



**ACCREDITATION  
AGRÉMENT**  
CANADA  
Qmentum

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# Accreditation Report

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## **Southern Health-Santé Sud**

Southport, MB

On-site survey dates: May 14, 2023 - May 19, 2023

Report issued: July 6, 2023

## About the Accreditation Report

Southern Health-Santé Sud (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 May 2023. 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

Southern Health-Santé Sud (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

Southern Health-Santé Sud'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: May 14, 2023 to May 19, 2023**

- **Locations**

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

1. Altona Community Memorial Health Centre
2. Bethesda Place
3. Bethesda Regional Health Centre
4. Boundary Trails Health Centre
5. Boyne Lodge Personal Care Home
6. Carman Memorial Hospital
7. Centre de santé - Notre-Dame Health Centre
8. Centre médico-social De Salaberry District Health Centre
9. Douglas Campbell Lodge
10. Eastview Place
11. Emergency Response Services - Boundary Trails
12. Emergency Response Services - Morris
13. Emergency Response Services- Steinbach
14. Foyer Notre-Dame
15. Heritage Life Personal Care Home
16. Home Care - Steinbach
17. Hôpital Ste-Anne Hospital
18. Lions Prairie Manor
19. MacGregor Health Centre
20. Medical Clinic - St. Pierre
21. Menno Home for the Aged
22. Mental Health - Steinbach
23. Midwifery Services - Steinbach
24. Midwifery Services-Winkler

25. Morris General Hospital
26. Pathways- Winkler
27. Portage Collegiate Institute (PCI) Teen Clinic
28. Portage District General Hospital
29. Prairie View Lodge
30. Public Health-Healthy Living - St. Pierre
31. Public Health-Healthy Living - Steinbach 365 Reimer
32. Rapid Access to Addictions Medicine Clinic (RAAM)
33. Regional Office - La Broquerie
34. Repos Jolys
35. Rest Haven Care Home
36. Rock Lake Health District Hospital
37. Rock Lake Health District Personal Care Home
38. Salem Home Inc.
39. Tabor Home Inc.
40. Villa Youville Inc.
41. Vita & District Health Centre
42. Vita & District Personal Care Home

- **Standards**

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

***System-Wide Standards***

1. Governance
2. Infection Prevention and Control Standards
3. Leadership

***Population-specific Standards***

4. Population Health and Wellness

***Service Excellence Standards***

5. Ambulatory Care Services - Service Excellence Standards
6. Cancer Care - Service Excellence Standards
7. Community-Based Mental Health Services and Supports - Service Excellence Standards



8. Critical Care Services - Service Excellence Standards
9. Emergency Department - Service Excellence Standards
10. EMS and Interfacility Transport - Service Excellence Standards
11. Home Care Services - Service Excellence Standards
12. Inpatient Services - Service Excellence Standards
13. Long-Term Care Services - Service Excellence Standards
14. Medication Management (For Surveys in 2021) - Service Excellence Standards
15. Obstetrics Services - Service Excellence Standards
16. Perioperative Services and Invasive Procedures - Service Excellence Standards
17. Primary Care Services - Service Excellence Standards
18. Public Health Services - Service Excellence Standards
19. Rehabilitation Services - Service Excellence Standards
20. Reprocessing of Reusable Medical Devices - Service Excellence Standards
21. Substance Abuse and Problem Gambling - Service Excellence Standards









• **Instruments**

The organization administered:

1. Governance Functioning Tool (2016)
2. Client Experience Tool
3. Workforce Survey on Well-Being, Quality and Safety

## 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)	109	2	0	111
 Accessibility (Give me timely and equitable services)	132	9	0	141
 Safety (Keep me safe)	694	54	20	768
 Worklife (Take care of those who take care of me)	171	26	0	197
 Client-centred Services (Partner with me and my family in our care)	543	29	1	573
 Continuity (Coordinate my care across the continuum)	134	4	0	138
 Appropriateness (Do the right thing to achieve the best results)	981	80	14	1075
 Efficiency (Make the best use of resources)	78	6	0	84
<b>Total</b>	<b>2842</b>	<b>210</b>	<b>35</b>	<b>3087</b>

## Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	47 (94.0%)	3 (6.0%)	0	35 (97.2%)	1 (2.8%)	0	82 (95.3%)	4 (4.7%)	0
Leadership	49 (98.0%)	1 (2.0%)	0	91 (94.8%)	5 (5.2%)	0	140 (95.9%)	6 (4.1%)	0
Infection Prevention and Control Standards	38 (95.0%)	2 (5.0%)	0	30 (96.8%)	1 (3.2%)	0	68 (95.8%)	3 (4.2%)	0
Population Health and Wellness	4 (100.0%)	0 (0.0%)	0	35 (100.0%)	0 (0.0%)	0	39 (100.0%)	0 (0.0%)	0
Medication Management (For Surveys in 2021)	77 (80.2%)	19 (19.8%)	4	40 (83.3%)	8 (16.7%)	2	117 (81.3%)	27 (18.8%)	6
Ambulatory Care Services	41 (93.2%)	3 (6.8%)	3	69 (88.5%)	9 (11.5%)	0	110 (90.2%)	12 (9.8%)	3
Cancer Care	81 (100.0%)	0 (0.0%)	0	113 (99.1%)	1 (0.9%)	0	194 (99.5%)	1 (0.5%)	0
Community-Based Mental Health Services and Supports	42 (93.3%)	3 (6.7%)	0	81 (86.2%)	13 (13.8%)	0	123 (88.5%)	16 (11.5%)	0

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Critical Care Services	57 (96.6%)	2 (3.4%)	1	98 (95.1%)	5 (4.9%)	2	155 (95.7%)	7 (4.3%)	3
Emergency Department	64 (88.9%)	8 (11.1%)	0	96 (89.7%)	11 (10.3%)	0	160 (89.4%)	19 (10.6%)	0
EMS and Interfacility Transport	106 (94.6%)	6 (5.4%)	7	118 (98.3%)	2 (1.7%)	1	224 (96.6%)	8 (3.4%)	8
Home Care Services	44 (89.8%)	5 (10.2%)	0	70 (93.3%)	5 (6.7%)	1	114 (91.9%)	10 (8.1%)	1
Inpatient Services	38 (63.3%)	22 (36.7%)	0	66 (77.6%)	19 (22.4%)	0	104 (71.7%)	41 (28.3%)	0
Long-Term Care Services	52 (92.9%)	4 (7.1%)	0	92 (92.9%)	7 (7.1%)	0	144 (92.9%)	11 (7.1%)	0
Obstetrics Services	69 (97.2%)	2 (2.8%)	2	85 (97.7%)	2 (2.3%)	1	154 (97.5%)	4 (2.5%)	3
Perioperative Services and Invasive Procedures	106 (93.0%)	8 (7.0%)	1	106 (98.1%)	2 (1.9%)	1	212 (95.5%)	10 (4.5%)	2
Primary Care Services	55 (93.2%)	4 (6.8%)	0	90 (100.0%)	0 (0.0%)	1	145 (97.3%)	4 (2.7%)	1
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	39 (86.7%)	6 (13.3%)	0	74 (92.5%)	6 (7.5%)	0	113 (90.4%)	12 (9.6%)	0
Reprocessing of Reusable Medical Devices	83 (97.6%)	2 (2.4%)	3	38 (95.0%)	2 (5.0%)	0	121 (96.8%)	4 (3.2%)	3
Substance Abuse and Problem Gambling	44 (97.8%)	1 (2.2%)	1	81 (100.0%)	0 (0.0%)	1	125 (99.2%)	1 (0.8%)	2
<b>Total</b>	<b>1182 (92.1%)</b>	<b>102 (7.9%)</b>	<b>22</b>	<b>1577 (94.1%)</b>	<b>99 (5.9%)</b>	<b>10</b>	<b>2759 (93.2%)</b>	<b>201 (6.8%)</b>	<b>32</b>

\* Does not includes ROP (Required Organizational Practices)

## Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Safety Culture</b>			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership)	Met	1 of 1	2 of 2
<b>Patient Safety Goal Area: Communication</b>			
Client Identification (Ambulatory Care Services)	Met	1 of 1	0 of 0
Client Identification (Cancer Care)	Met	1 of 1	0 of 0
Client Identification (Critical Care Services)	Met	1 of 1	0 of 0
Client Identification (Emergency Department)	Met	1 of 1	0 of 0
Client Identification (EMS and Interfacility Transport)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Communication</b>			
Client Identification (Home Care Services)	Met	1 of 1	0 of 0
Client Identification (Inpatient Services)	Unmet	0 of 1	0 of 0
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Client Identification (Obstetrics Services)	Met	1 of 1	0 of 0
Client Identification (Perioperative Services and Invasive Procedures)	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
Information transfer at care transitions (Ambulatory Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Cancer Care)	Met	4 of 4	1 of 1
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1
Information transfer at care transitions (Critical Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Emergency Department)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Communication</b>			
Information transfer at care transitions (EMS and Interfacility Transport)	Met	4 of 4	1 of 1
Information transfer at care transitions (Home Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Inpatient 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 (Obstetrics Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	1 of 1
Information transfer at care transitions (Rehabilitation Services)	Unmet	4 of 4	0 of 1
Information transfer at care transitions (Substance Abuse and Problem Gambling)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership)	Met	3 of 3	2 of 2
Medication reconciliation at care transitions (Ambulatory Care Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Cancer Care)	Unmet	4 of 5	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Communication</b>			
Medication reconciliation at care transitions (Community-Based Mental Health Services and Supports)	Met	3 of 3	1 of 1
Medication reconciliation at care transitions (Critical Care Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Emergency Department)	Met	1 of 1	0 of 0
Medication reconciliation at care transitions (Home Care Services)	Met	3 of 3	1 of 1
Medication reconciliation at care transitions (Inpatient 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 (Obstetrics Services)	Unmet	0 of 4	0 of 0
Medication reconciliation at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Rehabilitation Services)	Unmet	3 of 4	0 of 0



Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Communication</b>			
Safe Surgery Checklist (Obstetrics Services)	Met	3 of 3	2 of 2
Safe Surgery Checklist (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
The “Do Not Use” list of abbreviations (Medication Management (For Surveys in 2021))	Unmet	4 of 4	2 of 3
<b>Patient Safety Goal Area: Medication Use</b>			
Antimicrobial Stewardship (Medication Management (For Surveys in 2021))	Unmet	2 of 4	0 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 (EMS and Interfacility Transport)	Met	5 of 5	3 of 3
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 (Cancer Care)	Met	4 of 4	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Medication Use</b>			
Infusion Pumps Training (Critical Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Emergency Department)	Met	4 of 4	2 of 2
Infusion Pumps Training (EMS and Interfacility Transport)	Met	4 of 4	2 of 2
Infusion Pumps Training (Inpatient Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Obstetrics Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Perioperative Services and Invasive Procedures)	Met	4 of 4	2 of 2
Infusion Pumps Training (Rehabilitation Services)	Met	4 of 4	2 of 2
Narcotics Safety (EMS and Interfacility Transport)	Met	3 of 3	0 of 0
Narcotics Safety (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
<b>Patient Safety Goal Area: Worklife/Workforce</b>			
Client Flow (Leadership)	Met	7 of 7	1 of 1
Patient safety plan (Leadership)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Worklife/Workforce</b>			
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
<b>Patient Safety Goal Area: Infection Control</b>			
Hand-Hygiene Compliance (EMS and Interfacility Transport)	Met	1 of 1	2 of 2
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (EMS and Interfacility Transport)	Met	1 of 1	0 of 0
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 (EMS and Interfacility Transport)	Met	1 of 1	1 of 1
<b>Patient Safety Goal Area: Risk Assessment</b>			
Falls Prevention Strategy (Cancer Care)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Critical Care Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Inpatient Services)	Unmet	2 of 2	0 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Risk Assessment</b>			
Falls Prevention Strategy (Long-Term Care Services)	Met	5 of 5	1 of 1
Falls Prevention Strategy (Obstetrics Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Perioperative Services and Invasive Procedures)	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
Pressure Ulcer Prevention (Critical Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Inpatient 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 (Perioperative Services and Invasive Procedures)	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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Risk Assessment</b>			
Suicide Prevention (Emergency Department)	Unmet	2 of 5	0 of 0
Suicide Prevention (Long-Term Care Services)	Met	5 of 5	0 of 0
Suicide Prevention (Substance Abuse and Problem Gambling)	Met	5 of 5	0 of 0
Venous Thromboembolism Prophylaxis (Critical Care Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Inpatient Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2

## Summary of Surveyor Team Observations

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

Southern Health-Santé Sud is to be commended for continuing their Accreditation Journey. During the survey the team rated 22 Priority Processes in 42 sites across the region.

The organization has a ten-member Board of Directors (board) that is highly engaged, was well prepared and note their primary reason to exist is to serve the community of Southern Health-Santé Sud. The organization has affiliate boards as well – those sites will receive a separate report.

The Southern Health-Santé Sud board is appointed by the Minister of Health who uses the Agencies, Boards and Commissions (ABC) website to seek individuals who are interested in serving on ABC entities. When specific skill sets are required (e.g., an individual with financial acumen) the minister may “tap someone on the shoulder” and ask them to serve.

The board has policies, and executive limitations. These are up to date, comprehensive and include a position profile for the CEO and board chair. Members can serve two three-year terms. The board is most proud of Southern Health-Santé Sud's What Matters to You? initiative.

The organization has many partners. There are seven First Nations Communities, Francophone residents, Métis, Mennonite and Hutterite communities as well as a growing number of immigrants from all over the world. Other partners include 23 districts and health foundations. This makes for a rich and diverse region to support in terms of health and wellness. Words used to describe Southern Health-Santé Sud include important, complex, responsive, difficult, large, rural, supportive, collaborative, innovative and challenging.

Having just come through a difficult global pandemic, partners remarked on the excellent communication throughout the pandemic. The partners see some of the strengths of Southern Health-Santé Sud as being collaborative, and supportive. They appreciate the Blurring of the Lines agreement and believe this should be expanded. They see the organization living their values at the heart, but there is room to grow. Partners would like to be more involved in planning and understand funding envelopes better.

The organization's leadership is strong. They aspire to be more physically present now that the pandemic restrictions have been lifted. The organization invests in education and training in leadership, and this is a strength. The CEO feels comfortable leaving any of the senior leadership in charge when she takes time away from work. There are many newer middle managers and supervisors. The organization needs to continue to support them to grow and reach their potential.

The organization has released its new five-year strategic plan this year and ongoing communication with the community and affiliate boards will be helpful in supporting collective efforts in addressing the strategic priorities and enhancing innovation. One of the priorities is a healthy, empowered and thriving workforce.

Health human resources has been a challenge for the organization with a vacancy rate of 25 percent. Having a healthy and happy work-life will be imperative to retain current staff and recruit new ones.

In most parts of the region the client satisfaction is high, and the staff and physicians are appreciated. The organization has begun a campaign asking staff and clients/patients/residents What Matters to You? to gain an understanding of what staff and clients really want. This is assisting the organization to be more person-centred. The organization has moved the needle slowly forward since their last survey.

Continued good luck on your quality journey!

## Detailed Required Organizational Practices

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

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

Unmet Required Organizational Practice	Standards Set
<b>Patient Safety Goal Area: Communication</b>	
<b>Information transfer at care transitions</b> Information relevant to the care of the client is communicated effectively during care transitions.	<ul style="list-style-type: none"> <li>Rehabilitation Services 9.12</li> </ul>
<b>Client Identification</b> Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.	<ul style="list-style-type: none"> <li>Inpatient Services 10.2</li> </ul>
<b>The Do Not Use list of abbreviations</b> A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.	<ul style="list-style-type: none"> <li>Medication Management (For Surveys in 2021) 15.6</li> </ul>
<b>Medication reconciliation at care transitions</b> Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.	<ul style="list-style-type: none"> <li>Cancer Care 15.6</li> <li>Obstetrics Services 8.5</li> <li>Rehabilitation Services 8.5</li> </ul>
<b>Patient Safety Goal Area: Medication Use</b>	
<b>Antimicrobial Stewardship</b> There is an antimicrobial stewardship program to optimize antimicrobial use. Note: This ROP applies only to organizations that provide acute inpatient care, cancer treatment services or inpatient rehabilitation services.	<ul style="list-style-type: none"> <li>Medication Management (For Surveys in 2021) 2.3</li> </ul>



Unmet Required Organizational Practice	Standards Set
<b>Patient Safety Goal Area: Risk Assessment</b>	
<b>Falls Prevention Strategy</b> To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	· Inpatient Services 9.8
<b>Suicide Prevention</b> Clients are assessed and monitored for risk of suicide.	· Emergency Department 10.7

## Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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



High priority criterion



Required Organizational Practice

**MAJOR**

Major ROP Test for Compliance

**MINOR**

Minor ROP Test for Compliance

## Priority Process Results for System-wide Standards

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

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

### Priority Process: Governance

Meeting the demands for excellence in governance practice.

Unmet Criteria	High Priority Criteria
<b>Standards Set: Governance</b>	
2.11 The governing body's renewal cycle supports the addition of new members while maintaining a balance of experienced members to support the continuity of corporate memory and decision-making.	!
7.2 The governing body follows a policy on CEO compensation.	
10.1 The governing body adopts patient safety as a written strategic priority for the organization.	!
13.1 The governing body publicly discloses information about its governance processes, decision-making, and performance.	!
<b>Surveyor comments on the priority process(es)</b>	

Southern Health-Santé Sud has a ten-member board consisting of four females and six males and seven of the ten members were able to meet with the surveyor in person. The board is highly engaged, was well prepared and note their primary reason to exist is to serve the community of Southern Health-Santé Sud. The organization has affiliate boards as well – those sites will receive a separate report.

The Southern Health-Santé Sud board is appointed by the Minister of Health who uses the Agencies, Boards and Commissions to seek individuals who are interested in serving on boards. Additionally, when specific skill sets are required (e.g., an individual with financial acumen) the minister may “tap someone on the shoulder” and ask them to serve.

The board has policies, and executive limitations. These are up to date, comprehensive and include a position profile for the CEO and board chair.

The board is most proud of the What Matters to You? initiative. In conversations with individuals, groups,

patients, staff and stakeholders, the region seeks to understand what really matters to people. The board is very proud of the region's response to the global pandemic. The staff and leadership were innovative, kept the board and affiliates up to date and was able to successfully navigate the COVID-19 pandemic.

The board is proud of the fiscal accountability of the region, balancing their budget again this year. They are also proud of the community engagement and the relationships with key stakeholders and partners. The board is watching several concerning trends. Staffing limitations is a major concern. Southern Health-Santé Sud, like the rest of Canada, is finding it challenging to fill all positions and worry they may need to reduce services due to lack of qualified staff. One of the strategies being employed is to be innovative in their retention of staff. This includes ensuring staff are happy at work and offering training opportunities in more rural areas rather than confining the training of certain professionals to the Winnipeg area (e.g., licensed practical nurses or LPNs).

There are three committees of the board: Quality & Safety, Finance, and Audit. The committees meet monthly in advance of the board meeting. These are committees of the whole where all board members are members of all committees. The board has made a conscious decision to separate Finance and Audit into two committees, noting they have two separate mandates.

There is a comprehensive orientation package and process. One member who has served on numerous boards remarked that it is the best orientation he has ever had. The board completes an evaluation following each meeting with more than a 90 percent completion rate. There is an annual evaluation of each member and the chair. There is an annual CEO evaluation. The board requests the CEO to complete three documents: the CEO Leadership Competency Monitoring Tool in board policy EL-11, CEO Goals/Objectives for the coming year, and a status report on achievements of the prior year's Goals/Objectives. The process begins in October and must be completed by March 31st each year.

The board governs in a future oriented and proactive manner. They are enthusiastic about their role and what they can bring to the organization. There is good diversity. One of the consequences to the board relating to the global pandemic was that board members whose terms ended during this period were not replaced in a timely way resulting in six of the ten members being appointed in the last 14 months. Ideally, there would not be this much turnover in a board in such a short period of time. The board is encouraged to be mindful and ensure they plan the terms of current members to ensure less turnover at once.

There is a standard relating to having a policy on CEO compensation. The organization may wish to develop such a policy as they currently do not have one. In addition, the board has refreshed their values recently and added a fifth one: Purposeful Innovation. This is not included in all of the board policies (e.g., BC-1, section 3.1). The policies could be reviewed to ensure they are up to date with the refreshed values/mission/vision.

## Priority Process: Planning and Service Design

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

**The organization has met all criteria for this priority process.**

### Surveyor comments on the priority process(es)

The planning and overall service design at Southern Health-Santé Sud is led by the Quality, Planning and Performance (QPP) team that leads the strategic planning, annual operational planning, and the development of the annual report, all of which are required to meet the Health System Governance and Accountability Act of Manitoba. The new strategic health plan: Our Call to Action: Healthier People. Healthier Communities. Thriving Together (2023-2028) was released in March of this year. The plan is based on What Matters to You?, that is what matters to patients as well as what matters to those who work with Southern Health-Santé Sud, including partners and stakeholders. In the review and update of the Mission Statement, for example, there were focus groups that included Francophone partners, Indigenous partners, Foundations, Municipal groups, staff, physicians, and the Board of Directors. Data used for the development of the strategic plan included the Patient Experience Survey results, the Environmental Scan, and the Community Health Assessment. Playbooks were developed for the board to assist them in the development of the new Strategic Plan. The Decision Support Team has been instrumental in mining all the data and presenting it in ways that provide good utility to the organization. The strategic plan provides Southern Health-Santé Sud with a blueprint or roadmap for the next five years.

As is required legislatively, the Community Health Assessment is completed provincially every five years and the Decision Support Team is able to extract the information needed by Southern Health-Santé Sud for planning. They can further take the data down to the level of the 23 districts that make up Southern Health-Santé Sud and develop community profiles. These one-to-two-page profiles are quite useful to the staff and to the municipalities.

Annual operating plans are developed at the program level and presented to Manitoba Health in June of each year. These plans align with the overall strategic plan and the goal is that everyone sees themselves in the operational plan. Since the last survey the government has instituted Bilaterals, whereby the organization meets with and updates government regularly of their progress on their operational plans. While it increases the workload up front, it does ensure the organization continues to make progress and it has the added value of having more accessibility to government.

Another function of the Decision Support Team is to perform ongoing environmental scanning. They report emerging trends. One of those trends is the increase in population growth seen in some areas of the region. The organization is currently reviewing those trends and planning how to manage the anticipated increase in demand for additional and/or new services to these emerging populations. An example is the addition of personal care beds in Steinbach, recognizing there was an aging population.

Another example is at Ginev where they have elders needing to go outside the community for long-term care. They are currently looking at ways to fund long-term care in their own community.

The organization has Service Purchase Agreements with seven Indigenous communities. This requires ongoing monitoring and management. In addition, there are other partnership groups such as Mennonite and Hutterite communities within the region.

Another strategy to gain input from patients, staff and the community at large is the What Matters to You? campaign that Southern Health-Santé Sud has launched. This is being used at performance conversations and with stakeholders to understand what is really important to people when designing services.

## Priority Process: Resource Management

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

**The organization has met all criteria for this priority process.**

### Surveyor comments on the priority process(es)

Southern Health-Santé Sud uses a decentralized budgeting system. Fiscal analysts support program managers and provide an orientation package at hire and then training and support as required. The finance team meets monthly with managers and presents monthly to the board. The team is proud of the work they have done with their managers to ensure their reports are engaging, interactive and meaningful to the managers.

The team involves external partners and their eight not-for-profit partners that receive flow-through funding through the service purchase agreements (SPA). The finance team works with their SPA partners to determine their needs, presents this to the government, and then provides funding allocations as per the government's direction. This can lead to tensions as the government may not provide all the funding that has been requested. The organization is mandated to have a zero balance and has achieved that. The provincial government has requested the team to present on how they have been able to manage their budget!

Throughout the global pandemic the team has had to look at re-allocating resources, both human and financial. The incident command structure developed the principles used in redeployment. Some of the principles included sending resources where they are most needed, aiming for proximity, and being mindful of immunocompromised individuals.

The main indicator of success for this team is safe patient care. This is the first consideration when making decisions. They are most proud of their consistency; despite staff turnover they still deliver consistent quality services. They are also proud of their evidence-informed decision making, their culture, and the respect they are given by staff.

Challenges for this team include the lack of time during finance season, understanding the new relationship with Manitoba Health, and funding uncertainties in a region with the most growth.

## Priority Process: Human Capital

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

Unmet Criteria	High Priority Criteria
<b>Standards Set: Leadership</b>	
2.5 A policy regarding reporting, investigating, and resolving behavior that contravenes the code of conduct is developed and implemented.	
10.5 There is a talent management plan that includes strategies for developing leadership capacity and capabilities within the organization.	
<b>Surveyor comments on the priority process(es)</b>	

The Human Resources team at Southern Health-Santé Sud, realizes that their people are their most important asset. They recognize they must look after and protect their assets. This has been a challenge as the current vacancy rate overall is 25.8 percent. In nursing, the vacancy rate is higher, at 29.9 percent.

The Human Resources plans and policies are designed to provide an enabling set of standards to guide managers in making decisions about managing their workforce (their human resources); provide a source for all policies related to human resource management; provide managers with a principles-based approach to managing people; and guide human resource professionals in advising managers.

The organization has a robust and comprehensive Workplace Violence Prevention Policy. The policy was initially created in collaboration with Manitoba Health, the Manitoba Council of Health Care Unions, Workplace Safety and Health Branch as well as other stakeholders. There are associated documents that include how to report incidents of workplace violence and there is training provided to staff on the prevention of workplace violence. The safety committee at each site reviews incidents quarterly and recommendations are made. There is mandatory training provided during orientation, with voluntary training available. The team is currently working on a recertification process.

Exit interviews are offered to staff who leave the organization. The main reason for leaving recently is wages, particularly in areas such as pharmacy. The health regions remunerate less than private pharmacies. Other reasons to leave over the last three years include mandatory vaccination and mental health.

The team has, as recently as three months ago, returned from a recruitment visit to the Philippines. The team has also been looking at ways to retain the staff they do have. One of the most recent strategies is creating events where different professions are recognized, and staff can enter their name into draws for prizes. The organization has also been hosting Career Expos and giving out Long Term Service Awards as ways to retain their staff.



The organization does not currently have a Code of Conduct. It is recommended that they develop a Code of Conduct and perform training at orientation and as required to ensure all staff/physicians remain aware. In addition, the organization needs a Talent Management Plan – there are elements of this plan in place, but what is missing in the overarching plan.

Position descriptions are found on the internal website. Many of these have been updated; there are some that have not been updated since 2015-16 and the organization is encouraged to update these position descriptions.

Since the last survey, the team has done a great deal of work on performance development plans to make the process less cumbersome and to ensure it adds value to the employee and supervisor. The team has rolled out Performance Conversations. There are many sites across the region where the Performance Conversations are not up to date and have been completed inconsistently. Completion rates in some units/sites are as low as 10-50 percent.

Another issue that Human Resources is encouraged to monitor is the span of control of some managers. There may be managers with significant spans of control which will have an impact on their ability to provide quality leadership.

Six personnel records were reviewed during the visit. All the records were comprehensive with the exception that none of the files contained consistent evidence of performance appraisals/conversations every two years as per the policy.

The global pandemic was particularly difficult in this organization. Prior to the pandemic the region experienced lower than average vaccination rates in some areas. During the pandemic some of the vaccine hesitant population exhibited challenging behaviors and challenged the science using negative tones in encounters with health care workers. This was a struggle for staff who may have been impacted negatively by these encounters and are consequently struggling to heal.

Succession planning is important to the CEO and the organization. One of the strategies being used to ensure ongoing skill development is to have staff participate in a Health Management Leadership Program – this year there will be 23 new people certified and they will begin another intake for this program.

## Priority Process: Integrated Quality Management

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

**The organization has met all criteria for this priority process.**

### Surveyor comments on the priority process(es)

Since the last survey, Southern Health-Santé Sud has been working to cascade the quality improvement plan to the front line. There is an excellent overarching Quality Improvement Plan with four main goals for the Quality, Planning, and Performance Team: 1) Improve patient safety processes for the organization; 2) Streamline quality and accreditation processes across the organization; 3) Improve planning processes for the organization; and 4) Improve processes for monitoring performance. The plan is aligned with strategic priorities, has objectives, a plan of action, measures, tracking of progress, and a checklist has been added to each priority providing additional information related to how the priority was identified.

Another change made by the organization is to reorganize the mandatory plans into one. There is a new post-disclosure process for patient and staff. Following a disclosure, the team now reaches out to the patient and/or next of kin and staff members who did the initial disclosure with a survey about the disclosure experience. The idea is to learn and make improvements. There has been one completed to date, and it has been very positive for those involved, with good learnings. The team has also worked hard on improving their efficiency in the critical incident process and are now closing most critical incidents within 90 days rather than the 10-12 months that sometimes happens. Supports are offered to the patient and/or staff as deemed applicable. The team created a variety of supports that are shared during the initial interviews with the patients/next of kin when the interviews are conducted in person. Staff can be directed to EAP for additional support, and the team has a partnership with Doctors Manitoba to provide peer to peer support for physicians after critical and other incidents.

The organization has increased education on patient safety and one of the strategies to improve has been the Patient Safety Learning Advisory Policy. This has been pushed out across the region and teams now have patient safety as a standing item on their agendas. Patient safety education occurs at regional orientation and facility orientation.

There is an overarching Medication Reconciliation (Med Rec) Policy that is comprehensive and notes the transition points where Med Rec is required. Examples of overall rates of compliance include Admission to Long Term Care at 96.1 percent, and Transfer from Long Term Care at 93.2 percent. Discharge from Acute Care is lower at 73.37 percent in 2021 and 64.58 percent in 2022.

The team continues to perform Lean Projects. The most recent project is a pharmacy project at Bethesda Regional Health Centre.

The Decision Support team works very hard to provide the data needed by the organization. They have

developed two-page profiles of the 23 districts that make up Southern Health-Santé Sud. Not-for-profits and other municipal groups as well as Southern Health-Santé Sud teams find these very useful. This team is able to provide valuable information for planning and strategies.

The team has a comprehensive risk management plan. The team uses the HIROC Risk Monitoring Tool to monitor progress as well as identifying corporate risks as per the Provincial Risk Management Policy based on the Provincial Risk Management Framework. The plan is submitted to Shared Health and Manitoba Health once approved by the board. The team is constantly monitoring and updating the risk plan. They use a RAC or Risk Assessment Checklist. The team has revamped the occurrence report – it used to be an eight-page document that has been reduced to four pages and is more user-friendly.

The organization celebrates Patient Safety Week and works hard to raise the awareness of patient safety. One strategy has been to offer Quality Service Awards. These awards are presented at the Annual General Meeting to an individual, a team, a physician. There is also a CEO Award. Managers are working hard to remember to say “thank you” every day.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

Unmet Criteria	High Priority Criteria
<b>Standards Set: Leadership</b>	
2.4 A code of conduct that applies to all those working in the organization is developed and implemented.	

Surveyor comments on the priority process(es)

Southern Health-Santé Sud has a regional ethical framework/worksheet based on IDEA (Identify, Determine, Explore and Act). The team has been working to ensure all staff and physicians are aware of the framework. The team is planning to review and revise the tool this fall, recognizing that it may be tedious to work through. The team has tracked 78 ethical dilemmas between 2019-2022 as well as 19 research projects between 2020-2022.

There is a regional ethics committee that consists of members from across programs, professions and geography. There are four main goals of the committee: to deliver ethics education; to establish a process to support/review ethical issues as they arise; to approve requests for research; and finally to ensure that ethical considerations are made in the development of policies and procedures.

The ethics committee is proud of the team – they are committed and working hard to ensure staff and physicians are aware of the framework. The framework has been reviewed at the board, senior leadership, and manager levels. There is an educational video available on the HPS as well. During the visit, the surveyor met with three frontline staff during a tracer activity. One of the staff has used the framework and found it quite helpful to work through an ethical dilemma. The other two staff had awareness of the tool and knew where to find it.

There is a process to review research projects once they have been approved by the appropriate REB. There is a Research Approval Policy. The team is hoping that eventually the ethics process will be standardized provincially.

The organization does not currently have a written Code of Conduct. It is recommended that this be developed and circulated throughout Southern Health-Santé Sud.

## Priority Process: Communication

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

**The organization has met all criteria for this priority process.**

### Surveyor comments on the priority process(es)

The organization has a small, dedicated team for communications. There is a comprehensive Communication Plan, Graphics Standards Manual, policies and the newly approved Strategic Plan which serve as the framework for the communication team's work.

The Communication Plan consists of six goals: 1) Focused messaging that aligns with the provincial transformation and the Southern Health-Santé Sud Strategic Plan; 2) Ensuring that the community, stakeholders and staff are engaged and informed; 3) Providing an overarching framework of communication and policies; 4) Providing a structure to manage communication workflow; 5) Strong messaging reflecting Clarity, Consistency, Coordination & Alignment; and 6) Building a strong plan to execute communications in situations of disasters/emergencies.

One of the strategies to ensure consistent communication and alignment with priorities has been the development of new branding. The team has developed Portraits that are placed in all Southern Health-Santé Sud sites. The branding was developed with input from the board, staff, patients, families and stakeholders. As this is a bilingual region, all materials are presented in English and French.

One of the things the team is proud of relates to obtaining approval from Digital Health to replace the internal and external website over the next year, which is a major project for the team. The team has just completed the work on the new Strategic Plan prior to its launch in March 2023. They are rolling out the new Mission, Vision and Values. Additionally, the team is re-engaging with frontline staff across the region post pandemic.

One of the challenges for the Communications Team is that the information systems used are chosen by or are required to be approved by Shared Health. This may delay some work as they negotiate with Shared Health. Another challenge is reaching frontline staff – many staff do not have access to email or have time during their shifts to access email. An example of a strategy to reach them is to print off newsletters and post them in the workplace.

Another challenge for the team relates to their online presence. To date, there has been a very low uptake of online media by the region. The team needs to continue to work to find what engages the public electronically.

The Privacy Officer works with this team. All Privacy Breaches and incidents are reviewed by the officer. The role of this office is to provide and protect client privacy. The main way this is done is through

education, ensuring staff know what they can and cannot disclose and assisting leadership in understanding function creep, that is, ensuring they understand when electronic tools are appropriate to use for monitoring of staff, for example.

There is a process (Access to Personal Health Information) for patients to review their own record. There is a form on the website that patients complete and submit.

Another piece of work underway by the team is the development of and renewal of policies and procedures. An example of a new policy under development is the Use of Social Media.

## Priority Process: Physical Environment

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

Unmet Criteria	High Priority Criteria
<b>Standards Set: Leadership</b>	
9.1 The physical space meets applicable laws, regulations, and codes.	!
9.10 Steps, including introducing back-up systems, are taken to reduce the impact of utilities failures on client and team health and safety.	
<b>Standards Set: Perioperative Services and Invasive Procedures</b>	
3.1 The physical layout of the operating and/or procedure room(s) and equipment are designed to consider client flow, traffic patterns, the types of procedures performed, ergonomics, and equipment movement logistics.	
3.2 The area where invasive procedures are performed has three levels of increasingly restricted access: unrestricted areas, semi-restricted areas, and restricted areas.	!
3.9 The operating/procedure room has a restricted-access area for the sterile storage of supplies.	!
3.10 There is a regular and comprehensive cleaning schedule for the operating/procedure room and supporting areas posted in a place that is accessible to all team members.	!
<b>Surveyor comments on the priority process(es)</b>	

During this survey, some EMS and Perioperative standards related to physical environment were included under physical environment. Since the last survey, the physical environment team has made two major changes: implemented Hippo (software) to track system maintenance and realigned the reporting structure (December 2020) resulting in improved efficiencies. The implementation of Hippo has required all programs to use a common nomenclature, improved ability to manage equipment and allowed the team to do asset tagging which tracks where items/equipment is located. They are currently adding floor plans of their buildings/structures into Hippo. Realigning the reporting structure has enabled the physical environment staff to function more as a team; they have a common orientation towards what they want to achieve. This means having the right people do the right job! The team made the case to add an administrative position to help them achieve efficiencies and they are seeing the benefits.

The team follows CSA standards in their work. Inspections of systems are ongoing and some of this work

is contracted out or included in Service Level Agreements (SLA). The team monitors to ensure vendors meet the terms of their SLAs.

The thing the team is most proud of would be the relationship they have developed with the Infection Prevention and Control (IPAC) team. They work together on risk assessments and streamlining services.

The team has been performing Safety and Security Projects. An example was the replacement of a roof at Eden Mental Health Centre, which is an affiliate site through a Service Purchase Agreement.

The team has been working on backup systems. Some sites (e.g., Centre medico-social De Salaberry District Health Centre) has a generator that is active within seven seconds of a power failure. However, the operating theatre in Portage District General Hospital back up system has a significant delay which is encouraged to be addressed as soon as possible. There are also still sites that do not have generators or sprinkler systems. These sites are encouraged to be addressed as soon as possible. As with many organizations, Southern Health-Santé Sud has aging infrastructure. There are some sites that meet all applicable laws, regulations and codes, including having all medical equipment on uninterrupted power supply (e.g. Centre medico-social De Salaberry District Health Centre). There are some structures that have clutter due to lack of storage space. Bethesda Regional Health Centre has a number of physical environment challenges such as wooden railings, two to three patients per room, limited space for staff interaction, clean and soiled supplies in one room, and the environment could use a refresh of paint. Morris General Hospital has some physical environmental challenges such as old infrastructure, steep ramps without handrails, poor signage and wooden handrails inside the building.

EMS vehicles are configured and standardized across the fleet. Paramedics participate in ongoing driver training regardless of how long they have been driving. The physical environment where the EMS vehicles operate is very organized, clean and well maintained.

In terms of physical environment in the perioperative area, there is a significant safety challenge at the Portage District General Hospital. The door to the operating theatre is motion activated and is next to the elevator/stairs. This leaves the operating theatre theoretically open to the public. There is signage indicating the area is restricted; however, the organization needs to ensure that the doors are restricted to staff only and use a swipe/fob system to gain entrance to this area. The perioperative areas were noted to be very clean. At the Boundary Trails Health Centre there is a dedicated environmental services staff who clean between cases and performs a terminal clean at the end of the shift. Another challenge relates to the location of endoscopy cleaning sites being attached to operating theatres. This is addressed under other standards.

The organization takes steps to minimize the impact of operations on the environment. All new builds use LED lighting and when doing renovations to existing structures they replace lighting with LED. The organization shreds paper products and is moving away from paper where possible; they are moving to a provincial system to manage bio-hazardous waste. The organization is using low flow faucets where appropriate and new builds use energy efficiencies where possible. The organization has cleaned up underground fuel storage and has new tanks for fuel storage above ground which are double lined to



prevent fuel leakages.

A major challenge for the physical environment team is filling vacant positions. They are working hard to recruit new staff and retain the present ones. They are studying labour patterns and one of the issues that has emerged is compensation.

Priority Process: Emergency Preparedness

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

Unmet Criteria	High Priority Criteria
<b>Standards Set: EMS and Interfacility Transport</b>	
2.2 The role of the team in disaster and pandemic response is identified and the team participates in local, regional, provincial and federal disaster plans, responses, and exercises.	!
10.4 There is a process to address a patient's or team's exposure to hazardous materials when it is discovered during or after transport.	!

Surveyor comments on the priority process(es)

Leadership and community partners within Southern Health-Santé Sud have developed a robust emergency preparedness program. There are centralized leadership positions and regional implementation areas. Major risk scenarios have been worked through, with tabletop scenario drills; these include environmental and weather hazards, infection and noxious substance exposures as well as urban threats and fires.

The COVID-19 pandemic has clarified many contingency issues to be aware of. The Southern Health-Santé Sud teams have location specific close relations with their local fire, police and other urgent response teams.

EMS has its own policies and procedures, and staff members are prepared for responses to hazardous materials. The service does have the ability to communicate directly with Fire and Police over their radios. The Dispatch Team ensures communication across zones when ambulances are deployed outside their catchment area. It was evident that focus has been on increasing scope of practice, creating Superintendent positions, and IV Infusion pump education, however disaster planning (tabletops or field exercises) such as CBRN or Mass Casualty have not been practiced locally or regionally with their partners.

### 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
<b>Standards Set: Critical Care Services</b>	
1.2 Services are co-designed with clients and families, partners, and the community.	!
2.6 Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
3.13 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.	
<b>Standards Set: Emergency Department</b>	
4.15 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.	
<b>Standards Set: Inpatient Services</b>	
1.1 Services are co-designed with clients and families, partners, and the community.	!
2.5 Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
3.3 A comprehensive orientation is provided to new team members and client and family representatives.	
3.12 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.	
15.9 Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.	!
16.3 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!

**Standards Set: Long-Term Care Services**

17.3 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from residents and families.



**Standards Set: Perioperative Services and Invasive Procedures**

6.12 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: Substance Abuse and Problem Gambling**

15.3 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.



**Surveyor comments on the priority process(es)**

The mission of Southern Health-Santé Sud includes people-centred health care. The organization has moved the needle on person-centred care in pockets across the region since the last survey. There were many examples of involving individuals, families, and communities in co-design of services, serving on boards, and volunteering.

During the survey a focus group was held with eight individuals who have either received care directly by Southern Health-Santé Sud or have had care provided to a close family member. The group reported that for the most part their health care was coordinated well across services and appropriate information transferred with them. When asked how Southern Health-Santé Sud demonstrates their commitment to person-centred care, one of the participants stated: “What matters to you?” The organization has implemented their strategy What Matters to You? to gain a deeper understanding of what things are important to patients/residents, families and staff.

One of the ways Southern Health-Santé Sud lives its mission is the way staff and physicians interact with patients and families. Several participants shared experiences with Palliative Care. A physician came to the home to visit a participant’s spouse. This demonstrated deep respect and honor. Other participants described goal setting with staff and not by staff. Participants felt as involved as they wanted to be in their care, and this is appreciated. Most of the participants could describe feeling respected and valued.

Areas where the organization seems to excel according to the focus group would be in the coordination of palliative care services, recognition of the family as partners in care, finding out what really matters to people in goal setting. Another good example was from Lions Prairie Manor: residents and families spoken to are very satisfied with care and are deeply connected to the staff. They made exceptional effort during the global pandemic to preserve contact between resident and family and altered their chapel to serve as a physically distanced, but in person, visiting space. At one of the affiliate long-term care sites a patient sat on the CEO hiring committee. At Prairie View Lodge, one of the tenants serves on the board.

Areas in care where there could be improvement includes more robust services in the home and ambulance availability. Patients/family members described being left in other hospitals (after being transferred from a Southern Health-Santé Sud facility) for more than 24 hours in a treatment room or “storage closet” without meals, medications, opportunity to bathe, or change their clothes. The expectation had been that they would have a test performed and be transferred back immediately; consequently, they did not take cell phone, money or clothes with them. Some of the sites (e.g., Morris, Carman, Ste. Anne Emergency) there is no evidence that patients and families are involved in planning. There are wayfinding challenges and physical environment limitations that patients and families could provide excellent suggestions on.

The organization has moved the needle in their person-centred care in their relationship building with their Indigenous communities. On new builds, local Elders and guests are invited to extend a blessing before the ground is broken. New builds are also including cultural rooms and there are numerous training opportunities on building cultural competency.

Priority Process: Patient Flow

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

Unmet Criteria	High Priority Criteria
<b>Standards Set: Leadership</b>	
13.5 The effectiveness and impact of the client flow strategy is evaluated.	

Surveyor comments on the priority process(es)

Patient flow processes through Southern Health-Santé Sud are coordinated at a local level, feeding through to a regional level. Managers throughout the region participate in daily bed huddles focused on addressing optimizing the movement of patients throughout the region and addressing barriers to transitions in care, and finding a bed for patients as close to home as possible. Through recent project work the team has been able to create a bed map, better targeting movements of patients from ER into admitted beds and creating process maps (SOP's) for this work. Additional SOP's have been created for repatriation of patients from out of region back to Southern Health-Santé Sud. Metrics are being used to monitor practitioner compliance across Southern Health-Santé Sud with patients seen and through KPI scorecards created on a practitioner-by-practitioner basis. Leadership in partnership with physicians are encouraged to continue to work on improvements targeted toward admission to a ward from ER.

While there have been gains noted specifically related to moving patients from the ER to admitted beds on the wards, there are still noted challenges particularly at the Bethesda Regional Health Centre. It was also noted there are challenges related to hospitalist models and patient caps that restrict admissions to wards, despite empty beds that would have patients waiting in ER. Leadership is encouraged to continue with physicians and government to address physician coverage models for beds outside of the hospitalist cap.

## Priority Process: Medical Devices and Equipment

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

Unmet Criteria	High Priority Criteria
<b>Standards Set: Perioperative Services and Invasive Procedures</b>	
4.3 Surgical equipment or medical devices returned to the operating/procedure room following repair or replacement are clearly marked with the date of their return/arrival and a signed notice describing the maintenance or purchase.	!
4.9 Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.	!
<b>Standards Set: Reprocessing of Reusable Medical Devices</b>	
3.6 The MDR department has floors, walls, ceilings, fixtures, pipes, and work surfaces that are easy to clean, non-absorbent, and will not shed particles or fibres.	!
8.2 The reprocessing area's designated hand-washing sinks are equipped with faucets supplied with foot-, wrist-, or knee-operated handles, electric eye controls, automated soap dispenser and single-use towels.	
11.2 All flexible endoscopic reprocessing areas are physically separate from patient care areas.	!
11.3 All flexible endoscopic reprocessing areas are equipped with separate clean and contaminated/dirty work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.	
<b>Surveyor comments on the priority process(es)</b>	

The enthusiastic staff of Southern Health-Santé Sud are managing equipment and medical devices for the region very well. There are well-defined processes that start in purchasing, procurement and preventative maintenance. In facilities the staff are well versed and committed in the roles of cleaning, disinfecting, sterilizing and reprocessing. Processes are in place to facilitate one-way flow of equipment through the cleaning/sterilization process. Tracking and auditing processes have been implemented in a staging manner such that instrumentation as well as flexible endoscopes can be traced by patient as well as to any stage in the sterilization process for audits.

Staff in these areas are comprehensively orientated to the position as well encouraged and supported to pursue additional education in support of the role with a formalized designation as a sterilization reprocessing technician. The departmental staff are cross trained to support any role within the

department and regularly check with their peers to support the work. The staff in MDRD are to be congratulated for the commitment they show to each other as a team and to the mission of Southern Health-Santé Sud. They firmly acknowledge that the work they do is critical for client well-being.

The departments are clean, and the limited space is used well for processes and the staff who work there. Walls, surfaces and flooring are easy to clean with the exception of wooden doors. Boundary Trails Health Centre and Portage District General Hospital would benefit from remediation as they would prove difficult to clean effectively in a spill/soil. Sites visited also lacked hands free soap dispensers, a standard for MDRD. This should be investigated by leadership. Portage District General Hospital has flexible endoscopy reprocessing attached to a sterile operating theatre and lacks both a dedicated soiled/ decontamination, clean/sterilization area and a one-way flow. It appears this will be addressed in the new build for the replacement Portage facility.

EMS ensures that its vehicles are well cleaned, stocked and maintained on a regular schedule. Their maintenance schedule allows replacement fleet vehicles to be swapped into service such that patients do not see a disruption in care. Replacement fleet vehicles are maintained and stocked identically to assigned crew ambulances with standard equipment and supplies.

Audits and key performance indicators are measured to track the flow of equipment and reprocessing throughout the region. Leadership may wish to focus on sharing results more broadly across the region and look at methods that may engage with clients and families to draw them into regional improvement processes.

Southern Health-Santé Sud should be proud of their work in medical devices and reprocessing and to the commitment the staff in this area show to the mission, vision and values of the organization.



## Priority Process Results for Population-specific Standards

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

Priority processes specific to population-specific standards are:

### **Population Health and Wellness**

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

## Standards Set: Population Health and Wellness - Horizontal Integration of Care

Unmet Criteria	High Priority Criteria
<b>Priority Process: Population Health and Wellness</b>	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
<b>Priority Process: Population Health and Wellness</b>

During the survey the surveyor was privileged to visit Roseau River Anishinaabe First Nation with a focus on Indigenous Health. There are seven First Nations Communities as well as Métis within the Southern Health-Santé Sud region. Since the last survey, there has been a concentrated effort to educate staff and physicians about colonialism and its impacts. There are several programs offered to staff to assist them to improve cultural competency. Some of the programs include Manitoba Indigenous Cultural Safety Training (MICST), Allyship training, Walk a Mile in my Moccasins training, and KAIROS Blanket training. In Public Health-Healthy Living, for example, 50 percent of the staff have had some training on Cultural Safety and 35 percent have taken MICST.

One of the strategic initiatives that has assisted this First Nation Community and others to work with SH-SS and Manitoba Health is a Blurring the Lines Health Partnership agreement (2016). This has been an enabler to reduce barriers and minimize waits for services.

Another enabler has been funding through Jordan's Principle. As part of the Truth & Reconciliation work, the federal government has allocated funds to ensure children under 18 years of age are not caught up between municipal, provincial, and federal government funding issues. While grateful for this funding, it does not extend to those over 18 and there are many Indigenous peoples at risk and struggling. Also, it is time limited funding, some positions are not made permanent.

Of particular concern is the high rate of death by suicide experienced by this population in Roseau River Anishinaabe First Nation (10 in 18 months) and the lower life expectancy (approximately 10 years less than non-Indigenous peoples).

To more fully understand the needs of this particular community a consultant was hired, and they met with youth, staff, Chief in Council, elders, Southern Health-Santé Sud senior leadership as well as the board. Areas of concern included mental health and addictions, chronic disease, harm reduction, homelessness, death by suicide, and after-hours mental health care/crisis response.

Health promotion is one area that public health-Healthy Living and the health centre partner on. Moving away from traditional population health promotion initiatives has been important and now the focus is on

social determinants of health. Sitting on the Southeast Poverty Coalition has been one way to assist. For example, looking at barriers to transportation people face in trying to gain/keep employment, or seek health services.

There has been an increased focus on being more person centred. Nurse practitioners and the physician note looking at individuals in a more wholistic way and having them identify what is important to work on is something they work at. “Meeting people where they are at” is the focus.

One of the many strengths of the partnership is that Southern Health-Santé Sud provides the access to Indigenous Support Workers who can provide services such as language interpretation, facilitate access to traditional healing ceremonies (such as Smudging), and the Cultural Resource Toolkit that is being sustained with contributions by Indigenous partners.

Other improvements made at the regional level since the last survey includes the addition of Cultural Space in new capital with the incorporation of traditional Indigenous ceremony. Prior to groundbreaking, Elders from various communities joined invited guests and performed a blessing ceremony. This is seen as real progress towards reconciliation and building lasting relationships with Indigenous Peoples and communities.

The team is most proud of their relationships, both building new ones and strengthening old ones. Despite the jurisdictional challenges of government, there is progress and collaboration. The focus of health promotion is positive, particularly the renewed focus on social determinants of health equity.

Some areas to work on include improving access to primary care, continuing to educate and include trauma-informed care, and ensuring the population’s needs and burden of care are considered when planning.

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## 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:

### **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

### **Organ and Tissue Donation**

- Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.

### **Infection Prevention and Control**

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

### **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.

**Standards Set: Ambulatory Care Services - Direct Service Provision**

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
1.3 Service-specific goals and objectives are developed, with input from clients and families.	
1.4 Services are reviewed and monitored for appropriateness, with input from clients and families.	
2.3 An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
2.6 The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
2.7 A universally-accessible environment is created with input from clients and families.	
5.2 Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.	
<b>Priority Process: Competency</b>	
3.1 Required training and education are defined for all team members with input from clients and families.	!
<b>Priority Process: Episode of Care</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Decision Support</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Impact on Outcomes</b>	
13.2 The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
13.3 There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
13.5 Guidelines and protocols are regularly reviewed, with input from clients and families.	!

15.4 Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.

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**

Information is collected from clients and families, partners, and the community to inform service design. New information was solicited from clients and families, partners, and the community, on the expansion and construction projects throughout the organization. The organization demonstrated a commitment to clients' and families' input and perspectives throughout this process.

The organization is encouraged to formalize client and family engagement through advisory committees. Partnering with clients and families will inform the organization of areas of improvement and highlight successes at the client level. This partnership is imperative to the successful and respectful collaboration between the organization and the community they serve and the care they provide.

**Priority Process: Competency**

Required training and education are defined for all team members, however, there is no evidence that clients and families have input into this process. The organization may consider formalizing a client and family advisory committee to gain insight into client and family perspectives.

The organization demonstrated commitment to staff competency by providing the ambulatory care clinic (ACC) teams with additional education and certifications on sharp wound debridement. The ACC staff demonstrates a passion for wound care which is evident in the care they provide. There is high client satisfaction with this new approach to wound care.

There is an accurate and up-to-date standardized record of each client, however, the organization is encouraged to review the hybrid charting model and consider electronic health records for real-time information. This will help to reduce risk, enable access to real-time information for all care team members, and assist with gathering data for indicator collection and monitoring.

**Priority Process: Episode of Care**

The ambulatory teams support a respectful and transparent relationship with clients; however, the teams are encouraged to introduce themselves and explain their role, ask permission before performing tasks, explain what they are doing, and provide an opportunity for questions.

Information relevant to the care of the client is communicated effectively during care transitions. The teams use documentation tools and communication strategies (such as SBAR [Situation, Background,

Assessment, Recommendation], checklists, discharge teaching materials and follow-up instructions, read-back, and teach-back) to support effective communication.

