



**ACCREDITATION  
AGRÉMENT**  
CANADA

# **Accreditation Report**

Qmentum Global™ for Canadian  
Accreditation Program

**Southern Health - Santé Sud**  
Sequence 1

Report Issued: September 17, 2025

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## About Accreditation Canada

Accreditation Canada is a global, not-for-profit organization with a vision for safer care and a healthier world. Our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years. We continue to grow in our reach and impact. Accreditation Canada empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Accreditation Canada's assessment programs and services support the delivery of safe, high-quality care in health systems, hospitals, laboratories and diagnostic centres, long-term care, rehabilitation centres, primary care, home, and community settings. Our specialized accreditation and certification programs support safe, high-quality care for specific populations, health conditions, and health professions.

## About the Accreditation Report

The Organization identified in this Accreditation Report (the "**Organization**") has participated in Accreditation Canada's Qmentum Global™ for Canadian Accreditation program.

As part of this program, the Organization has partaken in continuous quality improvement activities and assessments, including an on-site survey from May 25, 2025 to June 3, 2025. This Accreditation Report reflects the Organization's information and data, and Accreditation Canada's assessments, as of those dates.

Information from the assessments, as well as other information and data obtained from the Organization, was used to produce this Report. Accreditation Canada relied on the accuracy and completeness of the information provided by the Organization to plan and conduct its on-site assessments and to produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

## Program Overview

The Qmentum Global Program enables your organization to continuously improve quality of care through the sustainable delivery of high-quality care experiences and health outcomes. The program provides your organization with standards, survey instruments, assessment methods and an actioning planning feature that were designed to promote continuous learning and improvement, and a client support model for on-going support and advice from dedicated advisors.

Your organization participates in a four-year accreditation cycle that spreads accreditation activities over four years supporting the shift from a one-time assessment while helping your organization maintain its focus on planning, implementing, and assessing quality and improvements. It encourages your organization to adopt accreditation activities in everyday practices.

Each year of the accreditation cycle includes activities that your organization will complete. Accreditation Canada provides ongoing support to your organization throughout the accreditation cycle. When your organization completes year 4 of the accreditation cycle, Accreditation Canada's Accreditation Decision Committee determines your organization's accreditation status based on the program's accreditation decision guidelines. The assessment results and accreditation decision are documented in a final report stating the accreditation status of your organization. After an accreditation decision is made, your organization enters year 1 of a new cycle, building on the actions and learnings of past accreditation cycles, in keeping with quality improvement principles.

The assessment manual (Accreditation Canada Manual) which supports all assessment methods (self-assessment, attestation, and on-site assessment), is organized into applicable Standards and ROPs. To promote alignment with the assessment manual (Accreditation Canada Manual), assessment results and

surveyor findings are organized by Standard, within this report. Additional report contents include a comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results, and conclusively, People-Centered Care and Quality Improvement Overviews.

# Executive Summary

## About the Organization

Southern Health–Santé Sud is the most populated of the rural health regions in Manitoba and ranks as one of the fastest-growing and diverse areas in the province. As one of five Regional Health Authorities in Manitoba, Southern Health-Santé Sud delivers a full continuum of programs and services. Geographically the region spreads 27,025 km with 28 municipalities, 4 cities, 7 towns/villages and 1 unorganized territory. Southern Health-Santé Sud is home to 7 First Nation communities. The region has a diverse population including a large Métis and Francophone population, 60+ Hutterite colonies, as well as a growing Mennonite population. Southern Health-Santé Sud is a designated bilingual health authority and serves approximately 232,303 residents.

## Surveyor Overview of Team Observations

Southern Health-Santé Sud is to be commended for having an exceptionally connected and widely accessible leadership structure. While some organizations may boast about being present and having open door policies, the leaders of this organization are truly available and present with their teams working through complex challenges. Across the region staff knew their leaders as well as their senior leaders and were confident in how they could connect if required.

The organization has recently launched its Strategic Plan and annual Operational Plans, which have helped solidify its core values as a defining element of how Southern Health–Santé Sud engages with clients, staff, and visitors. These values are not only articulated in guiding documents but are also consistently demonstrated by leaders and staff in their daily work.

Community partners have highlighted Southern Health–Santé Sud's strengths in maintaining an open and transparent approach, as well as its innovative responses to complex challenges. As the region faces emergency department curtailments, a rise in measles cases, and the demands of wildfire-related patient relocations, these qualities will be especially critical in guiding the organization toward the best possible outcomes for both patients and staff in this part of the province.

Southern Health-Santé Sud should continue to focus efforts on its staffing and physician staffing. While efforts in maintaining exceptional high standards in financial sustainability are to be commended, there may be areas where additional pressures may need consideration to increase staffing opportunities to address equitability for patient access across the region. Despite the staffing challenges, staff satisfaction continues to improve across Southern Health-Santé Sud and the organization should be commended for continuous improvement.

Very best on your continued journey in improving quality for your patients and staff!

## **Key Opportunities and Areas of Excellence**

### **Areas of Excellence**

#### **People Centred Care**

People Centred Care is a strategic priority at Southern Health-Santé Sud. It is a foundational principle in the strategic plan, informing all that they do. There are many examples of client and family engagement across programs and services. Clients and families have been heavily involved in several facility builds underway within the region - from design to providing input into choice of finishes.

The 'What Matters to You' framework supports People Centred Care efforts in the region. It provides tools to support meaningful conversations, encouraging clients and families to share what matters to them during their encounter with the health care system. The information learned is used by the team to inform service delivery.

#### **Provincial incident reporting system**

At the time of the survey, data related to safety incidents were collected using a paper-based incident reporting system. It is anticipated that in September/October 2025, Southern Health-Santé Sud will adopt RL Patient Safety Event Reporting, a provincial web-based incident reporting system. This system will lead to improved quality, safety, and continuity of care. It will facilitate better communication and collaboration among care providers, enhance decision-making based on real-time data, and increase efficiency and timely access to information. RL will allow the organization to better identify trends and to share data with key stakeholders, facilitating the implementation of appropriate action plans.

#### **Recognizing and supporting different cultures**

Southern Health-Santé Sud provides service to clients from several cultures within the region including, but not limited to, Indigenous, French, and Mennonite. The health authority works to include culturally safe programs and services to meet their needs. Cultural spaces have been designed for the new builds in Portage and Steinbach with input from Indigenous communities. These spaces, along with inpatient rooms, plan to support requests for smudging. Care for the Francophone population is enhanced with availability of French language services. Communication intended for the public is provided in both French and English. Low German printed material is also available as required to serve this population in the region.

#### **Data driven**

Southern Health-Santé Sud prioritizes data-informed decision making. They support a team of skilled and dedicated professionals to collect and analyze data to track performance and inform decision-making.

Reports are created and distributed widely. Data are utilized by teams to achieve their goals and objectives. Data collection and analysis are provided across the region to support QI initiatives and the development of QI and risk management plans.

## **Key Opportunities**

### **Electronic health record**

Patient charts in the Southern Health-Santé Sud Region are paper-based. This introduces significant risks relative to an electronic record. There is a plan to introduce a provincial electronic patient record by September 2027. This will provide an opportunity to improve patient care and safety across the province in many ways, such as enhancing decision-making, reducing errors, improving communication, and facilitating better care coordination. It will also facilitate improved data accuracy and quality and allow utilization of data to identify health trends and target interventions at both the individual and population level.

### **Increasing 'Provincialization' - Standardization Across the Province**

At present, there are site-specific, regional, and provincial policies, procedures and practices utilized across the region. Lack of standardization introduces unnecessary errors, especially as staff move to work between facilities where practices may differ. There are efficiencies to be achieved through centralizing processes, decision-making, and administrative activities when possible. There are plans to introduce a provincial incident reporting system to standardize data collection and reporting. There are many other opportunities to consider such as a provincial formulary, and provincial order sets or care maps based on evidence-informed best practices. Infection Prevention and Control (IPAC) and Medical Device Reprocessing (MDR) policies and procedures may also offer opportunities for centralization for example. The shared repository could be managed and updated at one central site so that all providers in the province are working from the same body of work without re-inventing the wheel in each region.

### **Environmental Stewardship**

There are no organizational policies in place at present to promote a positive environmental impact on the communities. The organization is encouraged to develop policies that might include topics such as environmentally responsible infrastructure planning, purchasing, resource consumption, and waste management, and the use of green or environmentally friendly materials, products, technologies, and transportation. Resources and champions should be assigned to implement and support the organization's environmental stewardship initiatives.

Initiatives might include establishing green teams that include clients and families, increasing opportunities to prevent waste, reduce, reuse, and recycle (e.g. reducing the use of single-use products), conserving resources such as water and energy (e.g., implementing green transportation programs to control emissions), using products and promoting environmentally friendly practices (e.g., phosphate-free soap, environmentally friendly food preparation), participating in community programs or events to help the environment (e.g., clean-up days).

Measurable performance indicators for environmental initiatives should be developed and used to monitor and evaluate the impact and effectiveness of efforts made by the organization to reduce its environmental footprint.

### **Aging infrastructure**

There are several aging facilities across the region which present challenges to effective delivery of care and services. Environmental control (temperature, humidity, HVAC) presents air quality problems at some facilities due to aging equipment and environmentally inefficient design. Universal access and egress are a problem at some facilities. From an infection control perspective, a single bathroom between adjoining rooms can be shared by up to 5 clients. There are wood and other porous materials in clinical areas which make cleaning and disinfection a challenge (railings, cupboards, and furniture). Storage areas are shared with kitchen and lounge areas. Low number of negative pressure rooms may challenge infection control best practices.

## People-Centred Care

People Centred Care (PCC) is a strategic priority at Southern Health-Santé Sud. It is a foundational principle in the strategic plan, informing all that they do. Staff and leaders know this and readily acknowledge the importance of this fundamental principle.

There are many examples of client and family engagement across programs and services. Clients and families have been very active helping to refine processes related to critical incident and occurrence management, for example. They are members of resident councils in personal care homes where there is an opportunity to provide input on many aspects of care and service delivery, including policies and procedures. They are included in debriefs after an institutional outbreak. Client materials are developed in consultation with clients and families such as the MRSA fact sheet.

Clients and families have been heavily involved in several facility builds underway within the region. They were engaged early in the process to provide valuable input with respect to design and provided input into choice of finishes. Cultural spaces as well as a plan to support smudging requests has been designed for Portage Regional Health Centre and Bethesda Regional Health Centre based on input from Indigenous communities. Care for the Francophone population is enhanced with availability of French language services. There are designated bilingual positions filled by bilingual individuals, to support the provision of health services in the language of choice. Communication intended for the public is provided in both official languages. Printed material is also available in Low German as required to serve this population in the region.

CIHI's Canadian Patient Experience Survey is utilized by the organization to collect data post hospital discharge to inform and reform service design and care delivery. Data is reviewed quarterly, and an annual report is produced summarizing findings. Results have been used to make changes to the patient handbook for example. Learnings from surveys in Primary Care led to the creation of evening and weekend clinics to improve access and reduce wait times.

Clients and families can participate in research and quality improvement projects. Palliative Care for example is collecting data to evaluate the administration of subcutaneous medications in the home. Sites can participate in recruitment for studies based out of Winnipeg. The Indigenous Cultural Resource Toolkit is an excellent example of a quality improvement initiative undertaken in the region to better serve Indigenous patients, clients, residents and their families in a culturally safe manner. It was created by Indigenous communities and peoples, for Indigenous communities and peoples, and has been recognized by Accreditation Canada in past as an Innovative Leading Practice.

The 'What Matters to You' framework established in 2020 supports PCC efforts in the region. It provides tools to support meaningful conversations, encouraging clients and families to share what matters to them during their encounter with the health care system. The information learned is used by the team to inform service delivery. The framework is also used in the workplace to support conversations between staff, coworkers, and leaders. Several patients spoken to during the survey had not heard of the What Matters To You framework, so there is an opportunity to increase awareness.

An open-presence policy was not in place at the time of the survey but was in development.

There are few patient navigators available (CancerCare and Indigenous Services have one). There is an opportunity to expand this role across the region, as well as the Patient and Family Advisor role, providing patients and families with formal opportunity to share their voices.

There is no Patient Affairs/Relations personnel or department for the region. Activities such as compliments and complaints are managed in an informal and unstructured way with calls and emails coming in via a central email for triage and referral by different staff to the best of their knowledge and ability. It is recommended that the organization develop a structured mechanism for the handling of patient concerns and compliments with the inclusion of designated Patient Relations personnel.

The organization is encouraged to maintain momentum with PCC initiatives in both depth and breadth.

## Quality Improvement Overview

The Quality team at Southern Health-Santé Sud is a small but mighty team of skilled and dedicated professionals who are well known and respected for their contributions across the region. They provide support to the region by facilitating several aspects of QI including, but not limited to, data collection and analysis, generation of reports, education, support for QI initiatives and the development of QI and risk management plans. In the absence of a Patient Relations person/department, team members also manage a significant proportion of patient complaints.

The organization has developed key performance indicators across dimensions of quality which align with provincial priorities and include client-experience measures. Performance is measured and reported widely, including to the Board via a Governance Dashboard and to the province as required. Results have been used to facilitate change. For example, wait times at Bethesda ED were flagged as an opportunity for improvement. The board requested that the SLT develop a strategy to address this opportunity, and a project is in development to utilize the Special Care Unit in the ED to facilitate flow from the ED to admission. The impact of this strategy will be measured and reported. An annual report has been produced detailing progress made towards meeting specified goals and objectives. This report is shared widely.

At the time of the survey, data related to safety incidents were collected using a paper-based incident reporting system. Results are analyzed and reported regularly, and policies and processes are in place to manage the incidents and to disclose as appropriate. 'Patient Safety Learning Advisories' (PSLAs) are documents produced and widely distributed to share learnings from critical incidents. Incident data is reported to the board monthly. It is anticipated that in September/October 2025, Southern Health-Santé Sud will adopt RL Patient Safety Event Reporting, a provincial web-based incident reporting system.

There is a process in place for disclosure of adverse events with support led by the regional patient safety coordinators. Emotional and psychological support can be accessed for affected parties. Multimodal training about the disclosure process is provided to staff and physicians. Disclosure process surveys are conducted for both staff and patients/families, and results are used to improve the process.

The Global Workforce Survey was implemented in 2024 across Southern Health-Santé Sud including affiliate organizations. Findings have been reviewed by the organization with plans to continue to address areas of opportunity, particularly related to psychological safety.

The organization promotes and rewards staff involvement in quality improvement activities. QI is reflected in the strategic plan, and site- and program-specific quality committees have been established to focus efforts across the organization. A regional quality committee is in development. Support was provided to all teams to assist them in developing quality improvement plans. Staff are supported to pursue LEAN projects. Their work is recognized and celebrated by presentation to the regional leadership team and shared via a staff newsletter. Annual quality awards also recognize staff contributions.

There is an integrated quality improvement plan in place, developed with input from patients and families. It is a living document with minimum quarterly updates. Progress is shared widely. A comprehensive risk assessment is conducted annually, considering both corporate/operational and clinical risks. Findings inform QI initiatives.

The team uses The Manitoba Quality & Learning Framework and the Lean Methodology DMAIC (define, measure, analyze, improve, control) process to guide their implementation and management of change related to Quality Improvement.

# Accreditation Decision

Southern Health - Santé Sud's accreditation decision remains:

*Accredited*

*The organization has met the fundamental requirements of the accreditation program.*

## Locations Assessed during On-Site Assessment

The following locations were assessed during the organization's on-site assessment:

- SH-SS - Bethesda Regional Health Centre - Steinbach
- SH-SS - Boundary Trails Health Centre - Morden/Winkler
- SH-SS - Carman Memorial Hospital
- SH-SS - Hôpital Ste-Anne Hospital
- SH-SS - Morris General Hospital
- Southern Health - Santé Sud Regional Office - Southport

<sup>1</sup>Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

## Required Organizational Practices

Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk. ROPs contain multiple criteria, which are called Tests for Compliance (TFC).

**Table 1: Summary of the Organization's ROPs**

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Accountability for Quality of Care	Governance	5 / 5	100.0%
Adhering to a Do-Not-Use List of Abbreviations, Symbols, and Dose Designations	Medication Management	4 / 5	80.0%
Antimicrobial Stewardship	Medication Management	5 / 5	100.0%
Cleaning and Low-Level Disinfecting Medical Equipment	Infection Prevention and Control	0 / 5	0.0%
Client Flow	Leadership	5 / 5	100.0%
Improving Hand Hygiene Practices	Infection Prevention and Control	5 / 5	100.0%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%
Limiting High-Concentration and High-Total-Dose Opioid Formulations	Medication Management	4 / 5	80.0%
Managing High-Alert Medications	Medication Management	4 / 5	80.0%
Medication Reconciliation as a Strategic Priority	Leadership	5 / 5	100.0%
Patient Safety Education and Training	Leadership	1 / 1	100.0%
Patient Safety Incident Disclosure	Leadership	6 / 6	100.0%

**Table 1: Summary of the Organization's ROPs**

<b>ROP Name</b>	<b>Standard(s)</b>	<b># TFC Rating Met</b>	<b>% TFC Met</b>
Patient Safety Incident Management	Leadership	7 / 7	100.0%
Preventive Maintenance Program	Leadership	4 / 4	100.0%
Workplace Violence Prevention	Leadership	8 / 8	100.0%

## Assessment Results by Standard

The following section includes the outcomes from the attestation (if applicable) and on-site assessments, at the conclusion of the on-site assessment.

### Core Standards

Qmentum Global™ for Canadian Accreditation has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational areas of high quality and safe care they cover.

The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

### Emergency and Disaster Management

#### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table at end of this section.

#### Assessment Results

Southern Health-Santé Sud leadership, local community partners as well as Provincial and Service Delivery Organization (SDO) partners have created a comprehensive and robust emergency preparedness plan for regional implementation. The partnership model has created close connections between local Municipal Emergency Coordinators (MEC), emergency services (RCMP/Fire), as well as local agencies and communications avenues/media. Partnership with these agencies allows Southern Health-Santé Sud to benefit from both tabletop and live mock scenarios across the region, allowing for testing of practices, refining policies and building learnings into new models of response.

The team utilizes standard onboarding and orientation such that all staff are provided with training in emergency response and a schedule of regular monthly education allows just in time refreshers for areas on topics they may not encounter over the year.

Although Covid-19 may have brought more attention to regions and health system preparing for Emergencies, Southern Health-Santé Sud has had more recent opportunity to test its systems with evacuations in Altona and Morris and more recently with the Measles case increases. Previous experience has allowed the leadership team to rapidly activate incident command structures, leveraging local and provincial resources, while ensuring the highest levels of continual regular business for their patients and families.

Opportunities for Southern Health-Santé Sud may be to advocate and work more closely with partners in Shared Health and other Provincial partners to address infrastructure gaps. Critical items such as connectivity relating to the internet and phone systems are gaps in some rural sites, as well as access to physical buildings in the event a rapid evacuation was needed.

The small team should be exceptionally proud of the tremendous work they are achieving in this area.

#### Table 2: Unmet Criteria for Emergency and Disaster Management

There are no unmet criteria for this section.

## Governance

### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table at end of this section.

### Assessment Results

When board members of the Southern Health-Santé Sud Health Region were asked what brought them to the Board, they shared that they recognized the importance of the health care system to the region and they wanted to lead its success, they wanted to give back to their communities by being board members and to be advocates for their local communities. Southern Health-Santé Sud is a rapidly growing part of the province, and the health care system needs to keep up with the population growth and health care demands. The Board is committed to supporting the development of a health care system that can meet these growing needs.

From a board functioning process, board members spoke about an effective on-boarding process as well as orientation and education. Some board members have been serving on the Board for many years.

The board membership has also been supplemented by some new members. The Board recognizes its role in providing oversight, insight and foresight.

The Board acknowledged awareness of Southern Health-Santé Sud's Ethics Framework and that it may need to be refreshed and that it is used to guide decision making at the board level. A new strategic plan has been developed for the period from 2025-2030. It has been signed off by the Ministry of Health and is ready for roll-out.

The long-standing CEO of Southern Health-Santé Sud was recently reassigned to become the Interim CEO of another health region. Southern Health-Santé Sud has an interim CEO, and a CEO search process is commencing. The Board is guiding this process and following its policy and procedure with respect to CEO selection. The Board expressed appreciation for the work on succession planning done by the previous CEO and the Board had confidence that a member of the Southern Health-Santé Sud senior leadership team could easily step up to be an interim CEO.

The Board is very proud of the financial performance of the organization and that Southern Health-Santé Sud has consistently balanced its budget while other health regions have run deficits. The Board receives information and data on a routine basis to monitor the financial, quality, risk and human resource aspects of the organization.

