ACCREDITATION CANADA

Driving Quality Health Services

Accreditation Report

Baycrest Health Sciences

Toronto, ON

On-site survey dates: June 8, 2015 - June 11, 2015

Report issued: June 25, 2015

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

Baycrest Health Sciences (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 June 2015. 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'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 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 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

Baycrest Health Sciences (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.

1.1 Accreditation Decision

Baycrest Health Sciences 's accreditation decision is:

Accredited with Exemplary Standing

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.

1.2 About the On-site Survey

- **On-site survey dates: June 8, 2015 to June 11, 2015**

- **Location**

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

  1 Baycrest Health Sciences

- **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 Leadership
  2 Governance
  3 Medication Management Standards
  4 Infection Prevention and Control Standards

  Service Excellence Standards

  5 Reprocessing and Sterilization of Reusable Medical Devices
  6 Point-of-Care Testing
  7 Ambulatory Care Services
  8 Community Health Services
  9 Hospice, Palliative, and End-of-Life Services
  10 Medicine Services
  11 Rehabilitation Services
  12 Residential Homes for Seniors
  13 Mental Health Services
  14 Long-Term Care Services

- **Instruments**

  The organization administered:

  1 Governance Functioning Tool
  2 Canadian Patient Safety Culture Survey Tool: Community Based Version
  3 Worklife Pulse

1.3 Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	66	0	0	66
 Accessibility (Give me timely and equitable services)	72	0	0	72
 Safety (Keep me safe)	365	0	19	384
 Worklife (Take care of those who take care of me)	134	1	1	136
 Client-centred Services (Partner with me and my family in our care)	184	0	5	189
 Continuity of Services (Coordinate my care across the continuum)	53	0	1	54
 Appropriateness (Do the right thing to achieve the best results)	622	0	3	625
 Efficiency (Make the best use of resources)	50	0	0	50
Total	**1546**	**1**	**29**	**1576**

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 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	42 (100.0%)	0 (0.0%)	0	32 (100.0%)	0 (0.0%)	0	74 (100.0%)	0 (0.0%)	0
Leadership	46 (100.0%)	0 (0.0%)	0	84 (98.8%)	1 (1.2%)	0	130 (99.2%)	1 (0.8%)	0
Infection Prevention and Control Standards	40 (100.0%)	0 (0.0%)	1	31 (100.0%)	0 (0.0%)	0	71 (100.0%)	0 (0.0%)	1
Medication Management Standards	64 (100.0%)	0 (0.0%)	14	58 (100.0%)	0 (0.0%)	6	122 (100.0%)	0 (0.0%)	20
Ambulatory Care Services	41 (100.0%)	0 (0.0%)	1	77 (100.0%)	0 (0.0%)	0	118 (100.0%)	0 (0.0%)	1
Community Health Services	17 (100.0%)	0 (0.0%)	0	56 (100.0%)	0 (0.0%)	0	73 (100.0%)	0 (0.0%)	0
Hospice, Palliative, and End-of-Life Services	33 (100.0%)	0 (0.0%)	0	106 (100.0%)	0 (0.0%)	1	139 (100.0%)	0 (0.0%)	1
Long-Term Care Services	40 (100.0%)	0 (0.0%)	0	94 (100.0%)	0 (0.0%)	0	134 (100.0%)	0 (0.0%)	0
Medicine Services	31 (100.0%)	0 (0.0%)	0	71 (100.0%)	0 (0.0%)	0	102 (100.0%)	0 (0.0%)	0

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Mental Health Services	36 (100.0%)	0 (0.0%)	0	88 (100.0%)	0 (0.0%)	0	124 (100.0%)	0 (0.0%)	0
Point-of-Care Testing **	38 (100.0%)	0 (0.0%)	0	48 (100.0%)	0 (0.0%)	0	86 (100.0%)	0 (0.0%)	0
Rehabilitation Services	31 (100.0%)	0 (0.0%)	0	70 (100.0%)	0 (0.0%)	0	101 (100.0%)	0 (0.0%)	0
Reprocessing and Sterilization of Reusable Medical Devices	51 (100.0%)	0 (0.0%)	2	63 (100.0%)	0 (0.0%)	0	114 (100.0%)	0 (0.0%)	2
Residential Homes for Seniors	24 (100.0%)	0 (0.0%)	0	69 (100.0%)	0 (0.0%)	0	93 (100.0%)	0 (0.0%)	0
Total	**534 (100.0%)**	0 (0.0%)	18	947 (99.9%)	1 (0.1%)	7	1481 (99.9%)	1 (0.1%)	25

* Does not includes ROP (Required Organizational Practices)
** Some criteria within this standards set were pre-rated based on the organization's accreditation through the Ontario Laboratory Accreditation Quality Management Program-Laboratory Services (QMP-LS).

1.5 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
Adverse Events Disclosure (Leadership)	Met	3 of 3	0 of 0
Adverse Events Reporting (Leadership)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Leadership)	Met	1 of 1	2 of 2
Client Safety Related Prospective Analysis (Leadership)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Ambulatory Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Hospice, Palliative, and End-of-Life Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Long-Term Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Medicine Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Mental Health Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Rehabilitation Services)	Met	2 of 2	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Residential Homes for Seniors)	Met	2 of 2	0 of 0
Dangerous Abbreviations (Medication Management Standards)	Met	4 of 4	3 of 3
Information Transfer (Ambulatory Care Services)	Met	2 of 2	0 of 0
Information Transfer (Hospice, Palliative, and End-of-Life Services)	Met	2 of 2	0 of 0
Information Transfer (Long-Term Care Services)	Met	2 of 2	0 of 0
Information Transfer (Medicine Services)	Met	2 of 2	0 of 0
Information Transfer (Mental Health Services)	Met	2 of 2	0 of 0
Information Transfer (Rehabilitation Services)	Met	2 of 2	0 of 0
Information Transfer (Residential Homes for Seniors)	Met	2 of 2	0 of 0
Medication reconciliation as a strategic priority (Leadership)	Met	4 of 4	2 of 2
Medication reconciliation at care transitions (Ambulatory Care Services)	Met	7 of 7	0 of 0
Medication reconciliation at care transitions (Hospice, Palliative, and End-of-Life Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Long-Term Care Services)	Met	5 of 5	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Medicine Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Mental Health Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Rehabilitation Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Residential Homes for Seniors)	Met	5 of 5	0 of 0
Two Client Identifiers (Ambulatory Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Hospice, Palliative, and End-of-Life Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Long-Term Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Medicine Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Mental Health Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Point-of-Care Testing)	Met	1 of 1	0 of 0
Two Client Identifiers (Rehabilitation Services)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management Standards)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Concentrated Electrolytes (Medication Management Standards)	Met	3 of 3	0 of 0
Heparin Safety (Medication Management Standards)	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management Standards)	Met	5 of 5	3 of 3
Infusion Pumps Training (Hospice, Palliative, and End-of-Life Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Medicine Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Rehabilitation Services)	Met	1 of 1	0 of 0
Narcotics Safety (Medication Management Standards)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Safety Plan (Leadership)	Met	2 of 2	2 of 2
Client 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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
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
Pneumococcal Vaccine (Long-Term Care Services)	Met	2 of 2	0 of 0
Pneumococcal Vaccine (Residential Homes for Seniors)	Met	2 of 2	0 of 0
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Ambulatory Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Hospice, Palliative, and End-of-Life Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Long-Term Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Medicine Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Mental Health Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Rehabilitation Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Residential Homes for Seniors)	Met	3 of 3	2 of 2
Patient Safety Goal Area: Risk Assessment			
Pressure Ulcer Prevention (Hospice, Palliative, and End-of-Life Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Medicine Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Rehabilitation Services)	Met	3 of 3	2 of 2
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0
Venous Thromboembolism Prophylaxis (Medicine Services)	Met	3 of 3	2 of 2

1.6 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, Baycrest Health Sciences (Baycrest) is commended on preparing for and participating in the Qmentum Accreditation program.

Baycrest's governing body has well-developed processes and continues to review and refine its functioning to meet the changing and anticipated needs of the organization. The board reviews its composition and recruits new members using a skills matrix. There is one and three-year terms which may be extended based on performance and skills required for the board. The board is strategic in anticipation of upcoming board vacancies, with a succession plan of potential recruits. The board evaluates its overall performance annually and the individual board members are also evaluated annually using a self-evaluation tool and 360 peer review. The board expects transparency in communication from the chief executive officer (CEO) and senior leadership. Committees of the board review reports and ask hard questions and will ask for more information if needed. There is a process in place for regular presentations by program leaders and managers on quality, risk and programs in the hospital. The board also regularly seeks input and advice from clients and family members. One initiative that board members use to learn more about the environment of care and to get to know clients and their families is to join them for a lunch or dinner in the client dining room.

A strong visionary leadership team is in place. There has been a culture shift in the last two years – away from an inward looking team to one that looks outward and the team has increased its participation in the healthcare system as a whole. Leadership team members participate in Local Health Integrated Network (LHIN) and provincial committees as well. They are willing to collaborate with partners across sectors to share their expertise and gain a better understanding of how other parts of the sector contribute to the system. The shift in culture, with a focus on areas of expertise and improving patient flow, is changing the way business is conducted at Baycrest. There is a focus on streamlining processes and improving accessibility to the programs, all the while remembering the roots of the Jewish Home for the Aged. The team has created a process to manage the changes which include transparent communication and information sharing with the organization.

Patient councils and family advisory committees are integrated into the planning processes at Baycrest, and their advice and observations are highly valued. Volunteers and students are valuable members of the Baycrest teams. Ethics is embedded into operational processes including the budget preparation. Baycrest has received national and provincial recognition with a $123.5 M partnership for innovation in Brain Health by the Canadian Centre for Ageing and Brain and Innovation, which was announced in May 2015. The research enterprise is internationally recognized.

During the on-site survey twelve community partners participated in the focus group. They all related that their relationship with the organization is positive and they or their organization had participated in the strategic planning process. The Toronto Police Services and Toronto Fire reported they are welcomed into the organization in their roles, including providing education sessions during fire prevention week. Other partners spoke to the importance of the collaborative partnerships relative to specialized expertise in brain health, student placements, research, telemedicine and the meals on wheels program for the community. One partner suggested that these important partnerships be recognized and profiled in the excellent newsletter produced by Baycrest to demonstrate the model of collaboration. Another partner suggested that the organization show the value other parts of their services have, as they are equally important, and it is not just the brain service. The ethno-cultural aspects of the organization are extremely valued in the community. While Baycrest is the leader in behavioural support, the organization recognizes the intelligence and importance of others in this field.

A number of partners commented on the significant cultural change in the organization during the past two years. There had been more of an internal facing focus for the organization which changed to include an important external focus as well. For example, the organization has taken a leadership role in LHIN and provincial initiatives. The change included streamlining processes and improved communication to create a forum for collaboration. Partners suggested that there still needs to be some bridging between all the programs and services at Baycrest to streamline access.