On review of the physical environment, it was noted to be an extremely small space that was cluttered and had a lack of storage. The organization is encouraged to perform a space review to optimize the space they are in until the new space is available.

#### **Priority Process: Decision Support**

Training and education about legislation to protect client privacy and appropriately use client information is provided. The teams are mindful and respect patient privacy and confidentiality in small tight spaces.

It was noted that a new process for booking client appointments through emails was established, and clients shared extreme satisfaction with this new process. It has also decreased no-show rates. The organization is encouraged to review no-show rates regularly and post those at the unit level to be monitored closely.

#### **Priority Process: Impact on Outcomes**

The Ambulatory Care Clinics (ACC) are to be congratulated for their ongoing work in initiating infusions in the ACC to reduce the number of patient transitions and limit emergency visits. In addition, the ACC has implemented an email reminder appointment confirmation to reduce no-show rates and to increase communication about appointment dates and times.

The Hemodialysis Clinic is to be commended for its ongoing education and competency training and its commitment to safe and quality care. The clients expressed their gratitude to the team for exceptional compassionate care. In addition, the Hemodialysis team is commended for their exceptional teamwork and cohesion which is reflected in client care and satisfaction.

Guidelines and protocols are reviewed however, it was noted that some policies and procedures were out of date. The organization is encouraged to review and update policies to ensure they reflect up to date best practices to promote safe and quality care.

Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, however, there is no evidence that clients and families are engaged in this process. The organization is encouraged to partner with clients and families through a formalized advisory committee to seek insight and perspective at the client and family levels.

## Standards Set: Cancer Care - Direct Service Provision

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	

The organization has met all criteria for this priority process.

<b>Priority Process: Competency</b>
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The organization has met all criteria for this priority process.

<b>Priority Process: Episode of Care</b>
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- 15.6 Outpatient services only: Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information at ambulatory care visits when medication management is a major component of care.
  - 15.6.3 During or prior to subsequent ambulatory care visits, the BPMH is compared with the current medication list and any medication discrepancies are identified and documented. This is done as per the frequency required by the organization.



**MAJOR**

- 24.4 Technologies, systems, and software are interoperable.

<b>Priority Process: Decision Support</b>
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The organization has met all criteria for this priority process.

<b>Priority Process: Impact on Outcomes</b>
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The organization has met all criteria for this priority process.

<b>Priority Process: Medication Management</b>
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The organization has met all criteria for this priority process.

<b>Surveyor comments on the priority process(es)</b>
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<b>Priority Process: Clinical Leadership</b>
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The Regional Cancer Program within Southern Health-Santé-Sud is extremely well coordinated and has strong linkages with CancerCare Manitoba (CCMB). This structure ensures patients receive a high degree of standardization of care across the province and access to highly skilled oncology specialists and speciality resources. Formal leadership tables, including the intra-regional and systemic therapy meetings enable dissemination of information and coordination between the Community Cancer Programs (CCP)



and CCMB.

Through this table, quality improvement planning occurs in alignment with Southern Health-Santé Sud's new strategic plan.

Broad provincial goal setting is led by CCMB which has developed the Roadmap to Cancer Control for Manitoba. They have embedded a patient advisor as part of the development of that plan. Staff and leaders shared that the annual provincial conference, attended by staff at all levels within the Cancer Program, is a highlight of the year from a knowledge transfer and networking perspective. As the regional infrastructure continues to mature, this team would benefit from further support to develop quality and safety goals including goals related to wait times. Access to wait time data and other quality indicators at the regional level will be critical to engaging teams in improvement strategies in alignment with CCMB.

Access to care for patients is facilitated by a dedicated team of navigators who receive referrals from a variety of sources, including self-referral. These navigators deliver referrals to CCMB which triages and coordinates the initial consultation. CCMB then continues to co-manage the patient's treatment with family physicians/oncologists. Staff shared that the relationship and support received from CCMB is excellent. The teamwork, relationships and culture are strong despite the fatigue experiences during the pandemic. Currently specialized counselling and clinical trials are available only in Winnipeg.

Although COVID-19 has challenged patient experience initiatives, all teams have made efforts to facilitate visiting for support persons of patients undergoing treatment. This has been appreciated by patients and families. The My Care app, recently introduced, has been well received by patients. The team is encouraged to transition the symptom assessment tool into the app as soon as practicable. Partnerships with Katie's Cottage and South-Central Cancer Resources provide support and relief for patients and families.

The facilities visited during this survey are relatively small and congested with limited chair space, and access to bathrooms and stretcher bays. Locked medication rooms and dedicated quiet zones for staff are very limited in the current environments. The care teams are engaged in planning for the new cancer centres soon to be built, including at the Boundary Trails Health Centre and Portage District General Hospital. Given growth projections in the region, the teams are encouraged to consider ways to accommodate additional volumes within the treatment spaces under construction.

#### **Priority Process: Competency**

Staff, including nursing, clerical, pharmacists, pharmacy assistants, and physicians are provided with a comprehensive and standardized orientation through CCMB in Winnipeg. Family physicians who oversee cancer treatments are well supported by the oncologist team at CCMB. Infusion pumps within the centres surveyed will be updated to the new B Braun infusion pumps in the coming months. Education on new regimens is provided to the staff in advance of initiating the therapies. Managers are responding to health human resources and experimenting with novel models of care (Health Care Aids performing vital signs), as a strategy to address staffing shortages. The managers in the CCPs have been successful in the

completion of the majority of performance conversations with their staff. This is a critical component of staff retention. Well done. The teams would benefit from being supported in experimenting with novel staffing models.

#### **Priority Process: Episode of Care**

All patient initial consultations, assessment and treatment planning occurs at CCMB with a disease specific oncologist and primary nurse team. From there a care plan is developed based on evidence-informed protocols. Treatment is delivered at the Community Cancer programs and overseen by family physicians and a team of oncology nurses. Psychosocial oncology resources are available on site and specialized counselling offered in Winnipeg. The patients we spoke to expressed that the teams caring for them are compassionate, highly skilled and ensure a seamless experience for them. This includes providing access when they experience symptoms or require supportive care. The teamwork and collaboration across the cancer continuum, given the large geography is a huge strength and a testament to the committed staff at these sites.

Patients are screened for symptom burden prior to treatments using the COMPASS (Comprehensive Problem and Symptom Screening) tool. Patients are seen by a physician prior to each cycle and as needed. Dose reductions or other changes to a treatment regimen are done in collaboration with the oncologist at CCMB. Currently patients are in a Multiday model which means they must come to the centre on separate days for bloodwork and treatment. This is a goal for the program however CCMB is encouraged to consider how to enable a same-day model whereby patients who are travelling long distances do not have to attend the clinic multiple days. This will likely involve coordination and adjustments to scheduling and workflow in the lab and pharmacy. As the clinic volumes increase the team will need to consider other strategies to maximize efficiency within the limited space in the cancer centres.

The nursing team uses PPE prior to administration of chemotherapy. Due to the age of the facility, medications are the team stations and not locked during the day. This will be addressed with the move to the new facility. Best Possible Medication History and Medication Reconciliation is done at CCMB at the initiation of treatment by the oncologist. Pharmacists at the CCP conduct a drug review as part of their systemic therapy and the CRN at the Boundary Trails hospital conducts medication reconciliations at each systemic therapy visit.

#### **Priority Process: Decision Support**

An electronic health record system (ARIA) is used for all clinical documentation for a patient's cancer treatment. This enables seamless care across the Cancer Care continuum and CancerCare Manitoba for oncologist/physician and primary RN oversight. Access to CancerCare Manitoba policies and resources is available through a SharePoint site. Staff members shared protocols for the transfer of information in instances where a patient required admission to hospital from the Cancer Centre or when they present in the emergency department. Patient information related to their chemotherapy regimen as well as symptom management are provided during chemotherapy education that is offered at the chairside prior to their first treatment. Numerous audits are conducted on the electronic record to ensure the integrity of

the information.

The evidence-based guideless and treatment regimens that are ordered are verified by the pharmacist prior to the preparation of the dose, and nursing conducts an independent double check prior to administration.

The organization is encouraged to consider ways to interface or link the patient's cancer electronic health record with their host hospital so that care providers in the inpatient or emergency department setting have access to the patient's record in ARIA.

#### **Priority Process: Impact on Outcomes**

Program planning and provincial goal setting for the province is led by CCMB. An interdisciplinary regional committee is established to provide a linkage between CCMB and community cancer programs. There was a local quality improvement plan with specific goals, metrics and actions that focused on local service delivery including the systemic therapy deliver model. Their goal is to ensure a multi-day model is followed 95 percent of the time. Other improvements identified include enhancements and communication with patients regarding the booking process and billing practices. CCMB and Portage are encouraged to consider flexibility in multi-day versus same day treatment model for patients who are coming a long distance. A greater line of sight is encouraged at a regional and local level with respect to wait times for cancer consultations and treatments. This will inform planning for the Cancer Centre for the new Portage Hospital currently the same size as the existing facility (six chairs).

#### **Priority Process: Medication Management**

Protocols are standardized through CCMB. Processes are in place to safely administer chemotherapy. The staff members currently work in small quarters and will benefit from the additional space and functionality of the new facilities. The pharmacy team prepares systemic therapy in the central pharmacies. At the Portage hospital, the space available for sterile compounding of hazardous drugs does not have negative pressure (fumes in hood vented to the exterior) and does not have an anti-room for donning and doffing. This will be corrected with the new facility. Planning is underway that is considering centralizing sterile compounding. We would encourage Southern Health-Santé Sud to consider the impact on wait times and patient flow at the CCPs if this process is introduced.

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

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
1.8 Services are reviewed and monitored for appropriateness, with input from clients and families.	
3.5 The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
<b>Priority Process: Competency</b>	
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.	!
6.1 The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.	
<b>Priority Process: Episode of Care</b>	
7.1 There is a process to respond to requests for services in a timely way.	
7.8 When the team is unable to meet the needs of a potential client, access to other services is facilitated.	
8.14 Clients and families are provided with information about how to file a complaint or report violations of their rights.	!
9.13 Strategies to manage symptoms, including identification of early warning signs of relapse and appropriate action are identified in partnership with the client and family, and are included in the care plan.	
9.14 As appropriate, an initial crisis intervention plan is developed in partnership with the client and family, and is included in the care plan.	
11.1 Crisis intervention services are available to any individual or family that contacts the organization.	
11.3 Clients and/or families are encouraged to share their crisis intervention plan with others who may have contact with them in a crisis situation.	

12.4 Appropriate follow-up services for the client, where applicable, are coordinated in collaboration with the client, family, other teams, and organizations.

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**

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

17.11 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 community-based mental health team is a partnership between Southern Health-Santé Sud and Eden Health Care Services, an affiliated organization. Eden provides a vast range of services including an inpatient mental health hospital and, since formalizing the affiliation, operates jointly the community-based mental health services with Southern Health-Santé Sud managers and staff.

The team develops many partnerships to provide services for patients, including alternatives while on the waiting list. There are also initiatives to promote optimal mental health, such as the recently created drop-in counselling options.

Given limited resources, the team also attempts to build capacity with its community partners to promote mental health. An example is the enhanced school-based mental health and addiction program where school personnel have opportunities to collaborate with Southern Health-Santé Sud /Eden staff.

With the investment into multiple initiatives, the team is encouraged to seek processes to evaluate the effectiveness of these new programs, to ensure that they deliver the expected results so that decisions can be made to expand or terminate pilot projects.

**Priority Process: Competency**

By the nature of their work, team members work very respectfully with their clients and provide services in a very person-centred manner.

Because of recent changes in management personnel, the team has fallen behind in offering its staff regular feedback on their performance. The team is encouraged to resume this practice as these exchanges can contribute to staff retention and motivation, particularly with the major changes in progress and staffing challenges.

Teamwork in a very collaborative manner with other team members, with other organizations, and with their clients. The team is now resuming the creation of opportunities to discuss and share best practices.

Team members indicate that workloads and caseloads have increased significantly over the past year or so and feel that more and more is expected with the same resources despite continuing growth in the client population and their needs in mental health services.

### Priority Process: Episode of Care

Depending on the category in which clients are placed, based on a predetermined set of criteria, some, especially in the adult mental health program, can have wait times up to 24 – 30 months prior to receiving service. Although some alternatives such as group interventions are sometimes offered to clients on the waiting list, clients indicate that these often require extra payment which presents additional barriers to access these services.

Clients on the waiting list could also have access to crises services, walk-in counselling, and 24hour emergency services. However, these services do not appear to be well known by all clients, and Southern Health-Santé Sud is encouraged to ensure understanding of this information by all its clients.

Following the initial assessment in the adult mental health program, cases are presented to a review team for approval of the conceptualization of the interventions and, according to staff, to obtain approval for the number of sessions authorized. Southern Health-Santé Sud is encouraged to evaluate this process to ensure that this does not represent an additional delay to initiate treatment, and to ensure optimal use of precious resources.

Some clients have expressed anxiety that services are a one-time opportunity, and fear that they would have no more access to services following termination of an episode of interventions.

The nature of the team's work implies that they are faced with ethical questions daily. The team has additional support when needed with the recently created coordinator positions, and, if further support is needed, management personnel. Although team members are aware of the ethics committee, few have had to call upon the committee as internal support structures have been able to respond.

There is significant collaboration amongst the various teams, as well as with partner community organizations to secure basic needs such as food, housing and clothing for clients.

Given limited resources available, and the growing need of clients, the team is encouraged to identify performance indicators and methodologies to monitor effectiveness of the various programs offered to its

clients to ensure that investments yield the desired results.

#### **Priority Process: Decision Support**

Clinical documentation is done mostly in paper format. Some reports are created electronically with word processing templates to ensure consistency of information. However, given the multi-site nature of the team's various activities, including mobile, school and community-based programs, Southern Health-Santé Sud is encouraged to evaluate the possibility of implementing an electronic charting system to facilitate the communication between team members.

#### **Priority Process: Impact on Outcomes**

Following the initial assessment in the adult mental health program, cases are presented to a review team for approval of the conceptualization of the interventions and, according to staff, to obtain approval for the number of sessions authorized. This ensures a consistency in the delivery of services. However, Southern Health-Santé Sud is encouraged to evaluate this process to ensure that this does not represent an additional delay to initiate treatment, and to ensure optimal use of precious resources.

With the investment into multiple initiatives, the team is encouraged to seek processes to evaluate the effectiveness of these new programs, to ensure that they deliver the expected results so that decisions can be made to expand or terminate pilot projects that contribute to the continuous improvement of the quality or the capacity of service.

In addition, Southern Health-Santé Sud is encouraged to continue to share results of quality improvement efforts with staff and clients. Furthermore, in addition to consulting and surveying for client input, the organization is invited to seek opportunities to involve clients directly in decision-making instances such as quality improvement groups and perhaps even the Mental Health Planning Group.

**Standards Set: Critical Care Services - Direct Service Provision**

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
1.4 Service-specific goals and objectives are developed, with input from clients and families.	
<b>Priority Process: Competency</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Episode of Care</b>	
9.10 The client is regularly screened for delirium and receives interventions to help prevent delirium.	
<b>Priority Process: Decision Support</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Impact on Outcomes</b>	
15.2 The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
15.3 There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
<b>Priority Process: Organ and Tissue Donation</b>	
The organization has met all criteria for this priority process.	
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Clinical Leadership</b>	

The Special Care Unit (SCU) at Boundary Trails Health Centre is led by a dedicated Manager who is looking to add more clinical resource nursing to the program. The SCU is a four-bed unit. Staff are provided ongoing education. As the team looks to expand services from a Level 2 SCU to a Level 3 SCU, it will be important to include the expertise of patients and families. This can be achieved by having a local patient/family advisory committee who can be consulted. The team has done a tremendous job through the pandemic by considering where to provide end-of-life services, which is a room with a large window with natural light. The unit is multi-disciplinary and the team rounds on patients daily. It was noted that there is one respiratory therapist who is not always available due to workload.



**Priority Process: Competency**

The SCU team is made up of RNs and LPNs. The LPN scope of practice has been maximized to meet the demands of the patient case mix. Training is provided on new infusion pumps. Time was spent revamping the telemetry policy with better communication between the SCU and the medical floor. The team is supported by the manager and the clinical resource nurse. Staff are recognized through a new program, that started in 2021, called What Matters To You?.

**Priority Process: Episode of Care**

The SCU is a closed unit whereby specific physicians are only assigned to SCU. In order for patients to be admitted, they need to be consulted by SCU - patients are transferred from ED or from the inpatient unit. The transfer of accountability occurs from doctor to doctor as well as from nurse to nurse. The transfer for nursing is a face-to-face, warm handoff. The chart is standardized. Patients are rounded daily by the SCU team. Nutrition is assessed by the dietician. A social worker is available. It was noted that respiratory therapy is a gap and staff would like to have their expertise more readily available. There has been a lot of work to improve sepsis management. During the tracer, the family was present, and the RN was helping them to understand care. The team is very proud of their program. The pandemic has created lower staff satisfaction due to the feeling of burnout.

**Priority Process: Decision Support**

The SCU remains paper based. Information collected is standardized for each patient. Disclosures are provided by the manager or director. There are two rooms that are private with closed doors. Polices are accessible by the staff.

**Priority Process: Impact on Outcomes**


The most immediate focus for the SCU is to support the potential adjustment from a Level 2 SCU to a Level 3 SCU. Most data are reported regionally, and outcome data are discussed at a regional level through the ED council and critical care team. Incident reports are submitted to the manager and reviewed. The team is very aware of the ethical framework, and it was noted how often they referred to the framework to work through decisions during the pandemic.

**Priority Process: Organ and Tissue Donation**

Given the size of the four-bed SCU, the volume of deaths is low. The staff are aware of their role in reporting deaths for the purpose of organ and tissue retrieval.

