, including identifying potential donors, approaching families, and recovering organs
Organ Donation (Living)	Providing organ donation services for living donors, including supporting potential donors to make informed decisions, conducting donor suitability testing, and carrying out donation procedures
Organ Transplant	Providing organ transplant services, from initial assessment of transplant candidates to providing follow-up care to recipients
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems

Priority Process	Description
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge