



ACCREDITATION CANADA



Driving Quality Health Services

Executive Summary

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

Accredited by ISQua

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 Executive Summary is part of the Accreditation Report, but can also be used as a stand-alone document to inform stakeholders. It shows your accreditation decision and highlights some of your accreditation activities and on-site survey results.

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.



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)

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

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
Total	260	40	22	322

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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
System-Wide Standards									
Customized Effective Organization	46 (92%)	4 (8%)	1	12 (80%)	3 (20%)	0	58 (89%)	7 (11%)	1
Service Excellence Standards									
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
Total	138 (89%)	17 (11%)	16	122 (84%)	23 (16%)	6	260 (87%)	40 (13%)	22

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.