



**ACCREDITATION  
AGRÉMENT**  
CANADA  
Qmentum

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# Accreditation Report

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## Providence Health Care

Vancouver, BC

On-site survey dates: October 30, 2022 - November 4, 2022

Report issued: December 2, 2022

## About the Accreditation Report

Providence Health Care (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 October 2022. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

## Confidentiality

This report is confidential and will be treated in confidence by Accreditation Canada in accordance with the terms and conditions as agreed between your organization and Accreditation Canada for the Assessment Program.

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

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

## A Message from Accreditation Canada

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

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

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

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

We look forward to our continued partnership.

Sincerely,



Leslee Thompson  
Chief Executive Officer

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## Executive Summary

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

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

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

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

## Accreditation Decision

Providence Health Care'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.

## About the On-site Survey

- **On-site survey dates: October 30, 2022 to November 4, 2022**

- **Locations**

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

1. Brock Fahrni
2. Foundry
3. Holy Family Hospital (HFH)
4. Honoria Conway
5. Hornby Street
6. Langara
7. Mount Saint Joseph Hospital (MSJ)
8. Mount Saint Joseph Hospital - Unit 4
9. Mount Saint Joseph Hospital – Unit 3
10. Richmond Community Dialysis
11. St. Paul's Hospital (SPH)
12. St. Paul's Hospital- Unit 8
13. St. Paul's Hospital- Unit 9
14. St. Paul's Hospital – Unit 5
15. St. Paul's Hospital – Unit 7
16. Youville Residence

- **Standards**

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

***System-Wide Standards***

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

**Service Excellence Standards**

4. Ambulatory Care Services - Service Excellence Standards
5. Community-Based Mental Health Services and Supports - Service Excellence Standards
6. Critical Care Services - Service Excellence Standards
7. Emergency Department - Service Excellence Standards
8. Hospice, Palliative, End-of-Life Services - Service Excellence Standards
9. Inpatient Services - Service Excellence Standards
10. Long-Term Care Services - Service Excellence Standards
11. Medication Management (For Surveys in 2021) - Service Excellence Standards
12. Mental Health Services - Service Excellence Standards
13. Obstetrics Services - Service Excellence Standards
14. Organ and Tissue Transplant Standards - Service Excellence Standards
15. Organ Donation Standards for Living Donors - Service Excellence Standards
16. Perioperative Services and Invasive Procedures - Service Excellence Standards
17. Rehabilitation Services - Service Excellence Standards
18. Reprocessing of Reusable Medical Devices - Service Excellence Standards
19. Residential Homes for Seniors - Service Excellence Standards
20. Substance Abuse and Problem Gambling - Service Excellence Standards

**• Instruments**









The organization administered:

1. Worklife Pulse
2. Canadian Patient Safety Culture Survey Tool
3. Client Experience Tool



## Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	64	0	0	64
 Accessibility (Give me timely and equitable services)	135	1	0	136
 Safety (Keep me safe)	656	4	9	669
 Worklife (Take care of those who take care of me)	187	2	0	189
 Client-centred Services (Partner with me and my family in our care)	660	4	1	665
 Continuity (Coordinate my care across the continuum)	122	0	0	122
 Appropriateness (Do the right thing to achieve the best results)	1136	2	4	1142
 Efficiency (Make the best use of resources)	63	0	0	63
<b>Total</b>	<b>3023</b>	<b>13</b>	<b>14</b>	<b>3050</b>

## Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	50 (100.0%)	0 (0.0%)	0	36 (100.0%)	0 (0.0%)	0	86 (100.0%)	0 (0.0%)	0
Leadership	50 (100.0%)	0 (0.0%)	0	95 (99.0%)	1 (1.0%)	0	145 (99.3%)	1 (0.7%)	0
Infection Prevention and Control Standards	40 (100.0%)	0 (0.0%)	0	29 (100.0%)	0 (0.0%)	2	69 (100.0%)	0 (0.0%)	2
Medication Management (For Surveys in 2021)	98 (100.0%)	0 (0.0%)	2	50 (100.0%)	0 (0.0%)	0	148 (100.0%)	0 (0.0%)	2
Ambulatory Care Services	44 (97.8%)	1 (2.2%)	2	78 (100.0%)	0 (0.0%)	0	122 (99.2%)	1 (0.8%)	2
Community-Based Mental Health Services and Supports	44 (97.8%)	1 (2.2%)	0	92 (97.9%)	2 (2.1%)	0	136 (97.8%)	3 (2.2%)	0
Critical Care Services	60 (100.0%)	0 (0.0%)	0	104 (99.0%)	1 (1.0%)	0	164 (99.4%)	1 (0.6%)	0
Emergency Department	71 (98.6%)	1 (1.4%)	0	105 (98.1%)	2 (1.9%)	0	176 (98.3%)	3 (1.7%)	0

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Hospice, Palliative, End-of-Life Services	45 (100.0%)	0 (0.0%)	0	108 (100.0%)	0 (0.0%)	0	153 (100.0%)	0 (0.0%)	0
Inpatient Services	59 (98.3%)	1 (1.7%)	0	84 (100.0%)	0 (0.0%)	1	143 (99.3%)	1 (0.7%)	1
Long-Term Care Services	56 (100.0%)	0 (0.0%)	0	98 (99.0%)	1 (1.0%)	0	154 (99.4%)	1 (0.6%)	0
Mental Health Services	50 (100.0%)	0 (0.0%)	0	92 (100.0%)	0 (0.0%)	0	142 (100.0%)	0 (0.0%)	0
Obstetrics Services	72 (100.0%)	0 (0.0%)	1	87 (98.9%)	1 (1.1%)	0	159 (99.4%)	1 (0.6%)	1
Organ and Tissue Transplant Standards	87 (100.0%)	0 (0.0%)	0	118 (100.0%)	0 (0.0%)	0	205 (100.0%)	0 (0.0%)	0
Organ Donation Standards for Living Donors	66 (100.0%)	0 (0.0%)	0	117 (100.0%)	0 (0.0%)	0	183 (100.0%)	0 (0.0%)	0
Perioperative Services and Invasive Procedures	114 (99.1%)	1 (0.9%)	0	109 (100.0%)	0 (0.0%)	0	223 (99.6%)	1 (0.4%)	0
Rehabilitation Services	45 (100.0%)	0 (0.0%)	0	80 (100.0%)	0 (0.0%)	0	125 (100.0%)	0 (0.0%)	0
Reprocessing of Reusable Medical Devices	86 (100.0%)	0 (0.0%)	2	40 (100.0%)	0 (0.0%)	0	126 (100.0%)	0 (0.0%)	2
Residential Homes for Seniors	51 (100.0%)	0 (0.0%)	0	86 (100.0%)	0 (0.0%)	1	137 (100.0%)	0 (0.0%)	1
Substance Abuse and Problem Gambling	46 (100.0%)	0 (0.0%)	0	82 (100.0%)	0 (0.0%)	0	128 (100.0%)	0 (0.0%)	0
<b>Total</b>	<b>1234 (99.6%)</b>	<b>5 (0.4%)</b>	<b>7</b>	<b>1690 (99.5%)</b>	<b>8 (0.5%)</b>	<b>4</b>	<b>2924 (99.6%)</b>	<b>13 (0.4%)</b>	<b>11</b>

\* Does not include ROP (Required Organizational Practices)

## Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Communication</b>			
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Client Identification (Mental Health Services)	Met	1 of 1	0 of 0
Client Identification (Obstetrics Services)	Met	1 of 1	0 of 0
Client Identification (Organ and Tissue Transplant Standards)	Met	1 of 1	0 of 0
Client Identification (Organ Donation Standards for Living Donors)	Met	1 of 1	0 of 0
Client Identification (Perioperative Services and Invasive Procedures)	Met	1 of 1	0 of 0
Client Identification (Rehabilitation Services)	Met	1 of 1	0 of 0
Client Identification (Substance Abuse and Problem Gambling)	Met	1 of 1	0 of 0
Information transfer at care transitions (Ambulatory Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1
Information transfer at care transitions (Critical Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Emergency Department)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Communication</b>			
Information transfer at care transitions (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Inpatient Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Long-Term Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Mental Health Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Obstetrics Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Organ and Tissue Transplant Standards)	Met	4 of 4	1 of 1
Information transfer at care transitions (Organ Donation Standards for Living Donors)	Met	4 of 4	1 of 1
Information transfer at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	1 of 1
Information transfer at care transitions (Rehabilitation Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Residential Homes for Seniors)	Met	4 of 4	1 of 1
Information transfer at care transitions (Substance Abuse and Problem Gambling)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Communication</b>			
Medication reconciliation at care transitions (Ambulatory Care Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Community-Based Mental Health Services and Supports)	Met	3 of 3	1 of 1
Medication reconciliation at care transitions (Critical Care Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Emergency Department)	Met	1 of 1	0 of 0
Medication reconciliation at care transitions (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Inpatient Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Long-Term Care Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Mental Health Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Obstetrics Services)	Met	4 of 4	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Communication</b>			
Medication reconciliation at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Rehabilitation Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Residential Homes for Seniors)	Met	4 of 4	0 of 0
Safe Surgery Checklist (Obstetrics Services)	Met	3 of 3	2 of 2
Safe Surgery Checklist (Organ and Tissue Transplant Standards)	Met	3 of 3	2 of 2
Safe Surgery Checklist (Organ Donation Standards for Living Donors)	Met	3 of 3	2 of 2
Safe Surgery Checklist (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
The “Do Not Use” list of abbreviations (Medication Management (For Surveys in 2021))	Met	4 of 4	3 of 3
<b>Patient Safety Goal Area: Medication Use</b>			
Antimicrobial Stewardship (Medication Management (For Surveys in 2021))	Met	4 of 4	1 of 1



Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Medication Use</b>			
Concentrated Electrolytes (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
Heparin Safety (Medication Management (For Surveys in 2021))	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management (For Surveys in 2021))	Met	5 of 5	3 of 3
Infusion Pumps Training (Ambulatory Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Critical Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Emergency Department)	Met	4 of 4	2 of 2
Infusion Pumps Training (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Inpatient Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Mental Health Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Obstetrics Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Organ and Tissue Transplant Standards)	Met	4 of 4	2 of 2
Infusion Pumps Training (Organ Donation Standards for Living Donors)	Met	4 of 4	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Medication Use</b>			
Infusion Pumps Training (Perioperative Services and Invasive Procedures)	Met	4 of 4	2 of 2
Narcotics Safety (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
<b>Patient Safety Goal Area: Worklife/Workforce</b>			
Client Flow (Leadership)	Met	7 of 7	1 of 1
Patient safety plan (Leadership)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
<b>Patient Safety Goal Area: Infection Control</b>			
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Risk Assessment</b>			
Falls Prevention Strategy (Critical Care Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Hospice, Palliative, End-of-Life Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Inpatient Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Long-Term Care Services)	Met	5 of 5	1 of 1
Falls Prevention Strategy (Mental Health Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Obstetrics Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Organ and Tissue Transplant Standards)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Perioperative Services and Invasive Procedures)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Rehabilitation Services)	Met	2 of 2	1 of 1
Pressure Ulcer Prevention (Critical Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Hospice, Palliative, End-of-Life Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Inpatient Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Risk Assessment</b>			
Pressure Ulcer Prevention (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Rehabilitation Services)	Met	3 of 3	2 of 2
Suicide Prevention (Community-Based Mental Health Services and Supports)	Met	5 of 5	0 of 0
Suicide Prevention (Emergency Department)	Met	5 of 5	0 of 0
Suicide Prevention (Long-Term Care Services)	Met	5 of 5	0 of 0
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0
Suicide Prevention (Residential Homes for Seniors)	Met	5 of 5	0 of 0
Suicide Prevention (Substance Abuse and Problem Gambling)	Met	5 of 5	0 of 0
Venous Thromboembolism Prophylaxis (Critical Care Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Inpatient Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Organ and Tissue Transplant Standards)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Organ Donation Standards for Living Donors)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2

## Summary of Surveyor Team Observations

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

Providence Health Care [PHC] is one of the largest faith-based health care organizations in Canada functioning under an affiliation agreement with Vancouver Coastal Health Authority, and a Master Agreement with the Province of British Columbia under the auspices of The Health Authorities Act. PHC operates 16 facilities in Greater Vancouver, British Columbia. It works closely with many partners and agencies to provide programs and services to the citizens of British Columbia including identified populations of emphasis across the complete continuum of care. The organization has participated in Accreditation Canada surveys for many years and received exemplary accreditation in its last survey report.

The organization is commended for proceeding with its 2022 accreditation survey in the face of significant challenges associated with and arising from the COVID-19 pandemic.

Providence Health Care [PHC] has developed a comprehensive seven-year strategic plan that is shared in a clearly depicted format that is easy to understand and reference. It consists of a mission, vision, values, four strategic directions and five foundational principles consistent with a faith-based health organization, and within the Roman Catholic traditions upon which the organization was initially founded. PHC has significant awareness of and insight into the needs of the populations and communities it serves. The organization also has a solid understanding of its unique history and traditions of caring that inspire current programs and employees and sets a clear future direction. The organization is commended for adding a new foundational pillar identifying reconciliation and the hearing of truth, pursuing justice, and building relationships with sovereign host nations of Indigenous peoples. PHC's commitment to this principle was evident throughout the survey visit and the organization is encouraged to pursue its plans for Indigenous wellness, healing, and reconciliation.

Providence Health Care [PHC] has an engaged, passionate, and skillful Board of Directors who have accountability and oversight responsibilities for the organization. There is stability within the Board leadership and active sub-committees who report to the Board. The Executive Leadership team has been largely solidified and appears to represent and live the values of the organization. Operational plans align with strategic directions and the resources entrusted are well managed. Providence Health Care [PHC] appears to be in a stable and positive financial situation. It has a robust annual budget-building process and adheres to established budgets, financial controls and reporting expectations. There is regular reporting of key performance indicators to the Board and the public.

The organization is justifiably proud of its timely and effective responses to the worldwide COVID-19 pandemic. PHC was regarded as a leader in the provincial health system's response and consistently displayed innovation and resilience. The organization has demonstrated a mature capacity to maintain programs and services while understanding how the losses and challenges of the pandemic also brought growth and opportunities.

Community partners had high praise for how PHC has demonstrated fidelity to its mission and values and worked collaboratively in an environment of complex and potentially overlapping jurisdictions. In the view of partners, PHC is recognized for its initiative and research-driven innovations in meeting the needs of marginalized populations that arise. PHC's propensity for client advocacy was deemed to be higher than usual. Hope was expressed for PHC to look to new models to address ambulance offload wait times. The community partners also expressed the desire for administrative decisions to not lag and to maintain momentum with key initiatives.

Staff and the medical staff spoke highly of the organization when interviewed during the survey. They appreciate their teammates, and many shared their personal sense of mission and how they find satisfaction working at PHC. Efforts are made to recognize the work of staff. The organization is encouraged to ensure regular performance reviews occur for all staff. The organization has invested resources in quality improvement, organization development, professional development opportunities and employee wellness.

Support also exists for innovation and research. As health organizations struggle with recruitment and retention, PHC is uniquely situated to leverage its mission, culture, and brand to provide positive personal and professional opportunities for students and potential new employees. It is encouraged to continue efforts to further embed its commitment to a culture of quality improvement, client and staff safety and wellness.

PHC has a mature enterprise risk management program that has been embedded into the organization's strategic planning processes. A risk registry has been developed and is reviewed and updated on a regular basis.

Aging infrastructure presents numerous challenges for PHC. Excitement justifiably abounds with respect to the significant multi-billion-dollar capital project to create the new St. Paul's Hospital. There have been significant public engagements and planning related to this much-needed facility and as a result, has helped inform the types of programs that are being created. The organization has also pursued planning for other programs and services that will result in increased client and senior-focused care and Indigenous wellness in physically and culturally safe environments. It is clear PHC is on a "Mission Forward" and as seen from its pandemic response mantra – "it won't back down!"

# 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
<b>MAJOR</b>	Major ROP Test for Compliance
<b>MINOR</b>	Minor ROP Test for Compliance

## Priority Process Results for System-wide Standards

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

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

### Priority Process: Governance

Meeting the demands for excellence in governance practice.

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

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

Providence Health Care [PHC] has an engaged, passionate, and skillful Board of Directors who have accountability and oversight responsibilities for the organization. There is stability within the Board leadership and active sub-committees who report to the Board. Regular meetings are scheduled and follow appropriate governance standards, legislative expectations within the province, and best practices.

Governors are recruited based on identified needs for specific skill sets and expertise. There is a thorough selection process overseen by a nominating committee of the Board. The Board is encouraged to seek diversity in its membership and continue to promote Indigenous representation.

Newly selected Board members receive a comprehensive and well-organized orientation which includes materials and visits to facilities. Members are aware of their roles and responsibilities and sign a covenant agreement. The Board is commended for its practice of inviting existing Board members to attend orientation of new members. Board members interviewed appear to take their role seriously and seek ongoing opportunities to learn. They are commended for participating in the Governance Functioning Assessment process. There are also regular reviews and feedback after each meeting. The Board also participates in education meetings that allow for in-depth learning and generative discussions on a variety of topics that are often Member-driven.

By-laws and policies are reviewed based on the cycle of committee meetings.

The Board has been engaged in many significant decisions such as overseeing the acquisition and implementation of a new clinical information system that is transforming care and support. The Board has also had to navigate emerging issues that have challenged its ethical principles and values.



A review of the CEO's performance was recently completed by the Board Governance and Human Relations Committee. There appears to be a healthy respect for the work of the CEO. Board and CEO understand their respective roles in governance and operations. Formal meetings between the Cahir and CEO are regularly scheduled and Board members advised surveyors that regular in camera sessions are also held and are found to be helpful.

The Board approves credentialling and reappointments of medical staff. The credentialling process was also subjected to an internal audit and Board processes were found to be sound.

The Board has well-established quality, safety, financial and enterprise risk management monitoring, and reporting processes. The Board receives regular reports on all aspects of the organization's strategic and operational performance. Members noted the challenges related to the velocity of issues that arise involving government and governance that require rapid responses and significant communications.

Supports are in place for ensuring that the best possible decisions are made and communicated to stakeholders and the general public.

## Priority Process: Planning and Service Design

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

Unmet Criteria	High Priority Criteria
<b>Standards Set: Leadership</b>	
4.12 Policies and procedures for all of the organization's primary functions, operations, and systems are documented, authorized, implemented, and up to date.	
<b>Surveyor comments on the priority process(es)</b>	

Providence Health Care (PHC) has developed a comprehensive seven-year strategic plan that is shared in a clearly depicted format that is easy to understand and reference. It consists of a mission, vision, values and four strategic directions and five foundational principles consistent with a faith-based health organization within the Roman Catholic traditions upon which the organization was initially founded. PHC has a significant awareness of and insight into the needs of the populations and communities it serves.

The organization also appears to have a solid understanding of its unique history and traditions of caring that inspire current programs and employees and sets a clear future direction.

In conjunction with the longer-term planning horizon envisioned by this aspirational plan, the organization ensures the plan is reviewed and refreshed. Longer-term goals and specific action plans are developed based on the plan. Reconciliation has been recently added as its own Foundational Principle, to better reflect PHC’s strong commitment to Truth and Reconciliation. Departments and units are supported by the Office of Strategy and Results (OSR) to develop their own strategic and operational plans aligned with the overall plan. These plans identify key deliverables and metrics that are monitored and shared quarterly with senior leadership. The organization is encouraged to ensure all programs complete the development of their plans in a timely manner.

Change is managed with a variety of tools and change management approaches are consistent with the scope and complexities of the change.

Corporate policies are identified and tracked. An expectation and plan exist to review all policies, and revise them as appropriate. Accountability is assigned for corporate policies. At the time of the survey, not all policies had been reviewed within the expected timeframes and the organization is encouraged to intensify its efforts to review policies currently outside PHC’s expected review periods and ensure all policies are up to date.

PHC has a comprehensive approach to enterprise risk assessment and management. A risk registry has been developed and is referenced regularly by the Board and senior leadership.

Partnerships have been created and maintained with numerous community and government agencies to facilitate the delivery of programs and services to the many populations served by PHC and its partners.

## Priority Process: Resource Management

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

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

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

Providence Health Care [PHC] appears to be in a stable and positive financial situation. It has a robust annual budget process and adheres to established budget, financial controls, and reporting expectations.

Financial planning follows a yearly cycle led by the Finance Department and with the full engagement of the various cost centres throughout the organization. Past performance, pressures, and new initiatives are considered. New requests require a briefing note to ensure informed decision-making. Requests are prioritized and sent to senior leadership. Fixed costs and required rollovers are addressed first in the budget allocation process prior to considering new expenditures. A high percentage of the annual budget are structured costs that significantly restrict flexibility to make changes or support new investments. Cost centre managers are encouraged and empowered to make decisions within their areas of authority and responsibility. Appropriate reallocations of resources are encouraged.

A process of off-cycle requests exists for emerging needs and these are approved by senior leadership.

Financial controls exist with well-defined levels of spending authority and a matrix for the escalation of approvals. Variances and mitigation plans are reviewed at appropriate levels within the organization. Due to the funding structure in place, financial oversight is also undertaken by Vancouver Coastal Health where regular reporting and adherence to spending plans and budgets are required. Conflict of interest and fraud protection policies exist and are enforced. External and internal audit functions are regularly engaged.

PHC's finance staff provides education and training to managers on how to build, manage and monitor their budgets. Finance staff also meets monthly with cost centres and develop supportive working relationships and an ongoing awareness of financial pressures faced. Unit managers have access to reports through an online portal.

Capital funding is controlled by Vancouver Coastal Health and is broken down into three distinct areas: priority, routine, and minor capital. Committees comprised of organizations under Vancouver Coastal Health set priorities, and PHC is an active participant within these groups. Once approvals are communicated, overarching provincial guidelines regarding procurements and reporting are followed. A monthly statement of expenses is sent to Vancouver Coastal Health and funding is released to PHC.

Staffing currently poses one of the most significant budgeting challenges, and significant amounts of overtime have been and continue to be incurred. Temporary COVID-19 related funding has been implemented to address COVID-19 related challenges. The organization will be challenged to scale back overtime consumption as special funding is reduced.

The organization is commended for its entrepreneurial initiatives such as the acquisition of a decommissioned private care home with other health partners that will positively impact space at hospitals. In addition, PHC works within the provincial health system and utilizes the provincial support networks. Provincially run information technology systems support PHC and the organization believes the service has established an adequate defence umbrella and layers of protection for key assets. In addition, the Cerner IT system maintains remote access data centers that afford resilience for client and operational data. Business continuity plans exist and have been tested.

Finance department leaders pride themselves on being creative, supportive, accountable, and enabling. Staff interviewed agree with such assessments and are appreciative of the support provided by the finance team. The organization is encouraged to continue finding ways to be less restrictive and empower leaders to find ways to sustain key services, identify new funding opportunities, and where necessary seek creative re-allocative options when operating in this current resource-constrained environment.

## 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)

Providence Health Care (PHC) is commended for its efforts to ensure employees have a safe and quality work life. There is a staff and medical staff Wellness Strategic Plan that has been enacted and includes initiatives with psychological first aid and critical debriefing for stress. Policies and procedures within the organization align with provincial legislation. Joint Health and Safety Committees are active at all sites. A unique partnership exists with Adler University for telehealth counselling and its program is well received. New employee orientation reflects the organization's goals and objectives. The curriculum is delivered by senior leaders and includes focus areas such as Indigenous Wellness and Reconciliation, Living the PHC mission, wholeness and wellness, respect at work, and patient safety and learning.

Standard approaches that utilize due processes exist for handling breaches in PHC's Code of Conduct. A safe reporting policy exists. A "no bullying" email inbox has been established, and staff can confidentially call a provincial workplace call centre to report inappropriate work behaviour. Numerous opportunities are available for staff and physicians to pursue ongoing professional development and research. Training activities are tracked. Professional practice supports exist and they work closely with staff and external learning organizations. The organization is commended for its support available for nurse practitioners, Advance Professorship in Indigenous Culture Safety and Nursing, and developing an Indigenous Cultural Safety Clinical Nurse Specialist program.

