



ACCREDITATION CANADA



Driving Quality Health Services

Accreditation Report

Unison Health and Community Services

Toronto, ON

On-site survey dates: September 15, 2014 - September 18, 2014

Report issued: November 21, 2014



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

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About the Accreditation Report

Unison Health and Community Services (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in September 2014. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada's President and CEO

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

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

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

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

We look forward to our continued partnership.

Sincerely,



Wendy Nicklin
President and Chief Executive Officer

Table of Contents

1.0 Executive Summary	1
1.1 Accreditation Decision	1
1.2 About the On-site Survey	2
1.3 Overview by Quality Dimensions	3
1.4 Overview by Standards	4
1.5 Overview by Required Organizational Practices	5
1.6 Summary of Surveyor Team Observations	7
2.0 Detailed On-site Survey Results	9
2.1 Priority Process Results for System-wide Standards	10
2.1.1 <i>Priority Process: Governance</i>	10
2.1.2 <i>Priority Process: Planning and Service Design</i>	11
2.1.3 <i>Priority Process: Resource Management</i>	12
2.1.4 <i>Priority Process: Human Capital</i>	13
2.1.5 <i>Priority Process: Integrated Quality Management</i>	14
2.1.6 <i>Priority Process: Principle-based Care and Decision Making</i>	15
2.1.7 <i>Priority Process: Communication</i>	16
2.1.8 <i>Priority Process: Physical Environment</i>	17
2.1.9 <i>Priority Process: Emergency Preparedness</i>	18
2.1.10 <i>Priority Process: Patient Flow</i>	19
2.1.11 <i>Priority Process: Medical Devices and Equipment</i>	20
2.2 Service Excellence Standards Results	21
2.2.1 <i>Standards Set: Community Health Services</i>	22
2.2.2 <i>Standards Set: Customized Infection Prevention and Control</i>	24
2.2.3 <i>Standards Set: Customized Managing Medications</i>	25
2.2.4 <i>Standards Set: Primary Care Services</i>	26
3.0 Instrument Results	29
3.1 Governance Functioning Tool	29
3.2 Canadian Patient Safety Culture Survey Tool: Community Based Version	33
3.3 Worklife Pulse	35
Appendix A Qmentum	37
Appendix B Priority Processes	38

Section 1 Executive Summary

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

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

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

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

1.1 Accreditation Decision

Unison Health and Community Services’s accreditation decision is:

Accredited with Exemplary Standing

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.

1.2 About the On-site Survey

- **On-site survey dates: September 15, 2014 to September 18, 2014**

- **Locations**

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

- 1 Jane-Trethewey
- 2 Lawrence Heights
- 3 Pathways

- **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 Customized Infection Prevention and Control
- 2 Customized Managing Medications
- 3 Governance
- 4 Leadership Standards for Small Community-Based Organizations

Service Excellence Standards

- 5 Primary Care Services
- 6 Community Health Services

- **Instruments**

The organization administered:

- 1 Governance Functioning Tool
- 2 Patient Safety Culture Tool
- 3 Canadian Patient Safety Culture Survey Tool: Community Based Version
- 4 Worklife Pulse

1.3 Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Working with communities to anticipate and meet needs)	32	0	0	32
 Accessibility (Providing timely and equitable services)	12	2	0	14
 Safety (Keeping people safe)	99	1	7	107
 Worklife (Supporting wellness in the work environment)	48	1	0	49
 Client-centred Services (Putting clients and families first)	41	1	0	42
 Continuity of Services (Experiencing coordinated and seamless services)	18	0	0	18
 Effectiveness (Doing the right thing to achieve the best possible results)	159	6	1	166
 Efficiency (Making the best use of resources)	25	0	0	25
Total	434	11	8	453

1.4 Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	43 (97.7%)	1 (2.3%)	0	34 (100.0%)	0 (0.0%)	0	77 (98.7%)	1 (1.3%)	0
Leadership Standards for Small Community-Based Organizations	36 (97.3%)	1 (2.7%)	0	57 (96.6%)	2 (3.4%)	0	93 (96.9%)	3 (3.1%)	0
Customized Infection Prevention and Control	36 (100.0%)	0 (0.0%)	1	10 (90.9%)	1 (9.1%)	1	46 (97.9%)	1 (2.1%)	2
Customized Managing Medications	31 (96.9%)	1 (3.1%)	2	13 (100.0%)	0 (0.0%)	0	44 (97.8%)	1 (2.2%)	2
Community Health Services	13 (100.0%)	0 (0.0%)	0	54 (98.2%)	1 (1.8%)	0	67 (98.5%)	1 (1.5%)	0
Primary Care Services	33 (97.1%)	1 (2.9%)	0	63 (95.5%)	3 (4.5%)	0	96 (96.0%)	4 (4.0%)	0
Total	192 (98.0%)	4 (2.0%)	3	231 (97.1%)	7 (2.9%)	1	423 (97.5%)	11 (2.5%)	4

* Does not include ROP (Required Organizational Practices)

1.5 Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Adverse Events Disclosure (Leadership Standards for Small Community-Based Organizations)	Met	3 of 3	0 of 0
Adverse Events Reporting (Leadership Standards for Small Community-Based Organizations)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Leadership Standards for Small Community-Based Organizations)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Dangerous Abbreviations (Customized Managing Medications)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Worklife/Workforce			
Client Safety Plan (Leadership Standards for Small Community-Based Organizations)	Met	2 of 2	2 of 2
Client Safety: Education And Training (Leadership Standards for Small Community-Based Organizations)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership Standards for Small Community-Based Organizations)	Met	3 of 3	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Workplace Violence Prevention (Leadership Standards for Small Community-Based Organizations)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Customized Infection Prevention and Control)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Customized Infection Prevention and Control)	Met	2 of 2	0 of 0
Reprocessing (Customized Infection Prevention and Control)	Met	1 of 1	1 of 1

1.6 Summary of Surveyor Team Observations

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

The Unison Health and Community Services (Unison) organization is commended on preparing for and participating in the Qmentum survey program. The organization's board of directors functions effectively regarding its governance responsibilities and meets regularly. The board receives reports from its three committees which are the quality, finance and governance committees. It also receives regular reports from senior management which update the board on critical activities in the organization. Board member recruitment, orientation and training are well established in policy and protocol. It is noted the board was actively engaged in the organization's community needs assessment and the subsequent development of its strategic plan. There exists a well-established rapport and working relationship between the board and senior management. Also noted is the board's support to the organization's creation of key strategic priorities pertaining to client safety and quality improvement.

During the on-site survey participants of the Community Partners' focus group discussed their relationships with Unison and offered feedback on key strengths of the organization and where some opportunities for improvement may be realized. Community partners were aware of Unison's major effort in conducting its community needs assessment and noted that it readily shared the results with its partner agencies. While the partners did have input to the strategic plan specific to their respective agency issues, many claimed not to have seen the actual plan. The focus group spoke highly of Unison's communication referring to it as responsive, open, transparent, frank, and solution-oriented. It was also noted that a variety of communication tools are used to enhance communication efforts. Also discussed was the high turn-over rate amongst some of the staff positions in the organization, which has affected consistency of communication in some areas. During an open discussion on where opportunities to expand Unison's services might be realized several suggestions were made. These include: improving integration of the interdisciplinary team between agencies; increasing the capacity for youth development; standardizing programs/services across all Unison sites; expanding the service of addressing client needs that do not have a status; further developing mental health support for transitional aged youth; further developing violence prevention initiatives, and working in partnership with hub pharmacy services to treat the abuse of prescription medications.

The Unison Health and Community Services leadership has effectively taken the organization through its recent merger of two smaller organizations in 2010 including embarking on a new and expanded mandate. The challenges of moving forward while developing a new organizational culture were significant and again, the strong leadership and support during this time of change is recognized. Recent needs assessment and strategic planning have provided the organization with a new sense of direction in meeting the health and wellness and primary care needs of the communities the organization serves. More recently, the organization's leadership has been instrumental in moving the organization through its system changes using the principles of quality improvement and actively seeking accreditation as a form of external quality improvement.

In general, feedback from staff members regarding worklife is positive. They feel well communicated to by leadership and are aware of upcoming challenges and issues the organization may be facing from time-to-time. The implementation of new programs, systems and technology has been shared with staff. Leadership uses a variety of tools to communicate with staff members, the most common being e-mail and face-to-face. All staff members have position descriptions that outline their roles and responsibilities and they regularly receive performance evaluations from their respective program/service manager. Staffs' human resources files are kept up-to-date and secure. The work environment in the facilities appears to be clean and open with staff space set aside from the client service areas. The space is kept secure and access is controlled. Staff members feel supported by leadership in their work and appreciate the open door policy that program/service managers use.

Staff members are well trained for their respective roles and the organization supports professional development and continuing education. Many of the educational offerings are done at staff meetings while others are considered for their value to both the employee and the organization.

Insofar as delivery of care and services the organization prides itself on addressing the social determinants of health to meet clients where they are at and address barriers to health care. Innovations are noted in the provision of services to uninsured clients, the integration of care coordination, the counselling and social work in primary care and the partnerships with schools and families in the Pathways program. Care delivery at hubs expands the scope of service and accessibility for clients. The organization is encouraged to participate in co-planning with hub partners to appreciate the client journey from intake to discharge across the spectrum of hub services.

Client satisfaction is formally measured by the organization using surveys on a regular basis. Anecdotal comments from clients during the on-site survey suggest a high degree of satisfaction with staff members and the care and services provided. There is a complaints process available to clients and their families should they need to voice concern about the quality of care received or dissatisfaction with the service provided. The organization prides itself in being client-centred. Its relationship with clients and their level of satisfaction with care and services is an important measure of performance.

