



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

NL Health Services – Eastern Zones

St. John's, NL

Sequence 3 of 3

On-site survey dates: June 2, 2024 - June 7, 2024

Report issued: July 24, 2024

About the Accreditation Report

NL Health Services – Eastern Zones (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in June 2024. 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 will be treated in confidence by Accreditation Canada in accordance with the terms and conditions as agreed between your organization and Accreditation Canada for the Assessment Program.

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

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

A Message from Accreditation Canada

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

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

Your Program Manager or Client Services Coordinator is available if you have questions or need guidance.

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

We look forward to our continued partnership.

Sincerely,



Leslee Thompson
Chief Executive Officer

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Executive Summary

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

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

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

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

Accreditation Decision

NL Health Services – Eastern Zones's accreditation decision is:

Accredited (Report)

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

About the On-site Survey

- **On-site survey dates: June 2, 2024 to June 7, 2024**

This on-site survey is part of a series of sequential surveys for this organization. Collectively, these are used to assess the full scope of the organization's services and programs.

- **Locations**

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

1. 35 Major's Path
2. 39 Major's Path
3. Bay Bulls Community Health Centre
4. Building 532 Pleasantville
5. Building 532 Recovery Centre - Opioid Treatment
6. Carbonear Community Services Building
7. Caribou Memorial Veterans Pavilion
8. Coish Place
9. Cordage Place
10. Downtown Health Collaborative
11. Dr. Albert O'Mahony Memorial Manor
12. Dr. Leonard A. Miller Centre
13. Dr. Leonard A. Miller Centre - Day Hospital
14. Ferryland Health and Community Service Clinic
15. Her Majesty's Penitentiary
16. Holyrood (United Shores Medical Centre)
17. Janeway Children's Health and Rehabilitation Centre
18. Janeway Children's Health and Rehabilitation Centre - Child Development Program
19. Janeway Children's Health and Rehabilitation Centre - Children & Women's Program)
20. Lemarchant House
21. MacMorran Community Centre
22. Medical Arts Building

23. Mount Pearl Square - Community Services
24. Newfoundland & Labrador Correctional Centre for Women
25. Salvation Army Glenbrook Lodge
26. Waterford - N2A
27. Waterford - W3A

- **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. Infection Prevention and Control Standards

Service Excellence Standards

2. Ambulatory Care Services - Service Excellence Standards
3. Case Management - Service Excellence Standards
4. Community-Based Mental Health Services and Supports - Service Excellence Standards
5. Diagnostic Imaging Services - Service Excellence Standards
6. Home Care Services - Service Excellence Standards
7. Hospice, Palliative, End-of-Life Services - Service Excellence Standards
8. Long-Term Care Services - Service Excellence Standards
9. Medication Management (For Surveys in 2021) - Service Excellence Standards
10. Mental Health Services - Service Excellence Standards
11. Point-of-Care Testing - Service Excellence Standards
12. Primary Care Services - Service Excellence Standards
13. Provincial Correctional Health Services Standards - Service Excellence Standards
14. Public Health Services - Service Excellence Standards
15. Rehabilitation Services - Service Excellence Standards
16. Substance Abuse and Problem Gambling - Service Excellence Standards
17. Transfusion Services - Service Excellence Standards

- **Instruments**









The organization administered:

Indicators

1. Client Experience Tool

Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	62	4	2	68
 Accessibility (Give me timely and equitable services)	107	1	3	111
 Safety (Keep me safe)	482	6	53	541
 Worklife (Take care of those who take care of me)	94	14	4	112
 Client-centred Services (Partner with me and my family in our care)	438	8	17	463
 Continuity (Coordinate my care across the continuum)	100	0	3	103
 Appropriateness (Do the right thing to achieve the best results)	771	26	89	886
 Efficiency (Make the best use of resources)	24	0	6	30
Total	2078	59	177	2314

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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Infection Prevention and Control Standards	52 (100.0%)	0 (0.0%)	15	33 (94.3%)	2 (5.7%)	2	85 (97.7%)	2 (2.3%)	17
Medication Management (For Surveys in 2021)	93 (96.9%)	3 (3.1%)	4	45 (93.8%)	3 (6.3%)	2	138 (95.8%)	6 (4.2%)	6
Ambulatory Care Services	44 (97.8%)	1 (2.2%)	2	77 (100.0%)	0 (0.0%)	1	121 (99.2%)	1 (0.8%)	3
Case Management	46 (100.0%)	0 (0.0%)	0	78 (97.5%)	2 (2.5%)	0	124 (98.4%)	2 (1.6%)	0
Community-Based Mental Health Services and Supports	42 (93.3%)	3 (6.7%)	0	93 (98.9%)	1 (1.1%)	0	135 (97.1%)	4 (2.9%)	0
Diagnostic Imaging Services	32 (100.0%)	0 (0.0%)	36			69	32 (100.0%)	0 (0.0%)	105
Home Care Services	44 (91.7%)	4 (8.3%)	0	71 (94.7%)	4 (5.3%)	0	115 (93.5%)	8 (6.5%)	0
Hospice, Palliative, End-of-Life Services	44 (97.8%)	1 (2.2%)	0	106 (99.1%)	1 (0.9%)	1	150 (98.7%)	2 (1.3%)	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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Long-Term Care Services	53 (94.6%)	3 (5.4%)	0	99 (100.0%)	0 (0.0%)	0	152 (98.1%)	3 (1.9%)	0
Mental Health Services	46 (92.0%)	4 (8.0%)	0	88 (95.7%)	4 (4.3%)	0	134 (94.4%)	8 (5.6%)	0
Point-of-Care Testing **	34 (100.0%)	0 (0.0%)	4	35 (100.0%)	0 (0.0%)	13	69 (100.0%)	0 (0.0%)	17
Primary Care Services	57 (96.6%)	2 (3.4%)	0	91 (100.0%)	0 (0.0%)	0	148 (98.7%)	2 (1.3%)	0
Provincial Correctional Health Services Standards	71 (94.7%)	4 (5.3%)	3	67 (97.1%)	2 (2.9%)	1	138 (95.8%)	6 (4.2%)	4
Public Health Services	46 (97.9%)	1 (2.1%)	0	69 (100.0%)	0 (0.0%)	0	115 (99.1%)	1 (0.9%)	0
Rehabilitation Services	43 (95.6%)	2 (4.4%)	0	79 (98.8%)	1 (1.3%)	0	122 (97.6%)	3 (2.4%)	0
Substance Abuse and Problem Gambling	41 (89.1%)	5 (10.9%)	0	78 (95.1%)	4 (4.9%)	0	119 (93.0%)	9 (7.0%)	0
Transfusion Services **	66 (100.0%)	0 (0.0%)	10	57 (100.0%)	0 (0.0%)	12	123 (100.0%)	0 (0.0%)	22
Total	854 (96.3%)	33 (3.7%)	74	1166 (98.0%)	24 (2.0%)	101	2020 (97.3%)	57 (2.7%)	175

* Does not include ROP (Required Organizational Practices)

** Some criteria within the standard sets were pre-rated based on your organization's accreditation through the Quality Management Program – Laboratory Services (QMP-LS) program managed by Accreditation Canada Diagnostics

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: Communication			
Client Identification (Ambulatory Care Services)	Met	1 of 1	0 of 0
Client Identification (Diagnostic Imaging Services)	Met	1 of 1	0 of 0
Client Identification (Home Care Services)	Met	1 of 1	0 of 0
Client Identification (Hospice, Palliative, End-of-Life Services)	Met	1 of 1	0 of 0
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Client Identification (Mental Health Services)	Met	1 of 1	0 of 0
Client Identification (Point-of-Care Testing)	Met	1 of 1	0 of 0
Client Identification (Provincial Correctional Health Services Standards)	Met	1 of 1	0 of 0
Client Identification (Rehabilitation Services)	Met	1 of 1	0 of 0
Client Identification (Substance Abuse and Problem Gambling)	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			
Client Identification (Transfusion Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Ambulatory Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Case Management)	Met	4 of 4	1 of 1
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	Unmet	4 of 4	0 of 1
Information transfer at care transitions (Home Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Long-Term Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Mental Health Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Provincial Correctional Health Services Standards)	Met	4 of 4	1 of 1
Information transfer at care transitions (Rehabilitation Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Substance Abuse and Problem Gambling)	Met	4 of 4	1 of 1
Medication reconciliation at care transitions (Ambulatory Care Services)	Met	5 of 5	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Case Management)	Met	3 of 3	1 of 1
Medication reconciliation at care transitions (Community-Based Mental Health Services and Supports)	Met	3 of 3	1 of 1
Medication reconciliation at care transitions (Home Care Services)	Met	3 of 3	1 of 1
Medication reconciliation at care transitions (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Long-Term Care Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Mental Health Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Provincial Correctional Health Services Standards)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Rehabilitation Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Substance Abuse and Problem Gambling)	Met	3 of 3	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
The “Do Not Use” list of abbreviations (Medication Management (For Surveys in 2021))	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management (For Surveys in 2021))	Met	4 of 4	1 of 1
Concentrated Electrolytes (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
Heparin Safety (Medication Management (For Surveys in 2021))	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management (For Surveys in 2021))	Met	5 of 5	3 of 3
Infusion Pumps Training (Ambulatory Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Home Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Mental Health Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Rehabilitation Services)	Met	4 of 4	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Narcotics Safety (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Unmet	0 of 1	0 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Reprocessing (Infection Prevention and Control Standards)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Hospice, Palliative, End-of-Life Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Long-Term Care Services)	Met	5 of 5	1 of 1
Falls Prevention Strategy (Mental Health Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Rehabilitation Services)	Met	2 of 2	1 of 1
Home Safety Risk Assessment (Home Care Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Pressure Ulcer Prevention (Hospice, Palliative, 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 (Rehabilitation Services)	Met	3 of 3	2 of 2
Skin and Wound Care (Home Care Services)	Met	7 of 7	1 of 1
Suicide Prevention (Community-Based Mental Health Services and Supports)	Met	5 of 5	0 of 0
Suicide Prevention (Long-Term Care Services)	Met	5 of 5	0 of 0
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0
Suicide Prevention (Provincial Correctional Health Services Standards)	Met	5 of 5	0 of 0
Suicide Prevention (Substance Abuse and Problem Gambling)	Met	5 of 5	0 of 0

Summary of Surveyor Team Observations

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

This peer surveyor visit to the Eastern Health rural and urban zones was the final of three sequences. The organization is commended for its hard work and commitment in leveraging the accreditation process to support ongoing quality and patient safety as they strive for excellence and achieve the mission, “Health and Well-Being..... Every Person, Every Community”.

During this survey, diagnostic imaging, transfusion services and, point of care testing were reviewed using a bridging approach as these services have also embraced the Accreditation Canada Diagnostics services standards. Well done!

Survey objectives were developed for this visit and were:

- To leverage the accreditation processes to inform development of NL Health Services quality and learning health system through the identification of Strengths and Opportunities for growth
- To support being Accreditation ready 'everyday' culture
- Support further quality improvement engagement and involvement horizontally and vertically throughout the organization
- Support strengthened partnerships to achieve an integrated and people-centred health care system

The organization is committed to people centred care and has continued to ensure that patient and family experience advisors are continuing to shape numerous organizational practices. This is encouraged to continue.

During this survey, numerous examples of service design adaptation based on client and family consultation (including community action groups) were noted. These improvements include centralized and standardized intake processes, service delivery in community sites such as schools, increase in virtual options, and peer supporters in the resource team. This is commendable and consistent with leading practice.

Health human resource recruitment and retention remain an ongoing challenge. Distribution of resources may require further attention as demand for services change. Of note however, is that many staff expressed satisfaction with their work.

Numerous health and intersectoral partnerships are in place. Of note is the presence of two Regional Wellness Coalitions (RWCs), one in each of the zones. These coalitions have a combined membership of more than 450 community partners who work together to support numerous wellness strategies and support community involvement and capacity building.

Hybrid health records (hard copy and electronic) are present throughout most service areas. The team recognize the risk inherent in this approach. There are provincial plans to implement a province wide EHR (EPIC). This is encouraged. It will be important that over time, the recording functionality needs of each services area are considered and teams are engaged.

As EPIC is implemented, it is suggested that medication reconciliation requirements be reviewed in each program area with a focus on including all areas who manage and/or prescribe medication.

Quality improvement was observed in many areas. The implementation of quality boards and training of LEADS in many areas (Yellow Belt training and adoption of LEAN) is commended. In some programs, it is suggested that further supports are provided to support further development of quality improvement and risk management.

Prior to COVID, a revised performance reflection process was established. There is the opportunity to review this process and encourage ongoing implementation.

Eastern urban and rural zones are acknowledged for their committed and passionate staff. Person centred care was evident throughout the peer surveyor visit in all program areas and sites visited. All staff are fully aware of the transition to a single unified provincial health authority. Ongoing communication and engagement are underway and is encouraged to continue.

Detailed Required Organizational Practices

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

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

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Communication	
<p>Information transfer at care transitions Information relevant to the care of the client is communicated effectively during care transitions.</p>	<ul style="list-style-type: none"> · Community-Based Mental Health Services and Supports 10.9
Patient Safety Goal Area: Infection Control	
<p>Hand-Hygiene Compliance Compliance with accepted hand-hygiene practices is measured.</p>	<ul style="list-style-type: none"> · Infection Prevention and Control Standards 8.6

Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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



High priority criterion



Required Organizational Practice

MAJOR

Major ROP Test for Compliance

MINOR

Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

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

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

Priority Process: Emergency Preparedness

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

There are policies in place to identify and respond to public health outbreaks. The team noted close collaboration with laboratory services. There are Medical Officers of Health at all levels and close collaboration with the provincial government regulators.

Numerous updated policies and practices were put in place during the COVID pandemic management. The team is proud of how they managed the COVID outbreak demands, the direction and communication received from the provincial MOH and, the support of others throughout the health system.

There is a public health emergency response plan although many at the front line are not fully aware of the plan. A health emergency management plan for public health is currently underway. Once finalized, it will be important that all public health offices are aware of this plan and where it can be accessed. It is further suggested that once an overall plan is documented and that each site is aware of their potential role(s). During a site visit, it was noted that the emergency plan binder needs updating.

At the system level, there is leadership in place to ensure that ongoing communication and partnerships are made across numerous systems. Tabletop exercises are carried out routinely and within a broader emergency plan with the province and the municipalities. Also of note is that business continuity plans are in place in the event of an emergency.

Staffing can be reassigned in the event of an emergency and surge capacity plans are in place.

Mechanisms are in place to inform the public about public health emergencies. Excellent examples and learning were provided from the COVID experience. For example, partnerships with other organizations who support newcomer populations were invaluable in ensuring that timely and rapid COVID related communication occurred as public health directions evolved.

Priority Process: People-Centred Care

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

Unmet Criteria	High Priority Criteria
Standards Set: Case Management	
3.3 A comprehensive orientation is provided to new team members and client and family representatives.	
3.11 Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
Standards Set: Provincial Correctional Health Services Standards	
8.18 Planning for care transitions, including end of service, are identified in the care plan in partnership with the client.	
Surveyor comments on the priority process(es)	

NL Health Services Eastern Zones have developed an active Patient and Family Experience Advisory Group that has grown significantly since its inception in 2017. Currently Patient and Family Experience Advisors are involved in a wide array of activities from corporate planning, discerning Vision and Values, PCC Engagement Framework, Ethics Advisory Council, Board Quality and Nursing Ground Rounds Presentations, Diversity, Equity, Inclusion and Reconciliation Council (DEIR), Research and Innovation to Program Level Advisory Councils, hiring and selection of Mental Health and Addictions Navigator and Indigenous Patient Navigators. There is a provincial level People Centred Care Committee with a PCC framework that identifies the following purpose: the PCC Steering Committee will: lead the advancement of meaningful patient, client, resident and family engagement and a culture of people centred care, support a formalized and ongoing approach to patient, client, resident, and family engagement and prioritize people centred care.

The core values of NL Health are : Innovation, Compassion, Accountability, Respect, and Excellence (I CARE). Our values enhance our people and family-centred care philosophy, where the person we serve, and their family are at the heart of every decision we make and every action we take. These values were consistently demonstrated in interviews of patient and family members who spoke of active participation in the development of care plans, discharge plans and expressed great appreciation for respectful and responsive care. There are concerted efforts to increase flexibility in approaches to care and to adapt programs and processes considering the wishes and preferences of the patient and family members. There are numerous examples of carefully developed processes and programs to respond to the unique needs of patients and their families. Examples of innovative programming were evident and include the design of the Downtown Collaborative Team, the Mental Health and Addictions Navigator and Indigenous Patient Navigators, engagement with community action groups in Bay Bulls Community Services and many other community care partnerships throughout the Eastern Zones.

Patient and family members spoke about the deeply compassionate care they received and the confidence that they would get the care they needed. Many spoke about the trust they have in their care providers. These sentiments were reflected in the following quotes, "I was very thankful, My Dad feels at home here, and Made me feel valued". Another patient stated "I was treated like a person- they care and that they go above and beyond". A family member was quoted to say "They have a positive and open attitude and listen to what I want". As well as "They are invested in the child and really care about the child and family.

There is a well-developed recruitment, on boarding, support and project matching strategy. Opportunities to become involved are shared with the network. Patient and Family Experience Advisors can self-select engagement opportunities or be approached to participate in projects that reflect the level of commitment, lived experience and capacity of each advisor with an interactive discussion of the optimal assignments for each advisor. New applicants are fully screened and provided with orientation, one-to-one follow-up and ongoing education. Advisors are regularly updated on events and activities where their involvement has made an impact, although always closing the loop has been a challenge for some areas of care.

Patient Advisors report with pride that they are well respected by the Board, Leadership, and front-line staff. Members believe that they are listened to and cited many examples where they have been able to positively influence operational practices, policy directions and reflect the perspective of patients and families. Advisors have a strong desire to be relevant and add value to the organization through their engagement.

Patient and Family Experience Advisers are valued by frontline staff and managers who spoke about how impactful their involvement was in terms of bringing the patient/client voice to the planning of programs and policy approaches. Patient Stories are presented to clinical units, executive leadership, and the board to bring patient experience to the forefront of decision making and policy development. Advisors have received additional training so that their stories can be presented with maxim impact to both internal and external sources.

As the program grows there are opportunities for the future to increase the diversity of Patient and Family Experience Advisors such that the network reflects the changing population and changing workforce profiles in Newfoundland East. Methods of engagement could also be flexible with outreach to specific communities. There are programs where the client group would be challenged to participate in structure meetings or formal processes which may require an adapted approach for inclusion.

NL Health Services Eastern Zones has expanded the Indigenous Patient Navigator program which is highly valued. The work of these Navigators is critical to the health and wellbeing of patients and clients seeking care, especially when travelling great distances. The planning for new and current spaces could benefit from further consultation from IPNs on the physical environment and welcoming messages. In addition, the DEIR Council work is at an early stage and consideration may be given to increasing resources to meet the goals and vision of NF East to fully actualize and embed DEIR principles throughout the organization. And finally, when engaging Patient and Family Experience Advisors it is critically important to always close the loop and ensure that advisors are aware of the impact of their impact on the success of NL Health Services Eastern Zones and that their efforts and the efforts of staff who support them are recognized and celebrated.

It was a true pleasure to meet with patients, clients, residents, staff and leadership throughout the week.

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: Infection Prevention and Control Standards	
10.4 Current manufacturers' instructions are upheld when cleaning, disinfecting, or sterilizing medical devices and equipment.	
10.5 Policies, SOPs and manufacturers' instructions are accessible to all team members.	
Surveyor comments on the priority process(es)	

The services at the sites surveyed are provided by passionate and committed teams with an expansive set of skills. The surveyors were met with enthusiastic groups with clear commitment to client care and service delivery.

Cleaning and disinfecting of medical devices and equipment were noted to be performed frequently and consistently at the time of this survey. Cleaning and operational staff were knowledgeable and hard working in their efforts to clean and disinfect medical devices and equipment used at this site. However, manufacturer recommendations were not available for all of the medical devices and equipment used at Building 532 Pleasantville and so cleaning and disinfecting of medical devices and equipment could not be confirmed to be consistently done in accordance with manufacturer recommendations. The team at Building 532 Pleasantville indicated a plan to assess current cleaning and disinfecting processes and practices in comparison with manufacturer recommendations, which is encouraged.

It is recommended that a review of the workload of cleaning staff at Building 532 Pleasantville is considered with a view to matching demand for cleaning services with cleaning staff capacity, particularly in view of the unpredictable demands of the recovery bed area of this facility on cleaning services.

Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

Point-of-care Testing Services

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

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

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

Episode of Care

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

Decision Support

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

Impact on Outcomes

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

Medication Management

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

Infection Prevention and Control

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

Diagnostic Services: Imaging

- Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions

Public Health

- Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.

Transfusion Services

- Transfusion Services

Standards Set: Ambulatory Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

3.10 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.

!

