



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Shalom Village

Hamilton, ON

On-site survey dates: June 19, 2016 - June 22, 2016

Report issued: July 6, 2016

About the Accreditation Report

Shalom Village (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 2016. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada

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

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

Your 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,



Leslee Thompson
Chief Executive Officer

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Executive Summary

Shalom Village (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

As part of the Qmentum accreditation program, the organization has undergone a rigorous evaluation process. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed this organization's leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience. Results from all of these components are included in this report and were considered in the accreditation decision.

This report shows the results to date and is provided to guide the organization as it continues to incorporate the principles of accreditation and quality improvement into its programs, policies, and practices.

The organization is commended on its commitment to using accreditation to improve the quality and safety of the services it offers to its clients and its community.

Accreditation Decision

Shalom Village'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.

About the On-site Survey

- **On-site survey dates: June 19, 2016 to June 22, 2016**

- **Location**

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

1. Shalom Village

- **Standards**

The following sets of standards were used to assess the organization's programs and services during the on-site survey.

System-Wide Standards

1. Governance
2. Infection Prevention and Control Standards for Community-Based Organizations
3. Leadership Standards for Small, Community-Based Organizations
4. Medication Management Standards for Community-Based Organizations

Service Excellence Standards

5. Long-Term Care Services - Service Excellence Standards

- **Instruments**

The organization administered:

1. Governance Functioning Tool (2011 - 2015)
2. Canadian Patient Safety Culture Survey Tool: Community Based Version
3. Worklife Pulse
4. Client Experience Tool

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)	22	0	0	22
 Accessibility (Give me timely and equitable services)	10	0	0	10
 Safety (Keep me safe)	139	0	4	143
 Worklife (Take care of those who take care of me)	51	0	0	51
 Client-centred Services (Partner with me and my family in our care)	74	1	0	75
 Continuity of Services (Coordinate my care across the continuum)	8	0	0	8
 Appropriateness (Do the right thing to achieve the best results)	219	2	4	225
 Efficiency (Make the best use of resources)	20	0	0	20
Total	543	3	8	554

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	50 (100.0%)	0 (0.0%)	0	36 (100.0%)	0 (0.0%)	0	86 (100.0%)	0 (0.0%)	0
Leadership Standards for Small, Community-Based Organizations	39 (97.5%)	1 (2.5%)	0	70 (100.0%)	0 (0.0%)	0	109 (99.1%)	1 (0.9%)	0
Infection Prevention and Control Standards for Community-Based Organizations	24 (100.0%)	0 (0.0%)	3	44 (100.0%)	0 (0.0%)	2	68 (100.0%)	0 (0.0%)	5
Medication Management Standards for Community-Based Organizations	51 (100.0%)	0 (0.0%)	1	54 (100.0%)	0 (0.0%)	0	105 (100.0%)	0 (0.0%)	1
Long-Term Care Services	52 (96.3%)	2 (3.7%)	0	99 (100.0%)	0 (0.0%)	0	151 (98.7%)	2 (1.3%)	0
Total	216 (98.6%)	3 (1.4%)	4	303 (100.0%)	0 (0.0%)	2	519 (99.4%)	3 (0.6%)	6

* Does not include ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Long-Term Care Services)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Long-Term Care Services)	Met	5 of 5	0 of 0
The “Do Not Use” list of abbreviations (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
High-alert medications (Medication Management Standards for Community-Based Organizations)	Met	5 of 5	3 of 3
Infusion pump safety (Long-Term Care Services)	Met	4 of 4	2 of 2
Narcotics safety (Medication Management Standards for Community-Based Organizations)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0
Preventive maintenance program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1
Workplace violence prevention (Leadership Standards for Small, Community-Based Organizations)	Met	5 of 5	3 of 3

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Hand-hygiene compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Hand-hygiene education and training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Infection rates (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Pneumococcal vaccine (Long-Term Care Services)	Met	2 of 2	0 of 0
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure ulcer prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Suicide prevention (Long-Term Care Services)	Met	5 of 5	0 of 0

Summary of Surveyor Team Observations

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

Shalom Village is commended for participating in and preparing for the Qmentum accreditation program. Shalom Village was built in 1982 and is a culturally specific Jewish home where the physical buildings consist of two connected long-term care sites. It is evident the home lives its values and takes pride in the excellent care and services it provides to meet the needs of its residents and families.

Residents expressed that they enjoy the meals and the services in the home such as Vicki's Beauty Salon, Samuel's Fine Dining, The Corner Store, MilliMobile, and Bubbi Bessie's Café. There are multiple unique programming spaces for the residents to enjoy such as the classic movie theatre, the arts centre, the woodworking shop, and the fitness centre. They stated they felt that Shalom Village was welcoming and homelike and the staff treated them like family.

The interprofessional team has many successful programs such as the end-of-life program, the Namaste Care Project, and the falls prevention program that all have yielded positive outcomes for residents. There is evidence of strong clinical leadership and a focus on resident-centred care. Shalom Village is successfully partnering with McMaster University and the Alzheimer Society to increase the body of knowledge for palliative and end-of-life care.

