ACCREDITATION
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CANADA
Qmentum

Accreditation Report

Interior Health Authority

Kelowna, BC

On-site survey dates: October 27, 2019 - November 1, 2019

Report issued: February 27, 2020

About the Accreditation Report

Interior Health Authority (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 2019. 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

Interior Health Authority (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

Interior Health Authority's accreditation decision continues to be:

Accredited (Report)

About the On-site Survey

- **On-site survey dates: October 27, 2019 to November 1, 2019**

- **Locations**

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

  1. Community Health and Services Centre (CHSC)
  2. Kelowna General Hospital
  3. Penticton Regional Hospital
  4. Royal Inland Hospital
  5. Shuswap Lake General Hospital
  6. Vernon Jubilee Hospital

- **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
  3. Leadership
  4. Medication Management Standards

  Population-specific Standards

  5. Population Health and Wellness

- **Instruments**

  The organization administered:

  1. Canadian Patient Safety Culture Survey Tool
  2. Governance Functioning Tool (2016)
  3. 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)	38	1	0	39
Accessibility (Give me timely and equitable services)	10	0	0	10
Safety (Keep me safe)	134	1	22	157
Worklife (Take care of those who take care of me)	49	1	0	50
Client-centred Services (Partner with me and my family in our care)	33	2	1	36
Continuity (Coordinate my care across the continuum)	2	0	0	2
Appropriateness (Do the right thing to achieve the best results)	197	6	17	220
Efficiency (Make the best use of resources)	23	0	0	23
Total	**486**	**11**	**40**	**537**

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	47 (95.9%)	2 (4.1%)	1	32 (97.0%)	1 (3.0%)	3	79 (96.3%)	3 (3.7%)	4
Leadership	50 (100.0%)	0 (0.0%)	0	94 (97.9%)	2 (2.1%)	0	144 (98.6%)	2 (1.4%)	0
Infection Prevention and Control Standards	40 (100.0%)	0 (0.0%)	27	28 (96.6%)	1 (3.4%)	8	68 (98.6%)	1 (1.4%)	35
Medication Management Standards	77 (98.7%)	1 (1.3%)	0	63 (98.4%)	1 (1.6%)	0	140 (98.6%)	2 (1.4%)	0
Population Health and Wellness	4 (100.0%)	0 (0.0%)	0	32 (91.4%)	3 (8.6%)	0	36 (92.3%)	3 (7.7%)	0
Total	**218 (98.6%)**	3 (1.4%)	28	249 (96.9%)	8 (3.1%)	11	467 (97.7%)	11 (2.3%)	39

* 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: Communication			
Medication reconciliation as a strategic priority (Leadership)	Met	3 of 3	2 of 2
The “Do Not Use” list of abbreviations (Medication Management Standards)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management Standards)	Met	4 of 4	1 of 1
Concentrated Electrolytes (Medication Management Standards)	Met	3 of 3	0 of 0
Heparin Safety (Medication Management Standards)	Met	4 of 4	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
High-Alert Medications (Medication Management Standards)	Met	5 of 5	3 of 3
Narcotics Safety (Medication Management Standards)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Flow (Leadership)	Met	7 of 7	1 of 1
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
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2

Summary of Surveyor Team Observations

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

The organization is commended for preparing and being committed to quality and safety through the accreditation process. The organization has made significant progress since the last survey and has demonstrated its commitment to quality and safety which is validated throughout this detailed report.

The organization is led by a diverse and skilled board that takes their roles and responsibilities seriously and they truly care about the people they serve in Interior Health. The leadership team is well poised to continue to advance the organization through the six strategic directions.

The organization has a comprehensive strategic and operational plans that align with ministerial directives as well as the needs of the population. The organization is commended for the ongoing work in maturing the quality and safety agenda and person centred care. The organization has made progress in establishing and monitoring its accountability framework.

There has been a concentrated effort to engage the public at all levels and enhance aboriginal wellness and move towards an upstream primary health approach in Interior Health. Community partners and partners in care welcome the opportunity to co-design and want meaningful engagement and action to continue.

The organization is encouraged to enhance integration at a regional level throughout the organization to decrease variation, increase quality and safety and decrease cost.

There is a commitment towards excellence, innovation, and quality, and safety by the leadership, physicians, staff members, and volunteers. The board is astute and highly engaged and committed to achieving their strategic direction.

Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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

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

Priority Process Results for System-wide Standards

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

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

Priority Process: Governance

Meeting the demands for excellence in governance practice.

Unmet Criteria		High Priority Criteria
Standards Set: Governance		
4.4	The organization's mission statement is regularly reviewed and revised as necessary to reflect changes in the environment, scope of services, or mandate.	
13.6	The governing body regularly evaluates the performance of the board chair based on established criteria.	!
13.7	The governing body regularly reviews the contribution of individual members and provides feedback to them.	!

Surveyor comments on the priority process(es)

The organization has made significant progress since its last survey in the areas we surveyed in this sequential survey. The board is diverse and is comprised of ten appointed members by the government. The board has a good skill mix and is chaired by a physician which illuminates the level of physician engagement in this organization.

The board has approved a comprehensive, integrated quality and safety plan recently that is focused on patient and staff safety and aligns and integrates all of the regional components required. The leadership in leveraging this work to a regional level is laudable. There is regular reporting to the board through a quality and safety committee and patients and families are invited to share their stories at the board. This renewed regional direction in having a regional focus will assist the organization in decreasing variation and increasing quality and safety and ultimately will decrease cost. There have been many examples and structures in place for quality and safety in parts of the region but the plan that has recently been approved will mobilize the region to maximize their capacity and impact. The physician leadership involved in developing this plan and that are starting to implement it are true champions as are their dyad partners.

The board hired their new CEO one year ago and she is leading a committed competent leadership team that will continue to deliver on the six strategic priorities. The board approved a motion to renew its mission, vision, and values that will come back to them in the form of a recommendation in February. The Board and management used an extensive inclusive approach for this process. The organization is encouraged to use the new mission, vision, and values as a platform for regional alignment to your strategic direction and to enhance the culture of your organization.

The board also governs itself effectively through their other committees which are the Governance, Human Resources, and Audit and Finance. Enterprise risk management is managed effectively through an enterprise-wide strategy. The board has an in-depth knowledge of the organization's talent management and they use the robust ethical framework and conflict of interest policy to guide their discussions and decisions.

The board does evaluate itself through the governing functioning tool and informally after every board meeting. They plan on evaluating the board chair and individual board members in a formalized manner into the future. The board sets performance goals for the CEO and reviews performance on a regular basis.

The organization is encouraged to review the privileging and credentialing process with the view to move towards a regional approach versus the local processes that are in place today.

Community partners, for the most part, identified that they had a positive working relationship and that they want to continue to be involved in planning. Themes that were sited for improvement were that there still needs to be enhanced effort in cultural sensitivity throughout the organization, there are opportunities for partners to advocate together for resources and foundations and donors would appreciate input into the design process of future builds and capital budget planning. All partners are supportive of the six strategic directions and commend the board on their commitment to aboriginal wellness and primary care.

Patients and families consistently reported that everyone is working hard and they appreciate the direction the leadership team is now working to have a regional approach. Patients and families are concerned that not all staff and physicians live the current values of the organization, including not allowing them to be with their loved ones or involving them in their care. It will be important to action the patient and family presence policy and embed the new values to this end.

The board is committed to Interior Health and their role as governors. They are visible through visits to the communities and sites, they attend public functions and announcements and are approachable and responsive to the public. The board's leadership has enabled partnership and collaboration to be alive and welcomed in Interior Health and the board is achieving its mandate which was evident through the performance metrics and execution of the strategic plan and operational plans.

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	
6.4 The organization's structures and services or program areas are designed, implemented, and adapted as required to support service delivery and achievement of the operational plans.	

Surveyor comments on the priority process(es)

The strategic planning and framework are robust for the organization. There are VP work plans and operational plans as well as robust performance measurement that cascades throughout the organization.

The community and network profiles (population profiles, facility profiles, scorecards, etc.) are very informative to assess the needs of the organization. There are many priorities happening within the organization. Interior Health is encouraged to continue working on focusing and finishing strategic priorities to sequence the work and manage the pace. The organization has started this work by developing strategic rocks each quarter. The team is encouraged to cascade this process to the next level of the organization when they are ready to assist in level loading this important work.

The leadership team is encouraged to focus on regional cross-functional approaches to enhance further integration, to decrease variance, increase quality and safety and ultimately decrease cost. There is opportunity to enhance your business and clinical intelligence to help turn more data into information to tell your story and leverage the strategic direction the team envisions.

The entire leadership team is commended for their commitment and dedication. The accountability framework that is used for reporting at all levels is mature and robust and the organization is encouraged to keep working on the alignment of measures.

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 resource allocation process effectively aligns all steps of the planning, resource allocation and performance management processes.
The process incorporates benchmarking.
The organization has effective controls. The Auditor General of BC is the auditor for the organization and did not provide any actionable recommendations.
There is an effective budget management process that provides good organization wide information and identify corrective actions.
The organization had a deficit of 1% in 2018 recognizing one-time actuarial losses from event driven benefits (e.g. Long Term Disability Plan). The deficit was covered from its accumulated surplus from previous years.
The organization may wish to consider exploring whether to submit its approach as a leading practice to Accreditation Canada.

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)

The organization has identified recruitment and retention as one of its strategic risks and its priorities.
The organization's human resources functions are largely digital which has allowed the organization to generate information to support management.
It also allows for the monitoring of key human resources issues. A dashboard is under development that pulls from recruitment to identify vacancies by site and/or position description.
One of the issues that came up during the staff focus group with staff from the second floor at the Community Health Services Centre (CHSC) at Doyle, was the multiple code whites that were called on the second floor. Staff expressed that there was a missed opportunity to anticipate the potential safety risks during the initial design and location of services at the CHSC. During a walk around and discussion with staff, there were still some concerns. The senior leadership walkarounds focused on safety and quality with a message of what are you doing to keep your colleagues safe - shifting the conversation from what are you doing to keep your patients safe, have been well received at other sites. Consideration should be given to how to best communicate to staff on the second floor that leadership is aware of their concerns and taking action.
Interior Health is encouraged to remind staff that a safe walk program exists for staff working evenings and weekends.
One example of Interior Health's support for physicians is the work that Change management is doing with the primary care physicians involved in providing medical assistance in dying. Issues were identified by the Medical Director around physician capacity and the ability to retain the existing physicians providing the service. Change management has helped identify system and individual issues.

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
Standards Set: Leadership	
3.10 The organization's leaders promote and support the consistent use of standardized processes, decision-support tools, or best practice guidelines to reduce variation in and between services, where appropriate.	

Surveyor comments on the priority process(es)

The regional focus that has been put forth in the Integrated Quality and Safety Plan is commendable. The leadership and engagement of this work by physicians and management are palpable. The plan is aligned and focused on delivering regional results which once fully implemented will continue to decrease variation, increase integration and quality and safety and decrease cost.

The renewed regional focus and plan is in early implementation and the organization is encouraged to continue with the direction you have set forth to continue to enhance a culture of quality and safety for patients and staff throughout Interior Health. Perseverance is key this work is not for the faint of heart but you definitely have the expertise in your dyad leadership to deliver.

There are significant opportunities for engagement in improvement work that the organization is using including lean tools such as daily visual management, rapid process improvement, current, and future state mapping and simulation as a few examples. Patients and families are involved in this work. Enterprise risk management is standardized across the region and there are action plans to mitigate risk.

The commitment and resources put forth for disclosure training to turn disclosure into a conversation at the point of care will enhance the reporting culture in the organization. The commitment to cultural sensitivity training throughout the organization is remarkable. There is an opportunity to refresh plans to align with new values that will be coming out in the near future which will enable the organization to illuminate the importance of behaviours that align with the values to enhance a just culture.

The team celebrates successes through communication stories and has an awards program. There is a Patient Voices Network across the province that is engaged in quality improvement work and there is a patient care quality office to hear the voice of the patients and families.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The ethical framework is robust and is divided into streams which enhances the readability and it is very user-friendly. There is expertise on the team and they are transferring research into knowledge.

Continue to enhance the knowledge and awareness of the framework and how to use it at the point of care.

There is an opportunity to refresh your framework with the new mission, vision, and values once they are approved. Continue to share learnings across the region.

Interior Health has a mature process of oversight in the area of ethical considerations of internal research and works in collaboration with their academic partners to this end.

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)

Interior Health has integrated communications into its strategic and operational activities. There is a comprehensive understanding of internal and external communications needs at a corporate, geographical, and program/site level.
Communications resources are prioritized in support of the Interior Health Strategic goals. A shift from paper-based to digital or IT approach has supported the efficient use of available resources. It has enabled programs to use a communications plan template to better define their requests for support from communications consultants. Communications also use a rapid cycle improvement approach similar to other areas of Interior Health.
Interior Health uses a "storytelling" approach which reinforces a person centered approach to engage with internal and external populations. Examples were provided of how the communications team uses an IT application to support effective team functioning and to track activities and outcomes. There is also an ability to track how effective email communication has been in reaching desired internal audiences.

Information management activities are guided by the organization's priorities. Examples were given of the work done on desktop applications to support managers as well as the action taken to make Meditech available in a read option for Indigenous community health service providers to provide continuity of care for their clients coming from Interior Health. The intent is to move to a bi-directional system that is aligned with the enhancing primary care and Aboriginal Health priority strategy.

Communications/public awareness campaigns such as the annual influenza or measles outbreak are evaluated in real time and examples were provided of how adjustments in approaches based on the findings were made to achieve the campaign's goals.

Interior Health has policies and employee training related to the use of social media. The organization does use social media challenges for some of its campaigns as it has been found to be an effective tool for some audiences.

The discussions with the communications group which included representation from a broad number of areas such as communications, media, information technology, library services, cybersecurity, and research, provided numerous examples illustrating the linkage of strategic tactics in a deliberate and coordinated manner.

A specific example is the patient portal which currently has 80,000 residents enrolled. It has been identified as a key resource or tool for the required workaround enhancing patient and family centered care and improving patient flow. The example was given of how IT’s implementation of an app had

resulted in an increase in client registrations.

There are well established processes for privacy impact assessments and for client access to health records including an online option to initiate the request.

There has been a focus on standardization of practice guidelines across Interior Health. There have been historical guidelines on the internal web from predecessor organizations that are being identified, removed and replaced with an approved IH guideline. The governance structure for the guideline approval is based on input from the key developers of guidelines.

Other resources to support clinical practice include fixed site simulation centres in Kamloops, Trail, and Kelowna as well as a mobile option to support teams at rural and remote sites.

There have also been focused activities to build an infrastructure that supports clinical research activities.

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)

Interior Health has had a commitment to environmental sustainability since early in its formation. The initial Environmental Sustainability Policy was approved in 2009. The organization has strengthened its commitment to its Environmental Sustainability Strategic Corporate Climate Change Plan 2019 to 2022. (Ministerial directive included statement for IH to align with the BC government climate change plan.) Initiatives include the use of a biomass boiler to replace a propane boiler in Lillooet, and an electric vehicle pilot.

There are comprehensive facility assessments for overall conditions, life cycle, compliance with codes and regulations and preventive maintenance

The processes for facility assessment focus on patient & staff safety.
There are strong collaborative relationships that include partnerships related to energy-saving initiatives and the support of the regional hospital districts to support capital expenditures to improve the mechanisms for health care delivery in their communities.

There are a number of challenges with aging infrastructure and with the widespread distribution of facilities. An example of the challenges is the cost of asbestos abatement across all IH buildings is estimated to be over $52 million with $500,000 needed for immediate or priority 1 abatement.

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)

Interior Health has a comprehensive all hazards approach to Emergency Preparedness which has been tested by and improved following past wildfire and flood events.
Within its all hazards approach, there are specific plans such as pandemic influenza and outbreak response that are regularly reviewed and updated.
Emergency response plans follow a tiered response depending on the size of the population being affected and the ability to respond. For example the outbreak management plan has three-tiered levels of response (level 1, level 2 – moderate, and level 3 – severe) with escalating actions to manage the severity of the impact of the outbreak on the functioning of the health system.

Interior Health required staff to be trained in the incident command system with the level of training determined by the expected role that they would be expected to carry out. Required resources are readily available online as well as at the sites or locations where incident command centers would be established.

Interior Health has established processes for capturing learnings both during and after events as part of a formal debriefing process. Learnings from community evacuations during the 2017 wildfire season were applied to the 2018 spring flooding. The emergency preparedness team has developed Action Tracking which captures lessons learned that require follow up, it also identifies accountables and whether the learnings have been implemented. Currently, over 119 learnings from the fires and floods have been implemented with 3 learnings still in process.

Once a year a report on the organization's emergency preparedness is provided through SET to the Board

Examples of innovations/learnings implemented include:

1. Community evacuation guideline with triggers ie fire within 20 km of a facility (This guideline has been shared provincially)
2. Pop up primary care model to deal with evacuated patients such as a mobile medical unit
3. Partnership/collaboration with local primary care providers engaging with local private physician offices around business continuity in collaboration with the technology of Divisions of Family Practice
4. Established reporting protocols for staff and physicians who are evacuated that identifies whether or not they are available to provide care
5. Annual staff communication during emergency preparedness week before the fire and flood season with Q & A based on learning from past events
6. Community incident command centre training for managers
7. Compliance audit schedule with recommended frequency for exercising codes. (Currently, there is no tracking of actual compliance as it is presently left to sites to monitor their compliance. There are plans for an Emergency Preparedness dashboard that is being developed in partnership with Northern Health.)

Interior Health has good effective relationships with regional partners. Kelowna General Hospital recently participated in a code orange exercise with Kelowna airport. Collaborative work has also occurred on the Shuswap regional Emergency Response plan.

Emergency preparedness training is profiled at staff skills fairs and site emergency preparedness committees have been established. (Size varies depending on the size of site.)

Emergency Preparedness is working with Indigenous First Nations given they are disproportionately affected during community evacuations. The focus is around Primary Care and Mental Health. IH Emergency Management are starting to engage with First Nations Health Authority.
There is an arrangement where if an evacuation is required that there is a formal transfer of care for patients to Interior Health and then back after the event to maintain a continuity of care.

There are established IT procedures for managing downtime. They are currently paper based but IT is working on an electronic option

IT cybersecurity has been identified as a key risk with individuals hired to work on it. The BC Auditor General has recently completed an audit on IT systems and recommendations are being acted on as part of a provincial approach.

In recognition of the potential impact of air and water quality events/spills a specialized team of environmental health officers(EHO) has been developed to provide specialized expertise. It reflects the statutory decision maker role and the need to issue orders/notifications.
It allows for follow up & closure of events. All EHOs have training in IC.

Priority Process: People-Centred Care

Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization is acknowledged for building on their local successes in person centred care and elevating this important focus to a regional approach in which they are in the process of restructuring for all the right reasons. There has been significant input with clients, patients, and families over the years and now this approach is being formalized with the voices of the people they serve. The families and partners are very supportive of this approach and appreciated the planning day that occurred a few months ago.

The committee is co-chaired with a public partner and leadership from Interior Health. The organization has invested in training in disclosure for people on the committee and for staff and physicians. There is an opportunity to have discussions with your patients and families to understand what training they need to help them in this role and what it means to advocate which was noted by some partners. Partners did note that not all people live the values of the organization and they would like everyone to commit to breathing life into nothing about me without me.

Many partners in care are hopeful and excited to be part of this work and they do feel that they are being listened to and want more opportunity to co-design. They are involved in having input into policy and they have presented at the board and they stated that the board has been very responsive and changes have been made because of their input.

The group is proud of the work they have been involved in to get the patient and family presence policy implemented and this is in the process of being implemented. The committee has noted they would like to work on welcoming signage throughout the organization as well as welcoming spaces.

Significant work has been undertaken to advance culturally appealing spaces as well as ceremonial spaces which is appreciated by the people you serve and they were excited to collaborate in these changes that make a difference and they want to continue to be involved.

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 challenged by persistently high occupancy rates. As the result the organization has utilized its decision support capacity to identify fundamental structural issues affecting patient flow. The organization has prioritized expanding alternative level of care options and enhancing primary care as the focus for system change efforts.

At the individual site level and program level, the organization effectively applies lean methodology and QI for flow improvement.

The organization has also implemented initiatives through the patient transport office (PTO) to collect and share information on occupancy levels across the region to identify opportunities to maximize bed capacity and patient placement across the region.

Interior Health is encouraged to look at how to incorporate the detailed unit-specific data from the bed huddles at Kelowna General Hospital with the regional wide Bed huddle information collected through the PTO.

Interior Health is encouraged to continue to expand the use of Care pathways to improve outcomes and flow. Examples were given of the work at Kelowna General Hospital to implement care pathways for heart failure & COPD.

A potential area for flow improvement at KGH to examine is the optimal patient to hospitalist ratio to optimize patient flow. In discussions, concern was expressed that the current ratio of 24 which had increased from 16 has meant that there is not as much physician focus planning discharge.

Priority Process: Medical Devices and Equipment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Overall processes and procedures have been updated and available on the intranet shared drive.
A robust shared preventive maintenance program is in place between internal partners (Biomedical Engineering and Plant Services) plus external partners (which includes surgical/medical companies).
Frontline staff is aware of which team looks after which equipment.

Training and ongoing education is a shared responsibility to the frontline staff around the safety of the equipment. Future opportunities could be with more specific training in specialized equipment for both Biomedical Engineering and Plant Services as technology becomes more complex. This training would be provided to the frontline staff.

Planning, acquisition, and replacement are done continuously but they are mindful of fiscal restraints.
Other funding can be available for end of life equipment from foundation funds.
The team reports and statistic data are uploaded and available for all staff, this would include current prevention maintenance percentages completed.

Work orders are tracked electronically with easy access to benchmark within and shared provincially.
Interior Health Biomedical Engineering and Plant Services work together cohesively as a team to provide work and support on all Medical devices and equipment, an opportunity to have one information technology database and report system.

Priority Process Results for Population-specific Standards

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

Priority processes specific to population-specific standards are:

Population Health and Wellness

- Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Standards Set: Population Health and Wellness

Unmet Criteria		High Priority Criteria
Priority Process: Population Health and Wellness		
2.1	The organization sets measurable and specific goals and objectives for its services for its priority population(s).	
2.3	The organization dedicates resources to services and programs for its priority population(s).	
6.4	The organization works with primary care providers, partners, and other organizations to integrate information systems.	
Surveyor comments on the priority process(es)		
Priority Process: Population Health and Wellness		

Interior Health opens all their meetings with acknowledgment of the traditional lands and territory. Nine percent of the population is Aboriginal. Strong relationship and working with their partners. IH has identified aboriginal health as a priority over the last 5-6 years. The creation of the First Nations Health Authority five years ago and the recommendations of the Truth & Reconciliation Commission reenforced the need for Health Authorities to address the health equities experienced by Aboriginals.
Initial steps in collaboration with Indigenous people were the creation of sacred spaces in their facilities. Interior Health's Aboriginal health and wellness strategy has four pillars that have been adopted by the board focused on cultural safety and cultural safety training.
Resources were allocated to Indigenous cultural safety training for all staff. An evaluation was done which identified the need for the educators to have their own safety plan relating to the education of the Indigenous population served and the program was revamped to make it more relevant to their needs. The educators now train in pairs to support each other and ensure safety.
It is real time training from people who have lived experience. There are also on-line modules for onboarding. There is a need to create a safety net to support the retention of the Indigenous Interior

Health Staff. The Indigenous representative workforce is increasing from 5%. There is a target of 10% to reflect the portion of the population.

Nations asked to have a Journey to Aboriginal Cultural Safety advisory committee. This is starting next week. Through the leads, they have been able to improve education at the regional level.
They have a strong governance structure that has a letter of understanding and they review and refresh this commitment. It is a living document in terms of the deliverables. Regional Partnership accord that they re-signed in June. Métis partnerships as well and they continue to build relationships and formalize this arrangement. They have a balance of top down strategies and hearing from partners at the grassroots nations from the communities.

Examples of how Interior Health is responding to the Nations' needs for different service delivery models include long term care funding of 2 million dollars that was directly contracted to Interior Nations to have a new model of care that aligns with the closer to home, culturally safe vision of care that Interior Nations have for their Elders. For many Nations, this means top-up of positions as well as the creation of some new positions. Other examples are providing a palliative care approach, LEAP training, cultural content, cross-functional training. A performance monitoring working group was formed around quality for this initiative and included FNHA, IH and Interior Nation representation to collaboratively develop and determine how to monitor success.

The Indigenous Program group is a highly committed team that is self-reflective. They look through things through an equity lens.

They use storytelling for evaluation. They also used the community profiles and primary care planning to demonstrate the need and being able to tell the story.

Community action tables and partnership tables are where the team and the organization hear about the concerns and gaps and plan. In mental health and substance use, they allocated funding for support recovery beds on reserve based on a cultural foundation and to be able to do ceremonies.

Interior Health is encouraged to continue its focus on cultural safety and cultural sensitivity. Public-facing mechanisms to measure and report on progress in improving cultural safety should be promoted.
The organization should continue to build on relationships to drive the 4 pillars of your strategy to put this into action. The organization is encouraged to continue to identify innovative ways to work with Indigenous partners in co-design and responses to the recommendations of the Truth and Reconciliation Commission.

The use of stories to learn also facilities including patient voices in your go-forward plans. The cross-functional work across portfolios is facilitating progress. The intent to shift from deficit-based measures to strength-based measures is important in moving forward in a positive fashion.

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:

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

Standards Set: Infection Prevention and Control Standards

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control	
14.3 Input is gathered from team members, volunteers, and clients and families on components of the IPC program.	
Surveyor comments on the priority process(es)	
Priority Process: Infection Prevention and Control	

The onsite survey consisted of a visit to Pentiction Regional Hospital, Kelowna General Hospital, and Shuswap Lake General Hospital with a minimal of three survey tracers at each site.

The Infection Prevention and Control program's organizational structure had been restructured in 2017, at that time the program took back outbreak management of 39 Long Term Care facilities (plus 22 acute care) with only 17.7 FTE staff covering. Two other staff were brought out from special assignments into the core group and increased to 19.7 FTE without additional funds allocated. The IPAC is managed by a Director who reports up to the Executive Director of Quality and Patient Safety.

A trial of an Interim Manager North is in place currently. They provide support and leadership to mainly the North of Interior Health while the Director provides the same to the Southern region. The Infection Prevention and Control Practitioners, front-line staff, and others have validated the need for this to be a permanent position.

The team also consists of a Medical Director, Medical Microbiologists, Epidemiologist, Administrative Assistant and up to 4 Co-op students who help with hand hygiene audits. Key partnerships are in place

with Public Health agencies, Occupation Health and Safety, Environmental Services, Facilities, and Medical Device Reprocessing. Housekeeping is diligent in completing multiple types of audits (visual, ultraviolet and annual external) at all locations. All staff working in food services have obtained a food safety course, which the manager keeps track of. Infection Prevention and Control Practitioners are encouraged to work more closely with the Medical Device Reprocessing team to complete audits from this department.

The interdisciplinary team works as a remarkable team together, very loyal, energetic, awareness especially in outbreaks, prevention, and teaching. The team assembled an outbreak management structure with mandatory and optional responses. There is a Respiratory Influenza and Gastro Influenza Outbreak Management Planning Committee that oversees it. Based on the summary and reports of previous outbreaks, a thorough quality review of this structure was completed. It was recognized that better standard outbreak signage is required, all across both Interior Health and British Columba. Expansion of Rapid Lab Respiratory Pathogens testing (which is an immediate read-out of swabs), will be initiated on November 1, 2019. Another improvement implemented was on Meditech informatics. An additional precaution of droplet contact is captured in a forced function order entry for RI viral testing.

The hand-hygiene program has been successful with overall improvements across the organization. There is an interdisciplinary committee that oversees the program and student placements to assist with the audits and report to the Infection Prevention and Control Manager. The audits are completed quarterly with results posted publicly for staff, clients/families and community. The trends are monitored, discussed and goals set after each quarter. There is always an opportunity for IPC's to be working with frontline staff from each discipline to further educate staff on hand hygiene.

Front line staff work closely with the Infection Prevention and Control Practitioners. The vast geographic area and staff/client volumes should continue to be regularly reviewed to ensure that the volume of Infection Prevention and Control nurses match the population within Interior Health. Concession planning should be initiated. (training more casuals for leave, sick, and retirements). In a few locations, IPC staffing is spread very thin as they also are responsible for acute, long term care and community, education, training and to be a resource.

An updated policy and procedure around renovation/construction and Infection Prevention and Control have been a positive change. This team works together cohesively from design until the completion. Interior Health Capital Planning has recognized a need for a full time Infection Prevention and Control nurse to work with this program for all renovations and construction. He/she will report to capital planning but work closely with the IPC team.

Some of the sites surveyed mainly in Inpatient and emergency rooms had storage and clutter issues (stretchers, wheelchairs). There were a few units that had both clean and dirty utility rooms as one, and cleaned storage (commodes) were stored with dirty equipment. This practice would require a review from Infection Prevention and Control.

One of the Medical Health Officers and her team presented a study on improving outcomes in a Residential Care outbreak. Two-three years of data around Respiratory Illness was collected after multiple

deaths in Long term care facilities. (Long term care facilities outbreaks directly affects the client flow in all acute centres). An Interdisciplinary team was brought in, lean mapping sessions began and an outcome plan was developed. A consultant was also brought in to assist with the outcome management. Overall the highlights of this project showed decreased outbreaks, a higher awareness of prevention. The immunization in Interior Health has started with its communication around immunization. Currently, acute sites exceed the staff immunization provincial targets but are below the average staff immunization in the long term care facilities (including clients).

Standards Set: Medication Management Standards

Unmet Criteria		High Priority Criteria
Priority Process: Medication Management		
13.3	Chemotherapy medications are stored in a separate negative pressure room with adequate ventilation, and are segregated from other supplies.	!
15.5	There is a procedure to address disagreements among the team regarding medication orders.	
Surveyor comments on the priority process(es)		
Priority Process: Medication Management		

The medication management system across the health authority is robust, high-functioning and has many safeguards in place to provide safe, high quality care to clients and families.

Interior Health benefits from a very high-functioning Pharmacy and Therapeutics (P&T) Committee. Membership includes a diverse group of physicians, nurse practitioners, pharmacy, nursing and quality staff. The committee sets a very high standard for evidence submission, setting the stage for solid decision-making. The high quality of work generated by P&T is well-received and respected by the Health Authority Medical Advisory Committee (HAMAC). Recent examples of the work of P&T include the Do Not Use Abbreviation program refresh as well as formulary decisions; consideration to add methadone tablets to ED stock.

The organization should be very proud of their antimicrobial stewardship program. There is strong co-leadership between the Infectious Disease Physician and Infectious Disease Specialist Pharmacist. After developing a solid foundation based on evidence, leading to well thought through policy and process, the organization has worked on impactful projects including asymptomatic bacteriuria. Work also includes education initiatives and as a resource to clinical practice across the organization.

The organization has put a lot of hard work into their Do Not Use Abbreviations program. Launched initially several years ago, through the diligence of the P&T Committee and Pharmacy Services, the organization is poised for a refresh on this initiative. After extensive and meaningful engagement with physician colleagues, a revised approach will be rolled out shortly which should help to further curb the use of dangerous abbreviations until such time as an electronic solution. i.e. CPOE can be applied.

IH's Pharmacy Services has developed a detailed and extensive medication management policy to support safe practices. Working under the guidance of P&T, many preprinted orders (PPOs) have been developed and are renewed annually to ensure best practice. With the foundation in this far-reaching policy, many of

the ROPs are addressed. Throughout the organization's various sites, there was familiarity with the policies governing medication management.

Regional, highly-engaged procurement pharmacy personnel help to alleviate the stress associated with drug shortages by dealing directly with vendors and communicating often and extensively across the health authority.

The smart infusion pump program boasts a drug library compliance rate of 97%, which speaks to the effort put into the drug library build, soft/hard limit setting, education, and follow-up. A dedicated nursing resource to the smart pump program has been an effective strategy to monitor this initiative across the organization.

The pharmacy spaces at both Royal Inland Hospital and Vernon Jubilee Hospital are uncluttered, clean and well-lit. All 3 sites will undergo significant change to space, flow and functionality as the organization works through the expectations of the NAPRA legislation. Medication rooms in client service areas are secure and generally spacious. The recent roll-out of Omnicell automated dispensing units (ADUs) is a great example of the excellent collaboration between nursing and pharmacy. The new ADUs have been well-received by front-line nursing, further enhancing efforts toward safe drug distribution and administration.

The organization promotes a just culture of learning and safety. Leaning on the provincial safety reporting system, PSLS, incidents can be reported and tracked. The process of incident investigation leading to recommendations for quality improvement were identified at all sites. The organization is encouraged to ensure appropriate support for second victims is a formal step in incident reviews, specifically in cases of serious harm.

The success of IH's Pharmacy Services, guided by P&T, is evident across the organization. The pharmacy team is well-respected and sought out by peers through many initiatives, not always directly related to pharmacy. Their reputation of thorough stake-holder engagement through well thought out projects is evident across the health authority. In-house leadership development, a focus on learning and quality has contributed to the 85% retention rate for IH pharmacists in addition to safe, quality outcomes for clients and families.

Instrument Results

As part of Qmentum, organizations administer instruments. Qmentum includes three instruments (or questionnaires) that measure governance functioning, patient safety culture, and quality of worklife. They are completed by a representative sample of clients, staff, senior leaders, board members, and other stakeholders.

Governance Functioning Tool (2016)

The Governance Functioning Tool enables members of the governing body to assess board structures and processes, provide their perceptions and opinions, and identify priorities for action. It does this by asking questions about:

- Board composition and membership
- Scope of authority (roles and responsibilities)
- Meeting processes
- Evaluation of performance

Accreditation Canada provided the organization with detailed results from its Governance Functioning Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address challenging areas.

- **Data collection period: October 4, 2018 to December 31, 2018**
- **Number of responses: 8**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	93
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	94
3. Subcommittees need better defined roles and responsibilities.	50	13	38	72
4. As a governing body, we do not become directly involved in management issues.	0	0	100	88
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	96

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	96
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	95
9. Our governance processes need to better ensure that everyone participates in decision making.	75	25	0	63
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	94
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	97
12. Our ongoing education and professional development is encouraged.	0	0	100	86
13. Working relationships among individual members are positive.	0	0	100	97
14. We have a process to set bylaws and corporate policies.	0	0	100	95
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	97
16. We benchmark our performance against other similar organizations and/or national standards.	0	13	88	73
17. Contributions of individual members are reviewed regularly.	0	25	75	66
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	13	88	76
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	57	43	60
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	13	88	82

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21. As individual members, we need better feedback about our contribution to the governing body.	63	38	0	45
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	13	88	80
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	96
24. As a governing body, we hear stories about clients who experienced harm during care.	0	0	100	79
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	89
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	17	83	87
27. We lack explicit criteria to recruit and select new members.	86	14	0	73
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	33	67	88
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	90
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	91
31. We review our own structure, including size and subcommittee structure.	0	0	100	86
32. We have a process to elect or appoint our chair.	100	0	0	89

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

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	13	13	75	80
34. Quality of care	13	13	75	82

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

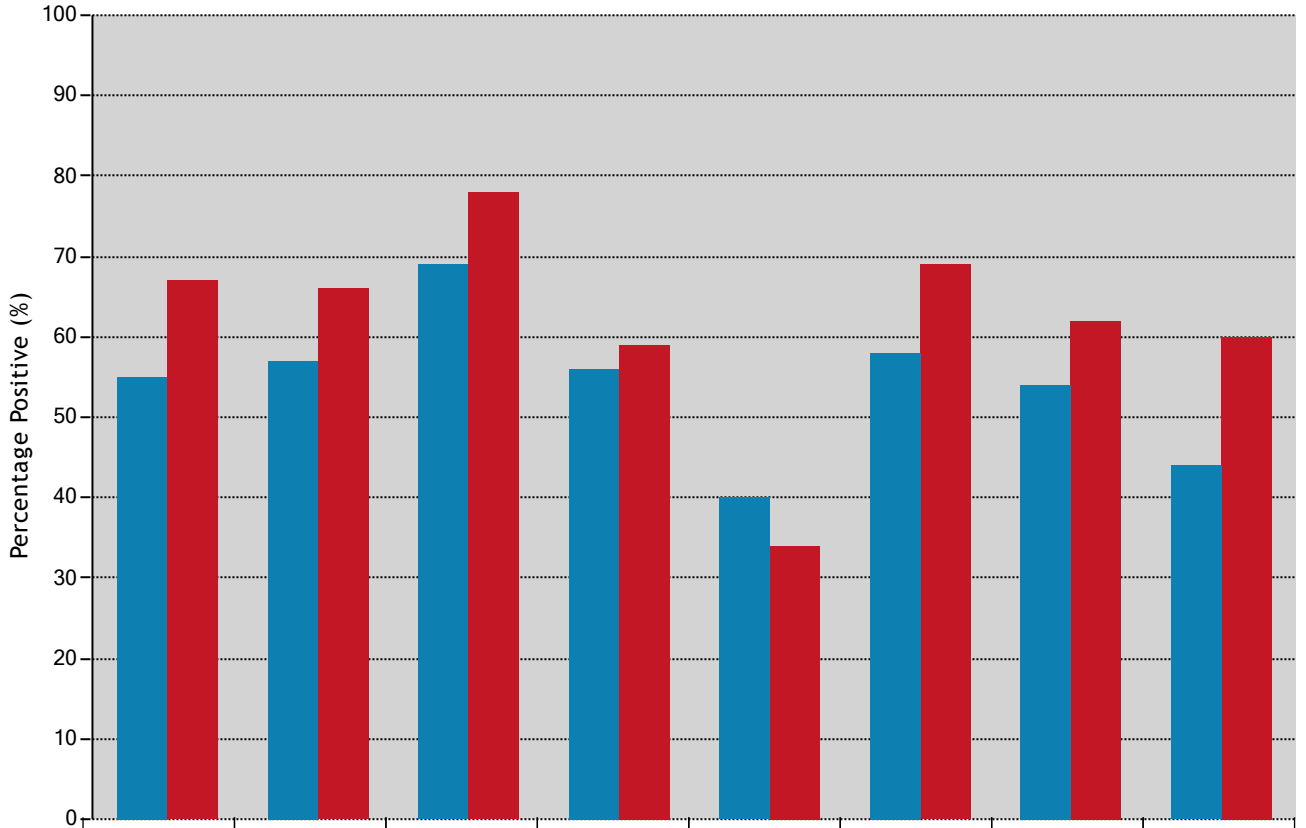
Canadian Patient Safety Culture Survey Tool

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: October 22, 2018 to November 2, 2018**
- **Minimum responses rate (based on the number of eligible employees): 363**
- **Number of responses: 570**

Canadian Patient Safety Culture Survey Tool: Results by Patient Safety Culture Dimension



	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Unit 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
	55%	57%	69%	56%	40%	58%	54%	44%
	67%	66%	78%	59%	34%	69%	62%	60%

Legend

Interior Health Authority

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2019 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.

The organization used an approved substitute tool for measuring the quality of worklife.

Appendix A - Qmentum

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

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

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

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

Action Planning

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

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

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