The organization should be congratulated for its "What Matters to You" approach to hearing feedback from across the organization – patients, families, and staff. Southern Health-Santé Sud has also adopted the "Walk a Mile in My Moccasins" program to demonstrate its commitment to system racism. Southern Health-Santé Sud has a regional lead for Indigenous health and the Board has participated in education sessions related to truth and reconciliation. There is also Indigenous representation on the Board.

The Board is very proud of the What Matters to You program and how it provides feedback to the organization. Members also expressed pride in the quality of care provided and that Southern Health-Santé Sud is a place where people want to work. Also, given the good level of performance of Southern Health-Santé Sud, the organization can do things without the same level of constraint as may exist in other health authorities that have fiscal and quality challenges. The Board characterizes itself as being a place of collaboration and openness.

### **Table 3: Unmet Criteria for Governance**

There are no unmet criteria for this section.

# Infection Prevention and Control

## Standard Rating: 91.5% Met Criteria

8.5% of criteria were unmet. For further details please review the table at end of this section.

### Assessment Results

Infection Prevention and Control (IPAC) is a regional program in Southern Health-Santé Sud with integration into the provincial network. There are four regional coordinators (one is CIC certified) supporting Infection Control Practitioners (ICP) and Infection Control Support Associates at three regional centres, seven acute community hospitals including an affiliate facility as well as long term care sites and affiliate health corporations. The team is responsible for planning, developing, implementing and evaluating the IPAC program. The program is evaluated every six months and improvements are made as necessary. IPAC is a standing agenda item at monthly multidisciplinary site meetings which also provides an opportunity for input and guidance into program development.

A document management system is in place to organize and track policies which are updated every three years and as required. Policies are evidence-informed and incorporate best practices, relevant legislation, as well as provincial guidelines.

Infection rates are tracked using both passive and active surveillance methods. Outbreaks, when identified, are investigated employing best practices and in conjunction with public health officials. Appropriate precautions and PPE are utilized to protect patients and staff and reduce further spread. Data are collected and analyzed, and recommendations are made as necessary. Findings are shared with the teams, the Board, Public Health officials, and with clients and families.

The IPAC team has developed strategic partnerships with several parties including the Public Health authority, regional and provincial IPAC partners, LTC facilities, as well as contractors, architects, and facility designers to name a few. There are several large construction projects underway in the region at the time of survey, and IPAC has been intimately involved in these projects from the functional planning stage. The construction/renovations teams hold the IPAC team in high regard and appreciate their contributions. The southern Health-Santé Sud IPAC team is recognized for their construction/renovation IPAC expertise. The team also provides input into several other organizational activities including pandemic planning, selection and handling of medical devices and equipment, occupational health policies, and sharps injuries to name a few.

The team receives laboratory support from the provincial lab in Winnipeg. Test results have a turnaround time of 2-5 days. Infectious Diseases physician support is available in Winnipeg.

A comprehensive IPAC educational program has been developed, incorporating key components such as hand hygiene, routine and special precautions, and use of PPE. It is delivered at orientation and as needed/when necessary, thereafter. Online and in-person training options are available. Contractors participate in mandatory training.

The hand hygiene improvement strategies are in place, and hand hygiene is included in the Infection Control Quality Improvement Plan. There is an opportunity to improve rates.

The team states that they do not have a policy and procedure for cleaning and low-level disinfection of medical equipment at the time of survey. A draft policy and procedure is in development and is expected to be complete by Fall 2025. This Required Organizational Practice (ROP) is unmet.

The team is challenged by staffing. The number of hand hygiene audits conducted does not meet their targets due in large part to lack of time/personnel to conduct hand hygiene audits. They rely on summer students to reach their targets. IPAC is combined with staff development in terms of reporting structure.

ICPs at acute community sites often wear several hats outside of IPAC (e.g. education coordinator, occupational health) such that their IPAC role is diluted. Some report not feeling as confident in their knowledge and ability to provide quality IPAC service as it is not their main role. Is there an opportunity to review and restructure such that Infection Control Practitioners provide only IPAC services across the region? Can redundancy be built to allow seamless continuity of service?

Succession planning will be an issue. There is only one ICP with the CIC (Certified in Infection Control) designation and that person will be leaving the program in June 2025. Accreditation standards require at least one qualified ICP on the team. The organization is encouraged to support the current ICPs in obtaining CIC certification and consider CIC credentials in future hires.

**Table 4: Unmet Criteria for Infection Prevention and Control**

Criteria Number	Criteria Text	Criteria Type
2.6.1	<p>Cleaning and Low-Level Disinfecting Medical Equipment</p> <p>2.6.1.1 Teams follow the organization’s procedure to clean and low-level disinfect medical equipment.</p> <p>2.6.1.2 Teams coordinate activities to ensure medical equipment is effectively cleaned and low-level disinfected.</p> <p>2.6.1.3 Teams use proper cleaning and low-level disinfection equipment and supplies in an appropriate area.</p> <p>2.6.1.4 Teams participate in continuous learning activities about cleaning and low-level disinfection of medical equipment.</p> <p>2.6.1.5 Teams participate in activities to improve the organization's procedure to clean and low-level disinfect medical equipment.</p>	ROP

# Leadership

## Standard Rating: 97.3% Met Criteria

2.7% of criteria were unmet. For further details please review the table at end of this section.

## Assessment Results

### Resource Management

Southern Health-Santé Sud utilizes a zero-based budget process in the creation and annual maintenance of its finances. The team operates in a supportive model, with the financial teams providing comprehensive onboarding and orientation to leaders and staff with financial stewardship responsibilities. The finance teams conduct regular reviews with each area monthly such that leaders have a thorough understanding of their budget and similarly conduct reviews with the regional and senior leadership team to ensure there is a lens to fiscal responsibility.

The team utilizes significant connections between operational program leaders and senior leaders, leveraging their woven in values to share stories as a method of demonstrating priorities and sharing resources. Prior to addressing a priority from a lens of new resources there is a focus on sustainability of the system. The mindset of 'Before asking for more money, see what is in your wallet first' appears to be deeply embedded in the organization's culture. This principle, along with a willingness to pause or scale back programs to support colleagues in need—knowing the gesture may be reciprocated in the future—reflects a strong commitment to collaboration and resource stewardship. These practices help ensure that clients and families remain the top priority in receiving the care they need.

The team has strong use of financial evidence to provide to its leaders and consistently works in partnership to arrive at a balanced budget. The relationships between the financial teams and leaders appear very strong and it is unsurprising to see new senior leaders rise from within this team.

Opportunities will continue for this team as the population grows, and resources requests increase as persistent staffing challenges face this area and all provinces in Canada. This team will be a critical resource to the senior leadership team in providing messaging to the province of the resources necessary to meet the growing population in this part of the province.

### Planning and Service Design

Planning and service design within Southern Health-Santé Sud is led by the Quality Planning and Performance team in a multi collaboration support model with partnership from finance, decision support, governance, health information and clinical systems.

Southern Health-Santé Sud operates under accountability from its agreements with Manitoba Health, Seniors and Long-term Care and through cohesive and interconnected annual operational plan, annual report, strategic plan and annual risk reports. The strategic plan has been redesigned with consultation and input from its community and partners. A profound shift was to heavily weave the organizational values into their core documents, inclusive of Indigenous sacred teachings to create a foundation for two-eyed seeing that respects a view for multiple approaches to health.

The operational plans of Southern Health-Santé Sud highlight the innovative and consistent way the region advances its agenda to provide the best care to its clients and families while championing and providing a measured example to the remainder of the province of fiscal responsibility.

With major capital projects underway in the region, services are expected to expand to meet the needs of a rapidly growing population. However, the leadership team will need to address ongoing challenges related to health resource funding—particularly as efforts continue to stabilize critical services such as emergency and primary health care.

With the continued support of data analysis and decision support teams Southern Health-Santé Sud is enhancing the use of dashboards and other data sets in its decision-making and resource planning. Through this process they can identify trends and areas of concern in their region allowing for more proactive manners to address emerging issues before they reach a critical level. The team should be commended for this work and continue to invest in this area!

### **Medical Devices and Equipment**

The committed team of professionals managing equipment and reprocessing within Southern Health-Santé Sud are passionate about the clients whom they serve and are focused on the highest standards possible.

The teams involved in procurement of medical devices for the region work with pre-qualified vendors in partnership with Shared Health to ensure the health region benefits optimally in selection of equipment. Regular maintenance schedules are adhered to, and preventative programs comply with manufactures specifications. Service for medical devices and preventative maintenance is conducted via partnership with partner Service Delivery Organizations (SDOs) and outside contract organizations.

The sterilization and reprocessing team upholds exceptional standards, with all staff either certified through CSA or MDRAO, or actively working toward certification. The team continues to conduct regular tracking and audits of sterile instrumentation using manual systems, demonstrating a strong commitment to quality and patient safety.

Trails services the facility well, in process expansions to add additional OR capacity may consider the timelines of planned MDR renovations and equipment replacements.

### **Human Capital**

The Human Resources team at Southern Health-Santé Sud continues to invest significantly in their most valuable asset, being the staff that works for them. Recent shifts in employment trends have seen a significant reduction in employees taking on permanent full-time positions despite the Province of Manitoba setting strategic priorities in this area. Southern Health-Santé Sud has approximately 23% permanent full-time employment rate, with most of their staff working part-time. The region has still managed to reduce its utilization of staffing agencies and increase that part-time staffing complement, reporting a higher satisfaction in their employment.

The Human Resources team assists leaders and staff related to policy implementation, interpretation, and approaching human resources, labour relations and occupational safety and health from a best practice perspective

The organization has a robust and comprehensive Workplace Violence Prevention Policy which is complemented by the Respectful Workplace Policy, Workplace Safety & Health and the recently launched Code of Conduct to create an overarching series of documents to provide guidance to staff and leadership on the expectations of culture in Southern Health-Santé Sud.

The organization continues to engage with staff and leadership in semi-annual performance conversations utilizing the themed discussions of 'What Matters to You' to leverage forward opportunities to develop staff. They continue a partnership agreement with Red-River College Polytech allowing staff to engage in dedicated leadership development training.

Succession planning within the organization is limited at present to informal identification and via performance conversations. The organization may wish to engage in more robust identification and mentoring for those interested or identified as future leaders in the organization.

## **Client Flow**

The patient flow team coordinates their work through a comprehensive and integrated overview of the capacity and movement that is happening within Southern Health-Santé Sud partnered through a provincial connection. This lens allows the region to connect and participate as part of the provincial systems which now has an overarching view of what areas of the province have capacity to accept clients and the systemic knowledge of the resources and staffing at that level. The Southern Health-Santé Sud patient flow team has worked a great deal over the last several years to participate at the provincial level to contribute to and revise their Capacity Management Protocol. This document is consistent with other SDO's in the province and creates a common understanding of circumstances and resources. The addition of the Escalation Process Pathway has created a mechanism whereby complex transfers or repatriations can be resolved with the assistance of the VP of Acute Care and the Associate Chief Medical Officer.

The patient flow team has also engaged in developing a more robust client flow dashboard showing all beds and admissions in the region. This tool is used extensively by the team and has been actively supported by senior leadership to foster a broad understanding of current and emerging challenges. It has been made accessible to both leaders and nursing staff across Southern Health-Santé Sud, enabling a clearer view of unit-level pressures and encouraging collaborative support among peers.

This collective desire to assist facilities experiencing higher capacity risk through the transparent sharing of information has assisted the team to facilitate challenging conversations with staff, clients and families in assisting with placement of clients to the bed that meets those individual's needs, understanding it may not be in the facility in the client's hometown.

The patient flow team will continue to face both challenges and opportunities as they respond to ongoing pressures in emergency departments across the region, while also working to address the distribution of care between the eastern and western areas of Southern Health-Santé Sud.

## **Communication**

The organization is supported by a small but highly motivated and well-connected communications team. They provide a comprehensive suite of resources, including a Communication Plan, Graphics Standards Manual, relevant policies, and the new Strategic Plan, which collectively guides how the team supports the region's internal and external communications.

The Communication Plan consists of six objectives: 1) Focused messaging that aligns with provincial direction and the regional Strategic Plan; 2) Ensuring 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.

Southern Health-Santé Sud communications provide an oversight of corporate messaging and a consistent branding for all external reports and publications. They endeavor to weave the core values across multiple key documents with consistent branding to solidify a visually meaningful message for staff, clients and the community. In partnership with the French language service and francophone engagement committee the documents are available in both English and French languages.

The refresh of the region's website and digital media presence has allowed for easier access to information for clients and families as well as better channels for the communications teams to convey internal and external communication. Leveraging stakeholder feedback, they have added quick access

buttons for hot topics such as Emergency Department information and Measles Information, consolidating and centralizing information resources under one click.

The communications team works closely with the privacy office to ensure all external facing information meets PHIA criteria.

While the communication team notes that challenges still exist in their social media connections, they have shared that changes to websites and purposeful connections to community media have seen increased traffic on their social media.

### **Principle Based Decision Making**

Southern Health-Santé Sud has a multi-team approach to its principle-based decision making. This team provides support for ethics, and consistent with the work done in other areas, has completed a redevelopment of its ethical framework and ethical decision support tools. The new tools are consistently grounded in the organization's core values and are designed to guide users through ethical challenges by applying each value to the issue at hand, supported by reflective questions for consideration. The team has done extensive engagement with the staff and community on this new framework and has had numerous opportunities to test it since its inception this spring. Response has been positive to the changes that reflect a framework that is easier to navigate and is more approachable. The team continues to track ethical issues, using these and cases that come to the ethics committee as areas for education on a broader basis to the region. More recently Southern Health-Santé Sud has benefited from a partnership with Shared Health in access to an Ethicist who resides in Carman and provides consultation and support to the region on challenging cases as well as education to the committee.

Research and support for access to information for research is also supported by this team. Multiple research partnerships with the University of Manitoba are underway and benefit from both the privacy office and the research decision support analyst to ensure that research that has undergone research ethic approval meets with the strategic mission and values of Southern Health-Santé Sud.

Opportunities for the Principle Based Decision Making team are verifying their new ethical frameworks and tools with clients and families within Southern Health.

**Table 5: Unmet Criteria for Leadership**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
4.1.3	The organization engages with staff, clients, and families to develop, implement, regularly review, and update as needed a policy on impairment and incapacity in the workplace, to keep people safe.	HIGH
1.3.5	The organization engages with clients and families to develop, implement, regularly review, and update as needed an open presence policy that provides families with flexibility in when they can be present.	NORMAL
2.7.2	The organization develops, implements, regularly reviews, and updates as needed policies and principles to guide its environmental stewardship.	NORMAL
2.7.4	The organization uses defined performance indicators to regularly evaluate the effectiveness of its environmental stewardship initiatives, and uses the results to make improvements.	NORMAL
2.7.6	The organization provides leaders and staff with education and training to build organizational capacity to support environmental stewardship initiatives, and adapt to and mitigate climate change.	NORMAL

# Medication Management

## Standard Rating: 88.0% Met Criteria

12.0% of criteria were unmet. For further details please review the table at end of this section.

### Assessment Results

Medication management leaders are enthusiastic, collaborative, and dedicated to improving medication management across the region.

A multidisciplinary regional medication management committee provides an oversight of medication management activity across three regional hospitals (Boundary Trails, Bethesda, and Portage) and five smaller centres, as well as CancerCare. Regional directors meet every two weeks with Shared Health to share successes and challenges and to standardize services when possible. A regional medical advisory council works closely with this committee to develop and standardize medical practice as it relates to medication management including the development and approval of pre-printed order sets for example, as well as clinical management pathways.

There is a regional formulary in place which has helped to standardize service delivery, streamline practice, and reduce medication-related risk. The province has approved the establishment of a provincial formulary which should further improve service delivery and reduce risk.

The implementation of a regional pharmacy information system has led to significant improvement in the delivery of pharmacy services to support the medication management mandate. This system, which interfaces with ADT and laboratory systems, has supported the standardization of service provision across the region, led to the development and utilization of a computer-generated MAR, and will interface with automated dispensing cabinets when they are implemented.

Teams have fully implemented the 'Do Not Use' abbreviations and symbols Required Organizational Practice (ROP). Order sheets were developed which offer decision support describing unacceptable abbreviations and symbols and acceptable alternatives. Audits of compliance have demonstrated some improvement and identified opportunities for further improvement which are shared broadly. Three ROPs are unmet pending inclusion of improvement activities in the medication management quality improvement plan.

There is an opportunity to improve the Antimicrobial Stewardship Program (ASP), particularly in terms of data collection and analysis. Although the program has been evaluated by the team, the findings are primarily descriptive in nature. The team is encouraged to develop a more robust, quantitative data collection and analysis strategy (including DDD or DOT) to provide more meaningful information which can be shared both internally and externally to inform a regional program and to favourably and demonstrably impact antimicrobial utilization. Understandably, this requires resources not currently available to the teams such as a designated antimicrobial stewardship pharmacist and specialized analytics support. The team is optimistic that a provincial program will be developed by Shared Health and will include resources such as data management. There is also a lack of specialized medical expertise (Infectious Diseases physician) to support the ASP routinely.

Oral, solid medications are dispensed by unit dose at Bethesda Regional Health Centre. This is a significant positive change from the last survey. Automated dispensing cabinets are not in use at most sites. There are plans to incorporate these units in ED and OR as early as Jan/Feb 2026. The organization is once again encouraged to prioritize dispensing cabinet technology to significantly improve medication management and patient safety.

The organization remains challenged with respect to medication storage areas in the context of aging infrastructure. The medicine ward, for example, does not have a secure and quiet area for staff to safely carry out activities related to medication preparation and dispensing. Some medication storage shelves are not equipped with locks. The chemotherapy preparation and storage area at Bethesda Regional Health Centre cited in the previous survey report remains NAPRA non-compliant.

Although the organization does integrate the clinical pharmacist role into some clinical teams as human resources permit, this is not a consistent role in priority areas and represents opportunity for the organization to improve medication-related education and safety. Cancer Care, ED, and Medicine receive clinical pharmacy services as human resources permit. A structured program has not been implemented to reduce the risks associated with polypharmacy, especially with frail or vulnerable patients. This represents an excellent opportunity for input from clinical pharmacists. The organization is strongly encouraged to clearly establish the clinical pharmacist role, embedding the expertise into the clinical teams to support the medication management mandate and improve patient care and patient safety.

Although the organization has developed an order set for acetaminophen overdose that includes the use of N-Acetyl Cysteine, there are no other standardized protocols and/or coupled order sets that permit the emergency administration of all appropriate antidotes, reversal agents, and rescue agents used in the facility. This represents an opportunity for the organization to improve medication safety.

CPOE is not in use across the region, although electronic charting only is done at a few facilities. Orders are not entered electronically. Paper orders remain the standard practice. There is a plan for a fully integrated electronic health record by September 2027 with a roadmap in place to a 'go live date' as per the senior leadership team.

**Table 6: Unmet Criteria for Medication Management**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
1.2.3	<p>Adhering to a Do-Not-Use List of Abbreviations, Symbols, and Dose Designations</p> <p>1.2.3.5      The organizational leaders ensure the organization's medication management quality improvement plan includes activities to improve adherence to the do-not-use list of abbreviations, symbols, and dose designations.</p>	ROP
1.2.4	<p>Managing High-Alert Medications</p> <p>1.2.4.5      The organizational leaders ensure the organization's medication management quality improvement plan includes activities to improve safety practices related to high-alert medications.</p>	ROP
1.2.5	<p>Limiting High-Concentration and High-Total-Dose Opioid Formulations</p> <p>1.2.5.5      The organizational leaders ensure the organization's medication management quality improvement plan includes activities to improve safety practices related to the availability of and access to high-concentration and high-total-dose opioid formulations.</p>	ROP

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
1.2.12	The interdisciplinary committee shall develop and implement standardized protocols and/or coupled order sets that permit the emergency administration of all appropriate antidotes, reversal agents, and rescue agents used in the facility.	HIGH
1.3.1	The organization integrates pharmacists into designated interprofessional clinical teams to provide proactive care for client-engaged medication management.	NORMAL
3.4.3	A policy for when and how to override alerts by the pharmacy computer system is developed and implemented.	HIGH
3.4.4	Alert fatigue is managed by regularly evaluating the type of alerts required by the pharmacy computer system, based on best practice information and input from teams.	NORMAL
4.3.5	Established dosing limits are reviewed every six months and changes are made as required.	NORMAL
6.1.1	A structured program has been implemented to reduce the risks associated with polypharmacy, especially with frail or vulnerable clients.	HIGH
9.1.3	Emergency, urgent, and routine medications are accessible within the timelines set by the organization.	HIGH
10.3.5	To allow for immediate administration during emergencies, antidotes, reversal agents, and rescue agents shall be available to team members along with standardized protocols or coupled order sets and directions for use.	HIGH