Family members also expressed a high level of satisfaction with the care and services provided to their loved ones. They felt there is a high level of disclosure and they are listened to when they express a concern. They also felt their concerns are dealt with quickly and a member of the leadership team responds back to them. When a request for a family meeting is made the meeting is arranged in a timely manner. Family members shared that recruitment to the Family Council is challenging. The provision of short educational topics related to common diseases, medications, or care may be of interest and draw family members to participate.

Community partners shared that they appreciate Shalom Village and feel it is very receptive to collaboration. Members from Shalom Village participate in many regional committees and share their expertise in long-term care. Shalom Village has fostered very strong relationships with their community partners leading to productive working relationships.

Staff have a high level of satisfaction in their jobs and the home provides multiple opportunities for continued education. A culture of quality and safety is embedded in the policies and embraced by the staff. The entire staff group was very helpful and forthcoming in sharing programs and initiatives.

Shalom Village has adopted a coaching management model with leaders referred to as coaches for staff. Communicating with HEART has been adopted from the Cleveland Clinic and staff receive regular coaching through the meeting structure.

Quality projects have been initiated and charters completed with falls and related to personal choice of bath or shower. A scorecard has been developed to present data. It would be helpful to share a resident or family story when discussing the data to provide relevance and meaning. Having a bulletin board in a common area with the results of continuous quality initiatives would also be helpful in sharing results with stakeholders, partners, residents, families, and staff.

Governance is strong and robust. The home is consulting with experts to determine next steps related to redevelopment. Excellent communication channels have been established between the senior leaders and the board of directors. There is a successful charitable foundation that contributes greatly to the operations of the home and provides multiple initiatives to raise funds for resident renovations, equipment, and programming. There are many fundraising opportunities throughout the year such as the Ladies' Auxiliary Tea that this year will help purchase five mechanical lifts for vulnerable residents.

Shalom Village demonstrates its "At Home" values in the provision of excellent resident-focused care and services. It was a pleasure to visit Shalom Village and they are wished success as they continue their quality journey.

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

MAJOR

Required Organizational Practice

Major ROP Test for Compliance

MINOR

Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

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

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

Priority Process: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

There is an active and strong governance model at Shalom Village and excellent communication between the CEO and the board. Minutes are kept and each board meeting begins with a resident story. Membership of the board has a resident and family member who contribute their important perspectives. Board members are recruited to provide a wide variety of complementary expertise and an orientation is provided to new members. The board oversees the operations of the home and the board Finance Committee meets monthly with the Chief Financial Officer and the CEO and then reports quarterly to the larger board.

There is an opportunity to share the key decisions made by the board in easy-to-understand ways to the stakeholders, residents, and families including front-line staff. The minutes are posted; however, there may be other avenues to keep everyone informed about discussions at the board level.

The board is currently evaluating options to redevelop Shalom Village and this is an excellent opportunity to partner with all stakeholders and partners to gather ideas related to the vision for the future. Stakeholders, residents, families, partners, and staff all spoke with passion about ensuring the legacy of living the value of AT HOME is maintained. AT HOME refers to Acknowledge, Together, Home, Organization, Memories, and Enablement.

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)

Shalom Village is a very values-driven organization. The AT HOME values are demonstrated throughout the home. Services and activities are organized and planned with input from the residents and families. The organization's strategic plan and operational plan are aligned.

The 2013 strategic plan will be revised in 2017. A dashboard has been developed to highlight key indicators related to the operational plan. The process related to resident satisfaction has been revised to be completed year round at the time of the resident's annual review.

There is an excellent committee structure where the CEO meets with the leadership team and information is disseminated to front-line staff. The CEO meets frequently with stakeholders, residents, and families to provide input into the services provided at the home and identify gaps and opportunities for future planning.

Priority Process: Resource Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Resource management is completed with a team approach and the CEO consults closely with the leadership team, stakeholders, the board of directors, and the charitable foundation. Budgets are monitored closely and reviewed monthly in detail by the Finance Committee of the board and results are reported quarterly to the larger board of directors.

There is a generous and very supportive Jewish community that is actively involved and successful in fundraising efforts. Fundraising has allowed the home to supplement its operating and capital budget to support resident care. The At Home Possibilities Fund provides for physical things that make Shalom Village a home, such as renovations, comfortable furniture, decor, gardens, technology, and medical equipment and vehicles.

Many areas of the home, such as Bubbi Bessie's, the arts and crafts room, fine dining, and the fitness club, have been made available due to the generosity of donors.

Each year the home has a very successful Ladies' Auxiliary Tea to support various initiatives. This year, the tea will support the purchase of mechanical lifts for vulnerable residents. The annual Hustle for Health provides funding for the club fitness centre. Funds raised also support palliative care, music, art, drama, fitness clubs, alternative therapy, and Jewish life at Shalom Village.

Priority Process: Human Capital

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The human resources department has been combined under finance. The staff report being very engaged and the 2014 staff satisfaction survey showed a high level of satisfaction. It will be repeated in 2016. Shalom Village has adopted a coaching model for management with a focus on living the AT HOME Values. The leadership team's titles are executive coaches and there is an executive coach for each of the two Shalom Village sites.