The organization has developed a robust five-year People Strategy Plan (2013-2018), outlining the process of aligning key talent to achieve the organization's strategic directions. Baycrest has focused on five priority areas: employee safety and wellness; talent management; total rewards; work environment culture, and operational excellence referred to as effective employee practices. Also, Baycrest has developed a template outlining the organization's values and defining the behaviours for each value. It is evident that Baycrest takes great pride in living the values and uses these to improve the quality of care.

The organization is commended for initiating a staff wellness wall in the lobby, depicting the three areas for improvement. Staff members can record a story about a peer for displaying the values of compassion, advocacy, respect and excellence (C.A.R.E.).The staff person selected to receive this recognition is presented with a certificate and pin. Their name is also posted on the television screen for public viewing. The organization is encouraged to evaluate the effectiveness of this initiative. Another noted strength of Baycrest is the opportunities for staff education and learning. The organization uses LEADS leadership development, Harvard Manage Mentor tools, Leadership Building Blocks and provides tuition reimbursement initiatives to assist with staff education.

During the on-site survey, clients reported they ‘love’ Baycrest. The client satisfaction survey had 100% satisfaction. The community of clients' mantra is sharing with others, dignity of others and the spirit of Jewish life. Care is delivered by strong inter-professional teams. The clients and teams are supported by a strong, committed volunteer base.

Section 2 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

2.1 Priority Process Results for System-wide Standards

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

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

2.1.1 Priority Process: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The board reviews its composition and recruits new members using a skills matrix. There is one and three-year terms which may be extended based on performance and skills required for the board. The board is strategic in anticipation of upcoming board vacancies, with a succession plan of potential recruits. The board evaluates its overall performance annually and the individual board members are also evaluated annually using a self-evaluation tool and 360 peer review.

The composition of board committees is evaluated annually to determine if each of the committees has the appropriate skill mix and diversity to meet the mandate for each committee. The workload of committees is reviewed and when necessary, a new committee may be created to make the work of the committees more manageable. Where appropriate, committees of the board may include patients and residents and families, again using a defined recruitment process. New members of the board and board committees are provided with orientation and education to support the new learning needs. There is also ongoing board and committee education – for example education on quality improvement. Recently, a one-half day education session was held for the clinical strategy, quality and safety committee.

The board expects transparency in communication from the chief executive officer (CEO) and senior leadership. Committees of the board review reports, ask hard questions and will ask for more information if needed. There is a process in place for regular presentations by program leaders and managers on quality, risk and programs in the hospital. The board also regularly seeks input and advice from clients and family members. One initiative that board members use to learn more about the environment of care and to get to know clients and their families is to join them for a lunch or dinner in the client dining room.

The annual budgets are first presented to the clinical strategy, quality and safety committee before they are presented to the finance committee. The committee reviews budgets with the ethical framework lens before they are presented to the finance committee.

The CEO is evaluated annually using a self-evaluation and peer review process. Goals and objectives for the coming year are developed during the performance review. There is a succession plan for the CEO and a talent management plan in place for senior leadership.

2.1.2 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 strategic planning process for the organization includes extensive internal and external stakeholder involvement. The resident council and the family advisory committee are increasingly involved in planning and service design. Their input is often 'just in time' rather than formal, and focus groups and meetings are used to capture current and ongoing issues with the opportunity to manage issues in a timelier manner and bring the issues forward in the planning process.

The strategic planning process includes a review of the mission and articulating the vision for the future. The organization considered its competitive advantage for their services to decide on the strategies moving forward. In the past, the organization had taken on many programs and projects in which others also had some expertise. Baycrest needed to focus on a vision for the future to build on the nationally and internationally recognized work in Brain Health, and to remember their roots as a Jewish organization serving seniors in the organization and in the community. The organization will celebrate the decision to say NO to continue to add new programs and services that are available from other service providers. The stakeholders wanted the organizational values to remain the same.

The ethics framework is used in clinical service planning. The organization recognizes that transparency is a way to gain the trust of the staff members, clients, families and other stakeholders and has developed communication strategies including town hall meetings, unit meetings, resident council and family advisory committee, as well as for external stakeholders. The family advisory committee is active in welcoming new clients and their families and helping them navigate their new environment. This initiative is appreciated by the new clients and families.

Programs are evaluated and Lean methodology is applied to streamline processes. One example is reducing wait times from application to admission by increasing application triage to a daily process. This reduced the wait time from 23 days to eight days.

Operational planning is aligned with the strategic plan and is reviewed by the clinical strategy, quality and safety committee of the board which reviews budgets using the ethics framework before presenting to the finance committee.

2.1.3 Priority Process: Resource Management

Monitoring, administration, and integration of activities involved with the appropriate allocation and use of resources.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Members of the finance team at Baycrest take on active roles in provincial and Local Health Integrated Network (LHIN) working groups where funding issues are discussed. The vice president and chief information office (CIO) co-chair the Complex Continuing Care (CCC) Rehab provincial working group for funding, and the controller is a member of the technical group of a Toronto Central LHIN working group.

The budget process occurs annually and the organization educates the stakeholders beginning in the fall, with a monthly newsletter titled: Financial Focus. This newsletter has won the Public Affairs Award. The monthly management forum includes an agenda item with a financial focus. Finance is also partnering with clinical for support in understanding and managing the budgets and budget process. The budgeting process begins with planning assumptions informed by the strategic plan, anticipated funding changes and clinical and organizational anticipated needs.

Finance and clinical partner to present the budgets to the clinical strategy, and quality and safety committee of the board to put a quality and safety lens in the review. The budget is then reviewed by the finance committee of the board.

There is a cross-functional capital committee that includes quality, with terms of reference and a charter, and this committee leads capital budget development. Submissions are made to the committee and a criteria matrix is applied. Items relating to quality and safety have high priority. There is a five-year bed replacement strategy in place. Challenges for this committee/group include the number of complex funding sources for the programs, services and research enterprises of the organization.

2.1.4 Priority Process: Human Capital

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
10.6 The organization's leaders ensure that position profiles for each position are developed and updated regularly.	

Surveyor comments on the priority process(es)

The portfolio of human resources and organizational effectiveness includes occupational health and safety, volunteer resources, strategic planning, legal services and stakeholder relations. Combined, this service supports more than 1800 employees.

The organization has developed a robust five-year people strategy plan (2013-2018), outlining the process of aligning key talent to achieve the organization's strategic direction. Baycrest has focused on five priority areas namely: employee safety and wellness, talent management, total rewards, work environment culture, and operational excellence referred to as effective employee practices.

Baycrest has developed a template outlining the organization's values and defining the behaviours for each value. It is evident that Baycrest takes great pride in living the values and uses these to improve the quality of care.

The organization is well aware of its staffing demographics, and potential retirements and has initiated the Workplace of Choice strategic plan. Many metrics are collected and benchmarked against other organizations in Ontario and Canada. The quarterly balanced scorecard on the Workplace of Choice initiative is noted with many accomplishments. Baycrest has completed its annual employee engagement survey using Metrics at Work as part of achieving the workplace of choice. Three areas of opportunities to improve emerged which are: trust in the organization, adequate time to do my job, and involvement in decision making. An action plan has been initiated by the corporate level, and the plan includes: enhancing communication across the organization by walk-about; increasing town hall meetings; prioritizing corporate projects; creating program councils; establishing a leadership advisory group; and proposing a change management framework.

The organization is commended for initiating a staff wellness wall in the lobby, which depicts the three areas for improvement. Staff members can record a story about a peer for displaying the values of compassion, advocacy, respect and excellence (C.A.R.E.). The staff member selected to receive this recognition is presented with a certificate and pin. Their name is also posted on the television (TV) screen for public viewing. The organization is encouraged to evaluate the effectiveness of this initiative. Many other staff recognition strategies are in place and include the long-service awards and staff recognition luncheon.

In reviewing personnel files and interviews with staff members, it is noted performance reviews are not consistently compliant with the organization's policy of a performance review every two years for non-management staff. With the changing of the organizational structure, the organization is in the process of updating the job profiles to match the existing classifications. The policy on exit interviews has been reviewed and revised. Very few completed exit interviews were noted.

The volunteer program is a noted strength of this organization. Volunteers are an integral part of Baycrest and are valued. There is an excellent volunteer manual dated 2015, and an orientation document outlining the role of volunteers. The Youth Volunteer program is active, providing opportunity for youth to experience the health care environment. Kiosks exist for volunteers to log-in and out, as well as complete an annual patient safety survey and yearly human rights code.

Safety is important for volunteers and staff. A patient safety portal has been established for client safety learning materials. All staff members are required to complete the annual core curriculum which includes a variety of content on client safety, infection control and violence prevention, among other things.

The organization has an influenza policy that encourages all staff/volunteers to receive the flu shot. The volunteers had 100% compliance in 2014, while the Apotex and hospital employees reached 83% and 79% compliance. Staff members that have not been vaccinated are not permitted to work if their area has an outbreak.

The occupational health and safety program has an injury prevention program which includes many safety initiatives such as minimal lift and safe client handling, ergonomic assessments, and wellness initiatives to name a few. There is a 2014 health and safety management system action plan, listing the identified deficiencies from the audits with specific target dates. The date to complete the tasks is not noted however.

Another noted strength of Baycrest is the opportunities for staff education and learning. The organization uses LEADS leadership development , Harvard Manage Mentor tools, Leadership Building Blocks and provides tuition reimbursement initiatives to assist with staff education.

2.1.5 Priority Process: Integrated Quality Management

Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization's integrated quality management model integrates risk and quality activities and the needs of various stakeholders including its regulatory bodies. This model incorporates areas of concern as outlined in the client safety plan. This model outlines organizational responsibilities for quality and the identification and monitoring of indicators across the organization. An enterprise risk management assessment has been completed and there is a fully developed formal process using a Matrix to prioritize the top 20 risk priorities to address this year. Commendation is given for recognizing the need to streamline the priorities to focus on the risks with highest impact to the organization. The risks were assigned to a single executive owner and a board sub-committee to receive status reports and updates on that risk's treatment.

The quality improvement plan is well developed and focuses on quality dimensions of access, effectiveness, integration, patient-centred care and safety.

A process for near misses, adverse events and sentinel events is in place. The process includes the use of an incident reporting tool (SERS), communication and debriefing of incidents as well as a disclosure process. The organization has had a sentinel event in the past year and used it as an excellent example of how it manages sentinel events including disclosure and support for staff and family members. The organization also shared the impact and management of the sentinel event at an Ontario Long-term Care Association (OLTCA) session entitled: 'Naked on the Beach' to offer insight and support for others in managing and learning from Baycrest's experience. Incidents are reviewed monthly as case reviews, and are presented by the team that completed the root cause analysis for the incident(s). The organization does not designate incidents under the Quality of Care Information Protection Act (QCIPA) and does provide full disclosure with corrective actions to clients and families.

The clinical strategy, quality and safety committee of the board oversees the progress of the quality improvement plan. Staff members are also involved in making presentations to the committee relative to quality improvement activities. The commitment to risk management and quality improvement is evidenced in the improvement activities as well as the approach to near misses, adverse events, sentinel events, reviews of performance measures and client feedback mechanisms. The organization increasingly involves the resident council and family advisory committee in the teams for advice and insight into quality and risk activities. Their input is valued.

Medication reconciliation is fully implemented across the organization, with the exception of the clinic areas. There is a plan and time line to fully implement mediation reconciliation in the clinics.

Prospective analysis has been completed on the laboratory transition to out sourcing to Mount Sinai Hospital. This transition is now complete.

2.1.6 Priority Process: Principle-based Care and Decision Making

Identifying and decision making regarding ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has continued developing and strengthening its implementation of ethics and has weaved it across Baycrest including for operational processes such as resource allocation and priority setting. Baycrest has established an ethics council which has terms of reference, which also outlines membership. The ethics council is lead by co-directors; an ethicist and a physician ethicist. The ethics council reports to the quality steering committee and the medical advisory committee. The ethics council also has representation from ethics facilitators, two administrators, patient safety officer, patient representative and spiritual care. The council meets monthly and has incorporated the review of peer reviewed journal articles to support continuous learning of the committee. The ethics facilitator role has provided the organization with the ability to embed ethics in all service areas.

The organization runs "Brown Bag Ethics" sessions that combine ethical theory with clinical applications. These sessions occur two times per month and usually have between 10 and 40 participants in attendance. Participants include staff members, research scientists, volunteers and family members. The sessions are evaluated and are rated as good to excellent by more than 90 percent of the participants.

The ethics co-directors complete an annual report for the ethics program that communicates the activities and successes of the program over that fiscal year. The program outlines the ethics goals and objectives including the strategy, objectives, performance indicators, and to maintain the gain and outcome. This document supports moving forward the ethics program strategy to build ethics capacity. As well, the ethics program completes an annual summary of ethics activities. The summary outlines consultations, clinical consultations, organizational consultations, special projects, presentations and committee work.

The organization has recently been recognized by Accreditation Canada for the following leading practice: Development of an Advance Care Planning Policy and Toolkit.

The ethics program has embedded ethics within the corporate staff, volunteer and research scientist orientation to Baycrest. The ethical decision-making framework (IDEA) continues to be communicated to all volunteers and families and staff. The ethics program has created a two-page sheet that outlines ethics at Baycrest. The resource describes what ethics is about and how the corporate values are integral to the ethics framework.

The organization has been developing an ethics worksheet and is encouraged to continue developing this as a tool to further ethics capacity building.

Baycrest has a well-established research ethics board (REB) that includes the ethicist and representatives from the family advisory council. The REB has a rigorous model in place to review new studies. Policies and procedures are in place to support the REB activity.

The organization is commended on the development and implementation of a client registry to support research activity. Clients have the ability to opt out at any time.

The organization has created a two-page document titled: "A Guide to Assist Substitute Decision Makers in their Role".

2.1.7 Priority Process: Communication

Communicating effectively at all levels of the organization and with external stakeholders

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has a highly developed and far reaching communication plan. The director of Marketing and Communication has led the development of a branding exercise to be used in communications locally to internal and external stakeholders, as well as for the national and international interests. The organization disseminates information by way of newspapers, television (TV) commercials, print advertising as well as with newsletters such as the Baycrest Matters and Financial Focus, the intranet, internet, media spots and postings across the organization. The organization is highlighting transparency during the town hall meetings and the other communication tools.

There is a 'Two Minute Opinion Panel' satisfaction survey on the intranet. Paper-based methods are used to track progress over time regarding communication to the organization. Monthly results are posted on the intranet and the data demonstrate improvement in satisfaction rates for staff over time.

The organization has produced documents such as pamphlets, brochures and booklets for clients and families in the form of a welcoming package for each of the programs. High-quality marketing and information brochures are readily available across the organization.

The information management team supports teams to facilitate the flow of clinical and administrative information in the organization. The team provides data for research, quality initiatives and improvement activities and is able to create reports as requested. Research-based evidence and best practices information is available. The confidentiality and security of client information is monitored and tracked.

Planning is underway to update information management systems. The organization is encouraged to consider the implementation of an electronic medication administration system including an electronic medication administration record (MAR) in all patient care areas to complement the electronic systems in pharmacy.

2.1.8 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)

Environmental services has new leadership and is in a process of renewal. A work plan has been developed to implement new roles and responsibilities, processes and procedures including a sustainability plan that includes multidisciplinary audits, dashboard reporting and performance indicators. The changes will be evaluated using feedback from environmental staff members and stakeholders, and revisions will be made as indicated. Resident and family involvement has been added and their feedback will be important in the renewal and sustainability of the changes. The plan includes initiatives to engage the environmental staff members in the change process. The organization is commended for undertaking this important initiative.

2.1.9 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)

There is an effective committee for emergency preparedness. Proper liaisons are in place for infection prevention and control. Other community liaisons are in place for police, fire and with other emergency organizations. Proper drills and mock scenarios are done on a regular basis. They are analyzed, and new policies are developed as appropriate. There has been a major overhaul of emergency preparedness procedures since the organization's previous survey.

In 2013, Baycrest was involved in a mini-disaster, with flooding of the power supply to the hospital and loss of heating control. It was necessary to temporarily evacuate the hospital to other facilities, and this was carried out efficiently. Since then, there have been two other floods at Baycrest. All these floods were from separate and unpredictable causes. With each incident the cause was studied, along with the lessons learned.

2.1.10 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 recognizes its responsibility in managing patient flow along the system. The quality improvement plan includes objectives to improve access to rehab services by improving length of stay for hip fracture rehab, to reduce unnecessary time in complex continuing care (CCC) for alternate level of care (ALC) patients and to reduce preventable transfers to the emergency department. The plan includes measures, current performance, target performance and improvement initiatives. The operating plan includes an access and flow strategy to improve patient flow with central intake for all programs.

A review of the intake process was completed in 2012, which highlighted the 43 different access points for the programs at Baycrest. The goal is to coordinate access, improve flow and utilization by introducing a centralized intake process. It will work to remove duplication, and improve efficiency and customer satisfaction for stakeholders trying to access Baycrest. This is a major change for the organization and there is a significant amount of planning needed to reach their goals. The rehab transformation model of staff engagement and education by senior leadership proved successful in engaging staff members in developing strategies to reduce length of stay and improving triage of new applications for acceptance and subsequent admissions.

The programs seek feedback from the referral sources and the information gained is leading to changes in application review and improved response time with the decision. The organization is reviewing the types of clients/patients it is rejecting to determine if there are new patient populations it could be serving.

Transitioning patients back to long-term care (LTC) after treatment for responsive behaviours is an ongoing issue for the mental health team. The LTC homes are often reluctant to readmit a resident sent to Baycrest for assessment and treatment of responsive behaviours and the Baycrest team works closely with these homes to support readmission when the treatment is complete. The Toronto Central LHIN will be reviewing and evaluating the services of the specialized CAS teams to determine identifying the next steps to improve patient flow in this area.

Long-term care (LTC) reported blockages in admissions via the Community Care Access Centre (CCAC) process. Baycrest will review the facility configuration to determine if the best way to care for residents with specialized care needs; in specialized units, or in a more integrated model, except for residents requiring a locked unit. The organization will continue to have dialogue with the CCAC to find solutions to remove the blockages in the system on their end.

2.1.11 Priority Process: Medical Devices and Equipment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has a well-developed and well-executed preventive maintenance (PM) program for all medical devices and equipment excluding dental equipment which is serviced by the manufacturer. All preventive maintenance is documented electronically and has electronic reminders for scheduled maintenance. Maintenance requests are logged electronically and status reports are made to the originating area. There is a tag-out process and signage to put broken equipment out of service and to transport to the maintenance areas. This is a contracted service which includes an on-site technician.

Adverse events involving equipment are documented on the SERS form and reviewed by quality, occupational health and safety and infection prevention and control (IPAC) as indicated. These groups oversee the follow-up and corrective actions. It is suggested that SERS reports include the inventory number of any equipment involved in an adverse event.

Sterilization and reprocessing services are well-organized and meet standards of practice. There is no flash sterilization occurring in the organization. Endoscopy procedures are conducted and appropriate disinfection procedures are in place. Staff members working in this area are certified and certifications are renewed annually. The organization is encouraged to consider tracking the annual certification electronically.

The dental service is responsible for reprocessing and sterilization of dental equipment. Standards of practice are met in this area as well. Again it is suggested that the organization track the annual certifications electronically.

2.2 Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

Point-of-care Testing Services

- Using non-laboratory tests delivered at the point of care to determine the presence of health problems

Clinical Leadership

- Providing leadership and overall goals and direction to the team of people 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

2.2.1 Standards Set: Ambulatory Care Services

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

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The team works well with partners both internally and external of the hospital to collect information and feedback, coordinate services and to set goals for development. The goals are objective and measurable. Team members have input to job design and goal setting. Physical space is adequate and well laid out, despite the fact that some facilities are in temporary space due to recent flooding. There is proper training, maintenance and cleaning of equipment by qualified personnel. Flash sterilization is not used.

Priority Process: Competency

The ambulatory care team is made up of members from many medical disciplines, all of whom are properly qualified and do their jobs well. The skill sets complement each other's discipline and they receive orientation to their positions with the appropriate programs.

The team regularly assesses its functions, and adapts accordingly. The team members receive properly orientation to equipment and devices used. As intravenous (IV) infusion pumps are not used on the unit, no orientation is necessary. Sterilization machines are operated properly.

There are regular staff performance reviews, and staff feedback and input is welcomed by management.

Priority Process: Episode of Care

Comprehensive and innovative ambulatory care is provided at Baycrest. The team is divided into many sub-teams, all of which have well-defined spheres of activity. Comprehensive health care is provided from the many departments of the unit. Health care records are digitized and readily available, so charting is seamless between the various units.

Guidelines are based on best practices and are modified with staff input when necessary. Processes are standardized. Services are delivered in a timely manner and delivered in accordance with urgency. Information is constantly provided to clients on admission, throughout the treatment and on discharge from treatment. The client is asked to provide feedback to make sure the person understands. Informed consent is always obtained. There is also telephone follow-up after discharge.

Complete medical, psychological and social assessments are made, and these assessments are re-checked throughout treatment. A best possible medication history (BPMH) is determined and revised as necessary.

Treatment goals and a service plan are established and modified appropriately as the treatment progresses. All service providers are identified and information is transferred appropriately between them.

Ethical and legal standards are followed. The patients are allowed to review their chart.

Priority Process: Decision Support

All clients have a complete and up-to-date clinical chart. The chart is digitized, and all authorized health care providers have ready access to it. Staff members receive training in the digital charting system, and have no trouble using it. Guidelines are established for all major functions, and are reviewed on a regular basis. All research activities meet ethical and research standards.

Priority Process: Impact on Outcomes

Risks to clients and staff members are avoided by way of proper safety programs such as falls prevention and teaching sessions both for clients and staff. The client and family are aware of their role in promoting safety. Sentinel events and near misses are properly reported and disclosed to clients. Quality Improvement is important in the Ambulatory Care Unit. Verifiable goals and indicators are chosen. The staff members are fully aware of and engaged in all quality improvement (QI) activities.

2.2.2 Standards Set: Community Health Services

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

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The services reviewed during this survey are: Community Day Centre for Senior's Program, Integrated Community Care Team, Sam and Ida Ross Memory Clinic and Neuro psychology and Cognitive Health. The program collects information on activity for each service. The services use the information collected to define its services as well as make adjustments to fit the needs of its targeted populations.

The teams have created strong partnerships with key community partnerships such as Community Care Access Centre (CCAC), Community Social Services (CSS) and transportation services. The integrated community care team has created a model that delivers services to housebound high-risk seniors. It has established partnerships with primary care and CCAC to support the service delivery model.

All teams establish annual goals and objectives to support the teams in remaining focussed during the course of the year. Also, all teams complete an annual report that highlights clinical services, research, education and knowledge exchange, and innovation. Within the report, the teams will communicate items such as their client utilization and demographics, quality care indicators, patient and family experience, research publications, education indicators and identify their goals and objectives for the next year to two years. The teams are recognized by the surveyor team for their breadth of delivery in all areas and especially for their contributions in building capacity outside of Baycrest.

Volunteers and students are a key part of the Community Health Services, and this is noticeable with the Community Day Centres for Seniors. The day centres have numerous volunteers which support the multitude

of activities that occur daily. The day centre also has a strong art program that has a model that engages Grade 9 students with the seniors at the centre, over the course of numerous sessions the students and seniors create art. Evaluation of the project has shown that it has improved the inter-generational interactions between students and seniors.

All services have dynamic and engaging clinical and administrative leaders that model the organization's vision, mission and values.

The scholarly approach is evidenced at the Sam and Ida Ross Memory Clinic and in the Neuro psychology and Community Health Programs. A key core goal delivered by the programs is to support training of clinicians, education, teaching and research. Both programs are actively leading numerous research projects that support building evidence-based capacity in the older adult population.

The department of neuropsychology successfully re-accredited its pre-doctoral internship in clinical neuropsychology at Baycrest. This is one of three programs across Canada to be accredited.

Priority Process: Competency

All services within Community Health incorporate an inter-professional model that utilizes various disciplines to support achieving the desired health outcomes for the senior populations. All roles and responsibilities are clearly outlined for all team members. This is communicated to all team members as well as to clients and families. There is an extensive corporate orientation that is followed by an orientation to the local service area within the community health program.

Processes and procedures are in place to ensure that licensure and credentials of the team members are current. Ongoing education is provided to staff members to support their work with clients. Mandatory training that staff need to complete is captured using the electronic online system.

Neuropsychology utilizes its students, fellows, interns, and 'post-docs' to maximize efficiencies in the Neuropsychology and Community Health program. The Day Centres have introduced a quality and safety committee and developed indicators to track and monitor. Neuropsychology has continued to be innovative in designing programs to meet the needs of their clients. The memory and cognitive health programs provide training for numerous clinicians outside of the Baycrest community.

The service has welcome packages that include handbooks for patients/clients and families and these include an outline of client rights and responsibilities.

The integrated community care team collaborates with the Community Care Access Centre (CCAC) to ensure that the client home environment is safe and accessible.

Staff members receive bi-annual performance reviews and management staff receive annual performance reviews. The reviews evaluate progress on the individual staff goals which are aligned to service and organizational goals. The performance review model captures the organization's mission, vision and values.

Staff members are recognized for their contributions via a number of strategies such as personal emails and using the value appreciation cards that are widely available in the organization.

Priority Process: Episode of Care

Processes are in place to optimize the teamwork and reduce duplication. The teams have processes in place to review activities and create efficiencies utilizing a quality improvement framework.

Policies and procedures are in place to protect the privacy and confidentiality of all client information. There is documentation in place that outlines the activities offered in each of the services. The information outlines the procedure to access services, including the associated referral forms. A number of the referral forms have been revised to meet the needs of the referral sources.

All services work with their clients and families in establishing person-centred goals and objectives.

Clinical documentation is completed electronically. The documentation can be accessed by clinicians. All services maintain a working file for every client which includes all documentation that can not be added to the electronic health record.

During the survey clients and care givers reported that they are treated with the utmost respect and dignity. The clients and families reported that they feel safe and secure at all times in the presence of the staff. Clear processes are in place that map out the client and care giver service delivery journey. The processes highlight key decision points. If a decision is made to not offer services because a client does not meet the service criteria then the service provides alternative options. If the client is accepted into the service this initiates the intake process. The service first point of contact provides a clinical assessment that identifies needs and how the team will be utilized to support the client.

The program has taken several steps in removing barriers for accessing services. All services have a formal medication reconciliation process in place that utilizes the pharmacist, physician and nurse and includes medication reconciliation at transfer, admission and discharge.

The Community Day Centre for Seniors has mapped out a decision-making tool that guides the service in the admission and assessment process. This centre for seniors outlines the processes to confirm attendance and uses an agreement and consent form. The form outlines: limits of care; medical care/incidents/emergencies; transportation including alternative options; outing waiver; email consent; consent for video-taping/photographs/interviews/artwork; next of kin information; fees; and the cancellation policy and billing information. The service has a transportation agreement in place as well that is signed by the client.

Patient safety is a priority throughout all services and is incorporated into all clinical documentation, from the intake to the discharge process. Clients and families are provided with the document: "Safety at Baycrest - what's your role as a client or family member".

The services incorporate a client-centred model of care and this is evidenced in the strategies in place that engage clients and families throughout their clinical journey.

Priority Process: Decision Support

Policies and processes are in place to support the privacy and confidentiality of all patients involved in the community health services.

The electronic health record provides access to clinical documentation including assessments, medication reconciliation, and consents. Documentation is thorough and completed in a timely manner.

The Sam and Ida Ross Memory Clinic and Neuropsychology and Community Health are leaders in their fields for innovation, research, and program evaluation. The organization places a huge emphasis on incorporating evidence-based practices into all clinical settings. As mentioned previously, it has been identified by the Registered Nurses Association of Ontario (RNAO) as a Best Practice Spotlight Organization for six practice guidelines. These guidelines are being introduced across all services.

All staff members working in the community health program have received training with regards to ethics and have been introduced to the ethical decision-making tool kit.

Priority Process: Impact on Outcomes

All teams incorporate program evaluation to continually refine and develop services. Quality improvement has been embraced by all services within the Community Health Services. The Sam and Ida Ross Memory Clinic utilized Lean methodology to drive efficiency changes. This clinic has seen the service increase new admissions from 25 per month to 50 per month.

Quality improvement is a key contributor to the success of the Senior Day Centres. They have continually re-shaped their services to deliver activities that meet their client needs, which are evidence-based, and they receive high satisfaction scores from their patients and families. A logic model has been implemented that oversees the quality activities and ensures focus on tracking of key indicators that drive outputs and outcomes.

The Safety Event Reporting System (SERS) monitors the high-risk areas such as falls, medication errors, and patient safety as it pertains to living in the community. Quarterly reports support the tracking of trends across the services and provide timely responses to potential safety issues and concerns. Staff members are involved in patient safety education and training. Services provide their patients and families with education on their role and responsibilities with safety. All services monitor process and outcome indicators. There is a focus on making their services accessible and services track and report on wait times.

All services complete patient experience surveys and report annually on the results. The services report high ratings (very good to excellent) with respect to the level of satisfaction, as indicated by the feedback from clients/patients and families.

2.2.3 Standards Set: Hospice, Palliative, and End-of-Life Services

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

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The team on 6W is a strong caring team that provides palliative care services to patients needing symptom management and end-of- life care. The team actively works with its partners and the Community Care Access Centre (CCAC) to collect information relative to all patients requiring the service. Screening referrals ensures that services exist to meet the needs of the patient.

The palliative care service has changed in the past two years in that there is more complexity of care. There is also a shift to stabilize the patient that wants to return home if at all possible. The length of stay is four to five weeks.

The organization supports the team to provide quality palliative care by: ensuring adequate resources are available; promoting and facilitating attendance at external and internal education; and providing wellness activities and an employee assistance program. The team has also initiated first Fridays, at which the Rabbi meets with staff members to discuss professional grief. The staff members have found this helpful and feel supported by their leader that provides coverage while they attend the session.

The team is knowledgeable and committed to palliative care.

Priority Process: Competency

There is a strong interdisciplinary team to support the provision of quality palliative care services. Team members include an advanced practice nurse, registered nurses, registered practical nurses, personal support workers, pharmacists, physiotherapy, social workers, nutritionists, spiritual care and physicians. There are many educational opportunities for staff education. Several staff members have received their certification in palliative care, with several more interested in pursuing this endeavour.

The position of Advanced Practice Nurse is a great asset for the program, providing annual education on CADD pumps and ensuring staff members are competent in this skill. It is noted that training is documented. Twenty-eight of thirty staff have completed their annual training. The core curriculum is also completed annually for all staff members, with a compliance rate of 94.3%. The staff members take great pride in their work and value learning that will enhance effective patient care processes.

The program, due to its increased complexity, is in the process of changing its skill mix by only having the classifications of staff registered nurses and registered licensed practical nurses.

Volunteers take an active role in providing support for the patients such as friendly visiting, assisting with feeding if requested, making blankets for patients and so on. During the on-site visit, a group of patients were re-potting plants which they seemed to enjoy doing. The staff members appreciate the volunteers work and support. The organization provides volunteer recognition dinners as a way to thank volunteers for their service. Staff recognition is also held, with long-service awards, a luncheon and the CARE awards. Staff members are proud of being recognized and receiving the team award for collaborative teamwork in 2013.

Performance reviews in this service are not consistently completed as per Baycrest's policy.

The team also preceptors students from various colleges and provides orientation. Due to past safety events, students are not permitted to use the lifts, or administer medication as per the CADD pumps.

Priority Process: Episode of Care

The team provides palliative care services to those that require stabilization of their symptoms or require support for end-of-life care. The Baycrest palliative care program has a wait-list to access service. Patients interviewed during the survey noted satisfaction to use this program, with many expressing how fortunate they were in obtaining a bed. The patients expressed their gratitude to staff being responsive to their needs.

The staff members were engaged in speaking about the program, and were proud to talk about their accomplishments and initiatives to support the patient. The team monitors patients that are waiting for admission to ensure that it is responsive to requests in a timely manner. Families are involved and are encouraged to participate in care.

Patients are provided information about Baycrest verbally and in writing via the organization's website. Admission and ongoing assessments are completed by the interdisciplinary team. A variety of assessments including pressure ulcer using the Baden scale, pain and other symptoms are completed daily or on a more frequent basis and documented using the Edmonton Symptom Assessment System (ESAS) tool.

Medication reconciliation is done on admission, discharge and transfer points, and is done by the pharmacists in collaboration with the physician. There is a process to double-check when using high-alert medications.

The interdisciplinary care plan is developed based on the various assessments. Goals are developed however, these vary in how specific and measurable they are. The care plan is modified and revised when patient's condition changes.

Staff members participate in interdisciplinary conferences and attend physician rounds. There is a process for self-medication, however, few patients use this as, according to staff, they want the contact of staff.

Advance directives in the files reviewed were not consistently completed, but patient wishes were captured on the intake form. This is not congruent with the organization's policy.

Restraint use is not used in this area, but at this time one patient is sometimes resistive to care and staff members have used a mitt during care. Referral to the behavioural team may prove helpful for the team.

Client education is documented in the nursing notes. The falls risk score which is completed is not reflective of the type of client this service has, and the team is planning to develop a tool to better serve this population.

Memorial services for all of Baycrest is offered two times per year to memorialize deceased patients. There is a strong spiritual care program at Baycrest.

Priority Process: Decision Support

The team maintains an accurate and up-to-date file for every patient. Some of the file is paper-based. The team does not have access to the electronic medication record. The pharmacist completes it and sends it to the unit. Staff members will write the medication in ink until the new record is completed.

There are good processes in place to share information amongst the interdisciplinary team members and with other organizations.

Priority Process: Impact on Outcomes

The team uses two client identifiers to confirm the patient's identity. The team is keenly aware of its role in patient safety. The quality improvement board has been placed on the wall in the hallway and can be viewed by all, families and patients and staff. The staff members use huddles to discuss safety concerns, and speak at team meetings and shift reports.

The team has identified high-risk activities and has implemented verification processes to diminish the level of risk. When CADD pumps are used to deliver medications including narcotics, there is a double-checking system in place. All narcotics and wasting of narcotics are double checked. Insulin and anti-coagulants are double checked.

Patient satisfaction is high for this service, as evidenced in interviews with patients during the on-site survey.

2.2.4 Standards Set: Infection Prevention and Control Standards

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)
Priority Process: Infection Prevention and Control
It was a pleasure to review the infection prevention and control (IPAC) committee at the Baycrest Hospital. The IPAC committee is made up of exceedingly well-qualified professionals that represent all areas of the organization affected by infection prevention and control. They appear to work well together, and are committed to the process of infection prevention and control. The IPAC committee is routinely consulted on the physical environment, the laundry, food services, construction issues and general infection issues. There are written policies in place to cover all imaginable infection control issues. These policies are public information, and readily accessible to the staff. A multi-faceted approach is used to promote IPAC, and it involves all volunteers and staff. Infection prevention and control (IPAC) orientation sessions are mandatory for staff. Staff members that are ill with an infectious disease are followed closely, and given modified work, or time off, depending on their infectious process. Vaccinations and immunizations are offered to staff. Hand-hygiene procedures are appropriately instituted and monitored. Staff hand hygiene is watched carefully and regular advisements of results are posted. Appropriate cleaning is given to all areas, and there is a rating system used for the level of cleaning required. All infections are identified, categorized and followed up appropriately. Recently published in the Canadian Journal of infection Control is an article titled Infection Prevention and Control with Accreditation Canada Qmentum Program, which was co-authored by Baycrest Health Sciences, Providence Healthcare, Bridgepoint Health and West Park Healthcare Centre.

2.2.5 Standards Set: Long-Term Care Services

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

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The scope of long-term care services aligns with the organization's strategic direction. The Government of Ontario has designated Baycrest's Long-Term Care Services as the centre for Learning, Research and Innovation in advancing quality of care in older adults.

The team monitors the needs of the population and actively works with its partners to identify the needs in long-term care (LTC). Baycrest offers a continuum of LTC services such as assisted living, community-based day programs for geriatric care, and a variety of residential programs.

During this survey, the Apotex Centre was the focus of the on-site visit. The Apotex Centre provides long-term care programs to 472 residents that have various needs such as persons with cognitive impairments, mental health, and behavioural and physical care needs. Planning for service is based on information from the wait-lists, information from Community Care Access Centres (CCACs) and the Local Health Integrated Network (LHIN).

The organization supports the team in the provision of long-term care by providing opportunities for staff education internally and externally. This is certainly a noted strength of this organization. Ensuring staff members have the right information to do their job is a priority. Professional development is promoted and there are many opportunities to learn about best practices within this learning environment.

As previously mentioned, Baycrest has been awarded the Best Practice Spotlight Award from the Registered Nurses Association of Ontario this year, which is a great accomplishment.

Staff members participate in interdisciplinary team rounds on a weekly basis. It was decided that the personal support worker (PSW) would lead the rounds and present changes in patient/resident status using the situation background assessment recommendation (SBAR) tool. This initiative is commendable as the information is coming directly from the front-line staff.

The Advanced Practice Nurse provides information on updates to clinical practices and orientates new staff.

The newsletter titled: "Nursing Matters" is a quarterly newsletter for the nursing staff. The newsletter is used to communicate and update on changes and answer staffs' questions.

Baycrest makes great efforts to have the facility looking as home-like as possible, with family rooms and pleasant dining spaces. The areas are decorated with plants and beautiful art work throughout. There are comfortable lounge areas for visitors and families.

The team receives training in the reporting of abuse, dealing with aggression and other responsive behaviours. A Wander Guard system is in place to reduce the risk of elopement.

Baycrest welcomes many students to the organization and has developed a strong learning environment for student success. The inter-professional education program provided for students is commendable. Having access to lunch and learns, telehealth events, department rounds and educational seminars assists with expanding their learning.

Volunteers are an integral part of the program, performing a variety of functions including assisting with feeding. They are a valuable team member and are well respected. Their roles are delineated in the program and they understand the importance of resident safety. The Baycrest volunteer manual was updated in 2015 and is a good resource for volunteers and staff.

Priority Process: Competency

The team has many disciplines and all are knowledgeable regarding long-term care. Members of the team have been provided with training to support and improve team functioning.

The core courses in geriatrics, as developed by the Centre for Learning, Research and Innovation (LRI), has a focus on ageing changes, responsive behaviours and working with families, and is commendable.

New staff members receive general orientation to the organization as well as unit-specific orientation to their work area. Orientation includes: safety, infection control, workplace violence and how to report it; various topics on long-term care, and training in equipment and supplies used to deliver long-term care such glucometers and lifts. Staff members must review their competence with the glucometer, and point-of-care testing.

Mandatory education is also provided on workplace hazardous management information system (WHMIS), emergency codes, health and safety awareness, handwashing and other infection control topics.

There is evidence by way of staff interviews that the performance reviews are not completed as per Baycrest's policy.

Staff members are encouraged to recognize their colleagues by submitting articles and stories on exceptional nurses and practices to the newsletter: Nursing Matters. Staff members are also encouraged to nominate their peers for the CARE awards. The organization also recognizes and honours employees with long-service awards and a recognition luncheon.

Priority Process: Episode of Care

The complexity of long-term care is changing, requiring resources to enhance clinical expertise. Baycrest recognizes this shift and is commended for reviewing the staffing model at Apotex Centre and initiating future changes in the utilization of staffing resources.

One of Baycrest's goals is to become more patient-centred in reviewing interventions not for staff convenience but through the lens of the patient. The staff members were engaged in speaking about the program, and were proud to talk about their accomplishments and initiatives to support the patient.

The team monitors patients waiting for admission to ensure that it is responsive to requests in a timely manner. Families are involved and are encouraged to participate in care. Baycrest's long-term care program has a wait-list to access services. The patients/residents interviewed during the survey are satisfied with this program, and many expressed how fortunate they were in obtaining a bed. The patients expressed their gratitude to staff for being very responsive to their needs. There is much satisfaction with the care, and for the musical and art programs.

The team performs a complete assessment of the physical, medical, psycho-social and spiritual status of the resident using a variety of standardized tools for long-term care. These tools include the Braden scale, pain assessment, falls assessment, risk of wandering, and so on. Assessing delirium with the use of the Cam tool has just recently been implemented.

Medication reconciliation is being done on admission, discharge and at transfer points. This is done by the pharmacists in collaboration with the physician. There is a process to double check when using high-alert medications.

The care plan is modified and revised when a patient's condition changes. Staff members participate in interdisciplinary conferences and attend physician rounds. Client education is documented in the nursing notes.

The Behaviour Support unit (3N), in collaboration with the Centre for Learning, Research and Innovation (LRI) have done great work in implementing reporting tools for behaviour and one example is the Sensory Observation system (SOS).

As with any long-term care program, balancing the expectations of families with the fiscal realities of what can be accomplished to meet their expectations can create conflict that needs strategies for resolution. Clients are provided with information about the organization, verbally and in writing via the organization's website, pamphlets handbooks, visuals and in other ways. Communication to families is a noted strength of this organization.

The organization is commended for its volunteer mentorship program in which mentors meet with new patients/residents on admission.

Advance directives are completed in accordance with the organization's policy. A falls risk score is completed and noted in the resident file. The organization is encouraged to continue to evaluate the falls of individuals with low-risk scores.

Priority Process: Decision Support

The team keeps client/resident files locked in a secure place on the units. The team is aware of privacy issues and has processes in place to ensure this is accomplished.

The Meditech system is used for client documentation and staff members state they have attended education sessions on upgrades.

The team is aware of evidence to support practice and works closely with the Centre for Learning, Research and Innovation (LIR).

Priority Process: Impact on Outcomes

The Apotex Centre has been monitoring many indicators such as falls and responsive behaviours which have been flagged by the quality steering committee as increasing in numbers. The team has implemented strategies and will continue to monitor for improvement. Education on falls management, developing responsive behaviour education and tools has been implemented and will be monitored.

The team has reduced restraint use and reports there are no restraints being used at the Apotex Centre. This is commendable however, the organization is encouraged to review the rationale for the increases in falls as to dignity of risk and medication.

The team has implemented a change-in-status report to be completed by staff. The purpose is to improve communications amongst the team members. The impact of this tool will need to be evaluated.

This team has implemented many initiatives relative to actions to reduce the risks for patients.

The results of the incident report trends are shared with staff. Team discussions are held on methods of prevention.

2.2.6 Standards Set: Medication Management Standards

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)
Priority Process: Medication Management
The pharmacy at Baycrest has two sections: There is a section that serves the Baycrest Hospital itself and it is staffed by Baycrest Hospital employees. The second section serves the Apotex Centre and Terraces and is managed by an employee of Rexall drugs. Both sections work in close co-operation with each other. The pharmacy is in a basement location, but is well lit, spacious and adequate for its needs. It is staffed by motivated and enthusiastic staff. All have defined roles. The pharmacy and therapeutics committee is made up of people from all disciplines and areas of expertise. The pharmacy meets all Required Organizational Practices (ROPs). It now has an antibiotic stewardship program. It manages all high alert drugs, heparin products, controlled substances and concentrated electrolytes appropriately. The pharmacy and the whole medical staff are congratulated on having completely adapted to computer prescriber order entry (CPOE). The pharmacy still has the ability to respond to written prescriptions, but the large majority of prescriptions are now digital. This took a great deal of organization and education to accomplish. Clinical pharmacists serve every unit/area, and do the best possible medication history (BPMH) as well as consult. Pharmacy services are available at all times. All safety practises for handling, dispensing and disposing of drugs are followed.

2.2.7 Standards Set: Medicine Services

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

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The team works within the community to meet the needs of the community. Services are regularly reassessed depending on how the communities needs change. Ambulatory care works with other teams, both internally and outside Baycrest to develop its objectives. Team members feel that support for their work is adequate, but that cost constraints inhibit the programs they are running and potentially could be developing. This is a famous training area for geriatrics, and many different types of students are accommodated here.

Priority Process: Competency

The medical teams on the two units visited during the survey were well-organized, with well defined roles that complemented each other's role well. Staff members were keen and motivated and aware of their special function in the hospital. The teams have input to their roles and team goals, are appropriately credentialed. Daily staff meetings are held in huddles, with more formal meetings held weekly.

All staff members working on these units receive proper orientation, including for any new equipment and supplies. They receive annual training on intravenous (IV) infusion pumps. Team members have annual performance reviews, and also have opportunity to give their input at these times. Staffing is checked regularly and assignments are changed depending on work load. Staff members are recognized for exceptional service where appropriate.

Priority Process: Episode of Care

Information is provided to the clients at all stages of their stay. The client is contacted by telephone prior to admission and told what to expect on admission. The client is given written material on admission regarding the stay. The client is fully informed every day about progress and the next steps. Feedback is encouraged to ensure understanding. Informed consent is always obtained, either from the patient or the legal surrogate. Discharge information, both written and verbal is provided, and there is a follow-up telephone call or visit.

Clients are admitted to the service by priority of urgency. If services cannot be provided for any reason, alternatives are found. Medical, psychosocial and physical needs are considered. A full medical history is obtained and diagnostic or consultative resources are used.

Baycrest does not have a laboratory, but lab work and x-rays are readily available by way of affiliation with Mount Sinai Hospital.

Risk assessments for falls, venous thrombo-embolism, skin breakdown and pain management are done in a standardized manner. A proper best possible medication history (BPMH) is obtained and medication reconciliation is done at points of transfer and on a regular basis. Proper legal, ethical and disclosure processes are followed. A comprehensive service plan is made for every patient and followed carefully. Medications are handled properly, with pharmacists available on every unit. Two client identifiers and proper information transfer are completed at appropriate points.

Priority Process: Decision Support

Client records are almost totally digitized. Appropriate confidentiality is maintained. Authorized staff members have quick and full access to the client/patient records. Staff members receive orientation to digitized records.

Evidence-based guidelines for medicine services are used and reviewed and changed as needed. Staff input is often sought. Research and ethical standards are followed.

Priority Process: Impact on Outcomes

The teams look at resources and goals and decide on what can be done within the cost constraints of the monies available. The budgetary 'pinch' is being felt by all departments. Despite this, adequate services are being provided.

A falls prevention and pressure ulcer prevention program are in place and are followed carefully. The patient and family are instructed carefully, using both written and verbal formats, about high-risk activities and their role in avoiding them. Sentinel events are recorded and reported. Quality improvement is used extensively, and staff members are aware of the various ongoing projects.

2.2.8 Standards Set: Mental Health Services

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

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The mental health program visited during this survey is the 20-bed in-patient psychiatry unit (4E), the Psychiatric Day Hospital for depression, and the Geriatric Psychiatry Community Service. The programs are not in proximity to one another, and being in different areas in the building creates a challenge for operation of the mental health program.

The in-patient mental health unit is a 20-bed short-stay hospital assessment and treatment program, supporting individuals with mood disorders including major depression, bipolar, disorders, post- traumatic stress disorder and psychotic disorders. The service also provides consultations internally for the Apotex Centre. The in-patient mental health team is engaged and provides assessment, interventions and stabilization for individuals with mental health challenges. Patients access the service via a central intake process that involves the Community Care Access Centre.

The Psychiatric Day Hospital clients are referred by a psychiatrist or general practitioner. This program is valuable in helping to reduce relapse and recurrence of symptoms of mental illness.

Baycrest has been working in collaboration with fourteen other hospitals to provide data on performance measurement to increase accountability and assist in further developing the mental health service. The team has a good understanding of the gaps in service within the community and is in the process of reviewing programs to become more proactive in meeting the needs. The team recently underwent a review by an external consultant to help establish future direction.

The mental health service also provides electro convulsive therapy (ECT) in a small space on the unit. The psychiatrist, an anesthetist from a neighbouring hospital as well as nursing provide the staff complement for the program. The team has proposed a new space for the ECT program, which is necessary since privacy for patient post-recovery is quite compromised.

The team has established program goals outlining admission criteria and also exclusion criteria for the program. The inter-professional team works closely with the patient and their family to set treatment goals to promote recovery. The organization is supportive of staff education. Staff members have enrolled in several educational programs such as cognitive behavioural therapy (CBT). Staff members have receive training in suicide prevention.

The geriatric psychiatric community service has developed a document titled: "Caring for Your Loved One", which is an educational guide for care givers of persons with dementia, and this team is well-received in the community and is filling many gaps in service.

Priority Process: Competency

The team maintains an up-to-date file on every patient. There is a combination of a paper and electronic record. There are good processes in place to share information among service providers, and evidence of this was seen in the files reviewed during the survey.

Team members receive training in privacy upon hire. The charts are in a secure and private location. Orientation is provided to new members of the team. Each of the programs has many safety initiatives in place to ensure staff and client safety.

Priority Process: Episode of Care

The team performs a complete assessment of the physical, medical, and psychosocial status of the patient and uses a variety of standardized assessment processes and forms which reduces duplication while ensuring that all appropriate information is collected.

The team monitors waiting-lists for admission to ensure that the service responds in a timely manner. Length of stays on the in-patient unit is monitored and compared with peers. The unit has decreased the length of stay.

There are many processes to ensure patient safety. The physical environment on the in-patient unit has been reviewed, with steps taken to ensure the locks on doors are lever door knobs, and that all hooks are collapsible and are not harmful. Modifications have been made to ensure a safe environment. On admission, a patient's belongings are searched to ensure dangerous objects are not brought to the facility that could create patient and staff harm.

There is an excellent suicide prevention policy and protocol. Patients are screened for suicide risk on admission and whenever necessary. Staff members have been trained in suicide prevention. Note is made of the Cam tool, which is a fairly new tool that is being used to assess for delirium.

Staff members screen and report to infection control, any patients with an increase in temperature, or is vomiting so that the appropriate follow-up can be completed. The unit has experienced outbreaks in the past for example, influenza and gastric outbreaks.

Glucometers are used for patients with diabetes. Staff members follow Point-of-Care Testing protocols and complete their competency training in this regard.

Falls risk assessments are completed on admission and in accordance with the policy.

Medication reconciliation is completed by the pharmacist. The pharmacist prints the medication administration record (MAR) and sends to the unit. The staff members are aware of the Safety Event Reporting System (SERS) and follow the protocols in reporting incidents.

Recreation services have been increased for the evenings and weekends.

Priority Process: Decision Support

Regular team meetings are held to review the operations of the program and identify the opportunities to improve the service. The Psychiatric Day program is encouraged to evaluate the program. The team members are knowledgeable and keen to participate in education to enhance their knowledge.

Priority Process: Impact on Outcomes

The mental health program is keenly aware of patient safety and has implemented many initiatives such unit structural changes and revised protocols for suicide prevention and these are just two examples.

The program is participating in the Transitional Discharge Model (TDM) ARTIC project with nine other hospitals in efforts to promote a seamless safety net for mental health in-patients transitioning from hospital to community. The aim is to reduce length of stay and further promote integration with the community.

Health outcomes and quality indicators based on the Canadian Institute for Health Information (CIHI) and Mental Health and Addictions Quality Initiative (MHAQI) in accordance with the team demonstrate excellent patient outcomes.

Clients have high satisfaction with the help they are receiving from all programs in the mental health program.

2.2.9 Standards Set: Point-of-Care Testing

Unmet Criteria	High Priority Criteria
Priority Process: Point-of-care Testing Services	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
Priority Process: Point-of-care Testing Services

The Ontario Laboratory Accreditation (OLA) has reviewed Point-of-Care Testing (POCT) at Baycrest in 2014. Baycrest is largely a geriatric facility and as such, does not require its own laboratory. Laboratory facilities are provided by Mount Sinai Hospital. The POCT management is also done largely by that hospital, with some local oversight. The only POCT done at Baycrest is blood glucose testing. The whole process is identified and audited and entered on the patient chart using bar code technology. This makes identification mistakes virtually impossible. The staff members are all appropriately trained in use of the glucometer, and training is reviewed annually. The whole process is overseen by a dedicated and knowledgeable management team.

2.2.10 Standards Set: Rehabilitation Services

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

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The following two units were visited as part of the Rehabilitation Services Episode of Care: the Low Tolerance Rehabilitation Unit (30 beds) and the High Tolerance Rehabilitation Unit (32 beds). Both units are supported by the same director and manager which provides continuity and consistency in application of policies and processes. Also, the units are supported by an advance practice nurse (APN) which provides consistency in clinical practices amongst the nursing staff. As well, the APN supported the team in rolling out best practice guidelines as part of Baycrest being recognized as a Best Practice Spotlight Organization by the Registered Nurses Association of Ontario (RNAO). The guidelines support best practices with prevention of falls, screening for delirium, depression and dementia, care giver strategies for delirium, depression and dementia, assessment and management of pain, assessment and management of pressure ulcers and promoting continence using prompted voiding.

The organization uses information from the Local Health Integrated Network (LHINs) to support ongoing program development. As a result of the changing provincial funding context of health services funding reform, provincial best practice activity and Baycrest's current performance (length of stay, discharge disposition, client outcomes), Rehabilitation Services undertook a Rehab Transformation Project. The project commenced its work in 2014 and to date, the transformation has resulted in the following: increased patient flow and improved access for patients requiring rehab; decreased overall length of stay; increased the percent of patients whose average length of stay (ALOS) was less than expected LOS; and developed a clear and transparent process for decision to admit to rehab.