The risk of workplace violence is assessed, and the levels of risk determine the level and intensity of training offered to staff. The organization is commended for its efforts to maintain low barriers to create safe spaces and for responsiveness to assessed risks.

The organization has been responsive and creative in the face of significant recruitment and retention challenges. PHC has demonstrated flexibility to meet students' needs with strategies such as advance hiring, support for over-hiring, and utilizing vacant seats within specialty education programs to advance students to fill gaps. Career fairs, social media, new applicant tracking, and faster hiring processes are being utilized. The organization is commended for supporting an artificial intelligence pilot project to allow leaders to modify staffing schedules.

Managers have large spans of control that place significant demands on their time. Performance reviews are not consistently performed, especially as a result of the heavy demands attributable to COVID-19. One creative example as a way to connect with staff is a manager who is commended for scheduling casual lunchtime chat sessions with individual employees. The organization is moving to incorporate a coaching culture and offers one-one coaching sessions and a coaching course for leaders. There is also training provided to build manager's skills to facilitate performance reviews. A comprehensive job description and job evaluation policy has been developed and adopted.

Staff leaving the organization are offered exit interviews and reasons are documented and assessed. The human capital functions within PHC were described as empowering and putting people first, collaborative and supportive, and invested in excellence with a "can do" attitude.

## Priority Process: Integrated Quality Management

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

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

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

Providence Health Care (PHC) supports a broad array of quality improvement and risk management activities. Resources are assigned to support clinical and non-clinical programs directly and through organizational support functions. There are in-house designed and delivered education programs for staff and management, as leaders understand that education is a necessary support in understanding quality improvement. Forced functions are being explored within the Cerner clinical information system to create conditions to enhance patient safety. The organization is moving to a cloud-based data warehouse that will facilitate increased capacity for the use of data, audits, and research to enhance quality.

Dashboards and customized reports help monitor and report on key performance indicators. Managers are engaged in promoting a philosophy of learning and quality care. The organization is encouraged to continue its move to fully implement value-based healthcare and emphasize outcome measures that are meaningful to clients, providers, leaders, and governors. The organization is commended for the development and use of an Indigenous patient survey that is reported as part of the Quality and Patient Safety dashboard. It is further recognized that PHC has displayed intentionality, supported by education, that is advancing cultural safety and trauma-informed care.

The organization utilized the recent repatriation of five hundred environmental and nutrition staff to provide training in safety. Client and family partners are pervasive in quality improvement projects. The organization is particularly commended for the development of three quality improvement challenges: The Knowledge Translation Challenge, a program providing training and support to enable healthcare professionals to move more evidence into practice, and the Practice-Based Research Challenge, an academic-practice partnership that provides mentorship, training, and funding to point-of-care staff to embark on small-scale research projects. PHC also promotes staff involvement in regional quality improvement activities with other health organizations.

The Patient Safety Learning System (PSLS) is utilized to capture, track, and manage incidents. These are reviewed daily and there are automatic notifications sent to senior leaders for higher rated risk events. Leaders support proactive discussions and forums based on emerging issues from the PSLS. There is support for a no-blame culture, however, the leaders are also aware of the need to continually remind staff to report without fear of retribution. Processes exist to help patients report concerns and patient safety incidents. It is anticipated the recent addition of the Care Management Leader role will support proactive navigation and communication between clients, families, and the organization in many ways, including reporting concerns. Considerable training has been provided in developing the capacity for disclosure of critical incidents and adverse events. The Risk Manager coordinates organizational responses to incidents and works closely with PHC insurers.

PHC has a mature enterprise risk management program that has been embedded into the organization's strategic planning processes. A risk registry has been developed and is reviewed and updated on a regular basis. Examples were provided to surveyors of PHC utilizing identified risks to change practices. The organization is encouraged to continue its efforts to make staff aware of broader organization risks.

Contracted services are regularly evaluated.

Medication reconciliation is well done throughout the organization. Compliance is monitored by a committee co-chaired by Professional Practice and Pharmacy.

PHC is to be commended for its advanced level of integrated quality management. PHC conducts regular prospective analyses and are currently involved in a failure mode effects analysis in the surgical day care area. Clients and families are encouraged to be involved and are active in many important quality improvement initiatives. Despite its evident success in quality improvement, patient safety, and risk management; ongoing human resource shortages have created challenges with everyone's time and ability to maintain the focus on these critical activities. The organization is encouraged to continue its efforts to optimize its information technology platforms in its ongoing pursuit of safe and high-quality care.

## Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

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

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

Providence Health Care has a robust ethics program that includes support for clinical decision making, leadership, and governance support for organizational decisions and review and development of values and priorities.

Ethics education is provided in many methods including a comprehensive seminar series, which in partnership with the social work department and in outreach with academic partners, there is structured ethics training internally, and resident training for all medical specialties. Collaboration occurs with PHSA and regional health authorities to evolve the community of practice. Providence Health Care has a comprehensive approach to support clinicians and clients requesting Medical Assistance in Dying (MAID) with dedicated resources, despite the fact MAID is not provided on-site, which is acknowledged to be very progressive.

The research ethics board is composed of 16 members, including community representation and responds to approximately 300 applications annually with a split of 80% clinical and 20% social science protocols. The organization promotes a culture of compassion and social justice with specific focus and resources allocated to have an inclusive approach to reconciliation with Indigenous peoples.



## Priority Process: Communication

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

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

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

The Communication strategy for PHC is robust and has a visionary team working on continuous improvements to benefit clients, residents, families, staff, and medical staff. There is an acknowledgment of challenges with the numerous documentation platforms and how they interface, and the team is working through the issues with this. There is a Digital Front Door project that will replace Providence's existing website and offer an improved person-centred experience for clients, residents, families, and staff who access the site. Communication within the organization has been a priority for this team, and there is a significant investment in communication for staff on social media platforms, the intranet and virtual town hall meetings to allow for increased engagement and easier access to information, particularly during the height of the COVID-19 pandemic. There is a targeted newsletter for medical staff called "59 seconds" featuring brief need-to-know updates to help address information overload.

The team seeks client partner input as well as staff input when looking at internal communication strategies. Policies around privacy and confidentiality are in place. The team has performance indicators that help drive their work and are re-evaluated regularly. This team has much strength and a broad lens on the organization inclusive of practice, health records, informatics, data analysis and privacy.

Collectively there is a clear vision for excellence in the work they are doing, and they approach work from a quality improvement lens.

## 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)

The Providence Health Care facilities are generally clean and well-maintained. There is aging infrastructure which poses challenges that include the quadruple occupancy in some of the long-term care homes, limited storage resulting in clutter, and a lack of space for future growth. The leaders work very diligently to find creative solutions to address these issues. The environmental services team is acknowledged for their work in ensuring a safe environment for clients, patients, residents, and team members. This includes regular and enhanced cleaning, terminal cleaning of the operating rooms, and the use of ultraviolet light disinfection. There are green spaces for clients, families and team members to enjoy.

The Project, Planning, and Facilities Management team work in partnership to ensure safe and sustainable environments. The team has been described as “collaborative,” “congenial,” and “innovative.” This extends to a “culture of forgiveness” in which team members can try innovative projects without blame.

There is a dedicated team who works well with the clinical teams to ensure safety in clinical areas are supported. The team members and leaders are acknowledged for their work during the COVID-19 pandemic which has included the procurement of supplies and equipment, and the redesign of facilities and processes.

There is a strong commitment to ensuring that back-up systems are implemented to reduce the impact of utility failures on client and team member health. There are back-up systems which reduce the impact of utility failures, this includes a generator system, back up water sources, and redundancy is built into systems. A “zero risk facility” is the goal. There is regular testing of the backup systems. Annual inspections are completed. There is a Water Safety Plan. The leaders are encouraged to continue their work in ensuring a zero-risk facility.

The safety of patients, residents, clients, and team members is a priority for the leaders. There are strong collaboration and partnerships with infection prevention and control, occupational health and safety and clinical programs. The team members interviewed stated that they feel safe at work. Infection prevention and control are involved in all renovations and capital projects. There are many exciting capital projects being developed which includes the new build of St. Paul’s Hospital and the addition of six private rooms in the Langara Long Term Care Home. There are also many ongoing facility projects. The team members and leaders are very proud of this work.

The team members and leaders are commended for their work in environmental stewardship. There is a strong unwavering commitment to protecting the environment and the resources entrusted to the team.

On September 20, 2022, the International Federation of Healthcare Engineering 2022 Global Healthcare Energy Award was presented to Providence Health Care, St. Vincent's Brock Fahrni for achieving the largest health care facility energy reduction in Canada. A Sustainability Committee fosters innovation in environmental health. The team members and leaders are acknowledged for their work in developing a pilot project to recycle masks in conjunction with corporate partners. There is a strong commitment to recycling, using products that are environmentally friendly and eliminating the use of plastic waste.

Additionally, there is a strong focus on sustainable energy and the implementation of such processes as solar panels, ozone laundry system, and green hospital initiatives. The team members and leaders are encouraged to continue with implementing processes to support green and healthy hospitals.

## 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)

Providence Health Care (PHC) has an active Emergency Management Committee and there are subcommittees at all sites. The organization has response plans that are standardized provincially and supplemented by site-specific plans. Regional collaboration with neighbouring facilities and partner agencies exists and support is evident. Response codes are standard and align among partners. Templates exist for local customization. These plans are reviewed regularly.

Supports exist to guide responses at all times by leaders on call.

New employees receive a comprehensive orientation in emergency responses. Training expectations are identified and available on-line and in-person. Training records are maintained digitally. Staff interviewed on units spoke highly of the on-line learning and had a strong awareness of how to respond in emergency circumstances. The organization is commended for its efforts to ensure all staff have easy access to response plans. Staff identified the hanging folders for emergency codes containing quick reference pages were quite helpful. Emergency Response binders were evident on units.

The Emergency Management Committee works with partners to assess risks and vulnerabilities. There is an annual risk assessment of high-risk units. This includes assessing areas for issues related to security and vulnerabilities. Mitigation plans are identified and enacted. In addition, there has been significant work done on emerging all-hazard issues such as seasonal readiness, flooding, seismic activity. COVID-19 also served to highlight strengths and challenges in how the organization responded. Top vulnerabilities identified included older facilities and staff safety for violence and aggression. The organization is encouraged to re-ignite regular committee meetings and develop and lead tabletop exercises.

Infection Prevention and Control experts are actively involved and regarded as “key players” in the Emergency Management Committee and risk assessment processes. Physicians have been involved in planning activities and communication with the medical groups is effective.

Security is identified as first responders at sites and liaise with community responders such as the Fire Department. New Security members receive site-specific orientation. Management has 24/7 access to security support.

Business continuity plans exist. Regular fire drills occur and are tracked. Staff are educated on how to respond to emergency codes. The organization is encouraged to ensure a regular cadence of drills is restarted and are further encouraged to explore drills that involve evacuation and movement of clients and residents.

The organization has established relationships with numerous community partners. While there are no mutual aid agreements in place, strong processes have been nurtured and are effective. Communication processes and tool kits have been developed. It was noted that throughout COVID-19, multiple mediums were utilized, and the Emergency Management Committee (EMC) felt communications were highly responsive and helpful. Public Health officials work closely with the organization.

Lessons learned from COVID-19 have been documented and will inform future planning, particularly in planning for the new St. Paul's Hospital. It is recommended that EMC review emergency responsiveness in long-term care and build partnerships and standardize EMC structures with the acute care sections of the organization. Overall, the organization is commended for its COVID-19 pandemic responses and the EMC is justifiably proud.

## Priority Process: People-Centred Care

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

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

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

It is abundantly evident Providence Health Care (PHC) has embraced the tenants of people-centred care for many years. The voices and insights of those served are heard in numerous ways and venues. Patients, family members, residents, and clients (PFRC) are active members of many committees and councils. The recent pandemic has required adjustments to how committees and councils operate and PFRC indicated they miss the face-to-face meetings. Surveys of experiences and how services are viewed are also conducted regularly and results reviewed to make improvements. The organization is encouraged to continue its efforts to resume in-person committee and council meetings as soon as it is deemed safe.

A focus group of PFRCs was conducted as part of the accreditation survey. Participants outlined their many contact points with PHC and how they are treated as full members of all groups in which they interact. It was interesting to witness the passion of these people and how they expressly pointed out that they felt more like “members’ of committees as opposed to “partners”. The group indicated PHC treat them as equals and are respectful of time and share openly. PFRC are made aware of expectations prior to being engaged, provided with thorough orientations, and are engaged at the very beginning of projects and not seen as “add-ons”. Facilitators from PHC ensure PFRC members are involved. They also noted they see tangible results of their opinions and involvements. Examples of co-design of services and spaces were shared. The construction of the new St. Paul’s Hospital has afforded significant opportunities for PFRC involvement.

With respect to actual care and service, there were many examples of appropriate and timely information being shared with PFRCs. Assessments are completed utilizing holistic approaches. Goals of care and planning for transitions are frequently identified with PFRC in line with PFRC’s preferences. There were limited examples of patients in the Emergency at Mount St. Joseph who indicated that they were not told of what to expect in terms next steps in their episode of care. The organization is encouraged to ensure that all patients are fully engaged, informed, and understand their status.

## 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)

A number of processes are in place to help with flow which include daily morning bed meetings which occur at both St. Paul's Hospital and Mount St. Joseph's Hospital with involvement of leaders from the emergency department and all acute clinical units. A second meeting is held at midday on days with high volume challenges at either or both sites. There are regular regional calls with the Regional Patient Transfer Network that include BC Emergency Health Services. Weekly Medicine long length of stay/alternate level of care review and Mental Health bed flow meetings occur internally, as well as a Flow Committee that includes clinical managers, directors, professional practice, decision support and performance improvement. Twice weekly there is a regional meeting with Priority Access with Vancouver Coastal, and there is a bi-weekly meeting with BC Housing.

A clinical site coordinator is assigned to each site 24/7 to support the teams and direct patient flow across services. Approximately nine positions were added to support the clinical inpatient units with access and flow earlier this year. Key performance indicators such as length of stay, discharged by noon, and readmission rates are monitored and used to drive flow conversations. Overcapacity protocols are in place and used when needed. Access and Flow has its own float pool of nurses to support staffing based on unit needs, which has helped significantly with health human resource shortages. Porters are unit-based, rather than centrally managed. The organization is encouraged to move to centralization to have better oversight and distribution to support needs based on volume and capacity. Environmental services support is well coordinated to support efficient patient flow.

Some recommendations to assist in removing barriers to improved and more timely patient flow include appointing a physician lead to be an accountable dyad partner with the Access and Flow director, ensuring access to non-emergent patient transportation between sites to reduce current flow bottlenecks, implementing a process where all clinical programs/units conduct clinical rounds by mid-morning to promote disposition decisions and communication as early in the day as possible to allow for more timely discharges.

## Priority Process: Medical Devices and Equipment

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

Unmet Criteria	High Priority Criteria
<b>Standards Set: Perioperative Services and Invasive Procedures</b>	
4.9 Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.	!
<b>Surveyor comments on the priority process(es)</b>	

St. Paul’s Hospital (SPH) is a 433-bed acute care, teaching, and research hospital. SPH sees over 174,000 patients annually, accounting for 500,000+ patient visits. Mount Saint Joseph (MSJH) is an acute care community hospital with 101 beds, and a 100-bed extended care unit for residents with a multicultural focus. Policies and processes around medical devices and equipment are standardized, with allowances for minor site adaptations.

There are routine annual equipment lists that are reviewed as part of the budget planning. A clinical and technical assessment is done in close collaboration with the service areas to prioritize need. For a medical device not on contract, a public procurement process is triggered for items over \$50,000. There is a provincial shared services supply chain that PHC works with for all purchases.

In addition to annual capital grants to funding clinical equipment, PHC also works in close partnership with the organization’s Foundation as a major supporter of clinical equipment needs for the hospital.

The organization is currently involved in a major capital project to plan for the equipment and medical devices for the new St. Paul’s Hospital that is being built. The project will involve an assessment of existing equipment for the purpose of transfer, and the identification of new equipment that will be required. The role of Corporate Director of Clinical Equipment, Supplies and MDRD has been restructured to work with the project to negotiate this impact regarding medical devices with the new St. Paul's Hospital project. There are collaborative processes involving multidisciplinary groups such as the end user departments, biomedical engineering, professional practice, infection control, and finance to plan and procure new capital equipment to meet future needs. There are also good processes in place for evaluation and collaboration with vendor partners.

The organization had experienced some delays in procurement due to supply chain issues during the pandemic but as part of the Lower Mainland Biomedical Engineering regional group, has the advantage of being a part of a larger network to manage this risk. During the pandemic, St. Paul’s Hospital’s MDRD was involved in reprocessing N95 respirators for an emergency stockpile and continues to find creative solutions to potential supply disruptions.



The Lower Mainland Biomedical Engineering department provides services at both sites. Biomedical engineering is a consolidated service across the Lower Mainland, regional policies and procedures apply to biomedical equipment and devices. There are robust processes in place for the safe management of medical devices and equipment.

All new devices and equipment are received by biomedical engineering for inspection and assessment before going in to service. Once the units are approved for service they are entered into a computerized maintenance management system and a preventative maintenance schedule is assigned. There is a good use of equipment numbering and barcoding to track each piece of equipment and ensure that it receives ongoing preventative maintenance. The system provides alerts and reminders to staff and managers to ensure that everything is kept up to date. There is close collaboration with the regional clinical engineering team. In addition to ongoing maintenance, the team monitors all equipment alerts weekly, patient safety incidents daily, and has monthly meetings with Health Canada. Maintenance manuals and vendor product information is included in the computerized maintenance management system for reference.

There are good processes for demand maintenance through a requisitions system, which is also tracked. When any product is returned to service it is clearly tagged so that the department users will know that it is in good working order.

Medical Device Reprocessing (MDR) is carried out at both St. Paul's Hospital and Mount St. Joseph's Hospital. At St. Paul's Hospital reprocessing is a 24-hour operation, and Mount St. Joseph's Hospital runs 16 hours a day to support the needs of its surgical cases and procedures.

Policy and procedures have been aligned at both St. Paul's Hospital and Mount St. Joseph's Hospital where possible. The organization is commended for its strong Standard Operating Procedures (SOPs) and its presence throughout the organization. The information is simple and easy to understand for staff and makes good use of visual aids. Binders are regularly updated and available as a backup in case the electronic instrument tracking system is unavailable. Professional staff are competent and perform their duties safely in accordance with policies, SOPs, and manufacturers' requirements. There is extensive inspection, checking, and recording to ensure patient safety.

Both St. Paul's Hospital and Mount St. Joseph's Hospital operate high-capacity steam sterilizers and low-temperature sterilizers. There is a plan to expand the space and upgrade the sterilizers at Mount St. Joseph's Hospital which will also increase the space available for carts to cool following sterilization. There is a good use of biological and chemical indicators, tape, and temperature-sensitive packaging to ensure that sterilization has occurred. All reprocessed items are identified so that they can be easily found in the event of a recall and staff are aware of the procedure to follow.

T-DOC is the electronic tracking system that uses bar codes to electronically track the instrument sets to the patient. This system is not in use at the Mount St. Joseph's Hospital eye clinic and the organization is encouraged to standardize practice in this area.

Instruments that do not pass inspection are taken out of service. There is very limited flash sterilization in the case of an emergency.

Twice a year there is a review and opportunity to make changes or to create new instrument sets.

PHC is involved in the teaching of students from the community college program which is helpful as a recruitment tool. Staff receive orientation and education and training on an ongoing basis. There is safety training on WHIMIS, MDSD OHS, and the staff is educated in fire safety.

Information is shared through daily checks and logs as well as reports and a communication book.

Endoscopy is performed primarily at PHC with a single room at Mount St. Joseph's Hospital. There are good processes in place for reprocessing in accordance with policy. All solvents are mixed as per the manufacturer's instructions.

The organization is encouraged to review practices in areas that involve using a line on the floor for the demarcation of separate spaces where there should be a wall to separate especially between clean and dirty spaces.

## 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:

### Living Organ Donation

- Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.

### Organ and Tissue Transplant

- Providing organ and/or tissue transplant service from initial assessment to follow-up.

### Clinical Leadership

- Providing leadership and direction to teams providing services.

### Competency

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

### Episode of Care

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

### Decision Support

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

### Impact on Outcomes

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

### Medication Management

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

### Organ and Tissue Donation

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

### Infection Prevention and Control

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

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

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Competency</b>	
3.10 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
<b>Priority Process: Episode of Care</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Decision Support</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Impact on Outcomes</b>	
The organization has met all criteria for this priority process.	
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Clinical Leadership</b>	

**Audiology Ambulatory Clinic - St Paul's Hospital**

This is an exemplary program. The leadership of the clinic is highly collaborative, focused, and driven to provide optimal and timely care for approximately 3600 patient visits per year, including the novel remote mapping program for those who have received cochlear implants. The three main types of patients seen by the clinic are those who will potentially receive a cochlear implant, with lifelong follow-up, those with tinnitus, and those for diagnostic and vestibular assessment. The leadership is dedicated to success in each of these three areas with a focus on the provision of multidisciplinary care with strong patient and family input and with consideration of external ethics support to aid in the determination of resource allocation. It is obvious that the leadership is supportive of all team members and strives for excellence.

**Priority Process: Competency**

## Audiology Ambulatory Clinic - St Paul's Hospital

Appropriate training and education are ensured for all positions with credentials verified by the leadership team. The patient care manager is focused on the collaborative development of all team members through formal performance review and education supported through the program. Members are encouraged by the professional practice lead and the patient care manager to bring forward ideas to enhance their competency and this has resulted in improvements across the team in areas such as enhanced audiology practices, ethical patient care, active listening, Indigenous wellness and reconciliation and diversity education. Performance reviews are structured around an iterative process of professional development and successful achievement of goals with a focus on patient-centred care. Competencies are enhanced through a strong collaborative approach with significant patient and family input.

**Priority Process: Episode of Care**

## Ambulatory Care - Richmond Community Dialysis (RCDU)

The RCDU uses leased space in a private centre. Clients must be stable and able to provide self-care. They are assigned lockers to store their blankets and anything they want to have to add to their comfort during the dialysis. The run times for dialysis are staggered with each client having their own start time, which clients appreciate. Staffing follows the BC Renal Program guidelines of 4 clients for one nurse. Allied health support is included in the time. Patient rounding is completed by a nephrologist every two weeks.

There are 70 people currently receiving dialysis at this center. Clients are well-informed about their care and speak highly of the care they are offered. Multiple improvement projects happen due to client feedback. These improvements are addressed quickly due to the small team in the clinic. The clinic is involved in the Canadian Lead Magnesium study. Clients sign consent to participate.

At this time documentation is paper based. Transitions are completed by faxing information and chart documents to the receiving unit. The team is looking forward to the implementation of the Cerner electronic system to allow this to be a more seamless process.

Education is provided largely when dialysis is started at the inpatient unit at St. Paul's Hospital. Ongoing education is provided as the client has questions or concerns. BC Renal has an emergency response committee and identifies any major events that may impact the provision of dialysis. This is then communicated to clients, along with any directions required.

There are two areas of opportunity noted during the visit. The first is to focus on completing performance reviews for the unionized staff. While this may seem stressful for staff, it will offer leadership insight to how they can best support the staff. The second is to consider a way to increase staff awareness regarding completion of the competency modules. At this time, this largely falls to the clinical nurse educator. This process could be improved by nursing being accountable for their own education and competencies.