**Standards Set: Emergency Department - Direct Service Provision**




Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
1.3 Specific goals and objectives regarding wait times, length of stay (LOS) in the emergency department, client diversion to other facilities, and number of clients who leave without being seen are established, with input from clients and families.	
1.4 Services are reviewed and monitored for appropriateness, with input from clients and families.	
2.4 An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
2.6 Seclusion rooms and/or private and secure areas are available for clients.	!
2.9 The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
2.11 A universally-accessible environment is created with input from clients and families.	
<b>Priority Process: Competency</b>	
4.11 Education and support to work with clients with mental health and addictions are provided to team members.	
4.14 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
4.16 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
6.1 The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.	
12.12 Access to spiritual space and care is provided to meet clients' needs.	
<b>Priority Process: Episode of Care</b>	
7.1 Entrance(s) to the emergency department are clearly marked and accessible.	!
9.9 The client's informed consent is obtained and documented before providing services.	!

10.7	Clients are assessed and monitored for risk of suicide.	
10.7.1	Clients at risk of suicide are identified.	<b>MAJOR</b>
10.7.2	The risk of suicide for each client is assessed at regular intervals or as needs change.	<b>MAJOR</b>
10.7.3	The immediate safety needs of clients identified as being at risk of suicide are addressed.	<b>MAJOR</b>

**Priority Process: Decision Support**

The organization has met all criteria for this priority process.

**Priority Process: Impact on Outcomes**

16.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
16.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	
16.5	Guidelines and protocols are regularly reviewed, with input from clients and families.	
17.4	Safety improvement strategies are evaluated with input from clients and families.	
18.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	

**Priority Process: Organ and Tissue Donation**

The organization has met all criteria for this priority process.

**Surveyor comments on the priority process(es)**

**Priority Process: Clinical Leadership**

Information is collected in a variety of ways and used in planning and service design; for example, patient and family suggestion forms, annual community engagement using request for feedback in the local newspaper and being aware of where to send feedback should they have it. In many communities the board members are well known so they also receive feedback directly from the public. A number of patients spoke of being aware of how to provide feedback.

While a good process was apparent for developing specific goals and objectives using data and input from team members, there was not consistent involvement from patients and families in providing input into the objectives at all sites. The regional emergency council may wish to share some of the innovative or other best practices across the sites to assist all emergency departments in seeking input from patients

and families around the department's goals and objectives.

Sites described a strong and sometimes an improved relationship with Health-Santé Sud. Many sites participate in the structure of the regional critical care and emergency program. Departments vary in the services provided on site but partner with other sites and services within the community and health authority to meet the health needs of the patient, for example, after hours laboratory services or contracted services for dietary consults, regional wound care, home care, mental health and palliative care.

Southern Health-Santé Sud recognizes the importance of working with communities to ensure an integrated emergency response plan that includes the emergency departments. The ED leadership and staff were able to articulate the roles and the structures that are in place or implemented in response to a disaster or emergency. EDs were also able to demonstrate a good understanding of their role in a local disaster and had clear roles and responsibilities defined to manage a local emergency response plan.

Information on services was available through multiple modalities (online, brochures, referral information) to patients, families, partner organization and the community. Some communities also regularly shared information to the community in local newspapers to ensure community members know the most up to date resources and services available.

Emergency Departments employ mechanisms that include patient and family, staff, and community input to identify service gaps which are communicated directly to the organization's leaders and in some cases to the regional critical care and medicine program.

There is a process in place to work for Southern Health-Santé Sud to work with other facilities in sharing services and resources to ensure their availability for patients and families. Southern Health-Santé Sud is encouraged to review existing resources and whether they are accessible to or used optimally at all sites.

While an appropriate mix of skill level and experience within the team is determined with input from staff and leaders, there is inconsistent input from patients and families and some sites noted no evidence of input from patients. The health authority is encouraged to share the practices at sites involving patients with all emergency departments through the regional critical care and emergency program; for example, the board of the Rock Lake Hospital is made up of community members who consistently have input into the appropriate mix of skills.

Seclusion rooms are not available consistently across emergency departments. Patients who require a seclusion room often need to be safely transported to another facility using EMS and/or RCMP. There is an opportunity to review data to determine if there is a need for either a seclusion room or whether there is a secure space that can be created for use when an urgent need arises.

Pediatric equipment and supplies are available and accessible. At some sites the pediatric equipment was limited so Southern Health-Santé Sud may wish to examine the use of Broselow pediatric emergency kits or carts for safer weight-based care.

The effectiveness of resources, space and staffing is evaluated with input from the team and from some stakeholders. At some sites there was no evidence of the input provided from patients and families. Southern Health-Santé Sud may wish to ensure patient and family input is documented and recorded.

While many sites were accessible some sites did not have an accessible main entrance, or where a ramp may have existed it was steep with no rails, or it may have been placed within broken and uneven asphalt. Southern Health-Santé Sud is encouraged to assess those areas that require a review of accessibility.

### Priority Process: Competency

Ethics training is embedded in onboarding for all staff.

The completion of PALS (Paediatric Advanced Life Support) certification is voluntary, and the organization may wish to examine whether this needs to be required by some or all staff in addition to ACLS (Advanced Cardiac Life Support).

Performance appraisals and conversations are not up to date at all sites. The delay for the completion at some sites has been due to COVID-19 and workload. At some sites there are new leaders in place who have begun performance appraisals. There is a need to ensure performance appraisals are up to date to support staff development, talent management, succession planning and retention.

The staff have shared that there are a great number of professional development opportunities offered virtually however staffing pressures have impacted their ability to attend them. Southern Health-Santé Sud is encouraged to explore ways to enable and invest in staff to participate in these educational opportunities.

Staff commented that consultants in some instances are delayed in responding to requests for consultation. These delays can contribute to patient safety issues; for example, when a transfer is required such as for an orthopedic surgery, there can be delays of many hours to days to transfer the patient.

At some smaller sites, staff expressed concern that teams are responsible for multiple areas simultaneously; for example, inpatient, specialty and emergency. There is an opportunity to review span of control across sites.

There is an opportunity for Southern Health-Santé Sud to evaluate the ongoing impact of the pandemic and public health direction especially as it may be affecting staff in emergency departments or other roles with frequent public contact with respect to workplace violence.

At many sites there was strong recognition of employees and leaders. There is an opportunity to ensure that positive feedback and recognition is provided consistently across sites to employees, outside of long service awards.

While there are no dedicated spiritual spaces at many sites, some sites use patient rooms or other rooms for spiritual support. At other sites there are strong linkages to the community including access to multiple denominations for spiritual support where services can be provided on site or in a community spiritual location.

#### **Priority Process: Episode of Care**

The main emergency sign at the Morris General Hospital site is not visible. The hospital sign displays Southern Health-Santé Sud in large font, while Emergency is smaller font. The main entrance doors and the emergency doors all have homemade signs directing traffic to the ED entrance. The ED entrance is busy with signs and instructions which are not user / senior friendly. There is a need to address signage for the emergency department at the Morris General Hospital site.

Client interviews confirmed their appreciation for good and respectful person-centred interactions within the emergency department.

Staff noted they access interpreter services often through staff who speak multiple languages. All sites have access to the Shared Health provincial language access services.

In reviewing the regional policy, and the Southern Health-Santé Sud policy, it was noted that they are inconsistent regarding consent. The Southern Health-Santé Sud policy defines which services require consent while the regional policy notes consent must be acquired prior to any health care service. Many sites ensure consent is completed and documented for all health procedures as outlined in the regional policy. It is suggested that Southern Health-Santé Sud review the consent policy for alignment across all policy elements and ensure consistent application.

There is an Southern Health-Santé Sud policy to guide and support research activity and approval. At many sites surveyed there was no evidence of research activity. Many affiliate sites do not have a protocol to guide development of or local approval of research nor a structure to engage and educate their communities on participation in research. There is an opportunity to support further research activity across the region.

While assessments for risk of suicide are conducted, they are not consistently completed for all clients at all sites and are not completed at all in a few sites. There is a need for Southern Health-Santé Sud to ensure consistent, reliable screening of suicide risk for all clients who present to the emergency department.

#### **Priority Process: Decision Support**

As a provincial information technology evolves, it will be important to ensure all sites provide input into their information technology needs. At many sites' health records remain paper based, it will be important to consider continuity of care across services as information / IT options are developed.

All client records were reviewed for completeness and observed to be well done, following policy. Regional policies regarding documentation standards are in place including for client access. The flow of information is well supported through a variety of standardized communication forms.

#### **Priority Process: Impact on Outcomes**

Southern Health-Santé Sud has a process to review evidence-informed guidelines. There is an opportunity to explore how to strengthen the process with input from clients and families being incorporated.

Although there is a standardized process to regularly review safety improvement strategies, the input from clients and families is variable across sites. The mechanism to garner input from clients and families may be best left flexible and based on community strengths and existing community client and community engagement activities.

Evidence that clients and families are involved in safety improvement strategies across sites is variable; for example, patient feedback comes indirectly through complaints, incident reports, annual solicitation for input, community involvement through boards and surveys. It is suggested that client and family engagement strategies be shared across sites.

Quality improvement activities are well in place at many sites. Many sites also noted a strong commitment to ongoing quality improvement. There is an opportunity to strengthen awareness and involvement of all staff in this regard.

#### **Priority Process: Organ and Tissue Donation**

Transplant Manitoba has developed a documented set of guidelines for health care professionals throughout the province. The manual of protocols is available through the emergency departments. Included is a policy for multi-organ donation. Transplant Manitoba also make available posters outlining notification processes which were observed at many sites. Some emergency rooms were observed to have the clinical referral triggers posted within the treatment area for staff as provided by Transplant Manitoba.

While teams follow the process, at some sites few attempts for tissue recovery have happened and no organs had been donated. Southern Health-Santé Sud is encouraged to explore avenues to increase public awareness and support for tissue recovery or organ donation.

**Standards Set: EMS and Interfacility Transport - 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**

5.20 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
5.21 Patient and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	

**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**

25.2 The procedure to select evidence-informed guidelines is reviewed, with input from patients and families, teams, and partners.	
25.3 There is a standardized process, developed with input from patients and families, to decide among conflicting evidence-informed guidelines.	!
25.4 Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from patients and families.	!
25.5 Guidelines and protocols are regularly reviewed, with input from patients and families.	!

**Priority Process: Medication Management**

The organization has met all criteria for this priority process.

**Priority Process: Infection Prevention and Control**

The organization has met all criteria for this priority process.



**Surveyor comments on the priority process(es)****Priority Process: Clinical Leadership**

The pandemic, and the need for resources, has put pressure on the EMS system to increase the scope of practice for PCPs (primary care paramedics). This has led to ICP (intensive care paramedic) professionals who bridge the gap between PCPs and ACPs (advanced care paramedics). It was noted that their training is rushed at times and perhaps more time can be spent on new protocols for medication management. Paramedics receive driver training. Ongoing training and education are provided in-person and virtually. The addition of superintendents was pivotal as they look after the day-to-day, hour-by-hour flow of resources. This position immensely helped during the pandemic when the supply chain was an issue as they managed to move equipment and PPE to locations of low supply.

**Priority Process: Competency**

The overall team is very tight in terms of working together. The leadership has worked hard to complete the training and education that is required. It was noted that staff felt rushed to increase their scope of practice to becoming designated as an ICP. They have continued to train and educate on such things as the new infusion pumps and CTAS (Canadian Triage and Acuity Scale). This is impressive given the small number of educators. The staff feel the training is rushed. They spend a lot of time on driver training however less time on new medication education. The staff also feel they can't receive education that is outside the mandate, such as CBRN (Chemical, Biological, Radiological and Nuclear) training. The creation of superintendents has proven successful during the pandemic, and they support operations and flow behind the scenes. Knowing what the paramedics need for training along with any mandated training will help provide a fulsome list of educational opportunities.

**Priority Process: Episode of Care**

The various paramedic bases work together to manage call volumes. The use of radio communications is standardized. Crews can communicate directly with partners such as the fire department. Crews have access to physician orders when required. At scene, each crew manages the medical demands while partners like police and fire manage scene control. All equipment is standardized in each vehicle. Medical bags are minimized to three bags making it more manageable for crews at the scene. Asset management is controlled, and oversights, such as a missing stretcher, are mitigated with the support of superintendents. Crews are dispatched strategically to manage call volumes. Most vehicles are made up of ACP/PCP or ACP/ICP. Each base is clean and medical oxygen is stored safely.

**Priority Process: Decision Support**

Call information is documented on paper. Each patient care record is standardized. Addendums are provided for calls when more documentation is required.

**Priority Process: Impact on Outcomes**

There are several quality improvement (QI) strategies such as safe client handling, mental health resilience, interfacility transfer, equipment maintenance, replacement and cleaning. QI initiatives will be

greatly enhanced by having patient advisors consulted on such things as storing equipment in new truck configurations through the patient lens.

**Priority Process: Medication Management**

Medication is labelled and stored in a separate medication bag. Narcotics and controlled drugs are stored in a locked box with personal access codes for entry.

**Priority Process: Infection Prevention and Control**

Vehicle equipment is tagged to indicate new and clean supplies. It was noted that COVID-19 has underscored the need to frequently and properly clean vehicles. A new initiative has added pre-diluted cleaning solutions for cleaning of floors, glass and interiors. Hand hygiene audits have been automated to track compliance. EMS continues to wear PPE such as face masks that would not have been used pre-pandemic. It was noted that paramedic-specific PPE could be considered since some standard PPE such as gowns can restrict range of motion.

**Standards Set: Home Care Services - Direct Service Provision**

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
5.2 Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.	
<b>Priority Process: Competency</b>	
4.5 Standardized communication tools are used to share information about a client's care within and between teams.	!
<b>Priority Process: Episode of Care</b>	
6.4 When the team is unable to meet the needs of a potential client, access to other services is facilitated.	
<b>Priority Process: Decision Support</b>	
2.2 Technology and information systems requirements and gaps are identified and communicated to the organization's leaders.	
11.1 An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.	!
12.2 Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.	
<b>Priority Process: Impact on Outcomes</b>	
13.2 The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
13.3 There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
13.5 Guidelines and protocols are regularly reviewed, with input from clients and families.	!
14.1 A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families.	!

**Surveyor comments on the priority process(es)****Priority Process: Clinical Leadership**

The Home Care leadership team is a dynamic team of both seasoned and new staff. The team is always looking for improved ways of doing things. Their mandate is to keep clients in their homes. Services over the past three years have evolved significantly as has the acuity of the clients.

The "independent for profit non-accredited homes" are leading to challenging situations for the team. These homes offer inhouse personal care with the money provided by Southern Health-Santé Sud home care to perform independent family managed care. This is impacting the case manager workload as such homes will demand increases in funding for care of the client. The other concern is the confusion from the clients living in these homes when trying to understand who is responsible for their care. Overall, this is certainly perceived as an ethical problem, and is creating concern with Home Care staff, and the clients. If such arrangements are being made, there may be consideration to develop contracts with these independent care provider homes.

**Priority Process: Competency**

Competencies are monitored by the managers for each staff member. There is an EHCR (electronic health care record) with client information; this information is not available to direct services nurses (DSNs), but is available to case coordinators, resource coordinators, and managers. Southern Health-Santé Sud is strongly encouraged to allow for access to all client focused health care staff to eliminate most of the paper charting. Various forms of documentation exist, including the green folder for Home Care Attendants (HCAs), Procura for the community coordinators and the paper nursing chart which is left in the client's home. These represent barriers for different team members to be able to readily access each other's documentation.

Currently, there is not a way for the organization to be able to track the location of the health care aids, professional staff and or nursing staff. This is not safe for the staff who travel long distances between clients in severe conditions. It is strongly recommended there be a tracking device available for each staff to carry so the organization can locate them while working. The team has been investigating the Procura Mobile app used in Winnipeg with great success.

**Priority Process: Episode of Care**

The little engine that could is an apt description for the Home Care Leadership team. The team work hard to ensure they can provide timely services to the community. There are often many changes to travelling schedules to ensure the right care can be provided to all the clients, rather than having to make difficult choices of cancelling some for more urgent needs. There are approximately 2,000 clients on the roster at this time being cared for out of 19 home care offices. There are three hubs in Portage la Portage, Steinbach and Morden/Winkler. Sixty percent of the clients are seen for wound, diabetic and palliative care. There are two streams, with one in home care with supporting care aides for the ADL (activities of daily living) and nursing staff as required, and Self and Family Managed Care, where the client/family is responsible for finding staff to provide care. At this time there is approximately a two week wait to have a

detailed assessment completed. The tool used for assessments has recently been changed to the interRAI.

When there are vacancies in the day-to-day staffing, and the resource coordinator is not working, clients may miss appointments due to the vacancy and the lack of personal to notify the client. Southern Health-Santé Sud is encouraged to consider how best to fill this gap of the resource coordinators using the Southern Health-Santé Sud risk framework: availability on weekends vs weekdays. New rotations are planned to go live in June 2023 and this is anticipated to mitigate this challenge.

An opportunity for the leadership in the organization is to consider the use of the home care funding model for independent family managed care. Currently, there are non-accredited independent for-profit organizations, having clients enter their care and using the funding. These organizations are placing a strain on the home care system with frequent intentions of increased funding.

Consideration to contract with these organizations and the clients may be considered not only to protect the clients, but for the purpose of educating the clients on the communication of who is providing care and who to discuss concerns with.

#### **Priority Process: Decision Support**

There is very limited technology and information system availability in this portfolio's service. Currently, all documentation is paper based, and the case managers use Procura. The organization is encouraged to allow access to all nursing staff, professional disciplines, and health care aids to the Electronic Health Care Record (EHCR), Procura. This would save time of having the case managers upload client information into the EHCR software and the time of the nurses in transcribing from e-mail.

While an accurate record is maintained for each client, that document is left at the client's home. The documents to be left in the clients home and those that become part of the legal client chart may be considered for continuity and communications within the home care team, if the chart kept in the client's home goes missing and needs to be rebuilt from memory. Access to the EHCR for all staff involved in client care would eliminate this concern and decrease time spent both sending and receiving e-mails as the method of exchanging client information and would in turn would allow ONE accurate up-to date, complete record for clients.

#### **Priority Process: Impact on Outcomes**

The Home Care service leadership was readily able to describe both QI processes with timelines and indicators, some of which were initiated due to complaints, nursing concerns, and some from the Southern Health-Santé Sud. There are good relationships with the clients the team cares for and discussion about what works and what does not work happen frequently. The team has introduced huddles on Wednesday mornings to discuss caseloads, concerns and care plans. This has helped in streamlining the workloads for team members.

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

Unmet Criteria	High Priority Criteria
<b>Priority Process: Infection Prevention and Control</b>	
8.4 Team members, and volunteers have access to dedicated hand-washing sinks.	
9.1 The areas in the physical environment are categorized based on the risk of infection to determine the necessary frequency of cleaning, the level of disinfection, and the number of environmental services team members required.	!
9.4 There are policies and procedures for cleaning and disinfecting the rooms of clients who are on additional precautions.	!
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Infection Prevention and Control</b>	

The IPAC leads work closely with IPAC Manitoba, the provincial infection prevention and control network, to coordinate IPAC services across the region. At the regional team, there is an interdisciplinary committee that provides guidance and receives feedback from patients and families as required. They leverage access to the provincial network for policies, and then customize those to the local, and in this case, rural patient population. There is focused work being completed to standardize the legacy, and provincial policies for the region. Policies reviewed are all current.

They shared that they are expanding IPAC resources and are onboarding the new support associates, who will support/oversee LTC to allow the regional leads to focus on acute and community care. This initiative is done under Shared Health. Regional meetings are held monthly and quarterly reports that track trends in HAI (health associated infections) and hand hygiene are prepared and shared across the region. Most of the sites and units share the hand hygiene results with staff, residents and families with public facing quality boards.

There are some 60+ year old facilities with evidence of failing infrastructure (exposed drywall, partially finished repairs). Others have evidence of needing the floor redone to eliminate the duct tape hiding the holes, and repainting in the resident rooms if there is a lot of wear and tear from the previous resident. The leadership team is working to address the clutter, and use of cardboard boxes, in some facilities but this continues to be a challenge due to storage issues. Organization of clean storage is well underway in some sites and units.

The infection control practitioners have a close, working relationship with environmental services in the

Southern Health-Santé Sud. There are initiatives throughout the region to improve IPAC practices. At one site, the installation of two washer/disinfectors has greatly improved waste management practices, however these are at the end of long hallways and the leadership team shared that the practice of safe transportation of waste down the hall was variable. There were examples of transporting of contaminated items covered with cloth, when the best practice is to use sealed plastic containers.

Hand hygiene practices are well embedded within the teams and the HandyAudit software to perform audits, recently introduced, will assist with further auditing and feedback. However, the data is indicating there are user problems with the software and the overall hand hygiene. Compliance has dropped significantly in some units. The team articulated improvements they have made with respect to hand hygiene, including the lowering of ABHR (alcohol-based hand rub) dispensers for patients in wheelchairs and the roll out of more education to the HandyAudit users.

The IPAC leads identified several other quality improvement initiatives. One involved infection arising from Port-A-Caths and their surveillance activities. Another involved support and guidance for the transport of clean and soiled medical devices between two acute sites.

There is a half time regional position for the occupational health nurse who primarily supports staff vaccinations. The organization is encouraged to help support this position with FTE hours to support and work on overall staff wellness. There is also opportunity to consider a more robust system to support continuous input from residents and families for quality initiatives and policy review and creation.

There is an opportunity for some of the affiliate sites to participate in the use of policies and processes for IPAC from Southern Health-Santé Sud, as they are directly linked to provincial standards. Some of the affiliates are also encouraged to ensure a formal training program is required for the integrated housekeepers who also perform resident transfer and feeding duties. It is recommended that a designated trainer be established for all resident areas to ensure standardized and comprehensive training which identifies the required cleaning frequency, level of disinfection, and staff resources required.

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**Standards Set: Inpatient Services - Direct Service Provision**

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
1.5 Service-specific goals and objectives are developed, with input from clients and families.	
1.6 Services are reviewed and monitored for appropriateness, with input from clients and families.	
2.4 An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
2.6 The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
2.8 A universally-accessible environment is created with input from clients and families.	
<b>Priority Process: Competency</b>	
3.1 Required training and education are defined for all team members with input from clients and families.	!
3.11 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.13 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
4.4 Education and training on the safe and appropriate use of restraints are provided to the team.	!
4.5 Education and training on when clients need to be accompanied when receiving service in another service or location is provided to the team.	!
6.1 The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.	
<b>Priority Process: Episode of Care</b>	
7.6 Clients and families are provided with information on how to identify when an escalation in care may be needed and how to initiate the process.	
8.2 Clients and families are encouraged to be actively engaged in their care.	



8.9	The client's informed consent is obtained and documented before providing services.	!
8.13	Clients and families are provided with information about their rights and responsibilities.	!
8.14	Clients and families are provided with information about how to file a complaint or report violations of their rights.	!
9.3	The inpatient services team works with the emergency department team to initiate the geriatric needs assessment, where appropriate, for clients who enter into the organization through the emergency department.	!
9.4	The assessment process is designed with input from clients and families.	
9.8	To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.	ROP
9.8.3	The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed.	MINOR
9.18	Where appropriate, clinical care pathways are consistently followed when providing care to clients to achieve the same standard of care in all settings to all clients.	!
10.2	Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them.	ROP
10.2.1	At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.	MAJOR
10.6	Clients who have received sedatives or narcotics are monitored.	!
10.7	There is a least-restraints policy that is followed by the team.	!
10.8	A procedure is followed to appropriately implement restraints, monitor a client in restraint, and document the use of restraint in the client's record.	!
<b>Priority Process: Decision Support</b>		
2.2	Technology and information systems requirements and gaps are identified and communicated to the organization's leaders.	
12.5	Information is documented in the client's record in partnership with the client and family.	

**Priority Process: Impact on Outcomes**

14.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
14.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.	!
14.5	Guidelines and protocols are regularly reviewed, with input from clients and families.	!
15.3	Verification processes are used to mitigate high-risk activities, with input from clients and families.	!
16.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
16.6	New or existing indicator data are used to establish a baseline for each indicator.	
16.7	There is a process to regularly collect indicator data and track progress.	
16.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
16.10	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
16.11	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
16.12	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 care team demonstrates a commitment to partnering with clients and families on client care plans and goals.

There is robust information on services available to clients and families within the community. There is a well-designed palliative care program including compassionate volunteers that are located on the unit at Boundary Trails Health Centre.

Services have not been regularly reviewed and monitored for appropriateness, with input from clients and families. Monitoring the use of services can make internal processes more efficient by identifying service gaps, either within the organization or in the community. This information can then be used to improve

efficiencies by minimizing duplication, evaluating the cost-effectiveness of technologies and interventions, and increasing consistency across the organization. The leaders are encouraged to ensure that services are reviewed and monitored regularly for appropriateness and safety, with input from clients and families.

It was observed that there is limited storage space in some locations resulting in clutter in the hallways thus making it challenging to have clear walking paths. The leaders are encouraged to ensure that hallway and client areas are clutter-free.

#### Priority Process: Competency

The care teams have the required education and training including verified conditionals that are monitored. Professional development is supported by the organization. The staff has verified that they have access to ongoing education and training and attendance at conferences.

Southern Health-Santé Sud is congratulated on the rollout of standardized infusion pumps (B Braun). There was a robust documented and coordinated approach to education and training that will be done annually as per the standards.

During discussions with leaders and staff, it was noted that performance conversations were not up to date. Southern Health-Santé Sud is encouraged to complete performance conversations regularly as outlined in the standard. Managers shared that due to COVID-19, Manger's turnaround, and staffing shortages, completion has been an ongoing challenge. There is a plan noted by the team to complete performance conversations regularly moving forward.

#### Priority Process: Episode of Care

Congratulations to the teams on their ongoing commitment to safe patient care, compassionate teamwork, and their ability to pivot post-pandemic.

The What Matters to You? initiative demonstrates a commitment to clients and families and identifies a personalized approach to care. In addition, the implementation of What Matters to Me whiteboards allow patients to share what is important to them so the team can incorporate a personalized care approach.

Staff is also included in this initiative by monthly voting by their peers to highlight extraordinary care. The organization may consider contacting Accreditation Canada to highlight this as a leading practice.

On assessment of multiple medication passes, in one incident staff did not demonstrate using at least two person-specific identifiers to confirm that clients receive the service or procedure intended for them, in partnership with clients and families. Southern Health-Santé Sud is encouraged to review this process with the staff to avoid harmful incidents such as privacy breaches, allergic reactions, discharge of clients to the wrong families, medication errors, and wrong-person procedures.

It was also noted that not all admitted patients have armbands present. Southern Health-Santé Sud is

encouraged to pursue innovative ways to ensure client identification is present in all areas at all times.

The team is commended for their work in meeting the required organization practice standards on venous thromboembolism prophylaxis and pressure ulcer prevention since the last survey.

As the organization uses agency nurses, it would benefit from a standardized orientation process to ensure the transfer of real-time knowledge. Southern Health-Santé Sud is encouraged to review standardized documentation processes and tools to track and ensure compliance.

At Portage there is an opportunity to reassess whether bedrails should be used at night for patients identified at risk of a fall. Improved documentation of regular assessments on patients taking opiates and those assessed at risk of falls is encouraged. Unfortunately, when documenting by exception, there is no record of whether a patient was assessed and at what time, prior to being found on the floor and possibly injured.

#### **Priority Process: Decision Support**

There is an accurate and up-to-date standardized record of each client, however, the organization is encouraged to review the hybrid charting model and consider electronic health records for real-time information. This will help to reduce risk, enable access to real-time information for all care team members, and assist with gathering data for indicator collection and monitoring.

Southern Health-Santé Sud is to be congratulated on its commitment to the privacy and confidentiality of client information. There is extensive education for new staff and annual education on the learning management system (LMS).

There is a process in place that staff can access when enabling clients to access personal health information.

Policies and procedures are in place: however, some are not up to date. For example, the Least Restraint in Acute Settings was last updated in 2005. Southern Health-Santé Sud is strongly encouraged to review policies in a timely manner and on a regular basis to ensure best practices are reflected in up-to-date policies for staff and teams to promote safe care.

#### **Priority Process: Impact on Outcomes**

The teams have robust strategies for identifying safety risks in collaboration with clients and families and are engaged in their care and their outcomes.

The teams are commended for implementing bedside rounding that promotes privacy and confidentiality for those in shared spaces. Bedside rounding has been shown to increase transparency and closed-loop communication that includes the client and families.

The evaluation of quality improvement initiatives includes activities, objectives, and indicators. These results are used to plan future quality improvement initiatives including how and when to sustain or spread existing initiatives.

There is no evidence that clients and families are included in the evaluation of quality improvement efforts. Southern Health-Santé Sud is encouraged to partner with clients and families to review insights and perspectives. A client and family steering committee would be beneficial.

Although the staff is aware of quality improvement, they are not actively involved in the processes or audits. The organization may consider implementing quality-directed daily huddles to discuss new incentives, quality metrics, and identified quality opportunities directed by the frontline teams.

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

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Competency</b>	
3.13 Education and training are provided on information systems and other technology used in service delivery.	
3.15 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.17 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
5.3 Team members are recognized for their contributions.	
<b>Priority Process: Episode of Care</b>	
10.3 A pleasant dining experience is facilitated for each resident.	
11.1 Policies and procedures for POCT are developed with input from residents and families.	
<b>Priority Process: Decision Support</b>	
2.2 Technology and information systems requirements and gaps are identified and communicated to the organization's leaders.	
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.	!
<b>Priority Process: Impact on Outcomes</b>	
17.4 Indicator(s) that monitor progress for each quality improvement objective are identified, with input from residents and families.	
17.11 Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from residents and families.	

**Surveyor comments on the priority process(es)****Priority Process: Clinical Leadership**

The residents in Southern Health-Santé Sud reside in a variety of personal care homes. Some are large, some small. Some are privately owned, and some are owned by the Region. The age of the infrastructure is also varied, with some new, some within the last 10 years, and some quite elderly. However, they are all well maintained; they provide a home-like atmosphere for the residents and are safe and secure. All the homes have access to outside space, some with multiple patios and outside areas for residents and families to enjoy.

A few of the sites have neighbourhoods set up, a small unit where staff are consistent allowing both residents and staff get to know each other. The smaller personal care homes in small communities are a joy. The staff know the residents as some of them have grown up around the residents in the community. This affects the communication in such a positive way. The personal care homes foster that sense of family and community.

**Priority Process: Competency**

Education is provided to staff on various methods of dealing with the elderly, especially those with responsive behaviours. Training is provided on dementia care, and the Eden philosophy. There is no one standard across the Region.

There are multiple ways facilities are dealing with enticing staff to work. One of the Francophone sites is partnering with both the Université de St Boniface and the high school to bring students in for health care aide training. There is a mix of certified and uncertified Health Care Aides. Some sites are hiring workers with the potential to do the role and provide them with a structured, supervised training program. They are then encouraged to challenge the certification after a certain number of hours. This is a very innovative solution to dealing with the staffing crisis.

**Priority Process: Episode of Care**

15 different personal care homes were visited in the Southern Health Region (including affiliates) and excellent, safe, competent care being given to the residents and families was observed. Consistent use of evidence-based guidelines, and tools ensures care is up to standard. The care the staff feel for their residents cannot be measured, only observed. And this was done in each care home. The residents are treated with respect, some facilities have a No Forced Care policy, challenging behaviours are managed in small homelike settings and the residents appear happy and content. Families could not speak more highly of the care received. There are multitudes of activities provided, and volunteers are starting to make their way back after the pandemic.

There is work being done on the meal experience in multiple sites to ensure the meals are hot, tasty and appealing to the residents. Most sites have started a Relaxed Breakfast where the residents who are able to request a later breakfast receive the meal when they prefer. This provides the resident a choice. As one site has on their correspondence "You are Home".

**Priority Process: Decision Support**


There are a variety of charting systems with some personal care homes being all electronic, some hybrid and some pure paper. Even with the variety of systems the information is standard, and the assessment tools are standard. Southern Health-Santé Sud is encouraged to move forwards with an Information Technology plan for the personal care homes.

**Priority Process: Impact on Outcomes**

Some of the personal care homes are working hard on quality projects, however all could use support in the quality improvement process. Leadership has changed over the pandemic; frontline staff have changed some as well. Engaging frontline staff in understanding performance data and providing education for leadership on the quality improvement process would be beneficial. Linking those leaders who are already moving forward with quality projects with some of the newer leaders would be of benefit and ensure quality is spread across the region.



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

Unmet Criteria	High Priority Criteria
<b>Priority Process: Medication Management</b>	
<p>2.3 There is an antimicrobial stewardship program to optimize antimicrobial use.</p> <p>Note: This ROP applies only to organizations that provide acute inpatient care, cancer treatment services or inpatient rehabilitation services.</p> <p>2.3.2 The program specifies who is accountable for implementing the program.</p> <p>2.3.4 The program includes interventions to optimize antimicrobial use, such as audit and feedback, a formulary of targeted antimicrobials and approved indications, education, antimicrobial order forms, guidelines and clinical pathways for antimicrobial utilization, strategies for streamlining or de-escalation of therapy, dose optimization, and parenteral to oral conversion of antimicrobials (where appropriate).</p> <p>2.3.5 The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.</p>	<p style="text-align: center;"></p> <p style="text-align: center;"><b>MAJOR</b></p> <p style="text-align: center;"><b>MAJOR</b></p> <p style="text-align: center;"><b>MINOR</b></p>
<p>3.1 The organization integrates pharmacists into designated interprofessional clinical teams to provide proactive care for client-engaged medication management.</p>	
<p>3.2 Pharmacists collaborate with clients and interprofessional clinical teams to provide care using evidence-informed care activities associated with improved client and system outcomes</p>	!
<p>3.3 The organization has developed local implementation action plans that include prioritizing which high-risk client populations or units receive the evidence-informed care activities from pharmacists.</p>	
<p>7.3 Teams have access to an on-call pharmacist and prescriber to answer questions about medications or medication management.</p>	!
<p>13.1 Access to medication storage areas is limited to authorized team members.</p>	!
<p>13.2 Medication storage areas are clean and organized.</p>	!

13.7	Separate storage in client service areas and in the pharmacy is used for look-alike medications, sound-alike medications, different concentrations of the same medication, and high-alert medications.	!
13.9	Multi-dose vials are used only for a single client in client service areas.	!
14.3	Chemotherapy medications are stored in a separate negative pressure room with adequate ventilation and are segregated from other supplies where possible.	!
15.1	A structured program has been implemented to reduce the risks associated with polypharmacy, especially with frail or vulnerable clients.	!
15.4	Standardized, pre-printed forms shall be used to order medications that are commonly prescribed or have been identified as high risk.	!
15.6	A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.	ROP
15.6.7	Compliance with the organization's 'Do Not Use' List is audited and process changes are implemented based on identified issues.	MINOR
15.8	Steps are taken to reduce distractions, interruptions, and noise when team members are prescribing medications or transcribing and verifying medication orders.	
15.11	The organization uses regular, documented audits to assess the accuracy of medication order documentation and makes improvements as needed as part of a continuous quality improvement program.	!
16.1	The pharmacist reviews each medication order prior to the first dose being administered	!
17.1	Medication preparation areas are clean and organized.	!
17.3	There is a separate negative pressure area for preparing hazardous medications, with a 100 percent externally vented biological safety cabinet.	!
17.4	Sterile products are prepared in a separate area that meets standards for aseptic compounding.	!
18.3	Unit dose oral medications are kept in manufacturer or pharmacy packaging until they are administered.	!
19.2	Medications are dispensed in unit dose packaging and exclusions (e.g., liquids, topical preparations, antacids, otic/ophthalmics, multi-dose vials) are specified in organizational policy.	!