The High Tolerance Unit has seen an increase in patients admitted to the unit during the past year, with 325 patients for 2013-2014 and 411 patients for 2014-2015.

The Rehab teams are piloting two strategies to improve team communication and communication to patients and families. The Rapid Rounds Board is a tool being piloted. It outlines for each patient items such as targeted discharge date, whether they are on target based on a green, yellow and red coding system, whose responsible for specific actions, CCAC involvement, and most responsible physician. The board allows the teams to catch things in a timely manner. The other tool being piloted is the communication board that highlights key elements such as the client's goals, daily schedule and the clinical team. The communication board enhances the communication between the team and the patients/families.

Both teams are involved in providing input to the development of the goals and objectives for each of the units. The teams use a number of boards to communicate and gather input from staff members including the Rehab quality/performance board.

The low tolerance rehab unit has recently been renovated and provides a spacious environment that is conducive to rehabilitation.

Roles and functions for each position are clearly outlined and highlight the role that every member has with patient safety.

The Rehabilitation Services promote the vision of an academic centre by providing an environment for students and volunteers.

Priority Process: Competency

Both rehab units have excellent inter-professional teams that work collaboratively to establish a person-centred model of care. The nursing staff mix for the rehab units include registered nurses (RNs) and registered practical nurses (RPNs). Also the advanced practice nurse (APN) provides nursing leadership for both units.

There are clearly outlined job descriptions for all positions working on both units. The roles and functions of every team member are communicated to patients and their families as part of the rehab services' welcome package. The inter-professional teams reported they work collaboratively and have a care coordinator from Community Care Access Centre (CCAC) that participates in various team meeting discussions. One example of this is the weekly Rapid Rounds where the CCAC care coordinator participates in the discussion to support meeting the targeted discharge date.

The low-tolerance rehab unit has recently been renovated and as a result it has a spacious and bright environment. Both units are wheelchair accessible and provide space for staff members to interact with patients safely.

Processes are in place to support annual credentialing of all staff members. There is a comprehensive orientation process in place for new staff at Baycrest. There are processes in place to support staff members in the completion of mandatory training required to ensure both staff and patient safety. Mandatory training is in place for infusion pumps that all required staff complete.

The transformation project is an example of how the teams have continued to re-engineer their services to best meet the needs of their patient populations. The low-tolerance rehab unit has adjusted their staffing ratios to meet the needs of patients on their unit, as compared to the high-tolerance rehab unit.

Priority Process: Episode of Care

The team continually implements strategies to improve teamwork and reduce duplication. The team has developed processes to improve the transition from acute care to the rehab services. In reducing the length of stay (LOS) on the units, the rehab services are able to increase the number of patients admitted to their units during the course of the year. This has also resulted in the units responding in a timely manner for transitioning patients into their service. The rehab units have shifted their clinical activity from five days to six days, as well as introducing admissions to the units seven days per week.

The team provides alternative options for patients that are not a fit for the rehab services. The team completes a comprehensive assessment. Nurses and the most responsible physician complete assessments within 24 hours. As well, occupational therapy and physiotherapy complete a mobility and safety assessment to determine the equipment needed and the level of support required. The use of resource matching and referral system provides the information that allows the time required to prepare in advance of the patient arriving on the unit.

There is a strong inter-professional team that supports the patients in achieving their desired results and providing safe and sustainable discharges for all patients. Processes are in place for the team to regularly review the health status of each patient and make the necessary adjustments. Consent is obtained from patients. If a client/patient is not able to provide consent, there is in place a substitute decision-maker process.

The rehab services have a very detailed disclosure policy and procedure in place.

Teams have clear processes in place for the prescribing, storage, handling, and disposal of medications. All medication carts on the units were locked and secured at the time of survey. They all have individual codes to access.

The teams have a discharge planning process in place that involves clients and families. There are processes in place to respond to all requests for medication and medication information after hours and in emergencies.

Priority Process: Decision Support

The team maintains an up-to-date health record. Documentation is completed in a timely manner. The team has emphasized completing the functional independence (FIM) within 72 hours of admission and as a result, the team has moved the completion rate from 30 percent to greater than 90 percent in the past year.

The team takes the necessary measures to protect the privacy, security and confidentiality of patient information. One example is the location of the Rapid Rounds Board, which is located in a room that protects patient information.

The rehab units have embraced and integrated the Registered Nurses Association of Ontario (RNAO) Best Practices into their clinical activities, and this supports the organization in meeting the criteria to be an RNAO Best Practice Spotlight Organization.

Team members are aware of the IDEA ethical decision-making tool.

Priority Process: Impact on Outcomes

Patient safety is a fabric of the rehab services and is woven across all processes and procedures. The teams have introduced a number of strategies to support patient safety including the falls prevention strategy. The units have excellent hand-hygiene results in the auditing processes.

Staff members receive orientation to the Safety Event Reporting System (SERS). The SERS software tracks events such as near misses, good catches, lab errors, medication errors and falls. Those staff members involved in the incident complete the electronic report and sign off. The report is directed to their manager and quality/safety council. The manager reviews the report and determines the appropriate action. The involved staff debrief after each event. Also, the units receive quarterly reports that outline potential trends in the unit(s) and with other hospital services. All staff members receive training in using the safety event reporting system. The rehab services promote a just culture which utilizes root cause analysis thus, taking the focus off of the individual staff member.

The teams have a falls prevention strategy in place that tracks falls, with harm and no harm considered.

Patients and families are provided with a welcome package that outlines their role with safety. The rehab services utilize two identifiers when interacting with all patients.

The Rehab Transformation Project has been a great initiative to deploy quality improvement activities to improve the rehab services delivery model. The project targets improving efficiencies to reduce the cost per patient, as well as increase access to the services. By way of quality improvement initiatives, the rehab services have quantitatively shown a reduction in cost per patient but more importantly, have increased access to meet a growing demand for rehab services from an ageing population.

The clients/patients interviewed during the survey highlighted the quality values that all staff members display when interacting with them. The clients indicated that the service delivered is of the highest quality and has provided them with the necessary rehab to transition back to their home. Clients reported that they feel safe on the rehab units. The units have introduced the CAM process at admission to identify patients at risk for delirium. The process has staff members completing the CAM daily over the course of the patient admission.

2.2.11 Standards Set: Residential Homes for Seniors

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

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The leadership has instilled throughout the residential services the importance of sharing with others, the dignity of the individual and the spirit of Jewish life. These elements capture the essence of the Terrace community that focus on creating a warm and stimulating environment for all of its residents. The Terraces provide a wide range of services and programs that meet the individuality of their residents. The Terraces have an active residents council that is guided by a revised Resident Bill of Rights and Responsibilities. All residents receive the document as they are being admitted to the Terraces.

The Terraces have the Tabachnik Health Centre which provides residents access to their family physician and nurse. All residents are assessed upon moving-in and re-assessed every six months. There is a Health Centre nurse, available 24 hours per day.

The team collects information about the residents which generates a resident profile. The Terraces operate at 95 percent occupancy and the average length of stay is five years. There are 66 Holocaust survivor residents living in the Terraces. The team collects information on items such as age, gender, level of assistance required, program attendance, cognitive impairment and hospital admissions. The information collected assists the service in establishing priorities and setting goals and objectives. The Terraces have established goals and objectives for 2015-2016. Two areas of emphasis are evaluating the optimal staffing patterns and the program model that meets the resident needs, and exploring the feasibility of an assisted living service.

Policies and processes are in place for the contract services, and they include procedures for renewal of an existing contract. The Terraces were recently accredited by the Retirement Home Regulatory Association.

The Terraces have numerous volunteers that support many of the programs. Volunteers receive orientation corporately as well as at this specific service level. The residents make up a number of the volunteers but the Terraces also have many external volunteers. Students are an integral part of the Terrace community. Student placements occur throughout the year for many of the disciplines including family medicine.

Priority Process: Competency

There is a strong and interactive inter-professional team in place for the Terraces. The team routinely reviews roles and responsibilities and this has resulted in a decrease in duplication of certain functions with the team. Moving-in check lists that outline each team member's role and function is an example of reducing duplication. Furthermore, the service has developed and sustained a learning culture that embraces learning and sharing of knowledge amongst all team members. Various in-services are provided to staff such as responsive behaviours and falls prevention.

The spacious environment provides a good working environment for all staff. The Terraces have a number of committees that support the ongoing development and improvement to service delivery. The food committee has representatives from residents, food services, the chef and staff. The dining experience during the past 2.5 years has introduced a second meal at lunch time as a result of input from the committee. There is a complaints and compliments process in place with the aim to address all complaints within 24 hours.

All staff members receive a performance review every two years and all management staff receive one annually. The performance reviews align goals to the Terraces goals and objectives.

Staff recognition is ongoing throughout the year. Personal emails, weekly Thursday meetings and value statement cards are a few ways that staff members are recognized for the great service provided to the residents.

A process is in place to check and verify that staff members are properly credentialed and licensed.

A process is in place to report incidents related to resident abuse and neglect. Orientation training and ongoing annual training is in place to prevent and respond to workplace violence. The Safety Event Reporting System (SERS) supports the reporting of incidents of workplace violence. A process is in place to follow-up and remedy the incident.

Priority Process: Episode of Care

There is a detailed process in place to ensure potential residents and their families receive information about the Terraces. Numerous team members are involved when a resident is moving in, and the team has created a check list that outlines each member's role and responsibilities, as well as the time lines for completing the function to optimize the transition experience for the resident moving in. Social work and nursing meet with new residents to outline the services and programs available and provide the opportunities for opting out.

The Terraces have an active residents' council that is guided by the Resident Bill of Rights and Responsibilities. This information is provided to the resident as well as followed up with the floor representative on the council.

The resident is assessed by social work, nursing and the family physician within the first two weeks of moving in. Medication reconciliation is completed at the time of admission by the pharmacist and verified by nursing and the family physician. A health assessment is completed by nursing and a full physical is completed by the family physician. The resident receives a reassessment at six month intervals. During the assessment phases, decisions are made that best support the needs of the resident. The care plan is adjusted if needed, based on the health and goals of the resident.

The team closely monitors all residents and documents accordingly. If there are concerns, the resident is followed up immediately by the appropriate team member. More than 90 percent of the residents have advance care directives in place. Staff members and residents receive education regarding advance care planning.

The team utilizes the Safety Event Reporting System (SERS) to report incidents and to monitor and action any incidents that arise with the residents. The team uses the ethical decision-making tool to address ethics issues and concerns. As well, the team will utilize the expertise of the ethicist to provide direction and guidance on ethical dilemmas.

All residents have an individualized care plan that identifies the resident's goals. These are adjusted accordingly to fit with the resident's individual needs. Spiritual care is a key part of the team. Policy and procedures are in place to support end-of-life care and managing resident deaths.

Priority Process: Decision Support

The team utilizes an electronic health record as well as a working chart to keep up-to-date and accurate records of all clients/residents. The electronic health record provides timely access to pertinent information. The service is continually pursuing opportunities to create efficiencies with the use of technology.

All staff members receive education and ongoing continuing education on privacy, security and confidentiality of resident information. The team has also shared with residents the guidelines pertaining to confidentiality and privacy. The team has utilized media such as the drama group to showcase the importance of confidentiality and privacy.

The residents commented that staff members at the Terraces provide excellent care. The residents reported that they like the amount of activity choices provided during the day. The residents indicated that the residents' council has grown in the past few years in that it now provides direction and advisement for changes to optimize the resident quality of life.

Priority Process: Impact on Outcomes

A number of quality improvement initiatives have been moved forward by the Terraces during the past year. The Terraces have thus far achieved greater than 90 percent completion of advance care directives for all their residents. Also, the team has been able to introduce processes to reduce the number of preventable hospital admissions from 173 in 2013 to 134 this past year.

The team is trained in how to reduce and manage risks to resident and family safety. The team has a comprehensive safety program in place that monitors, reports and tracks incidents. This includes near misses and good catches, and incorporates a proactive approach in creating a safe environment. Handouts are provided to residents and families that outline their roles and responsibilities with safety.

A falls prevention strategy is in place that includes an assessment of fall risk at the time of moving in. All staff members and volunteers receive training to identify concerns regarding fall risk immediately so that the necessary interventions can be put in place.

The Safety Event Reporting System (SERS) supports the team in identifying adverse events, sentinel events and near misses. The Terraces have a comprehensive disclosure policy and procedure.

The team has processes in place to track and monitor process and outcome indicators that drive efforts as continually improving services delivered to their residents.

The service evaluates the resident experience and recently completed one in 2014 that showed that more than 86 percent of the residents were satisfied with the services delivered in the Terraces.

The quality improvement committee has residents as members. Their voices keep the committee grounded and focused on implementing initiatives that improve resident quality of life.

Section 3 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.

3.1 Governance Functioning Tool

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: March 18, 2014 to November 3, 2014**
- **Number of responses: 18**

Governance Functioning Tool Results

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1 We regularly review, understand, and ensure compliance with applicable laws, legislation and regulations.	0	6	94	93
2 Governance policies and procedures that define our role and responsibilities are well-documented and consistently followed.	6	0	94	95
3 We have sub-committees that have clearly-defined roles and responsibilities.	0	0	100	97
4 Our roles and responsibilities are clearly identified and distinguished from those delegated to the CEO and/or senior management. We do not become overly involved in management issues.	6	0	94	95
5 We each receive orientation that helps us to understand the organization and its issues, and supports high-quality decisionmaking.	0	6	94	92

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6 Disagreements are viewed as a search for solutions rather than a “win/lose”.	6	0	94	95
7 Our meetings are held frequently enough to make sure we are able to make timely decisions.	6	6	89	98
8 Individual members understand and carry out their legal duties, roles and responsibilities, including sub-committee work (as applicable).	0	0	100	96
9 Members come to meetings prepared to engage in meaningful discussion and thoughtful decision-making.	6	0	94	94
10 Our governance processes make sure that everyone participates in decision-making.	6	17	78	94
11 Individual members are actively involved in policy-making and strategic planning.	0	6	94	89
12 The composition of our governing body contributes to high governance and leadership performance.	6	11	83	93
13 Our governing body’s dynamics enable group dialogue and discussion. Individual members ask for and listen to one another’s ideas and input.	6	6	89	96
14 Our ongoing education and professional development is encouraged.	6	17	78	88
15 Working relationships among individual members and committees are positive.	0	0	100	97
16 We have a process to set bylaws and corporate policies.	0	6	94	95
17 Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	97
18 We formally evaluate our own performance on a regular basis.	18	12	71	82
19 We benchmark our performance against other similar organizations and/or national standards.	6	44	50	72
20 Contributions of individual members are reviewed regularly.	11	39	50	64

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21 As a team, we regularly review how we function together and how our governance processes could be improved.	6	18	76	81
22 There is a process for improving individual effectiveness when non-performance is an issue.	11	44	44	64
23 We regularly identify areas for improvement and engage in our own quality improvement activities.	17	6	78	80
24 As a governing body, we annually release a formal statement of our achievements that is shared with the organization's staff as well as external partners and the community.	11	28	61	84
25 As individual members, we receive adequate feedback about our contribution to the governing body.	12	59	29	69
26 Our chair has clear roles and responsibilities and runs the governing body effectively.	6	0	94	96
27 We receive ongoing education on how to interpret information on quality and patient safety performance.	11	17	72	84
28 As a governing body, we oversee the development of the organization's strategic plan.	0	6	94	95
29 As a governing body, we hear stories about clients that experienced harm during care.	12	6	82	85
30 The performance measures we track as a governing body give us a good understanding of organizational performance.	6	6	89	92
31 We actively recruit, recommend and/or select new members based on needs for particular skills, background, and experience.	11	6	83	87
32 We have explicit criteria to recruit and select new members.	0	33	67	84
33 Our renewal cycle is appropriately managed to ensure continuity on the governing body.	0	12	88	90

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
34 The composition of our governing body allows us to meet stakeholder and community needs.	0	17	83	94
35 Clear written policies define term lengths and limits for individual members, as well as compensation.	0	6	94	94
36 We review our own structure, including size and subcommittee structure.	6	17	78	89
37 We have a process to elect or appoint our chair.	6	11	83	95

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2014 and agreed with the instrument items.

3.2 Canadian Patient Safety Culture Survey Tool: Community Based Version

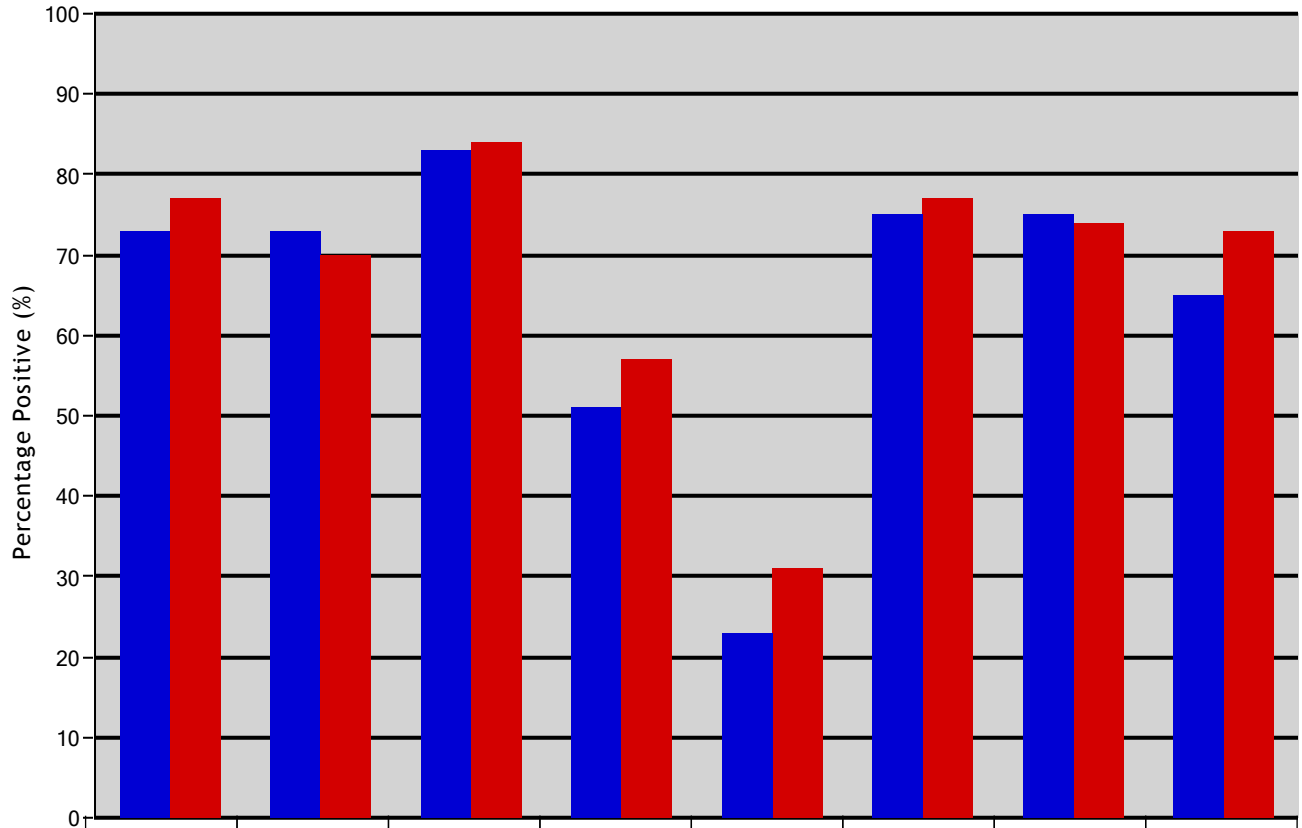
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations with the Patient Safety Culture Tool, an evidence-informed questionnaire that provides insight into staff perceptions of patient safety. This tool gives organizations an overall patient safety grade and measures a number of dimensions of patient safety culture.

Results from the Patient Safety Culture Tool allow the organization to identify strengths and areas for improvement in a number of areas related to patient safety and worklife.

Accreditation Canada provided the organization with detailed results from its Patient Safety Culture Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: September 21, 2014 to November 7, 2014**
- **Minimum responses rate (based on the number of eligible employees): 268**
- **Number of responses: 532**

Canadian Patient Safety Culture Survey Tool: Community Based Version: Results by Patient Safety Culture Dimension



	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Learning culture	Enabling Open Communi-cation I: judgment-free environment	Enabling Open Communi-cation II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
Baycrest Health Sciences	73%	73%	83%	51%	23%	75%	75%	65%
* Canadian Average	77%	70%	84%	57%	31%	77%	74%	73%

Legend

Baycrest Health Sciences

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2014 and agreed with the instrument items.

3.3 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 quality of Worklife. The organization has provided Accreditation Canada with results from its substitute tool and had the opportunity to identify strengths and address areas for improvement. During the on-site survey, surveyors reviewed actions the organization has taken.

Appendix A Qmentum

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

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

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

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

Action Planning

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

Evidence Review and Ongoing Improvement

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

Appendix B Priority Processes

Priority processes associated with system-wide standards

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

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 overall goals and direction to the team of people 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
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 and Tissue Donation	Providing organ donation services for deceased donors and their families, including identifying potential donors, approaching families, and recovering organs
Organ and Tissue Transplant	Providing organ transplant services, from initial assessment of transplant candidates to providing follow-up care to recipients
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
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
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 assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge