ACCREDITATION CANADA

Driving Quality Health Services

Accreditation Report

Horizon Health Network/Réseau de santé Horizon

Miramichi, NB

On-site survey dates: September 22, 2013 - September 27, 2013

Report issued: November 4, 2013

ACCREDITATION CANADA
AGRÉMENT CANADA

Driving Quality Health Services
Force motrice de la qualité des services de santé

Accredited by ISQua

About the Accreditation Report

Horizon Health Network/Réseau de santé Horizon (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 September 2013. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada's President and CEO

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

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

Your Accreditation Specialist is available if you have questions or need guidance.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by integrating accreditation into your improvement program. We welcome your feedback about how we can continue to strengthen the program to ensure it remains relevant to you and your services.

We look forward to our continued partnership.

Sincerely,

Wendy Nicklin
President and Chief Executive Officer

Table of Contents

Section 1 Executive Summary

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

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

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

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

1.1 Accreditation Decision

Horizon Health Network/Réseau de santé Horizon's accreditation decision is:

Accredited (Report)

The organization has succeeded in meeting the fundamental requirements of the accreditation program.

1.2 About the On-site Survey

- **On-site survey dates: September 22, 2013 to September 27, 2013**

- **Locations**

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

1 Albert County Health & Wellness Centre
2 Blackville Health Centre
3 Central Miramichi Community Health Centre
4 Charlotte County Addiction & Mental Health Services
5 Charlotte County Hospital
6 Dr. Everett Chalmers Regional Hospital
7 Fundy Health Centre
8 Grand Manan Hospital
9 Horizon Health Network - Corporate Office
10 Hotel-Dieu of St. Joseph, Perth-Andover
11 Miramichi Addiction & Mental Health Services
12 Miramichi Addiction Recovery Clinic
13 Miramichi Regional Hospital
14 Moncton Addiction & Mental Health Services
15 Oromocto Public Hospital
16 Petitcodiac Health Centre
17 Public Health Fredericton
18 Public Health Sussex
19 Queens North Community Health Centre
20 Ridgewood Veteran's Health Wing
21 Sackville Memorial Hospital
22 Saint John EMP, Meditrust Pharmacy Building
23 Saint John Regional Hospital
24 St. Joseph's Community Health Centre
25 St. Joseph's Hospital
26 Stan Cassidy Centre for Rehabilitation
27 Sussex Health Centre
28 The Moncton Hospital
29 Tobique Valley Community Health Centre
30 Upper River Valley Hospital
31 Veterans Health Unit
32 Woodstock Unit EMP

- **Standards**

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

  System-Wide Standards

  1 Leadership
  2 Governance

  Population-specific Standards

  3 Populations with Chronic Conditions
  4 Mental Health Populations
  5 Public Health Services
  6 Senior Populations

  Service Excellence Standards

  7 Managing Medications
  8 Cancer Care and Oncology Services
  9 Operating Rooms
  10 Reprocessing and Sterilization of Reusable Medical Devices
  11 Surgical Care Services
  12 Critical Care
  13 Emergency Department
  14 Infection Prevention and Control
  15 Home Care Services
  16 Ambulatory Care Services
  17 Biomedical Laboratory Services
  18 Community Health Services
  19 Diagnostic Imaging Services
  20 Hospice, Palliative, and End-of-Life Services
  21 Laboratory and Blood Services
  22 Long-Term Care Services
  23 Medicine Services
  24 Rehabilitation Services
  25 Substance Abuse and Problem Gambling Services
  26 Mental Health Services
  27 Blood Bank and Transfusion Services
  28 Telehealth Services
  29 Community-Based Mental Health Services and Supports Standards
  30 Ambulatory Systemic Cancer Therapy Services
  31 Obstetrics Services

- **Instruments**

  The organization administer:

  1 Governance Functioning Tool
  2 Patient Safety Culture Tool
  3 Worklife Pulse Tool
  4 Client Experience Tool

1.3 Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Working with communities to anticipate and meet needs)	188	4	0	192
 Accessibility (Providing timely and equitable services)	178	2	1	181
 Safety (Keeping people safe)	751	38	11	800
 Worklife (Supporting wellness in the work environment)	257	1	2	260
 Client-centred Services (Putting clients and families first)	374	5	1	380
 Continuity of Services (Experiencing coordinated and seamless services)	113	0	0	113
 Effectiveness (Doing the right thing to achieve the best possible results)	1188	33	10	1231
 Efficiency (Making the best use of resources)	108	2	2	112
Total	**3157**	**85**	**27**	**3269**

1.4 Overview by Standards

The Qmentum standards identify policies and practices that contribute to high quality, safe, and effectively managed care. Each standard has associated criteria that are used to measure the organization's compliance with the standard.

System-wide standards address quality and safety at the organizational level in areas such as governance and leadership. Population-specific and service excellence standards address specific populations, sectors, and services. The standards used to assess an organization's programs are based on the type of services it provides.

This table shows the sets of standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were rated met, unmet, or not applicable during the on-site survey.

Accreditation decisions are based on compliance with standards. Percent compliance is calculated to the decimal and not rounded.

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	40 (100.0%)	0 (0.0%)	4	29 (100.0%)	0 (0.0%)	5	69 (100.0%)	0 (0.0%)	9
Leadership	45 (97.8%)	1 (2.2%)	0	84 (98.8%)	1 (1.2%)	0	129 (98.5%)	2 (1.5%)	0
Senior Populations	26 (100.0%)	0 (0.0%)	0	42 (100.0%)	0 (0.0%)	0	68 (100.0%)	0 (0.0%)	0
Populations with Chronic Conditions	4 (100.0%)	0 (0.0%)	0	33 (94.3%)	2 (5.7%)	0	37 (94.9%)	2 (5.1%)	0
Mental Health Populations	4 (100.0%)	0 (0.0%)	0	31 (88.6%)	4 (11.4%)	0	35 (89.7%)	4 (10.3%)	0
Public Health Services	47 (100.0%)	0 (0.0%)	0	67 (98.5%)	1 (1.5%)	0	114 (99.1%)	1 (0.9%)	0
Ambulatory Systemic Cancer Therapy Services	45 (100.0%)	0 (0.0%)	1	95 (96.9%)	3 (3.1%)	0	140 (97.9%)	3 (2.1%)	1
Diagnostic Imaging Services	67 (100.0%)	0 (0.0%)	0	60 (98.4%)	1 (1.6%)	0	127 (99.2%)	1 (0.8%)	0
Obstetrics Services	59 (100.0%)	0 (0.0%)	4	74 (98.7%)	1 (1.3%)	0	133 (99.3%)	1 (0.7%)	4

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Infection Prevention and Control	47 (88.7%)	6 (11.3%)	0	41 (93.2%)	3 (6.8%)	0	88 (90.7%)	9 (9.3%)	0
Ambulatory Care Services	37 (100.0%)	0 (0.0%)	1	72 (96.0%)	3 (4.0%)	0	109 (97.3%)	3 (2.7%)	1
Biomedical Laboratory Services **	16 (100.0%)	0 (0.0%)	0	36 (100.0%)	0 (0.0%)	0	52 (100.0%)	0 (0.0%)	0
Blood Bank and Transfusion Services **	42 (100.0%)	0 (0.0%)	0	17 (100.0%)	0 (0.0%)	0	59 (100.0%)	0 (0.0%)	0
Cancer Care and Oncology Services	29 (100.0%)	0 (0.0%)	0	73 (98.6%)	1 (1.4%)	0	102 (99.0%)	1 (1.0%)	0
Community Health Services	11 (84.6%)	2 (15.4%)	0	51 (92.7%)	4 (7.3%)	0	62 (91.2%)	6 (8.8%)	0
Community-Based Mental Health Services and Supports Standards	18 (100.0%)	0 (0.0%)	0	111 (99.1%)	1 (0.9%)	0	129 (99.2%)	1 (0.8%)	0
Critical Care	29 (96.7%)	1 (3.3%)	0	86 (93.5%)	6 (6.5%)	1	115 (94.3%)	7 (5.7%)	1
Emergency Department	30 (96.8%)	1 (3.2%)	0	86 (91.5%)	8 (8.5%)	1	116 (92.8%)	9 (7.2%)	1
Home Care Services	41 (100.0%)	0 (0.0%)	0	51 (100.0%)	0 (0.0%)	1	92 (100.0%)	0 (0.0%)	1
Hospice, Palliative, and End-of-Life Services	29 (100.0%)	0 (0.0%)	0	103 (99.0%)	1 (1.0%)	1	132 (99.2%)	1 (0.8%)	1
Laboratory and Blood Services **	81 (100.0%)	0 (0.0%)	0	95 (100.0%)	0 (0.0%)	0	176 (100.0%)	0 (0.0%)	0
Long-Term Care Services	24 (100.0%)	0 (0.0%)	0	72 (100.0%)	0 (0.0%)	0	96 (100.0%)	0 (0.0%)	0
Managing Medications	69 (90.8%)	7 (9.2%)	0	49 (94.2%)	3 (5.8%)	0	118 (92.2%)	10 (7.8%)	0
Medicine Services	27 (100.0%)	0 (0.0%)	0	68 (100.0%)	0 (0.0%)	1	95 (100.0%)	0 (0.0%)	1

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Mental Health Services	31 (100.0%)	0 (0.0%)	0	71 (100.0%)	0 (0.0%)	0	102 (100.0%)	0 (0.0%)	0
Operating Rooms	69 (100.0%)	0 (0.0%)	0	30 (100.0%)	0 (0.0%)	0	99 (100.0%)	0 (0.0%)	0
Rehabilitation Services	27 (100.0%)	0 (0.0%)	0	68 (100.0%)	0 (0.0%)	0	95 (100.0%)	0 (0.0%)	0
Reprocessing and Sterilization of Reusable Medical Devices	38 (95.0%)	2 (5.0%)	0	58 (98.3%)	1 (1.7%)	0	96 (97.0%)	3 (3.0%)	0
Substance Abuse and Problem Gambling Services	24 (100.0%)	0 (0.0%)	3	69 (97.2%)	2 (2.8%)	0	93 (97.9%)	2 (2.1%)	3
Surgical Care Services	30 (100.0%)	0 (0.0%)	0	65 (100.0%)	0 (0.0%)	0	95 (100.0%)	0 (0.0%)	0
Telehealth Services	28 (100.0%)	0 (0.0%)	2	37 (100.0%)	0 (0.0%)	0	65 (100.0%)	0 (0.0%)	2
Total	**1114 (98.2%)**	20 (1.8%)	15	1924 (97.7%)	46 (2.3%)	10	3038 (97.9%)	66 (2.1%)	25

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

1.5 Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Adverse Events Disclosure (Leadership)	Met	3 of 3	0 of 0
Adverse Events Reporting (Leadership)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Leadership)	Met	1 of 1	2 of 2
Client Safety Related Prospective Analysis (Leadership)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Ambulatory Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Ambulatory Systemic Cancer Therapy Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Cancer Care and Oncology Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Community-Based Mental Health Services and Supports Standards)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Critical Care)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Diagnostic Imaging Services)	Unmet	0 of 2	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Home Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Hospice, Palliative, and End-of-Life Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Long-Term Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Medicine Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Mental Health Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Obstetrics Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Rehabilitation Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Substance Abuse and Problem Gambling Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Surgical Care Services)	Met	2 of 2	0 of 0
Dangerous Abbreviations (Managing Medications)	Unmet	2 of 4	0 of 3
Information Transfer (Ambulatory Care Services)	Met	2 of 2	0 of 0
Information Transfer (Ambulatory Systemic Cancer Therapy Services)	Met	2 of 2	0 of 0
Information Transfer (Cancer Care and Oncology Services)	Met	2 of 2	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information Transfer (Community-Based Mental Health Services and Supports Standards)	Met	2 of 2	0 of 0
Information Transfer (Critical Care)	Met	2 of 2	0 of 0
Information Transfer (Emergency Department)	Met	2 of 2	0 of 0
Information Transfer (Home Care Services)	Met	2 of 2	0 of 0
Information Transfer (Hospice, Palliative, and End-of-Life Services)	Met	2 of 2	0 of 0
Information Transfer (Long-Term Care Services)	Met	2 of 2	0 of 0
Information Transfer (Medicine Services)	Met	2 of 2	0 of 0
Information Transfer (Mental Health Services)	Met	2 of 2	0 of 0
Information Transfer (Obstetrics Services)	Met	2 of 2	0 of 0
Information Transfer (Rehabilitation Services)	Met	2 of 2	0 of 0
Information Transfer (Substance Abuse and Problem Gambling Services)	Met	2 of 2	0 of 0
Information Transfer (Surgical Care Services)	Met	2 of 2	0 of 0
Medication Reconciliation As An Organizational Priority (Leadership)	Met	4 of 4	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication Reconciliation At Admission (Ambulatory Care Services)	Met	5 of 5	2 of 2
Medication Reconciliation At Admission (Ambulatory Systemic Cancer Therapy Services)	Unmet	5 of 5	1 of 2
Medication Reconciliation At Admission (Cancer Care and Oncology Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Community-Based Mental Health Services and Supports Standards)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Critical Care)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Emergency Department)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Home Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Hospice, Palliative, and End-of-Life Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Long-Term Care Services)	Unmet	0 of 4	0 of 1
Medication Reconciliation At Admission (Medicine Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Mental Health Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Obstetrics Services)	Met	4 of 4	1 of 1
Medication Reconciliation At Admission (Rehabilitation Services)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication Reconciliation At Admission (Substance Abuse and Problem Gambling Services)	Unmet	1 of 4	1 of 1
Medication Reconciliation At Admission (Surgical Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Ambulatory Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Ambulatory Systemic Cancer Therapy Services)	Unmet	0 of 5	0 of 0
Medication Reconciliation at Transfer or Discharge (Cancer Care and Oncology Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Community-Based Mental Health Services and Supports Standards)	Met	3 of 3	2 of 2
Medication Reconciliation at Transfer or Discharge (Critical Care)	Unmet	0 of 4	0 of 1
Medication Reconciliation at Transfer or Discharge (Emergency Department)	Unmet	0 of 4	0 of 1
Medication Reconciliation at Transfer or Discharge (Home Care Services)	Unmet	3 of 3	1 of 2
Medication Reconciliation at Transfer or Discharge (Hospice, Palliative, and End-of-Life Services)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication Reconciliation at Transfer or Discharge (Long-Term Care Services)	Unmet	0 of 4	0 of 1
Medication Reconciliation at Transfer or Discharge (Medicine Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Mental Health Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Obstetrics Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Rehabilitation Services)	Unmet	0 of 4	0 of 1
Medication Reconciliation at Transfer or Discharge (Substance Abuse and Problem Gambling Services)	Unmet	1 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Surgical Care Services)	Met	4 of 4	1 of 1
Surgical Checklist (Obstetrics Services)	Met	3 of 3	2 of 2
Surgical Checklist (Operating Rooms)	Met	3 of 3	2 of 2
Two Client Identifiers (Ambulatory Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Ambulatory Systemic Cancer Therapy Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Two Client Identifiers (Cancer Care and Oncology Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Critical Care)	Met	1 of 1	0 of 0
Two Client Identifiers (Diagnostic Imaging Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Emergency Department)	Met	1 of 1	0 of 0
Two Client Identifiers (Home Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Hospice, Palliative, and End-of-Life Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Long-Term Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Managing Medications)	Met	1 of 1	0 of 0
Two Client Identifiers (Medicine Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Mental Health Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Obstetrics Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Operating Rooms)	Met	1 of 1	0 of 0
Two Client Identifiers (Rehabilitation Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Substance Abuse and Problem Gambling Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Two Client Identifiers (Surgical Care Services)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Managing Medications)	Unmet	1 of 4	0 of 1
Concentrated Electrolytes (Managing Medications)	Met	1 of 1	0 of 0
Heparin Safety (Managing Medications)	Met	4 of 4	0 of 0
Infusion Pumps Training (Ambulatory Care Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Ambulatory Systemic Cancer Therapy Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Cancer Care and Oncology Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Critical Care)	Met	1 of 1	0 of 0
Infusion Pumps Training (Emergency Department)	Met	1 of 1	0 of 0
Infusion Pumps Training (Home Care Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Hospice, Palliative, and End-of-Life Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Managing Medications)	Met	1 of 1	0 of 0
Infusion Pumps Training (Medicine Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Infusion Pumps Training (Obstetrics Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Operating Rooms)	Met	1 of 1	0 of 0
Infusion Pumps Training (Rehabilitation Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Surgical Care Services)	Met	1 of 1	0 of 0
Medication Concentrations (Managing Medications)	Met	1 of 1	0 of 0
Narcotics Safety (Managing Medications)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Safety Plan (Leadership)	Met	2 of 2	2 of 2
Client Safety: Education And Training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand Hygiene Audit (Infection Prevention and Control)	Unmet	0 of 1	1 of 2
Hand Hygiene Education And Training (Infection Prevention and Control)	Met	2 of 2	0 of 0
Infection Rates (Infection Prevention and Control)	Met	1 of 1	3 of 3

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Pneumococcal Vaccine (Long-Term Care Services)	Met	2 of 2	0 of 0
Sterilization Processes (Infection Prevention and Control)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Ambulatory Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Ambulatory Systemic Cancer Therapy Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Cancer Care and Oncology Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Diagnostic Imaging Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Home Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Hospice, Palliative, and End-of-Life Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Long-Term Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Medicine Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Mental Health Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Obstetrics Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Rehabilitation Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Surgical Care Services)	Met	3 of 3	2 of 2
Patient Safety Goal Area: Risk Assessment			
Home Safety Risk Assessment (Home Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Cancer Care and Oncology Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Critical Care)	Unmet	3 of 3	1 of 2
Pressure Ulcer Prevention (Hospice, Palliative, and End-of-Life Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Medicine Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Rehabilitation Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Surgical Care Services)	Met	3 of 3	2 of 2
Suicide Prevention (Community-Based Mental Health Services and Supports Standards)	Met	5 of 5	0 of 0
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0
Venous Thromboembolism Prophylaxis (Cancer Care and Oncology Services)	Unmet	2 of 2	1 of 2
Venous Thromboembolism Prophylaxis (Critical Care)	Unmet	3 of 3	1 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Venous Thromboembolism Prophylaxis (Medicine Services)	Unmet	1 of 3	0 of 2
Venous Thromboembolism Prophylaxis (Surgical Care Services)	Unmet	2 of 3	2 of 2

1.6 Summary of Surveyor Team Observations

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

The organization, Horizon Health Network is commended on preparing for and participating in the Qmentum program. Like many provinces, New Brunswick is experiencing change in the way health services are organized and delivered. As one of two Health Boards in New Brunswick, Horizon Health Network experienced this change with the appointment of a new chief executive officer (CEO) and a renewed focus for the board. While the focus remains on improving safety, quality and access in the system, the board will be ensuring that efficiencies are maximized. In addition, the board also has a renewed focus on patient and community engagement and going forward this emphasis will be a significant part of its work.

The board consists of individuals that have diverse backgrounds and possess the skills to perform their accountabilities as board members. They represent the geography of the region. There are many new board members and there is a strong emphasis on the development and implementation of new and innovative approaches to ensure they fulfil their accountabilities to the approximately 500,000 people the Horizon Health Network serves. There is a deliberate attempt to ensure board members represent the entire population in their work, not just the population in the area they live. It is anticipated the board will be faced with some difficult choices as they grapple with how to deliver accessible health services in an equitable manner.

There is recognition that there is a distance to go to achieve the “oneness” for the governance, administration and operational areas. For example, location of service and access, common focus on quality and patient safety and community engagement are just a few of the areas the board and senior leadership will concentrate on as soon as possible.

The chief executive officer (CEO) has a commitment to achieving the goals and objectives which the board sets for the CEO. The CEO is aligned with the board and focused on addressing the significant issues facing the organization in their quest to offer quality health services to the population served. In addition, the CEO has a strong focus on improving the patient experience and ensuring that the leaders in the organization fulfil their accountabilities to the population that require health services.

A noteworthy strength of the organization lies in the people that work in the delivery of care to patients or in the services that support that care. There are many dedicated and caring people in the network. There is also a strong volunteer and auxiliary, foundation and student presence across the various sites.

A significant noted strength of the organization is its partnerships. These partnerships are at the governance, leadership and clinical levels in the organization and play a significant part in ensuring the health system is connected with the community, with a shared goal to enhance the provision of care. During the on-site survey there were multiple examples provided of staff members partnering with the broader community to offer programming with the seniors' population as well as youth. The program such as smoking cessation in the high school is a good example. The organization is encouraged to continue to develop partnerships with the community as there are still pockets that feel somewhat disenfranchised.

At least one site has just introduced the: "Ticket Home” program. This is aimed at carefully planning for discharge, supporting the coordination of admissions and discharge in the hospital. Patients, families and care givers work together to facilitate this program and it is already showing great promise.

There is a good culture of quality improvement across the entire organization. There is a regional quality and safety committee. This committee works with each of the networks to develop region-wide policy and processes

to address quality ideas and initiatives. There is an expectation that every department will improve the work it does and the organization provides the infrastructure and data for this. The organization also provides the recognition for this work with quality improvement awards. Quality improvement initiatives continue to increase in the organization. One of the more recent ones is that managers and directors are required to see patients daily. This extends to the executive as well.

There are many quality initiatives occurring in the region. For example, in the area of obstetrical care, continuity of care from prenatal to post-natal care is well done with strong linkages across the continuum of care. These efforts are facilitated by the electronic health record (WatchChild). There are comprehensive orientations and ongoing professional development programs in place in obstetrics that are tracked and monitored.

There is strong movement in the entire organization to continually improve in the area of patient-centred care. This includes new initiatives and a focus on further engagement of patients and families as well as the community. This will ensure they can contribute to the continual improvement of care and services. Suggestions for consideration as the organization continues its efforts to change the culture of the organization include: removing visiting hours and due diligence to ensure that all staff members wear name badges that are designed with patient input. There is also need to continue to address the area of wait times in certain services including elective imaging tests, and certain inpatient services. Patients across the region expressed great satisfaction with the care they received.

The efforts to standardize across the region in patient care protocols, policies and many other areas should continue. There is a need for due diligence to ensure there is also consistency in implementation as the rate of implementation can vary from area to area, which is contributing to frustration and confusion among providers and partners. Whenever possible, the organization needs to use electronic means to provide new materials.

The networks formed in clinical and non-clinical areas offer much promise in the standardization of best practices and policy consolidation. Once there is traction in these processes, it is suggested that more efficient mechanisms be developed. At this time, the standardization process can be cumbersome and time consuming for obtaining the necessary input and endorsements from stakeholders prior to approval by Horizon Health Network. The concern is the organization will be perceived as unresponsive or unable to retain "nimbleness" in addressing issues.

The success of community health centres (CHCs) is apparent and demonstrates the positive impact on the health of their communities. There are several examples of how these clinics are successful in the delivery of patient-centred care and this includes the shift to more home-delivered services to the increasing elderly population and the creation of an oncology support group.

There are indicators for many clinical programs which are monitored and used to make program changes. Also, there are good examples of an emphasis on patient safety as demonstrated by the pharmacy's role, as well as work to standardize and streamline efficiencies, including reducing overall drug costs. The region is commended on its success in implementing region-wide medication reconciliation on admission, transfer and discharge. Physicians and interdisciplinary team members including patients are engaged and all are seeing value with advancing medication safety with medication reconciliation. Encouragement is offered the organization to continue implementing medication reconciliation region wide.

As with all organizations there are challenges to face. There are several areas that require attention. This includes the need for a process to clearly identify the clean and dirty items on the units. Many wooden surfaces were observed across the organization and these pose an infection control risk. There is also a strong need to centralize reprocessing in all departments across the region. The use of flash sterilization of dental and other equipment needs to be minimized. It was also noted that some soiled utility rooms are cramped and have open

hoppers with no protective gear. One of the units did have a plexiglass top made to fit the top of the hopper to be used during flushing. This is an excellent idea. The plexiglass showed evidence of the 'Aerosolization' that happens with a flush. In cases where there is no cover, the organization is urged to consider implementing mechanisms to protect staff members, with facial and/or eye shields.

There are well-established processes for Emergency Preparedness, and many were observed. The organization is encouraged to review the code terminology as some do not align with national standards. For example, Code Yellow is nationally understood to mean a missing person not a trauma.

The organization has well-developed systems to support the management of financial and capital resources. All the appropriate controls are in place and they are due to be reviewed in the near future. The organization is encouraged to review its expenditures for acute care, community care and chronic disease management to assess whether the distribution is appropriate when addressing the needs of the population. Staff members are well aware of the current fiscal climate. Many staff members are engaged in cost-saving solutions in response to the current fiscal environment.

There is a substantial approach to risk management. The provincial risk management team is seen as a valuable resource for the region. The team consulted to verify the level of risk and to work with the program to develop strategies to mitigate risk for the team and/or the client. Encouragement is offered to continue this work.

Communications serve a significant function in creating the “oneness” necessary to accomplish a coordinated, effective and efficient system of clinical and support services for the target population served by the Health Network. The Skyline intranet is an excellent source of information. Users seem to like it and it is user friendly. The Telehealth infrastructure is established. There is great potential to expand the capabilities and utilization of Telehealth. It is suggested that branding efforts could be expedited, for example, name tags, letterhead, forms and other items still have former areas/names on them.

There are hard copy policy and procedural manuals and electronic policies and protocols co-existing. Consideration needs to be given to eliminating hard copy manual policies and procedures/protocols where there is an electronic version available on the Skyline intranet system. Having one version of policies and procedures will avoid confusion and potential errors. There are many teams active across the organization, attempting to develop unified policies and procedures and to standardize the various procedure protocols. Although some areas are making considerable progress in breaking down the 'silos' some areas appear to want to take an individual approach. This hampers progress in some areas. A clear direction in relation to standardization could prove beneficial.

One of Horizon Health Network’s challenges is to prioritize its migration to information technology (IT) solutions in the clinical setting. This must become a priority in order to achieve more effective and efficient provision of data to inform strategy and decision-making. In addition, having a hybrid (paper and electronic) health record increases the potential for errors due to information being in two locations.

During the on-site survey many areas showed an exceptional amount of communication and collaboration both within a specific site and across sites sharing resources, workload, and supplies. This has allowed them to accomplish improved patient care despite rising patient numbers. Plus, a strong sense of teamwork was seen in most areas. Teams have embraced the idea of Horizon Health Network. There was strong evidence of participation of physicians in the accreditation process. There is strong collaboration and sharing rather than competition. Health Network meetings are happening in every clinical area. Major initiatives are undertaken across the entire region but they also allow for local initiatives. There is good collaboration amongst the two regions namely, Horizon and Vitalité.

Human resources (HR) management serves a vital support function for the organization. There is a multiplicity of HR functions that need to be addressed to maintain a caring culture which promotes well-being and safety across the organization. Joint occupational health and safety committees are in place and active across the organization. Most staff members report having had a performance appraisal completed.

Horizon Health Network is on a positive track for the development of a patient safety culture. There are several examples. There was a consistently strong message from individual staff members that they were satisfied with their job and team. They demonstrated a strong commitment to the population they serve and experienced their greatest satisfaction in knowing that they were making a difference in the health of their clients/patients. They felt supported by their management team and the organization as a whole. They are committed and engaged to embrace best practice regardless of the zone from where the best practice originated. Horizon Health Network is encouraged to continue recognizing the power it has at the front line, including supporting these staff members to participate in conferences and committee work despite the financial pressure they currently face.

Staff members, including physicians are seeking to be a part of the decision-making involving the changes being implemented across the region in order to have their input and voices heard. Doing so will serve to enhance morale amongst all staff members in light of persistent change. For example, in one part of the region there are concerns regarding “losses” in the area of staff development and recruitment and retention. In addition, some physicians have expressed concern that their voice is not always heard.

The physical environments are generally clean, orderly and therapeutic. There is ample space with modern equipment, fixtures and furnishings. Energy conservation initiatives are in place. This includes using rain water and building designs that conserve heat and lights that shut down automatically. There are also recycling projects occurring across the region. Back-up systems are adequate and tested regularly. An automated preventive maintenance system will be introduced in the organization that will support tracking and decision making. The Kiwanis Centre and the Therapeutic Park at the Stan Cassidy Centre (a first in Atlantic Canada) are outstanding new examples. One exception to this is the Dr. Everett Chalmers Hospital site which does have an upgrade planned but action has yet to be taken. There are several consequences of this, including pharmacies that do not have adequate space which potentially increase risk.

The organization is commended for its overall focus on quality, patient safety and community engagement.

Section 2 Detailed Required Organizational Practices Results

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	
Client And Family Role In Safety The team informs and educates clients and families in writing and verbally about the client and family's role in promoting safety.	· Diagnostic Imaging Services 15.7
Medication Reconciliation At Admission The team reconciles the client's medications upon admission to the organization, with the involvement of the client, family or caregiver.	· Ambulatory Systemic Cancer Therapy Services 9.14 · Long-Term Care Services 7.4 · Substance Abuse and Problem Gambling Services 7.5
Medication Reconciliation at Transfer or Discharge The team reconciles the client's medications with the involvement of the client, family or caregiver at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).	· Ambulatory Systemic Cancer Therapy Services 16.3 · Home Care Services 11.2 · Rehabilitation Services 11.3 · Substance Abuse and Problem Gambling Services 11.3 · Emergency Department 11.5 · Long-Term Care Services 12.3 · Critical Care 12.5
Dangerous Abbreviations The organization has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the organization.	· Managing Medications 10.2

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Medication Use	
Antimicrobial Stewardship The organization has a program for antimicrobial stewardship to optimize antimicrobial use. Note: Beginning in January 2013, this ROP will only apply to organizations that provide inpatient acute care services. For organizations that provide inpatient cancer, inpatient rehab, and complex continuing care services, evaluation of this ROP will begin in January 2014.	· Managing Medications 1.3
Patient Safety Goal Area: Infection Control	
Hand Hygiene Audit The organization evaluates its compliance with accepted hand-hygiene practices.	· Infection Prevention and Control 6.5
Patient Safety Goal Area: Risk Assessment	
Pressure Ulcer Prevention The team assesses each client's risk for developing a pressure ulcer and implements interventions to prevent pressure ulcer development.	· Critical Care 10.6
Venous Thromboembolism Prophylaxis The team identifies medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) and provides appropriate thromboprophylaxis.	· Cancer Care and Oncology Services 7.3 · Medicine Services 7.4 · Critical Care 7.5 · Surgical Care Services 7.7

Section 3 Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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

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

3.1 Priority Process Results for System-wide Standards

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

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

3.1.1 Priority Process: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The board members have strong and diverse backgrounds. There is good geographical representation. They are well-connected to their communities. Their roles and responsibilities are outlined in board bylaws. They make sure they meet all bylaws and policies required by law. Half of the board members are appointed by government and the other half is elected. In some ways, they are still at a formative stage in establishing their governance role in representing the health needs of the entire region and developing and responding in a way that makes a difference. It appears that they have done quite a lot in a short time.

There is a strong ethics service at the regional level and as a relatively new board they are aware of ethical considerations in their decision making process. Board members feel that all their decisions are made with ethical considerations and cite: “ethics is implied”, and “we are here to do the right thing.” The ethics service of the region is involved in helping the board develop action plans following sentinel events or complaints. Of note is that this organization's ethics service was submitted as a Leading Practice during the previous survey.

New members receive a detailed two-day orientation. Board members felt it was a lot of information in a two-day period. The board is eager to learn more about its role in engaging with the community. There is continuous education provided including at board meetings and on selected topics as deemed necessary. For example, during the week of the on-site survey some representatives from the board and the chief executive officer (CEO) will be attending a conference in Ontario on patient-focused care.

The board is having a retreat to address the items requiring follow-up from the self-assessments. The board will address the need for more education at this retreat. There are three committees of the board namely; finance, governance and quality and patient safety. These committees are becoming well established and are clear on their roles. Terms of reference are developed, or being developed for all committees. The board rotates its meetings across the region.

There was some discussion regarding the relationship between board and government. The government appoints about half of the board members, and also appoint the CEO. Government also sets the budget and creates budget guidelines on expenditures and must approve major changes. For example, the board cannot start new program or change major programs or services without the approval of government. In addition, the provincial health renewal committee led by the two CEO's for Horizon Health Network and Vitalite Health Network has accountability to government. Initially, some board members saw a potential conflict of interest in these situations. However, the board has developed a clear understanding of its role and accountability to

government. Board members are clear regarding their governance function and are creating a clear focus in achieving their governance function under this accountability framework.

Government released the new provincial health plan during the on-site survey visit. The board was pleased with the collaboration with government during the development of the plan. Board members feel that their concerns were heard.

The current strategic plan and the mission, vision and values were formulated in excess of three years ago. These documents will be reviewed in the next few months, with plans for release in June 2014. It is anticipated that there will be significant revisions to these foundational statements. For example, It is anticipated that the new strategic directions will include a strong focus on patient-centred care as well as a focus on enhancing primary and preventive care. During the soon to be held retreat, the board will discuss how to best engage the community partners in the strategic plan process. The CEO has already met with more than 40 groups and will report to the board during the retreat on the findings of these consultations.

A communication plan is being developed with a focus on engagement of the public, staff members and other stakeholders. The leadership for this exercise will be provided by senior staff. The board will oversee and identify the components it thinks are necessary. The board has a strong interest in ensuring that there is a well-developed process for receiving input from patients and families.

The board is actively involved in its role and accountability for setting goals and objectives for the CEO and for evaluation of performance. The goals and objectives for 2013-14 will focus on fiscal, patient care, collaboration and communication and leadership. Although the board is not actively engaged in succession planning for the CEO, it will bring this topic back to the minister as something they should think about.

The board is provided information on talent management in the organization and the issues that are of concern. The board's role is more of an oversight function. The board receives reports on the balanced scorecard. Government mandates tracking of certain indicators.

There is an annual audit which is detailed. The board has opportunity to meet with auditors. The board have a clear understanding of the risks that may face the organization. There is a multi-faceted document that incorporates all risks. Sentinel and adverse events are reported to the board.

It is noted the governance committee of the board will be putting in place, in this order, a board assessment (fall); individual self-assessment (spring) and a 360–type of assessment (each other) later. Board goals were set at a recent governance committee meeting. Board members commented on how things are much better since amalgamation. The board members are commended for their desire for standardization across the region as opposed to a focus on individual geographic areas. They, along with the CEO, are working hard to achieve this.

3.1.2 Priority Process: Planning and Service Design

Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served

Unmet Criteria	High Priority Criteria
Standards Set: Public Health Services	
5.5 The organization regularly assesses the effectiveness of its communication strategy and uses this information to make improvements.	

Surveyor comments on the priority process(es)

The organization has an established values statement, vision, and mission. However, these were established not long after the board was formed approximately five years ago. There was extensive internal and external consultation used in the creation of these documents. Now with a relatively new board and a new CEO, the organization is planning to embark on a strategic planning process this year which will analyze the appropriateness of the mission, vision and values and modify or create new ones as determined necessary.

The new chief executive officer (CEO) has already met with approximately 40 groups in the region including private enterprise, universities, unions, first nations, client groups and others to 'message' the future direction for the organization and to conduct an environmental scan in preparation to set the organization on its new course. The organization is early in its plans as to how it will execute the strategic planning process. Broad internal and external consultation is anticipated.

The reporting process regarding the achievement of strategic goals and objectives is well established. The existing strategic plan is guided by the province's strategic vision and plan. There is regular reporting via the organization and to the board on the achievement of measurable actions under the themes of: "enhanced quality of life", "living within our means" and "enablers" which are human resources, information technology and performance excellence culture.

There is a well-established ethics framework that works extremely well for the organization.

There are up-to-date policies and procedures which are available on the organization's Skyline intranet. The organization is still in a transitional phase and policies from the four legacy boards are still being used. The transformation to region-wide policies is well under way in many areas but there is still a way to go. The organization is approaching this change by ensuring that when a policy change is generated in one area of the region, it is revised taking into consideration, and involving, the entire region.

There is a process for conducting annual operating plans that are consistent with the established strategic directions. The organization is aware of the significant change that has occurred in the past and will probably continue for a period of time to come. The organization has ensured that there is a focus on managing this change in an appropriate manner. This includes providing training in various methods such as Lean-Six Sigma and other methods which are employed when managing the change.

The organization has strong partnerships with many organizations in the community. These relationships are essential to ensuring that services are delivered effectively and efficiently to the catchment population.

These relationships include: First Nations Communities, Francophone community, Community Advisory Councils for Addiction and Mental Health, and foundations and universities. The organization is encouraged to continue to engage with these and other organizations to ensure that there is a broader understanding of the population's health needs, especially those at high risk.

There is a clear understanding of access issues in the system, which is similar to other jurisdictions in the country. There are efforts to ensure that these are carefully analyzed and addressed. Environmental risks and exposures are analyzed and there are well- established community-wide relationships to address these concerns. For example, there has been a multi-agency assessment with the Point Lepreau Nuclear Plant regarding the mitigation of potential associated risks in that area.

There are well-established processes established between the Office of the Provincial Medical Officer of Health (MOH) and the Regional Health Authority regarding communicable disease and health hazards. The region has some direct accountability for public health services. However, there is province-wide accountability for public health, which guides the region in some of its activities in this area.

3.1.3 Priority Process: Resource Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

There is a well-established planning cycle for resource allocation. While there are no policies and procedures for the preparation of operating and capital budgets, there is an established process which is guided by the Department of Health which provides budget guidelines and planning perimeters. This process includes an internal procedure for seeking input from all sites and services, including projecting the cost of maintaining existing services and the identification of new need.

Every manager in the organization is provided with variance analysis on a regular basis. There is an analyst available to every manager. The analyst is available to provide the manager with assistance and education in monitoring budget areas.

The organization's approach to making resource allocation decisions is changing as they mature as a regional health authority. There is more of an effort now to think region-wide as opposed to the four legacy boards. There are some good examples of this planning including the recent decision approved by the board for the capital allotment this year which was heavily influenced by the regional medical advisory committee (MAC).

There is a process to move resources to where they are most needed. The process includes government which has to approve program changes in the organization.

There is an annual external audit. The Department of Health provides an audit function as well. While there is no formal internal auditing process, there are established checks and balances to ensure that funds are spent appropriately. The approval process currently involves a number of steps, which are being reviewed to establish if some of the steps can be eliminated while maintaining integrity in the approval and accountability for expenditures.

3.1.4 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 (HR) team has well-established programs and services to support the workforce. The team is commended for its approach which is comprehensive and focuses on ensuring that the work environment fosters employees to be the best they can be in the provision of care and services. The team is progressive in its approach in that team members see the relationship between the organization and the employee as a shared one. Both the organization and the employee share accountability for employee satisfaction, well being, safety and learning. The organization offers a supportive climate and multiple resources to support quality of worklife and a health and safe work environment.

There is a significant focus on leadership development in the organization. In addition, physicians are supported to develop by seeking continuous medical education.

The policy and procedure for staff immunization is well established across the entire organization, resulting in an immunization of in excess of 50 percent.

The strategy to prevent workplace violence is established and works well. Worklife culture is measured frequently using two different measures. The results from both tools are compared and action is taken to address the concerns.

The HR team is commended for the initiatives to address the "oneness" of the region. When the team formed approximately five years ago there were more than 7000 job descriptions across the region. This was mainly as a result of the fact that the four legacy boards each had their own. The team has now standardized the majority of job descriptions for the region as a whole. Roles and responsibilities for patient safety are clearly articulated for staff.

The organization is cognizant of disparities in the span of control in some areas. There are efforts made to address this for example, managers that have responsibility for more than 40 employees are permitted to submit performance appraisals every two years. Managers with less than 40 employees are accountable for completing appraisals every year. Encouragement is offered to continue the pursuit of other ways to ensure that front-line managers are empowered to fulfil their role in the provision of quality care at the unit level. Already, the team is looking at how HR can assist in that regard.

The team is commended for its efforts to ensure that performance appraisals are completed on all employees in a timely manner. The team is monitoring compliance and has reported that 54 percent are completed at this time. The team is encouraged to continue to increase the compliance rate in this area.

There is an attendance management program in place which is focused on reducing absenteeism. The organization has recently introduced software that allows for ease in monitoring this. There is evidence of strong compliance to the administration of the attendance management policy.

3.1.5 Priority Process: Integrated Quality Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The strategic priorities of the region reflect quality improvement and patient safety as a strategic priority. These accountabilities are 'cascaded' so that every leader in every area is responsible for identifying quality and safety. Clarity has evolved to the point where the quality improvement framework is embedded in many aspects of the organization and delivery of services.

The team has identified the tools required to support quality improvement. There is significant education occurring including the e-learning program on quality which is provided to all managers. There is also face-to-face education sessions for staff members and physicians. The regional health authority (RHA) medical advisory committee (MAC) will address this by establishing a quality committee for each clinical division. The organization has recently implemented Lean Six Sigma and has invested in this by creating 'process improvement' specialists, and investing in their education and training as 'black belt' experts. The organization is encouraged to develop role descriptions for these positions as well as ensure that the roles are aligned to enable clarity in the reporting structure across the organization.

There is a solid reporting structure within the quality improvement framework. Each of the clinical areas has regional networks and each of these focuses on quality improvement. A quality consultant is assigned to these regional networks. This region-wide patient focused approach is gaining traction. For example, in family medicine there is an indicator that addresses congestive heart failure. The cardiac program also addresses the same area. Now these two groups share the common goal to create a common objective. There is a clinical nurse with responsibility to develop a pathway and create a standardized best practice. Standardization and best practice is very much a regional focus and the silo approach of the legacy board is seen to be a thing of the past.

There is an emerging effort to ensure that mechanisms are in place to sustain the initiatives being established in the organization. There is regular monitoring of progress and the reporting process is standardized. Tools are provided to support sustaining the initiative. Physicians are engaged in the same process of sustaining initiatives. There is an established reporting structure within the framework which ensures that there is completion of a feedback loop. For example, the chair of the board responds to each of the regional networks following submission of each of their reports.

The organization is commended on its development of a medical quality improvement committee and associated plans for implementing morbidity and mortality review meetings. The purpose is to identify and correct factors that may have contributed to patient adverse events or potential harm in an effort to continuously improve the quality of patient care.

Teams are recognized for their work in quality improvement activities. For example, the annual report has a section to highlight leaders that have shown commitment and dedication in this area. There is an annual "Quest" award and there are regular features placed on Horizon Health Network's Skyline intranet.

Risk management assessment includes use of the Healthcare Insurance Reciprocal of Canada (HIROC) risk assessment tool. There is a risk management analyst in each of the zones. The patient safety committee of the board receives risk management reports. An integrated software system will support the work of this group.

Medication reconciliation is a clear strategic priority for the region. The organization has demonstrated consistent commitment toward implementing medication reconciliation to enhance patient safety, with accurate and complete medication histories and medication management on admission, as well as on transfer and discharge. There has been extensive education and training of interdisciplinary health care staff members for conducting medication reconciliation. Health care staff members and physicians have indicated the program has demonstrated value in averting potential 'omissions or commissions' of medication errors. The completed medication reconciliation form is provided to the patient on hospital discharge and also a copy is sent to the patient's community pharmacy and primary care provider.

The report to the board integrates risk and quality and patient safety. All pertinent reports are provided to directors. The repeat of the HIROC evaluation will provide an opportunity for evaluation of the success in the reduction of risk factors in the organization.

There are several ways in which the organization receives information on patient safety and other quality elements including the Health Quality Council, reviews from patient satisfaction surveys and the Patient Safety Culture Tool and quality of work life reviews.