There is a very active social wellness committee that provides multiple activities throughout the year. Each year at the staff/board dinner there is a staff recognition ceremony. Opportunities for advancement and continuing education are promoted. There is a confidential employee assistance program for employees as well as access to an external coach. The coaching model has been extended to include the personal support workers and plans are underway to include all other departments in September 2016.

New staff report they enjoyed their orientation and like working at Shalom Village. They stated they are attracted to the home because everyone working there demonstrates the strong value that the residents come first. This view was repeated by all staff in multiple departments. Employees interviewed stated they had received performance appraisals recently.

There is an opportunity to coach staff in the completion of the performance appraisal tools. Although they were completed there is an opportunity for staff to list specific examples of how they meet the values and criteria for their role. Overall results could then be trended with examples of role modelling the behaviours and giving the values meaning.

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)

Shalom Village is committed to monitoring and providing quality care. A quality team meets monthly. There is a solid incident management process with full investigation with a root cause analysis and disclosure to the resident if capable and to the person with power of attorney if not. Staff education is provided as required.

Recognizing that the falls rate was above the provincial average, the home conducted a quality process with a charter resulting in the adoption of falls huddles as part of the debriefing following a fall. The plan of care is then updated with interventions to prevent further falls. Another quality project was undertaken related to the process of offering residents a bath or shower. This new process has been successful in increasing the attention paid to resident preference, updating the plan of care, and ensuring resident satisfaction.

Minimum data set (MDS) data are collected, analyzed, and shared with clinical staff in order to make changes to the resident's plan of care.

There is an opportunity to use continuous quality improvement methods and tools in all areas of the organization, not limiting their use to nursing. Trending the data and adding a resident or family story with the data increases its value and helps everyone understand the full story the data is explaining. Data are collected and a scorecard is developed. Information is shared with front-line staff and at the board level where there is a resident and family representative; however, there is no guarantee that the story/data and information are being shared.

Dedicating a bulletin board in a common area may be helpful to provide a space where the homes share their projects, results, and successes in their quality improvement projects.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small, Community-Based Organizations	
1.7 An ethics framework to support ethical practice is developed or adopted, and implemented with input from clients/residents and families.	!

Surveyor comments on the priority process(es)

A key strength at Shalom Village is its commitment to the At Home values. The organization’s mission, vision, and values are clearly displayed throughout and are provided to new residents and staff as part of their orientation.

There is an ethics committee envisioned in policy; however, in practice ethical issues are addressed as they arise. The organization builds capacity through situation-background-assessment-recommendation (SBAR) and in-the-moment learning. Staff are empowered to independently identify ethical dilemmas and use the ethical decision-making framework to the extent they are comfortable. They also know where to go for guidance as needed, remaining engaged in the ethical discussion and resolution.

The organization involves residents and families in the ethical decision-making process pertaining to a particular situation. The organization is encouraged to involve residents and families in the ongoing review and refresh of the ethics framework.

There has been a concerted effort to increase the organization’s involvement in research activities. The ethics policy includes procedures for participating in formal research projects. Current research partnerships include McMaster School of Nursing (Strengthening Palliative Appreciation in Long-Term Care) and the Alzheimer Society (Namaste Care Project). The organization is congratulated for its ongoing efforts to add to best practice literature for end-of-life care.

The rabbi and transitions coach are available to provide education and insight and to help navigate through ethical decisions related to end-of-life and other complex ethical issues. Before they arise, the home is encouraged to continue to proactively develop positions on such complex issues as medical assistance in dying as well as to review other complex ethical issues such as intimacy, sexuality, and diversity, to guide team learning.

The importance of confidentiality is emphasized to staff and volunteers. Resident information is kept in a secure area. The organization is cautioned to monitor email communication between health care providers when using unsecured email addresses, as there was evidence of full names being used rather than initials or room number. Perhaps a review of electronic and social media polices and periodic audits of compliance would be helpful.

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)

Shalom Village has a wonderful website which also serves as an excellent marketing tool and an information site to allow individuals to obtain information about the organization. The organization is currently undertaking a refresh of the website, possibly adding virtual tours and more prominently featuring some of its great programs, innovation, and research.

The organization produces publications called The Grapevine and Possibilities Report as well as writing a feature for the Hamilton Jewish News.

The organization has devoted resources to hire a communications and strategic planning coach to assist in the development of a communications strategy to maximize community engagement and assist in fundraising efforts.

The needs of the various stakeholder audiences are considered when determining the optimal communication mechanisms. All staff are given email addresses on hire, but the team recognizes that not all staff access this technology, so other mechanisms including posters, memos, staff news boards, and face-to-face meetings are also important. It is suggested the organization investigate a robo-call system to notify staff and families of outbreaks and other emergency information.

Staff feel the communication mechanisms in place meet their needs to ensure they have the information required regarding resident care, education, and staff supports.

The organization is congratulated on having a crisis communication plan. The CEO is the designated media spokesperson and she has had media relations training.

The records retention policy is adhered to and there is a well-organized archival storage area.

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)

The organization comprises two buildings connected underground, one of which needs to be redeveloped by 2025. There continues to be a focus on maintaining and upgrading both the Levy and Gould buildings. On an annual basis, renovation projects are prioritized and budget approval is sought. The organization is commended on the ongoing renovations and repairs to the home areas. Recent examples of this include server and dining room upgrades, removal of carpet and replacement with new flooring, renovating resident washrooms and spas, and sprinkler upgrades.

When renovations are being planned, residents are involved in the selection of materials and colours. Input from annual satisfaction surveys as well as from the Resident and Family Council is used when looking at options for repurposing space.

The home is tastefully appointed and residents are encouraged to personalize their rooms. Electrical equipment brought into the homes is safety checked on arrival and annually thereafter. The kitchen is well organized and there is sufficient space for preparation and storage. The laundry area has a large air-conditioned area and clean and dirty areas are clearly delineated. Building temperature and humidity are checked daily as is the water temperature at the boiler and at source. Hand sanitizers are conveniently located outside resident rooms and in common areas throughout the home and signs throughout the home remind staff, visitors, and residents to use them.

The volunteer-run Corner Store is full of great gift ideas and all proceeds generated go to staff training and education. There are a number of activity spaces throughout the home including an art room, a woodworking shop, a very well-appointed fitness area, and a movie theatre. Residents also have access to an internet café.

Maintenance Care is the automated preventive maintenance program in place for all major pieces of equipment. The amount of unplanned downtime or emergency repair work has steadily decreased which is a measure of the effectiveness of the program. Staff report satisfaction with turnaround time for repairs as well as communication regarding status of repairs. There are established external contracts for maintenance and inspection of several pieces of equipment as well as the fire system.

Staff have clear job routines. Regular audits are conducted and results are shared. Staff receive training on the safe use of chemicals and there is an adequate and conveniently located supply of personal protective equipment.

The organization has a generator and essential equipment is connected to it. The generator is load tested twice yearly and has recently been tested in a real-life power outage that lasted over four hours, with no issues.

The organization is involved in recycling and uses environmentally friendly products where possible. There are plans to convert to LED lighting as part of the energy conservation plan which is encouraged.

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)

A comprehensive emergency plan is available online to all staff. The organization recently implemented the emergency code system and staff have been trained on the meaning of each code. Staff roles and responsibilities are clearly outlined in the plans. It is suggested that a simple process map be developed for each plan as a quick visual reference in the event of an emergency.

Fire safety is a priority at Shalom Village. The evac-u-check system was implemented recently as were the evacuation priority dots outside each room. Code red is tested monthly and code green is tested annually. Shalom Village recently had an actual code yellow and loss-of-power emergency. A debrief is always held after any drill or real emergency to discuss what went well and what needs to be improved. There is evidence that improvements are made quickly and communicated widely. The organization is encouraged to test all codes and the fan-out annually; there are plans to achieve this in 2017. It is also encouraged to investigate purchasing an evac-u-sled in the event that a vertical evacuation is necessary.

The infection prevention and control program has policies and procedures to assist staff members to identify and manage outbreaks and pandemics. Staff work closely with public health personnel when an outbreak is suspected. There have been a few outbreaks at Shalom Village, the most recent one lasting eight days. It was effectively contained to two home areas.

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)

Shalom Village has an excellent relationship with the Community Care Access Centre (CCAC) and has worked closely with their staff to identify process issues related to admissions. A revised admission policy and procedure was initiated with the addition of the transitions coach who reviews applications and meets with new residents and families to ease the transition to long-term care.

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)

There are well-established processes for the selection and procurement of medical equipment and devices. The organization seeks input from staff and residents prior to selection and, where possible, will trial a piece of equipment before committing to the purchase. Once purchased, the organization works closely with the vendor to plan and support training and implementation.

The organization has a comprehensive preventive maintenance program to track, trend, and report on each individual piece of equipment. There is a contract with Arjo for the maintenance of the lift equipment. For equipment leased by the organization, an outside provider is responsible for checking and maintaining the equipment (e.g., suction machines, portable oxygen) on a weekly basis.

Policies on cleaning and disinfecting equipment are in place and there is evidence these are being followed. Routine cleaning is completed by the night staff. The effectiveness of cleaning and disinfecting is measured through checklists, regular peer audits, and monitoring infection rates.

There is a policy classifying medical devices. There is no critical or semi-critical equipment unless the equipment comes pre-sterilized and is single use.

Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

Infection Prevention and Control for Community-Based Organizations

- Infection Prevention and Control for Community-Based Organizations

Medication Management for Community-Based Organizations

- Medication Management for Community-Based Organizations

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

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

Episode of Care

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

Decision Support

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

Impact on Outcomes

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

Standards Set: Infection Prevention and Control Standards for Community-Based Organizations - Direct Service Provision

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

Priority Process: Infection Prevention and Control for Community-Based Organizations

Staff and volunteer orientation programs include infection prevention and control (IPC) topics including hand hygiene, modes of infection transmission, cleaning and disinfecting practices, and use of personal protective equipment. These topics are reinforced annually as part of mandatory training for staff and volunteers.

The staff influenza vaccination rate in 2015 was 78 percent. This was achieved through education, treats, and strategic location of vaccination clinics.