Section 2 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

2.1 Priority Process Results for System-wide Standards

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

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

2.1.1 Priority Process: Governance

Meeting the demands for excellence in governance practice.

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
11.3 The governing body works with the CEO and the organization's leaders to develop an integrated quality improvement plan.	
Surveyor comments on the priority process(es)	
<p>The board is an effective group of members dedicated to the governance responsibilities of the organization since the merger of two previous organizations into the Unison Health and Community Services. The board has three committees namely, quality and finance and governance and these provide for the review and reporting on key activities.</p> <p>The board enjoys a strong working relationship with the senior management team and has a clear understanding of its role in governing the organization.</p>	

2.1.2 Priority Process: Planning and Service Design

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization's leadership has a well-established planning process for strategic and operational activities. It completed its first community needs assessment after its merger in 2010 and used this as the basis for the strategic planning exercise it undertook in 2011. A client needs assessment was conducted in 2013 and was used to further update the strategic plan.

The organization's strategic and operational plans are reviewed quarterly and updated as required. The organization has recruited a health planner to better prepare for the implementation of new services. The organization currently evaluates some of its strategic activities using a government-developed action plan. The organization is encouraged to either broaden the scope of this action planning template to include all improvement activities, or develop another action planning template to track and report on the non-government mandated improvement initiatives.

2.1.3 Priority Process: Resource Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Senior management prepares and submits to the board a 'Statement of Operations' budget to approve. Expenditures are identified at the program level thus providing a clearer picture of the organization from a resource/program lens. In addition, consolidated quarterly statements are prepared for the board's finance committee to review.

The organization's financial planning situation has been described as stable, with a reliable revenue source being the primary consideration. Middle management has considerable say in the distribution of the budget within its respective programs and services. Budget allocation has some flexibility but within the existing dollars available.

Financial activities are guided by policies and procedures that reflect accepted accounting practices.

2.1.4 Priority Process: Human Capital

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Staff members that were interviewed during the on-site survey felt that leadership communicates adequately with them. Staff orientation is detailed and incorporates the use of mentors as well as policy/protocol review. Leadership is aware of the need to monitor staff fatigue and stress and this is reinforced with education and ongoing reminders of the need to be vigilant in this area.

Performance evaluations are given to staff members on a regular basis. Staff members are made aware of, and supported in how to deal with violence in the workplace as well as in the community.

2.1.5 Priority Process: Integrated Quality Management

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small Community-Based Organizations	
3.3 The organization's leaders support staff to develop the necessary knowledge and skills to carry out ongoing quality improvement.	
12.2 The organization's leaders evaluate the risk management plan and improve it as necessary.	
15.1 The organization's leaders develop and implement a quality improvement plan.	!

Surveyor comments on the priority process(es)

During the past two years the organization has made significant strides in its quality journey. Key quality improvement and client safety practices have been deemed strategic priorities and are reflected in the organization's strategic plan. Elements of the organization's strategic plan appear to be aligned with the quality improvement (QI) planning done to date. However, to have a true integrated quality management system further development and refinement of QI and risk management (RM) planning is needed.

Significant work has been done in developing a client safety plan and a protocol to support it however, the validation of all of the tests for compliance were difficult to do, leaving a need to find further evidence of compliance. For the training of leadership in quality improvement it has been difficult to identify the QI approach being taken specifically, what is it called and what training has occurred to help empower managers in the change process and standardize their approach. Therefore, encouragement is offered the organization's leadership to continue in its efforts at completing its integrated quality management system. It does appear to be close to becoming a finished product.

2.1.6 Priority Process: Principle-based Care and Decision Making

Identifying and decision making regarding ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has developed tools to assist staff members and management in dealing with ethical dilemmas. Specific guidelines for research-based ethics have also been addressed.

2.1.7 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)
<p>The organization has well-established protocols for communication that are further supplemented by its communication plan. The organization regularly receives feedback on the effectiveness of its relationships with community partners. Communication tools are varied and include: face-to-face, letters, e-mails and the intranet. The organization is aware of the lack of privacy that occurs with the use of e-mails and consequently, confidential client information is not usually shared using this vehicle.</p> <p>Clients are oriented to the organization's privacy policy and are made aware of their rights on this matter. To evaluate this important practice privacy audits are done regularly and remedial action is taken when necessary.</p> <p>Client health records are essentially recorded electronically now and old paper-based records are being archived when appropriate to do so.</p> <p>The organization's Decision Support services regularly assess the availability, access and relevance of its data sources.</p>

2.1.8 Priority Process: Physical Environment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

During the on-site survey clients commented on the cleanliness and friendliness of the physical environment. It is clear from the survey and site visits that staff members and leadership take great pride in creating a welcoming and supportive environment. Minor suggestions for improvement are: invest in easier to clean and sterilize floor surfaces in primary care settings for example, by removing carpet, and consider the creation of social spaces for clients and peers to gather to promote social inclusion and peer programming for the organization's many isolated and vulnerable clients. Partnerships with social enterprises may facilitate this latter suggestion for example, integrating low-cost cafes or low-barrier employment opportunities for clients in the community health centre.

