



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Niagara Falls Community Health Centre

Niagara Falls, ON

On-site survey dates: June 11, 2017 - June 14, 2017

Report issued: June 30, 2017

About the Accreditation Report

Niagara Falls Community Health Centre (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 2017. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada

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

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

Your Program Manager 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,

A handwritten signature in black ink that reads "Leslee Thompson". The signature is fluid and cursive, with the first name "Leslee" and last name "Thompson" clearly distinguishable.

Leslee Thompson
Chief Executive Officer

Table of Contents

Executive Summary	1
Accreditation Decision	1
About the On-site Survey	2
Overview by Quality Dimensions	3
Overview by Standards	4
Overview by Required Organizational Practices	5
Summary of Surveyor Team Observations	7
Detailed Required Organizational Practices Results	9
Detailed On-site Survey Results	10
Priority Process Results for System-wide Standards	11
Priority Process: Governance	11
Priority Process: Planning and Service Design	13
Priority Process: Resource Management	14
Priority Process: Human Capital	15
Priority Process: Integrated Quality Management	16
Priority Process: Principle-based Care and Decision Making	18
Priority Process: Communication	19
Priority Process: Physical Environment	20
Priority Process: Emergency Preparedness	21
Priority Process: Patient Flow	22
Priority Process: Medical Devices and Equipment	23
Service Excellence Standards Results	24
Standards Set: Infection Prevention and Control Standards for Community-Based Organizations - Direct Service Provision	24
Standards Set: Medication Management Standards for Community-Based Organizations - Direct Service Provision	26
Standards Set: Primary Care Services - Direct Service Provision	27
Instrument Results	30
Governance Functioning Tool (2016)	30
Canadian Patient Safety Culture Survey Tool: Community Based Version	33
Worklife Pulse	35
Client Experience Tool	37

Appendix A - Qmentum	38
Appendix B - Priority Processes	39

Executive Summary

Niagara Falls Community Health Centre (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

Niagara Falls Community Health Centre's accreditation decision is:

Accredited with Commendation (Report)

The organization has surpassed the fundamental requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: June 11, 2017 to June 14, 2017**

- **Location**

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

1. Niagara Falls CHC Main Site

- **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. Primary Care Services - Service Excellence Standards









- **Instruments**

The organization administered:

1. Governance Functioning Tool (2016)
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)	21	1	0	22
 Accessibility (Give me timely and equitable services)	13	1	2	16
 Safety (Keep me safe)	90	6	10	106
 Worklife (Take care of those who take care of me)	49	0	1	50
 Client-centred Services (Partner with me and my family in our care)	62	1	4	67
 Continuity (Coordinate my care across the continuum)	18	0	0	18
 Appropriateness (Do the right thing to achieve the best results)	180	7	21	208
 Efficiency (Make the best use of resources)	20	0	1	21
Total	453	16	39	508

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	45 (100.0%)	0 (0.0%)	5	34 (97.1%)	1 (2.9%)	1	79 (98.8%)	1 (1.3%)	6
Leadership Standards for Small, Community-Based Organizations	39 (97.5%)	1 (2.5%)	0	67 (97.1%)	2 (2.9%)	1	106 (97.2%)	3 (2.8%)	1
Infection Prevention and Control Standards for Community-Based Organizations	23 (88.5%)	3 (11.5%)	8	43 (97.7%)	1 (2.3%)	3	66 (94.3%)	4 (5.7%)	11
Medication Management Standards for Community-Based Organizations	23 (92.0%)	2 (8.0%)	4	24 (96.0%)	1 (4.0%)	13	47 (94.0%)	3 (6.0%)	17
Primary Care Services	56 (96.6%)	2 (3.4%)	0	88 (97.8%)	2 (2.2%)	1	144 (97.3%)	4 (2.7%)	1
Total	186 (95.9%)	8 (4.1%)	17	256 (97.3%)	7 (2.7%)	19	442 (96.7%)	15 (3.3%)	36

* 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			
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Unmet	4 of 4	1 of 2
The “Do Not Use” list of abbreviations (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	3 of 3

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
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	6 of 6	2 of 2
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

Summary of Surveyor Team Observations

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

Niagara Falls Community Health Centre (NFCHC) is a dynamic, passionate, and comprehensive organization providing low barrier services to its community. The organization is led by a seasoned and vibrant executive director who has himself hired similarly vibrant leaders to advance the goals of the organization. It is remarkable to see the amount of work that occurs at NFCHC with respect to quality and safety. This is undoubtedly a result of everyone in the organization doing their part, and more. It is even more impressive that NFCHC opened its doors less than a decade ago and so much has already been accomplished.

The community that NFCHC serves has its challenges. Struggles with mental health, poverty, and addiction are very common. Schools are often understaffed or have a high turnover of teachers. Transportation between towns and cities, as well as hospitals and health care services, is sadly lacking. NFCHC has been a leader in trying to reduce barriers to health care and improve determinants of health for its clients and it is no surprise that it receives consistently positive feedback from the community. As the organization grows and the community changes, the organization is encouraged to plan for these changes. It may wish to consider increasing the size of the management team.

The organization is governed by a board that has varied backgrounds, with a recent emphasis on selecting directors involved in the health care sector. This was a strategic decision made by the board to connect the organization within a smaller community of care and also more broadly across the Local Health Integration Network (LHIN). The board is passionate about the community it serves and advocates vigorously for the health of those accessing care at NFCHC.

Staff participate extensively in quality improvement activities. Several years ago NFCHC embraced a quality improvement strategy and engaged a consultant who, with staff and leadership, gave the organization a solid foundation in this area. A formal quality improvement plan (QIP) is submitted to the board and then on to Health Quality Ontario as mandated by provincial legislation.

Client safety has improved since the accreditation primer in March 2016. A client safety plan has been created and implemented. A Client Safety Committee meets regularly to discuss issues at NFCHC. These new initiatives will mature through the next accreditation cycle. In particular, it is suggested that NFCHC further a just culture of incident reporting. This may include actively encouraging staff to report incidents and having clients and staff who are involved in incidents meet with the board.

A theme that emerged during the on-site survey was one of care or service that extends beyond the physical structure of the current building as well as beyond the usual confines of traditional health care. This was evident in the social media initiatives to help clients improve their health at home and on their own. Outreach, home visits, home palliative care, and connecting with local partners are par for the course for this organization. Community partners conveyed that they have very positive relationships with NFCHC and see it

as a leader in community-based health care. The food insecurity social determinant of health is an area of focus for this group and many initiatives and partnerships are underway to improve access to healthy food choices. Also exemplary is the support and instruction for physical health programming, and even a free gym for clients.

Courage is another area of strength for this organization. Many examples of courage were observed during the on-site survey. In particular, standing up to public officials making untoward comments about the community was remarkable, but also drawing a line in the sand when it came to switching to an electronic medical record (EMR) that was inferior to the current one. One could also say that it requires an enormous amount of fortitude for an organization to undergo an Accreditation Canada on-site survey as well as plan to change its EMR and its physical location, all within one year! Courage was also evident in NFCHC's and providers' willingness to share and display individual performance data for all to see in the clinic.

Advocacy is evident in much of the work seen at NFCHC. Changes were made to improve food security when it was recognized as an issue at many levels, from reception where it became obvious that hungry clients needed food right up to the board. The organization has also successfully advocated to support health promotion programming in at-risk schools. In general, the staff at NFCHC have a good appreciation for their clients and community and stand up for them on many occasions.

The organization is encouraged to pause for a moment in this busy year to celebrate its excellent work and continue to plan for a bright future caring for the Niagara Falls community. Congratulations on your success and best wishes for your future quality and safety journey.

Detailed Required Organizational Practices

Each ROP is associated with one of the following patient safety goal areas: safety culture, communication, medication use, worklife/workforce, infection control, or risk assessment.

This table shows each unmet ROP, the associated patient safety goal, and the set of standards where it appears.

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Communication	
<p>Medication reconciliation as a strategic priority</p> <p>A documented and coordinated medication reconciliation process is used to communicate complete and accurate information about medications across care transitions. NOTE: Accreditation Canada will move toward the full implementation of medication reconciliation in two phases. For on-site surveys between 2014 and 2017, medication reconciliation should be implemented in ONE service (or program) that uses a Qmentum standard containing the Medication Reconciliation at Care Transitions Required Organizational Practice (ROP). Medication reconciliation should be implemented as per the tests for compliance for each ROP. For on-site surveys in 2018 and beyond, medication reconciliation should be implemented in ALL services (or programs) that use Qmentum standards containing the Medication Reconciliation at Care Transitions ROP. Medication reconciliation should be implemented as per the tests for compliance for each ROP.</p>	<ul style="list-style-type: none"> · Leadership Standards for Small, Community-Based Organizations 14.7

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

Required Organizational Practice

MAJOR

Major ROP Test for Compliance

MINOR

Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

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

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

Priority Process: Governance

Meeting the demands for excellence in governance practice.

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
11.3 The governing body works with the CEO to establish, implement, and evaluate a communication plan for the organization.	

Surveyor comments on the priority process(es)

The NFCHC board is a mix of members with long-standing experience as well as new members. A recent recruitment strategy was focused on members in the health care sector as many changes in community care are on the horizon.

Board members report receiving a good orientation that includes an opportunity to observe a board meeting as well tour the organization ahead of their installation and more formal orientation. Additionally, members report that working with front-line staff on a strategic plan in a strengths, weaknesses, opportunities and threats (SWOT) analysis was invaluable to understanding the organization.

The board obtains client and family perspectives in a number of ways. Client feedback from surveys is regularly reviewed, there is a report from a client committee, and informally board members hear about care provided when they are out in the community. They also responded to untoward comments from a public official by issuing a letter of concern that included an invitation to get to know the organization and its clients and services. In the end this had a positive effect of building a relationship with local government that might not have otherwise existed. An area for improvement could include hearing about more client incidents as well as the staff and clients involved.

The board is very supportive of innovative practices and also balances this with realistic expectations for the organization, particularly in this busy year that includes an Accreditation Canada on-site survey, a move, and possibly a change to the EMR. The board is also aware of the challenges in recruiting and retaining providers at the centre.

The board is encouraged to continue to manage the balance between change and sustainability.

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 organization and the board have simplified the vision statement so it is easily remembered by staff and clients. A formal strategic planning process was undertaken that included information gleaned from annual client surveys. The planning process involved staff working with the board to prioritize areas of focus after reviewing information from surveys and a formal SWOT analysis.

The board reviews the strategic plan annually and operational plans are tied to the strategic directions. Operational plans are created at the leadership and departmental levels. The organization is encouraged to continually review the operational plans and further develop its strategic plan by including objectives with timelines.

There is a client representative on the board and the organization is commended for soliciting regular feedback from clients. However, it is also encouraged to include clients directly in the strategic planning process. Client-centred care is identified as a guiding principle in planning programs and services.

The formal program development process includes an assessment of need, evidence, and relation to the strategic plan. Further, it outlines potential community partnerships and an evaluation process.

Priority Process: Resource Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization is funded by the LHIN and a budget is developed and approved by the board. From its inception, the organization had a sound financial foundation, as the executive director was previously the financial director at another community health centre.

Teams review the budgets quarterly to ensure they are being managed appropriately and the financial plan is being followed. As such, the organization has few issues with money remaining in the budget at year end. The organization does not run a deficit or have a line of credit and this minimizes risk.

Of concern for this organization is changing inflexible lines of funding to meet the needs of its population. It has requested modifications from the Ministry of Health and Long-term Care. Also on the organization's radar are the costs associated with leasing and operating the new location; additional funding and planning will likely be required.

Priority Process: Human Capital

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization supports staff through a number of initiatives. There is mandatory client safety training, as well as 10 days of paid support for continuing professional development. Staff are expected to report back to the organization after attending continuing professional development and use their new knowledge and skills to improve the programs and services of NFCHC.


The organization is commended for engaging a human resources consultant who provides advice to the leadership team and coaches anyone in the organization if there is a need. This coaching is private and confidential and not shared with the leadership team. The board also supports wellness and retention by offering staff a paid day off on their work anniversary.

The organization should be very proud that staff files are organized, up to date, and complete. Also impressive is the ongoing feedback and evaluation of staff at quarterly touchdowns. As the staff complement grows it will be important to share this responsibility with other and new leaders in the organization.

Wellness initiatives include weekly yoga for staff and recognition from the board. During times when staffing is stretched, massage therapists have been brought in to reduce stress. Recognition of years of service is being implemented when staff reach the five-year mark and other opportunities for recognition are being explored (e.g., Henri-Louis' medals). The organization is encouraged to make recognition a priority.

Priority Process: Integrated Quality Management

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small, Community-Based Organizations	
<p>14.7 A documented and coordinated medication reconciliation process is used to communicate complete and accurate information about medications across care transitions.</p> <p>NOTE: Accreditation Canada will move toward the full implementation of medication reconciliation in two phases.</p> <p>For on-site surveys between 2014 and 2017, medication reconciliation should be implemented in ONE service (or program) that uses a Qmentum standard containing the Medication Reconciliation at Care Transitions Required Organizational Practice (ROP). Medication reconciliation should be implemented as per the tests for compliance for each ROP.</p> <p>For on-site surveys in 2018 and beyond, medication reconciliation should be implemented in ALL services (or programs) that use Qmentum standards containing the Medication Reconciliation at Care Transitions ROP. Medication reconciliation should be implemented as per the tests for compliance for each ROP.</p> <p>14.7.6 Compliance with the medication reconciliation process is monitored and improvements are made when required.</p>	<p></p> <p>MINOR</p>
Surveyor comments on the priority process(es)	

The organization has embraced a quality improvement approach after legislative changes required it to create and implement a QIP.

A standardized QIP is approved by the board and submitted to Health Quality Ontario on an annual basis. NFCHC has taken the bold step of sharing its performance data with staff and clients. Providers are comfortable with others knowing about their performance. The providers and the organization should be proud of their excellent screening rates in many areas, in particular cancer screening. Additionally, they are commended for looking at those who are under- and never-screened (e.g., women faced with poverty and who have not had cervical cancer screening) and trying to engage these communities.

Great strides have been made in terms of client safety and NFCHC's approach to medication reconciliation appears to be solid. However, it does not yet appear to be fully implemented and evaluated. Further consideration could look at other approaches to medication including Choosing Wisely Canada's campaign recommendations for de-prescribing proton pump inhibitors and hypnotics (benzodiazepines) in older adults.

The organization reports that the culture of quality improvement allows staff to feel comfortable with trial and error. Leadership has extrapolated this comfort to reporting of incidents and a just culture. While leadership supports a just culture, there is some discordance as staff report, through the Canadian Patient Safety Culture Survey Tool, a fear of losing their job if they make an error. NFCHC is encouraged to continue to make strides on the safety front by normalizing incident reporting and taking steps to mature a just culture.

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	
1.9 The ethics framework includes a procedure for reviewing the ethical implications of all research activities in which the organization is involved.	!
Surveyor comments on the priority process(es)	
<p>The organization recently completed a five-year strategic plan where the vision, mission, and values were reaffirmed.</p> <p>The organization has a new ethics framework that was developed after the accreditation primer survey, where it was identified as required practice. The framework is based on a community health model used by peer organizations.</p> <p>The organization has been educating staff and the board about the framework and its use. Further, it has sought out a regional hospital ethicist to act as an external expert to help roll it out. Next steps include identifying issues affecting the client population and using the tool to develop anticipatory actions and responses.</p>	

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 policies and procedures regarding communications, electronic communications, the management of information, and the maintenance of and privacy and access to client records.

The organization is an active member in the network of health and social services agencies in the Niagara area. Outreach to the community of clients and agencies includes the use of social media, newsletters, informational bulletins, and active participation in agency networks. The effectiveness of the use of social media is regularly monitored and evaluated and the results are shared with the board.

Clients are specifically engaged in a number of ways. A Client Advisory Committee has recently been established, and client satisfaction surveys are regularly used.

Leadership supports the organization's communications, assigning a communications role to the community outreach worker role and recently adding a second position. There is a specific policy related to the use of social media, and the operational plan includes a plan to develop an overarching communications plan.

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 is currently located in a three-level facility that does not meet accessibility standards, but it is moving to a new purpose-renovated facility that will meet its needs and applicable legislation. The new location has been planned with input from staff and clients. In the interim, the organization has secured an alternate accessible meeting space for groups and staff also meet with clients on the ground floor as needed.

The physical environment is bright and tidy. Fire exits are well marked and fire extinguishers are checked regularly.

The organization takes steps to encourage clients and staff to recycle and to use reusable water bottles and/or compostable materials.

The comprehensive monthly inspections of the facility are clear and well organized.

Priority Process: Emergency Preparedness

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small, Community-Based Organizations	
13.7 A business continuity plan is developed and implemented in order to continue critical services during and following a disaster or emergency.	
Surveyor comments on the priority process(es)	
<p>The organization has a comprehensive emergency preparedness plan. It includes a pandemic plan in the event of an outbreak and it has good forethought with respect to communications. The organization has had experience with severe winter weather closing operations that have tested its communications approach. This approach and planning involves local media and other organizations such as public health and the local municipality.</p> <p>Drills for codes red and blue have been undertaken and performance has been reported back to staff. The organization is encouraged to continue to practice drills. It is further encouraged to develop a business continuity plan.</p>	

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)
<p>Members of the health care team are cognizant of the challenges facing the clients of the clinics. Issues identified include fiscal limitations, difficulty accessing communications, transportation, language, and literacy. A number of mechanisms have been established to help clients to overcome these challenges, such as providing bus tickets and taxi services. As well, when they have opportunity to do so, staff regularly advocate for improved services for the clients.</p> <p>From time to time there are wait lists of two to three months for the primary care services. A team triage system is in place to assess client needs, allowing those at risk or with significant health risks to be seen sooner. Clients who have to wait are made aware of alternative or emergency services that they may access if the need arises.</p> <p>The organization provides information to receiving agencies on referral or at the request of the client when the client is transitioning to another service.</p>

Priority Process: Medical Devices and Equipment

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small, Community-Based Organizations	
9.6 There is a procedure or policy to ensure that team members using specialized medical devices and equipment are authorized and trained to do so.	
Surveyor comments on the priority process(es)	
<p>The organization has a modest amount of equipment for use in clinics. Medical devices are appropriately placed for staff to use in providing care.</p> <p>There is a contract with an external agency for the regular inspection, maintenance, and monitoring of all equipment. Logs that were reviewed are up to date. Equipment is replaced on the advice of the technician from the external agency.</p> <p>The organization uses single-use items for procedures. It has a contract for the safe removal and disposal of such items. Each clinical area has sharps disposal boxes and marked biological waste containers.</p> <p>The site maintains an autoclave for use by another organization (Foot Care). Foot Care staff are accountable for the autoclave's use and operation, including maintaining training standards for reprocessing.</p>	

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	
7.4 Work restrictions are set for team members, volunteers, or students who have transmissible infections, in line with national, provincial, or territorial occupational health and safety guidelines.	!

9.1	Areas of the physical environment are categorized based on the risk of infection to determine frequency of cleaning and the level of disinfection required.	!
9.4	There are policies and procedures for cleaning and disinfecting spaces used by clients/residents who are on additional precautions.	
11.3	There is a process to promptly detect suspected health care-associated infections among clients/residents.	!

Surveyor comments on the priority process(es)

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

The organization has a team assigned to attend to infection prevention and control (IPC) activities. Team members understand their responsibilities and engage in activities to monitor and manage the environment, such as regular inspections of the workplace and having the supplies required for IPC, including alcohol hand wash; disinfectant wipes; medical grade soap; gloves, masks, and other personal protective equipment; and sharps containers.

The team is aware of IPC issues such as the local annual public health flu campaign, trends in infectious disease in the community, and planned responses to other issues such as last year's heightened awareness of Ebola.

The physical environment is clean and well maintained, including designated service areas such as secure storage of medical supplies, clinic rooms, and the medication storage and preparation area.

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	
4.1 There is a process to assess and document the potential risks and benefits of new medication delivery devices before purchasing them.	!
8.1 A policy that specifies when telephone orders for medications are acceptable and how they are to be given is developed and implemented.	!
8.3 There is a procedure for pharmacists, prescribers, and persons administering medications to follow to address any disagreements regarding medication orders.	
Surveyor comments on the priority process(es)	
Priority Process: Medication Management for Community-Based Organizations	

Staff have access to a number of sources of evidence-based information about medication, specifically UpToDate and the EMR. As well, they have access to select textbooks about infectious disease and medical treatments.

Staff use the EMR to track and issue prescriptions. Protocols are in place to prescribe restricted medications such as narcotics. The organization stocks a limited supply of sample medications and has processes for inventory, tracking their use, and ensuring they are not expired.

Medications are appropriately and safely stored in controlled and dedicated settings (i.e., medication area with locked cupboards, monitored medication fridges). The administration of medication is primarily limited to those in an injectable format such as vitamin B12 and some hormones. The organization has policies as required related to the use and storage of medication.

An incident/occurrence reporting system is used to report medication errors. A review showed that a number of incidents related to a vaccine have been shared with management via the incident reporting system.

Educational information about medications is available to share with clients. The information is from evidence-based, current sources.

Standards Set: Primary Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.8 A universally-accessible environment is created with input from clients and families.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
9.2 The assessment process is designed with input from clients and families.	
9.5 When prescribing any medication, the team reconciles the client's list of medications.	!
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
14.6 There is a policy on ethical research practices that outlines when to seek approval, developed with input from clients and families.	!
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

The organization has a client engagement team where clients and families meet monthly with staff to discuss issues related to clinic operations. The organization regularly surveys its client base for feedback on operations and to determine client satisfaction.

A strength of the organization is its connections with other community resources. The physicians are aware of and use specialist services. Nurses, nurse practitioners, and outreach workers are aware of community services that may help clients meet their needs (e.g., transportation services, financial supports, home care, and housing services).

Information on the type and variety of services is readily available. This is communicated via social media, the internet, and printed formats, and is specifically provided on intake.

Priority Process: Competency

The organization is strongly committed to advancing and maintaining the skills and educational base of the clinical team. Each employee is allowed 10 days per year to attend educational sessions, including financial support.

In addition, the organization provides on-site training for all staff in CPR, non-violent crisis intervention, and sensitivity.

The management team has individual meetings with each staff member every three months. This meeting is an opportunity to discuss and review operational issues or concerns.

Staff have regular meetings to discuss clinical issues and share knowledge. Staff are aware of their obligations to their respective professional colleges and scopes of practice.

Priority Process: Episode of Care

The clinical team is aware of the variety of barriers the clients face, such as poverty, access, public transportation, and physical limitations. As well, many of the clients present with complex medical conditions with a variety of co-morbidities. Accordingly, extra time is allotted to assess and interact with the clients. For example, an intake appointment is an hour.

The clinical team has developed its own strengths and will internally refer clients to the most appropriate care provider such as mental health, pediatric, or palliative care. As well, the team is aware of external resources and will refer the client as required.

Priority Process: Decision Support

The organization has an EMR and all clients, regardless of the service they are accessing, have a file in the EMR.

The organization is aware of provincial statutes regarding privacy and the protection of electronic records.

Priority Process: Impact on Outcomes

The organization supports regular team and clinical meetings, which are opportunities for the staff to discuss and review issues related to best practice and evidence-based guidelines. As well, the organization allows each staff member 10 professional development days per year.

Client surveys are done annually as part of the quality plan. Information obtained is used to inform decisions about services.

Ongoing collaboration with health and social services partners helps identify areas of client and community need, allowing the organization to develop new programming or adjust existing programming.

Instrument Results

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

Governance Functioning Tool (2016)

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

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

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

- **Data collection period: February 9, 2017 to March 6, 2017**
- **Number of responses: 10**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	10	90	N/A
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	N/A
3. Subcommittees need better defined roles and responsibilities.	40	30	30	N/A
4. As a governing body, we do not become directly involved in management issues.	10	0	90	N/A
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	N/A

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	N/A
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	N/A
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	N/A
9. Our governance processes need to better ensure that everyone participates in decision making.	70	0	30	N/A
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	N/A
11. Individual members ask for and listen to one another's ideas and input.	0	10	90	N/A
12. Our ongoing education and professional development is encouraged.	0	0	100	N/A
13. Working relationships among individual members are positive.	0	0	100	N/A
14. We have a process to set bylaws and corporate policies.	0	0	100	N/A
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	N/A
16. We benchmark our performance against other similar organizations and/or national standards.	10	20	70	N/A
17. Contributions of individual members are reviewed regularly.	0	20	80	N/A
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	10	90	N/A
19. There is a process for improving individual effectiveness when non-performance is an issue.	40	10	50	N/A
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	10	0	90	N/A

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21. As individual members, we need better feedback about our contribution to the governing body.	30	20	50	N/A
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	20	0	80	N/A
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	N/A
24. As a governing body, we hear stories about clients who experienced harm during care.	56	22	22	N/A
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	10	10	80	N/A
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	N/A
27. We lack explicit criteria to recruit and select new members.	90	0	10	N/A
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	N/A
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	N/A
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	N/A
31. We review our own structure, including size and subcommittee structure.	0	0	100	N/A
32. We have a process to elect or appoint our chair.	0	0	100	N/A
Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	10	20	70	N/A
34. Quality of care	10	10	80	N/A

Canadian Patient Safety Culture Survey Tool: Community Based Version

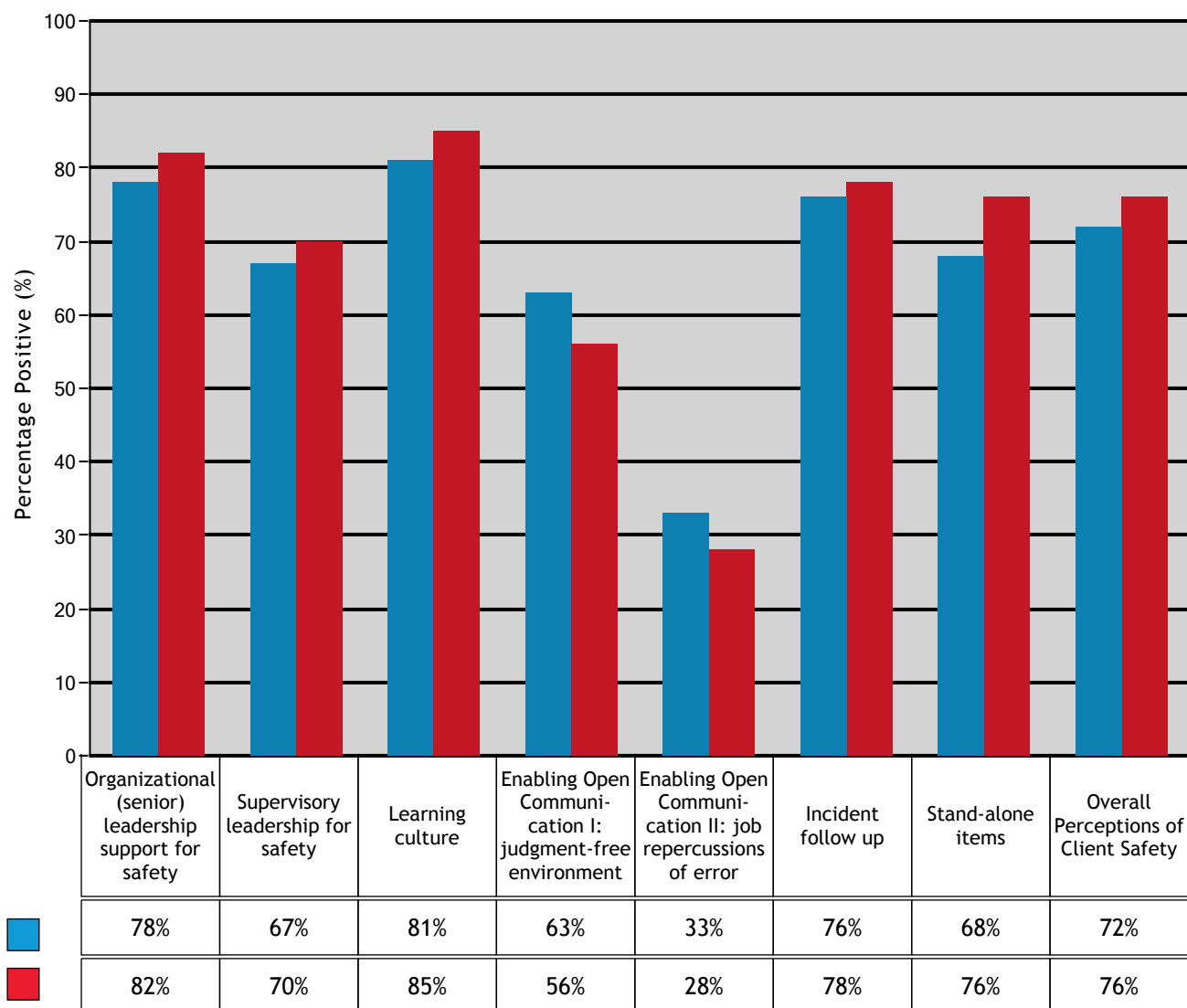
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations 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 28, 2016 to October 11, 2016**
- **Minimum responses rate (based on the number of eligible employees): 18**
- **Number of responses: 25**

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



Legend

- Niagara Falls Community Health Centre
- * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2016 and agreed with the instrument items.

Worklife Pulse

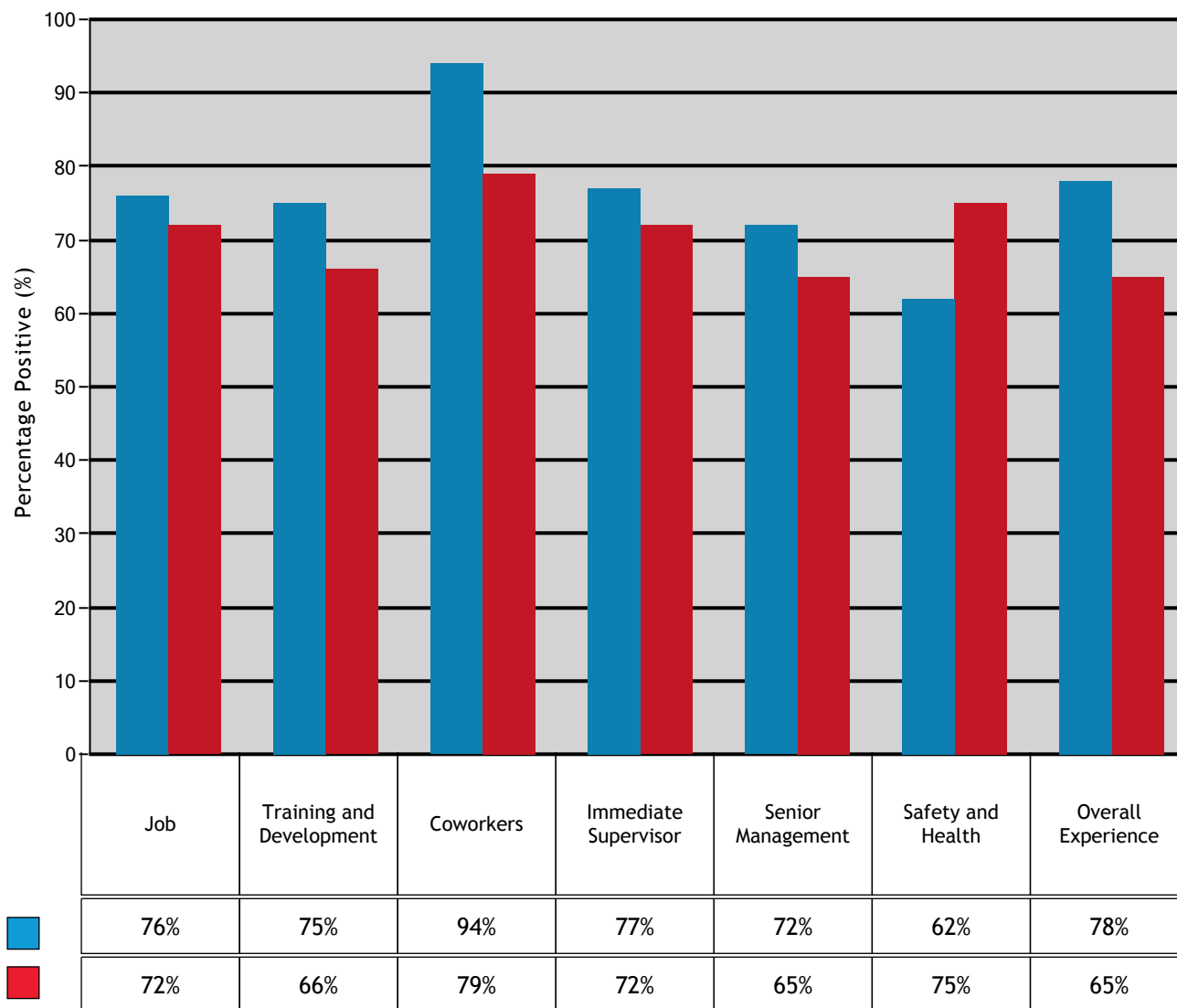
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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: September 27, 2016 to October 11, 2016**
- **Minimum responses rate (based on the number of eligible employees): 24**
- **Number of responses: 26**

Worklife Pulse: Results of Work Environment



Legend

■ Niagara Falls Community Health Centre

■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2016 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