Hand hygiene is evident. Audits are conducted by the occupational health and safety team and one home each month is congratulated for being the handwashing champion of the month. Trends identified through the auditing process are reviewed and an action plan is developed. A recent problem identified was that staff were not washing their hands before contact. A training blitz was undertaken and the results improved the next month.

Infection prevention and control is part of the Professional Advisory Committee which meets quarterly and includes representation from the public health department. There is a strong partnership between public health and the organization. The IPC lead also participates in local IPC meetings and the community of practice meeting at St Joseph's Villa. All policies are up to date and referenced to best practices, and staff at all levels are aware of processes and practices.

Annual goals are developed for the IPC program and an annual program review is conducted. The organization is encouraged to continue to refine tracking information and share infection rates and trends more widely. There is evidence of process improvement, one example of which is the use of an easel to notify visitors of an outbreak in a home area and educate them on the use of personal protective equipment.

Standards Set: Long-Term Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
1.1 Services are co-designed with residents and families, partners, and the community.	!
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	
15.6 There is a policy on ethical research practices that outlines when to seek approval, developed with input from residents and families.	!
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

There is evidence of a positive relationship with the Local Health Integration Network (LHIN), the CCAC, the Alzheimer Society and other agencies, and the community.

The organization works in partnership with hospitals and the CCAC when determining whether to accept a resident onto the waiting list or as a new admission. The organization does not take refusals lightly. The team works collaboratively with the hospital and is able to determine whether the home can manage a resident’s care needs while balancing the safety needs of other residents.

The organization is commended for its commitment to behavioural supports leadership. All staff are required to complete Gentle Persuasive Approach training and the Behavioural Supports Ontario outreach team is called for consultation in challenging situations. Resources are provided in the form of one-to-one supervision as required.

The organization supports student placements in a variety of disciplines.

Priority Process: Competency

The organization supports staff in the provision of quality care. There is a comprehensive orientation program for new staff which is a combination of online learning and home and role-specific learning. All new staff complete the Gentle Persuasive Approach training.

Annually, an education plan is developed incorporating mandatory training as well as training based on needs identified through audits or lessons learned during events such as an outbreak. Staff report a high level of satisfaction with the ongoing training and education provided in resident safety and skill building. There is a combination of online learning (SURGE) and group sessions to cover all the mandatory training requirements. Annual education is also provided to volunteers.

Staff performance reviews are conducted regularly with input from staff and the manager.

Many staff spoken with indicated that they feel recognized and appreciated, both formally and informally, for good performance. There are a number of appreciation events including long-service awards and an annual staff and board dinner. Staff also have the opportunity to give a “shout out” to a co-worker at the staff meeting. Staff appreciate the visibility of the coaches.

An interdisciplinary approach to care is evident. Team members work closely together to ensure quality care and service are provided for the residents and their families. There are regular interdisciplinary meetings and input from all disciplines is expected and valued. It is clear from staff members spoken with during the on-site survey that they are supportive of each other.

Priority Process: Episode of Care

The organization’s staff are very resident focused and demonstrate the values of the organization. Residents interviewed stated they are satisfied with the care they receive.

The admission process is clearly defined and comprehensive. The package of information provided to new residents and families is complete and easy to understand. Residents and families feel well informed of resident care activities and are involved in decision making. Residents stated they know who to contact if they require information as well as who to go to if they have a complaint or concern.

Care is well organized and person centred. Care plans are individualized and comprehensive. Audits are regularly done to ensure care plans are up-to-date. Interdisciplinary meetings are held on a regular basis to discuss individual care plans, progress, and barriers toward meeting resident goals. Interdisciplinary care conferences are held at the six-week mark and annually or as required. Residents and families interviewed reported they are involved in care planning. The organization also provides on-site access to eye clinics and hearing clinics for the convenience of residents and families.

There is good communication between shifts and among the interdisciplinary team. In addition, there is a resident connectivity huddle three times per week for a maximum of 15 minutes, led by the executive

coach for long-term care. This huddle is meant to identify issues requiring attention and provide updates regarding resident changes and any operational issues.

The falls prevention program is a well-developed program with positive outcomes. The recent introduction of a post-fall huddle has led to higher quality and more effective interventions. The home is commended on becoming restraint free.

The wound care program is also well developed and interdisciplinary. The organization reports very low rates of acquired wounds. Personal support workers are trained in early recognition of stage one wounds and know to report any skin breakdowns to the registered staff. There is a monthly review of all wounds and falls to determine whether interventions are working and to identify possible trends.

The activities are varied and programs are offered seven days and five nights per week. Innovative programs such as the drama club, glee club, and the Shalom Village Players are offered as well.

Much work has been done in the area of palliative and end-of-life care. Team members work hard to ensure positive end-of-life experiences for the residents and families. Placing a placemat and a light at the dining table in the spot where a deceased resident sat and providing residents, staff, and volunteers with the opportunity to share condolences is a wonderful idea. This placemat is then given to the family in honour of the resident. The Namaste Care Project is an innovative care approach to improve the life of those with advanced stages of dementia who can no longer participate in other types of activities.

Priority Process: Decision Support

The team and resident or family works collaboratively in the development of up-to-date care plans for each resident. The resident charts are primarily electronic, including progress notes and risk assessments. Ongoing education is noted. Point-of-care documentation for personal support workers was introduced since the last on-site survey and staff are well trained on the system and report a level of comfort and satisfaction with the system.

There are processes to ensure timely access to resident health records by the health care team and by residents and families.

Priority Process: Impact on Outcomes

Information on safety awareness and health teaching is provided in written and verbal format to residents and families.

MDS quality indicators and outcome scales are used to support effective decision making, improve clinical outcomes, and help develop resident assessment protocols.

Performance targets are established for risk indicators and they compare favourably to provincial benchmarks. Formal evaluations are conducted for all risk programs and results are used for ongoing improvements.

Input from residents and families is primarily provided through the annual satisfaction survey, Resident and Family Councils, and resident care conferences. The organization is transparent and shares information about patient safety incidents and quality improvement initiatives and outcomes, and seeks feedback and suggestions. The organization is encouraged to seek out other ways to obtain input such as focus groups, resident and family membership on committees, and participation in planning activities and policy development as the home moves closer to collaboration and partnership with residents and families.

Standards Set: Medication Management Standards for Community-Based Organizations - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management for Community-Based Organizations	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
Priority Process: Medication Management for Community-Based Organizations

Shalom Village has an excellent relationship with the pharmacy provider. Medication reconciliation is completed by registered nurses at admission and at the transition back to the organization from acute care. Residents and families are consulted and the nurses work closely with the physician and pharmacy to ensure medications are ordered appropriately. The pharmacy conducts quarterly medication reviews and reviews the use of antipsychotics to ensure they are needed.

There is an after-hours “stat” box of medications that is accessed by registered nurses and audited by the pharmacy technician. Results of all audits are provided to the directors of care (executive coaches) and then results are shared with staff at regular staff meetings. Education is ongoing and often conducted in the moment if non-regular medications are ordered and staff require an in-service. In addition, nurses have access to the pharmacy portal where there are current best practice presentations and medication information is easily available.

Since the last on-site survey, Shalom Village is pleased to have successfully adopted the electronic medication administration record and the digi-pen. Education was provided to all nursing staff including physicians on the new technology.

The home has access to two consulting pharmacists and a pharmacy technician who visits weekly and conducts audits.

There is an opportunity for the home to partner with residents and families to ask them what education they would find helpful. Education is provided by the nurses on a one-on-one basis; however, there may be an opportunity to work with the Family Council to provide in-services on topics such as common diagnoses with medications (e.g., chronic obstructive pulmonary disease, diabetes, osteoarthritis) or other pharmacy topics of interest. These may be well received and boost attendance at meetings.

Trending, reviewing, and sharing trends with front-line staff may be helpful to all involved and may also be helpful in preventing avoidable errors. Documenting the quality improvement process may also be beneficial to help staff fully understand the process and their role in reporting near misses and errors to help to prevent avoidable medication errors.

Instrument Results

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

Governance Functioning Tool (2011 - 2015)

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: July 1, 2015 to September 1, 2015**
- **Number of responses: 5**

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	0	100	94
2 Governance policies and procedures that define our role and responsibilities are well-documented and consistently followed.	0	0	100	95
3 We have sub-committees that have clearly-defined roles and responsibilities.	20	20	60	94
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.	0	0	100	94

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
5 We each receive orientation that helps us to understand the organization and its issues, and supports high-quality decisionmaking.	0	20	80	92
6 Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	20	80	93
7 Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	96
8 Individual members understand and carry out their legal duties, roles and responsibilities, including sub-committee work (as applicable).	20	0	80	94
9 Members come to meetings prepared to engage in meaningful discussion and thoughtful decision-making.	0	0	100	94
10 Our governance processes make sure that everyone participates in decision-making.	0	20	80	95
11 Individual members are actively involved in policy-making and strategic planning.	20	20	60	89
12 The composition of our governing body contributes to high governance and leadership performance.	0	0	100	92
13 Our governing body’s dynamics enable group dialogue and discussion. Individual members ask for and listen to one another’s ideas and input.	0	0	100	95
14 Our ongoing education and professional development is encouraged.	0	20	80	90
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.	20	0	80	95
17 Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	98
18 We formally evaluate our own performance on a regular basis.	20	20	60	81
19 We benchmark our performance against other similar organizations and/or national standards.	0	20	80	69

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
20 Contributions of individual members are reviewed regularly.	20	60	20	69
21 As a team, we regularly review how we function together and how our governance processes could be improved.	20	60	20	81
22 There is a process for improving individual effectiveness when non-performance is an issue.	40	40	20	63
23 We regularly identify areas for improvement and engage in our own quality improvement activities.	0	60	40	83
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.	20	20	60	82
25 As individual members, we receive adequate feedback about our contribution to the governing body.	40	40	20	69
26 Our chair has clear roles and responsibilities and runs the governing body effectively.	0	0	100	95
27 We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	88
28 As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	94
29 As a governing body, we hear stories about clients that experienced harm during care.	0	0	100	87
30 The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	92
31 We actively recruit, recommend and/or select new members based on needs for particular skills, background, and experience.	0	0	100	90
32 We have explicit criteria to recruit and select new members.	0	40	60	83
33 Our renewal cycle is appropriately managed to ensure continuity on the governing body.	0	0	100	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	20	80	92
35 Clear written policies define term lengths and limits for individual members, as well as compensation.	0	20	80	95
36 We review our own structure, including size and subcommittee structure.	0	40	60	91
37 We have a process to elect or appoint our chair.	0	40	60	91

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2015 and agreed with the instrument items.

Canadian Patient Safety Culture Survey Tool: Community Based Version

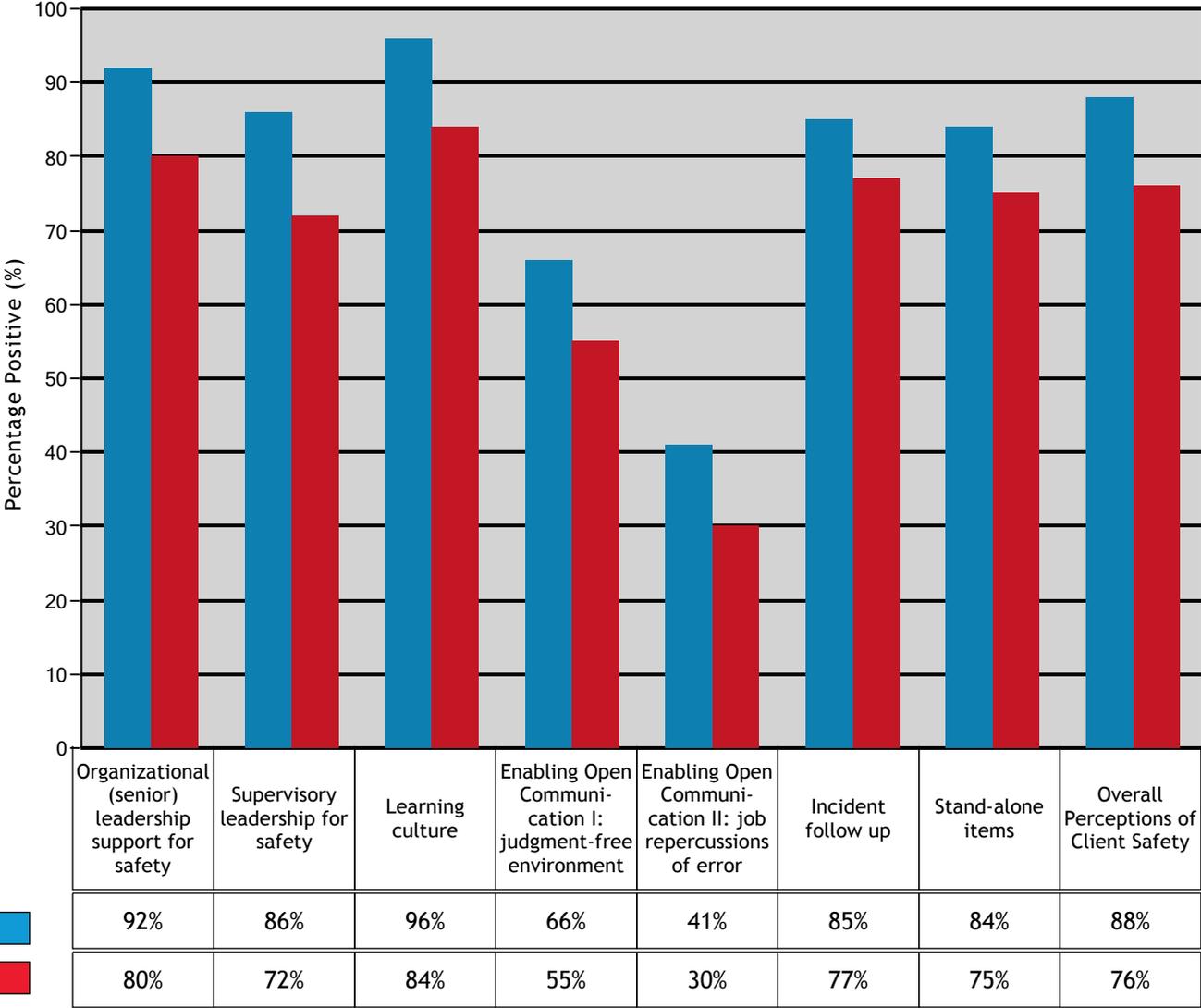
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations 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: June 18, 2015 to September 11, 2015**
- **Minimum responses rate (based on the number of eligible employees): 128**
- **Number of responses: 129**

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



Legend
■ Shalom Village
■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2015 and agreed with the instrument items.

Worklife Pulse

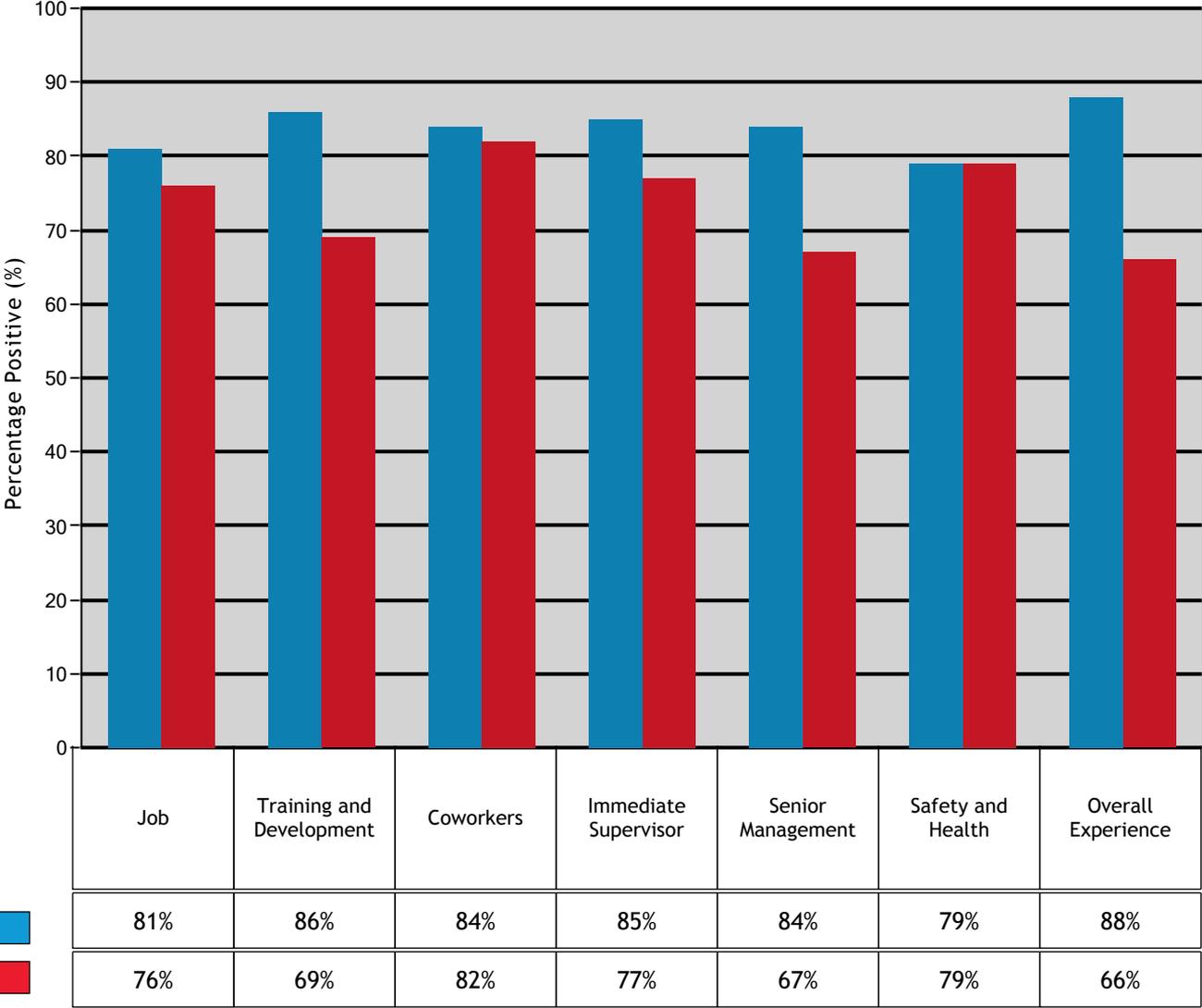
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

Organizations can use results from the Worklife Pulse Tool to identify strengths and gaps in the quality of worklife, engage stakeholders in discussions of opportunities for improvement, plan interventions to improve the quality of worklife and develop a clearer understanding of how quality of worklife influences the organization's capacity to meet its strategic goals. By taking action to improve the determinants of worklife measured in the Worklife Pulse tool, organizations can improve outcomes.

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

- **Data collection period: June 19, 2015 to September 11, 2015**
- **Minimum responses rate (based on the number of eligible employees): 128**
- **Number of responses: 129**

Worklife Pulse: Results of Work Environment



Legend
■ Shalom Village
■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2015 and agreed with the instrument items.

Client Experience Tool

Measuring client experience in a consistent, formal way provides organizations with information they can use to enhance client-centred services, increase client engagement, and inform quality improvement initiatives.

Prior to the on-site survey, the organization conducted a client experience survey that addressed the following dimensions:

Respecting client values, expressed needs and preferences, including respecting client rights, cultural values, and preferences; ensuring informed consent and shared decision-making; and encouraging active participation in care planning and service delivery.

Sharing information, communication, and education, including providing the information that people want, ensuring open and transparent communication, and educating clients and their families about the health issues.

Coordinating and integrating services across boundaries, including accessing services, providing continuous service across the continuum, and preparing clients for discharge or transition.

Enhancing quality of life in the care environment and in activities of daily living, including providing physical comfort, pain management, and emotional and spiritual support and counselling.

The organization then had the chance to address opportunities for improvement and discuss related initiatives with surveyors during the on-site survey.

Client Experience Program Requirement	
Conducted a client experience survey using a survey tool and approach that meets accreditation program requirements	Met
Provided a client experience survey report(s) to Accreditation Canada	Met

Appendix A - Qmentum

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

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

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

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

Action Planning

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

Evidence Review and Ongoing Improvement

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

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

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

Priority processes associated with service excellence standards

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

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