2.1.9 Priority Process: Emergency Preparedness

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization conducts regular fire drills and debriefs staff members' on the findings. The fire system is tested regularly as per provincial legislative requirements and fire extinguishers are regularly tested.

Some testing of the emergency preparedness/pandemic planning process has been done. The Local Health Integrated Network (LHIN) hosted a table-top exercise, with multiple health care organizations invited. This provided the organization with a sense of fit as to how it could contribute to helping in the event of a broader community-based emergency. The organization has also had recent 'live' experiences with a major power outage and how the emergency preparedness plan helped to maintain services. A major debriefing was conducted afterwards with the goal to learn from the experience and identify improvements to the plan, which have been made.

The organization has developed a "vulnerable list" of clients so that client visits could be properly prioritized in the event a pandemic affected availability of staff. Similarly, the organization has a business continuity plan in place to help facilitate operations in the event an emergency affects its ability to provide services.

The organization has a telephone fan-out list. It has been tested and works well. It is also noteworthy that the information for emergency preparedness and pandemic planning is available on the organization's intranet for ready access by staff members off site.

2.1.10 Priority Process: Patient Flow

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

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)
<p>The organization demonstrates leadership in reducing barriers to service and improving access to health care for vulnerable clients. The organization demonstrates an exceptional capacity in monitoring community health needs and gathering client and partner feedback to routinely improve timely access to care and referrals.</p> <p>There is a commitment to 'anti-oppression' training evidenced by the Unison Links program, and the fact that case coordinators make client navigation and access a priority. They routinely intervene across the social determinants of health to address structural barriers to care including a strong commitment to serving uninsured and vulnerable clients.</p> <p>In terms of improvements to client access the organization may want to advocate strongly with its partners in social welfare/ income assistance and community non-profits, with the goal to bring back successful programs. One such program to consider bringing back is for the high needs transportation and emergency funds, both of which staff members and clients identified as a gap in services. Likewise, the organization may want to monitor wait times for first appointment and subsequent appointments at each centre and across all programs to ensure leadership is aware of bottlenecks in the system and thus, able to assist with problem solving. One program is currently undertaking a pilot of monitoring wait times.</p>

2.1.11 Priority Process: Medical Devices and Equipment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has an effective preventive maintenance program for most medical devices and equipment including contracts with external community providers. Front-line staff members are empowered and involved in decisions around selecting and implementing new medical equipment.

The organization may want to formalize and document the calibration and maintenance of glucometers in the diabetes program. Currently, this operation and documentation is done individually by the registered nurse (RN). It should have overall supervision and integration with primary care preventive maintenance. Likewise, the organization may want to formalize the inclusion of medical devices and equipment as a category for its adverse event reporting system.

2.2 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 - Primary Care

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

Competency - Primary Care

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

Decision Support - Primary Care

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

Impact on Outcomes - Primary Care

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

Primary Care Clinical Encounter

- Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services

Clinical Leadership

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

Competency

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

Episode of Care

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

Decision Support

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

Impact on Outcomes

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

Medication Management

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

Infection Prevention and Control

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

2.2.1 Standards Set: Community Health Services

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
6.4 The team responds in a timely way to requests for services and information.	
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	
Some programs were leaders in the clinical leadership area, particularly the primary care and the care coordination staff. There may be opportunities to mentor the 'Baby and Me' and diabetes programs as staff members here were unable to articulate how they adapt and adjust their programs as clearly as other areas. Mentors would help them monitor the effectiveness and impact of their programs in meeting the needs of those unable to access or participate in these programs.	
Priority Process: Competency	
The organization is working to improve in the area of employee recognition and has implemented several awards to celebrate team excellence including dedicated awards for spreading best practices and service innovation. The organization provides regular performance reviews and feedback and professional development opportunities for staff members including for physicians.	

Priority Process: Episode of Care

The organization provides leadership in improving access to care for complex clients with multiple barriers to service. This includes transportation subsidies, services to uninsured clients, harm reduction services and comprehensive case management and care coordination. The organization is encouraged to review the mandatory orientation process which was identified by clients and community partners as a potential bottleneck and barrier to service, particularly for youth and clients with mental health and/or addiction. The process was also identified as a barrier for families with children and those most vulnerable.

Some programs including primary care have demonstrated leadership in monitoring wait times and intake procedures. However, this standard is not applied across all programs or even consistently across all primary care clinics. Efforts are under way and partnerships are in the process of developing quality improvement (QI) initiatives related to this area but overall, the organization has several bottle necks in the system. Clients consistently complained about the long wait time for intake. Within the organization's network of services informal networks exist for cross-referrals but again, staff members reported long waits for intake and difficulties in referring across programs.

The organization has a robust complaints process and actively collaborates with community partners and clients to gather feedback on their services and to solve complaints.

Priority Process: Decision Support

The organization has an innovative program on "Evidence Informed Practice", with Evidence Informed Practice (EIP) leads identified at every 'Unison' site. There is as well a robust program for approving participation in research including ethical review and policies related to study recruitment at these sites.

Priority Process: Impact on Outcomes

Unison Health and Community Services (Unison) collaborates with multiple community partners by delivering services in innovative community hubs. The resulting information/data are collated with other organizations. Unison also regularly participates in provincial networks and gathers feedback from partners and the community to evaluate community needs and integrate lessons learned from research and local health needs assessments into their planning and service delivery.

2.2.2 Standards Set: Customized Infection Prevention and Control

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control	
<p>9.4 The organization reviews its policies and procedures for outbreaks and pandemics regularly, and makes improvements as needed following each outbreak.</p>	
Surveyor comments on the priority process(es)	
Priority Process: Infection Prevention and Control	
<p>The organization has well-established and referenced policies and procedures for its infection control practices. Staff members are encouraged to become immunized, particularly during the flu season. Aggregate tracking suggests a good response. The organization is encouraged to formalize this performance measure and track it on an ongoing basis.</p> <p>All staff members receive Workplace Hazardous Management Information System (WHMIS) training. Universal precautions are the norm for infection control practices when seeing clients on normal days. The team does do precautionary checks with clients before they come to the clinic to determine if someone is already exhibiting symptoms of a cold or flu. Alcohol-based hand rubs are available throughout the clinic and there is signage available as a reminder for proper handwashing techniques. There is signage for the proper technique for donning and removing protective equipment in the event of an isolated client.</p> <p>Hand-hygiene audits are done regularly on an annual basis in all areas. Current compliance rate from the audits is more than 85%. These results are posted and shared with staff. Housekeeping staff members are given specialized training in cleaning the clinic space and when necessary, they have specialized chemicals for cleaning rooms that have been occupied by an infectious client.</p> <p>Current cleaning and disinfection of equipment and materials is done using the Spaulding classification system.</p> <p>Pandemic planning is in place, with appropriate role identification for staff.</p>	

2.2.3 Standards Set: Customized Managing Medications

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management	
1.3 The team stores medications in a safe, secure and appropriate environment that is consistent with organizational policy and legislated requirements for controlled substances.	!
Surveyor comments on the priority process(es)	
Priority Process: Medication Management	
<p>The organization has a proactive, interdisciplinary medication committee in place. The committee is active across all four sites and is monitoring medication errors and adverse events as part of an integrated quality program. The organization has shown leadership in developing a medication safety audit for community settings and in integrating best practices across its four sites. Some minor room for improvement exists insofar as monitoring expiry dates for multi-dose vaccines and in rotating stock but for the most part, expiry dates and inventory are well managed.</p> <p>Minimal medication is administered on site although some medications for sexually transmitted infections as well as injectables are provided. These are well-documented in the electronic medical record (EMR) which also supports best practices in medication reconciliation and communication at transition points with acute care and other programs.</p> <p>The organization has all medications (controlled and non-controlled) stored in the same location which is securely locked with a key. There is no difference in procedure for controlled substances. When questioned during the survey staff members felt they did not have any controlled substances on site. The surveyor noted injectable and oral Ativan and other controlled substances in the emergency kits, and in the compassionate medication program. The organization is encouraged to review The Narcotics Safety and Awareness Act, 2010 and its requirements that apply to a list of prescription medications called monitored drugs in Ontario (see http://www.health.gov.on.ca/en/pro/programs/drugs/ons/monitored_drugs.aspx). Rather than restrict access to some of these essential medications all together, the organization is encouraged to partner with its on-site pharmacy partner to improve storage and safe handling of these monitored drugs, including monitoring inventory and additional security.</p> <p>The organization demonstrates exemplary leadership in securing access to affordable medications for the challenging population of uninsured clients by partnering effectively with compassionate medication programs and pharmaceutical industry partners.</p>	

2.2.4 Standards Set: Primary Care Services

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership - Primary Care

The organization has met all criteria for this priority process.

Priority Process: Competency - Primary Care

The organization has met all criteria for this priority process.

Priority Process: Primary Care Clinical Encounter

6.2	The clinic follows written policies and procedures to screen all clients at the point of contact, and identify clients with immediate or urgent needs.	!
6.6	The clinic tracks clients' ability to access services and uses this information to make improvements to its services.	
8.4	The clinic plans screening exams and informs all clients of the examination date.	
9.1	The clinic maintains a shared roster or registry of clients and families who access the team's primary care services.	

Priority Process: Decision Support - Primary Care

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes - Primary Care

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership - Primary Care

The organization has recently implemented a new electronic medical record (EMR). It appears to have the functionality required to efficiently and effectively document clinical care and provide reports for quality improvement and service planning.

Currently, data are collected from the EMR but not yet applied or reviewed systematically to support quality improvement or service planning. It is suggested the organization may benefit from a quality coach that has experience in primary care data and with the particular EMR. Or, the organization may want to consider a monitoring and evaluation expert to support the transition to the new EMR and the building of reports to support this work.

Priority Process: Competency - Primary Care

Overall, the staff members that work in primary care appear highly motivated and engaged and demonstrate a strong commitment to client care and safety. The organization provides support and education and regular performance reviews. Clinical staff members feel that five days of professional development is insufficient to meet their professional practice development needs and continuing medical education requirements.

Priority Process: Decision Support - Primary Care

The organization has implemented a new electronic medical record (EMR) and provided extensive training and support to staff members. This includes the addition of "super users" and the development of key change champions across the organization. Staff members seem highly satisfied with the new system, with only one month into the implementation.

The organization is encouraged to use the flow sheets and roster functions available in the new EMR to monitor uptake of guidelines and best practices in primary care, with the support of a quality coach. Encouragement is also offered to minimize duplicate charting and reporting such as that found in the diabetes program where staff members are recording in two places as this can increase risk and can be a waste of resources.

Priority Process: Impact on Outcomes - Primary Care

The organization has several leading practices including its evidence-informed practice review and the quality framework. The organization also participates in benchmarking and quality reviews for several funders. Nevertheless, the organization may benefit from defining and monitoring Unison Health and Community Services-specific primary care indicators to measure success consistently across the sites and also, to use consistent tools for assessing and meeting service gaps in the community.

Priority Process: Primary Care Clinical Encounter

Unison Health and Community Services (Unison) is a leader in addressing barriers to health care and providing comprehensive primary care services for vulnerable clients. While staff members are working to prioritize urgent clients for same-day appointments and do have a triage system with a nurse, there appears to be no written policy to assist in identifying urgent or immediate referrals. When questioned during the on-site survey the criteria for urgent referrals varied across different staff groups and leaders and were not consistent. Clinical staff members highlighted the need for a clinician to be involved consistently in triaging same-day referrals and decisions around urgent intake to provide additional support to receptionist staff and orientation care coordinators. The organization is encouraged to look at the orientation process and examine this to determine if it is a barrier to vulnerable and highly marginalized clients. Many clients also expressed dissatisfaction with the process for drop-in/ same-day appointments. Again, the organization may want to convene a client advisory group or workshop to explore solutions.

Similar work as noted above needs to be done to improve access for partners from local emergency rooms. Clinicians identified that they sometimes plan future examinations but would like additional support to use the new electronic medical record (EMR) more effectively to schedule screening exams and assistance from the front desk staff members, to remind and recall clients. Recently, the front desk at one site has discontinued reminder telephone calls for appointments and this is identified by both clients and clinicians as problematic and a barrier to care.

Staff members have identified the need to articulate a process to make business cases or policy changes to advocate for resources for uninsured clients. This includes funding for transportation and contraception, which were highlighted as key gaps for uninsured clients that caused significant distress and impact on their health and access to care.

Section 3 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.

3.1 Governance Functioning Tool

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

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

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

- **Data collection period: May 27, 2014 to June 27, 2014**
- **Number of responses: 10**

Governance Functioning Tool Results

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1 We regularly review, understand, and ensure compliance with applicable laws, legislation and regulations.	0	0	100	92
2 Governance policies and procedures that define our role and responsibilities are well-documented and consistently followed.	0	0	100	94
3 We have sub-committees that have clearly-defined roles and responsibilities.	0	0	100	95
4 Our roles and responsibilities are clearly identified and distinguished from those delegated to the CEO and/or senior management. We do not become overly involved in management issues.	0	0	100	92
5 We each receive orientation that helps us to understand the organization and its issues, and supports high-quality decision-making.	0	0	100	89

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6 Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	92
7 Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	95
8 Individual members understand and carry out their legal duties, roles and responsibilities, including sub-committee work (as applicable).	0	0	100	94
9 Members come to meetings prepared to engage in meaningful discussion and thoughtful decision-making.	0	0	100	93
10 Our governance processes make sure that everyone participates in decision-making.	0	0	100	91
11 Individual members are actively involved in policy-making and strategic planning.	0	0	100	88
12 The composition of our governing body contributes to high governance and leadership performance.	0	0	100	92
13 Our governing body’s dynamics enable group dialogue and discussion. Individual members ask for and listen to one another’s ideas and input.	0	0	100	93
14 Our ongoing education and professional development is encouraged.	0	0	100	86
15 Working relationships among individual members and committees are positive.	0	0	100	97
16 We have a process to set bylaws and corporate policies.	0	0	100	93
17 Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	97
18 We formally evaluate our own performance on a regular basis.	0	0	100	82
19 We benchmark our performance against other similar organizations and/or national standards.	0	0	100	66
20 Contributions of individual members are reviewed regularly.	0	0	100	62

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21 As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	79
22 There is a process for improving individual effectiveness when nonperformance is an issue.	0	30	70	56
23 We regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	79
24 As a governing body, we annually release a formal statement of our achievements that is shared with the organization's staff as well as external partners and the community.	0	10	90	80
25 As individual members, we receive adequate feedback about our contribution to the governing body.	0	10	90	66
26 Our chair has clear roles and responsibilities and runs the governing body effectively.	0	0	100	94
27 We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	81
28 As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	93
29 As a governing body, we hear stories about clients that experienced harm during care.	10	0	90	81
30 The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	91
31 We actively recruit, recommend and/or select new members based on needs for particular skills, background, and experience.	0	0	100	85
32 We have explicit criteria to recruit and select new members.	0	0	100	78
33 Our renewal cycle is appropriately managed to ensure continuity on the governing body.	0	0	100	85

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
34 The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	91
35 Clear written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	91
36 We review our own structure, including size and sub-committee structure.	0	0	100	85
37 We have a process to elect or appoint our chair.	0	0	100	88

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2014 and agreed with the instrument items.

3.2 Canadian Patient Safety Culture Survey Tool: Community Based Version

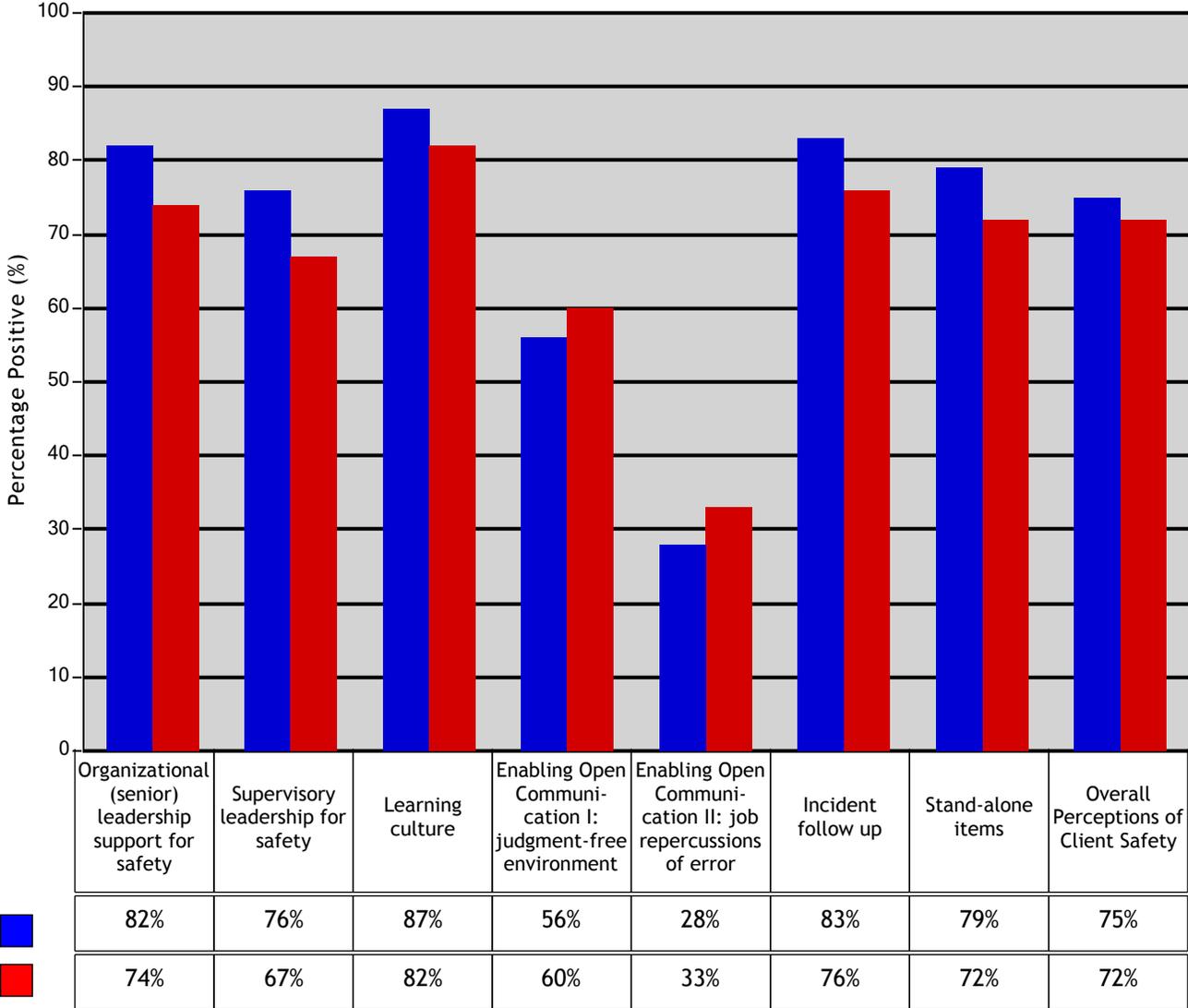
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations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

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

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

- **Data collection period: February 6, 2014 to March 4, 2014**
- **Minimum responses rate (based on the number of eligible employees): 114**
- **Number of responses: 123**

Canadian Patient Safety Culture Survey Tool: Community Based Version: Results by Patient Safety Culture Dimension



Legend
■ Unison Health and Community Services
■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2014 and agreed with the instrument items.