The team is encouraged to establish a standardized approach to evaluate the quality of contract services.

The organization's initiatives to establish a no-blame culture has come a long way in that physicians and staff are comfortable in discussing patient safety cases, especially within the privileged discussion provided by the evidence act.

The movement to patient safety is being emphasized more and more in the organization. For example, executive staff members are required to conduct 20 visits with staff/patients per month. This process encourages enhancing awareness of staffs' contributions toward patient safety initiatives, as well as listening to their ideas and suggestions. There are leadership 'walk rounds' with a patient safety specialist.

There have been several prospective analyses conducted including, medication reconciliation and one in long-term care. There is use of the failure modes effects analysis (FMEA) method in some areas.

The organization has an organizational policy regarding the tracking of patients that have demonstrated 'inappropriate behaviour' and it conducts annual reviews to assess if the alert for tracking such patients is to be retained or removed.

3.1.6 Priority Process: Principle-based Care and Decision Making

Identifying and decision making regarding ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Horizon Health Network has a well-established process for addressing ethics issues. The document: "Principle Based Framework for Ethical Decision Making", clearly outlines the process that is used. This framework is part of a comprehensive ethics strategy that includes an ethics department, decision-making framework, formal policy on ethics consultation and a research ethics board. The department is respected across the organization for the work in addressing concerns at the clinical and corporate levels including the board.

There is Horizon-wide policy on ethics consultation. In addition, the ethics department is organization-wide in its approach and delivery of services. The organization's focus on ensuring an ethics lens when developing policies and procedures for the organization as a whole, and their engagement of external partnerships with stakeholders, is commendable. For example, the development of the do-not-attempt--to-resuscitate (DNAR) policy was developed and implemented across the region using an ethics values- based problem-solving model that facilitated agreement across the region toward a single region-wide policy. Another example is the smoke free environment policy, which was developed using an ethics-based framework. That framework incorporated obtaining input from a wide range of external and internal participants toward obtaining consensus across the region regarding a designated smoking area and strategy to educate the public about this policy.

There is concern that demand for ethics services may exceed capacity of the process. The organization is encouraged to consider other methods to enable capacity building and knowledge transfer. The staff members feel they are able to contact the ethics department at any time for consultation and do so frequently. The education sessions provided by the department are offered on a wide variety of topics and staff members attend them when there is one scheduled for a particular area. These sessions allow staff members to discuss actual cases as part of the learning.

The ethics department uses several sources to ensure that it keep abreast of trends in ethics issues. This includes applied research and national connections including the Canadian Bioethics Society.

The research ethics board, which is part of the ethics department, is well established and respected. There are highly qualified persons sitting on the board and they are able to cover all considerations within the process to evaluate proposals.

3.1.7 Priority Process: Communication

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
7.5 The organization's leaders seek input from stakeholders on a regular basis to evaluate the effectiveness of their relationships with them.	

Surveyor comments on the priority process(es)

The communications department is well established and ensures that much of the activity is focused on achieving the directions set by the board and the chief executive officer (CEO). There is significant collaboration with the Department of Health and Vitalite Health Network, the other provincial health board.

The communications team supports the executive team in reaching out to the community. The CEO has expended considerable effort in meeting with many stakeholders including auxiliaries and foundations, the Royal Canadian Mounted Police (RCMP), school district, First Nations committee and advocacy groups such as mothers against drunk driving (MADD). The commitment to engagement extends to the organization's executive leadership team. This team meets with 20 individual patients and staff members every month.

There is a lot of information communicated via the intranet as well as by e-learning modules. This content of the intranet serves to communicate information. There is no focus on obtaining input from stakeholders. The organization is encouraged to continue its efforts at reaching out to internal and external stakeholders. This direction has started and is a positive step. It is anticipated that the communications department will be substantially engaged in this significant effort to engage the public as the board and CEO pursue their directions of patient-centred care and community consultation.

There is a communication plan that establishes clear goals and objectives which are based on the CEO's performance goals and objectives and the seven corporate priorities. The board has advised that it requires this plan by January as the existing one has expired. There is a regular newsletter for internal staff as well as the public. The corporate priorities including public engagement in the care and the team will apply several methods to ensure that this happens. There will be focus groups, small town halls, executive leadership team meetings and virtual town halls. There are early discussions as to other methods to engage the community and the organization is currently learning best practices in this area.

The team is encouraged to work with information systems to ensure it supports community engagement initiatives. Although there is a health plan/information technology plan that is posted on the intranet, this is not broadly known. The current plan will expire in March 2014. The new technology plan will be developed and aligned with the provincial health plan. There is recognition of the need to align information technology (IT) systems across the region to improve timely access to patient information, Information sharing and also to support patient flow and movement across the region. Decision making regarding aligning information systems across the region can be enhanced by way of collaborative joint planning with the Department of Health, 'Facilicorp' and the province.

There is an effort in progress to ensure that all staff members will have access to e-mail. The organization is encouraged to complete this initiative.

There is an established process for privacy of information as guided by the Privacy and Access 2010. There is a privacy management framework. There are five privacy officers in the province. Indicators to monitor the number of complaints that are being reported are established. There are still four operating systems however, which makes reporting and analysis difficult. There are established processes for the reporting and addressing breaches of the act.

The team is working with Facilicorp regarding development of a secure destruction method.

Concerns have been expressed by physicians in some smaller hospitals that they do not have a voice in decision making. The organization is encouraged to determine structures and mechanisms for providing administrative leadership participation with physicians at physician meetings.

The organization enjoys positive relations with the media. There has been some good communications from the organization and several examples were cited including the immunization campaign.

The team also focuses on employee engagement.

In the area of Telehealth, there is effort placed on ensuring the organization is operating using best practices in the implementation and delivery of services. Video conference coordinators receive the training required.

3.1.8 Priority Process: Physical Environment

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Horizon Health Network provides clean, safe and therapeutic environments for patients, families and staff. There is ample space with modern equipment, fixtures and furnishings. Energy conservation initiatives are in place. The organization is utilizing rain water. The building designs are such that conserve heat and lights that shut down automatically to reduce energy consumption. There are also recycling projects across the Regional Health Authority.

Back-up systems are adequate and tested regularly. An automated preventive maintenance (PM) system will be introduced in the organization, which will support tracking and decision making. Infection control practices are in place for renovation projects. Interactions between the clinical and support staff members are positive and co-operative. The joint occupational health and safety (JOHS) committees are active across the region. These committees participate with community partners to develop disaster and emergency planning

The Dr. Everett Chalmers Regional Hospital site has a cosmetic upgrade planned for many areas however, the pharmacy requires immediate attention as it is overcrowded and noisy, increasing risk.

The teams may need to address the lack of eye-wash stations in the chemical preparation areas for environmental services. Some smaller sites presented concerns regarding snow removal and the risk of falls. These concerns should be monitored to prevent risk.

The installation of bells at entrances that can not be observed by staff members is recommended.

3.1.9 Priority Process: Emergency Preparedness

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

Unmet Criteria		High Priority Criteria
Standards Set: Leadership		
14.5	The organization's leaders regularly test the organization's all-hazard disaster and emergency response plans with drills and exercises to evaluate the state of response preparedness.	!

Surveyor comments on the priority process(es)

Emergency preparedness is well done across the organization. A tremendous amount of work has been realized in the past two years and this was done in an integrated way, with a great deal of input from managers, front-line staff members, community partners and various stakeholders. This planning process follows the direction of the Horizon Health Network's framework. The plan is disseminated to staff members at regular briefings as well as being an integral part of the staff orientation process.

The organization is seen as leaders in the area of emergency planning and the community relies heavily on this organization in the event of emergencies. The online emergency management system is being developed across the region. Pilot sites where implementation has occurred are in the Moncton and Miramichi areas. Planned implementation in Fredericton and St. John is scheduled for this fall. Once complete, all emergency planners will use the same terms and speak the same language.

The online system for all employees includes access for staff members at all levels to fact sheets for each of the emergency codes used such as, Code Red (fire), Code White (violent person). This one-page fact sheet for each of the codes is located in hanging file holders in a variety of areas. These were developed as a result of feedback requested from front-line staff members that asked for a simple method to access their roles in the event of an emergency.

There is a well-structured escalating response system with each of the units assigning a 'Code Warden' for all shifts. There is also a site duty officer, an area duty officer and a network duty officer. Each of these levels has increased access to information, tools and contacts on the intranet emergency preparedness website in the event of an emergency.

Mandatory annual education on emergency codes for all staff members is available via e-learning and includes key information where staff members must respond to questions to test their knowledge. When successfully completed, the system tracks that staff members have concluded the module.

As much as this is a work in progress, it is detailed, addresses all issues, is easy to understand and when fully completed, will be well-integrated in the community.

3.1.10 Priority Process: Patient Flow

Assessing the smooth and timely movement of clients and families through service settings

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Horizon Health Network recognizes that poor patient flow affects all areas in a hospital and impacts on quality of care. The organization has many proactive approaches to manage flow around bottlenecks and where patients become "parked." Many teams manage their own areas and internal processes well. They are now joining to develop organization-wide processes to improve patient flow.

The teams' goal is to have the right services for the right patient at the right time. The organization has implemented an electronic utilization management tool which will allow for better data collection and help inform a real-time dashboard of the situation. The teams have worked to manage flow variability where they can and are striving to improve their agility to manage sudden changes in demand for services. The teams work to improve internal flow using an interdisciplinary approach and is partnering well with other providers in the community.

The organization recognizes that attempts to improve patient flow that focus only on the emergency department (ED) or other units miss the larger picture. Effective patient flow is a hospital-wide issue, and can only be optimized at the system level. Nonetheless front-line staff members have been vocal about the impact of harmful delays which includes, 'boarding', off-service patients and ED overcrowding and ultimately, safety and effectiveness. For this reason Horizon Health Network is encouraged to improve and evolve patient flow processes.

3.1.11 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: Reprocessing and Sterilization of Reusable Medical Devices		
1.3	The team works with others in the organization to limit the use of flash sterilization to emergencies only, and never for complete sets or implantable devices.	!
3.3	The medical device reprocessing department is designed to prevent cross-contamination of sterilized and contaminated devices or equipment, isolate incompatible activities, and clearly separate different work areas.	!
7.2	The organization has a documented preventive maintenance and cleaning program for its decontamination and sterilization equipment.	

Surveyor comments on the priority process(es)

There is a formal planning process for the acquisition and replacement of medical devices and equipment which includes input from the team and end users. Policies are in place and used for the use, maintenance and reprocessing of loaned and leased medical equipment.

Staff members and providers receive training on the use and reprocessing of devices and equipment. Preventive maintenance processes include life cycle maintenance and input from staff members on device and equipment risk. Devices do work reliably and there is a process to report malfunctions. In the central sterilization and reprocessing departments there are standard operating procedures for cleaning, high-level disinfection and sterilization of medical devices and these procedures are consistently followed.

There is an organization-wide reprocessing committee that is reviewing and revising policies and procedures. Teams are working on local standardization of surgical trays.

At a number of sites flash sterilization is used on a regular basis for complete sets of instruments. It is recommended that the organization review these practices and explore options to correct this practice.

In most sites surveyed there are areas outside of the central sterilization and reprocessing department where reprocessing occurs. It is recommended that the organization review the areas and processes used to verify that the physical space, equipment and device flow and standard operating procedures are in place and consistently followed. It is further recommended that all staff members involved in reprocessing be formally trained and appropriately supervised.

3.2 Priority Process Results for Population-specific Standards

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

Priority processes specific to population-specific standards are:

Chronic Disease Management

- Integrating and coordinating services across the continuum of care for populations with chronic conditions

Population Health and Wellness

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

3.2.1 Standards Set: Mental Health Populations

Unmet Criteria		High Priority Criteria
Priority Process: Chronic Disease Management		
5.5	The organization shares benchmark and best practice information with its partners and other organizations.	
6.4	The organization works with primary care providers, partners, and other organizations to integrate information systems.	
7.4	The organization compares its results with other similar interventions, programs, or organizations.	
7.6	The organization shares information about its successes and opportunities for improvement, improvements made, and future plans with staff, service providers, clients, and families.	
Surveyor comments on the priority process(es)		
Priority Process: Chronic Disease Management		

The chronic disease management of mental illness in the organization is strength based and focused on recovery with the client at the core. The leadership team is strong and focused on the needs of the population with mental illness. They have identified numerous priorities that will address high risk clients and have programs or plans to address the needs. Good examples of high risk and hard to reach populations are men with undiagnosed depression, youth with addictions and suicide risk and clients with first time psychosis. Examples of programs responding to those populations are The Early Psychosis Program and the Flexible Assertive Community Treatment Program. The program has specialist expertise with psychiatrists some who will attend remote locations or locations where a client in need is not able to access such services.

The numerous community partners in several sites were engaged and committed to the program. With short notice 9 community partners presented to engage in a meaningful discussion about mental health services and how important the partnership was to them.They sited a number of ways in which staff working in Mental Health and Addictions have supported the partners in important ways. For example the program will support

staff in the personal care home located close to the office when the staff need debriefing after numerous deaths in the home from the seasonal flu. The police site the many times that the staff were able to help them work with a client to avoid hospitalization or incarceration.Through these partnerships much more is achieved than any of these services alone. It is remarkable how well the partners understood the mandate of the service and were willing to do their part.
The focus of the work includes looking at their data and identifying how they can improve.Addressing long wait times for those with first psychotic break is one of those focuses and they work hard to ensure their target of being seen within 48 hours is met.
The integration of this service with EMP, ED, Primary Health would be greatly improved with a consistent electronic record system. This would allow the staff who are working with the mental health populations to increase their capacity and their ability to respond in a timely way to clients in need.

3.2.2 Standards Set: Populations with Chronic Conditions

Unmet Criteria		High Priority Criteria
Priority Process: Chronic Disease Management		
5.1	The organization has a process to select evidence-based guidelines for chronic disease management.	
6.1	The organization maintains a clinical information system and longitudinal client records.	
Surveyor comments on the priority process(es)		
Priority Process: Chronic Disease Management		

The organization continues to support both the department of Population Health Promotion and Chronic Disease Management (PHP-CDM) and Community Health Centres in their CDM strategies and activities. These entities work closely with partners in acute care and in the community (for example, public health). It is evident that CDM is a priority for both the organization's leadership and the province.

The PHP-CDM is well organized and is into its second strategic plan. The PHP-CDM has also organized yearly REACH conferences highlighting aspects of chronic disease and its interplay with mental health conditions (itself, a chronic disease). COPD was the most recent topic for the REACH Conference.

Data is improving for this area, as there are multiple levels of information that the organization can use to inform its strategy and quality improvement initiatives. Data sets range from those at the provincial level, right down to those at a handful of practices. Family Health Teams and Community Health Centres will benefit from the use of the electronic health record that has been selected by the province. However the data at the clinic or provider level may be incomplete and/or difficult to obtain, as the electronic health record selected by the province (for the community) does not yet interface with hospital electronic records. Further, many records continue to be on paper across the system. Another barrier to an optimal dataset from an electronic health records point of view is a potential lack of willingness of private community providers to purchase the electronic health record itself. A common or integrated electronic record across the network or province could improve reporting, planning, improvement activities, evaluation and outcomes for CDM.

Particular attention is being paid to diabetes across the province and network. A registry is used to inform the strategy and the organization should be commended for sharing this information with physicians and for supporting the development of local diabetes working groups. These groups will be led by a physician to implement improvement activities with its members and community partners. Already, diabetes educators have successfully reached out to smaller practices and reserves to leverage existing relationships to care for clients who are marginalized. Respiratory Educators have also reached out from the acute care setting to the community in a similar way.

The province has also incentivized diabetes care by providing a fee code for diabetes management. Horizon may want to consider advocating for additional fee codes for other chronic conditions, such as hypertension. Horizon has been wise to select diabetes and COPD as chronic diseases to look at first, as they will likely have the greatest impact in the health of its clients. However, other chronic diseases like HIV and hepatitis C should be considered as service areas as well.

The organization has endorsed the Ottawa Model for smoking cessation by supporting the development of a Centre of Excellence for smoking cessation. There has been success in bringing this model to the network and it should continue to be a priority.

Diabetes group appointments and health promotion initiatives in schools demonstrate that there are several innovative practices related to CDM already in existence. More innovative practices could be developed and tested with the reallocation of resources from acute care to the community. For example, mobile screening for diabetes and cancer in addition to treatment for marginalized or isolated populations.

3.2.3 Standards Set: Public Health Services

Unmet Criteria	High Priority Criteria
Priority Process: Population Health and Wellness	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Population Health and Wellness

The Public health in Fredericton and in Sussex are a group of very dedicated, enthusiastic and knowledgeable professionals who integrate health promotion into all aspects their program development. Their goals and objectives (work plans) are well defined with outcomes and timelines. Staff at both sites are well aware of the Incident Reporting policy and were able to cite recent examples.

Since 2008/9 Public Health has been incorporated into the Horizon Health Network. The Public Health has aligned many of it's policies with those of Horizon Health and has retained policies that are specific to it's specific mandate and needs. For example the Public Health follow the complaints process used by Horizon Health. All forms and protocols have been "Horizonized" to be complementary to the Horizon Network. The Fredericton Public Health has reorganized itself into teams that have representation from across functions. This model was determined after considerable consultation with all its staff. The model and team functioning it supports has allowed for more insightful and effective programming. Many initiatives are based on provincial priorities and strategies. Community Needs Assessments, such as the recently completed Fredericton Community Needs Assessment, and Provincial data sets are used to adopt the provincial initiatives to the community being served. Relevant stakeholders are engaged as appropriate. Strong partnership with schools, area physicians, City officials, Community Health Clinics, RCMP, Sexual Assault Crisis Centre and Department of Natural Defence (GageTown), etc. exist. A strong consultative relationship exists with Public Health Inspection which is under the provincial Department of Health.

The Early Childhood Development Program is multidisciplinary in approach. Prenatally the focus is on first time mothers who are at risk. Referral to the program is usually done through the prenatal clinics that are held in most communities however in Fredericton this is not the case and referrals may come from a variety of sources. This decentralization is a challenge as the team does not know for sure if it reaching all those in need. The Fredericton team has partnered with the Prenatal Support Group, Hospitals and Obstetricians to see if there is a way the referral process can be done differently to ensure all first time mothers at risk are captured for referral.

The Immunization Program is focused on children and school based children. The team will deal with adults only in an communicable out break situation. The rates of immunization for kindergarten children did drop to around 50% but is slowly increasing and is now at approximately 60%. The team in analyzing this trend feels that it is due to the pre school booster is missing. Education on the need for the pre school booster has now occurred with family physicians.Vaccines are stored in the appropriate refrigeration conditions and fridges have recently been outfitted with backup batteries that last for 18 hrs. The safe transportation of vaccines completed with designated coolers and temperature probes is well established and followed.

Sexual Health is a well developed program that offers a full range of services in a confidential manner. The team working in this area has received training in the handling and transportation of dangerous goods. Staff are required to recertify this education every 3 years. There are a number of quality initiatives underway two of which are the development of a program to educate families on how to talk to their children on sexual health and one of the nurse practitioners has gained permission to provide education on sexual health in schools. The HIV clinic still offers anonymous testing however will gradually move away from this as that follow-up is very difficult. The team is also advocating testing for all sexually transmitted diseases. This is a quality initiative that in part was a learning from a recent outbreak of sexually transmitted diseases.

The Healthy Learning Program is a well developed program that is school based. This program has solicited feedback from students and teachers on what they would like to focus on over the year. The feedback is developed using a Program Logic Model to develop the goals and objectives for the next year. The initiatives of the Program has resulted in several positive outcomes including removal of fried food from school menus, reduced playground incidences, a reduction in smoking rates (from 40% to 13% in one school) , and reduced pregnancies (down from 7/yr to 1-2/year in another school).

A significant responsibility of the Public Health is that of Communicable Diseases Program. Surveillance is a key role. A log is kept on all referrals for follow-up and tracking purposes. The log is kept in a locked and secure location. There is a dedicated computer for looking up information on the provincial Reportable Diseases Surveillance System. Only designated personnel have computer access to this information that is password protected. There is an adequate number of labs in the community including provincial labs for specialized reports. A quality improvement initiative that is underway is to have the labs agree to adding an sexually transmitted disease panel to the lab referral forms. This is initiative was as a result of learning's from a recent rise in the rates of some sexually transmitted diseases.

The Dieticians are a very active group who interface with many of the Public Health team functions. There is a defined strategy with key areas of focus that guide planning. The Dieticians in Action group follow the Nutrition Framework for Health as a guide for their planning.

Future opportunities include involving families in their own emergency preparedness and consideration of expanding the "greening" of Public Hospital sites.

3.2.4 Standards Set: Senior Populations

Unmet Criteria	High Priority Criteria
Priority Process: Population Health and Wellness	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Population Health and Wellness

This is a very dedicated regional team who have a clear focus on their regional mandate to provide services to the region. They gain an understanding of the risk factors that affect seniors as well as the determinants of health through Health Council, CIHI Community needs assessments, demographic profiles of seniors, Department of Social Development, Veterans Affairs Canada and incident reporting. They use this information to look at several aspects of elements affecting the population including prevention and screening, chronic disease, diabetes, pulmonary management, literacy and transportation. They look at resources that are available already in the community and how to leverage these to other communities. They make efforts to ensure that the target population have access to resources. For example, bringing experts to the area such as the geriatrician to Waterville. There are many examples of ensuring that residents have access to visiting specialists either by have the specialist visit the area or through telehealth. Examples include neurology, psychiatry, cardiac oncology, wound care specialists, physiatrists and rehabilitation services.

There is an effort to reach out to seniors. The community needs assessments being conducted by Horizon involve seniors and the advocacy groups. These Community needs assessments address the determinants of health and many of these elements affect the seniors population.

Horizon has several programs that are available to all seniors in the region. This includes the Extramural Program which offers a comprehensive home care model and uses several disciplines. The Home First model is now being discussed with plans to implement it. Already there is a quick response program in the Emergency Departments of Hospitals which focuses on seniors who do not require hospital admission and can be redirected to more appropriate programs.

Rehabilitation Professionals are extensively engaged in the many programs that serve seniors. For example they are part of collaborative clinics.

The provincial telehealth line is available for seniors and there is information available on the horizon network.

Horizon has 8 geriatricians as well as several family physicians who have a one year fellowship in geriatrics.

The team are have implemented a NICHE (Nurses Improving Care to Health System Elders) Program. This model designed to match the needs with available resources. A significant number of nurses have been trained in this program so that have expanded knowledge in this area. NICHE provides knowledge on pressure ulcers, restraints, pain, sleep, incontinence management and falls. The program focuses on preventing functional decline in hospitalized patients. This program started in 2005 and they continue implementation throughout the region.

There is a focus on patient safety through the promotion of the life line and tele-home care where computers assist in remotely monitoring senior's blood pressure, sugar etc.

There is a strong focus on the prevention of falls. The falls strategy, least restraint policy, delirium protocol, nurse driven catheter controls and many others are now standardized through the region.

The only identifiable professionals that are hard to recruit in this province is psychologists.

The team has considerable focus on health promotion and disease prevention services for seniors and has strong working relationships with many community groups. For example the Alzheimer's Society, Easter Seals, Red Cross and the Parkinson's society, VON and Nursing Homes. Horizon staff are often asked to speak to community groups. In addition, a lot of organized groups in smaller areas assist Horizon with starting new programs and services. There are community efforts to ensure that seniors have knowledge to use computers.

There are other partnerships that focus on patient safety such as the medication Reconciliation program which is linked with local pharmacies and VON which have well established programs for foot care.

There are efforts to ensure that written communication is tailored to the seniors population such as writing in the large font and other criteria.

There are several efforts to promote positive aging. There is youth integration with the elderly in various settings. There are talks at local colleges and the positive attitude promoted by the NICHE program. The geriatricians also play a significant part in promoting positive aging.
The organization is encouraged to work with the community on the establishment of barrier free designs in the various sectors.

There are efforts to address transportation issues such as the Red Cross driver program, community needs assessment also address transportation, Parking committee for hospital which focus on being.

There is significant effort made to ensure that seniors remain connected to their community.

The organization recognizes the many jurisdictions that are engaged in services to the elderly and appreciate the total contribution of all these groups to this target population. Seniors needs are currently being addressed by Health, Social Development, Housing and others. Horizon is encouraged to play a lead role in fostering collaborative activity between these jurisdictions with a focus on ensuring that the needs of the seniors population are addressed from one vantage point. There are many examples in the health system alone where seniors receive the inappropriate, and sometimes more costly, solution to the problem at hand. One example, is seniors who are inappropriately placed in hospital and have nowhere else to go.

There is a focus on addressing issues of abuse of seniors and this is a very prominent topic in this and other areas of the community.

The least restraint policy is developed based on best practice, is implemented in all settings.

Indicators of quality and safety for seniors are imbedded in the board report.

3.3 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:

Episode of Care - Ambulatory Systemic Cancer Therapy

- Healthcare services provided for a health problem from the first encounter with a health care provider through the completion of the last encounter related to that problem.

Clinical Leadership

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

Competency

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

Episode of Care

- Providing clients with coordinated services from their first encounter with a health care provider through their last contact related to their health issue

Decision Support

- Using information, research, data, and technology to support management and clinical decision making

Impact on Outcomes

- Identifying and monitoring process and outcome measures to evaluate and improve service quality and client outcomes

Medication Management

- Using interdisciplinary teams to manage the provision of medication to clients

Organ and Tissue Donation

- Providing organ donation services for deceased donors and their families, including identifying potential donors, approaching families, and recovering organs

Infection Prevention and Control

- Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

Surgical Procedures

- Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge

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

Blood Services

- Handling blood and blood components safely, including donor selection, blood collection, and transfusions

3.3.1 Standards Set: Ambulatory Care Services

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
2.2	The team's goals and objectives for ambulatory care services are measurable and specific.	
10.1	The team has access to designated, private treatment or service areas.	
Priority Process: Competency		
	The organization has met all criteria for this priority process.	
Priority Process: Episode of Care		
7.4	The team monitors and works to reduce the number of clients who fail to present at scheduled appointments.	
Priority Process: Decision Support		
	The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes		
	The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Ambulatory care services provide a full range of services to the community. Volumes are increasing steadily and there is an effort to further maximize utilization. Services provided are based on client need and have evolved in the past many years. There are many specialty clinics which clients indicate are efficient and fully meet their needs while avoiding hospitalization. There is good collaboration with specialist physicians, general practitioners, dentists, extra mural services and others.

There are monthly regional ambulatory care meetings to guide program planning and evaluation. Current initiatives include standardization of policies and safe work procedures. The team is encouraged to continue this work and develop measurable and specific goals and objectives.

The physical space varies between clinics. Many are conducive to client privacy and others are challenged in this area.

Priority Process: Competency

There is a comprehensive interdisciplinary team whose members are patient focused and enthusiastic. Staff development opportunities are many and varied. There are required educational sessions in which all staff participate. Venues include e-learning, and attendance at local, provincial and national conferences.

Communication and transfer of information processes are well developed. The flow and management of client records is handled efficiently while maintaining confidentiality.

Priority Process: Episode of Care

Privacy and confidentiality at the reception/intake areas can be challenging. There are many processes in place to enhance privacy, such as redirecting others approaching reception during the intake process, posting signage regarding privacy needs and delineating privacy space with visual cues.

The team strives to coordinate care needs for patients. This is accomplished by scheduling multiple services at one time. The availability of walk-up or unscheduled services in diagnostics is pivotal in this area.

Client educational material is available and includes patient safety information. Clients indicate they are satisfied with the information and patient teaching they receive. Documentation is thorough and covers the complete episode of care.

Priority Process: Decision Support

Please refer to comments made elsewhere for Ambulatory Care's priority processes.

Priority Process: Impact on Outcomes

Patient safety is integral to this team. Team members are highly committed to providing safe care in a safe environment. Sentinel event reporting is well understood. The team is encouraged to further explore process and outcome measures.

3.3.2 Standards Set: Ambulatory Systemic Cancer Therapy Services

Unmet Criteria			High Priority Criteria
Priority Process: Episode of Care - Ambulatory Systemic Cancer Therapy			
9.14	When medication therapy is a significant component of care, the team reconciles the client's medications with the involvement of the client, family or caregiver at the beginning of service. Reconciliation should be repeated periodically as appropriate for the client or population receiving services.		ROP
	9.14.5	The team provides clients and their providers of care (e.g. family physician) with a copy of the BPMH and clear information about the changes.	**MINOR**
16.3	The team reconciles medications with the client at referral or transfer, and communicates information about the client's medication to the next provider of service at referral or transfer to another setting, service, service provider, or level of care within or outside the organization.		ROP
	16.3.1	There is a demonstrated, formal process to reconcile client medications at referral or transfer.	**MAJOR**
	16.3.2	The process includes generating a comprehensive list of all medications the client has been taking prior to referral or transfer.	**MAJOR**
	16.3.3	The process includes a timely comparison of the prior-to-referral or prior-to-transfer medication list with the list of new medications ordered at referral or transfer.	**MAJOR**
	16.3.4	The process requires documentation that the two lists have been compared; differences have been identified, discussed, and resolved; and appropriate modifications to the new medications have been made.	**MAJOR**
	16.3.5	The process makes it clear that medication reconciliation is a shared responsibility involving the client, nursing staff, medical staff and pharmacists, as appropriate.	**MAJOR**
Priority Process: Clinical Leadership			
2.5	The team has sufficient space to accommodate its clients and to provide safe and effective services.		
Priority Process: Competency			
3.5	Sufficient workspace is available to support team functioning and interaction.		
Priority Process: Decision Support			

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Priority Process: Medication Management

12.2	The team follows established professional guidelines for safe preparation and dispensing of systemic cancer therapy medications.	

Surveyor comments on the priority process(es)

Priority Process: Episode of Care - Ambulatory Systemic Cancer Therapy

It is clearly evident that clients feel safe and well respected by these committed multidisciplinary teams. Clients also report complete and appropriate communication about their care plan and side effects by regular nursing care, in groups, their physicians and with print materials provided by the teams. Clients are particularly pleased with being provided a treatment schedule. The organization might consider an electronic portal for clients, which would allow them to view their plans, results and enter symptom scores.

There is an opportunity to improve medication reconciliation. It is recommended that the teams provide their clients with a best possible medication history (BPMH):) at the time of reconciliation and pay particular attention to reconciliation after the completion of services.

Horizon Health Network has made marked improvement with infusion pump safety by standardizing the model of infusion pumps and ensuring all new and existing staff members are trained and will be regularly trained in one year's time.

Teams are using standard assessments for pain and nausea however, it is suggested that using the Edmonton Symptom Assessment System (ESAS) across the network for ambulatory systemic cancer therapy might have more impact.

Priority Process: Clinical Leadership

The Horizon Health Oncology Network has set out an ambitious plan to regularly review metrics at its sites. These metrics have been used to identify regional areas for improvement, such as the chemotherapy medication waste project. This project has been successful in reducing the cost associated with ambulatory systemic therapy by limiting the pre-mixing of several more expensive agents. Another initiative of note is the successful completion and endorsement of the oncology standards. The teams have taken the prudent step in evaluating its compliance with this document.

It appears that space is tight for the provision of ambulatory cancer services. Many chairs are close together where the provision of privacy and confidentiality may be compromised. Despite patients not feeling this was an issue, several members of the teams felt that this could be improved with more space.

Priority Process: Competency

There is a new and revised orientation program currently being implemented for nurses. All new hires must have at least one year of clinical experience. The revised orientation program now allows the new hire to have five weeks with a preceptor, along with chemotherapy education and training. New staff members

reported that these additional weeks with a preceptor were helpful. Staff members also expressed satisfaction with Horizon Health Network's general orientation program.

All staff members receive ongoing education regarding a number of topics including falls prevention and infusion pump safety. All staff members are required to have annual recertification in the safe use of infusion pumps. Up-to-date records of training are kept by the management team.

Priority Process: Decision Support

The team has a combination of electronic and paper records for the client. They are updated regularly to reflect the plan for the patient. The organization should consider integrating, if possible, into one record.

Teams have started a process to select evidence-informed guidelines for ambulatory systemic cancer therapy that includes input from team members. The organization may want to consider a more formal process across the region to endorse and select these protocols, as there seems to be variation in their use between centres. For the most part, the teams use the British Columbia Cancer Agency (BCCA) and some Cancer Care Ontario (CCO) protocols to guide treatment. The protocols are accessible online.

The teams meet regularly in multidisciplinary rounds to discuss patient care issues. It is at these rounds that patient care plans are reviewed and revised as appropriate. Patients feel they have input to their care plans by dialogue with their oncologist and members of their care team.

Priority Process: Impact on Outcomes

The Horizon Oncology Network meets monthly to review a comprehensive dashboard of metrics. Of note is that many wait-times for systemic and radio-therapy are on, or ahead of target. The organization is commended for regularly collecting patient feedback. It is clear that Horizon Health Network is empowering its staff members and programs to improve their work and outcomes with data and a culture of improvement.

Priority Process: Medication Management

Since its previous survey, the Horizon Health Network has developed policies for the safe handling of systemic cancer therapy medications and to address spills and exposures. It appears the staff members and the organization are compliant with these policies. There are clear roles and responsibilities for prescribing, verifying, dispensing, checking and administering systemic cancer therapy medications.

The organization was able to successfully demonstrate a culture of learning and improvement from incidents involving systemic cancer therapy medications. Teams are commended for creating a just culture and for continuing to work in this manner.

Chemotherapy pharmacies at several sites are not up to current standards in terms of their workspace. This was noted in a previous survey and subsequently, a formal assessment has been completed. Plans are being developed or in place at sites to make these changes. Funding these necessary improvements remains a challenge.

3.3.3 Standards Set: Biomedical Laboratory Services

Unmet Criteria	High Priority Criteria
Priority Process: Diagnostic Services: Laboratory	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
Priority Process: Diagnostic Services: Laboratory

The three laboratories reviewed during the on-site survey offer a broad range of services. The areas were observed to be clean. All three laboratories are well run with a great team culture of sharing resources, along with great communication and collaboration amongst team members.

These laboratories have been recently reviewed in May 2013 by the Ontario Laboratory Association (OLA) and currently, each laboratory is going through a process of implementing changes as recommended by OLA. The major weaknesses are related to point-of-care testing. There is much to improve in this area, as identified by OLA. They are working to implement in the critical areas, but slow to make appropriate changes in some areas.

3.3.4 Standards Set: Blood Bank and Transfusion Services

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

Surveyor comments on the priority process(es)
Priority Process: Blood Services
The three laboratories visited during the on-site survey were recently reviewed by the Ontario Laboratory Association's Quality Management Program for Laboratory Services (QMP-LS) in May 2013. The three laboratories are working on correcting the major and minor deficiencies reported in that process. The amount of progress seen in correcting these issues is at various degrees of completion in the different departments. There is good co-operation between the laboratories in working towards correcting the issues. The Accreditation Canada surveyor team, in the limited time available, found three efficient laboratories with competent and able staff members, and good communication within and between sites. The departments that depend on these laboratories to support their patient care efforts were pleased with the service from all aspects.

3.3.5 Standards Set: Cancer Care and Oncology Services

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
The organization has met all criteria for this priority process.			
Priority Process: Competency			
The organization has met all criteria for this priority process.			
Priority Process: Episode of Care			
7.3	The team identifies medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) and provides appropriate thromboprophylaxis.		ROP
	7.3.3	The team establishes measures for appropriate thromboprophylaxis, audits implementation of appropriate thromboprophylaxis, and uses this information to make improvements to their services.	**MINOR**
10.7	The team meets legal requirements and standards of practice when administering medications and other therapeutic technologies, including radiation therapy.		
Priority Process: Decision Support			
The organization has met all criteria for this priority process.			
Priority Process: Impact on Outcomes			
The organization has met all criteria for this priority process.			

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

It is clear that the organization collects information about its clients, and to a lesser extent, the community. The organization could focus or partnering with community organizations or other provincial bodies to further develop knowledge in this regard. The information collected now informs service provision as well as quality improvement (QI) activities that are aligned with the organization's strategy.

The organization has strong ties to other facilities in Horizon Health and with other provincial health services. An example of this is the autologous stem cell transplantation program that was initially implemented as a partnership with Nova Scotia. This partnership allowed for the development of New Brunswick's own program, for which the network can be proud. Certainly, there is evidence of collaboration in the organizations as they use multidisciplinary rounds to plan treatment for the client.

A strong network exists which helps in planning, evaluating and improving care. A major accomplishment is the completion and endorsement of the Oncology Service Standards. Of note is that the team meets monthly to review its performance and goals for the network and service provision, which are clearly articulated in the standards document.

It is noted that the Horizon Health Network supports prevention and screening initiatives in the community by visiting schools, meeting with seniors' groups, participating in cancer support groups and by working with the Canadian Cancer Society. The organization is also be recognized for advising on smoking cessation, using the Ottawa model, and alcohol use, and this is a formal process at admission. It is noted that there are strong links to palliative care services in the organization and the Extra-Mural Program. The organization may want to consider supporting survivorship initiatives by partnering with primary care.

Priority Process: Competency

The Horizon Health Oncology Network Standards is an excellent document that allows the team to learn about services, roles, responsibilities, systemic and radiology therapies. The organization is exceptional in that it is looking to assess its compliance with these standards as a quality improvement initiative.

Team members are credentialed and of note, is the chemotherapy certification program that Horizon Health Network nurses are completing. Given that the organization has limited resources to support travel to continuing education opportunities, it provides many rounds and in-service teaching to its staff.

Horizon Health Network can be proud and congratulated for selecting one infusion pump to use across its services.

There is good evidence of ongoing performance evaluations at sites across in the Horizon Health Network.

Priority Process: Episode of Care

Clients report good communication between the organization and their primary care providers. The clients readily identify the most responsible physician (MRP) as their contact for care. Sound client and family education about symptoms improve the client experience. The organization may want to consider an on-call nurse to provide support to patients after discharge and/or receiving outpatient treatment, if Telehealth is not able to do so. The use of a social worker and/or funding coordinator has facilitated treatment for patients without medication coverage, or cannot afford the medications after their discharge. Clients express much appreciation for this help.

While the organization has a policy for venous thromboembolism (VTE) prophylaxis, some sites have not fully implemented it. It is reported that physicians assess the risk for VTE and make a decision about prophylaxis outside of a standardized risk assessment. Further discussion to implement and eventually evaluate, and then improve this practice is necessary.

A formal psycho-social oncology program does not exist at all sites owing to limited resources. The teams without such a program utilize their own skills, existing social workers and community faith leaders to fill this gap. In the future, the organization may want to consider supporting a fuller psychosocial program.

It has been noted that a great deal of work has occurred to improve medication reconciliation at admission and at transfer. However, an area of focus for improvement would be discharge summaries to the community and/or primary care provider.

Chemotherapy pharmacies at several sites are not up to current standards in terms of their workspace. This was noted in a previous survey and subsequently, a formal assessment was completed. Plans are being developed or in place at sites to make these changes. Funding these necessary improvements however, remains a challenge.

Priority Process: Decision Support

Improvements continue with the movement to more clinical information being captured in an electronic health record. However, paper charts and several electronic records do exist in parallel. It is recommended that Horizon Health Network look to integrate and standardize these documents into one electronic record.

The team successfully uses the Edmonton Symptom Assessment System (ESAS) to regularly evaluate and monitor a client's symptoms. Horizon Health Network may want to consider adopting or developing an electronic method to capture this data and to report it as a site or system. The potential benefit for capturing these scores electronically may reduce resources directed at completing the ESAS form with a client and manually entering it into a database. Further, the organization could adopt and/or develop standardized symptom management guidelines.

It appears that different sites have their own processes to approve treatment guidelines. The organization should look at a network- wide process to adopt and then implement guidelines.

Priority Process: Impact on Outcomes

It is noted that the organization has a strong falls prevention strategy and uses its measures to improve the safety of its clients. Also of note is that the wait-time for oncology inpatient services varies and this may reflect specialized care at a particular centre. There have been opportunities to learn about potential safety problems and it is laudable that the organization learns from its incidents and sentinel events.

3.3.6 Standards Set: Community Health Services

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
3.7	The interdisciplinary team follows a formal process to regularly evaluate its functioning, identify priorities for action, and make improvements.	
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
Priority Process: Decision Support		
8.6	Staff and service providers have timely access to client records.	
10.1	The organization has a process to select evidence-based guidelines for populations in the community.	!
Priority Process: Impact on Outcomes		
11.2	Staff and service providers participate in regular safety briefings to share information about potential safety problems, reduce the risk of error, and improve the quality of service.	!
11.8	The team compares its results with other similar interventions, programs, or organizations.	
11.10	The team shares evaluation results with staff and the community.	
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

The community health services (CHS) are spread across the region in both urban and rural sites. Working to ensure that all the sites are working towards similar goals and objectives is a challenge but one that has been met. It is easy to see how a small rural clinic has a positive impact on the health of their community residents. The clients that were interviewed talked about a family atmosphere where staff members take the time to explain their conditions and involve them in the development of their care plans.

Local programs are developed and implemented based on the changing demographics of the population. One example is a shift to more home-delivered services as the population is aging. Larger urban clinics also work with information about their clients including the 2005 health assessment to form the basis for the development of programs.

All sites have strong interdisciplinary teams that are knowledgeable about community needs. Some sites have community development positions that provide an excellent link to the broader community. The community development work is grounded in the determinants of health and support resilient communities supporting one another in partnership with the clinic staff. At one site they recently organized an oncology support group so that the isolation of cancer can be addressed by clients themselves.

The clinics were generally well organized though some had ample space for all services and staff and others were struggling with finding the space to serve the clients. It is important to note that almost all clinics provide a walk-in service that meets the needs of clients by allowing them to seek service on their schedule, not the providers. The high-functioning interdisciplinary teams work together diligently to coordinate services for their clients. Some have an active community advisory committee that participated in a community needs assessment.

Most staff members speak to evidence-based practices that support community development. Performance indicators are in place and are reviewed and support decision making. The teams use data and information to inform services and make changes when needed. One of the goals for the team improvements is the third next available appointment, which has improved during the past year. The leadership is committed to monitoring its process and outcomes measures and continuing to contribute to the community in important ways.

Clients are universally appreciative of the staff members and of the service they provide. Many clients commented on the improvement to service and quality since the nurse practitioners (NPs) have increased.

The clinics are a vital part of the community and provide services often during evening and weekend hours. This is commended as clients needs do not conform to a Monday to Friday schedule. Also, this supports the goal to decrease unnecessary use of emergency departments. There are examples of the teams removing barriers to care by scheduling home visits and telephone appointments. One clinic has a compassionate/emergency medication fund, which is partly fund-raised by the staff to buy medications for patients that are not covered or cannot afford to pay.

The health promotion and illness prevention is an ongoing activity for the clinics and many cite successful outcomes for smoking cessation, suicide prevention and ice safety. Most teams are effective in engaging the community in development and implementation of creative solutions to needs identified in the community. Some examples are: "Food for Fundy" for which donations and grants have been secured to establish community gardens, markets, and a food map that indicates where food stores are located in the area. There are food kitchens that use up the “expiring” fresh produce and meat in the Food Bank to provide meals to seniors, shut-ins, schools for the children living in poverty and other community members living in poverty without access to consistent food supplies. Some clinics host a food bank and all understand the role of food security in health.

Teams support various organizations and communities that are holding wellness and prevention events by communicating their events in their event calendar. There were innovative approaches seen in all the clinics. One response to clients not being sure who their provider was; was to use team photographs in a poster for the clients, which includes students and residents.

The teams are encouraged to collect data on wait-times to determine where this might affect outcomes and continue to listen to the community about its changing needs.

Priority Process: Competency

In all of the community health services (CHC) visited during the on-site survey CHC staff members indicated that they have had a performance review in the past year. Most staff indicated that they are able to access adequate ongoing professional development.
Staff members described innovative ways for the learning to occur despite problems with remote locations or lack of replacement staff. The e-learning and journal clubs give the teams a chance to learn together. There was evidence of highly competent employees providing relevant and necessary health services to clients.

Priority Process: Episode of Care

The teams are providing excellent care and service to the clients in their communities.

Priority Process: Decision Support

The work of the teams would be greatly enhanced if they were supported with an electronic medical record (EMR). The integration would increase capacity and support remote locations with ability to access information, which is now often not available. The process for choosing evidence-based protocols should be clearly articulated and shared with all staff members and physicians.

Priority Process: Impact on Outcomes

The community health services (CHC) staff members are aware of the need to identify incidents and report them promptly. The example given was where following an adverse event, staff members reacted quickly to identify the situation within minutes of the patient leaving the clinic. Using the defined policy and procedures they developed a course of action to rectify the situation and disclosed the event to the patient. Staff members conducted a root cause analysis and identified changes to their local procedures to rectify the problem. Another example is where staff members have conducted a quality initiative to modify the reporting of patient laboratory results to improve confidentiality and staff workload.

While there are regular staff meetings and discussions it would be helpful for the teams to identify a regular time for a safety briefing. Some staff members report that after an event, the discussions of safety are increased. Regular safety briefings would keep the conversation alive without an incident.

3.3.7 Standards Set: Community-Based Mental Health Services and Supports Standards

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
14.5 Following a transition or at the end of service, the team contacts individuals, families, and referring organizations to evaluate the effectiveness of the transition, and uses this information to improve its transition and end-of-service planning.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

While community-based mental health services (CBMHS) currently uses a strengths-based assessment and treatment framework, the organization is working toward further strengthening this approach with two initiatives. These are the motivational interviewing program and the recovery plan. Both initiatives focus on assessment and service planning based on the strengths and goals of the client. Motivational Interviewing is at the stage of implementing training to front-line staff members while the recovery plan is in the initial stakeholder input stage of development.

Program leadership uses data on service volumes, readmission rates, partner input, incident report trends and client survey results to identify goals and objectives for annual and medium term planning purposes. These processes allow the program to identify inequities in service and resources to make informed decisions related to reallocation of resources and prioritization of new resources when those are made available. Seven major initiatives are with Horizon Health Network's senior leadership, and are initiatives that potentially may increase efficiencies and reduce costs to the system.

The front-line teams also develop goals for quality improvements from information they gather from team members and clients. Staff members feel that their ideas for improvement are incorporated into initiatives and quality improvement projects.

The CBMHS program has strong connections with community partners which also provide mental health services and supports. With these providers, the CBMHS program provides education to schools, secondary education facilities and the public about mental health in order to reduce the stigma attached to mental health diagnoses.

Priority Process: Competency

The multidisciplinary community-base mental health services and supports standards (CBMHS) team of professional health care providers includes registered nurses, social workers, psychologists, psychiatrists, occupational therapists and a recreational therapist. Staff members are credentialed with their respective professional association.

A comprehensive orientation program is in place and it includes orientation to Horizon Health Network and site/unit/team-specific orientation. New staff members are provided with preceptors/mentors for a set time and are "buddied" during their initial management of clients. Caseloads are increased as the new staff person becomes more attuned to the work flows and activities related to client care.

The CBMHS supports students coming into the program and these include medical residents, registered nurses, social workers, and psychologists. Volunteers with 'lived experience with mental health issues' sit on many of the committees formed by CBMHS.

Continuing education opportunities are provided to staff such as the national mental health conferences and workshops, as well as mandatory education in falls prevention, non-violent crisis intervention, workplace hazardous management information system (WHMIS) and handwashing.

Staff members interviewed during the on-site survey all felt a real connection to the clients they serve as well as to Horizon Health Network. They expressed satisfaction that their skills and abilities were recognized and appreciated, allowing them to make autonomous decisions, to stretch the rules for the benefit of the clients and to impact decisions made by senior leadership.

Front-line staff members are active participants on committees and initiative development. They felt they were recognized and thanked by their team and leadership for a job well-done. The organization also has a long-service award program and recognizes employees with low absenteeism with a letter from senior management. Social committees are in place in the service areas. The Horizon Connect newsletter helps to keep staff members informed about the activities across the organizations. The leadership of CBMHS acknowledged that it could do more to celebrate the successes.

Monitoring of levels and requirements for human resources is ongoing. Several initiatives are underway to ensure resources are used most effectively. This includes a review of client inclusion/exclusion criteria, duplication in assessments and case management processes looking at length of stay on some services.

The CBMHS program has a robust system to support staff safety during client interactions. The mobile response team has a check-out/check-in process to ensure that someone knows where staff members are at all times. The team will intervene if someone fails to check-in after seeing a client. Two staff members attend all mobile response visits and the RCMP will attend as well if assessment warrants that.

All on-site interview rooms have a glass panel for visualization from the hallway, as well as duress buttons. A red-card system is used to identify potentially aggressive patients being interviewed, and a red card is placed

outside the room so that those passing by are aware. The charting system allows alerts to be placed in the electronic chart so that all staff members dealing with the client are aware of potential safety risks. Staff members are provided with education about how to stay safe during care processes. There is a risk management team available to assist staff in identifying risk and developing strategies for individual clients to mitigate the risk.

Priority Process: Episode of Care

Client needs and goals are the primary focus in the care processes for community-based mental health services and supports standards (CBMHS), from screening to transition. A comprehensive assessment is completed at screening and again at intake and some of which appears to be repetitive.

Horizon Health Network is engaged with the Department of Health in the SOMIA project: "Front Door." The goals of this project are to reduce timelines from screening to intake, avoid duplication in assessment information gathering with the client, eliminate duplication of third party referrals and thus, reduce the number of did-not-attend incidents. The pilot program has shown significant improvements toward attainment of these goals and the organization is encouraged to continue with implementation into the non-pilot areas. Another initiative that is being implemented is the flexible assertive community team which provides multidisciplinary resources to clients wherever they live, work, or are. This is particularly beneficial to the homeless clients that require service and often can not or will not come into facilities for service.

The service plan is developed with the client, the client's family/significant others, with client consent and the team. Clients sign the plan when it is completed and the plan includes the roles and responsibilities of the client in achieving the goals. Clients also sign a confidentiality agreement so that they understand and agree with who the plan is shared with. Assessment of goal achievement occurs at every subsequent interaction the client has with the team. A case manager is assigned to the client to oversee the plan with the client and to coordinate team members. Human service counsellors work with the client to secure basic needs if that is an issue for them, as well as acting as an advocate and navigator of the social support network in the community.

The CBMHS program provides 16-hour service with the mobile response team and Mental Health nurses (RNs) in the emergency departments. Clients are provided with contact information to ensure they know how to access care after hours, including the crisis line and emergency departments in the area. There are wait-lists for some services however, this is managed by prioritization of clients, based on mental health assessment to ensure that the most acute are seen first. Clients are instructed to call the team while they are on the wait-list should their condition deteriorate. In addition, group therapy sessions have been developed that allow the client to begin treatment earlier while they await one-on-one services. Client surveys of the group sessions show high satisfaction rates with this approach. Clients are also provided with information at screening relative to crisis planning so that they are aware how to access care should they need to while waiting for intake assessment.

All clients are screened for suicide risk. If risk is present, a comprehensive plan is put in place and engages the family physician, families and significant others, if possible, in managing the risk.

The CBMHS team has built strong relationships with community providers. Monthly meetings occur which support planning of services and ongoing awareness of what supports and services are available in the community. There is a strong connection with the Canadian Mental Health Association as well. That organization also provides education to staff members as well as information pamphlets for clients related to specific mental illnesses. By way of these processes, staff members are kept up-to-date regarding resources in the community that clients can be referred to as part of their treatment plan and at transition.

Client complaints are managed as close to service delivery as possible. Clients are informed of the process they can use if their concerns are not addressed to their satisfaction.

All clients interviewed expressed satisfaction with the services they have received from the CBMH program. They felt staff members were knowledgeable, compassionate and really cared about the clients they serve. Clients state that staff members meet them where they are at, have no agenda themselves, and just listen and partner with them.

The CBMHS program does not have a formal follow-up process when a client transitions to external community services, instead the expectation is that the client will call should their condition or situation deteriorates or if the services in place are not meeting their needs. While the approach is aligned with the roles and responsibilities of the client in self-care, the organization is encouraged to look at the feasibility of implementing a follow-up process to support evaluation of effectiveness of its services, as well as the services provided in the community.

The team works with the client and community partners to develop a transition plan and after service care plan. Information is shared at transition to the extent required and with client consent. The CBMH program is in the process of developing a formal document that will document after-care goals for the client and to be shared with the new providers.

The medication reconciliation process has been reviewed and a system that includes a psychiatrist in the final review of the BPMH is being piloted in the Fredericton zone, with plans to roll out the new process once the pilot evaluation is completed.

Priority Process: Decision Support

The Community-Based Mental Health Services and Supports Standards (CBMHS) program ensures confidentiality of client information. Clients are informed of how their information will be shared and with whom. Clients have a process to access their chart and are assisted by staff members in reviewing and understanding the contents.

Mental Health uses an electronic information system across the province, allowing rapid access to client information for whichever service requires it.

The CBMHS program actively pursues evidence-based best practice. It involves front-line staff members, CBMHS colleagues across the province, Canadian Institute for Health Information (CIHI), and the education and training committee as well as the provincial quality and safety committee to identify and implement evidence-based best practice.

Priority Process: Impact on Outcomes

The team provides clients with education and information related to safety in the context of their mental health diagnosis, including management of medications, self-assessment of de-compensation and subsequent actions to take and risks of not keeping treatment appointments.

As previously documented, a comprehensive set of strategies are in place to support staff safety when working with high-risk clients or working in the community.

3.3.8 Standards Set: Critical Care

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
10.4	The team has access to a service environment that promotes the comfort and well-being of the client.		
Priority Process: Competency			
3.10	The interdisciplinary team follows a formal process to regularly evaluate its functioning, identify priorities for action, and make improvements.		
4.6	Team leaders regularly evaluate and document each team member's performance in an objective, interactive, and positive way.		
10.2	The interdisciplinary team conducts daily rounds.		
10.3	The interdisciplinary team establishes and assesses daily goals for each client.		
Priority Process: Episode of Care			
7.5	The team identifies medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) and provides appropriate thromboprophylaxis.		ROP
	7.5.3	The team establishes measures for appropriate thromboprophylaxis, audits implementation of appropriate thromboprophylaxis, and uses this information to make improvements to their services.	**MINOR**
10.6	The team assesses each client's risk for developing a pressure ulcer and implements interventions to prevent pressure ulcer development.		ROP
	10.6.5	The team has a system in place to measure the effectiveness of pressure ulcer prevention strategies, and uses results to make improvements.	**MINOR**
12.5	The team reconciles the client's medications with the involvement of the client, family or caregiver at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).		ROP
	12.5.1	There is a demonstrated, formal process to reconcile client medications at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).	**MAJOR**

	12.5.2	Depending on the model, the prescriber uses the Best Possible Medication History (BPMH) and the active medication orders to generate transfer or discharge medication orders (proactive), OR, the team makes a timely comparison of the BPMH, the active medication orders, and the transfer or discharge medication orders (retroactive).	**MAJOR**
	12.5.3	The team documents that the BPMH, the active medication orders, and the transfer or discharge medication orders have been reconciled; and appropriate modifications to medications have been made where necessary.	**MAJOR**
	12.5.4	Depending on the transition point, an up-to-date medication list is retained in the client record (internal transfer), OR, the team generates a Best Possible Medication Discharge Plan (BPMDP) that is communicated to the client, community-based physician or service provider, and community pharmacy, as appropriate (discharge).	**MAJOR**
	12.5.5	The process is a shared responsibility involving the client or family, and one or more health care practitioner(s), such as nursing staff, medical staff, and pharmacy staff, as appropriate.	**MINOR**
12.7	Following transition or end of service, the team contacts clients, families, or referral organizations to evaluate the effectiveness of the transition, and uses this information to improve its transition and end of service planning.		

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

16.5	The team implements the Safer Healthcare Now Central Line (CLI) bundle for all clients requiring a central line.	!

Priority Process: Organ and Tissue Donation

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The critical care services team is an integrated team that reviews critical care standards across the Horizon Health Network. This team monitors quality indicators and identifies priorities for improvement cycles. The care model design workbook provides valuable information to the individual intensive care/critical care units (ICU/CCU), as well as for the critical care program, with both utilization data and type of clients receiving care. One critical care area is eagerly anticipating an updated monitoring system which will allow for ease of transfer from the emergency department to the critical care unit.

Staff members appear happy and patient focused. They can easily articulate the reason they come to work is to make a difference in the lives of their patients.

The critical care units visited during the on-site survey appear to be for the most part, clean and comfortable however, protection of privacy in some areas is not attainable which in turn, has led to some patient and family complaints. Encouragement is offered for the Regional Health Authority to review the critical care units and verify that space is indeed sufficient to allow for protection of privacy and to provide care.

Priority Process: Competency

The critical care program team is standardizing the critical care orientation across the regional health authority. A competency-based assessment is used, with the new staff member doing a self-assessment and identifying priorities for learning. Staff members are designated as novice, competent, proficient and expert.

The resource nurse level is a staff member that has a minimum of five years' experience and is willing to teach other staff. The role is an excellent career laddering strategy, as well as recognizing the experts in the unit. Staff members are appreciative of the educational resources they have access to, and take advantage of the training offered.

The Regional Health Authority is encouraged to review the open admitting policies for some critical care units, with a view of improving patient care with interdisciplinary care planning and goal setting.

Priority Process: Episode of Care

The teams are commended for using consistent transfer of information forms which improve the communication at transition points. The teams use an excellent handout for patients. The handout informs on how to keep safe while in hospital.

The medication reconciliation process is working well on admission. Encouragement is offered to keep working at implementing medication reconciliation at transfer and/or discharge, and spread region wide. Not all of the critical care units offer a rapid response team however, one which does, is assisting another in how to develop and roll out the rapid response team.

Physicians and staff members articulate how valuable the ethics service is with assisting families in difficult decisions. Some of the critical care units remain on a paper charting system and Horizon Health Network is encouraged to move to an electronic critical care information system. An electronic system will support better communication between providers, and will also support accurate data gathering about individual clients including for trending of activity, volumes and acuity and so on.

Priority Process: Decision Support

The local teams feel the broader regional team provides a valuable service by reviewing and recommending evidence-based guidelines. Staff members feel comfortable with the amount of education and training offered with any new equipment or technology.

Priority Process: Impact on Outcomes

The organization is commended for ensuring that staff have access to the required information necessary to keep them safe at work, such as the workplace violence training and hand hygiene. The critical care team collects utilization data and quality data by site and can easily identify outliers and address issues as they arise.

Most areas did appear to use two client identifiers prior to providing any service or procedure. Encouragement is offered to regularly monitor that this is consistently being done across the region.

Priority Process: Organ and Tissue Donation

There is mandatory reporting of all deaths in the province. The contact number of the procurement office is posted in the department. When the wishes of the patient are known there is an effort to comply with those wishes. The designated provincial procurement office determines if the patient meets the criteria for donation including corneas, tissue and/or organs. The procurement office works with families to obtain consent. Patients that are candidates for tissue and/or organ donation are transported to Fredericton for retrieval/harvesting.

3.3.9 Standards Set: Diagnostic Imaging Services

Unmet Criteria			High Priority Criteria
Priority Process: Diagnostic Services: Imaging			
15.7	The team informs and educates clients and families in writing and verbally about the client and family's role in promoting safety.		ROP
	15.7.1	The team develops written and verbal information for clients and families about their role in promoting safety.	**MAJOR**
	15.7.2	The team provides written and verbal information to clients and families about their role in promoting safety.	**MAJOR**
17.7	The team uses results of the utilization management review to educate referring medical professionals and diagnostic imaging providers on the appropriate use of diagnostic imaging services.		

Surveyor comments on the priority process(es)

Priority Process: Diagnostic Services: Imaging

Nine diagnostic imaging (DI) departments were visited during the on-site survey. All the departments are well-maintained with state of the art equipment and operating within the guidelines for medical imaging machinery. The imaging units meet the guidelines for mechanical, electrical and radiation output.

The departments, in most instances, were observed to be exceptionally busy with a large volume of patients moving through on a daily basis. The staff members at all levels, including support, nursing, technical and medical are trained, dedicated and work together as an efficient and competent team. The team handles the large volume of patients in a timely and professional manner. There is good co-operation between different sites in supporting their sites and one another in handling the volume of patients.

The services that use the DI departments in the various areas are supportive of the departments' efforts to meet the needs of imaging their patients in a timely manner. However, wait-times for a number of modalities, especially magnetic resonance imaging (MRI) and ultrasound (US) remain high. The co-operation between the DI departments at different sites has proven quite helpful in these circumstances.

There are a number of areas where opportunities for improvement exist. The wait-times are and will be a continuing concern and the departments need to continue to search for new and innovative ways of alleviating this situation. The availability of staffing in the MRI and US modalities are issues that are being addressed by various means but combined with the demand for service in these modalities, present as an area to be addressed as soon as possible.

In a number of the departments the surveyor team found the use of name tags to be suspect. In some areas, staff members did not wear name tags and in others, they were turned either backwards or placed in areas where it was difficult if not impossible for the patient or their family to read. Given that the DI staff members have limited time to establish a rapport with the patient and to present to the patient in a manner that the patient will feel confident in the staff member, identification by way of name tags is an aid in this scenario.

There is one area in the Oromocto hospital site where a room is shared between DI reception and emergency, and there is only a curtain separating the two therefore, patient confidentiality is compromised.

Also observed in a number of the DI departments was the use of hand hygiene protocol, which was observed to be sporadic. In some areas it is not monitored on a departmental basis and reports from infection prevention and control are reported with other departments. Encouragement is offered that DI areas carry out a periodic assessment of hand hygiene in their department.

3.3.10 Standards Set: Emergency Department

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
2.7	When delivering Emergency Department services, the team has access to equipment and supplies appropriate to the needs of the community or catchment area.		
2.9	The team has the workspace needed to deliver effective services in the Emergency Department.		
Priority Process: Competency			
3.6	The interdisciplinary team follows a formal process to regularly evaluate its functioning, identify priorities for action, and make improvements.		
4.8	The organization trains the team on how to prevent workplace violence.		
4.13	Team leaders regularly evaluate and document each team member's performance in an objective, interactive, and positive way.		
Priority Process: Episode of Care			
6.7	The team measures ambulance offload response times, and sets and achieves target times for clients brought to the Emergency Department by EMS.		
6.8	The team monitors ambulance offload response times and uses this information to improve its services.		
11.5	The team reconciles the client's medications with the involvement of the client, family or caregiver at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).		ROP
	11.5.1	There is a demonstrated, formal process to reconcile client medications at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).	**MAJOR**
	11.5.2	Depending on the model, the prescriber uses the Best Possible Medication History (BPMH) and the active medication orders to generate transfer or discharge medication orders (proactive), OR, the team makes a timely comparison of the BPMH, the active medication orders, and the transfer or discharge medication orders (retroactive).	**MAJOR**
	11.5.3	The team documents that the BPMH, the active medication orders, and the transfer or discharge medication orders have been reconciled; and appropriate modifications to medications have been made where necessary.	**MAJOR**

11.5.4	Depending on the transition point, an up-to-date medication list is retained in the client record (internal transfer), OR, the team generates a Best Possible Medication Discharge Plan (BPMDP) that is communicated to the client, community-based physician or service provider, and community pharmacy, as appropriate (discharge).	**MAJOR**
11.5.5	The process is a shared responsibility involving the client or family, and one or more health care practitioner(s), such as nursing staff, medical staff, and pharmacy staff, as appropriate.	**MINOR**
Priority Process: Decision Support		
13.1	The team has timely access to information technology that impacts client care.	
Priority Process: Impact on Outcomes		
15.1	The team is trained to identify and manage physically threatening or violent clients in the Emergency Department.	!
Priority Process: Organ and Tissue Donation		

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The emergency department (ED) services team appears to be a high-functioning team across the region. The team works with a patient-centred focus as evidenced by one nurse manager saying this about the ED patients: “This is their hospital, we work for them.”
Morale appears to be high with a strong patient-focused team approach.

This team has a clearly articulated a strategic plan for the next few years. About five years ago, one of the EDs was loosely staffed by about nine physicians and some locums. The strong leadership has improved this situation to about 25 staff physicians on the team. This team has also won awards for their quality improvement initiatives, particularly for resuscitation simulations.

Currently, nursing full-time equivalents (FTEs) to back-fill roles in the Moncton ED is on hold in association with workforce flux. It is recommended that the organization place high priority on back filling roles such as the ones in ED to support nursing staff in performing their role in a busy department.

Priority Process: Competency

Commendation is given for the strong emphasis on education. The St John emergency department exemplifies this as it has developed the first three-year emergency medicine training program for family medicine in Canada.

As well, on Grand Manan Island, excellent use is made of e-training. There is also a regular education session with clinical staff using the McMaster university modules. Education and training on Grand Manan Island should be supported, as there is limited replacement staffing for off-island training.

An excellent addition is the Extra Mural Program staff person that can assess and possibly avert admissions. This is a well-utilized resource and ensures the right care is provided in the right place. The other valuable addition is the presence of a mental health crisis response staff member that assesses, provides some interventions and again, averts some admissions.

There is an excellent orientation program for the emergency departments, using a competency-based assessment and a mentoring program.

The Regional Health Authority is encouraged to have all staff members trained in measures to reduce the incidence of workplace violence.

Priority Process: Episode of Care

One of the emergency department (ED) teams has implemented an additional staff member whose role it is to stay in the waiting room area, do reassessments, and communicate to the clients about wait times. The clients in the waiting area were impressed with this service, and felt they were being cared for and watched over, even while still in the waiting area. Commendation is given for this practice of ensuring patient safety. Medication reconciliation appears to be well done in the EDs across the region.

Some of the EDs use electronic charting and an electronic tool for transfer of information. It is recommended that those emergency departments check with the units that receive their patients to obtain feedback on the efficacy of the electronic transfer tool.

Priority Process: Decision Support

A policy on hyper acute stroke specifically for the emergency departments has been introduced within the last six months and is region wide. This policy ties together the pre-printed orders related to stroke care on admission to the emergency department and those that are activated once there is a decision to admit the patient. There is a stroke team that is notified once the patient is admitted. Ongoing education regarding the new policy and the related pre-printed order sets is encouraged to ensure that all staff members and physicians are aware.

The manager attends the emergency department network meetings. There are working groups that are focused on standardizing policies, education and roles and responsibilities of staff across Horizon Health Network. A recent example is the collaboration of multiple stakeholders in the standardization of the cardiac care/chest pain protocol.

The team has a rigorous process for selecting guidelines and shares them as flow diagrams adopted by the organization, and guidelines for massive transfusion and sepsis are examples.

The team has identified a need for a common tracking system between the Horizon Health Network areas to both facilitate flow between sites as well as communication between sites.

The team has identified a need for integrated information systems to communicate and access patient-specific information. For example, a large number of transfers occur to St. John’s cardiac centre site, yet this hospital uses a different health record than other hospitals in the region. This makes it challenging to communicate and access information via information technology, and instead, necessitates a telephone call.

Priority Process: Impact on Outcomes

The teams have access to valuable information collected by volunteers on a monthly basis in the waiting room area. This information is used in team meetings to identify areas for improvement.

The emergency department team is creating a new emergency department standards document. The last version was completed in 2008, and the team is encouraged to update this important resource.

The team uses two client identifiers on most occasions however, the organization is encouraged to do spot-monitoring to ensure this important safety check is consistently done across the region.

Commendation is given for implementing electronic charting in some areas in the region. Encouragement is offered to complete the implementation region wide for all emergency departments and inpatient units. Electronic documentation is a valuable tool which allows for consistent tracking of indicators and a smooth flow of information.

Priority Process: Organ and Tissue Donation

There is mandatory reporting of all deaths in the province. The contact number of the procurement office is posted in the department. When the wishes of the patient are known there is an effort to comply with those wishes. The designated provincial procurement office determines if the patient meets the criteria for donation including corneas, tissue and/or organs. The procurement office works with families to obtain consent. Patients that are candidates for tissue and/or organ donation are transported to Fredericton for retrieval/harvesting.

3.3.11 Standards Set: Home Care Services

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
	The organization has met all criteria for this priority process.		
Priority Process: Competency			
	The organization has met all criteria for this priority process.		
Priority Process: Episode of Care			
11.2	The team reconciles the client's medications at interfaces of care where the client is at risk for medication discrepancies (circle of care, discharge) with the involvement of the client and family or caregiver when medication management is a component of care, or as deemed appropriate through clinician assessment.		ROP
	11.2.3	The team provides the client with a copy of the up-to-date medication list, clear information about the changes, and educates the client to share the list when encountering providers in the client's circle of care.	**MINOR**
Priority Process: Decision Support			
	The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes			
	The organization has met all criteria for this priority process.		

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The Extra Mural Program is organized provincially under one vice president. Populations served include pediatrics (0-18), adults, seniors and a palliative program. While services are provided in the client home for the most part, Home Care clinics are in place in some zones to provide intravenous (IV) therapy to ambulatory clients. Care is provided by a multidisciplinary team that works closely together to provide quality client care.

Leadership and staff members in the program have good links to external partners to plan for services for clients. Staff members participate in zone committees with external support services, mental health (MH) services and the Department of Social Development to ensure that care is coordinated among providers.

The Extra Mural Program (EMP) uses private home support agencies to provide personal service worker (PSW) level support. The use of contracts varies between zones. A provincial contract is being developed and is in the final stages of approval with Horizon Health Network's senior leadership.

Planning and development of goals for EMP is completed at the team, management and director level. Staff members feel engaged in the ability to participate in committees and working groups, which allows them to bring their ideas forward for consideration.

Staff members are provided with many opportunities to meet as a team, with daily team workload planning meetings, monthly staff meetings and discipline-specific groups meetings. Staff members feel they have opportunity to influence their work and client assignments to ensure the most appropriate provider leads case management and coordination of care.

A client safety and falls risk assessment is completed at admission to the program and interventions are put in place to mitigate risk as part of the service plan.

Priority Process: Competency

Staff members are credentialed as required and provide proof of licensure annually. Performance appraisals are completed semi-annually and include discussion of the goals the staff member has for the coming year.

New staff members are provided with a comprehensive orientation to the organization, program and site, with the opportunity for buddy shifts. All new staff members "shadow" for each of the disciplines on the team as part of their orientation to increase their awareness of the roles of all team members, and to build collaboration into normal day-to-day interactions.

Staff members are encouraged and supported to attend external education opportunities. Ongoing and mandatory education is offered in-house during the year, including intravenous (IV) pump training.

Staff members are provided with education regarding how to stay safe while working in the community with clients. The "Bee Safe" Safety Advice for Extra Mural Program (EMP) staff is an excellent resource. It is printed on a sturdy bond paper that allows it to retain its shape for easy reference, be it in a car, bag or home. In addition, staff members are now required to come into the office at the beginning of their shift and at the end to ensure that they have completed their workday safely. They provide a list of planned client visits to the manager so that there is a good understanding of where they will be for the day.

The staff members have a good relationship with the management team and feel well supported. It is clear they are receiving performance appraisals and recognition both formally and informally.

Priority Process: Episode of Care

Service is provided by a multidisciplinary team that collaborates effectively to provide quality client care. The client is assigned to the most appropriate primary provider, and the discipline chosen is specific to the client's major presenting problem. Providers can refer to any member of the team to ensure the client receives the full range of service and expertise required. The Extra Mural Program (EMP) provides 24/7 care, with day and evening teams and a registered (RN) on-call for nights.

The majority of referrals come from either physicians or acute care. One RN is permanently designated to complete the intake screen and allocate the client to the appropriate case manager. Allocation is based on geography as well as professional skill set required. The process is manual and paper based.

Care planning is client-centred and incorporates the goals of the client and the assessments of all team members consulted. The plan is monitored by the team by way of discussions and visits with the client. There is good communication between referring organizations and the EMP team as well as to providers supporting ongoing care or monitoring once the client is discharged from EMP.

The client's chart is in paper format and is kept in the office and taken to the client's home at the time of visit only. If several providers are expected to be in the home during the day, the first provider takes the chart and leaves it there to be taken back to the office by the last provider. Horizon Health Network is encouraged to continue exploring implementing an electronic chart. An electronic process will reduce risk of loss of the chart while being transported as well as the risk to confidentiality of the client record. An electronic chart would also support easier access by all team members to client information across shifts and for vacation coverage.

Client surveys are completed provincially. All clients interviewed expressed complete satisfaction with EMP services, stating that staff were friendly, knowledgeable and provided them with the care and education they needed to stay in there homes or recover from an acute illness in the comfort of their home. Patient satisfaction surveys indicate a high degree of satisfaction with the team and care. The team is an advocate for their clients in terms of helping them to acquire suitable housing, to creating innovative and low-cost ways to meet their needs. A client who was developmentally delayed needed a low potassium diet and the EMP team provided him with pictures of foods he should avoid. This is a creative way to provide the client with a system to use to meet his restrictions.

There is an ethics framework in place and staff members provided examples of how they used the process in the past. They have accessed the service of the ethicist in the past as well, and frequently discuss ethics at staff meetings. Safety is another item that is regularly on the agenda of staff meetings.

Priority Process: Decision Support

Confidentiality is adhered to relative to management of client information. There are some risks associated with transporting the paper charts between the office and the client home. The team has put processes in place to mitigate the risks such as using zippered bags and returning charts at end of shift however, implementation of an electronic record might reduce the risk further and allow for better access by all team members at all times.

Evidence-based best practice is in place in many areas of the program. Reviewing practice and policy is undertaken at a number of levels in the organization. This is being done by the clinical nurse specialists (CNS) on the team, at the zone and at provincial quality improvement committees and as well, by bringing ideas brought forward at staff meetings.

Priority Process: Impact on Outcomes

Evaluation of services is completed informally. Increasingly, data are being made available to the team. The directors of the Extra Mural Program (EMP) across the region meet regularly to compare data and service volumes to improve planning processes from an organization-wide perspective. There is good collaboration among the programs across the zones to align and standardize services for clients regardless of their location. Staff members and leadership are open to accepting best practices in one zone for implementation to the other zones.

The management team is well-organized and is using data to drive improvements. An example of this is the identification of a majority of wound care occupying more than 35 percent of nursing (RN) caseload. A standardized wound care approach was developed and studied. It was found to be effective. The

standardization was presented at a conference and will now be integrated into new electronic wound care software as a demonstration project. Further, Horizon Health Network is now using the standardized wound assessment and treatment plan region wide. The team has established a dedicated wound care page on the Skyline intranet for all staff members to use.

The management team is also engaged in many other quality improvement projects that range from patient flow in the hospital, to 'telehomecare' and 'waste walks' and safety walks.

An electronic system is in place to capture adverse events and critical incidents. Results are trended to allow for system quality improvements in processes and best practice. Staff members feel that improvements have been made in closing the loop back to them when incidents or safety issues have been reported. Staff members feel they have a voice in initiating and implementing changes. The example given is the introduction of cellular telephones for all staff members to improve timely communication between team members and the management team.

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

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.2 The team's goals and objectives for hospice palliative and end-of-life services are measurable and specific.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The palliative end-of-life care services has a mature, dynamic and passionate team. The palliative care network for the region meets regularly to plan and evaluate services. Palliative care standards have been reviewed and standardization of processes and policies is underway.

Provincial palliative care initiatives are included in network planning. The team is encouraged to formally develop and document goals and objectives to guide future work. Services are well coordinated. Team communication is effective and ensures that clients' needs are met. Expansion of hospice services in the region has been identified as a need. The team is actively engaged in supporting initiatives aimed at addressing this issue. Volunteers are important members of the team and provide patient-driven services.

Priority Process: Competency

The interdisciplinary team includes members with advanced palliative care education and experience. Many team members have achieved specialty designations. Further education and training in palliative care in the Extra Mural Program would prove beneficial for patients and their families. This is especially timely as the number of clients that wish to remain in their home throughout their illness trajectory is increasing.

Educational opportunities are available to all team members. Pharmacists, physicians, residents, students, suppliers and others provide education by way of lunch and learns and other venues. Team members indicate these sessions are valuable and appreciated.

Team members indicate that they are well supported by their peers and can access additional supports as required.

Priority Process: Episode of Care

The team is focused on providing client-centred care. Clients and families identify team responsiveness as a key strength. Clients waiting for in-patient service are regularly triaged and prioritized as appropriate. Community clients are supported with physician home visits, extra mural services and telephone consultations. The team has adopted a regional pain scale. The success of pain management strategies is monitored. The medication reconciliation process is well established.

On admission, each member of the team is responsible to assess the client and develop patient-driven goals together with the client. Families are included in the intake process. Client goals of care are regularly reviewed at interdisciplinary team meetings. Efforts are made to assist clients in achieving goals. Ethics-related issues are addressed using the regional ethics process. The team indicates that this resource has been accessed in the past, with positive outcomes.

The team provides spiritual and emotional support, with chaplaincy resources, volunteers, care providers and others. The team is encouraged to expand client access to cultural, social and recreational opportunities.

During discharge planning, creative solutions are found to address human and fiscal resource barriers and to support clients with special needs, such as rural clients. Family support and environment constraints are also reviewed.

Priority Process: Decision Support

Ease and timeliness of access has increased with electronic records. This is particularly beneficial for the extra mural program (EMP) staff.

Documentation technologies vary across the region. There is evidence that in some parts of the region, where there is electronic charting, the interdisciplinary care plan and resultant charting is in place. Where paper systems exist, there is evidence of a nursing care plan on the chart and notes from interdisciplinary rounds. However, the charting system does not reflect the interdisciplinary nature of the care. It is suggested that the team consider moving to an interdisciplinary charting process commencing with the development of the care plan itself.

Priority Process: Impact on Outcomes

A palliative care satisfaction survey is provided to families to identify opportunities for service improvement. Results are shared with the team. Recent survey results are positive and identify specific areas the team may want to further explore.

A variety of performance measures are collected and reviewed and posted.

The team is encouraged to formalize safety briefings, possibly by way of a checklist or framework for discussion to identify safety risks. Clients and families receive safety education in a variety of ways.

3.3.13 Standards Set: Infection Prevention and Control

Unmet Criteria			High Priority Criteria
Priority Process: Infection Prevention and Control			
5.7	The organization monitors compliance with its infection prevention and control policies and procedures.		
6.4	The organization's staff, service providers and volunteers have access to alcohol-based hand rubs at the point-of-care and service delivery.		!
6.5	The organization evaluates its compliance with accepted hand-hygiene practices.		ROP
	6.5.1	The organization audits its compliance with hand hygiene practices.	**MAJOR**
	6.5.3	The organization uses the results of the audits to make improvements to its hand hygiene practices.	**MINOR**
7.1	The organization provides clients and families with information and education about preventing infections in a format that is easy to understand.		
7.2	The information and education provided to clients and families about IPAC covers hand hygiene and respiratory etiquette, e.g. coughing and sneezing.		
7.3	Information provided to clients and families is documented in the client record.		!
11.2	The organization considers used equipment and devices to be contaminated and potentially infectious, and transports them appropriately to a designated decontamination or disposal area.		!
11.4	The team follows specific procedures to handle, clean, and disinfect mobile client equipment.		!
13.3	All endoscope reprocessing areas are physically separate from client care areas.		!
13.4	All endoscope reprocessing areas are equipped with separate clean and decontamination work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.		!
Surveyor comments on the priority process(es)			
Priority Process: Infection Prevention and Control			

The infection prevention and control (IPAC) leadership team members have been working together on both a regional and provincial basis. The leadership team recognizes the value of standardization and working together as a region to develop polices and common issues. The team uses the regional infection and prevention group to develop polices for the local teams to implement. The team has developed a good process for any new construction or renovations that must include infection and prevention consultation.

The team has been successful in increasing influenza vaccine rates of staff. With full support of the union the team implemented a vaccine or mask-use approach which was adhered to, and were able to increase the rate of vaccination significantly. Vaccination rates also increased in the physician group.

While the organization recognizes that hand-hygiene compliance is the focus, the rates are low. There are not enough auditors in the system and repeated attempts to engage staff members have not been successful. Improvement initiatives cannot be developed if feedback is not provided.

The alcohol-based hand rub (ABHR) dispensers were noted to empty at some sites. As well, these were not readily available on some units. Good support was noted by housekeeping environmental services (EVS) and in particular for outbreak situations. Some of the sites have movable stations for isolation. While they are expensive these stations allow the work to be organized with all the required equipment.

There is an opportunity to work towards moving the cleaning and sterilization of all scopes and probes to fall under the medical devices department which would ensure that all policies and procedures are centralized.

3.3.14 Standards Set: Laboratory and Blood Services

Unmet Criteria	High Priority Criteria
Priority Process: Diagnostic Services: Laboratory	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)
Priority Process: Diagnostic Services: Laboratory
The three laboratories visited during the on-site survey were recently reviewed by the Ontario Laboratory Association's Quality Management Program for Laboratory Services (QMP-LS) in May 2013. The three laboratories are working on correcting the major and minor deficiencies reported in that process. The amount of progress seen in correcting these issues is at various degrees of completion in the different departments. There is good co-operation between the laboratories in working towards correcting the issues. The Accreditation Canada surveyor team, in the limited time available, found three efficient laboratories with competent and able staff members, and good communication within and between sites. The departments that depend on these laboratories to support their patient care efforts were pleased with the service from all aspects.

3.3.15 Standards Set: Long-Term Care Services

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
The organization has met all criteria for this priority process.			
Priority Process: Competency			
The organization has met all criteria for this priority process.			
Priority Process: Episode of Care			
7.4	The team reconciles the resident's medications upon admission to the organization, with the involvement of the resident, family or caregiver.		ROP
	7.4.1	There is a demonstrated, formal process to reconcile resident medications upon admission.	**MAJOR**
	7.4.2	The team generates a Best Possible Medication History (BPMH) for the resident upon admission.	**MAJOR**
	7.4.3	Depending on the model, the prescriber uses the BPMH to create admission medication orders (proactive) OR the team makes a timely comparison of the BPMH against the admission medication orders (retroactive).	**MAJOR**
	7.4.4	The team documents that the BPMH and admission medication orders have been reconciled; and appropriate modifications to medications have been made where necessary.	**MAJOR**
	7.4.5	The process is a shared responsibility involving the resident and one or more health care practitioner(s), such as nursing staff, medical staff, pharmacists, and pharmacy technicians, as appropriate.	**MINOR**
12.3	The team reconciles the resident's medications with the involvement of the resident, family, or caregiver at transition points where medication orders are changed or rewritten (i.e., internal transfer, and/or discharge).		ROP
	12.3.1	There is a demonstrated, formal process to reconcile resident medications at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).	**MAJOR**
	12.3.2	The team makes a timely comparison of the up-to-date, complete medication list, and new medication orders or recent changes.	**MAJOR**
	12.3.3	The team documents that the up-to-date, complete medication list and new medication orders or recent changes have been reconciled; and appropriate modifications to medications have been made where necessary.	**MAJOR**

12.3.4	Depending on the transition point, an up-to-date medication list is retained in the resident record (internal transfer), OR, the up-to-date medication list is communicated to the next provider of care (discharge).	**MAJOR**
12.3.5	The process is a shared responsibility involving the resident or family, and one or more health care practitioner(s), such as nursing staff, medical staff, and pharmacy staff, as appropriate.	**MINOR**

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Clinical leadership is strong and clearly evident in the care areas for Veteran's Care at both sites, the Ridgewood in St John and Veteran's Health Unit in Fredericton. Both sites are regulated and funded by Veteran's Affairs Canada which has authority over staff mixes and admissions to the facilities.

There is an interdisciplinary approach to care delivery and registered staff members are encouraged and expected to operate at their full scope of practice. Care delivery by this interdisciplinary team of professionals includes registered nursing, physiotherapy, occupational therapy, dietician, social work, and spiritual advisors to name a few. Resident and family centred care is clearly evident as the primary focus.

Priority Process: Competency

Human resources assists with ensuring that all disciplines are competent in their roles. Every manager by way of e-learning, provides opportunities for all staff members under their supervision to become educated and stay updated on all required practices of the Horizon Health Network.

Priority Process: Episode of Care

The interdisciplinary approach and supports related to dementia care using the "Dementia Trilogy" is both proactive and comprehensive. This approach empowers the various members and enhances the overall functioning of the team in caring for the dementia population. As well, use of needs-environmental-stimulation techniques (NEST) for evaluating responsive behaviours, which is a shift to a non-pharmacological approach to manage the various responsive behaviours, is of benefit to this population.

Life-enrichment programs for the residents are both therapeutic and engaging. The LifeBio program for example captures the veterans' life stories and provides a sense of value for their past experiences. This encourages inter-generational programs as well as acts as a keepsake for families following the death of the veteran.

A warm friendly approach to caring for residents was clearly evident in the various sites. Residents appear happy, clean and groomed. When chatting with both residents and families, their satisfaction was confirmed by the complimentary manner in which they spoke of the staffs' attitude of caring and compassion.

Priority Process: Decision Support

Safety and wellness are a major focus for both residents and employees across all sites. Information to residents and their families in the form of brochures is provided on admission, and as new brochures are developed. Open disclosure is practiced for the reporting of falls, difficult situations and adverse events thus, enhancing trusting relationships between families and staff.

Priority Process: Impact on Outcomes

Electronic learning, quality improvement/research projects and health and safety programs with positive outcomes, are just a few of the various initiatives that are of benefit to residents quality of life at the sites visited. Recreation and leisure programs include walking, seasonal barbecues and cooking, and with Veterans Day in the next few months, residents are offered many activities that are meaningful and life enhancing for them.

Residents with identified areas of risk are known to the care team members and followed to ensure the risks are minimized. Wound and skin integrity and falls prevention programs are well done with excellent outcomes demonstrated.

Residents and family members that were interviewed expressed their satisfaction with the services provided by the many caring employees that gear the activities to the desires of the population. Many noted strengths include this dedicated complement of many long-service and caring staff members, with a clear focus on the resident and their family.

3.3.16 Standards Set: Managing Medications

Unmet Criteria			High Priority Criteria
Priority Process: Medication Management			
1.3	The organization has a program for antimicrobial stewardship to optimize antimicrobial use. Note: Beginning in January 2013, this ROP will only apply to organizations that provide inpatient acute care services. For organizations that provide inpatient cancer, inpatient rehab, and complex continuing care services, evaluation of this ROP will begin in January 2014.		ROP
	1.3.1	The organization implements an antimicrobial stewardship program.	**MAJOR**
	1.3.2	The program includes lines of accountability for implementation.	**MAJOR**
	1.3.4	The program includes interventions to optimize antimicrobial use that may include audit and feedback, a formulary of targeted antimicrobials and approved indications, education, antimicrobial order forms, guidelines and clinical pathways for antimicrobial utilization, strategies for streamlining or de-escalation of therapy, dose optimization, and parenteral to oral conversion of antimicrobials (where appropriate).	**MAJOR**
	1.3.5	The organization establishes mechanisms to evaluate the program on an ongoing basis, and shares results with stakeholders in the organization.	**MINOR**
1.6	The organization provides access to current protocols, guidelines, dosing recommendations, checklists, and/or pre-printed order forms for high risk/high alert drugs.		!
2.5	The organization defines and lists available high-risk/high-alert medications.		!
6.1	Medication storage areas are clean and orderly.		
7.4	Medications for client service areas are stored in labelled, unit dose packaging.		!
10.2	The organization has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the organization.		ROP
	10.2.2	The organization implements the Do Not Use List and applies this to all medication-related documentation when hand written or entered as free text into a computer.	**MAJOR**
	10.2.3	The organization's preprinted forms, related to medication-use, do not include any abbreviations, symbols, and dose designations identified on the Do Not Use List.	**MAJOR**

10.2.5	The organization educates staff about the list at orientation and when changes are made to the list.	**MINOR**
10.2.6	The organization updates the list and implements necessary changes to the organization's processes.	**MINOR**
10.2.7	The organization audits compliance with the Do Not Use List and implements process changes based on identified issues.	**MINOR**
10.4	In organizations without CPOE systems, prescribing medical professionals use standard, preprinted forms to order medications.	
10.12	The organization provides quiet work areas where medication orders are written, transcribed, and entered into computer systems.	
12.2	The organization develops policies and procedures to ensure medications are prepared safely.	!
12.3	Pharmacy staff compound sterile medications and intraveneous admixtures in the pharmacy using aseptic technique and appropriate safety materials and equipment.	!
12.4	Pharmacy staff prepare intravenous products in a segregated admixture area using a certified laminar flow hood.	!
13.3	The pharmacy dispenses medications in unit dose packaging.	!

Surveyor comments on the priority process(es)

Priority Process: Medication Management

The leadership of the regional drugs and therapeutics committee is commended on its focus to standardize a region-wide formulary and formulary submission process.

The organization's pharmacy is commended on their work toward implementing unit dose and expanding the scope of the pharmacist and pharmacy technician to advance patient safety and quality in a manner that supports achieving the medication management standards, as well as required organizational practices.

The organization is commended on its focus toward implementing an antimicrobial stewardship program and is encouraged to continue efforts to identify champions, accountability, implementation and evaluation mechanisms that will enable implementing targeted antimicrobial guidelines and interventions as well as evaluating success.

The regional pharmacy is commended on its ability to reduce drug costs by 8.8 percent by working to standardize the formulary, as well as standardizing chemotherapy admixtures and reducing chemotherapy waste.

Pharmacy is currently actively engaged in designing the medication management process, including the selection, procurement labelling and storing of medications, although this appears to be challenging based on unclear accountabilities. To ensure ongoing safe medication practices with the selection, procurement and implementation of medications across the pharmaceutical supply chain, it is recommended processes be put in place so that pharmacy remains actively involved in all procurement related decisions affecting medication procurement.

There has been a recognized growth of the oncology program leading to expansion of this service. It is recommended that plans include pharmacy engagement to ensure that program expansion address safe preparation of chemotherapy admixtures by pharmacy staff and recognition of pharmacists as members of the interdisciplinary team in providing patient care and education.

The implementation of the smart infusion devices has been problematic and led to numerous concerns expressed by staff members. These concerns were voiced in the sites that were surveyed, including Moncton, Sackville and Sussex. The concerns are related to confusion regarding pump programming, as well as device-related malfunctioning. In fact, the use of the devices by staff members is contributing to concerns regarding medication errors by pump delivery rather, which negates achieving the goal of advancing medication safety with these smart pumps. The organization is encouraged to conduct an evaluation of the use of the newly implemented smart pumps, assess staff knowledge of the use of the pumps, and obtain feedback from biomedical engineering, nursing, physicians and pharmacists regarding their use.

At this time, information systems across the region are fragmented, and use different medication order entry processes. This makes it problematic to standardize processes and communicate across regions. It is recommended the organization develop an infrastructure to support a consistent means of medication order entry across the region. Infrastructure needs to include streamlining order sets and or clinical pathways to further enhance patient safety with medications.

3.3.17 Standards Set: Medicine Services

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
The organization has met all criteria for this priority process.			
Priority Process: Competency			
The organization has met all criteria for this priority process.			
Priority Process: Episode of Care			
7.4	The team identifies medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) and provides appropriate thromboprophylaxis.		ROP
	7.4.2	The team identifies clients at risk for venous thromboembolism (VTE), [(deep vein thrombosis (DVT) and pulmonary embolism (PE)] and provides appropriate evidence-based, VTE prophylaxis.	**MAJOR**
	7.4.3	The team establishes measures for appropriate thromboprophylaxis, audits implementation of appropriate thromboprophylaxis, and uses this information to make improvements to their services.	**MINOR**
	7.4.4	The team identifies major orthopaedic surgery clients (hip and knee replacements, hip fracture surgery) who require post-discharge prophylaxis and has a mechanism in place to provide appropriate post-discharge prophylaxis to such clients.	**MAJOR**
	7.4.5	The team provides information to health professionals and clients about the risks of VTE and how to prevent it.	**MINOR**
Priority Process: Decision Support			
The organization has met all criteria for this priority process.			
Priority Process: Impact on Outcomes			
The organization has met all criteria for this priority process.			
Surveyor comments on the priority process(es)			
Priority Process: Clinical Leadership			
Overall, there is good planning and delivery of medicine services at the provincial and regional levels. This was observed across the organization.			

The pediatric teams in the institutions visited during the on-site survey are aware of the changing population health needs, with an emphasis on increasing transfer from inpatient to ambulatory care services. A partnership with community agencies and referral centres was identified for the medicine geriatric and pediatric services.

Priority Process: Competency

Strong leadership was observed for the medicine and pediatric services. There are well-established interdisciplinary teams with excellent communication among the disciplines and with community, regional and provincial partners.

Priority Process: Episode of Care

Overall, the teams are well-functioning and multidisciplinary. The patients interviewed were all extremely satisfied with the care received and stressed the compassionate, caring and professional attitude of the health care professionals. The area for improvement would be to have the organizational policy on deep vein thrombosis, venous thrombo embolism (DVT/VTE) prophylaxis applied in a consistent and routine manner to all at-risk patients.

Priority Process: Decision Support

Collaboration amongst multidisciplinary teams and sharing of information with all partners, be they local and/or regional was noticeable at all sites visited. There is a culture of collaboration to the benefit of patient care in all the programs.

Priority Process: Impact on Outcomes

There is a strong focus on safety and quality across the organization. The culture of teamwork is quite evident at all sites visited and the staff members are proud of their particular site and the care delivered to their clients.

3.3.18 Standards Set: Mental Health Services

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

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The mental health service has a strong team that has a regional focus to their work. The team has a well-developed network of community partners that speak positively about their relationship with Horizon Health Network. The introduction of the Recovery Model has become the program model with the client at the core.

Services are reviewed regionally, and there is the ability to shift resources from one component to another. The introduction of the psychiatrist in the Moncton emergency department has reduced readmissions to the inpatient unit as well as providing more readily available access for patients directly from the family physician's office.

The team has used research to identify the high-risk populations and has implemented programs to address their needs such as the early psychosis program and the flexible assertive community treatment program and programs for substance abuse.

Priority Process: Competency

The team is looking at an overlap of roles and ensuring the patient needs are met and assessments are not duplicated. Team education is tracked and recorded. Performance appraisals are conducted regularly as per Horizon Health Network's policy.

Priority Process: Episode of Care

The Mental Health nurses in the emergency department provide a responsive assessment for patients. There is collaboration with other mental health service providers when access is limited at one site. A thorough assessment is completed for patients admitted to the inpatient unit. There is a formal process to follow for patients who are deemed to be involuntary.

A comprehensive discharge program is being implemented for discharged patients. Duplication of assessments will be addressed and clients will receive an appointment for their next phase of the treatment plan before discharge. Staff members recognize the importance of maintaining a safe environment for clients and families. Patients spoke positively about the care from staff members and indicated that they felt their needs were met.

Priority Process: Decision Support

The team is looking at the duplication of client records and assessments and how to consolidate information into one record between mental health and addiction services.

Priority Process: Impact on Outcomes

The mental health team is part of the regional network and is an integral part of the strategic planning process. Staff members on the unit are collegial and share experiences readily with other providers according to their confidentiality policies to ensure that client needs are being met in a timely manner. Regular rounds take place to discuss complex cases. In speaking with staff members and clients it is obvious that the local mental health leadership is committed to the well-being of their clients and the safety of their staff.

3.3.19 Standards Set: Obstetrics Services

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
3.9 The interdisciplinary team follows a formal process to regularly evaluate its functioning, identify priorities for action, and make improvements.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

There is good integration with community services including public health, breast feeding groups and First Nations health care providers. Staff members identify that they have used the services of the ethicist and that this was helpful. The goals and objectives of the obstetrics service are well known to the staff members and the goals are designed to be responsive to changing needs of their population. There are strategies to improve breast feeding and encouragement of vaginal births after cesarean section.

The team has developed a vulnerable infants and children collaborative committee. It was developed in response to a growing number of new mothers with infants addicted to drugs. The committee has identified gaps in the services, and now has a liaison with the Social Development Services. The group is able to identify prenatal at-risk clients, and offer interventions, mental health services, methadone treatment, plus ability to provide support to the client if the mother wants to keep her baby, there is follow up as well to ensure safety of the infant.

Staff members report that they have the supplies and equipment to carry out the care. There is a program for preventive maintenance and all equipment is reported to be in good working order.

In Fredericton, the labour rooms are small. Clients then they go to a recovery area, then to a room, which may be a private, semi or a four-bed room.

All units have a hopper system, with no protective gear for staff members, like a full face mask when flushing the hopper.

Priority Process: Competency

There are strong interdisciplinary teams in the obstetric services. There is a thorough orientation of new hires, which includes a check list of skills that need to be completed. The staffing assignments can be quite complex in the smaller sites as the nursing staff are cross-trained for gynaecology surgery, labour and delivery, nursery, pediatrics and post-partum care. All required skills are tracked and monitored on a yearly basis.

There are several committees across the region where staff meet together to standardize care and education and they are strongly encouraged to continue with these efforts.

Staff members receive a comprehensive orientation to new equipment. The resource nurse is the equipment 'super user' and educates other staff members as necessary.

The team showed the surveyor team a digital video (DVD) that a family had made of their time spent in the neonatal intensive care unit (NICU). The team is proud of the care provided, and this success story. The team also uses this DVD as part of their teaching to new families in the NICU. A mother was observed doing 'kangaroo' care with one of her preemie twins, and was very happy with the care and support received.

Staff members report that they receive performance reviews on an annual basis.

Priority Process: Episode of Care

A family reported a clear understanding of the services provided including pre-natal visit, labour and delivery, post-partum follow-up visit and ongoing community support for breast feeding if necessary. High-risk mothers are identified as early as possible and supports are put in place such as methadone treatment and the mothers are followed carefully.

The staff members interviewed were aware of the processes for sharing client information across the various care providers and also other areas of health such as social services. They are required to share some information such as drug tests and are transparent with their clients in regard to those requirements. There is a well-articulated procedure for booking cesarean sections and the operating room staff members verified that process, which is monitored on a daily basis as conditions change. There are well established procedures/protocols for transfer of high-risk mothers to other birthing centres. There are numerous educational materials for new parents including breast feeding, what to look for in relation to neonatal jaundice, and appropriate car seat installation and so on.

Access to anesthetic services is good and mothers receive epidurals in a timely manner.

There is a robust and comprehensive computer program called Watchchild, which is used for all phases of pregnancy. This system is used across the region and provides seamless sharing of information across the continuum.

There are policies and procedures for the use of oxytocin and prostaglandin and the team is strongly encouraged to continue with efforts to move from a paper-based binder to online access. Follow up post-partum is well organized. There is an infant feeding policy and excellent supports are in place both in hospital and in the community. At some sites the initial post-partum visit is done at the hospital and then the

mother is referred to public health. Regardless of where the post-partum visit occurs families are followed to ensure that appropriate follow-up is completed.

The surgical checklist was observed and it met all criteria, and was documented in the patient chart. The team reported timely access to diagnostics including 'stat' when necessary.

A critical stress debriefing has been held in an exceptional circumstance to assist staff members in dealing with a traumatic unusual event.

Priority Process: Decision Support

The team uses provincial or federal evidence-based guidelines for example for breast feeding and infant nutrition. The staff members use consistent information with patients and they have standardized their educational hand outs. All staff members were well versed on the computerized electronic record. Confidentiality of patient information is well understood and there is adherence to all rules.

Priority Process: Impact on Outcomes

The team monitors its performance using a wide variety of indicators for example, ceserean section rates, breast feeding rates and jaundice rates. The staff members know and follow the processes for reporting adverse events. They had an example where an event had occurred, the mitigation strategy that was put in place and how full disclosure had happened. Two patient identifiers are used for mother and baby. The HUGS baby system is used for baby security. Family members interviewed understood well the safety processes in place to protect them and their baby.

3.3.20 Standards Set: Rehabilitation Services

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
The organization has met all criteria for this priority process.			
Priority Process: Competency			
The organization has met all criteria for this priority process.			
Priority Process: Episode of Care			
11.3	The team reconciles the client's medications with the involvement of the client, family or caregiver at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).		ROP
	11.3.1	There is a demonstrated, formal process to reconcile client medications at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).	**MAJOR**
	11.3.2	Depending on the model, the prescriber uses the Best Possible Medication History (BPMH) and the active medication orders to generate transfer or discharge medication orders (proactive), OR, the team makes a timely comparison of the BPMH, the active medication orders, and the transfer or discharge medication orders (retroactive).	**MAJOR**
	11.3.3	The team documents that the BPMH, the active medication orders, and the transfer or discharge medication orders have been reconciled; and appropriate modifications to medications have been made where necessary.	**MAJOR**
	11.3.4	Depending on the transition point, an up-to-date medication list is retained in the client record (internal transfer), OR, the team generates a Best Possible Medication Discharge Plan (BPMDP) that is communicated to the client, community-based physician or service provider, and community pharmacy, as appropriate (discharge).	**MAJOR**
	11.3.5	The process is a shared responsibility involving the client or family, and one or more health care practitioner(s), such as nursing staff, medical staff, and pharmacy staff, as appropriate.	**MINOR**
Priority Process: Decision Support			
The organization has met all criteria for this priority process.			
Priority Process: Impact on Outcomes			
The organization has met all criteria for this priority process.			

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Planning sessions are introduced by having a review of Horizon Health Network's strategic plan. Goals include improved and equal access to services and programs. Annual reviews of the program and services, wait-times, referral processes, demographics and diagnosis focus on quality improvement and team goal setting.

Program planning considers health status, capacities and risk. The team benchmarks outcomes against national standards. The goals and objectives are specific however, formally documenting all the goals will support measurement and management. There is good collaboration with community partners to enhance effectiveness, access and simplifying navigation in the system.

Student placements are supported and proper supervision and evaluation are provided. Students and volunteers participate in service delivery and improvement processes.

Priority Process: Competency

The rehabilitation teams are a mix of dedicated, competent professionals.

Workspace for staff members and students is bright and spacious and supports interdisciplinary team functioning. Orientation of staff is currently conducted and a new, expanded orientation process is being developed region wide. A recent initiative is the mandated three-day module specific to core competency training in rehabilitation nursing.

All staff members are expected to maintain college standards and participate in ongoing professional development opportunities. Leaders have discussed formalizing a program-wide staff development plan.

The team recognizes one another with annual barbecues and has received a grant from the foundation to support staff members for their contribution.

The team in Fredericton has had their staff development budget reduced by one hundred thousand dollars. Although the team has organized internal inservicing and networking opportunities, they are concerned that this reduction will negatively impact their reputation as a centre of excellence for rehabilitation services and programs.

Priority Process: Episode of Care

The Stan Cassidy Centre site is recognized as a leader in neurological rehabilitation in North America. The facility is clean, accessible, and therapeutic. Accessible transitional living suites and a therapeutic park support patient functioning, and recovery and transition. The park is the first of its kind in Atlantic Canada. In addition, the Kiwanis House provides three accessible fully-equipped apartments.

The rehabilitation outpatient and inpatient programs and services are comprehensive. Preadmission information supports proper placements but requirements do not create unnecessary delays. Comprehensive assessments using standardized tools are conducted in a timely manner. It is recommended that an inventory of all assessment tools used across that network be conducted to ensure consistency in practice. Crisis and

emergency situations are responded to quickly. The team has access to necessary diagnostic services. Treatment plans are reviewed and updated regularly. Changes in a patient's health status are communicated effectively among care providers. Families are actively involved in the intake process and in developing treatment goals and are offered emotional support.

The team reports compliance with medication reconciliation at admission. Medication reconciliation at Stan Cassidy Centre is not in place on transfer or discharge, although plans are in place to implement these required processes. The physicians at Moncton Hospital site are responsible for medication reconciliation at transfer and discharge and compliance is positive. The Stan Cassidy Centre staff members are encouraged to consult with Moncton Hospital for guidance on this practice as well as with the team in St. John.

Indicators are in place to measure the effectiveness of pressure ulcer prevention strategies, and are reviewed to make improvements, as needed.

The team members work together to carefully plan discharge, transition and transfer. Patients and their families participate in the planning process. This supports safety and continuity of care. Some complex patients however may require more comprehensive planning in advance to improve transition for these individuals and their families.

An area for improvement would be to ensure that team members are reminded to wear name badges at all times.

The team has indicated that the cost of hiring "sitters" is expensive and diverts clinical resources. They are encouraged to consider alternatives during their planning sessions.

Priority Process: Decision Support

Teams communicate effectively and have taken steps to coordinate services and reduce duplication. An electronic medical record (EMR) is not yet in place however, the teams work diligently to avoid delays and facilitate the flow of information and transfers. The teams review current research literature regularly to maintain best practice however, they are challenged to balance the need for research with focusing on patient needs. Programs and services are developed according to best practice guidelines.

Priority Process: Impact on Outcomes

Patient satisfaction questionnaires (PSQ) are administered to patients and family members and results indicate high satisfaction levels. Patients that were interviewed confirmed the PSQ results.To support improvement processes a six sigma approach is used, and the wait list review is one example. The teams plan to review the assessments tools used by all interdisciplinary team members to confirm that the most appropriate tools are utilized.

Co-location of the rehabilitation program in Moncton supports positive outcomes. Fall prevention strategies and two patient identifiers are in place to support safety in practice.

Outcome measures are implemented and the team is encouraged to utilize all the resulting data to support decision making, plan services effectively and to make improvements in a timely manner.

3.3.21 Standards Set: Substance Abuse and Problem Gambling Services

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
The organization has met all criteria for this priority process.			
Priority Process: Competency			
3.7	The interdisciplinary team follows a formal process to regularly evaluate its functioning, identify priorities for action, and make improvements.		
Priority Process: Episode of Care			
7.5	The team reconciles the client's medications upon admission to the organization, with the involvement of the client, family or caregiver.		ROP
	7.5.1	There is a demonstrated, formal process to reconcile client medications upon admission.	**MAJOR**
	7.5.3	Depending on the model, the prescriber uses the BPMH to create admission medication orders (proactive), OR, the team makes a timely comparison of the BPMH against the admission medication orders (retroactive).	**MAJOR**
	7.5.4	The team documents that the BPMH and admission medication orders have been reconciled; and appropriate modifications to medications have been made where necessary.	**MAJOR**
11.3	The team reconciles the client's medications with the involvement of the client, family or caregiver at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).		ROP
	11.3.1	There is a demonstrated, formal process to reconcile client medications at transition points where medication orders are changed or rewritten (i.e. internal transfer, and/or discharge).	**MAJOR**
	11.3.3	The team documents that the BPMH, the active medication orders, and the transfer or discharge medication orders have been reconciled; and appropriate modifications to medications have been made where necessary.	**MAJOR**
	11.3.4	Depending on the transition point, an up-to-date medication list is retained in the client record (internal transfer), OR, the team generates a Best Possible Medication Discharge Plan (BPMDP) that is communicated to the client, community-based physician or service provider, and community pharmacy, as appropriate (discharge).	**MAJOR**
11.6	Following transition or end of service, the team contacts clients, families, or referral organizations to evaluate the effectiveness of the transition, and uses this information to improve its transition and end of service planning.		

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Strategic planning for addictions, which includes substance abuse and gambling, occurs at the regional level via Horizon Health Network's senior management team. Annual planning involves gathering input from the staff members, managers and director levels. The annual objectives are established to meet the local needs of the community, as well as address the goals at the provincial level. Program managers agreed that their goals could be improved to make them more measurable and work has begun to define their individual dashboards.

There is also recognition in the organization of the overlap of clients seeking mental health and substance abuse services. Research shows that about 66 percent of clients seeking these services move through both systems. In response, the organization has integrated the planning and leadership of mental health and substance abuse, including gambling, under one management team.

An integral part of substance abuse recovery is with inclusion of the family and the incorporation of volunteers into the service mix. The program involves family members wherever patient confidentiality allows and staff encourage this exchange, but always respect the wishes of the clients. The program has strong links to the self-help community and to other community-based agencies to assist clients in maintaining their sobriety and increasing their opportunities for recovery. A good example of the community working with the substance abuse program can be found in Miramichi, with Hope House. Hope House was developed in response to a report entitled: "Together into the future: A transitional mental health system for New Brunswickers, and in depth review of Addiction and Mental Health Services." The development of the day program also considered the gaps identified in a 2009 community needs assessment. The service is intended to reduce hospital admissions or provide opportunities for early patient discharge. The program is consistent with Horizon Health Network's vision of providing programs to: "Enhance Quality of Life" providing services that ensure timely access and coordination of primary health care services. Hope House services include prevention, reintegration and community care to clients. The program not only integrates mental health and substance abuse counselling under one roof, it complements other community-based resources thus enhancing the continuity of care in the Miramichi catchment area.

Priority Process: Competency

Staff members in the addictions program have been working with these clients for many years. All members feel a strong commitment to the clients they serve and they receive tremendous gratification for the small steps clients make in their progress. The specific goals of every client are defined by them when they begin their journey. Some clients desire complete sobriety, while others see this goal as more long-term due to their social and/or economic situation. Harm reduction strategies are an integral part in the delivery of the services. Staff members identified their biggest satisfaction comes from the client’s recognition of the care and support the service provides to them.

Staff members also expressed appreciation for the fact their skills and judgement were recognized by the program's leadership and thus, were able to participate on committees and be allowed to interpret policy and processes for the benefit of the client.

A goal of the program has been to be client focused and seamless to the patient. Given that 66 percent of patients present with mental health and addiction problems, this provided some challenges to the leadership team. The initial screening provided is for both programs, using an integrated assessment tool. What this means is that staff members in the mental health and substance abuse programs must become familiar with the best practices and services of each service. Management provides training and experience to ensure staff in each program area are competent in both mental health and addiction services.

Priority Process: Episode of Care

In order to provide services to clients that are seamless between Mental Health and Addictions, leadership acknowledges team work is a priority. Leadership recognizes all team members must 'pull their weight' otherwise the client may miss an opportunity to acquire the skills necessary to achieve their personal goals. Cross-training provides staff members with the necessary skills to address both areas of expertise. Flexible workloads and defined responsibilities add to the staffs' toolkit.

Staff members have the ability to identify and deliver the necessary services in a timely manner which increases the opportunity for a client's successful outcome. Management has regular meetings with staff members for discussion on complex cases and there is an open door policy when staff members need to address service issues.

Medication reconciliation is a priority for Horizon Health Network, although this did not appear to be fully implemented in all zones. The zones that have implemented the process reconcile medications on admission, on transfers within the local health system and on client discharge. A challenge for the Addiction's staff members is that clients bring in their own medications and there is no way of testing if what is written on the prescription label is in fact what is in the packaging. There was an incident where a prescribed medication was actually an illegal substance. This was not substantiated until after the client's discharge. Hospitals provide the over the counter medication such as Tylenol and medical supplies, but not prescription medication.

It is recommended that the Horizon Health Network give consideration to clients in the Substance Abuse and Gambling programs having access to prescribed medication from the facility's pharmacy, similar to the other patients in the facility.

Priority Process: Decision Support

The Addiction program's leadership encourages staff members to seek ways of improving services. The Horizon Health Network has begun to implement Lean initiatives across the region. The focus is not only to identify cost reductions projects but also to focus initiatives on "Living within our Means" and doing more with the same resources. Staff members are always looking at their services through the eyes of the client. They seek feedback from the clients during the program and on discharge using satisfaction surveys. In response to identifying opportunities to do things better, staff members and management looked at reducing four hundred thousand dollars over two years by rescheduling staffing to meet client demands, streamlining processes and better utilization by having the right staff members delivering the right service at the right place.

Although leadership for the Addiction and Mental Health programs are striving to have seamless access to services for clients it is difficult. This is because other health care services that transfer patients to the Addictions program must discharge the client, then the client is admitted to the substance abuse and gambling program. The Addictions program maintains their own chart and the treatment outcomes are charted and maintained on the unit. If the client is re-admitted back to the hospital for medical treatment the reverse process must take place. It is recommended that Horizon Health Network leadership examine this process and determine an approach which is consistent with the goal of achieving seamless service.

Priority Process: Impact on Outcomes

The Addiction program's staff members actively participate in Horizon Health Network's programs for training clients and families on safety issues and falls management. This training is incorporated into the client admission and ongoing orientation towards better health.

All of the programs and services delivered to clients are based on best practice. The staff members have regular reviews of the latest research in the substance abuse and gambling field. Smoking cessation has also been incorporated into their program strategies as a result of the research and in response to the organization's goal.

Staff members have been leaders in the provision of acupuncture into the Addiction's service mix. Many provincial jurisdictions have sought out more information on the service as the program has had some documented success with this approach to assisting clients in their recovery.

3.3.22 Standards Set: Telehealth Services

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

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The Telehealth team is dynamic and passionate about the services it provides. There has been a concerted effort to build the regional team, with regular meetings, planning sessions and seeking input. Service availability has been targeted to specific programs and user groups with good uptake. A more comprehensive service availability strategy is in the planning stages.

Examples of telemedicine across the organization include but are not limited to: vitals; genetics; psychiatry and respiratory. Telehealth services are responsive to client needs. For example, the cardiac home monitoring program and a Saturday clinic were implemented when the need was demonstrated. A new initiative, the provincial tele-stroke project is planned.

A comprehensive equipment inventory has been completed. While the current inventory is adequate in volume, end-of-life replacements have been summarized in a regional plan which has both short-term and long-term objectives.

Priority Process: Competency

In the cardiac surgery home monitoring program, registered nurses with cardiac nursing experience, teach and oversee patients' progress using telemedicine technology. Site coordinators for telemedicine have received additional training and support in the recent past. They are excellent ambassadors for the service

and feel supported in their roles. As well, the site coordinators indicate they are well supported by their video operations coordinators.

Priority Process: Episode of Care

When requested by the originating site, patients and families are joined with the appropriate Horizon Health Network health care provider to offer support or additional explanation during the Telehealth session. For complex care situations, entire teams accompany the patient and family to discuss care options and determine care plans going forward.

The Cardiac Surgery Home Monitoring program at the Saint John Regional Hospital is an excellent example using positive performance measures to improve patient outcomes. The use of the Telehealth equipment in this example allows patients and physicians to experience cardiac surgery with confidence and improve the recovery experience.

Priority Process: Decision Support

Patients indicate their privacy is protected and site coordinators describe activities they employ to increase privacy such as lowering Telehealth volume, and increasing volume of music and television in the waiting room.

Priority Process: Impact on Outcomes

As a result of measuring for positive outcomes, Telemedicine clinics including the cardiac surgery home monitoring program have improved the patient experience, increased their confidence and reduced waiting times in other clinic settings.

3.3.23 Priority Process: Surgical Procedures

Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge

Unmet Criteria			High Priority Criteria
Standards Set: Surgical Care Services			
7.7	The team identifies medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) and provides appropriate thromboprophylaxis.		ROP
	7.7.2	The team identifies clients at risk for venous thromboembolism (VTE), [(deep vein thrombosis (DVT) and pulmonary embolism (PE)] and provides appropriate evidence-based, VTE prophylaxis.	**MAJOR**

Surveyor comments on the priority process(es)

The organization has an Horizon Surgical Network that sets direction for overall surgical services n the region. Locally, there are multidisciplinary surgical program teams in place that focus on the leadership of the program. The surgical patient care committee focuses on operational issues that impact the teams and the delivery of service. There is cross-representation to promote communication and continuity of service delivery. Minutes of the meetings are captured and circulated to members of the team.

The teams that were interviewed demonstrate a culture of caring and delivery of quality, safe care. There is interdisciplinary team composition and team members work well together. Members of the team have orientation and ongoing training and education. Staff members and service providers work to full scope of practice and new roles are evolved. An example is the expansion to the duties for the operating room (OR) attendants/OR aides role. The expansion of responsibilities has evolved from primarily a porter role to one that now includes the opening of sterile supplies, assisting in the positioning of patients and some light housekeeping duties. This role has been well-received by the OR attendants/OR aides and is seen as an addition to the surgical care team.

There is a comprehensive and multidisciplinary pre-admission program in place for surgical patients. A thorough patient assessment process takes place and is used to develop a patient care plan. Patients are involved in the service planning and delivery. The team has implemented care pathways for some of its procedures.

A multidisciplinary team plans the OR booking list well in advance to ensure the best use of the teams' resources and meet the needs of the patient population. There are daily meetings with the OR manager, OR booking clerk, materials manager, OR desk clerk and line coordinators to review the OR schedule a few days prior. The purpose of these meetings is to resolve any potential conflicts, to ensure flow will be maintained and that necessary staff and equipment will be available at the right time.

The surgical safety check list was observed to be used. All members of the team participated. The surgical site was verbally confirmed by the surgeon with the patient and then initialled by the surgeon prior to the patient going into the OR. Staff members report that there is good communication between the

post-anesthetic care unit (PACU), the OR and the critical care areas. When patient flow issues arise they are dealt with on an individual basis to ensure maximum safety for the patient.

Measurable goals and objectives have been established for the program in 2013/2014. At the network/regional level approximately 30 indicators being tracked have been reduced to 10 indicators as of June 2013. These will be evaluated for utility and revised as necessary. The program is still able to identify its own specific indicators.

Recently, managers have begun to conduct routine rounding on patients. The goal is to round on at least 20 patients per month to solicit feedback on the level of care received and to identify and resolve any outstanding concerns prior to discharge. Audit feedback is collated and posted to the shared drive for other members of the program team to view and discuss in their care teams, with a focus on actions to improve the patient experience in the future. In addition, new patient safety interview audits have been introduced. The goal is to conduct at least 10 audits per month. To date, the feedback received positively reflects on the care and respect given to patients by staff. Areas of concern relate to the lack of privacy in the OR waiting area and an overall frustration with surgical wait-time delays.

Physicians that were interviewed stated they had the equipment they needed to deliver care and they were able to articulate the process they use to request new equipment

Flash sterilization is tracked and monitored. There is a reporting form that identifies the problem that prompted the need for flash sterilization and the impact on surgery and on the patient. All of these reports are reviewed by the managers and follow-up occurs as required. There is a new policy in development that will require all flash sterilizations to be treated as an incident requiring an incident report to be filled out.

At three sites, flash sterilization is used on a regular basis for complete sets of instruments. It is recommended that the organization review these practices and explore options to correct this practice.

Section 4 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.

4.1 Governance Functioning Tool

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

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

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

- **Data collection period: January 21, 2013 to February 15, 2013**
- **Number of responses: 7**

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	29	71	92
2 Governance policies and procedures that define our role and responsibilities are well-documented and consistently followed.	29	0	71	94
3 We have sub-committees that have clearly-defined roles and responsibilities.	0	14	86	96
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.	14	0	86	95
5 We each receive orientation that helps us to understand the organization and its issues, and supports high-quality decision-making.	0	0	100	92

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6 Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	29	71	92
7 Our meetings are held frequently enough to make sure we are able to make timely decisions.	57	0	43	96
8 Individual members understand and carry out their legal duties, roles and responsibilities, including sub-committee work (as applicable).	0	29	71	95
9 Members come to meetings prepared to engage in meaningful discussion and thoughtful decision-making.	14	14	71	94
10 Our governance processes make sure that everyone participates in decision-making.	0	14	86	92
11 Individual members are actively involved in policy-making and strategic planning.	43	43	14	87
12 The composition of our governing body contributes to high governance and leadership performance.	14	43	43	91
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	14	86	93
14 Our ongoing education and professional development is encouraged.	14	29	57	86
15 Working relationships among individual members and committees are positive.	0	0	100	96
16 We have a process to set bylaws and corporate policies.	14	0	86	95
17 Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	96
18 We formally evaluate our own performance on a regular basis.	100	0	0	72
19 We benchmark our performance against other similar organizations and/or national standards.	100	0	0	64
20 Contributions of individual members are reviewed regularly.	71	14	14	58

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21 As a team, we regularly review how we function together and how our governance processes could be improved.	86	14	0	76
22 There is a process for improving individual effectiveness when nonperformance is an issue.	100	0	0	52
23 We regularly identify areas for improvement and engage in our own quality improvement activities.	71	29	0	77
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.	43	14	43	82
25 As individual members, we receive adequate feedback about our contribution to the governing body.	100	0	0	65
26 Our chair has clear roles and responsibilities and runs the governing body effectively.	0	14	86	95
27 We receive ongoing education on how to interpret information on quality and patient safety performance.	14	14	71	80
28 As a governing body, we oversee the development of the organization's strategic plan.	29	0	71	94
29 As a governing body, we hear stories about clients that experienced harm during care.	0	0	100	83
30 The performance measures we track as a governing body give us a good understanding of organizational performance.	29	14	57	90
31 We actively recruit, recommend and/or select new members based on needs for particular skills, background, and experience.	100	0	0	84
32 We have explicit criteria to recruit and select new members.	75	0	25	79
33 Our renewal cycle is appropriately managed to ensure continuity on the governing body.	50	25	25	87

		% 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	33	67	91
35	Clear written policies define term lengths and limits for individual members, as well as compensation.	0	14	86	94
36	We review our own structure, including size and sub-committee structure.	43	0	57	87
37	We have a process to elect or appoint our chair.	60	0	40	92

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2013 and agreed with the instrument items.

4.2 Patient Safety Culture Tool

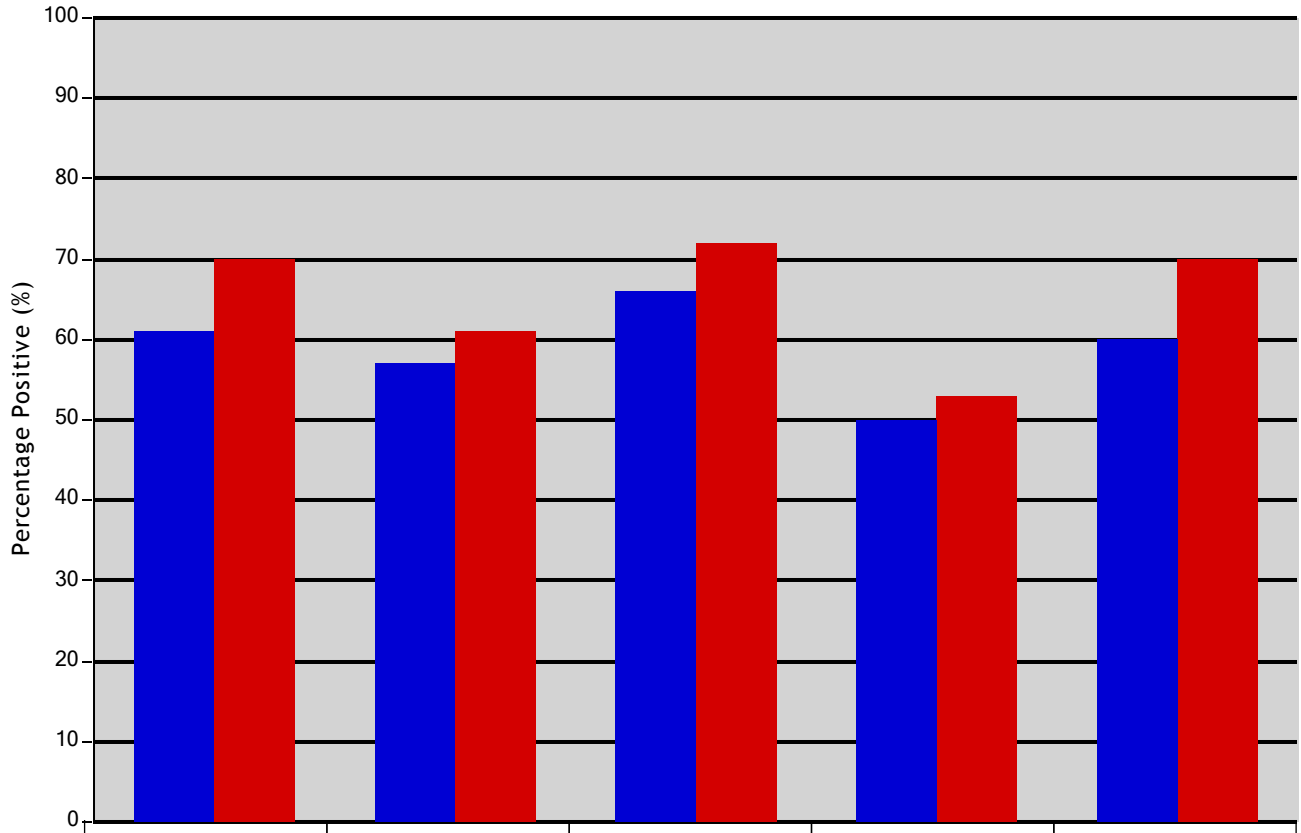
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations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

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

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

- **Data collection period: June 25, 2012 to August 24, 2012**
- **Minimum responses rate (based on the number of eligible employees): 368**
- **Number of responses: 3579**

Patient Safety Culture: Results by Patient Safety Culture Dimension



	Senior leadership support for safety (valuing safety)	Supervisory leadership support for safety	Patient safety learning culture	Communication barriers/talking about errors	Overall perception of patient safety
	61%	57%	66%	50%	60%
	70%	61%	72%	53%	70%

Legend

Horizon Health Network/Réseau de santé Horizon

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2012 and agreed with the instrument items.

4.3 Worklife Pulse Tool

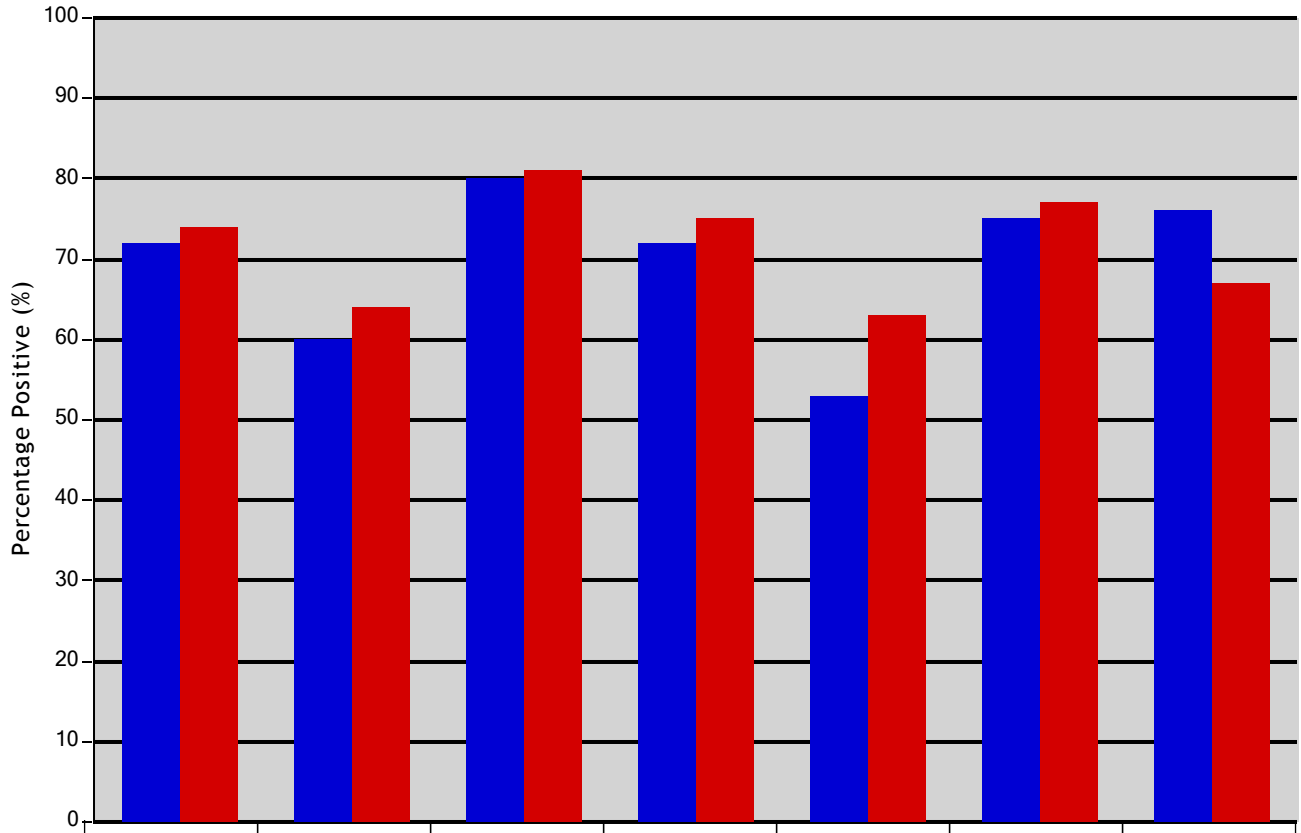
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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 25, 2012 to August 24, 2012**
- **Minimum responses rate (based on the number of eligible employees): 371**
- **Number of responses: 6120**

Worklife Pulse Tool: Results of Work Environment



	Job	Training and Development	Coworkers	Immediate Supervisor	Senior Management	Safety and Health	Overall Experience
	72%	60%	80%	72%	53%	75%	76%
	74%	64%	81%	75%	63%	77%	67%

Legend

Horizon Health Network/Réseau de santé Horizon

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2012 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 to 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	Unmet

Appendix A Qmentum

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

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

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

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

Action Planning

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

Evidence Review and Ongoing Improvement

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

Appendix B Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions
Population Health and Wellness	Promoting and protecting the health of the populations and communities served, through leadership, partnership, innovation, and action.

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and overall goals and direction to the team of people providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services
Decision Support	Using information, research, data, and technology to support management and clinical decision making
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Providing clients with coordinated services from their first encounter with a health care provider through their last contact related to their health issue
Impact on Outcomes	Identifying and monitoring process and outcome measures to evaluate and improve service quality and client outcomes
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ and Tissue Donation	Providing organ donation services for deceased donors and their families, including identifying potential donors, approaching families, and recovering organs
Organ and Tissue Transplant	Providing organ transplant services, from initial assessment of transplant candidates to providing follow-up care to recipients
Organ Donation (Living)	Providing organ donation services for living donors, including supporting potential donors to make informed decisions, conducting donor suitability testing, and carrying out donation procedures
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems

Priority Process	Description
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge