



ACCREDITATION CANADA



Driving Quality Health Services

Accreditation Report

Prepared for:
Sioux Lookout Meno Ya Win Health Centre

Sioux Lookout, ON

On-site Survey Dates:
October 3, 2010 - October 7, 2010

October 21, 2010



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Accreditation Report

About this Report

The results of this accreditation survey are documented in the attached report, which was prepared by Accreditation Canada at the request of Sioux Lookout Meno Ya Win Health Centre.

This report is based on information obtained from the organization. Accreditation Canada relies on the accuracy of this information to conduct the survey and to prepare the report. The contents of this report is subject to review by Accreditation Canada. Any alteration of this report would compromise the integrity of the accreditation process and is strictly prohibited.

Confidentiality

This Report is confidential and is provided by Accreditation Canada to Sioux Lookout Meno Ya Win Health Centre only. Accreditation Canada does not release the Report to any other parties.

In the interests of transparency, Accreditation Canada encourages the dissemination of the information in this Report to staff, board members, clients, the community, and other stakeholders.

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About the Accreditation Report

The accreditation report describes the findings of the organization's accreditation survey. It is Accreditation Canada's intention that the comments and identified areas for improvement in this report will support the organization to continue to improve quality of care and services it provides to its clients and community.

Legend

A number of symbols are used throughout the report. Please refer to the legend below for a description of these symbols.

-  Items marked with a GREEN flag reflect areas that have not been flagged for improvements. Evidence of action taken is not required for these areas.
-  Items marked with a YELLOW flag indicate areas where some improvement is required. The team is required to submit evidence of action taken for each item with a yellow flag.
-  Items marked with a RED flag indicate areas where substantial improvement is required. The team is required to submit evidence of action taken for each item with a red flag.
-  Leading Practices are noteworthy practices carried out by the organization and tied to the standards. Whereas strengths are recognized for what they contribute to the organization, leading practices are notable for what they could contribute to the field.
-  Items marked with an arrow indicate a high risk criterion.

Surveyor's Commentary

The organization has developed many partnerships which assist in achieving its goals. The fact that it has reached the point where it is moving into a brand new state of the art hospital speaks to its hard work, negotiating skills, and ability to demonstrate need and quality service delivery.

In the area of accreditation and quality improvement, it is important that the organization continue the momentum that has once again been developed in anticipation of the survey visit. The quality journey is not a cycle but an on-going process and we encourage the teams to continue meeting to implement the quality improvements identified.

Continue building relationships with the northern communities that the hospital services. This helps to ensure that the needs are being identified and met.

Communication is occurring but cannot be measured at this point. In order to ensure that the resources being spent are achieving the goals of the comprehensive communication plan, the organization is encouraged to find methods to measure impact of its message in the various forms.

The biggest challenge the organization will face is adjusting its processes to the new facility.

Organization's Commentary

The following comments were provided to Accreditation Canada post survey.

The report generated from Sioux Lookout Meno Ya Win Health Centre's (SLMHC) on-site accreditation survey (October 3 - 7, 2010) is an effective tool that will help to guide and reinforce the organization's Continuous Quality Improvement efforts. Overall, the report accurately depicts the strengths and successes of SLMHC, as well as identifying current challenges and areas of improvement (many of which pertain to physical space issues due to operating from aged facilities). The inclusive nature of the Qmentum accreditation process, which involves a variety of people from all facets of the organization, has not only facilitated the creation of an accurate report, but has also helped to cultivate a climate of quality improvement throughout SLMHC that will endure beyond the on-site survey.

SLMHC is encouraged that its commitment to patient care and high compliance rate to Accreditation Canada standards has been recognized and outlined in the report. Areas of improvement identified within the report will help SLMHC to focus and prioritize its quality improvement initiatives, including the further implementation of its quality-risk management plans, analysis of resource allocation opportunities and decisions, improvements to medication management processes, and the development and utilization of additional indicators that will effectively monitor and evaluate key activities. Also, SLMHC will continue to work towards acquiring additional resources that will enhance patient services, notably mammography and CT equipment. SLMHC will continue to build on its strengths, address areas of improvement, and overcome many challenges as we move into the brand new, state of the art facility in November, 2010.

Overview by Quality Dimension

The following table provides an overview of the organization's results by quality dimension. The first column lists the quality dimensions used. The second, third and fourth columns indicate the number of criteria rated as met, unmet or not applicable. The final column lists the total number of criteria for each quality dimension.

Quality Dimension	Met	Unmet	N/A	Total
Population Focus (Working with communities to anticipate and meet needs)	60	0	0	60
Accessibility (Providing timely and equitable services)	91	0	1	92
Safety (Keeping people safe)	422	5	22	449
Worklife (Supporting wellness in the work environment)	120	1	0	121
Client-centred Services (Putting clients and families first)	120	1	1	122
Continuity of Services (Experiencing coordinated and seamless services)	46	0	0	46
Effectiveness (Doing the right thing to achieve the best possible results)	551	10	3	564
Efficiency (Making the best use of resources)	55	4	0	59
Total	1465	21	27	1513

Overview by Standard Section

The following table provides an overview of the organization by standard section. The first column lists the standard section used. The second, third and fourth columns indicate the number of criteria rated as met, unmet or not applicable. The final column lists the total number of criteria for that standard section.

Standard Section	Met	Unmet	N/A	Total
Sustainable Governance	90	0	1	91
Effective Organization	101	2	1	104
Infection Prevention and Control	102	1	0	103
Ambulatory Care Services	113	1	6	120
Diagnostic Imaging Services	103	1	0	104
Emergency Department Services	101	1	3	105
Long Term Care Services	119	0	0	119
Managing Medications	126	7	2	135
Medicine Services	104	0	0	104
Mental Health Services	97	0	12	109
Obstetrics/Perinatal Care Services	118	1	0	119
Operating Rooms	97	3	1	101
Reprocessing and Sterilization of Reusable Medical Devices	95	1	1	97
Surgical Care Services	99	3	0	102
Total	1465	21	27	1513

Overview by Required Organizational Practices (ROPs)

Based on the accreditation review, the table highlights each ROP that requires attention and its location in the standards.

All Required Organizational Practices (ROPs) have been met by the organization. There is no follow-up required.

Detailed Accreditation Results

System-Wide Processes and Infrastructure

This part of the report speaks to the processes and infrastructure needed to support service delivery. In the regional context, this part of the report also highlights the consistency of the implementation and coordination of these processes across the entire system. Some specific areas that are evaluated include: integrated quality management, planning and service design, resource allocation, and communication across the organization.

Findings

Following the survey, once the organization has the opportunity to address the unresolved criteria and provide evidence of action taken, the results will be updated to show that they have been addressed.

Planning and Service Design

Developing and implementing the infrastructure, programs and service to meet the needs of the community and populations served.

Surveyor Comments

The slogan, mission, vision and values are printed in every newsletter which are available on line as well as in paper copy in many locations, including the airport, local businesses and services. They are reflected in the strategic plan that is in place for 2010 - 2012, and will be reviewed again at the upcoming strategic planning exercise to take them into 2013 and beyond.

There is a strategic plan (2010-2012) in place which is used and monitored for results.

Information is gathered from various sources for use in planning, and the governing body and leadership seek ways to continue to reach its stakeholders and meet their service needs.

Many partnerships have been developed and work is taking place jointly in many of the services. There is a community approach to service delivery.

The organization is encouraged to continue to develop its risk management framework and monitor for results.

The ethics research committee and the ethics working group are in place and provide assistance to all departments and organizations under the Meno Ya Win health services. Continue to work on the ethics framework so it meets the needs of the departments.

No Unmet Criteria for this Priority Process.

Resource Management

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

Surveyor Comments

The organization is sitting with a surplus which indicates good budgeting practices.

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Monthly reporting including variances and forecasts by department heads keeps the organization on track financially. The organization is encouraged to move forward with its intention to include analysis of resources to ensure they are used efficiently and effectively to meet the mission of the organization.

The table below indicates the specific criteria that require attention, based on the accreditation review.

Criteria	Location	Priority for Action
Effective Organization		
The organization’s leaders regularly assess the impact of resource allocation decisions.	9.4	
The reports on financial performance include an analysis of the utilization of resources and opportunities to improve the efficient use of resources.	9.8	↑

Human Capital

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

Surveyor Comments

Diverse backgrounds on the governing body provide a community vision.

The bylaws were recently reviewed and draft policies exist. The governing body is encouraged to finalize these policies and review as necessary to ensure they are achieving what was intended. There is an orientation process, and sign off on the expectations of them as a board member including the requirement to declare conflict. Continuing regular evaluation of the boards functioning will be helpful to their further development.

Regular performance reviews are now being done and the organization is encouraged to ensure this continues to ensure staff receives the recognition for good work and that a professional development plan can be implemented yearly.

The governing body and leadership are working with the results of the work life pulse tool to increase staff satisfaction.

Annual meetings are held, translated and broadcast to the northern bands. It was indicated that through the use of hand held devices there were real time questions and answers to some stakeholders in the audience. Continue to look at ways to expand that interaction.

No Unmet Criteria for this Priority Process.

Integrated Quality Management

Continuous, proactive and systematic process to understand, manage and communicate quality from a system-wide perspective to achieve goals and objectives.

Surveyor Comments

Expand the development of performance measures. Determine what is appropriate to measure outside of the mandatory reporting.

The organization is encouraged to update the risk assessment once they are in the new facility.

Continue to communicate results to everyone in the organization, finding ways to ensure all are being reached so all are aware of the good work being done and the progress being made.

No Unmet Criteria for this Priority Process.

Principle Based Care and Decision Making

Identifying and decision making regarding ethical dilemmas and problems.

Surveyor Comments

The values statement has recently been updated and the mission, vision and values guide all decisions of the organization.

There are beautiful posters displaying the mission, vision and values throughout the organization and it is printed on all newsletters monthly as well as being available in pocket card form. The organization did an excellent job of communicating these to staff and stakeholders.

The organization has an active ethics review committee which handles research issues.

There is an ethics working group that is moving forward with educating staff through use of the newsletters (ethics corner) and involving staff in discussions and education around ethics and their role.

No Unmet Criteria for this Priority Process.

Communication

Communication among various layers of the organization, and with external stakeholders.

Surveyor Comments

Board members act as a conduit for communication of community concerns and praise.

Knowledge of the various communities' needs assists in responding to their interests and demands for service where resources exist.

There is a comprehensive communication plan in place. Monitoring of the outcomes is encouraged.

There is a strong component of consultation and collaboration to meet the needs of the stakeholders.

Communication is done in various languages and through various mechanisms to reach the wide spread and diverse communities.

Information systems are being looked at to move the organization to an electronic record to enhance sharing and access by all staff.

No Unmet Criteria for this Priority Process.

Physical Environment

Providing appropriate and safe structures and facilities to successfully carry out the mission, vision, and goals.

Surveyor Comments

The physical environment has its challenges but these are managed to the best of the organization's ability. Rooms have been cleared to store items out of halls where possible.

When renovations were done to move the emergency room, all precautions were put in place.

The new facility has been designed as efficiently as possible to save resources and minimize the impact on the environment.

No Unmet Criteria for this Priority Process.

Emergency Preparedness

Dealing with emergencies and other aspects of public safety.

Surveyor Comments

It is suggested to practice each code in a regular routine so staff becomes comfortable with all the processes. Mock drills are held related to fire and documented. There is a partnership with the community to practice emergencies within the town and surrounding area.

Continue with the development of the training plans and communication methods/materials to ensure staff is aware of processes in the new facility. This is well on its way with a new staff lead in place.

No Unmet Criteria for this Priority Process.

Patient Flow

Smooth and timely movement of clients and their families through appropriate service and care settings.

Surveyor Comments

The issue of accessing CT testing can be a challenge since it is not available on site. However Dryden, just over one hour driving time, has the service and can be accessed as needed. The team is able to access emergent CT in a reasonable time but elective procedures can at times be delayed. Weather can be a challenge especially in the winter. The hospital is looking for support to develop its own CT program and in light of the 28 communities that it supports, the program should be supported and implemented as soon as possible.

When needed, there are a variety of mechanisms to support off site diagnostics including the emergency staff and the utilization / discharge planner.

The hospital has an agreement with Thunder Bay to repatriate patients within 24 hours, and even in high volume situations, has been generally compliant with this agreement. This response is compatible with the hospital's ability to surge when needed.

The table below indicates the specific criteria that require attention, based on the accreditation review.

Criteria	Location	Priority for Action
Operating Rooms		
The operating room team contacts clients or follow-up service providers to help evaluate the effectiveness of the procedure and the post-surgical transition, and makes improvements to its services as appropriate.	11.5	↑

Medical Devices and Equipment

Machinery and technologies designed to aid in the diagnosis and treatment of healthcare problems.

Surveyor Comments

There has been an ongoing program to upgrade the medical beds. Each year a number of new beds are purchased and old beds are retired. This program is to be continued after the move into the new hospital.

The preventive maintenance program is well developed and supported by external agencies and specially trained in house staff. It is fully documented and available in various locations. It was seen on the Obstetrics floor and in the CPD area as examples.

The organization has recently changed its primary disinfectant and standardized its use across the organization.

The organization is very focused on the separation of dirty and clean. There were separate rooms and locations for dirty material and use of designated boxes, carts and transport vans to separate dirty from clean. The use of a clean VAN and a dirty VAN to shuttle between sites was noted.

The organization is current and has recently adapted changes to its endoscopy cleaning process to allow one staff member to follow the scope through the entire cleaning process.

The organization is very aware about avoiding flash sterilization and it occurs rarely and never on a planned basis.

The CPD area is locked and only a limited number of people are able to access either the decontamination or the sterilization areas. The present layout gives clear separation. The new site will allow for easier separation and adequate space but it was noted that there is only one elevator between the OR and the CPD area. Special flow patterns will need to be established to avoid confusion between clean and dirty.

The organization is exploring a process where some single use products can be adequately cleaned and reused. The organization is recommended to get external guidance such as the University Health Network in Toronto on the advisability of this initiative.

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The team is monitoring a number of indicators such as compliance with the endoscopy cleaning process and the number of ripped packages during transport. The data shows very good compliance with the objectives.

The table below indicates the specific criteria that require attention, based on the accreditation review.

Criteria	Location	Priority for Action
Reprocessing and Sterilization of Reusable Medical Devices		
The organization regulates the air quality, ventilation, temperature, and relative humidity, and lighting in decontamination, reprocessing, and storage areas.		3.5

Direct Service Provision

This part of the report provides information on the delivery of high quality, safe services. Some specific areas that are evaluated include: the episode of care, medication management, infection control, and medical devices and equipment.

Findings

Following the survey, once the organization has the opportunity to address the unresolved criteria and provide evidence of action taken, the results will be updated to show that they have been addressed.

Ambulatory Care Services

Clinical Leadership

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

Surveyor Comments

The ambulatory clinic has pulled together a number of services that are delivered on an out patient basis. The chemotherapy programs runs as a Level 4 site under the direction of an oncologist in Thunder Bay. The pre chemo and primary review allows the staff to understand the issues of the patient and the plan of action. Then the therapy can be given locally and prevent travel to the larger centers. The use of Telemedicine is very helpful and allows the oncologist to interact with the client.

The preventive stroke program is triggered primarily after a TIA and/or CVA and is intended to provide secondary prevention with life style alterations and compliance with medication plans. The staff try to help motivate and supervise the patient's compliance with the program. It was interesting to note that they are now getting referrals from primary prevention in patients with known coronary disease or diabetes.

Chronic Disease Management and Smoking Cessations are new initiatives and developed around the patient control model that is reinforced with education, encouragement and eventually empowerment.

The Day Medicine program allows for transfusions, phlebotomies and skilled wound care. The latter is provided by a specially trained nurse working under a number of medical directives. There is a very good relationship with the CCAC and the northern nursing clinics to ensure consistency of management.

The diagnostic wing has been fully developed by expanding the skills of the staff. This has grown to include ECG, PFT, cardiac stress testing, Holters and Loops. By using a blend of external consultants and in house MD support, it has allowed the organization to have a very full range of out patient diagnostics. It is interesting to hear of the education support that the team provides to augment the chronic disease management model.

The team is also involved in the assessment and support for women and children of sexual or domestic abuse. The service is available 24/7 to support the forensic side of the assessment and to provide the emotional and physical support to help patients and families cope on the short term and long term. Of note is the use of the social worker to help families support the victims and provide some support directly for victims. It was noted with interest the willingness to find alternative venues for some patients such as using the horse stable for young men.

Finally, the organization has a very active Telemedicine service that is fully connected with the 28 Northern communities and a variety of consultants in the larger centers.

The organization is hoping to grow its network of visiting consultants either directly or via Telemedicine. The team is encouraged to continue to expand this capability. The Northern Ontario School of Medicine should be approached to try to work with them. The goal is that staff of the medical school should have a commitment to out reach as part of their university obligation.

The team is aware of existing needs but has been willing to adapt and expand as needs change. The addition of a smoking cessation program, a primary and secondary stroke prevention program, the potential development of asthma and COPD clinics are all reflections of knowing and adapting to the client's needs.

Strong leadership is noted due to the ability to blend the various functions under ambulatory care.

No Unmet Criteria for this Priority Process.

Competency

Developing a highly competent interdisciplinary team with the knowledge, skills and abilities to develop, manage, and deliver effective and efficient programs, services, and care.

Surveyor Comments

See comments under Clinical Leadership.

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The table below indicates the specific criteria that require attention, based on the accreditation review.

Criteria	Location	Priority for Action
The organization provides sufficient workspace to support interdisciplinary team functioning and interaction.	3.5	

Episode of Care

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

Surveyor Comments

The reality of patients coming from 28 communities, that mostly require flights, will trigger a number of missed appointments. The department is very flexible in accomodating this reality. They move appointments up and back as needed and will usually find a way to accomodate each patient.

No Unmet Criteria for this Priority Process.

Decision Support

Information, research and evidence, data, and technologies that support and facilitate management and clinical decision-making.

Surveyor Comments

See comments under Clinical Leadership.

No Unmet Criteria for this Priority Process.

Impact on Outcomes

The identification and monitoring of process and outcome measures to evaluate and improve the quality of services to clients and the impact on client outcomes.

Surveyor Comments

see comments under clinical leadership

No Unmet Criteria for this Priority Process.

Diagnostic Imaging Services

Impact on Outcomes

The identification and monitoring of process and outcome measures to evaluate and improve the quality of services to clients and the impact on client outcomes.

Surveyor Comments

No specific concerns were identified.

No Unmet Criteria for this Priority Process.

Diagnostic Services - Diagnostic Imaging

Availability of diagnostic imaging to provide health care practitioners with information about the presence, severity, and causes of health problems, and the procedures and processes used by these services.

Surveyor Comments

The program has evolved to meet the changing needs of its clients and the referring physicians. The addition of the PACS system has allowed for a more accurate process and collection of data without the total reliance on xray films. Due to financial resources, the ability to extend the service to all the northern community has been delayed but should still be supported.

The life long committment of the radiologist is noted and especially his involmnet in developing an outreach service and the training of basic radiology workers to support the service in the northern communities.

The ability to use the talents of a core of xray radiology technicians and ultrasonographers is noted. The 24/7 capability is also noted and the ability to provide Echocardiology evaluations.

The department is well down the road to obtaining CT and mammography services and this program expansion should be supported and implemented on the short term. It is hoped that the addition of the CT will not impact negatively on the 24/7 capability of the ultra sound service.

The department provides a variety of patient information in various languages and is very aware of ensuring patient understanding. They will access the interpretor service if needed.

Both the radiologist and the various technicians take full advantage of continuous medical education opportunities, either on line or externally.

Signage appears adequate and especially in areas where the patient or family could be exposed to radiation unnecessarily.

The table below indicates the specific criteria that require attention, based on the accreditation review.

Criteria	Location	Priority for Action
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The team has separate areas for administration.	4.1	
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Emergency Department Services

Clinical Leadership

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

Surveyor Comments

The department is very committed to the delivery of service. Upcoming changes to the MD staffing pattern and the continuation of a policy of having at least 2 RNs on site will strenghten the department's and the hospital's committment to service. The change of MD staffing will help get beyond the separation of Town and Regional patients and treat each equally.

The teaching role of the facility is impressive and reinforced in the ER.

Strong leadership was noted.

The table below indicates the specific criteria that require attention, based on the accreditation review.

Criteria	Location	Priority for Action
The team has the workspace needed to deliver effective services in the Emergency Department.		2.8

Competency

Developing a highly competent interdisciplinary team with the knowledge, skills and abilities to develop, manage, and deliver effective and efficient programs, services, and care.

Surveyor Comments

The orientation program is excellent but should be extended to ensure the new locum MDs are included in this process.

No Unmet Criteria for this Priority Process.

Episode of Care

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

Surveyor Comments

The ER has undergone a reorganization about four years prior with the moving to the acute hospital site and collecting all the ER functions into one wing of the 5th street site. There is a process that allows the patient to be seen initially at the admitting area and then funnels into the ER reception site and then quickly to triage. The admitting staff has the option of calling the RN directly if they are concerned about the status of the patient. Once the patient reaches the ER reception site the patient is identified by the ward clerk and returned to the waiting room. Again, the ward clerk has the option of calling the RN if they are concerned about the status of the patient. The time from entering the ER to seeing the triage nurse is well within provincial standards. The triage area is large and adequately equipped. This allows the RN to take a good history, adequately document the CTAS score and collect a best medication history. Then, depending on circumstances, the RN can trigger a number of therapies or diagnostics consistent with the medical directives.

There are potentially 7 sites for the patient to be placed to allow the MD to see the patient. Often a medical student or resident may see the patient and trigger further testing or therapies. The MD will review the work of the students and see the patient and provide further interactions.

There is a unique staffing mix with one MD to cover the Northern patients and one MD to cover the Town patients. The Northern MD is also responsible to support the various communities to the north and the various nursing clinics. This staffing pattern is about to change to one doctor for 12 hour patterns and each see all the patients that arrive that shift. It is hoped that this new system will allow for the MDs to focus on ER call and not have dual or triple responsibilities and also to allow for patients to be seen more in sequence rather than the availability of their MD.

There are a variety of services available to support the ER such as LAB and DI. If necessary other diagnostics such as CT can be obtained in Dryden. Transfer of more complex patients can be arranged with Thunder Bay or Winnipeg.

The EMS offload response times are very good and generally the EMS staff is available to help. However at times, the EMS staff does not always give the ER a heads up prior to arrival and will only offload within the department. There may be value of having the ER and EMS meet on a more frequent basis to discuss and improve relations. This will be of more importance as the ER moves to the new hospital.

The RNs have a medical directive that allows them to assess the pain status of the patient using a pain scale and have the option of using Tylenol #3, Toradol or some narcotics. This is supported by a medical directive and helps the patient while waiting for the MD or other diagnostics.

No Unmet Criteria for this Priority Process.

Decision Support

Information, research and evidence, data, and technologies that support and facilitate management and clinical decision-making.

Surveyor Comments

The responsibility of being an outreach program for the Northern Ontario School of Medicine has helped the organization maintain its currency. This is reflected in the guidelines and standardization as it pertains to the delivery of service.

No Unmet Criteria for this Priority Process.

Impact on Outcomes

The identification and monitoring of process and outcome measures to evaluate and improve the quality of services to clients and the impact on client outcomes.

Surveyor Comments

When needed, the ER will rely on the support of the OPP to provide security such as patient or crowd management to help protect staff, clients and other visitors.

No Unmet Criteria for this Priority Process.

Infection Prevention and Control

Infection Prevention and Control

Measures practiced by healthcare personnel in healthcare facilities to decrease transmission and acquisition of infectious agents.

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Surveyor Comments

The community has a very high rate (6%) of community acquired MRSA and is very vigilant in screening all admitted patients and flagging any known community patients. There are detailed processes in place to control access to these patients to minimize spread of the MRSA organism.

Other ARO are monitored and responded to appropriately.

The C. Difficile rate is a potential challenge and made worse with the challenges with safe community drinking water. Collectively the infectious agents and their control is very high on the duties of the infection prevention and control team. The leadership of this program is very strong, very experienced and supported with strong ties to various teaching organizations and other peer hospitals.

Hand hygiene data suggests good compliance and alcohol gel dispensers are frequent and apparent. Staff use was noted informally to be high.

The hospital has established an Outbreak Management Team that involves the Chief of Staff, the Infection Prevention and Control staff and senior management in determining the steps to be taken to manage an outbreak. Once the decision has been made, the Infection Prevention and Control staff is allowed to do their job with senior management and MD support while the political and communication issues remain with senior management. The MDs are informed and encouraged to comply by the Chief of Staff. This is an impressive process.

Compliance with the influenza vaccine is very high and reflective of a persuasive Infection Prevention and Control staff. This is well supported by staff.

A visit to the present kitchen shows the creativity of working in small spaces. Meals are provided three times a day and include up to 150 residents of the Northern Community Hostel. The new site is most impressive. Staff were appropriately dressed and very focused on creating a clean environment.

The table below indicates the specific criteria that require attention, based on the accreditation review.

Criteria	Location	Priority for Action
The organization maintains a dedicated bank of neurosurgical and ortho-spine devices.	12.14	↑

Long Term Care Services

Clinical Leadership

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

Surveyor Comments

Awareness of community and sensitivity to the needs of the population served is evident.

No Unmet Criteria for this Priority Process.

Competency

Developing a highly competent interdisciplinary team with the knowledge, skills and abilities to develop, manage, and deliver effective and efficient programs, services, and care.

Surveyor Comments

Performance appraisals are being done on a regular basis. Training is being developed to ensure staff are kept current with skills. Staff are rewarded with attendance at conferences of interest as available.

The organization reviewed its staffing and developed a new position of a team lead on staff daily. This person can assist new employees and students in their day to day tasks.

No Unmet Criteria for this Priority Process.

Episode of Care

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

Surveyor Comments

The organization is encouraged to ensure that the various information systems it is running are tested and one is determined for use to ensure that staff are using their time efficiently and effectively on charting. The resulting data is useful for planning.

It is suggested the organization monitor its wait list of 5 years and monitor what occurs with those that are removed from the list.

There are regular reviews of clients and each review is thoroughly documented.

The local pharmacy comes in to review medications on a routine basis with staff and provide feedback.

Culturally sensitive services and activities are provided which are appreciated by the clients.

Family contact can be sporadic and the team is encouraged to continue to find ways to access family members and involve them in visits either face to face or with the video conference system.

The team is very sensitive to clients' last wishes and advocates for them on their behalf as necessary.

Due to the low turnover in clients, the organization is encouraged to do routine reviews of admission and discharge planning.

No Unmet Criteria for this Priority Process.

Decision Support

Information, research and evidence, data, and technologies that support and facilitate management and clinical decision-making.

Surveyor Comments

Since the last accreditation visit, the organization now has a separate room for charts and charting.

New systems that are required by the Ministry of Health and Long-Term Care are being used along side others to ensure best use of time and best documentation is achieved.

No Unmet Criteria for this Priority Process.

Impact on Outcomes

The identification and monitoring of process and outcome measures to evaluate and improve the quality of services to clients and the impact on client outcomes.

Surveyor Comments

Ways to improve are sought by the team to ensure service delivery is of a high quality.

No Unmet Criteria for this Priority Process.

Managing Medications

Medication Management

Interdisciplinary provision of medication to clients.

Surveyor Comments

The pharmacy has an efficient process in place to safely deliver medication. The appropriate policies are in place to ensure compliance with the standards. The challenge of supporting more than one physical site has been recognized and addressed with the mobility of the pharmacy technicians. The team has put in place adequate redundancies to accommodate the reality on one pharmacist with the use of night cupboards and telepharmacy when necessary.

The team has a good system in place for medication reconciliation that involves the nurses, the pharmacist and later the MD at the front end and the MDs at the discharge stage. The RN is responsible for trying to obtain a best possible medication history that will include OTC meds. Then the next morning the patient's outpatient pharmacy will provide a list of recent prescriptions and this list and the best possible medication history is reviewed in comparison with the MD's new medication order sheet. Any discrepancies are identified and shared with the MD. If the MD wishes, he or she will add or change on the medication order form.

On discharge, the MD will review the best possible medication history and indicate if they are to be continued or discontinued and add any new medications. This sheet is signed and will function as a discharge prescription. This is kept on the chart and faxed to the retail pharmacy. This process is guided by a detailed policy.

The medication reconciliation is designed to apply to all admitted patients. Compliance is monitored and is improving especially on the discharge side.

The team is looking forward to the move and are ready to move into IV admixtures and unit dosing once they are comfortable with the new site. The equipment is now purchased to support both and they are motivated to fully implement.

The hospital should be commended for moving pharmacy out of the basement in the new centre.

The table below indicates the specific criteria that require attention, based on the accreditation review.

Criteria	Location	Priority for Action
Medications for client service areas are stored in labelled, unit dose packaging.	7.4	↑
Unit dose oral medications remain in the manufacturer's or pharmacy's packaging until they are administered.	7.5	↑
The organization provides quiet work areas where medication orders are written, transcribed, and entered into computer systems.	10.12	
The pharmacy uses an externally-vented biohazard hood for cytotoxic products.	12.5	↑
The pharmacy dispenses medications using a unit dose packaging system.	13.3	↑
The organization educates and supervises clients who self-administer medications.	17.2	
The policy for self-administration of medications includes documenting in the client record that the medication was taken by the client, and when.	17.3	

Medicine Services

Clinical Leadership

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

Surveyor Comments

The organization is aware of the population needs and service delivery is designed to be sensitive to them.

Having the emergency room moved to the 5th avenue location assisted in service delivery, and indicates the thought put into services and how they are delivered with a patient centred focus.

No Unmet Criteria for this Priority Process.

Competency

Developing a highly competent interdisciplinary team with the knowledge, skills and abilities to develop, manage, and deliver effective and efficient programs, services, and care.

Surveyor Comments

The organization is encouraged to continue to find ways to recognize team members for their contributions.

Excellent training and access to processes that are used infrequently is being developed by the professional practice leader. This is a great initiative.

No Unmet Criteria for this Priority Process.

Episode of Care

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

Surveyor Comments

Medication reconciliation has been an area of focus with lots of work being done. Monitoring for improvements is ongoing.

Families are involved and cultural requirements are addressed.

An excellent handbook with information on safety, hand hygiene etc. is provided to families and patients.

Traditional medicines are reviewed and accommodated when deemed safe with no interactions. Documentation and tracking of these medicines may be helpful in future program design.

Transition at end of service can be a complicated situation due to the patient's living environment at home and the team is sometimes challenged as to the best way to handle various situations. They are encouraged to document any unusual situations that present themselves at discharge or in the home community so it is on record.

No Unmet Criteria for this Priority Process.

Decision Support

Information, research and evidence, data, and technologies that support and facilitate management and clinical decision-making.

Surveyor Comments

Records are in paper format and the organization will be working towards electronic records in the new facility.

No Unmet Criteria for this Priority Process.

Impact on Outcomes

The identification and monitoring of process and outcome measures to evaluate and improve the quality of services to clients and the impact on client outcomes.

Surveyor Comments

There are some excellent initiatives planned in the new facility around the introduction of bar coding to assist in eliminating errors.

No Unmet Criteria for this Priority Process.

Mental Health Services

Clinical Leadership

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

Surveyor Comments

There is good information gathering about the community. Excellent partnerships and new innovative programs are developed to meet the needs of the population. This team services mental health and addictions clients through client focused service delivery.

No Unmet Criteria for this Priority Process.

Competency

Developing a highly competent interdisciplinary team with the knowledge, skills and abilities to develop, manage, and deliver effective and efficient programs, services, and care.

Surveyor Comments

Skill development is encouraged and training is set up to educate staff in withdrawal management for the new program.

No Unmet Criteria for this Priority Process.

Episode of Care

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

Surveyor Comments

Barriers are identified and removed wherever possible through thinking outside the box and bringing the service to the client as opposed to the client coming to them.

No Unmet Criteria for this Priority Process.

Decision Support

Information, research and evidence, data, and technologies that support and facilitate management and clinical decision-making.

Surveyor Comments

An excellent paperless record system exists.

No Unmet Criteria for this Priority Process.

Impact on Outcomes

The identification and monitoring of process and outcome measures to evaluate and improve the quality of services to clients and the impact on client outcomes.

Surveyor Comments

They are leaders in their initiatives and are encouraged to publish their programming and results as examples for others.

No Unmet Criteria for this Priority Process.

Obstetrics/Perinatal Care Services

Clinical Leadership

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

Surveyor Comments

The obstetrical service has had to adapt to the unique flavour of its two client groups ie: in town and northern communities. The in town patients are followed by the local GP obstetricians while the Northern patients are followed in the nurse clinics in the small communities. Around 32 to 36 weeks, the patient information for the Northern patients are sent and reviewed by a committee of obstetrician staff and some or all of the GP obstetricians. This allows for an up to date patient information data base and specific advice that may return to the nurse clinics. Then at 38 weeks the Northern patients come to Sioux Lookout and are seen at the prenatal clinic twice weekly until delivery.

The unit has three labour and delivery rooms and then 4 post partum beds for about 350 deliveries each year. The needs of the client as it pertains to family support, analgesia and baby support are accomodated during their stay. At the time of discharge, there is an excellent package of information in an attractive tote bag that helps the clients. It is prepared specifically for a First Nation patient.

Follow up is arranged through the local MDs or the nurse community clinics.

The team is very patient focused on many social and medical issues unique to First Nation patients that may interfere with the above process and the process has to be adapted to the patient's need. This may include language, extended families, exposure to physical and sexual abuse, alcohol withdrawal or narcotic use as all have potential impacts on a successful outcome.

There is strong leadership.

The table below indicates the specific criteria that require attention, based on the accreditation review.

Criteria	Location	Priority for Action
The team keeps a record of each use of flash sterilization, and documents it in its files.	12.9	↑

Competency

Developing a highly competent interdisciplinary team with the knowledge, skills and abilities to develop, manage, and deliver effective and efficient programs, services, and care.

Surveyor Comments

See comments under Clinical Leadership.

No Unmet Criteria for this Priority Process.

Episode of Care

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

Surveyor Comments

There is a mobile ultrasound service that visits the 28 northern communities on a 2 to 4 month basis and this allows for most women to have two obstetrical ultrasounds that will allow for better dating and better planning later in pregnancy.

No Unmet Criteria for this Priority Process.

Decision Support

Information, research and evidence, data, and technologies that support and facilitate management and clinical decision-making.

Surveyor Comments

See previous comments.

No Unmet Criteria for this Priority Process.

Impact on Outcomes

The identification and monitoring of process and outcome measures to evaluate and improve the quality of services to clients and the impact on client outcomes.

Surveyor Comments

See previous comments.

No Unmet Criteria for this Priority Process.

Surgical Procedures

Delivery of safe surgical care to clients, from preparation and the actual procedure in the operating room, to the post-recovery area and discharge.

Surveyor Comments

The centralization of OR services to one site appears to be working well. The program has developed a very focused pre operative clinic that allows for appropriate screening of clients and the ability to modify the OR booking schedule according to patient factors such as anemia and availability. The pre op clinic staff have a strong understanding of the nature of the procedure, the unique factors such as distance, isolation and support networks in determining how to proceed. This process is well supported by the anesthetic staff when necessary.

The patient undergoes a detailed evaluation process in the day surgery area that includes the appropriate identifiers, verification of consent and understanding of the procedure and ensures that the patient is ready. When entering the OR suite, the program has created a patient centric process for the surgical checklist and later the surgical pause. All the participants including the surgeon are present for both the checklist and the pause to ensure the collective compliance with the process.

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After the procedure, the patient is returned to the PACU and a detailed process is followed to ensure a full and hopefully an uneventful recovery. After objective scoring has been obtained, the patient returns to the surgical unit or the day surgery unit. Again a scoring system is used prior to discharge but also a detailed sharing of information and advice on the post operative stage is provided. The information is provided orally and supported with written material.

The team has been following three performance indicators. Compliance with the check list, wait times for surgical procedures and medication reconciliation at the time of the pre operative assessment. The team has shown a very high degree of compliance and improvement in all three areas over the last few months.

The team has developed a number of formal post op order sheets for a variety of procedures but what was most interesting was an algorithm on the back of the sheets to help advise the nursing staff on implementing the various orders.

The present physical space is very small but effectively organized. The new physical site will allow for almost 50% increase in usable space and this should help with the delivery of the service.

There is strong leadership.

The table below indicates the specific criteria that require attention, based on the accreditation review.

Criteria	Location	Priority for Action
Operating Rooms		
The team sets performance goals and objectives and measures their achievement.	14.4	
The team benchmarks or compares its results with other similar interventions, programs, or organizations.	14.5	↑
Surgical Care Services		
The team works together to develop goals and objectives.	2.1	
The team’s goals and objectives for its surgical care services are measurable and specific.	2.2	
Following transition or end of service, the team contacts clients, families, or referral organizations or teams to evaluate the effectiveness of the transition, and uses this information to improve its transition and end of service planning.	11.6	↑

Performance Measure Results

The following section provides an overview of the performance measures collected for the entire organization. These measures consist of both instrument and indicator results, which are valuable components of evaluation and quality improvement.

Instrument Results

The instruments are questionnaires completed by a representative sample of clients, staff, leadership and/or other key stakeholders that provide important insight into critical aspects of the organization's services. The following tables summarize the organization's results and highlight each item that requires attention. Results are presented in three main areas: governance functioning, patient safety culture and worklife.

Accreditation Report

Patient Safety Culture Survey

















The patient safety culture survey results provide valuable insight into staff perceptions of patient safety, as well as an indication of areas of strength, areas of improvement, and a mechanism to monitor changes within the organization.

Summary of Results

Number of survey respondents = 168 respondents













A. Patient Safety: Activities to avoid, prevent, or correct adverse outcomes which may result from the delivery of health care	% Disagree	% Neutral	% Agree	Priority for Action
	Organization	Organization	Organization	
1 Patient safety decisions are made at the proper level by the most qualified people	9	15	76	
2 Good communication flow exists up the chain of command regarding patient safety issues	21	21	58	⚠
3 Reporting a patient safety problem will result in negative repercussions for the person reporting it	64	17	19	⚠
4 Senior management has a clear picture of the risk associated with patient care	23	27	50	⚠
5 My unit takes the time to identify and assess risks to patients	7	11	82	
6 My unit does a good job managing risks to ensure patient safety	8	9	83	
7 Senior management provides a climate that promotes patient safety	16	23	62	⚠
8 Asking for help is a sign of incompetence	86	7	7	
9 If I make a mistake that has significant consequences and nobody notices, I do not tell anyone about it	93	2	4	
10 I am sure that if I report an incident to our reporting system, it will not be used against me	22	23	55	⚠
11 I am less effective at work when I am fatigued	10	12	78	
12 Senior management considers patient safety when program changes are discussed	14	33	53	⚠
13 Personal problems can adversely affect my performance	29	15	56	⚠
14 I will suffer negative consequences if I report a patient safety problem	76	16	8	

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15	If I report a patient safety incident, I know that management will act on it	13	27	59	
16	I am rewarded for taking quick action to identify a serious mistake	40	38	22	
17	Loss of experienced personnel has negatively affected my ability to provide high quality patient care	34	21	45	
18	I have enough time to complete patient care tasks safely	13	27	60	
19	I am not sure about the value of completing incident reports	60	14	26	
20	In the last year, I have witnessed a co-worker do something that appeared to me to be unsafe for the patient in order to save time	43	20	37	
21	I am provided with adequate resources (personnel, budget, and equipment) to provide safe patient care	31	30	39	
22	I have made significant errors in my work that I attribute to my own fatigue	77	11	11	
23	I believe that health care error constitutes a real and significant risk to the patients that we treat	9	14	77	
24	I believe health care errors often go unreported	14	24	62	
25	My organization effectively balances the need for patient safety and the need for productivity	18	30	52	
26	I work in an environment where patient safety is a high priority	11	19	69	
27	Staff are given feedback about changes put into place based on incident reports	37	30	33	
28	Individuals involved in patient safety incidents have a quick and easy way to report what happened	12	22	66	
29	My supervisor/manager says a good word when he/she sees a job done according to established patient safety procedures	31	23	46	
30	My supervisor/manager seriously considers staff suggestions for improving patient safety	21	26	53	
31	Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it means taking shortcuts	62	21	17	
32	My supervisor/manager overlooks patient safety problems that happen over and over	61	19	20	

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33	On this unit, when an incident occurs, we think about it carefully	9	23	69	
34	On this unit, when people make mistakes, they ask others about how they could have prevented it	17	28	55	
35	On this unit, after an incident has occurred, we think about how it came about and how to prevent the same mistake in the future	9	17	73	
36	On this unit, when an incident occurs, we analyze it thoroughly	17	30	53	
37	On this unit, it is difficult to discuss errors	55	23	22	
38	On this unit, after an incident has occurred, we think long and hard about how to correct it	17	27	56	
B. These questions are about your perceptions of overall patient safety		% Good/Excellent	% Acceptable	% Poor/Failing	Priority for Action
		Organization	Organization	Organization	
39	Please give your unit an overall grade on patient safety	65	30	5	
40	Please give the organization an overall grade on patient safety	52	36	12	
C. These questions are about what happens after a Major Event		% Disagree	% Neutral	% Agree	Priority for Action
		Organization	Organization	Organization	
41	Individuals involved in major events contribute to the understanding and analysis of the event and the generation of possible solutions	9	25	66	
42	A formal process for disclosure of major events to patients/families is followed and this process includes support mechanisms for patients, family, and care/service providers	14	30	56	
43	Discussion around major events focuses mainly on system-related issues, rather than focusing on the individual(s) most responsible for the event	18	34	47	
44	The patient and family are invited to be directly involved in the entire process of understanding: what happened following a major event and generating solutions for reducing re-occurrence of similar events	17	37	46	

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45 Things that are learned from major events are communicated to staff on our unit using more than one method (e.g. communication book, in-services, unit rounds, emails) and / or at several times so all staff hear about it	25	24	51	
46 Changes are made to reduce re-occurrence of major events	9	25	66	

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Accreditation Report

Worklife Pulse





The concept of ‘quality of worklife’ is central to Accreditation Canada’s accreditation program. The Pulse Survey enables health service organizations to monitor key worklife areas. The survey takes the ‘pulse’ of quality of worklife, providing a quick and high level snapshot of key work environment factors, individual outcomes, and organizational outcomes. Organizations can then use the findings to identify strengths and gaps in their work environments, engage stakeholders in discussions of opportunities for improvement, plan interventions to improve the quality of worklife, and develop a clearer understanding of how quality of worklife influences the organization’s capacity to meet its strategic goals.

Summary of Results



Number of survey respondents = 172 respondents

How would you rate your work environment	% Disagree	% Neutral	% Agree	Priority for Action
	Organization	Organization	Organization	
1 I am satisfied with communications in this organization.	40	26	35	
2 I am satisfied with communications in my work area.	28	17	55	
3 I am satisfied with my supervisor.	24	24	52	
4 I am satisfied with the amount of control I have over my job activities.	23	18	59	
5 I am clear about what is expected of me to do my job.	16	13	71	
6 I am satisfied with my involvement in decision making processes in this organization.	31	27	42	
7 I have enough time to do my job adequately.	23	20	58	
8 I feel that I can trust this organization.	35	29	35	
9 This organization supports my learning and development.	24	23	52	
10 My work environment is safe.	13	20	67	
11 My job allows me to balance my work and family/personal life.	13	19	67	

QMENTUM PROGRAM

Individual Outcomes	% Not Stressful	% A bit Stressful	% Quite or Extremely Stressful	Priority for Action
	Organization	Organization	Organization	
12 In the past 12 months, would you say that most days at work were...	22	43	35	
	% Very Good/ Excellent	% Good	% Fair/ Poor	Priority for Action
	Organization	Organization	Organization	
13 In general, would you say your health is...	55	41	5	
14 In general, would you say your mental health is...	58	35	7	
15 In general, would you say your physical health is...	47	42	11	
	% Very Satisfied	% Somewhat Satisfied	% Not Satisfied	Priority for Action
	Organization	Organization	Organization	
16 How satisfied are you with your job?	83	13	4	
	% < 10	% 10 - 15	% > 15	Priority for Action
	Organization	Organization	Organization	
17 In the past 12 months, how many days were you away from work because of your own illness or injury? (counting each full or partial day as 1 day)	83	8	10	
18 During the past 12 months, how many days did you work despite an illness or injury because you felt you had to (counting each full or partial day as 1 day)?	84	8	8	
	% Never/ Rarely	% Sometimes	% Often/ Always	Priority for Action
	Organization	Organization	Organization	
19 How often do you feel you can do your best quality work in your job?	3	20	77	

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	% Disagree	% Neutral	% Agree	Priority for Action
	Organization	Organization	Organization	
20 Overall, I am satisfied with this organization.	23	32	45	
21 Working conditions in my area contribute to patient safety.	13	26	62	

Indicator Results

Indicators collect data related to important aspects of patient safety and quality care. The tables in this section show the indicator data that has been submitted by the organization.

Medication Reconciliation at Admission

Transition points in the care continuum are particularly prone to risk, and the communication of medication information has been identified as a priority area for improving the safety of healthcare service delivery. This performance measure will provide a practical guide for organizations as medication reconciliation is conducted more widely throughout the organization.

Medication Reconciliation at Admission				
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission
RED	Sioux Lookout Meno Ya Win Health Centre	Medicine (Medicine Services)	01/01/2010 31/03/2010	38
RED	Sioux Lookout Meno Ya Win Health Centre	Medicine (Medicine Services)	01/04/2010 30/06/2010	35
GREEN	Sioux Lookout Meno Ya Win Health Centre	Mental Health (Mental Health Services)	01/01/2010 31/03/2010	100
GREEN	Sioux Lookout Meno Ya Win Health Centre	Mental Health (Mental Health Services)	01/04/2010 30/06/2010	100
RED	Sioux Lookout Meno Ya Win Health Centre	Surgery (Surgical Care Services)	01/04/2010 30/06/2010	74
GREEN	Sioux Lookout Meno Ya Win Health Centre	Surgery (Surgical Care Services)	01/07/2010 30/09/2010	97

Threshold for Flags

RED: < 75/100
 YELLOW: >= 75/100 AND < 90/100
 GREEN: >= 90/100

Accreditation Report

Surgical Site Infection

Post-surgical infection rate is a key outcome measure that reflects process interventions.

The thresholds for this performance indicator are currently in development. Performance ratings will be provided when the thresholds are finalized.

Surgical Site Infection: Post-Surgical Infection - C-Section				
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% post-surgical infections
	Sioux Lookout Meno Ya Win Health Centre	Infection Prevention & Control (Infection Prevention and Control)	01/01/2010 31/03/2010	0
	Sioux Lookout Meno Ya Win Health Centre	Infection Prevention & Control (Infection Prevention and Control)	01/04/2010 30/06/2010	0

Surgical Site Infection

Timeliness of administering antibiotic prophylaxis is a universal process measure applicable to many surgical procedures and with widely recognized benefits in reducing post-surgical infections in selected high risk procedures.

Surgical Site Infection: Prophylactic Antibiotics - C-Section				
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% timely administrations of antibiotics
GREEN	Sioux Lookout Meno Ya Win Health Centre	Infection Prevention & Control (Infection Prevention and Control)	01/01/2010 31/03/2010	100
GREEN	Sioux Lookout Meno Ya Win Health Centre	Infection Prevention & Control (Infection Prevention and Control)	01/04/2010 30/06/2010	100

Threshold for Flags

- RED: < 80/100
- YELLOW: >= 80/100 AND < 90/100
- GREEN: >= 90/100

Accreditation Report

Health Care Associated Infection Rates

Health care associated C. difficile and MRSA infections represent a significant risk to the individuals receiving care and are a substantial resource burden to organizations and the health care system. Measuring infection control performance measures has the additional benefit of informing and shaping the staff's view of safety. Evidence suggests that as staff become more aware of infection control rates and the evidence related to infection control there is a change in behaviour to reduce the perceived risk.

Health Care-Associated MRSA & C. difficile - C. difficile				
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 10,000 patient days
GREEN	Sioux Lookout Meno Ya Win Health Centre	Infection Prevention & Control (Infection Prevention and Control)	01/01/2010 31/03/2010	15
GREEN	Sioux Lookout Meno Ya Win Health Centre	Infection Prevention & Control (Infection Prevention and Control)	01/04/2010 30/06/2010	0

Threshold for Flags

RED: > 80/10,000
 YELLOW: <= 80/10,000 AND > 60/10,000
 GREEN: <= 60/10,000

Health Care-Associated MRSA & C. difficile - MRSA				
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 10,000 patient days
GREEN	Sioux Lookout Meno Ya Win Health Centre	Infection Prevention & Control (Infection Prevention and Control)	01/01/2010 31/03/2010	3.8
GREEN	Sioux Lookout Meno Ya Win Health Centre	Infection Prevention & Control (Infection Prevention and Control)	01/04/2010 30/06/2010	0

Threshold for Flags

RED: > 80/10,000
 YELLOW: <= 80/10,000 AND > 60/10,000
 GREEN: <= 60/10,000

Next Steps

Congratulations! You have just completed your Qmentum on-site survey visit. Please note the following check list items that you need to attend to in the coming days and months.

- We ask that you review this report within the next five days for errors in titles of names of services. This will help ensure the report and our records are accurate. Once you have reviewed, please send your requested changes to your Accreditation Specialist.

- In 10 business days, a letter outlining your accreditation decision and requirements will be e-mailed to your Chief Executive Officer. If revisions to the report were required, a copy of a revised report will be sent along with that letter.

Appendix A - Accreditation Decision Guidelines

Quality improvement continues to be a key principle of Accreditation Canada's Qmentum program. Accreditation Canada's standards assess the quality of services provided by an organization and are constructed around eight dimensions of quality:

1. Population focus
2. Accessibility
3. Safety
4. Worklife
5. Client-centred services
6. Continuity of services
7. Effectiveness
8. Efficiency

Each standard criterion is related to a quality dimension. Organizations participating in Accreditation Canada's Qmentum program are eligible for the recognition awards: Accreditation; Accreditation with Condition (Report and/or Focused Visit) and Non-accreditation.

Under the Qmentum accreditation program, Accreditation Canada High Priority Criteria and Required Organization Practices (ROPs) are the two main factors that are considered in determining the appropriate recognition award.

Accreditation Canada High Priority Criteria

Accreditation Canada identifies high priority criteria by their alignment with several key areas:

- Quality Improvement
- Safety
- Risk
- Ethics

Required Organization Practices (ROPs)

A Required Organizational Practice is defined as an essential practice that organizations must have in place to enhance patient/client safety and minimize risk. It is a specific requirement for healthcare organizations in the accreditation program.

Based on the above, the three accreditation decisions for 2010 Qmentum surveys are:

Option 1: Accreditation

An organization is eligible for full accreditation (with a resurvey in three years) if all of the following criteria are met:

- (a) 90% or more of high priority criteria met per standard section, AND
- (b) Compliance with all of the Required Organizational Practices, AND
- (c) Compliance with collection of all the performance measures,

If the organization is a CSSS, participating in the Joint Program with Conseil québécois d'agrément (CQA) and Accreditation Canada, the following additional criteria are required, which are specific CQA indicators relating to customer service and worklife:

- (d) Compliance with $\geq 66.6\%$ of Client Satisfaction Indicators AND
- (e) Compliance with $\geq 66.6\%$ of Employees Mobilization Indicators

Option 2: Accreditation with Condition: Report and/or Focused Visit

An organization will receive Accreditation with Condition: Report and/or Focused Visit if any of the following criteria is met:

- (a) More than 10% and less than 30% of high priority criteria unmet in any standard section,
OR
- (b) Non-compliance with any one of the Required Organizational Practices
OR
- (c) Non-compliance with the collection of any one of the performance measures

If the organization is a CSSS, participating in the Joint Program with CQA and Accreditation Canada, the following addition criteria apply:

- (d) Compliance with less than 66.6% of Client Satisfaction Indicators,
OR
- (e) Compliance with less than 66.6% of Employees Mobilization Indicators

The condition, i.e. submission of a report or focused visit; and timeframe, i.e. 6 months or 12 months; is based upon the nature of the recommendations. If the organization is a CSSS, and their compliance with the Client Satisfaction Indicators OR Employees Mobilization Indicators is less than 66.6%, they must conduct the survey(s) again within 18 months following the onsite visit as a condition of accreditation.

Organizations are required to submit follow-up reports as a condition of maintaining accreditation status. If a satisfactory report is not submitted within the required timeline, Accreditation Canada may grant a one-time extension of 6 months, based on surveyor input, proof of progress, and a plan to meet the conditions. Failure to comply with these requirements within the maximum allotted time extension will result in removal of accreditation status, at the discretion of Accreditation Canada.

For organizations that fail to complete a satisfactory focused visit within the required timeline, Accreditation Canada may grant a one-time extension of 6 months, based on surveyor input, proof of progress and a plan to meet the conditions. Failure to comply with these requirements within the maximum allotted time extension will result in removal of accreditation status, at the discretion of Accreditation Canada.

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Option 3: Non-accreditation

An organization will NOT be accredited if the following conditions exist:

(a) One or more ROPs not in place

AND

(b) 30% or more high priority criteria unmet in one or more standards sections

AND

(c) 20% or more criteria unmet overall for all standards applied to the organization

Should an organization wish to have their non-accreditation status reviewed within 6 months post survey, they are required to complete a focused visit within 5 months. Organizations that fail to complete a satisfactory focused visit within the required timeframe will maintain a non-accreditation status.

If the organization is a CSSS, and their compliance with the Client Satisfaction Indicators OR Employees Mobilization Indicators is less than 66.6%, they must conduct the survey(s) again within 18 months following the onsite visit as a condition of accreditation.