3.3 Worklife Pulse

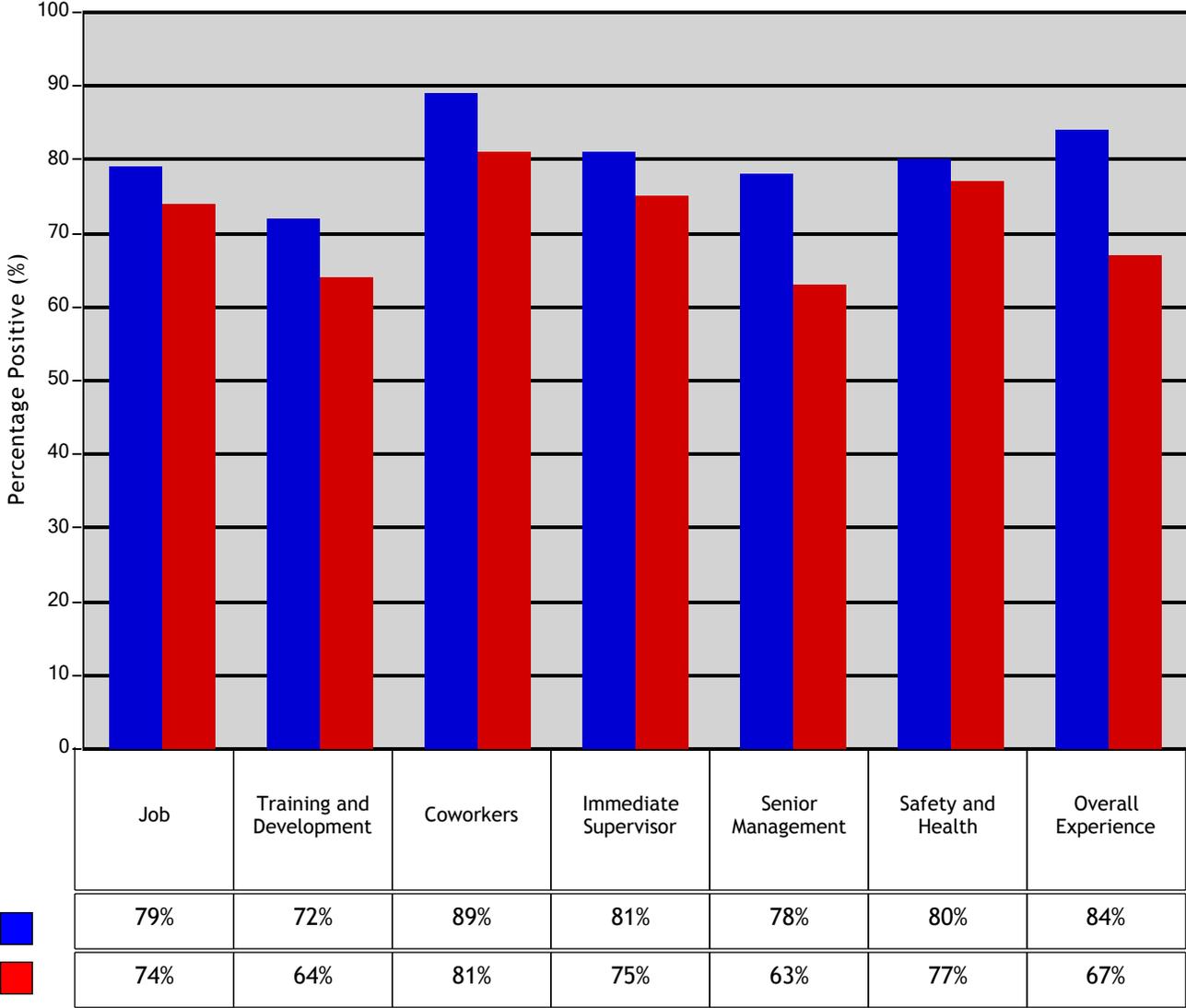
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

Organizations can use results from the Worklife Pulse Tool to identify strengths and gaps in the quality of worklife, engage stakeholders in discussions of opportunities for improvement, plan interventions to improve the quality of worklife and develop a clearer understanding of how quality of worklife influences the organization's capacity to meet its strategic goals. By taking action to improve the determinants of worklife measured in the Worklife Pulse tool, organizations can improve outcomes.

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

- **Data collection period: October 1, 2012 to December 16, 2012**
- **Minimum responses rate (based on the number of eligible employees): 120**
- **Number of responses: 127**

Worklife Pulse: Results of Work Environment



Legend
■ Unison Health and Community Services
■ * Canadian Average

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

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 10 business days.

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

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

Action Planning

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

Evidence Review and Ongoing Improvement

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

Appendix B Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

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

Priority processes associated with service excellence standards

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

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