20.1	When the pharmacy is closed, there is controlled access to a night cabinet or to automated dispensing cabinet for a limited selection of urgently required medications.	!
21.1	Medications are delivered securely from the pharmacy to client service areas.	!
23.1	There is a policy and procedure to ensure client self-administration of medication is safely managed.	!
29.1	Resources are provided to support quality improvement activities for medication management.	
29.4	The interdisciplinary committee conducts an annual evaluation of the medication management system.	
29.6	The interdisciplinary committee prioritizes and completes medication use evaluations.	
29.7	The interdisciplinary committee uses the information it collects about its medication management system to identify successes and opportunities for improvement, and to ensure that improvements are made in a timely way.	
29.8	The interdisciplinary committee shares evaluation results, areas of success, and opportunities for improvement with teams.	

**Surveyor comments on the priority process(es)**

**Priority Process: Medication Management**

Significant plans are underway to transform the medication system making it safer for patients. These initiatives are being led by the Regional Director of Pharmacy. The plan to implement dispensing cabinets will introduce safeguards in the selection of medications for the patient by the nurse, ensure secure storage and tracking of controlled substances, and improve inventory management. The implementation of the BDM MoV pharmacy information system will enable pharmacy to generate computerized medication administration records for the nurses and enable a medication order reconciliation process between pharmacy and nursing, another medication safety enhancement. The recent introduction of standardized IV smart pump technology and the associated dose error reduction software will further address error prone processes. Work completed by nursing and pharmacy on dose limits and updated parenteral monographs represents a significant safety enhancement.

Although significant attention has been focused on Do Not Use Abbreviations by both pharmacy and physician leadership, physician prescribers using paper prescription forms continue, in many instances, to include Do Not Use Abbreviations in their medication orders.

Until dispensing cabinet technology replaces the current medication storage areas which do not meet CSA

standards, significant risk exists for medication incidents. With dispensing cabinet technology, controlled substances are stored more securely, and the nursing workload is reduced related to shift counts and discrepancy resolution. Dispensing cabinet technology enables separation of look-alike sound-alike and high-alert medications. Southern Health-Santé Sud is encouraged to prioritize obtaining of dispensing cabinet technology wherever medications are stored.

Medication is not unit dose packaged except for medication stocked in the dispensing cabinet in the Emergency Department at Boundary Trails Health Centre. Plans are underway by the Director of Pharmacy to procure unit dose packaging equipment.

There is an established Antimicrobial Stewardship Program in place for adults. Interventions are in place such as IV to PO conversion. Data capture is manual limiting the ability to track and trend antimicrobial utilization using a metric such as defined daily doses per 1000 patient days. This metric is used across organizations to evaluate the success of the antimicrobial stewardship program. The plan is to pull data from the BDM information system. An antibiogram was created in 2021 to help identify antimicrobial resistance patterns.

Best Possible Medication History capture and Medication Reconciliation is a shared accountability between Nursing, Pharmacy and Physicians. Southern Health-Santé Sud is encouraged to develop a formalized model to identify accountability for completion by program.

NAPRA compounding standards are not met at the regional hospitals. Plans to become NAPRA compliant are underway.

#### Bethesda Regional Health Center

The Pharmacy staff are engaged and committed to ensuring quality pharmacy services. They are doing clinical pharmacy work, however, at times this is limited because of resources. An opportunity for improvement is the physical infrastructure of the pharmacy, sterile and chemo prep areas and the medication rooms. As staff indicated, they do not meet NAPRA standards. There is a need for technology such as CPOE, and automated dispensing cabinets. During this tracer and in peri-operative it was mentioned that the pharmacy provides limited oversight to this program. The nurses bring a list of medications to the pharmacy, and it gets filled. The pharmacist spent a day in the OR looking at how this process was carried out. Pharmacy has an important role to play in this process and it will be included in the perioperative priority process.

#### Portage District General Hospital

Portage District General Hospital is old, and the pharmacy has space limitations. Notably it does not have a unit dose machine and so medications are delivered in vials. Everyone is waiting for the new hospital to provide up to date space and equipment such as Pyxis, an EMR with CPOE, ventilated negative pressure chemo preparation area, and other updating processes.

It is suggested that some of the new equipment be introduced to the old hospital so that pharmacy staff is already comfortable using it when the move takes place, which is not anticipated for at least two to three years.

Look alike- sound alike medications should be labeled as such in the pharmacy as well as in the client service areas. It would be useful to also label high alert medications in the pharmacy to ensure they are labeled as such when taken to the client service areas.

Some improvements could be made to medication delivery in the care areas, with safe transport of medications to the floors, improved locks on medication carts, and the use of high visibility bibs for the staff member preparing medications for administration to patients.

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**Standards Set: Obstetrics Services - Direct Service Provision**

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
2.5 The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
<b>Priority Process: Competency</b>	
3.12 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.14 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
<b>Priority Process: Episode of Care</b>	
<p>8.5 Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.</p> <p>8.5.1 Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented in partnership with clients, families, caregivers, and others, as appropriate.</p> <p>8.5.2 The BPMH is used to generate admission medication orders or the BPMH is compared with current medication orders and any medication discrepancies are identified, resolved, and documented.</p> <p>8.5.3 The prescriber uses the BPMH and the current medication orders to generate transfer or discharge medication orders.</p> <p>8.5.4 The client, community-based health care provider, and community pharmacy (as appropriate) are provided with an accurate and up-to-date list of medications the client should be taking following discharge.</p>	<p>ROP</p> <p>MAJOR</p> <p>MAJOR</p> <p>MAJOR</p> <p>MAJOR</p>
9.13 Clients and families have access to psychosocial and/or supportive care services, as required.	
<b>Priority Process: Decision Support</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Impact on Outcomes</b>	
The organization has met all criteria for this priority process.	

**Surveyor comments on the priority process(es)****Priority Process: Clinical Leadership**

The obstetrical program is located at four sites throughout Southern Health-Santé Sud. The midwifery services are located at Steinbach and Winkler. The obstetrical services located at Bethesda Regional Health Centre, Boundary Trails Health Centre, and Ste-Anne Hospital, and the midwifery services at Steinbach and Winkler were visited during the accreditation survey. There is a comprehensive array of obstetrical and midwifery services.

The team members, physicians and leaders are acknowledged for their strong commitment to quality and safety. There is visible leadership. A regional OBS educator supports the education and training needs of the team. There are engaged inter-disciplinary teams supporting the obstetrical program. The team members vary across the sites but may include social workers, nurses, clinical nurse educators, midwives, and physicians. The clients spoke highly of the care provided. A client described their care as, "Great experience. The knowledge of the nurses and doctor made me feel safe."

The criteria for admission to the obstetrical program is identified. There has been an increase in the demand for home births in the midwifery program from 30 percent to 80 percent. The intake process for the midwifery program may benefit from the use of an ethical framework. Approximately 60 percent of applicants for midwifery services are entered into the program. There is a mandate to admit certain priority patient populations. The midwives conference on the admission intake to the program. An ethical framework to assist with the admission process may be beneficial.

Clients have identified the need for additional midwives. They stated that they advise their friends to contact midwifery as soon as they are pregnant to ensure that they are able to access midwifery services. The team noted that they are only able to provide services for approximately 50 percent of the clients referred for midwifery care. The leaders are encouraged to review the resources required to ensure that clients are able to access midwifery services.

The team and leaders are acknowledged for their work in establishing a Regional OBS Community Group which will include the participation of two clients and two community representatives. Draft terms of reference have been developed. The team members and leaders are encouraged to continue with this important work.

There is a commitment to auditing and acting on the results. The team members and leaders are acknowledged for ensuring that auditing is embedded in all that they do. They use this information to inform quality improvement and safety initiatives. The safe surgical checklist is implemented. Medication reconciliation is not conducted in partnership with clients and families at all sites. The leaders are encouraged to ensure that medication reconciliation is completed in partnership with clients and families. This will enable the communication of accurate and completed information about medications across care transitions.

**Priority Process: Competency**

The obstetrical program is supported by a strong and competent inter-disciplinary team. This includes nurses, social workers, midwives, and physicians. The staffing resources may vary across obstetrical sites dependent upon the services provided. The team has been described as “supportive,” “helpful,” “excellent,” and “committed.” The clients have described the team members as, “really good.” One client stated, “The staff are really good. That’s why I had my baby here.” A client of the midwifery program noted, “The midwives are excellent. They are good for both your physical and mental health.” The team members are proud to work in the obstetrical program. The leaders are accessible and visible. There are white boards in client rooms.

There is a strong commitment to supporting team members. This includes ensuring a safe working environment. A team member noted that at times an additional nurse may be required because of extra workload. A member of the midwifery team identified the need for additional midwifery resources as approximately 50 percent of clients admitted to the program are not able to be seen. An orientation is provided to all team members. They noted that the orientation prepared them to work in obstetrics. The team members stated that they felt safe at work and that they received training to support safe work practices such as the MORE OB program and skills drills.

Education and training opportunities are available to support team members. The team members stated that they had access to educational opportunities to support them in their work. Team member performance is not regularly evaluated and documented in an objective, interactive and constructive way. The leaders are encouraged to continue with plans to ensure that team member performance is regularly evaluated and documented.

**Priority Process: Episode of Care**

The obstetrical program is located at four sites throughout Southern Health-Santé Sud. The midwifery services are located at Steinbach and Winkler. The obstetrical services located at Bethesda Regional Health Centre, Boundary Trails Health Centre, and Ste-Anne Hospital, and the midwifery services at Steinbach and Winkler were visited during the accreditation survey. There is a comprehensive array of obstetrical and midwifery services.

The team members, physicians and leaders are acknowledged for their strong commitment to quality and safety. There is visible leadership. A regional OBS educator supports the education and training needs of the team. There are engaged inter-disciplinary teams supporting the obstetrical program. The team members vary across the sites but may include social workers, nurses, clinical nurse educators, midwives, and physicians. The clients spoke highly of the care provided. A client described their care as, “Great experience. The knowledge of the nurses and doctor made me feel safe.” A client of the midwifery program noted, “I was blessed to have a midwife. Midwifery care is my number one choice because of the informed care every step of the way.”

The criteria for admission to the obstetrical program is identified. There has been an increase in the



demand for home births in the midwifery program from 30 percent to 80 percent. The intake process for the midwifery program may benefit from the use of an ethical framework.

Approximately 60 percent of applicants for midwifery services are entered into the program. There is a mandate to admit certain priority patient populations. The midwives conference on the admission intake to the program. An ethical framework to assist with the admission process may be beneficial.

Clients have identified the need for additional midwives. They stated that they advise their friends to contact midwifery as soon as they are pregnant to ensure that they are able to access midwifery services. The team noted that they are only able to provide services for 50 percent of the clients referred for midwifery care. The leaders are encouraged to review the midwifery resources required to ensure that clients can access midwifery services.

The team and leaders are acknowledged for their work in establishing a Regional OBS Community Group which will include the participation of two clients and two community representatives. Draft terms of reference have been developed. The team members and leaders are encouraged to continue with this important work.

There is a commitment to auditing and acting on the results. The team members and leaders are acknowledged for ensuring that auditing is embedded in all that they do. They use this information to inform quality improvement and safety initiatives. The safe surgical checklist is implemented. Medication reconciliation is not conducted in partnership with clients and families at all sites. The leaders are encouraged to ensure that medication reconciliation is completed in partnership with clients and families. This will enable the communication of accurate and completed information about medications across care transitions.

#### **Priority Process: Decision Support**

The team members, physicians and leaders are committed to providing quality client-centred care based on current best practice research and guidelines with the integration of point of care client feedback. The team members receive education on privacy and confidentiality. To support quality care the team members and leaders identified the need for an electronic medical record to support client care and coordination. The leaders are encouraged to continue to explore the implementation of an electronic health record system. Training is provided on the use of technology.

The obstetrical inpatient program uses paper-based client charts. The midwifery program uses an electronic health record. The client charts are comprehensive and up to date. Standardized health information is collected. The team is acknowledged for their strong commitment to chart audits. The flow of client information is coordinated among team members in the obstetrical, surgical, and public health program, to ensure quality comprehensive care.

**Priority Process: Impact on Outcomes**

The team members and leaders are committed to ensuring a safe and quality obstetrical program. A Maternal Child Team supports best practices and evidence-informed decision making. There are a number of regional and provincial committees and working groups supporting quality and patient safety. There is a strong commitment to ensuring quality obstetrical services including the implementation of the MORE OB program which is a comprehensive patient safety, professional development, and performance improvement program for obstetrical care. Quality is also supported through initiatives such as white boards, quality boards, family meetings, auditing, and team meetings. An example of a recent quality improvement initiative is the development of a perinatal loss program. The team is also working on a quality improvement initiative to enhance continued education and competency checks for staff. The midwifery team completed a Lean project to review and improve the birthing bag. They are acknowledged for this important initiative. The leaders are encouraged to continue with their work to promote an environment of quality improvement with the input of clients and families.

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## Standards Set: Perioperative Services and Invasive Procedures - 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

14.5 All of the client's jewelry, body piercings, contact lenses, prostheses, dentures, and eyeglasses are removed prior to surgery.



17.5 Airborne, droplet, and contact precautions are used as appropriate to reduce the risk of infection to clients and team members.



### Priority Process: Decision Support

The organization has met all criteria for this priority process.

### Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

### Priority Process: Medication Management

5.2 Medications in the surgical area are stored in a locked area or similarly secured, as per the organization's policies regarding medication storage.



### Surveyor comments on the priority process(es)

#### Priority Process: Clinical Leadership

Southern Health-Santé Sud provides perioperative services from three regional sites, located at Bethesda Regional Health Centre, Boundary Trails Health Centre, and Portage District General Hospital, and two smaller community sites, located at the Carman Memorial Hospital and Ste Anne Hospital. There is a commitment to providing care closer to home and to enhance surgical capacity with the addition of new operating rooms at several sites.

The leaders and team members are acknowledged for their commitment to quality perioperative services. They are proud of their work in enhancing access to surgical services for clients. One such initiative is the hip and knee replacement surgeries completed at the Boundary Trails Health Centre.

More than half of the joint replacement surgeries were done as same-day surgeries. A centralized wait list is used for joint replacement surgery. There is opportunity to explore a centralized wait list for all surgical procedures to support patient flow and access.

There is a strong and collaborative interdisciplinary team, with an appropriate mix of skill levels and experience. They are deeply committed to providing safe, quality and innovative surgical care to clients. The leaders are visible and engaged with team members, clients and families. The team members noted that they have the resources to do their work. It was suggested that the addition of a clinical nurse educator for the regional perioperative program would support the nursing staff and enhance the quality of care provided.

There are strong partnerships at the regional and provincial levels. Team members and leaders participate on several committees at the regional and provincial level supporting quality surgical services, and there is strong collaboration with clients and families.

The team members and leaders work diligently to ensure appropriate space for the provision of surgical services. However, aging infrastructure, limited storage, and a small physical footprint at some sites pose challenges to the surgical program. This includes an impact on patient flow. However, team members have made use, and pivoted to best use the limited footprint to create the best flow for clients and families. Additionally, the team members have organized the storage spaces to make the most efficient use of the space. Southern Health-Santé Sud is encouraged to review the infrastructure needs of the surgical program in keeping with infection prevention and control principles, patient flow, and future surgical demands.

#### **Priority Process: Competency**

The perioperative program is supported by an innovative and competent interdisciplinary team. This program is described as a place that team members want to work. The leaders are visible and accessible to the team members, clients and families. There is a strong collegial environment with open communication across sites. Preventing fatigue of team members is a priority with the leaders ensuring that staff have appropriate work breaks.

The team members and leaders are committed to patient safety and quality. The leaders are supportive of the education and learning needs of their team. The team members stated that they receive education and training to support them in doing their work. They described the work environment as “teamwork.” The team stated that they felt safe at work. The leaders are commended for ensuring that performance evaluations are completed.

#### **Priority Process: Episode of Care**

The perioperative program is located at five sites throughout Southern Health-Santé Sud. There is a comprehensive array of surgical services provided with a commitment to provide care closer to home. The

surgical services located at Bethesda Regional Health Centre, Boundary Trails Health Centre, and Carman Memorial Hospital were visited during the accreditation survey.

The team members, physicians and leaders are acknowledged for their strong commitment to quality and safety. There is a focus on supporting clients and families through their surgical journey. This includes contacting clients 48 hours prior to their surgery to provide them with information related to the surgical procedure. Additionally, clients are called 24 hours following their surgical procedure to identify if there are issues or concerns and to evaluate the effectiveness of discharge transitions. The clients stated that they felt prepared for their surgical procedures and knew what to expect. They noted that they felt comfortable in asking questions. The clients spoke highly of the care provided. A client described their care, "I feel really comfortable here. The team is great." The clients stated that they are treated with care, dignity and respect.

There are engaged inter-disciplinary teams supporting the perioperative program. The team members vary across the sites but may include nurses, physical therapist, surgeons, anesthesiologists, physicians, health care aids, and housekeeping staff. Surgical wait times are monitored. There is a commitment to enhancing access to surgical procedures. The leaders are committed to ensuring effective patient flow. The leaders are encouraged to continue their work in ensuring consistency in forms and processes across the five surgical sites.

There is a commitment to auditing and acting on the results. The team members and leaders are acknowledged for the robust auditing processes. They use this information to inform quality improvement and safety initiatives. Medication reconciliation and the safe surgical checklist are implemented. The leaders are encouraged to continue to ensure that the safe surgical check list is used for every surgical procedure.

#### **Priority Process: Decision Support**

The team members, physicians and leaders are committed to using decision support to provide quality perioperative services. The team members and leaders identified the need for electronic medical records, technological solutions to support patient flow, and enhancement to care coordination. The leaders are encouraged to continue to explore the implementation of electronic health records and technological infrastructure to support the perioperative program. Training is provided on the use of technology. The team members receive education on privacy and confidentiality.

Paper client charts are used in the perioperative program. The client charts are comprehensive and up to date. Standardized health information is collected. The team is acknowledged for their strong commitment to chart audits. The flow of client information is coordinated among team members in the perioperative program, to ensure quality comprehensive care.

**Priority Process: Impact on Outcomes**

Safety and quality are priorities for the surgical team. They seek opportunities to improve patient safety. This includes implementation of best practices, auditing, team meetings, and a commitment to a safe workplace. An example of a recent quality improvement initiative is the hip and knee replacement surgery program. The team are proud of their work in implementing this program and are closely monitoring quality indicators. The leaders are encouraged to continue with their work on quality improvement and to continue to seek the input and engagement of clients, families, and team members, and to share results with the team using processes such as quality boards.

There is a commitment to implementing best practices and evidence-informed decision making. The surgical team and the anesthesiology team meet on a regular basis and support quality and evidence-informed decision making throughout the surgical program. Additionally, there are provincial committees and working groups which support quality and patient safety initiatives. The leaders are encouraged to continue with this important work and to continue to involve clients, families and team members in quality improvement.

**Priority Process: Medication Management**

The team members, leaders and physicians are committed to ensuing quality medication processes for the perioperative area. The team noted that they have access to appropriate medications. The nurses have a key role in the stocking and replenishment of the surgical and anesthesia carts. The team members advised that the medication carts for the surgical area, and for anesthesia, are standardized across the organization.

The nurses obtain medications from the pharmacy and then stock the medication and anesthesia carts with limited input from pharmacy. The leaders are encouraged to explore the role of pharmacy in the medication management process for the perioperative area, including assuming responsibility for stocking and monitoring the medication and anesthesia carts, and to explore automated drug dispensing carts for anesthesia and the perioperative area.

The medications in the surgical area are not kept in a locked cabinet at all sites. This includes unlabelled syringes of medications that are used between surgical cases. The leaders are encouraged to ensure that medications are stored in a locked area or cart. Additionally, the use of automated dispensing cabinets for the anesthesia carts and the perioperative area will assist in the safe storage and administration of medications.

**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**

3.8 Education and training are provided on the safe use of equipment, devices, and supplies used in service delivery.	!
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**Priority Process: Episode of Care**

8.14 Clients and families are provided with information about their rights and responsibilities.	!
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8.15 Clients and families are provided with information about how to file a complaint or report violations of their rights.	!
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8.17 There is a process or system in place for managing and coordinating care for clients with complex health needs or multiple co-morbidities.	!
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**Priority Process: Decision Support**

The organization has met all criteria for this priority process.

**Priority Process: Impact on Outcomes**

The organization has met all criteria for this priority process.

**Surveyor comments on the priority process(es)**

**Priority Process: Clinical Leadership**

There are nine primary care clinics operating in the region. In addition to this, the region offers extensive comprehensive services including chronic disease education and management, midwifery services, Quick Care Clinic, Teen/Scholl Clinics and four mobile My Health Teams/Interdisciplinary Team Demonstration Initiative providers in partnership with fee for service clinics (with expansion to various communities). An interdisciplinary model is in place across the nine primary care clinics including kinesiologists, dietitians, social workers, nurse practitioners, nurses, physicians, physician assistants, midwives and others. The teams facilitate access to primary health providers and have built additional primary health care capacity. Innovative strategies to help patients achieve their health goals such as incentivized smoking cessation are used promoting patient health self-management. Numerous community and healthcare partnerships exist with primary care. The relationship with Public Health has deepened as a result of the close working relationship during COVID-19.

Challenges include provider fatigue from the pandemic and primary care provider shortages. Providers working in multiple electronic medical record systems and the lack of an electronic medical record in the hospital setting provides significant workflow and provision of care challenges.

The Blurring the Lines initiative will extend the electronic medical record to the First Nations clinic in Swan Lake enabling improved access to patient health information for care. Plans are underway to data mine the electronic medical record information to identify opportunities to improve population health outcomes.

#### **Priority Process: Competency**

The various disciplines providing care in the primary care clinics are working at full scope of practice. A collaborative approach is evident amongst the disciplines and with patients and families. Collaboration is further enabled by the electronic information system shared by the clinics.

#### **Priority Process: Episode of Care**

Through My Health Teams there have been an expansion of outreach services to smaller and more remote communities.

The various clinics work with each other to address patient co-morbidities to ensure these are managed proactively with patients and families.

#### **Priority Process: Decision Support**

Digital communication tools such as virtual visits with patients using Microsoft Teams have been successfully implemented as a result of COVID-19.

The electronic medical record has been in place for many years across the region in the various primary care clinics. Patient clinical information can be shared amongst providers across the nine clinics. Access to the provincial eChart also facilitates access to patient-specific clinical information.

A patient portal is available within the electronic medical record. The patient portal can be used for appointment scheduling and secure messaging.

#### **Priority Process: Impact on Outcomes**

Plans are in place to use the electronic clinical information for data mining purposes to identify areas for improvement in providing patient care to the clinic patient populations.



**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**

With their Medical Officer of Health participating in committees and working groups on the provincial and national levels, Southern Health-Santé Sud has a strong leadership presence which provides these teams access to leading public health practices in implementing their pandemic recovery plan. The role and responsibilities are clearly defined and there is a robust comprehensive array of public health programs to meet the needs of their clients. The teams and leaders are very committed to public health programs to meet the needs of the community and there is a strong focus on equity and reducing barriers to care.

**Priority Process: Competency**

As the region moves forward with their COVID-19 recovery work, there is a greater focus on education and training on pre-pandemic activities. There will be a steep learning curve for newer staff who are less familiar with pre-pandemic programs, and a great opportunity for seasoned staff to share their knowledge and mentor their colleagues to bring services back to the people served by Southern Health-Santé Sud.

Although performance appraisals are not 100 percent up to date, leadership has prioritized connecting with staff, in person, to follow through with performance conversation.

**Priority Process: Impact on Outcomes**

Vaccine hesitancy was a concern in some of the communities in Southern Health-Santé Sud. Public health teams were able to use data on vaccine rates to help to build a campaign to help improve COVID-19

vaccine rates. A multilevel approach was used and where they may not have achieved the results they were looking for, they were able to better understand their clients and to learn the value of trust and relationships through their very thorough review of the campaign. Moving forward with their COVID-19 recovery plan, these teams are using creative approaches to rebuild trusting relationships with their community populations such as social media surveys with adolescents, restarting in-person visits with their family first clients, and offering harm reduction products to a broader range of communities.

#### **Priority Process: Public Health**

Public health teams are involved with many community based services including municipal governments, schools, churches, and other community-based groups or services. Client input comes in a variety of ways including, direct feedback, self-referrals, client assessments, requests for service and community health assessments.



The public health team lives the organizational values and mission statement. They have demonstrated uncompromising integrity and compassion in their commitment to adhering to public health laws, regulations and standards, while also respecting the values of their clients. They continue to pursue excellence in providing the most recent evidence-based approaches to delivering care. They have demonstrated the upmost respect for their clients and continue to use their creativity to find innovative ways of using their public health knowledge to deliver care in a way that is culturally sensitive and meaningful to the individual.

They use multiple approaches including social media, pictographs, manuals, harm reduction material, telemedicine, clinic visits, pop-up clinics, school visits, and in-person home visits. They take the program and shape it to meet the needs of the community they are serving.

There is a high priority placed on trust, relationships, and removing barriers to accessing services.

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**Standards Set: Rehabilitation Services - Direct Service Provision**

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Competency</b>	
3.11 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.13 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
4.4 Standardized communication tools are used to share information about a client's care within and between teams.	!
4.5 The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.	
5.1 The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.	
<b>Priority Process: Episode of Care</b>	
8.5 Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions. 8.5.1 Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented in partnership with clients, families, caregivers, and others, as appropriate.	  <b>MAJOR</b>
9.12 Information relevant to the care of the client is communicated effectively during care transitions.	

<p>9.12.5 The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include:</p> <ul style="list-style-type: none"> <li>• Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer</li> <li>• Asking clients, families, and service providers if they received the information they needed</li> <li>• Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).</li> </ul>	<p><b>MINOR</b></p>
<p>10.8 The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.</p>	
<p><b>Priority Process: Decision Support</b></p>	
<p>11.1 An accurate, up-to-date, and complete record is maintained for each client, in partnership with the client and family.</p>	<p>!</p>
<p>11.7 The flow of client information is coordinated among team members and other organizations, in partnership with the client and in accordance with legislation.</p>	
<p>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.</p>	<p>!</p>
<p><b>Priority Process: Impact on Outcomes</b></p>	
<p>15.4 Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.</p>	
<p>15.7 There is a process to regularly collect indicator data and track progress.</p>	
<p>15.8 Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.</p>	<p>!</p>
<p><b>Surveyor comments on the priority process(es)</b></p>	
<p><b>Priority Process: Clinical Leadership</b></p>	

The rehabilitation team offers a wide range of services, from acute inpatient rehabilitation to stroke and amputation rehabilitation to outpatient services to community-based services. Feedback from patient surveys are used to develop and adapt services to meet patient needs.

There is a full complement of rehabilitation personnel. However, with increasing demands, this team has had to be creative to make use of support staff to supplement licensed rehab professionals in order to

meet needs. In addition, the team is evaluating its space requirements to offer safe and effective services to all client groups.

#### **Priority Process: Competency**

Mandatory as well as safety training are provided to staff. In addition, members of this team have access to continuous professional development to stay current on new practices.

Because of leadership changes, not all team members have received formal feedback on their performance in recent years. However, managers appear to maintain close communication with their teams. The team is encouraged to resume the practice of formal scheduled performance feedback discussions with staff to identify career growth objectives and opportunities for development.

Although the team offers services with a collaborative approach, it is encouraged to develop documentation such as interdisciplinary team goals that will support this collaboration. In addition, the inpatient team is encouraged to evaluate the practice of documenting elements such as restraint use and consent only in the Cardex to ensure that it meets legal and organizational documentation requirements.

Rehabilitation units have over 40 percent vacancy especially in LPN (licensed practical nurse) and RN positions. The organization is encouraged to explore strategies to ensure that team and client safety can be maintained.

#### **Priority Process: Episode of Care**

Inpatient admission evaluations are done by the nursing staff, with physio and occupational therapy evaluations following within 24 hours. For inpatients, a Best Possible Medication History (BPMH) is usually done by the anesthesia team during pre-op, or by the referring unit. Admission prescriptions are done with this BPMH. However, although this BPMH was found in most of the charts audited by the surveyors, some patient records consulted did not contain this document.

Therapists on this team have a varied caseload. The work organization makes it such that a therapist could potentially follow a patient as an inpatient, then on a community-based service and then as an outpatient.

Although the transition of rehabilitation patients through various stages of their episode of care seems to be well planned, the team is encouraged to explore methods to evaluate the effectiveness of their efforts.

#### **Priority Process: Decision Support**

The rehabilitation team documents in paper charts. The outpatient teams as well as community-based teams have their own document conservation system that is distinct from other services. Community-based teams, for example, have separate charts from their homecare colleagues. The team is encouraged to explore the possibility of implementing a documentation system that facilitates interprofessional communication.

The inpatient team is encouraged to evaluate the practice of documenting elements such as restraint use and consent only in the Cardex to ensure that it meets legal and organizational documentation requirements.

To ensure conformity with all documentation policies and guidelines, the team is encouraged to develop audits of record-keeping practices.

#### **Priority Process: Impact on Outcomes**

The rehabilitation team demonstrates many quality improvement initiatives. Team members and managers are creative and find innovative solutions to improve their work processes.

Despite these efforts, very little communication of these improvements was observed during this survey. The team is encouraged to identify, in collaboration with team members and possibly patients, meaningful indicators that will measure the quality of its services, as well as their progress towards improvement initiatives. It is then encouraged to identify strategies to communicate and make visible these indicators to celebrate and underscore the efforts invested.

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

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Competency</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Episode of Care</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Decision Support</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Impact on Outcomes</b>	
The organization has met all criteria for this priority process.	
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Clinical Leadership</b>	

There is an amalgamation process underway in Manitoba with the intention of bringing addiction and gambling services under the umbrella of either Shared Health or the regional authorities, in this case Southern Health-Santé Sud. The Addictions Foundation of Manitoba (AFM) was dissolved last year, and staff members are now being introduced to the service model at Southern Health-Santé Sud Mental Health services. This is an enormous project as Southern Health-Santé Sud must develop policies and procedures suitable for former AFM services, while also reviewing those services and interlacing them with programs at Mental Health. Some other former AFM programs were aligned under Shared Health, which was not part of this survey. Leadership is commended for supporting former AFM workers and keeping the existing programs working while the new model is being developed.

Staff members at the Rapid Access to Addictions Medicine Clinic (RAAM) have been under Southern Health-Santé Sud jurisdiction since inception.

There is lack of a detox clinic or residential addictions treatment program in the region and waitlists are long, according to client comments.

**Priority Process: Competency**

Current staff members at RAAM clinic are well trained and supported and have been under Southern Health-Santé Sud since the clinic's inception.

The former AFM staff members have many years of experience in addictions care and still have access to the AFM intranet with its associated training modules, as well as access to those from Southern Health-Santé Sud.

Leadership has provided performance interviews with the former AFM staff which has helped to set them on a path towards further integration. The programs are still the same but the location of some has changed. Leaders are keen not to dismantle those successful AFM programs while developing a comprehensive Mental Health service continuum.

**Priority Process: Episode of Care**

Patients and former AFM staff members and their current leaders at Southern Health-Santé Sud are all very proud and positive about the simplified and rapid access to former AFM programs. "It is a lot easier to contact them than it was seven years ago. This time they didn't wait until I was down again before they helped me"; and rules have eased: "I can bring my cellphone."

Portage RAAM is well attended. It has a doctor present for addictions care on two afternoons a week by drop-in. Twelve clients attended on the survey day, one of them commented they were trying to get their addict friends to attend and added: "They're hitting everything" in terms of services.

There is a need to develop policies and procedures around record keeping and what transfer information is required as AFM clients are transferred under the Southern Health-Santé Sud Mental Health umbrella. Sometimes the information within an addiction treatment program is Social Services framed, while the Mental Health programs follow a more medical model.

**Priority Process: Decision Support**

The RAAM Clinic at Portage Hospital uses an Electronic Medical Record (EMR) which is the same one used by the family practice group and the teen primary care clinic. These EMR's do not share patient care information between them, though the doctors are from the same clinic.

Portage Hospital does not have an EMR except for Emergency and it is a different platform. The Mental Health and former AFM team only use paper-based charts. Former AFM client charts are stored in Winnipeg when not active. Hospital Mental Health charts are stored by the hospital Medical Records department. Each group follows provincial law and the policies of their organization.



**Priority Process: Impact on Outcomes**

As Southern Health-Santé Sud works to develop a well-structured, open access comprehensive Mental Health, Addictions and Problem Gambling set of services that cut across the continuum of medical and social services needs, there are ample opportunities to consult with staff members in the current programs as well as with clients and family members, to develop a client-focused program that maintains the best aspects of the programs currently being re-structured. These efforts will need repeated tweaking and improvement, and represent the ultimate quality improvement initiative which work best when informed at the grass roots level.

Many staff members who were interviewed were aware of the decision to amalgamate services but had not been informed what the ultimate vision for the services was. This might be an opportunity for senior provincial administrators to reassure clients that the programs they have come to rely on, literally to keep them alive, will still be “available in an easy access way, free of bureaucracy” (as spoken by a client).

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## Instrument Results

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

### Governance Functioning Tool (2016)

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

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

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

- **Data collection period: February 18, 2022 to April 6, 2022**
- **Number of responses: 6**

#### Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	93
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	94
3. Subcommittees need better defined roles and responsibilities.	67	17	17	70
4. As a governing body, we do not become directly involved in management issues.	0	0	100	87
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	95

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	95
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	92
9. Our governance processes need to better ensure that everyone participates in decision making.	67	0	33	61
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	92
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	95
12. Our ongoing education and professional development is encouraged.	0	0	100	89
13. Working relationships among individual members are positive.	0	0	100	95
14. We have a process to set bylaws and corporate policies.	0	0	100	93
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	96
16. We benchmark our performance against other similar organizations and/or national standards.	0	17	83	77
17. Contributions of individual members are reviewed regularly.	0	17	83	71
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	77
19. There is a process for improving individual effectiveness when non-performance is an issue.	33	0	67	64

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian Average
	Organization	Organization	Organization	
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	17	83	83
21. As individual members, we need better feedback about our contribution to the governing body.	50	17	33	44
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	78
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	94
24. As a governing body, we hear stories about clients who experienced harm during care.	0	17	83	82
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	17	83	91
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	88
27. We lack explicit criteria to recruit and select new members.	0	33	67	79
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	20	20	60	87
29. The composition of our governing body allows us to meet stakeholder and community needs.	17	17	67	87
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	92
31. We review our own structure, including size and subcommittee structure.	0	0	100	86
32. We have a process to elect or appoint our chair.	0	33	67	87

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	17	0	83	83
34. Quality of care	17	0	83	82

\*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2022 and agreed with the instrument items.

## Client Experience Tool

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

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

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

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

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

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

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

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

## Organization's Commentary

**After the on-site survey, the organization was invited provide comments to be included in this report about its experience with Qmentum and the accreditation process.**

Southern Health-Santé Sud (SH-SS) in partnership with the affiliate and community-owned not for profit organizations participated in the on-site accreditation visit in the spring of 2023 as part of the four -year accreditation cycle.

Southern Health-Santé Sud is proud of the accomplishments within the standards of care that have been met as assessed by the independent team of surveyors from across Canada. While the organization has experienced, and continues to experience many challenges since the COVID-19 pandemic, it is evident that staff are committed to providing safe, accessible and people centered care that is consistent with our mission, vision and values.

Southern Health-Santé Sud will continue to sustain the standards that have been achieved, while addressing unmet criteria in specific programs, as well as providing support across the region to:

- Strengthen engagement with clients, families and staff through quality improvement efforts, as well as codesigning programs and services.
- Continue to integrate a culture of “What Matters to You” when providing care for clients and families, as well as during conversations with staff.
- Advocate for electronic software to reduce duplication and provide greater consistency in care.

Southern Health-Santé Sud appreciates the observations and suggestions that were provided by Accreditation Canada surveyors and look forward to continuously working towards improvements as we strive for Healthier People. Healthier Communities. Thriving Together.

## 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