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 five clinics visited during this survey included the Diabetes Education Clinic, Kidney Care Centre, Child Development Clinic, Women’s Health Clinic and Children’s Rehabilitation Clinic. At each site there was a fulsome interdisciplinary team who provide a range of services appropriate to the patient population they serve. The team members and leads were engaged and enthusiastic about providing serve and meeting client needs.

Partnerships are well developed and wide ranging within each clinic. There are local, provincial and national partners and supports.

Many ambulatory programs have patient and family advisors, those yet to establish formal mechanisms are encouraged to do so. Excellent examples of patient led improvement initiatives were provided. The teams are patient centric and many staff indicate that they are seeing the right patient, in the right place, at the right time.

Notable resource gaps include social work, interventional radiology, and psychology. As the transformation proceeds to a province wide structure, there are excellent opportunities to further develop standardized approaches to many processes.

Physical environment accessibility audits and improvements have recently been made.

Priority Process: Competency

Additional human resources have been added in many programs to address increasing service needs.

Communication tools are in place as required. As the EHR is implemented across the province, there is an opportunity to review tools that would further support ambulatory service communication across the system. The insulin pump program, with NP specialist and home dialysis patient education program is notable. There are training opportunities for all staff. Team members have had their expertise acknowledged through invitations to speak at conferences, host educational sessions and provide mentorship. More opportunities to leverage expertise is expected with the provincial transformation.

Priority Process: Episode of Care

There are processes in place to respond to all requests. Teams are aware of wait time issues where they exist. Work is underway to develop a standardized and centralized intake process where this is needed. A common thread in discussions with teams is the desire to eliminate barriers to ensure clients are able to access programs. Staff are commended for their efforts to serve their clients.

All client specific goals and objectives are co-designed with clients and their families. Goals are monitored carefully with clients/families and well documented. Client populations have increasingly higher co-morbidities, requiring higher levels of care coordination. Medication reconciliation is a well defined and managed process in some areas. There is a need to ensure clarity and compliance at all sites. Patient safety processes are well managed.

Mechanisms for timely communication are well established, including daily, weekly, monthly rounds, regular staff meetings, 'team time' to discuss clinical issues, bed boards, huddles, and case study presentations. Some involve the immediate interdisciplinary team and patient, while others also include referring partner programs.

Priority Process: Decision Support

There is a plan to implement an EHR across all zones and health services. Ambulatory Care is encouraged to review the functions and the service and the EHR functionality needs to enhance communication and documentation, and ensure client safety

Documentation for the services provided by these services is maintained and up to date. Hybrid charting is currently in place and the team understands and manages these risks.

Priority Process: Impact on Outcomes

There are a variety of evidence based practices. Follow up for patients unexpected absence (no shows) is an excellent risk mitigation strategy

Clinics are all in different places on their quality journey. They are commended for their work in supporting education and training on quality, LEAN management processes and risk mitigation. A quality board has been recently implemented track key performance indicators (KPIs) in some sites. These boards are public facing to share metrics and quality activities with patients and families. Continued work in this area is supported. The introduction of quality councils and patient experience surveys are occurring across clinics.

Metrics vary based on activities and priorities and include utilization and wait time data, no shows, appointment start times, falls. As well, required provincial reporting of statistics in many programs can contribute to this pool.

Notable quality initiatives within clinics include revisions to appointment starts in dialysis, F-word (Functioning, Family, Fitness, Fun, Friends, and Future) implementation in child rehab, wait list prioritization/management at diabetic education clinic, quality board implementation at women's health, and central intake process at child development.

Standards Set: Case Management - Direct Service Provision

Unmet Criteria	High Priority Criteria
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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

It is evident that strong management is in place across sites, who have excellent communication skills in conveying goals, providing feedback, and fostering collaboration among team members. Managers empower their teams by providing the necessary resources, education/ training, and support to enable them to excel in their roles.

Management support is regularly visible with the sustained implementation of regular team huddles post-pandemic. Managers have also adopted a continuous improvement approach through LEAN management. There is a shared commitment to ensuring efficiencies in processes, affirming the "client first" philosophy and that the right care is provided at the right time.

Across the sites, management teams, including professional practice leads, foster a culture of teamwork and collaboration, recognizing the value of diverse perspectives and complementary skills in achieving the best possible service plan for clients and their families.

While the organizational restructuring continues to evolve and changes being implemented, the staff have shown resilience in adapting and continuing in their day-to-day roles with their clients' needs top of mind.

Priority Process: Competency

Interdisciplinary teams are co-located allowing for multiple opportunities for real-time collaboration and discussion to the benefit of the client service plan. The comprehensive service offerings through the integration of health, social, and financial service supports – a “one stop shop” is a leading best practice. The model recognizes the critical success factor in the delivery of healthy people and communities is one that incorporates the social determinants of health. The Community Support Program is commended for using regular team huddles for real-time problem-solving, proactively managing risks, and activating professional practice guidance.

Staff are empowered to self-direct their educational and training needs and take ownership for their professional development. Discipline-specific audits are completed to identify areas for performance improvement and the use of the peer review approach is valuable. There is an opportunity, however, to resume the work towards building a provincial plan for consistent, more formal and written staff evaluations. This may help to improve monitoring and tracking of staff learning needs and professional growth.

Similar to other areas, the Community Support Program struggles with adequate resources to meet increasing service demands and complexity of care. Because of regular communication through daily huddles, there is better management of workload and a nimbler response to high priority client service needs. Staff report they "feel supported" by management and feel comfortable raising issues and concerns related to their work.

Priority Process: Episode of Care

The highly coordinated and collaborative teams in the Community Support Program contributed to a 95% client/ family satisfaction rate. This lends evidence to the high-quality services that are delivered through the Program. Through regular team huddles and the continuous improvement approach, problem-solving happens in real-time with high impact on service delivery. As an example, waitlists for Program services were reduced from 6-8 weeks to 0 weeks, where staff are now responding to new Intakes within 24 hours of receiving the referral. This was accomplished by optimizing scope of responsibilities for administrative staff.

There is strong evidence through the clinical tracers of excellent intake, assessment, care planning, and evaluation/ monitoring of the service plan, whether acute, longer-term management, or care transitions. There is high client satisfaction and appreciation of staff expertise and outcomes of services. The client and family are at the centre of care and where appropriate, there is redirection to other community services to meet presenting needs. The surveyor was impressed with the calibre and highly skilled front-line staff in handling the service planning process with ease. Staff are able to pivot and prioritize clients with more urgent needs. There is strong evidence of positive working relationships and communication throughout the survey.

While the Program has struggled to recruit client/ family members for the local Community Advisory Committees, there is commitment to strengthen participation to provide valuable input into service delivery planning and improvements. There is evidence of strong engagement of clients and families through the clinical tracers, particularly in driving and informing their care. Staff dedication and commitment is evident and their genuine interest to help clients and their families reach the goals of care.

Priority Process: Decision Support

As the NL Health Services continues to complete the transformation, there are organizational policies and guidelines that remain easily accessible that provide key guidance, specifically related to documentation and privacy/ confidentiality. There is also mandated training and education through the Learn Module system with automatic alerts to managers for tracking staff progress.

Because staff are geographically co-located, consultation with experts and specialists are readily available, resulting in a more efficient and effective response to clients and their families. However, staff remain challenged with the use of hybrid information and documentation systems that are not well integrated. There is cautious optimism in the implementation of EPIC that is aimed to address these concerns.

Priority Process: Impact on Outcomes

The Community Support Program has made significant progress in managing the waitlist for services ensuring access for clients, especially those with the highest needs. Management and staff led lean improvement initiatives to reduce the waitlist from weeks to within a 24-hour Intake response.

Quality improvement was observed across locations. It is encouraged to institute a more formal quality improvement program at the local level and increase visibility of progress towards achievement of indicators through quality boards. There may be opportunities to use the daily staff huddles for not only engaging staff in the quality improvement process, but to celebrate successes.

The Community Support Program is applauded for providing wrap-around services to keep clients in their communities for as long as safely possible with 'just in time' supports.



Standards Set: Community-Based Mental Health Services and Supports - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

4.9 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	
4.11 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	

Priority Process: Episode of Care

8.13 Clients and families are provided with information about their rights and responsibilities.	
10.9 Information relevant to the care of the client is communicated effectively during care transitions. 10.9.5 The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: <ul style="list-style-type: none"> • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system). 	 MINOR
12.7 The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	

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**

Community Mental Health, Eastern Zones is a comprehensive program providing exceptional services to a unique and diverse population. A multidisciplinary team approach is evident. Each client is treated with respect and goals of care are specific to that individual based on need.

During this survey, numerous examples of service design adaptation based on client and family consultation (including community action groups) were noted. These improvements include centralized and standardized intake processes, service delivery in community sites such as schools, increase in virtual options, and peer supporters in the resource team. This is commendable and consistent with leading practice.

Priority Process: Competency

Community Mental Health, Eastern Zones promotes education and training for the staff. Staff have access to numerous training and educational offerings to prepare them for the roles they fulfill. Orientation is comprehensive and detailed. Staff are motivated to continuously seek out new learning opportunities and funding is often available to assist in these endeavours.

Although informal feedback on performance is provided to staff on a regular basis there is no formal performance evaluation program. The organization is encouraged to put such a program in place.

The teams work very collaboratively to insure the best possible care is provided to the client allowing for a successful outcome to the goals of care determined with the client.

Each staff member has a job description outlining their duties and all are working to their full scope of practice. Appropriate workloads are maintained for the staff.

An ethical framework is in place for staff to use to navigate issues of an ethical nature. Real life examples of how ethical issues were addressed were provided.

Priority Process: Episode of Care

Community Mental Health, Eastern Zones is providing necessary mental health services throughout the regions. The teams strive to provide care in a timely fashion. If it is recognized that the team is not able to meet the needs of the client they assist them in accessing alternative services.

The Zones have clinical counsellors (Social workers and nurses, Masters prepared) with appropriate education, training and experience. Multidisciplinary teams also include psychiatrists, occupational therapists, recreational therapists. Eastern Zones' programs reach a wide variety of individuals at all stages of life. Providers receive additional training and education to provide services based on the populations they serve.

There are indicators to monitor the use of services by type of appointment and age group. It is recommended that the programs evaluate outcome indicators and trends to better prepare for client needs and skills required. Limited socio-demographic information is collected during intake. There are opportunities to examine the impact of social determinants of health by collecting appropriate socio-demographic details.

During the intake, the limit of confidentiality document is reviewed and signed by the client, which consists of the client's responsibilities. However, clients' rights are not shared with them during intake. It is recommended that the rights are included as part of the intake process. No posters/flyers on clients' rights in client service areas.

When clients are transitioning to other service areas relevant information is conveyed to the service they are being referred to. At this time an evaluation of the effectiveness of this transfer of information is not being assessed. It is suggested that the review of this information be undertaken to determine if it is an effective relay of information.

Eastern Zone is applauded for the excellent service provided by dedicated, compassionate, knowledgeable staff to the clients they serve in the area of Community Mental Health.

Priority Process: Decision Support

Community Mental Health, Eastern Zones uses a hybrid model of data collection for their client population. Electronic and paper based systems are currently in practice. This is not ideal as often errors occur or information is missed making the file incomplete. The organization's newly planned electronic charting system will hopefully address this shortfall.

Standardized tools for client information collection are being used. All records are safely and securely maintained. Clients have access to their records upon request.

Priority Process: Impact on Outcomes

Community Mental Health, Eastern Zones is quality driven. Several quality improvement initiatives were identified throughout the survey. When pilot projects are shown to be effective they are expanded to all areas.

Quality improvement activities are initiated based on perceived or actual identified needs. Often these needs are brought forward through client and family feedback.

Guidelines for care are evidence based and standardized processes and procedures are developed to decrease variability in service delivery.

Safety risks for clients and staff are regularly assessed and mitigating factors employed. Patient safety incidents are reported and followed up to determine cause and outcome. All incidents are disclosed to the client and family. Occupational Health and Safety expertise is sought for determining, and investigating, risks to team members.

Standards Set: Diagnostic Imaging Services - Direct Service Provision

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Diagnostic Services: Imaging

Diagnostic Imaging is now a provincial program. This peer surveyor visit focused on the Eastern Rural and Urban Zones. The Medical Imaging team is embarking on using the Accreditation Canada Diagnostics accreditation (ACDX) process. This surveyor visit focused on those standards which are not addressed through ACDX.

Zonal Managers are in place as are clear radiologist reporting responsibilities. Further, provincial oversight includes a Senior Program Director, a Clinical Chief and the Vice President of Transitions.

Interviews with the team confirmed that all diagnostic imaging providers delivering specialized modalities have specific credentials. Further, supporting ongoing professional development and learning has been enabled through the creation of monthly education sessions for staff.

Space has been well designed and supports confidentiality and privacy from the point of screening, preparing for the procedure and, throughout the diagnostic service provision. Of note is the attention paid to the physical space where children are served to support comfort and decrease anxiety. Well done.

Tours of the physical space confirmed that all entrances have large and clear safety warnings. All areas have restricted access when in use.

All provincial and federal regulations regarding registration, installation, and calibration of all diagnostic imaging equipment are met.

Written and electronic requests for all imaging services occur. Clients confirmed that they are fully informed regarding the imaging procedures. Consent processes are in place and in accordance with the organization's consent policy.

Policies are in place regarding the reporting of urgent results. The referring physician is contacted immediately and where not possible, alternate contacts are pursued.

The team provided an excellent program overview which noted the establishment of a provincial quality manager, a corporate radiation safety officer, two program radiation safety officers and a magnetic resonance safety officer.

This team demonstrated a keen commitment to quality. Numerous KPIs are monitored such as wait times, patient no-shows for appointments and turnaround times to name a few. Other quality initiatives have included evaluation of the outcomes of the endovascular thrombectomy (EVT) services as well as expanded functions for appropriate staff to be inserting PICC lines. Again, well done.

All incidents are reported in accordance with the organization's incident reporting process. The team noted how learnings from these incidents are disseminated.

The team is also committed to working with other zones to continue to develop further policies to support standardization across all zones. This is supported.

Standards Set: Home Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
3.10 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
11.8 There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	!
Priority Process: Impact on Outcomes	
15.4 Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
15.6 New or existing indicator data are used to establish a baseline for each indicator.	
15.7 There is a process to regularly collect indicator data and track progress.	
15.8 Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
15.9 Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
15.11 Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

Input from patient and family partners is done informally at the sites surveyed. At the time of this survey, we were informed that this team had been attempting to appoint longer term patient and family partners to support this work. This undertaking is supported.

The teams at the sites surveyed boasted a broad skill set among interdisciplinary team members. The team at Holyrood center was seen to work in an interdisciplinary fashion with efficient communication and collaboration avoiding the need to formally refer to each other to problem solve care needs, which is commendable.

It is recommended that services with longer wait times at both sites are reviewed to consider the potential need for additional supports e.g. occupational and physio therapy, nurse practitioner (current vacancy), dietician, and pharmacy services to increase the effectiveness of the teams.

Consideration should be given to the more formal inclusion of home support workers (currently externally contracted) into the teams to improve client care. Consideration of continued collaboration and potential integration of home care, primary health care, public health, and everyday mental health and addiction services may be valuable to support integrated client care and optimal service delivery.

Priority Process: Competency

Team performance is evaluated and feedback provided but this is not consistently done in a formalized manner at the sites surveyed. The organization's move to a more formalized approach is encouraged.

Priority Process: Episode of Care

Positive and consistent findings were noted in all sites surveyed.

Priority Process: Decision Support

A hybrid documentation is in place, with a travel/home visit chart as well. Records are complete and provide the needed information to support the continuum of care. It is understood that the organization is moving ahead with the implementation of a consolidated clinical information system to reduce the record systems to a single source. It is recommended that this process is supported to occur as soon as possible.

Record keeping practices are not monitored or evaluated at 35 Major's Path. Plans to formalize audit processes are supported.

Priority Process: Impact on Outcomes

Indicator data were not available/in use at all sites consistently. It is recommended that indicator and data tracking be expanded and used to prioritize, monitor, and evaluate client safety and improvement initiatives.

Standards Set: Hospice, Palliative, End-of-Life Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

3.14 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.



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

16.10 Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The Palliative Care program consists of one inpatient unit, an outpatient/home based consult service, Medical Assistance in Dying (MAiD) coordination services, and grief and bereavement services. There is a dedicated, multidisciplinary team in place, with a strong emphasis on patient centred care.

The program has grown considerably, especially related to outpatient and home based services. Increasing patient numbers and visits have been possible with the addition of physicians to the care team and expanded physical space within the clinic. As well, the expansion of community resources (nursing and home support) and the introduction of the Paramedics Providing Palliative Care Program has been effective in managing the growing need for palliative care. The team has identified several strategic objectives for implementation to meet the anticipated increasing need for palliative care in the future.

There are strong partnerships in place locally, provincially and nationally. The team is well poised to provide expertise and support within the new health system structure to enhance and standardize palliative care services across the province.

Priority Process: Competency

Required education is available online through the LEARN system. Staff indicate that they have been provided with additional educational opportunities such as the Learning Essential Approaches for Palliative Care (LEAP) course. The organization is encouraged to continue enabling access to the course, especially outside of the traditional palliative care settings to broaden the understanding of all clinicians. LEAP Leaders training for executive leads is supported.

Standardized communication tools are in place and pertinent information is relayed within the team, and along the continuum of care. Daily and weekly inpatient rounds, weekly community rounds and Grand Rounds ensure the care team, patient and family are aware of the patient's current status and changing needs.

Priority Process: Episode of Care

There is a fulsome volunteer program offering music therapy, pet therapy, and support to patients and families. Staff and patients indicated that their services were a valuable addition to the care experience. Each care team member works to full scope. Patient needs are well managed with the range of expertise and services available to them.

The inpatient wait list is monitored and clients who have been preapproved in the program experience little to no wait time for admission when this is required. Wait time for community consults is monitored.

There are standardized assessment tools which are completed on admission and at regular intervals. Safe patient care practices are in place.

Patients and families indicate that pain management processes are effective and those admitted for symptom management are able to return home comfortably after short inpatient stays.

Priority Process: Decision Support

An electronic record is in place. In addition, there is a paper chart which contains physician orders, medication administration records, medication reconciliation forms, and completed physician referrals. While staff are familiar with the contents of each, a hybrid system does pose a patient safety risk. The team is aware of this, and plans are in place to move to a fully integrated electronic medical record system.

Record management policies and procedures are robust and provide clear guidance to staff.


Priority Process: Impact on Outcomes

Patient safety risks and incidents are reviewed and mitigation strategies applied as appropriate at the individual patient level. Patient and family experience is obtained and results are used to implement improvements. Tracking and trending of incidences (such as pressure injuries, falls, or medication errors) occurs with support from the quality team. Utilization data is also reviewed. Continued work in sharing this information with the care team, patients and families is supported.

There are several quality improvement initiatives ongoing at any one time within the program. They are proactive and wide ranging in their approach. The team is commended for its project work centred on palliative care for vulnerable populations, and for its commitment to early access to palliative care regardless of care setting.

A patient advisory council has been in place for several years. Council members have provided input into quality improvement activities such as patient education material, wayfinding, and community Just in Time emergency medication kits.

Standards Set: Infection Prevention and Control Standards - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control	
<p>8.6 Compliance with accepted hand-hygiene practices is measured.</p> <p>8.6.1 Compliance with accepted hand-hygiene practices is measured using direct observation (audit). For organizations that provide services in clients' homes, a combination of two or more alternative methods may be used, for example:</p> <ul style="list-style-type: none"> • Team members recording their own compliance with accepted hand-hygiene practices (self-audit). • Measuring product use. • Questions on client satisfaction surveys that ask about team members' hand-hygiene compliance. • Measuring the quality of hand-hygiene techniques (e.g., through the use of ultraviolet gels or lotions). <p>8.6.2 Hand-hygiene compliance results are shared with team members and volunteers.</p> <p>8.6.3 Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.</p>	<p style="text-align: center;"> MAJOR</p> <p style="text-align: center;">MINOR</p> <p style="text-align: center;">MINOR</p>

Surveyor comments on the priority process(es)

Priority Process: Infection Prevention and Control

Many impressive practices were apparent at both Coish Place and Building 532 Pleasantville.

The inclusion of the patient and family partner input to the extent it is occurring at Building 532 Pleasantville, in particular, is to be commended. Clients at this site are offered virtual services should they be considered ill or infectious, thereby increasing care options and accessibility, while preventing potential infections. Good collaboration between team members including the epidemiology service was evident and noteworthy during this survey, in regard to health care-associated infections at this site.

We understand that hand hygiene audits are to commence soon at Building 532 Pleasantville but at the time of this survey, were not being done at this site. It is recommended this implementation be expedited as far as possible. Late on June 06 2024, we were informed that hand hygiene audits were up and running, that staff are completing training to become auditors and data were reported showing that the area has started the auditing process.

Consideration to the following areas for potential improvement at Building 532 Pleasantville, is recommended:

-Infrastructural circumstances potentially resulting in infection prevention and control challenges at Building 532 Pleasantville including washrooms with old and cracked fixtures and tiles, use of carpet in certain common areas, cracked wooden furniture in a waiting room, some doorways too narrow to accommodate clients with mobility aids, and garbage cans requiring physical handling to open.

-Support for increased on site cleaning services to manage the high throughput areas - currently available 12 of the 24 hours of daily operation.

-Installation of a dedicated dump sink for such disposal of urine samples related to point of care testing to reduce potential spills.

-Transition from hybrid electronic and paper records to a single electronic system, as planned.

-Retention and recruitment of staff to fill all vacancies affecting this site including registered nurses.

-Availability of all training records in the LEARN system, which currently requires some manual intervention for some records.

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

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

3.9 Education and training on recognizing, preventing, and assessing risk of abuse are provided to the team.	!
3.15 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

13.8 There is a process to monitor and evaluate record-keeping practices, designed with input from residents and families, and the information is used to make improvements.	!
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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

Many commendable practices were noted at sites visited during this survey.

Some examples include:

- Availability of phlebotomy services provided by Registered Nurses at Salvation Army Glenbrook Lodge seven days a weekend an on-site centrifuge at that site.
- Availability of dedicated space for end of life care including ability for a family member/s to stay with residents in a private room at Caribou Memorial Veterans Pavilion and for family member/s to stay over for Palliative situations at Salvation Army Glenbrook Lodge, is commendable.

A good skill mix of team members was evident at all sites during this survey. Consideration should be given to the inclusion of music therapy services, Nurse Practitioner services, Occupational and Physiotherapy Assistants, and or the expansion of social work, psychology, and recreational programming services to enhance resident options in a manner that supports skill task alignment and employee workload.

Ageing Infrastructure was noted especially at Salvation Army Glenbrook Lodge resulting in resident impacts such as closure of the auditorium where recreational programming takes place, for several months, several beds requiring replacement as replacement parts are unavailable, some residents rooms having multiple residents sharing a single washroom, some wall heaters in a state of disrepair, limited space for and access to outdoor spaces, hallways being used for storage of linen, supplies, wheelchairs, etc. It is understood that plans are in place to increase storage space and it is recommended that storage of equipment including floor lifts, wheelchairs and other equipment be included in these plans.

Rodents were noted at Salvation Army Glenbrook Lodge. It is understood that exterminators have been contracted to address this finding, likely exacerbated by renovations and maintenance on site. It is recommended that this work continue and additional experts be brought in should the situation not be quickly resolved.

Some fixtures and fittings in resident rooms at Caribou Memorial Veterans Pavilion such as bookshelves and common areas were noted to have cracks in the wood. Consideration should be given to repairing or or replacing these in the interest of infection prevention and control.

Entrance and Exit from the outdoor garden at Salvation Army Glenbrook Lodge is ramped but may not be easily accessible due to layout for wheelchair users. it is recommended this be reviewed and corrective actions taken as and when necessary to promote easier access.

Priority Process: Competency

A resident Abuse Prevention and Recognition Policy has recently been implemented at the Salvation Army Glenbrook Lodge. Staff training is scheduled to commence imminently but at the time of this survey had not yet been done. It is recommended that these plans be implemented as soon as is reasonably possible.

While education and training are provided on information systems at the sites surveyed, the organization's imminent implementation of a consolidated information system is supported to reduce the potential risks associated with the use of the current hybrid system of electronic and paper systems.

Team performance is evaluated but this is not done in a formalized manner at the sites surveyed. It is our understanding that the work of the organization to move to such a formalized approach commenced but was interrupted by the COVID 19 pandemic. Resumption of this work is recommended.

Salvation Army Glenbrook Lodge has a resident and family council. This council has not met since February 2024 as a result of a resident passing away, another transferring to a different facility, and the spiritual representative resigning. Work is underway to reconstitute this group, which is strongly encouraged.

It is recommended that consideration be given to the reported evolving demographic profile of residents (such as a reported increasing proportion of younger residents with greater mental health and addictions needs) at the sites surveyed in relation to current and future staffing needs in terms of quantity and skillset.

Priority Process: Episode of Care

Residents and families are advised about their rights and responsibilities at all sites surveyed. It is understood that posters used for this purpose are in the process of being reviewed. It is recommended that such posters are replaced as soon as that process has been completed to support resident and family appreciation of their rights and responsibilities.

Consideration should be given to enhancing falls prevention and management at the sites surveyed through the use of additional visual cues (e.g. falling leaves) at the entrance to resident rooms as well as on resident health charts. This would allow for all staff to have additional visual cues for residents at increased risk of falling.

The use of anti-psychotic medications is assessed for appropriateness. It is recommended that consideration be given to expand the relationship with and role of Geriatric Psychiatrists in this process if possible.

Priority Process: Decision Support

Health records are collected in electronic and paper based formats and systems. The organization's imminent implementation of a consolidated information system is supported to reduce the potential risks associated with the use of the current hybrid system of electronic and paper systems.

No process is in place at Salvation Army Glenbrook Lodge to evaluate record keeping practices. It is recommended that this be planned in collaboration with resident and family representatives.

Priority Process: Impact on Outcomes

The use of quality indicators to identify safety risks and improve care of service provision was consistently noted. This is commendable.

Standards Set: Medication Management (For Surveys in 2021) - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management	
4.3 The interdisciplinary committee reviews and updates the formulary at least every four years.	
18.3 Unit dose oral medications are kept in manufacturer or pharmacy packaging until they are administered.	!
23.1 There is a policy and procedure to ensure client self-administration of medication is safely managed.	!
23.2 Established criteria are used to determine which medications clients can self-administer.	
23.3 Established criteria are used to assess whether a client is able to self-administer medications.	
24.4 An independent double check of high-alert medications identified by the organization is conducted at the point of care before these medications are administered.	!
Surveyor comments on the priority process(es)	
Priority Process: Medication Management	

The Janeway Children's Health and Rehabilitation Centre and Her Majesty's Penitentiary were the two focus areas for this medication management tracer. An Interdisciplinary Regional Pharmacy and Therapeutics Committee oversees medication management practices at the organization. The committee works collaboratively with committees such as the Medication Safety Committee, Quality Committee, Policy Committee, and Antimicrobial Committee to develop, review and approve policies and procedures, medical directives, order sets, standards of practice, education, training, and adding or removing medications from the formulary.

A single health authority will help standardize pharmacy practices and committees across programs and regions in the province and an integrated health information system with one formulary. There are processes to request the addition or removal of medications from the formulary. However, except for the correctional services and antimicrobial, formularies are overdue for a review.

Since the last survey, the pharmacy at Janeway received NLPB certification for their new sterile hazardous and non-hazardous compounding suites. They also implemented Pyxis Automated Dispensing cabinets at all inpatient units and emergency departments. Janeway added two new pharmacy technician positions to support pharmacists and thus enhance quality and safety. Medical directives for using Glucagon, allergy management, anaphylaxis and naloxone have been developed and implemented since the last survey. The region is also commended for standardizing its infusion pumps (Alaris) with an updated drug library.

The completion of the Correctional Health Services' Formulary was a celebrated success to support standardization in prescribing medications across the Province. The Correctional Health Services team at Her Majesty's Penitentiary is highly commended for its commitment to medication management safety within the unique parameters of the Correctional Health Services setting. Despite the challenges in information and documentation systems, there is a comprehensive medication assessment, service planning, monitoring, and evaluation process. Clinical pharmacy is embedded in client service delivery and a true partner within the interdisciplinary team. The penitentiary's physical environment and infrastructure pose a risk to medication safety and administration. The team continues to adapt their practice within the limitations of the current space and working conditions.

Quarterly patient care area quality audits and medication reconciliation audits are performed by the pharmacy team (or contracted pharmacy team). Annual audits on the 'Do Not Use List of Abbreviations' are conducted. However, occasional use of Do Not Use Abbreviations is observed in medication order forms and health records.

Audits include monitoring of appropriate storage of Narcotics, highly concentrated electrolytes and select Heparin products. Staff can complete ROP exception forms to store these on-site and not be patient-specific. The team is encouraged to ensure all sites (including community sites) conduct the audits regularly and documented. They are also encouraged to ensure all teams receive quarterly quality updates and reviews at staff meetings.

Incident reporting is encouraged across the organization, and there is a good culture of reporting and reviewing incidents. Medication-related incidents trend is monitored and reviewed by the Pharmacy and Therapeutics Committee quarterly. Quality improvement opportunities are identified from incident reviews. The organization shared recent quality improvement initiatives related to incident reporting such as methadone incidents and de-prescribing. The organization is encouraged to formalize a polypharmacy program for identified client populations.

The organization is in the process of moving towards a single electronic medical record (EPIC) and they are encouraged to accelerate the work as the implementation of a Computerized physician order entry (CPOE) and fully integrated Automated Dispensing Cabinets, and electronic MARs would further support safe, quality patient care by reducing incomplete orders, reducing time spent by nurses clarifying orders, reducing overall costs, and increasing safety.

The pharmacy team is commended for their efforts to implement new automated dispensing cabinets, increase the number of pharmacy technicians, modernize the compounding area at Janeway, and development of a new formulary for Health Corrections.

Standards Set: Mental Health Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
3.14 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
15.4 Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
15.5 Quality improvement activities are designed and tested to meet objectives.	!
15.7 There is a process to regularly collect indicator data and track progress.	
15.8 Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
15.9 Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
15.10 Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
15.11 Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

The acute care division of Mental Health Services offers interdisciplinary assessment and intervention for acute mental health conditions. During this survey, a tracer was conducted at the Waterford Hospital and

Janeway child psychiatric unit. At Waterford, both the in-patient acute care and the in-patient geriatric psychiatric unit participated in the tracer. Mental health services are guided by the Mental Health Care and Treatment Act, which is rights-based legislation that provides for the mandated treatment, care and supervision of people living with severe and persistent mental illness in Newfoundland and Labrador.

Acute mental health services at Waterford Hospital are preparing to move to a brand-new mental health and addictions facility in 2025. The current facility has significant challenges in its infrastructure and space. The new facility was designed and developed with the input of clients, families, staff and stakeholders. A Client and Family Advisory Council (CFAC) was established in 2018. Clients and families are working in partnership with staff and leadership to design and deliver a person-centred care model.

Mental Health services are in the process of standardization of policies and processes across the province since the formation of a single provincial health authority.

Excellent partnerships are in place with numerous community services. Of note is the presence of schools within the Janeway J4D unit. Two teachers are on site, and all youth are engaged in school programs within the Janeway J4D unit. Teachers report the success of these services for many youths who were falling behind in school before admission, and when discharged, have succeeded in catching up and reintegrating into their community school. In addition, mental health services collaborate with many educational and research institutes such as Memorial University, secondary education, professional registration bodies, facilities, and non-profit organizations such as Alzheimer's Society.

An excellent document (Help available in your community) has been developed for youth admitted to the Janeway J4D unit, which outlines numerous community resources. The team has excellent resources such as nursing, psychiatry, social work, psychology and OT.

Priority Process: Competency

Staff receives access to orientation and training via LEARN, a learning management system. There are mandatory courses such as privacy, Gentle Persuasion Approach (GPA), Applied Suicide Intervention Skills Training (ASSIST), etc. Except for physicians, there is funding available for continuous education. Professional development days are available for all staff and managers, including long leave for education. The Janeway team suggests that the orientation process should include child and youth services to ensure it is pertinent to the work in this area. The team is aware of ethics and the issues often arising. The social worker on the team supports connections to the ethics committee as issues arise. It is suggested that the social worker continue to support the team in understanding the process of accessing ethics resources and guidance.

Policies and procedures are in place and well understood by all team members. There are restraint areas at Janeway and Westford which are rarely used. The processes for use of this room are available in hard copy in the area, and security is involved while it is used.

Unable to verify regular performance evaluation for all staff or its documentation. Performance reviews have not been completed for some time. The team leader reviews growth opportunities informally during regular supervisory meetings. It is recommended that performance evaluation is completed for all staff regularly and document growth opportunities.

Staff safety is a priority at the organization, and there is a psychological safety collective and an occupational health and safety representative at each program. Staff shortage does impact workload at times and staff appreciate the support of each other and managers. Team members are provided with de-escalation training, Crisis prevention and intervention training, U-first, code white training, etc. De-escalation and appropriate communication techniques are used as preventative measures. The organization is recommended to do regular tabletops and drills for all codes in addition to fire drills.

Priority Process: Episode of Care

Waterford is a secured acute care mental health facility with 24/7 care and support. There is a process to respond to inpatient service requests promptly and only restricted by bed availability. Clear intake criteria and intake orientation checklist help standardize the intake and orientation of all patients.

Currently, there are no wait times for acute psychiatry services. Medication reconciliation is completed immediately upon admission with the help of the patient, clinical pharmacist and nurses. Patients interviewed were happy with the staff, and they felt respected. They would like to have more activities during the weekend and more choices when it comes to their meals.

The inpatient geriatric psychiatric unit is an excellent model for geriatric patients with new onset symptoms to have a clinical diagnosis, treatment and appropriate transition to care.

All files reviewed confirmed excellent documentation and completeness. Occasional use of do not use abbreviations noted in health records.

Suicide risk is assessed at intake and routine intervals, and all clinical staff are trained to assess suicide risk. The space is safe, and activities are supervised at Janeway. Space is not ideal at the Waterford acute mental health facility where up to 6 patients are admitted in a large room with minimal privacy and increased IPAC and safety risks. Since the closure of the smoking area, there are concerns of patients smoking in their room in the washroom/rooms, which has a significant fire safety risk. It is recommended the organization revisit the closure of the safe smoking area or have alternative processes to prevent smoking in their rooms. There is some older equipment and could not verify its preventative maintenance status. Infusion pumps are rarely used at the Waterford facilities. Staff follow the required training to use infusion pumps. It is recommended that the program evaluate the need for infusion pumps at locations where it is used occasionally.

All care transitions are planned with the client and family. Further, access to community resources is planned with the client.

Priority Process: Decision Support

The program uses a mix of paper and EMR health records. The team does have access to the EMR for access to information as required. They use Meditech, Telus and paper records to maintain patient health records. Of note is the excellent multidisciplinary chronological charting that is in place. It is suggested that this approach be made known to the leaders planning the implementation of the new system-wide EMR. It will be important that the functionality of the EMR supports the work in child and adolescent inpatient mental health. There are clear policies for record management, release of records, and release to secondary parties.

Priority Process: Impact on Outcomes

The team is working with the client and family advisory committee to develop an acute care standard for Mental Health and addiction services. These standards are approved and waiting to be implemented. Working collaboratively with the Community Services department, the committee adopted best practices from Centre for Addiction and Mental Health (CAMH), Ontario Shores, and other agencies. The new standard recommends an integrated harm reduction team, the use of outcome indicators and integrated discharge planning.

The Operational Readiness and Orientation Committee identifies learning gaps for the program and the team is well represented in the committee.

This team monitors several indicators but would benefit from further support and education in understanding and implementing some priority quality activities. Most members of the team had heard about the quality board but were not aware of how these were being implemented. There is the opportunity to provide further support and place the quality board in client-accessible areas. This will encourage client engagement in identifying opportunities for improvement.

Standards Set: Point-of-Care Testing - Direct Service Provision

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

The organization has met all criteria for this priority process.

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

The Pathology and Laboratory Medicine services is responsible for the overall management of point of care testing services (POCT) for the organization. The team is very committed to quality and patient safety and is clearly well positioned to support a provincial approach to these services. Staff are working hard to support the development of a provincial POCT department.

It was noted by the team that the demand for POTC services has been expanding. Examples provided including expansion of these services in ambulatory care clinics and the addition of POCT devices with ambulance services.

MAny sites with in the Eastern Zones offer POCT testing services. Each of the Zones (urban and rural) have identified main centres.

The organization has it own central biomedical laboratory and does not need to contract any off-site service.

The team noted that orientation and training is provided to all health care staff who deliver POCT services. A POCT training policy (Lab 131 March 2021) is in place.

All SOPs are accessible electronically. In addition, hard copies are maintained. Given the potential of lack of access electronically, this is supported.

Informed consent processes are in place and in accordance with the overall consent policies of the organization.

Two person identifiers are always used for each POCT procedure.
PPE is consistently used by all staff.

The POCT team is very committed to quality. Numerous examples were provided. The overview provided by the team included quality indicators established in each site. Several completed projects were noted such as the setting up of the POCT artificial intelligent digital microscopy hematology analyzer and the provincial installation of radiometer ABL 90 Flex and Flex Plus arterial blood gases devices. Numerous ongoing projects were also shared with the peer surveyor.

This team is proud of many successes. Well done!

Standards Set: Primary Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

3.10 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
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3.12 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
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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

Primary Care, Eastern Zones, has created robust, highly functioning Family Care Teams. This has increased access to team based primary care for significant numbers of people in the rural and urban areas.

Teams are multi-disciplinary to meet the needs of the clients being served. Recruitment in some areas is more difficult, but overall this has not been an issue. Careful attention is paid to insure that staff have appropriate workloads. Worklife balance is important and managers are actively involved in assessing this for all of their staff members.

Excellent partnerships have been formed throughout the communities to provide wrap around services for the highly complex population being served.

Priority Process: Competency

Primary Care, Eastern Zones, has a multitude of educational opportunities, required and optional. Staff are encouraged to continuously seek out relevant educational offerings for professional growth. Some examples of education provided by the region include preventing and managing workplace violence, use of the EMR, hand hygiene practices, occupational health and safety practices, just culture training, etc.

Staff performance is evaluated inconsistently throughout the region. Informal feedback is often provided but not done in a formalized performance appraisal format at all facilities. The organization's intention to move to a formalized approach for performance appraisals is encouraged.

Job descriptions are in place for all staff and staff are working to their full scope of practice.

Recognition events for staff occur on a regular basis to celebrate their commitment to the exceptional work they do providing compassionate, quality care to the clients.

Priority Process: Episode of Care

Primary Care, Eastern Zones, provides timely access to the services offered as much as possible. The ability to access the services is tracked and changes made accordingly to improve such access. Comprehensive client information is gathered at the time of intake to determine the best mechanism and systems for the provision of care.

Primary care is provided by a diverse range of health care providers. These multidisciplinary teams work collaboratively to address the complex needs of diverse populations. They strive to improve population health outcomes and provide equitable access to all individuals. Care is provided in multiple ways - clinic visits, home visits, mobile van, on the street, homeless shelters, etc. This care is truly people centred as they meet the client where they are at, physically and metaphorically.

During this survey, numerous examples of service design adaptation based on client and family consultation (including community action groups) were noted. These improvements include standardized intake processes and an increase in virtual options. This is commendable and consistent with leading practice.

The primary care team (Family Care Team) works with other community agencies, as needed, to provide wrap around services for clients requiring multiple levels of assistance. This may include health, housing, financial needs.

If medication is prescribed reconciliation of the client's list of medications is completed by the team prior to the prescription being filled.

Diagnostic and laboratory tests may be ordered. If an abnormal result is found it is flagged and the provider contacts the individual as soon as possible and follow up measures are taken. Each client has an individualized care plan and documentation is kept on the client's file. Information on the client's physical and psychosocial assessments are included on the file. Notice of referrals are kept on the file allowing for follow-up as necessary.

The organization is recognized for the passionate, respected and knowledgeable individuals working in primary care in the Eastern Zones.

Priority Process: Decision Support

Primary Care, Eastern Zones, has two documentation systems. In Clarenville there is a hybrid model of paper based and electronic charting. In St. John's a fully functioning EMR is utilized for all charting. The hybrid model is less advantageous as there is the possibility of mistakes or missing information occurring on these client files. The organization is urged to continue with full implementation of the EMR at all sites.

Policies and procedures are in place for the appropriate use of the EMR. Access is restricted for staff based on their need to view or document on these files. Client information can be shared with multiple disciplines providing services to the client.

A complete record is kept for each client and they may have access to their information when requested.

Excellent work has been done creating a reliable, effective and user friendly EMR. It is noted that a new (EPIC) EMR system is being developed. It is recommended that the learnings from the creation of the primary care EMR be translated into this new system for the use of primary care practitioners.

Priority Process: Impact on Outcomes

Primary Care, Eastern Zones, consistently provides evidence-based care. The policies, procedures and processes have been written using this information as a framework.

Client and team safety are of utmost importance, consequently many strategies have been implemented to mitigate identified risks.

All client safety incidents are documented and disclosure occurs to the client, and family, if relevant.

Quality improvement activities and projects are abundant. The results and learnings are widely shared. If a pilot project is successful it is rolled out throughout the region.

Evaluation is a key component of informing the region's accomplishments of stated goals. A variety of means are used for formal/informal data collection - patient satisfaction surveys, team meetings, information collected in the EMR, access data.

Standards Set: Provincial Correctional Health Services Standards - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.2 The health care centre has sufficient space to ensure the safe delivery of medical, dental, and medication management services.	!
Priority Process: Competency	
3.10 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.11 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
Priority Process: Episode of Care	
6.4 Timely access to dental care is provided for clients.	!
Priority Process: Decision Support	

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes	
17.6 Records of on-site simulations of medical emergencies are practiced, analyzed and maintained at least annually.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Leadership and management continue to make progress in developing the governance structure with a dedicated Health and Justice Leadership subcommittee. The subcommittee is strategically placed under the Quality and Learning Health Systems portfolio of NLHS and is expected to launch this Summer. This will strengthen the transition planning and support the work of the team to continuously navigate Health and Justice regulations, standards, policies and procedures.

There is evidence management is actively engaged with the operational teams, and steadfast leadership in place to lead the team through the transition. Management is also seen as a clinical resource ally for staff. There appear to be strong partnerships and communication channels between Health and Corrections/ Justice, which is key in the delivery of health services for the inmate population.

Correctional Health Services are challenged with limited resources and appropriate physical space. This places barriers to providing quality health services in a correctional centre setting. However, the team makes every effort to be adaptable to serving the unique health needs of inmates within the current limitations.

Priority Process: Competency

The Correctional Health Services team is highly commended for its commitment to safety, particularly in medication management, within the unique parameters of the Correctional Health Services setting.

The team has made laudable progress in implementing the recommendations from the 2018 Simulated Accreditation Canada Survey in a short period, lending evidence to the dedication and commitment to the Program and clients. Along with transitioning medication administration from Corrections Officers, a dedicated pharmacy lead was hired to develop and implement the medication management system. The completion of the Correctional Health Services' Formulary was a celebrated success to support standardization in prescribing medications.

It is clearly evident that clinical pharmacy is embedded in client service delivery and a true partner within the interdisciplinary team. The pharmacist is highly visible and accessible for immediate consultation and intervention, as required. This is a key strength and leading best practice in the management of medications in Correctional Health Services settings.

The physical environment and infrastructure at Her Majesty's Penitentiary poses a risk to medication safety and administration. Nurses, particularly, took the initiative to pilot a lean management strategy that resulted in changes to medication pass routes. The team continues to adapt their practice within the limitations of the current space and working conditions. Staff are hopeful these issues will be addressed with the plans for a new building in the future.

Management and the Correction's Officers work well in ensuring the safety and security of staff in the delivery of health services.

Priority Process: Episode of Care

Correctional Health Services provides exceptional primary care and mental health and addictions services to the inmate population. There is strong evidence of skilled interdisciplinary collaboration and coordination of services with clients as partners in care, to the extent as possible.

Management work hard to maintain strong partnerships and collaboration with Correctional Officers. The team must constantly balance client-centered care with the need to ensure overall safety and security inherent in this setting, as well as the protocols and standards prescribed by the Justice system. There is a dedicated mechanism for care transitions through interdisciplinary, "release radar" planning meetings, to provide as much care and supports in the community to prevent recidivism.

Management and staff are applauded for their tireless commitment and hard work in moving forward with the transition of health services over the last couple of years. Achievements include:

- Treatment of hepatitis C (HCV) which has treated over 80+ inmates since its inception in July 2023
 - which was nominated for a provincial award
- Reduced wait times to access health staff
- Implementation of Opioid Dependency Treatment at 5 of the 6 sites
- Participation in the APPROACH study, a national initiative for STBBI testing
- Introduction of a provincial drug formulary
- Conversion of stimulant from short-acting to long-acting
- Transfer of medication management from Corrections and related change management associated with the role change
- Policy development, i.e., Life promotion and suicide prevention -a joint policy with Corrections and Justice
- Electronic documentation

The team is encouraged to continue to innovate to ensure access to key services, such as dental and optometry.

There is a holistic approach to client care with key expertise and supports onsite. The Mental Health team ensures a robust programming schedule for inmates, that is peer-led. The challenges continue to be resources to deliver high quality programming given physical space and restricted environments.

One client described their experience as feeling “dirty for years” and made them “feel clean again” after receiving health care services from the team.

Priority Process: Decision Support

Despite the challenges in information and documentation systems, there is a comprehensive medication assessment, service planning, monitoring, and evaluation process. The team is hopeful that with the implementation of EPIC, there will be improved communication and continuity of care.

Correctional Health Services is well-partnered with Corrections and Justice in the review of policies and procedures with the goal of implementing joint policies and standards across all sites in the Province.

Priority Process: Impact on Outcomes

Correctional Health Services continues to work on their quality improvement performance scorecard. Key metrics include tracking access and wait times, Hepatitis C treatment data, audit data, and occurrences. The team is encouraged to bring results regularly to team huddles to improve staff engagement in the quality improvement process and celebrate successes.

Leadership is engaged with their peers nationally in through the National Commission on Correctional Health Care.

Standards Set: Public Health Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

4.3 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
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Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Priority Process: Public Health

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Work and job design, roles and responsibilities, and assignments were very clear during all staff interactions. Staff were very clear on their roles in each of the six core programs. These are 1) communicable disease prevention and control, 2) population health assessment, surveillance and epidemiology, 3) growth and development in early years, 4) environmental public health, 5) health promotion and noncommunicable disease and injury prevention and, 6) health emergency management. A Provincial Public Health Framework in place (2022).

Planning in each of these areas is informed by population health assessment data as well as community input via the Regional Wellness Coalitions.

Priority Process: Competency

Required training and education is in place for all public health staff. Of note has been the development of ‘Clinical Corners’. These are learning sessions organized by the team on a broad range of issues as they arise. Staff have input in identifying learning needs and opportunities. Staff noted commitment and pride in this work. Well done.

Performance appraisal processes are in place. Staff are fully aware of the process and expressed appreciation for the opportunity to develop self learning and development goals. It was noted, as with many areas, that the COVID pandemic demands have slowed down the process of regular completion of these self appraisals. Many are however, in progress. The team is encouraged to continue to efforts in ensuring all self appraisals are completed.

This team demonstrated excellent knowledge of the various populations they serve. All client tracers confirmed sensitivity to equity, diversity and inclusion. All clients interviewed appreciated the respectful relationships that had with public health services.

The workload of each team member is assigned and reviewed. Surge capacity is addressed as issues arise. Staff note pride in their work and with the team approach and cohesion. For example, when one member experienced exceptional demand, others voluntarily stepped in to assist. Staff can also be reassigned to areas of need. Again, well done.

Priority Process: Impact on Outcomes

Client feedback is gathered routinely. During some client interviews, suggestions were offered for further improvement. These were:

1. Ensuring that the standardized assessment questionnaire (ASQ3) questions are gender neutral,
2. Reviewing the Depression Scale questionnaire to ensure the questions are understandable to diverse populations and,
3. Considering a more client centred approach in larger clinics for appointment scheduling. This could evolve to an online self scheduling approach.

This team shared their Population and Public Health Quality and Safety Improvement Plan Fiscal Years: 2018-19. Numerous indicators are in place and data are constantly monitored. Examples include immunization rates and CDC data. It is suggested that there is the opportunity to further formalize up to date quality plans informed by the emerging public health issues. This work is underway.

The new Quality and Learning Framework informed by the NLHS strategic plan can certainly assist in this regard. Further, several program evaluations have been completed and may assist in informing priority areas for QI. An example is the Healthy Beginnings Documentation Audit.

Priority Process: Public Health

Public Health is organized with the Eastern Rural and Eastern Urban Zones of NL Health Services. The population served is approximately 300,00 people, 70% of which reside in the urban zone.

A population health assessment is completed routinely and often updated every two years. A summary of this plan is also prepared and is very succinct and visual for public use. The most recent population health assessment was completed in 2022. Information for these population health assessments is collected from numerous sources. Internal, external and national data are accessed. Data sharing agreements are in place as appropriate. Further, the data is broken down into sub regions and in partnership with municipalities, can be broken down into neighbourhoods. This is very useful in identifying populations at higher risk of poor health outcomes and where health equity gaps exist.

There are 27 Public Health offices in the urban and rural eastern zones. The organization is commended for its approach to ensuring that some offices are co-located in neighbourhood-based community centres. Also noted is the commitment to coordinating services with other community resources especially for those with complex needs. Examples include linkages with local food banks, financial assistance, and housing. These demonstrate linkages with other sectors as well as excellent working partnerships.

Barriers to access are always considered by public health. An example is the large and everchanging newcomer populations. Appreciation for these considerations was expressed by several clients who were interviewed.

Population health data is shared broadly and is publicly available. Also, of note is the sharing of these data with the two Regional Wellness Coalitions. These coalitions are a network of numerous (450 between the two) community groups and agencies, organizations, local government and non-governmental agencies and others interested in promoting good health and wellness. The sharing of population health data assists in informing community development and capacity building strategies and activities. This sharing of data with the coalitions supports the development of population health improvement plans.

Surveillance data is constantly monitored. If issues arise, this information is shared with numerous relevant partners as appropriate.

The overall NLHS mission is Health and Well-Being, Every Person, Every Community. The public Health framework and six core programs are certainly in accordance with this mission.

Public Health Services are very accessible. The team is aware of those populations who may face barriers to accessing services. The integration of services with others in the community in some area certainly assists in addressing barriers to accessing services. Also of note is the staff's flexibility of their work hours to meet special needs of some groups.

Laboratory services are accessible to all public health services as required.

All discussions with staff noted excellent awareness of ethical issues as well as accessing ethic resources as situation arise.

A procedure is followed for issuing public health advisories and is in accordance with provincial and organizational directives as needed.

Certainly, the COVID pandemic experience is an excellent example.

Public Health has a large role in public health policy. A current example is the current provincial consideration of further smoking reduction strategies.

An environmental health manager is in place. The environmental health program has legislative responsibility for overseeing services responsible for protecting the health of the public by monitoring and addressing environmental factors. (e.g. water quality, food safety).

Numerous health promotion strategies are in place by this team. Of note is the development of the HI: Health Information website. This is a site where information on a wide range of health and wellness topics are posted. The program has ensured resources are allocated to maintaining this site with up-to-date information. Information is available on healthy living and life stages. The wellness coalitions information is also located on this site.

Embedded in health promotion is community development approaches that build capacity and empower the community. Staff noted that several have participated in the Tamarack training (2022). This commitment is commended.

Early childhood development is a key core program area. Immunization rates are excellent and are monitored regularly. Relationships with new mothers and the community at large have been maintained throughout and post, COVID.

Immunizations are provided to children in the clinics (preschool), in schools and in larger mass immunization clinics when the need arises. Vaccine depots are strategically located at some sites. Refrigerators are monitored to ensure the cold chain is in accordance with requirements.

Incident reporting occurs and is in adherence with the organization's policies and procedures. The team noted how they use results from incident investigations to improve quality and patient safety.

The organization is planning the implementation of a system EHR. Public health is engaged in this process. At the present time, there are several health recording systems in place throughout public health. Public health involvement is certainly supported.

Standards Set: Rehabilitation Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

3.11 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.



Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

11.8 There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.



Priority Process: Impact on Outcomes

15.10 Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The Dr L.A. Miller Center is the primary site for the provincial rehabilitation (rehab) program. The program offers in-patient, day hospital and out-patient services. In addition, they operate a pain and disability management centre. Regional rehab clinics operate in five other communities.

There are engaged interdisciplinary teams in the settings visited during this survey. The rehab team partners with all acute care facilities and community/primary care clinics in the province, as well as rehab specialty programs in other provinces. A variety of external agencies and partners provide support for rehab patients and families.

Operational priorities are in place and program leaders are investigating opportunities to improve geographical disparity, leverage expertise, and provide rehab care closer to home. Over time the program has restructured to best meet patient needs. Resources have shifted from an inpatient to day hospital/outpatient focus. Due to demand and volume, the team has identified challenges with the day hospital space. They are supported in their efforts to remediate this situation.

Recent changes have occurred in the composition of the care teams. The 'Project Nurse' initiative focused on ensuring all regulated staff are working to their full scope and introduced a nurse practitioner, health care assistants and rehabilitation aides onto the inpatient team.

Patient advisory council is in place, and has provided input into their knowledge translation fund recipients, and mission statement revisions as examples.

Priority Process: Competency

A knowledge translation fund has been established to promote learning and ensure the team has access to evidence-based practices. A train-the-trainer model is used to share this knowledge with the larger team. This has had a demonstrated positive impact on patient care and staff appreciate this support. Opportunities to provide staff education in the acute care setting to foster understand of the rehab program is supported.

Care planning and information sharing occurs in a variety of venues. There are weekly rounds held in both inpatient and at day hospital. Patients and families are included. Goal setting and discharge planning readiness are patient led. Staff handoffs, huddles, and waitlist reviews are well done.

Staff expressed a high level of workplace satisfaction.

Priority Process: Episode of Care

Services are patient centred and welcoming of families and natural supports. Patient assessments occur at intake and at regular intervals. A precision case management approach is used. The Functional Index Measure (FIM) prioritizes patient care needs and ensures they receive the right care in the right place along their care journey. The interRAI assessment tool is being considered for use in day hospital and this is supported.

Inpatient documentation is thorough and care plans are current. There is an opportunity to more clearly define day hospital documentation processes. Patient safety strategies are in place and well documented.

Patient oriented discharge summary (PODS) is an effective teach back process used to successfully prepare patients for inpatient discharge. Goal achievement is used to measure day hospital patient outcomes. Transition of service is carefully planned. Patients and families express satisfaction with services.

Priority Process: Decision Support

Patient charting processes are paper based. An electronic medical record is planned for the near future. In the meantime, the team is encouraged to evaluate the use of available computerized applications as they relate to current legislative requirements. Audit processes are resource intensive in this environment. Patient care documentation is thorough.

Priority Process: Impact on Outcomes

There are several quality initiatives ongoing in the program. The team is passionate about continuous learning and improvement. A scorecard has been introduced into the program to monitor key performance indicators. Utilization data is analyzed. Audits of key patient care processes have been completed. The team is encouraged to expand these activities. Patient experience feedback has been captured. The team is encouraged to more broadly share their quality journey with the care team, patients and others.

Standards Set: Substance Abuse and Problem Gambling - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
3.9 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
Priority Process: Episode of Care	
7.13 Clients and families are provided with information about their rights and responsibilities.	!
7.14 Clients are educated about their rights when they are required to seek treatment due to a judicial decision.	!
10.8 The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
15.4 Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
15.5 Quality improvement activities are designed and tested to meet objectives.	!
15.8 Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
15.10 Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
15.11 Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Surveyor comments on the priority process(es)	

Priority Process: Clinical Leadership

During the survey, tracers were conducted at the 19-bed inpatient Recovery Center and the outpatient opioid treatment facility. At the Recovery Center, clients receive withdrawal management for Alcohol, stimulants, and Opioids. It is a 'one of a kind' program with access to eligible clients in the province. Access is monitored for demand and appropriateness, and at present, there are no wait times. There is a well-defined criteria and standardized intake processes and tools. The facility is staffed by NPs, nurses, and social workers. They work collaboratively with other NL programs to expand services such as visiting community dietitians and social workers. They also work in partnership with Alcoholics Anonymous, and Narcotics Anonymous, Pastoral services (wellness program), and connecting with seniors. Maintenance of the property is a challenge given its age and staffing shortage at the property maintenance department. However, the facility looks clean, odour-free and well-lit.

The opioid treatment center offers walk-in and pre-scheduled appointments for rapid access to medication-assisted treatment along with peer support and counselling support. The program received additional funding to expand services to meet increased service demand. They work collaboratively with community partners such as Federal Halfway House, Gathering Place, SWAP, Thrive, Choice for Youth, and local schools. The in-patient withdrawal program works closely with 811, health system program managers, community partners, police, and mobile response teams to improve community awareness of the program, eligibility, and its objectives. However, the team identified the need for further outreach, education such as provincial campaigns, provider and family education on the model and eligibility to alleviate misconceptions and misinformation.

Given the limited resources/funding, the Recovery Centre does not have recreation or occupational therapists. However, they work with other programs, agencies/communities to improve activities. Currently, there is a cooking program three times a week and in the process of building a greenhouse and community garden for clients. This was an initiative originated and named ("From the ground up") by the clients.

Priority Process: Competency

Well-defined roles, responsibilities and scope of practice are in place for all positions. Competencies and credentials are verified at hiring, and a learning management system allows managers to track staff onboarding and continuous learning needs and their status. Even though both the programs have a high staff retention rate, they have challenges with health human resources, which is further impacted by internal transfers to other programs with sign-in bonuses. A new performance evaluation tool called "stay interviews" will be piloted among managers soon. Most staff are past due for their performance evaluations.

Staff appreciate the organization's recent efforts to recognize staff for their contributions. They also value scholarship programs for staff and tuition reimbursement for management staff. Staff and management noticed a decrease in professional development funds, and managers would like an additional budget for staff appreciation events at the team level.

Occupational health and safety training and education are part of onboarding. Occupational health and safety hazards and mechanisms such as occupational health representatives, mandatory education on de-escalation and codes, etc. are in place. The organization is recommended to do more tabletop exercises and codes (in addition to code red) annually.

Priority Process: Episode of Care

All clients are assessed for risk at intake and at regular intervals. With the use of standardized assessment tools or skills, staff assess clients for suicide risk, fall risk (MORSE), violence risk, allergies, etc. All nursing and social work staff must complete a mandatory ASIST program and regular refreshers. It is recommended that the intake process include sharing clients' rights along with their responsibilities and displaying client rights in service areas. Order sets are used for alcohol withdrawal and Nicotine replacement therapy. The best possible medication history and medication reconciliation is completed during intake in collaboration with clients. There is a full-time Pharmacist at the Opioid treatment center who supports all aspects of medication management, including medication reconciliation. There is a partnership with the local hospital pharmacy to order medications for clients and stock medications. The facility is encouraged to work with the pharmacy team to review their medication storage area to ensure standardization of medication management practices.

Clients are not allowed to leave the Recovery facility during treatment, and they are not allowed to have in-person visitors as per the limits of the confidentiality document. However, the facility develops and delivers family education series and collaborates with clients with lived experiences to better engage with clients and families.

Priority Process: Decision Support

Standardized information is collected during intake using intake and assessment forms. Using paper charts and CRMS, client records are maintained with ease of access. However, occasional use of do not use abbreviations identified in client records. Minimal Socio-Demographic Data is collected across mental health and substance use programs. It is recommended that the organization explore using Socio-demographic data and social determinants of health to design and deliver programs and services. During onboarding, staff receives privacy and confidentiality training and follows organizational policies and procedures while storing, retaining and destroying health information.

Priority Process: Impact on Outcomes

The team identifies and mitigates risks by working collaboratively with the interdisciplinary teams and using policies, procedures, and best practices. Patient safety incidents are reported using an incident reporting system and investigated before developing an action plan. Regular debriefing of incidents helps reduce similar events in the future. Patient safety incidents are disclosed to clients/families following the disclosure policy.

The organization is encouraged to formally evaluate programs and services and develop outcome indicators and other Key Performance Indicators to monitor trends. It is recommended that the team formalize their quality improvement initiatives and use performance indicators to help identify quality improvement initiatives.

Programs are encouraged to formalize service evaluation with the planning department and planning and advisory committee. They are also encouraged to formalize their quality improvement initiatives and use CRMS and other key performance indicator data to develop program-specific dashboards. They are reviewed quarterly to monitor trends and identify quality improvement opportunities.

Standards Set: Transfusion Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Transfusion Services

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Episode of Care

OLA rating

Priority Process: Transfusion Services

Many standards have been previously assessed by Accreditation Canada for Diagnostic Services. This Sequence 3 peer surveyor visit only assessed those standards which were not previously addressed.

This team demonstrated a solid understanding of quality and patient safety. Several quality initiatives are underway.

Of note is the team’s contribution in supporting the Health Sciences Centre in being recognized as a Choosing Wisely Canada Hospital. The team is proud that the transfusion lab undertook the Choosing Wisely audit program to reduce unnecessary red blood cell transfusions. Well Done.

Numerous unitization reports are monitored. The team is also committed to supporting ongoing standardization and within the new provincial structure.

Transfusion services are guided by the laboratory quality policies and procedures. The team is now engaged in a provincial committee which will further support the ongoing NL Health services transition. Well done and clearly a very committed team.

There is a provincial Transfusion Multidisciplinary Committee in place. This committee meets quarterly. The transfusion program director (hematologist) provides medical oversight and consults with the committee.

The organization has a policy in place to guide informed consent and client capacity to provide consent. This policy is adhered to by transfusion services.

Two person identifiers are used consistently for all patients receiving services from this program.

Operating guidelines are in place to quickly inform the appropriate team members of all signs or symptoms that may be associated with a transfusion-related adverse event. The team noted their continued goal to develop standardized policies and procedures with related training. This is supported. Also of note is the presence of hard copy policies and guidelines which can also be accessed electronically.

Transfusion services are not provided in the home. Any home transfusion services are self administered.

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 20 business days.

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

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

Action Planning

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

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

Priority processes associated with service excellence standards

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

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