## Audiology Ambulatory Clinic - St Paul's Hospital

A holistic approach to patient care is recognized by the leadership team to be the best way to support quality patient care for those seen in consultation and follow-up. Wait time data and resource allocation is strongly monitored and adjustments are made as needed. For example, audiology assessments will be supported on Saturdays to decrease the first point of wait for clients coming into the system. Clients are seen no longer than 10 minutes after their designated appointment times and clients in need of multiple tests can have them scheduled on the same day. Those in the cochlear implant program with Cochlear Ltd. devices can have their ongoing assessments done remotely, saving time and travel costs for patients.

Each client is greeted by a Speech to Text system with verbal and written communication, the latter provided by way of the Live Transcribe application on an Android tablet. They are escorted to appropriate areas by visual signage, and information on rights and how to file complaints is openly displayed on the communication white board. Standardized approaches are used, and support is afforded to tinnitus patients through psychiatrist collaboration and cochlear implant clients by a dedicated social worker. All plans are documented in a timely and complete fashion. Importantly, all clients (especially vestibular clients) are assumed to be high risk for falls and supports such as handrails, enhanced communication, and a wheelchair, if necessary, are provided.

**Priority Process: Decision Support**

## Audiology Ambulatory Clinic - St Paul's Hospital

Client files are hybrid with complete, standardized information collected on all clients. All members of the team are educated on privacy requirements and the use of data for secondary aims. The flow of information is excellent with a continued review of outcome indicators, including time to audiology assessment and cochlear implant. The distribution of implants is determined by a framework derived through ethics consultation and through strong client advocacy. The leadership team worked collaboratively with both groups to reach the best evidence-supported and fair distribution of resources. The four categories of clients from most to least urgent are addressed with a continued assessment of wait times.

**Priority Process: Impact on Outcomes**

## Audiology Ambulatory Clinic - St Paul's Hospital

Quality improvement is woven into everything the clinic touches. Examples include:

- Use of a Speech to Text application to support communication in written format. This is an important initiative to those with a hearing deficit, especially in light of masking with the pandemic and inability to lip read.
- The addition of an audiometric technician to the team has resulted in reductions in audiology assessment wait times from seven to two months.
- A collaborative pilot project has led to the establishment of a successful remote mapping program whereby centres in Victoria and Kamloops allow for virtual ongoing assessment of implant function.
- Addition of a Social Worker to the Cochlear Implant program and supports the multiple needs of clients such as associated physical and emotional concerns. Further, grants have been received from the Rotary Hearing Club and the Foundation to support noninsured expenses for clients.
- Addition of a psychiatrist to the tinnitus program has supported client mental health concerns, including, but not limited to the use of cognitive based approaches. This is novel for any Canadian tinnitus program.

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

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

The organization has met all criteria for this priority process.

### Priority Process: Competency

5.4 Standardized communication tools are used to share information about a client's care within and between teams.	!
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### Priority Process: Episode of Care

9.4 Standardized assessment tools are used during the assessment process.	
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### Priority Process: Decision Support

The organization has met all criteria for this priority process.

### Priority Process: Impact on Outcomes

17.6 New or existing indicator data are used to establish a baseline for each indicator.	
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### Surveyor comments on the priority process(es)

#### Priority Process: Clinical Leadership

Foundry Vancouver Granville (FVG) offers such a valuable service to the city of Vancouver. This team serves as a role model for mental health services for youth. From the moment you enter the site it's easy to feel the compassion and feel completely accepted. There is a strong person-centered approach to care at this site. There are peer support services, primary care, case management, psychiatry consultation, supported employment, group work, life skills offerings and recreation all readily available here. There is an active youth and family advisory council that participate in decisions made at this site. Diversity and inclusion are important, and the team is connected to its community partners and stakeholders. There are clear partnerships with the overarching programs of Foundry and PHC corporation. There are shared policies and connections between the 2 structures.

#### Priority Process: Competency

The team at Foundry are professional and bring their clinical expertise to their work. There are clear roles with expected qualifications for the persons doing the work at this site. Staff keep their credentials up to date and have a commitment to ongoing education. They use the Learning Hub at PHC to help track the educational activities within the organization. There is a strong existence and reference to the ethical framework of the organization and staff express a comfort in accessing that service if needed. There are clear collaborations happening within this team and its partners. The connections with other community sites and the acute care system are evident and strong.

Communication is happening between the team and the partners, there is an opportunity to look at standardizing the tools used within the program to help ensure the necessary information is shared. For example, the Case Managers are using tools in the Electronic Medical Record (EMR) to document Suicide risk, however, the primary care providers at the clinic are not using the same form for documentation.

Information shared at transfer points is also not consistently applied. There is evidence that information is shared such as task assignments in EMR, the printing of notes, or using other platforms like Cerner or Care connect to gather data, but the existing documentation platforms add a layer of complexity to this process as the community and acute systems are not the same.

Workplace safety is valued, and staff participate in ongoing education to increase knowledge and staff safety.

### Priority Process: Episode of Care

Foundry is operational Monday to Friday 0900-1800. If the client needs services after hours, then ER's, urgent care, or other teams with longer hours are being utilized. The team works with each client to have safety plans in place should they need assistance outside of this time. The team works with individuals and families/support persons as identified by the client. Staff follow an ethical framework in their approach to care. Clients and families are aware of how to raise concerns, and staff are provided feedback if this happens. The team maintains a continuous relationship with the youth advisory council and provides tablets for anonymous feedback should the client want to share concerns.

A key strength for this program is their peer support person, who plays an integral role in this group. A best possible medication history is created with the primary care team, and issues are addressed through the nurse practitioner or physician at this point of contact. Suicide assessment is provided at this clinic.

The Case Managers use the EMR and document within that system using the ASARI tool. The primary care team provides a suicide assessment based on history and clinical assessment and documents in the EMR.

The care map for clients who present as suicidal is clear within the team and is focused on patient safety.

Information sharing at transfers is occurring. The organization is encouraged to consider implementing a standardized list or tool as part of their defined process to improve information sharing standardization.

### Priority Process: Decision Support

The team at Foundry use the Electronic Medical Record (EMR) and feels this platform meets their needs. This EMR communicates with other similar clinics and primary care, which is a strength of this system, as it helps with consistent information transfer. The challenge is communication with the acute care programs. Staff and leadership are working with IT on some of the issues brought forward to help increase the benefits to the health record.

Policies and Procedures for this group lie with two health authorities, Foundry, and PHC. Client information is protected and secure.

### Priority Process: Impact on Outcomes

Information is being collected through various methods, and the team is committed to action the feedback received. An opportunity to improve would be to develop key indicators and track the improvements. There are currently projects occurring at this site around improving pathways for anxiety, gender-affirming care, and medication-assisted treatment for opioid use disorder.



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

Unmet Criteria	High Priority Criteria
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**Priority Process: Clinical Leadership**

The organization has met all criteria for this priority process.

**Priority Process: Competency**

The organization has met all criteria for this priority process.

**Priority Process: Episode of Care**

7.8 The team verifies that the client and family understand information provided about their care.

**Priority Process: Decision Support**

The organization has met all criteria for this priority process.

**Priority Process: Impact on Outcomes**

The organization has met all criteria for this priority process.

**Priority Process: Organ and Tissue Donation**

The organization has met all criteria for this priority process.

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

**Priority Process: Clinical Leadership**

Critical Care Services (ICU, CICU, CSICU) – St Paul’s Hospital

The clinical leadership team is strong, collaborative, and engaged. They engage in common approaches and frameworks with respect to patient care, quality improvement, and research. In anticipation of the capital build for the new St Paul’s Hospital site, clinical leadership has become more focused on client centred care. The active inclusion of clients and families on various committees that will guide the structure and function of the new hospital has allowed for optimization in the current environment. For example, client and family involvement in the multidisciplinary care team has successfully evolved.

The Critical Care Outreach Team (CCOT) monitors patients for up to 48 hours after discharge from the CICU to promote successful transition and easily identify those few clients where readmission might be required. There are standardized protocols and dedicated staffing with outcome analysis to evaluate indicators that might result in failure to discharge successfully. This is achieved in coordination with the common referral locations, including inpatient heart health, medicine, and surgery.

Resource needs are communicated to the senior leadership team through the executive director. The team feels they are being adequately supported in this process. The unit structure and resource needs are appropriate to the institution with appropriate surge capacity protocols in effect that are enhanced through excellent teamwork. Resourcing of the stepdown unit is not feasible given the constraints of human capital and the units are functioning around 15% over budgeted capacity. This is a recognized issue across the healthcare system.

#### Critical Care HAU – Mount Saint Joseph Hospital

The clinical leadership team for the high acuity unit who participated in the survey were the Patient Care Manager and the Clinical Nurse Educator. The unit was shifted from a Critical Care Unit in 2018 to a High Acuity Unit after consideration of the patient population served at Mount Saint Joseph Hospital. There is a framework for providing services to high acuity clients who are not ventilated, although nursing staff are certified in Critical Care, the ability to intubate is present, and there is an onsite respiratory therapist present 24/7. Clients, once intubated, are appropriately transferred to the Critical Care Department at St Paul's Hospital. Clients can come from the Emergency Room, Operating Room, from Medicine, and through the Provincial Transport Team. The manager is highly respected by the unit staff and responsive to their needs.

Resource needs are communicated to the Patient Care Manager and the team appreciates the focus on supporting their growth and education. The unit structure and resource needs are appropriate to the institution with appropriate surge capacity protocols in effect, although they are rarely activated as the unit is generally at 50% capacity.

#### Priority Process: Competency

##### Critical Care Services (ICU, CICU, CSICU) – St Paul's Hospital

The St. Paul's Hospital intensive care team is competent to provide quality care within the environment in which they function, including nurse educators who are responsible for standardized staff education upon entry into the unit and at intervals as determined by designated protocols. There is opportunity for ongoing professional development and staff feel recognized by both leaders and families. Importantly, leaders and staff both recognize the importance of education on end of life and palliative concerns, with patients requesting access to information about MAID being made aware of their treatment options.

Teams work collaboratively, including involvement of clients and families in decision making around care. Staff are given the opportunity to participate in education around violence prevention and de-escalation. Although not labelled as a high risk for violence location, leaders in the critical care setting have continued to support training in violence prevention, including de-escalation techniques in response to the increased risk of violence that seems to be associated with the pandemic. Inclusion of physicians in this training would be advantageous.

### Critical Care HAU – Mount Saint Joseph Hospital

The staff are Critical Care trained and certified. They are highly competent to function in the High Acuity Unit environment. Performance reviews are undertaken every two years with specific goals charted and education goals supported with appropriate remuneration. Education on violence is mandated and all staff are aware of how to initiate complaints. Inclusion of physicians in training around violence prevention and de-escalation techniques would be beneficial. Importantly, leaders and staff both recognize the importance of education on end of life and palliative concerns, with patients requesting access to information about MAID being made aware of their options.

### Priority Process: Episode of Care

#### Critical Care Services (ICU, CICU, CSICU) – St Paul’s Hospital

Clients are very satisfied with the care they receive and feel they can contribute to discussions around their care. Importantly, up-to-date protocols for the prevention of falls, pressure ulcers, and venous thromboembolism are present with appropriate education and reporting mechanisms for events. Policies exist and are followed with respect to ventilator-associated pneumonia, and the prevention of adverse events related to central lines, urinary catheters, and sepsis. A standardized approach to delirium, sedation, use of restraints, and pain control are used. Staff are aware of where to locate and enact policies. Client identification and hand over of information at transitions aligns with the requirements of the respective policies and accreditation standards. All required operational practices with respect to episode of care determination are met.

Transition planning is aligned with the level of care provided, with appropriate client input, including outreach to appropriate wards and other care providers (eg., specialists, family physicians). The team uses data collected around readmissions to optimize transitions in care. Multidisciplinary meetings are held, as required, including discussions around appropriate transitions, end of life planning, and cultural/spiritual needs. The units have implemented a ‘Wishing Well’ feature to recognize small requests that patients may have during the end of their life or during transition to palliative care. All transitions are appropriately carried out according to policies, with input from clients and family members, while respecting legal requirements. They are recorded in a standard fashion in the patient record.

The care was deemed to be excellent by clients who were assessed. Multidisciplinary teams are available to clients and families for discussion of care and concerns. The team is urged to continue to reintroduce communications in graphic and pamphlet form to clients. Further, involvement of clients and families in their care at all levels should be sought. A simple prompt such as what could we do better would be of great value. Finally, although there are many ways of sharing information with clients, including consideration for translation services when required, measurement of understanding (that communication has actually happened) should be sought. The strength of the team is excellent and they are ready to take these next steps.

**Critical Care HAU – Mount Saint Joseph Hospital**

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**Priority Process: Decision Support****Critical Care Services (ICU, CICU, CSICU) – St Paul’s Hospital**

With the advent of an electronic record, soon to be standardized across the region, decision support has been significantly enhanced. Charts are up to date with standardized information collected at admission, during the client’s stay, and at discharge from the units. Clients and families help to guide the collection of relevant information and privacy considerations are addressed through an annual review of appropriate education by all staff and physicians. Finally, updated policies on electronic communication of health data are in place with procedures for the secondary use of data is well established. Leaders and staff are aware that the Cerner system will allow for monitoring of inappropriate access to client personal information and medical records, and they support this process.

**Critical Care HAU – Mount Saint Joseph Hospital**

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**Priority Process: Impact on Outcomes**

## Critical Care Services (ICU, CICU, CSICU) – St Paul’s Hospital

The critical care structure and multidisciplinary team at St Paul’s Hospital, including the introduction of the Cerner system, will enhance the standardized approach to clients and limit variation through the use of clinical practice guidelines for health care providers. Deviation from the guideline must be supported by the team and justified as part of the documentation within CERNER. These are routinely reviewed by the multidisciplinary team, with input from clients and families, and in support of best available evidence.

Client safety concerns are reported through the appropriate mechanisms within the VP Quality & Safety portfolio. These concerns are discussed at unit huddles as they arise and at the monthly Heart Centre Quality and Safety Committee rounds. The data are displayed on the Quality Board in the unit, available to clients, family, and staff. Outcomes are discussed and recommendations made. Critical incidents are formally reviewed. Graphic information with respect to fall prevention and pamphlets related to other safety concerns (e.g., pressure ulcers) are finding their way back onto the ward and into patients’ rooms after being removed during COVID-19.

## Critical Care HAU – Mount Saint Joseph Hospital

The introduction of the Cerner system will enhance the standardized approach to clients and limit variation through the use of clinical practice guidelines for health care providers. Deviation from the guideline must be supported by the team and justified as part of the documentation within the Cerner system. These are routinely reviewed by the multidisciplinary team, with input from clients and families, and in support of best available evidence.

**Priority Process: Organ and Tissue Donation**

There are appropriate policies on organ and tissue donation, including optimal donor management and donation after cardiac and neurologic death. Families are engaged early in the process in a manner that meets the legal requirements of organ donation. The tissue bank is involved at a predetermined time and consent is obtained for all organ donations.

The collection of data related to lost opportunities for organ donation shows that there is little loss of opportunity. This is aided by wide education at all levels related to the importance of organ donation.

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

Unmet Criteria	High Priority Criteria
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**Priority Process: Clinical Leadership**

2.6 Seclusion rooms and/or private and secure areas are available for clients.	!
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**Priority Process: Competency**

The organization has met all criteria for this priority process.

**Priority Process: Episode of Care**

8.7 There is ongoing communication with clients who are waiting for services.	
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12.3 Client privacy is respected during registration.	
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**Priority Process: Decision Support**

The organization has met all criteria for this priority process.

**Priority Process: Impact on Outcomes**

The organization has met all criteria for this priority process.

**Priority Process: Organ and Tissue Donation**

The organization has met all criteria for this priority process.

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

**Priority Process: Clinical Leadership**

Top priorities and concerns for the Emergency Program are:

1. Safety for staff, physicians, volunteers, and clients
2. Mount St. Joseph Hospital emergency department operating space
3. Health Human Resources

**Priority Process: Competency**

There is a comprehensive interdisciplinary, professionally credentialed team that includes medicine, nursing, social work, nurses with a focus in mental health, pharmacists, and addiction workers. Roles are clear, and good communication is present across zones of the emergency department.

Education and training is provided for essential topics to support safe, high-quality practice as well as optional professional development.

**Priority Process: Episode of Care**

Pharmacy technicians and pharmacists are integrated as part of the Emergency Department's (ED) interdisciplinary team. Physicians make referrals to pharmacy staff to have the Best Possible Medication History (BPMH) completed. All patients in the ED are reviewed by the pharmacy members of the team and prioritized to complete a BPMH based on their medical complexity, acuity, and if they are going to be admitted to an inpatient bed. A standardized method is followed to complete the BPMH with external information the received from provincial pharmacy system, long term care facilities as applicable, and validated with clients by the clinicians.

Clients interviewed at one Hospital's ED treatment area were extremely pleased with the care and communication from the team. They were aware of the next steps were further diagnostic tests that would guide treatment decisions. Clients interviewed at the other Hospital ED were not aware of what next steps were with their care and were not provided with an estimated timeline for follow-up. The organization is encouraged to further explore the opportunity to implement consistent communication practices with clients and families across both emergency departments to optimize safe care provision.

**Priority Process: Decision Support**

Physician orders are completed in Cerner through computerized physician order entry, and dangerous abbreviations are avoided. It was noted dangerous abbreviations are able to be entered in the narrative boxes for clinical assessment documentation in the Electronic Health Record (EHR). The organization is encouraged to ensure dangerous abbreviations are not used across all electronic platforms. Standardized assessment tools are built into the EHR, such as the Columbia Suicide Severity Rating Scale.

**Priority Process: Impact on Outcomes**

The ED leadership team has developed a comprehensive Safety Action Plan that includes goals for improvement in the following areas: physical environment, personnel & security, practice support, policies and guidelines, and external partnerships.

**Priority Process: Organ and Tissue Donation**

When death is imminent the ED team notifies the organ and tissue donation coordinator, and the client is transferred to Critical Care services for further assessment and preparation for donation.

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

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

The organization has met all criteria for this priority process.

**Priority Process: Competency**

The organization has met all criteria for this priority process.

**Priority Process: Episode of Care**

The organization has met all criteria for this priority process.

**Priority Process: Decision Support**

The organization has met all criteria for this priority process.

**Priority Process: Impact on Outcomes**

The organization has met all criteria for this priority process.

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

**Priority Process: Clinical Leadership**

The hospice palliative care program at Providence Health Care provides holistic care to people living with a time limited illness. There is an emphasis on supporting persons living with structural vulnerabilities.

This program includes the St. Paul’s Hospital palliative care unit (12-beds), St. John Hospice (14-beds), a palliative care ambulatory clinic and palliative care and outreach.

The palliative care interdisciplinary team are very proud of providing integrated palliative care. This approach has a focus on the needs of clients and is provided in a variety of settings. Additionally, they are very proud of championing the needs of people and their families who are impacted by a life-limiting illness. Furthermore, the palliative care program is aligned with the vision, goals, and values of Providence Health Care including “mission forward.”

There is a strong and collaborative interdisciplinary team. There is an inspiring interdisciplinary team with an appropriate mix of skill levels and experience. The team includes; palliative care physicians, nurses, social workers, music therapists, spiritual advisors, unit clerks, environmental services staff, volunteers, and dieticians, to name just a few. The team members noted they have the resources to do their work.

They are deeply committed to providing safe, quality and innovation palliative care to clients and families. The interdisciplinary team are very passionate about using best practices, research, and innovation to improve and enhance palliative care. They have a “can do” attitude. The leaders are visible and engaged with team members, clients, and families.



The interdisciplinary team are passionate about reducing barriers to palliative care and increasing access for clients and families. There are strong partnerships at the regional, provincial, and national levels. There is a Regional Palliative Care Program which supports collaboration and best practices. There is strong collaboration with clients, families, and partners. One such partnership is the participation of volunteers in the palliative care program. The leaders are in the process of revitalizing volunteer recruitment and participation with a significant number of people who have expressed interest in volunteering in the palliative care program. The volunteers are provided with approximately 25 hours of palliative care education and training. The leaders are encouraged to continue with the important work of recruiting and retaining volunteers. The palliative care team members stated that they “love working in palliative,” and that it is “a great place to work.” Furthermore, they described working in palliative care as a “mission,” and a “passion.”

#### Priority Process: Competency

The palliative care program is supported by an innovative and competent interdisciplinary team. This program is described as a “magnet unit” and a place where team members and physicians want to work.

A team member described working on a number of other units and hospitals with the palliative care program being, “the best place to work. It is where I want to be.” The leaders are visible and accessible to the team members, clients, and families. A family member stated, “I really appreciate [name] saying hi to me and taking time to talk about my family.”

The palliative care physicians are strongly engaged in patient safety, quality, and research. The leaders are committed to supporting the education and learning needs of their team. The team members were appreciative of the education and training provided and stated that it supported them in doing their work.

Additionally, team members noted the orientation processes were strong and prepared them to work on the palliative care unit. The team stated that they felt safe at work. This included being provided with education on hand hygiene, donning and doffing personal protective equipment, and how to appropriately dispose of cytotoxic materials. The leaders are commended for ensuring performance conversations and evaluations are conducted with team members and physicians on a regular basis.

#### Priority Process: Episode of Care

The palliative care unit is located at St. Paul’s Hospital. The unit is clean and well-maintained. There are pictures on the wall painted by local artists. There are large windows in client rooms with natural light and stunning views of the city of Vancouver. The corridors are wide, supporting the ambulation and/or transport of clients. There is some clutter in the corridors due to limited storage space. There is a beautiful room and patio to support client, family, and team member interactions. There are hand hygiene stations with non-porous sinks, with posters outlining the appropriate hand hygiene. The environmental services staff are commended for providing a safe environment for clients, families, and team members. They are very proud of the work they do. They described the palliative care unit as a “wonderful” place to work.

There is a combination of single and double rooms. The team members have added partitions in the double rooms supporting privacy. Work is ongoing on the development of a replacement for St. Paul's Hospital. The leaders, physicians and team members will be challenged with ensuring a well-maintained palliative care unit at the current location while at the same time planning for the development of the new facility. The leaders are encouraged to set priorities for the continued maintenance of the current palliative care unit in keeping with infection prevention and control and client and family needs.

The palliative care unit provides services for adults and families. The interdisciplinary team has a goal to improve quality of life by addressing physical, psychological, emotional, and spiritual needs of clients and their families from diagnosis to bereavement. A strong interdisciplinary team provides holistic care. Proactive ethics education is a priority. The team members have access to an ethicist. The team members stated that they have the resources to do their work.

The palliative care program is people-centered. Activities such as Music in Care is provided for clients and families. Client satisfaction surveys and feedback are obtained and acted upon. The clients stated that they are treated with care, dignity, and respect. Clients and families were very passionate about the quality of care provided. A family member stated, "There is a culture about this place that you can't really describe. We are in the right place. It is a level of compassion that I have not seen. It is outstanding care."

The clients have also described the supportive services provided. A client noted, "It is a great place. I have great care. It is better than I expected." Another client commented on the value of the whiteboards in helping provide them with information about their care. There are patient partners who are engaged in the activities of the palliative care program. This includes participating in the co-design of the new facility.

The team has identified a challenge with the transfer of clients from St. Paul's Hospital for MAID. The leaders are encouraged to explore options to support a increased client-centred approach to this important concern.

The team members, physicians, and leaders honour the clients who have passed away on the palliative care unit. The Pause is implemented which is a structured invitation for members of the healthcare team to stop and honor a client who has just passed under their care. This acknowledges the humanness of the person who has passed. There is also support and debriefing available for team members, physicians, and leaders.

The team has many accomplishments of which they can be quite proud. This includes team members receiving unsung hero awards, obtaining hospice palliative care certification, and the establishment of a palliative care research scholar position to support future palliative care Professorship and Center of Excellence. The team members, physicians, and leaders are acknowledged for their ongoing commitment to excellence.

**Priority Process: Decision Support**

The team members, physicians, and leaders are strongly committed to using decision support to provide quality and innovative palliative care. An electronic health record is used in the palliative care program, with the implementation of the Cerner health information technology. The team members are excited about enhancing the exchange of information and care coordination with the planned implementation of their partners on the same electronic platform. Training is provided on the use of technology. The team members receive education on privacy and confidentiality. Privacy audits occur.

The client charts are comprehensive and up to date. Standardized health information is collected. Huddles occur on a daily basis and enhance discharge planning, care coordination, safety, and quality. The leaders participate in patient flow meetings.

**Priority Process: Impact on Outcomes**

Patient safety is a priority for the palliative care team. They seek opportunities to improve and enhance patient safety initiatives. This includes the implementation of best practices guidelines, auditing, huddles, family meetings, quality boards and a commitment to hand hygiene with high rates of compliance. Post fall huddles occur. Other activities include the Standardization Nursing Shift Handover Tool, and the N-of-1 study which facilitates a series of N-to-1 trials to quickly track the efficacy of interventions aimed to manage pain and symptoms in palliative care.

There is a strong commitment to quality improvement. Patient partners are an integral member of the Quality Improvement Team. An example of a recent quality improvement initiative was the improvement of the transition process for clients. Acting on a concern from a family member, the team revised and enhanced the transition process resulting in integrated case management. This was also adopted by other units. The leaders are encouraged to continue with their work on quality improvement and to continue to seek the input and engagement of clients and families.

Research and innovation are hallmarks of the palliative care team. There is a passion for a research informed practice. An example of research includes, PHC Research Challenge: An exploration of the impact of visitor restrictions on the experience of bereaved family members of long term care residents during the pandemic. The team members are encouraged to continue with this important work.

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

Unmet Criteria	High Priority Criteria
<b>Priority Process: Infection Prevention and Control</b>	

The organization has met all criteria for this priority process.

<b>Surveyor comments on the priority process(es)</b>
<b>Priority Process: Infection Prevention and Control</b>

The infection prevention and control team is commended for their commitment to a safe and quality infection prevention and control program. The interdisciplinary team is innovative and committed to incorporating best evidence into the infection and prevention and control program. There are strong collaborative working relationships both within and outside of Providence Health Care. This includes the participation on the Provincial Infection Prevention and Control (IPAC) Committee. There is a commitment to sharing information across the health care system. The infection prevention and control team is described as “open,” “supportive,” “flexible,” and “responsive.”

Quality improvement is a priority for the IPAC team. The program components are aligned with Providence Health Care’s mission, vision, and values. There is an Infection Prevention and Control Standards Committee which meet on a regular basis. Infection prevention and control guidelines and policies are developed.

There are infection prevention control monthly feedback boards and huddles. An IPAC website supports information exchange. There is a strong collaborative relationship with project, planning, and facilities management, environmental services, dietary services, and occupational health and safety. There are monthly meetings with acute care and long term care clinical managers and directors. The team and leaders are acknowledged for their strong commitment to research and innovation.

There is a strong commitment to supporting the programs and services throughout Providence Health Care. The partners stated that the infection prevention and control team supported them in outbreak management, environmental audits, hand hygiene audits, orientation, education and training and consultation. They spoke highly of the support provided. Health care acquired infections are tracked with outbreaks analyzed.

The response to the COVID-19 pandemic is acknowledged. The infection prevention and control team worked diligently to ensure the health of clients, families, the community, and team members. This included providing innovative suggestions to complex issues. A team member stated, “ No matter how difficult, we tried to never fail staff or clients. There was pivoting back and forth. Our multi-disciplinary team was always there to help.”

Hand hygiene audits are completed with a goal of 85%. The results of the hand hygiene audits are posted. The results of the hand hygiene audits vary across sites. The leaders are encouraged to work with the team members to ensure the hand hygiene rates meet the organization's goals.

There is a strong commitment to ensuring a clean and safe environment. This includes completing environmental audits to identify infection prevention and control issues. A challenge for infection prevention and control is the aging infrastructure which results in limited storage resulting in hallway and room clutter. Additionally, there are limited private rooms in long term care resulting in residents living in a quadruple occupancy room. Furthermore, there are some incidents of clean and dirty supplies and food delivery using the same doorway. The leaders are encouraged to address the issues of clutter, cross contamination, and quadruple occupancy rooms in keeping with infection prevention and control principles and patient safety.

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

Unmet Criteria	High Priority Criteria
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**Priority Process: Clinical Leadership**

The organization has met all criteria for this priority process.

**Priority Process: Competency**

3.11 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
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**Priority Process: Episode of Care**

The organization has met all criteria for this priority process.

**Priority Process: Decision Support**

The organization has met all criteria for this priority process.

**Priority Process: Impact on Outcomes**

The organization has met all criteria for this priority process.

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

**Priority Process: Clinical Leadership**

Medicine Inpatient Services (4W) – Mount Saint Joseph Hospital

This 17-bed unit provides care for post-surgical, medical and alternate level of care patients. The front-line staff are supported by a clinical nurse leader, clinical nurse educator, a patient care manager, and the clinical nurse specialist.

Inpatient Unit (3B/3C) – Mount Saint Joseph Hospital

The PHC Medicine program at Mount St. Joseph is an acute care program. It has a limited number of private rooms and works in strong collaboration with Medicine at St. Paul’s Hospital and the emergency rooms at both inpatient PHC sites to support clients who require inpatient medical care. It has the ability to support care for COVID-19 clients through renovations carried out at the beginning of the pandemic. It is extremely flexible in its capacity.

The Clinical Leadership Team is dedicated to providing high quality care. The leadership has worked collaboratively with the Medicine team and Clinical Leadership at St. Paul’s to maintain fluidity of services and flow in response to the pandemic and other capacity concerns. They recognize the significance of being able to support COVID-19 demands while maintaining care for other populations they serve.

Resource needs are communicated to leadership and many innovative responses to flow and different models of care have been piloted.

#### Heart Centre Inpatient Services (5A/5B) – St Paul’s Hospital

There is cross over and collaboration between the leadership team of the Critical Care Units and the Heart Health Centre Inpatient Services. There is good rapport among team members. Goals and objectives are set as per the program leadership and quality safety committees, in alignment with organizational and Cardiac Services BC strategic plans. There is active inclusion of clients and families on various committees that will guide the structure and function of the new hospital. There is good client flow between and across the two units, and communication with the Critical Care Units as required. Clients know how to report concerns and escalate their care. The two Clinical Nurse Leads are exceptional leaders.

There is a strong focus on patient-centred care with several pilot projects that have been escalated across the organization, including the red sock project as a visual cue of higher fall risk and whiteboards in each client’s room with information on care providers, mobility, activities for the day, and other important information. There is a strong focus on input from client and families through whiteboards located in common areas that seek out innovation suggestions and report on safety concerns. Input is readily sought from clients who are open to discuss input into their care. The only concerns elicited from clients were with respect to delays in recording of dietary preferences and the long distance that some must travel for care at their own expense.

Resource needs are communicated to the senior leadership team through to the executive director. The team feels they are being adequately supported in this process. The unit structure and resource needs are appropriate to the institution with appropriate surge capacity protocols in effect that are enhanced through excellent teamwork.

#### Medicine Inpatient Services (7A/7B/7C/7D/9CD) – St Paul’s Hospital

The PHC Medicine program at St. Paul’s Hospital is a 132-bed acute care unit that serves as a teaching service for medical, nursing, and allied health students. It has a limited number of private rooms and serves a large number of patients from the Downtown Eastside who have significant socioeconomic challenges. It supports Rapid Access, Medical Short Stay, Clinical Oncology, and patients with chronic disease. It has a COVID-19 unit that is extremely flexible in its capacity.

The Clinical Leadership Team is dedicated to providing high-quality care in the face of two significant and relentless challenges, COVID-19 and the opioid epidemic. The leadership has worked collaboratively with the Medicine team and Clinical Leadership at Mount St. Joseph to maintain the fluidity of services and flow in response to the pandemic and other capacity concerns. They recognize the significance of being able to support COVID-19, both acutely and in the post recovery phase, while maintaining care for other populations they serve. Resource needs are communicated to leadership and many innovative responses to flow and different models of care have been piloted.

**Priority Process: Competency**

## Medicine Inpatient Services (4W) – Mount Saint Joseph Hospital

Performance appraisals are in the process of being completed by the manager who has been with the unit for the past 8 months. Most of the staff have been on the unit for 8 plus years. They say they love the work and feel they are able to work to the full scope of their licensing. They love the support and opportunities offered by their leaders and peers.

## Inpatient Unit (3B/3C) – Mount Saint Joseph Hospital

The skill level of each team member is actively assessed and adjustments made to support best care. Staff are actively encouraged to support their education in areas such as trauma informed care and equity/diversity/inclusion. Multidisciplinary models of care are supported through collaboration with palliative care, geriatric services, and hospice outreach, extending the skill mix offered to patients.

## Heart Centre Inpatient Services (5A/5B) – St Paul's Hospital

The skill level and strengths of each team member are emphasized and supported by strong clinical nurse leads on each of the units. Performance reviews, with member input, are undertaken at regular intervals with structured plans for those who need extra support. Teams work collaboratively to provide optimal client care as exemplified by daily 'Rocket Rounds' where all team members are made aware of the daily activities for each client. The clinical nurse leaders will reach out for support to those able to assist the team in enhancing their learning and ensuring safety. For example, the Clinical Nurse Leader from 5A sought out assistance from the Violence Prevention Team to develop an approach to a client who was high risk in order to protect members of the team and other clients.

## Medicine Inpatient Services (7A/7B/7C/7D) – St Paul's Hospital

The skill level of each team member is actively assessed, and adjustments made to support best care. For example, the mix of RNs and LPNs has been shifted across the units over time and LPN skills have been enhanced through pilot projects that have been rolled out across the units. Staff are actively encouraged to support their education in areas such as trauma informed care and equity/diversity/inclusion. Multidisciplinary models of care are supported through collaboration with palliative care, geriatric services, and hospice outreach, extending the skill mix offered to clients. Staff are supported to enhance their education. The recent addition of a chemotherapy resource nurse, at the request of front-line staff, will enhance competencies around medication delivery on 7CD.

**Priority Process: Episode of Care**



### Inpatient Unit (3B/3C) – Mount Saint Joseph Hospital

A large majority of clients served are of Asian descent and are very satisfied with the care they receive.

Clients feel they can contribute to discussions around their care, including the use of the translation app to support communication and appropriate signage when English is not the primary language used.

Importantly, up-to-date protocols for the prevention of falls, pressure ulcers, and venous thromboembolism are present with appropriate education and reporting mechanisms for events. A standardized approach to delirium, sedation, use of restraints, and pain control are used. Staff are aware of where to locate and enact policies. Client identification and handover of information at care transitions aligns with the requirements of the respective policies and accreditation standards. All required operational practices with respect to episode of care determination have been met.

Transition planning is aligned with the level of care provided, with appropriate client input, including continuity of care upon discharge. Multidisciplinary meetings are held as required, including discussions around appropriate transitions, end of life planning, and cultural/spiritual needs. Interactions with the palliative care service is especially strong. All transitions are appropriately carried out according to policies, with input from clients and family members, while respecting legal requirements. They are recorded in a standard fashion in the patient record.

The care was deemed to be excellent by clients who were spoken with. Multidisciplinary teams are available to clients and families for discussion of care and concerns. The involvement of clients and families in their care at all levels should be sought. A simple prompt such as what could we do better would be of great value. The strength of the team is excellent, and they are ready to take these next steps.

### Unit 8A - St Paul's Hospital

This unit was opened in 1997 for HIV care, the only one of its kind then in Canada. It evolved over the years to include specialized treatment for urban health patients that suffer from IV drug abuse with complex medical conditions, mostly infections such as cellulitis.

The unit has a well-functioning interdisciplinary team with better retention than the average. Staff are well supported with training and education, and they speak highly of program leadership.

The unit is observed to be a leader in practice continuing to conduct research, publishing, and advising provincial authorities on care models for the populations they care for. They are to be commended for providing high quality care.

Heart Centre Inpatient Services (5A/5B) – St Paul’s Hospital Medicine Inpatient Services

(7A/7B/7C/7D/9CD) – St Paul’s Hospital

Clients are very satisfied with the care they receive and feel they can contribute to discussions around their care. Importantly, up-to-date protocols for the prevention of falls, pressure ulcers, and venous thromboembolism are present with appropriate education and reporting mechanisms for events. A standardized approach to delirium, sedation, use of restraints, and pain control are used. Staff are aware of where to locate and enact policies. Client identification and handover of information at care transitions aligns with the requirements of the respective policies and accreditation standards. All required operational practices with respect to episode of care determination are met.

Transition planning is aligned with the level of care provided, with appropriate client input, including continuity of care upon discharge. Multidisciplinary meetings are held, as required, including discussions around appropriate transitions, end of life planning, and cultural/spiritual needs. The units have implemented a ‘Wishing Well’ feature to recognize small requests that clients may have during the end of their life or during the transition to palliative care. All transitions are appropriately carried out according to policies, with input from clients and family members, while respecting legal requirements. They are recorded in a standard fashion in the patient record.

The care was deemed to be excellent by patients who were spoken with. Multidisciplinary teams are available to patients and families for discussion of care and concern. The involvement of clients and families in their care at all levels should be sought. A simple prompt such as what could we do better would be of great value. Finally, although there are many ways of sharing information with clients, including consideration for translation services when required, measurement of understanding (that communication has actually happened) should be sought. The strength of the team is excellent, and they are ready to take these next steps.

### Priority Process: Decision Support

Medicine Inpatient Services (4W) – Mount Saint Joseph Hospital

The medical program has engagement of two patient advisors on the quality committee. These advisors are often called for their thoughts on various opportunities presented to the manager. Patient Safety Learning Summaries (PSLS) are reviewed with clients, and the quarterly data of the PSLS from the unit with mitigation plans are outward facing for the clients and families to view.

Inpatient Unit (3B/3C) – Mount Saint Joseph Hospital

There is a significant focus of quality improvement efforts for the Medicine Team at Mount Saint Joseph Hospital with respect to flow and discharge planning. With the advent of an electronic record, soon to be standardized across the region, decision support has been significantly enhanced. Charts are up to date with standardized information collected at admission, during the client’s stay, and at discharge from the units, with the majority of clients being discharged home. A Care Management Leader was introduced in July 2022 to aid in supportive and coordinated discharge planning. If outcome measures support enhanced client satisfaction and decreased readmission rates, the plan is to extend this across all units.

Updated policies on electronic communication of health data are in place with procedures for secondary use of data is well established. Leaders and staff are aware that the Cerner electronic system will allow for monitoring of inappropriate access to client personal information and medical records, and they support the process.

## Heart Centre Inpatient Services (5A/5B) – St Paul’s Hospital

With the advent of an electronic record, soon to be standardized across the region, decision support has been significantly enhanced. Charts are up to date with standardized information collected at admission, during the patient’s stay, and at discharge from the units, with 90% of clients being discharged home. Clients and families help to guide the collection of relevant information, including the quality improvement that ensures clients without a family doctor are followed up by a cardiologist. Privacy considerations are addressed through annual review of appropriate education by all staff and physicians. Finally, updated policies on electronic communication of health data are in place with procedures for secondary use of data well established. Leaders and staff are aware that the Cerner electronic system will allow for monitoring of inappropriate access to patient personal information and medical records, and they support the process.

## Medicine Inpatient Services (7A/7B/7C/7D/9CD) – St Paul’s Hospital

There is a significant focus of quality improvement efforts for the Medicine Team at St. Paul’s Hospital with respect to flow and discharge planning. With the advent of an electronic record soon to be standardized across the region, decision support has been significantly enhanced. Charts are up to date with standardized information collected at admission, during the client’s stay, and at discharge from the units, with the majority of clients being discharged home. There is a peer mentor nurse who supports staff decisions seven days a week. A Care Management Leader was introduced in July 2022 to aid in supportive and coordinated discharge planning. If outcome measures support enhanced client satisfaction and decreased readmission rates, the plan is to extend this across all units. Updated policies on electronic communication of health data are in place with procedures for secondary use of data are well established. Leaders and staff are aware that the Cerner electronic system will allow for monitoring of inappropriate access to client personal information and medical records, and they support the process.

**Priority Process: Impact on Outcomes**

## Medicine Inpatient Services (4W) – Mount Saint Joseph Hospital

Quality improvement projects include:

1. Development of a patient family lounge with a gift of funds to 4W.
2. Shifting how nurses respond to patients during busy times moving from ‘I am busy now, I will get to you soon’ to hearing what is needed, and then responding ‘I will be back to do this’.
3. Education of the staff on the marginalization of the population who use substances and how to better care for them while in the unit, including access to the Addiction Medicine Consulting Team on weekends.
4. Reintroduction of volunteers to assist clients with providing feedback on their experience with the use of a tablet. During the pandemic a QR code was used but did not provide the number of responses the way the tablets do.

### Inpatient Unit (3B/3C) – Mount Saint Joseph Hospital

Quality improvement projects to enhance flow and support care across the two units in collaboration with the geriatrics units will enhance the efficiencies of discharge. These include:

1. Introduction of a Care Management Leader to support care coordination and increase discharge efficiencies while maintaining patient-centred focus. Pending desired outcomes, the organization is encouraged to spread this initiative across the organization to achieve lower lengths of stay with a focus on a positive client experience.
2. Introduction of the National Early Warning System (NEWS) to identify early patient decompensation and support escalated care.

### Heart Centre Inpatient Services (5A/5B) – St Paul’s Hospital

Both units constantly strive to enhance outcomes related to their services, with input from clients and families. Opportunities to advance quality are sought from numerous sources and team safety is prioritized. There are Wellness Rounds to support team members to do their best work and to maintain their own health in order to continue to support high-quality care. These units and their leadership should be commended for their continued focus on supporting both clients and staff.

### Medicine Inpatient Services (7A/7B/7C/7D/9CD) – St Paul’s Hospital

Quality improvement projects to enhance flow and support care across the four units in collaboration with geriatric assessment, and to enhance the efficiencies of discharge include:

1. Introduction of a Care Management Leader to support care coordination and increase discharge efficiencies while maintaining patient-centred focus. Pending desired outcomes, the organization is encouraged to spread this initiative across the organization to achieve lower lengths of stay with a focus on a positive client experience.
2. Addition of a Clinical Nurse Specialist to support diabetes care and introduction of a foot clinic (outcomes pending).
3. Introduction of the National Early Warning System (NEWS) to identify early patient decompensation and support escalated care.

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

Unmet Criteria	High Priority Criteria
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**Priority Process: Clinical Leadership**

2.4 The physical space is designed with input from residents and families and is safe, comfortable, and reflects a home-like environment.

**Priority Process: Competency**

The organization has met all criteria for this priority process.

**Priority Process: Episode of Care**

The organization has met all criteria for this priority process.

**Priority Process: Decision Support**

The organization has met all criteria for this priority process.

**Priority Process: Impact on Outcomes**

The organization has met all criteria for this priority process.

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

**Priority Process: Clinical Leadership**

Providence Health Care operates five long term care homes and one assisted living care home. The services provided includes 24-hour nursing care and a broad array of medical and personal care to support the social and leisure needs and activities of daily living. The long term care and assisted living facilities provides care primarily to seniors however, there are also some younger residents. There is approximately 612 long term care beds and 60 assisted living suites.

The team members, physicians, and leaders are committed to providing quality and safe long term care services and programs. They are compassionate and live the vision and values of Providence Health Care. There is a strong cohesive interdisciplinary team including nurses, resident assistants, physiotherapists, physicians, social workers, occupational therapists, speech language pathologists, dieticians, unit clerks, music therapists, spiritual care practitioners and unit clerks. The team members stated that they have the resources to do their work. The leaders are visible on the units and engaged with residents, families and staff. The organization is encouraged to explore the role of licensed practical nurses in long term care and to ensure that team members are working to the full scope of practice.

Aging infrastructure is a challenge. The team members, physicians and leaders work diligently to create a home-like environment for residents. However, there are limited single beds in the long term care homes with some rooms having four residents. Additionally, the bathing areas are cluttered and do not convey a restful home-like environment. The long term care homes are challenged with limited storage space. The leaders are encouraged to develop and implement a plan to ensure that the infrastructure supports infection prevention and control principles and provides a safe, comfortable, and home-like environment for residents. This includes ensuring that residents have private rooms in keeping with appropriate infection prevention and control measures.

#### Priority Process: Competency

The long term care team are commended for their work in implementing a new model of care. The Home For Us Model of Care has a goal of transforming the environment and everyday experiences of residents living in long term care from an institutional to a social model of care. One such exciting initiative is Providence Living Place, Together by the Sea. The long term care team are encouraged to continue with this exciting work.

There is a compassionate and competent interdisciplinary team supporting long term care. The team members described long term care as a “great place to work.” They particularly liked working with seniors and providing support to them. A team member stated, “They [residents] touch my heart. If I can bring them a smile I am happy.” There is visible leadership. A family member stated, “I feel welcomed here. I go home after a visit and feel comfortable that my mother is being care for.”

There is an engaged long term care team who are proud of the team accomplishments. This includes a commitment to quality and research. For example, team members and physicians have presented at the BC Quality Forum 2022 and were the recipients of a Storyboard Award. There is a strong commitment to supporting the education and learning needs of team members. The team stated that they received education and training to do their work. Additionally, the team members stated that the orientation was comprehensive. Furthermore, the team members stated that they felt safe at work. Performance conversations are held with team members.

#### Priority Process: Episode of Care

The Home for Us Model of Care provides a philosophy and process to support resident focused social-relational model of care. There is a strong commitment to maintaining a home-like environment in the long term care homes. This includes a commitment to clean and well maintained facilities. The environmental services staff are commended for providing a safe environment for residents, families, and team members. They are very proud of their work in supporting resident safety. The long term care homes are challenged with limited storage space. There are hand hygiene stations with non-porous sinks, with posters outlining the appropriate hand hygiene. Hand hygiene products are located throughout the long term care homes. COVID-19 screeners are located at the entrances. The aging infrastructure is a challenge. The long term care homes have a limited number of private rooms. Many of the long term care homes have four-bed rooms. The leaders are encouraged to increase the number of private rooms in keeping with resident safety and infection prevention and control principles.

A committed interdisciplinary team provides quality resident care. There are many examples of excellent examples of recreational activities including the Radio Show , Music in Care, and Music with Eve. The residents stated they enjoy the recreation activities. Ethics education is provided. The team members have access to an ethicist. The team members stated that long term care is a “joyful” area to work.

There is a strong commitment to resident-centered care. Resident satisfaction surveys and feedback are obtained and acted upon. The residents stated that they are treated with care, dignity, and respect. Family Councils are being established. Town hall meetings are held. Work is ongoing on the re-design of the Resident Councils. There are Resident and Family Boards which are important communication tools.

The team has many accomplishments of which they can be quite proud. One such accomplishment is the ongoing management and recovery from COVID-19. The team members, physicians, and leaders are commended for this important work.

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

There is a commitment to using decision support to inform quality long term care. There is hybrid charting, both paper and electronic in long term care. The Cerner electronic system is used. The leaders are encouraged to optimize the electronic health record to create one system specific to long term care.

The team members spoke highly of the Cerner electronic system. Training and support is provided to support users. The team members receive education on privacy and confidentiality. The resident charts are comprehensive and up to date. Standardized health information is collected. Huddles occur on a daily basis and support effective information exchange.

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

There is a strong commitment to resident safety. This includes huddles, family conferences, medication reviews, safety indicator tracking, and post fall huddles, to name just a few. The team members, leaders, and physicians work hard to ensure a safe environment for residents.

Quality improvement is a key component of the work of the long term care team. This includes continuous evaluation and enhancements to the quality framework, and the participation of patient partners on the Quality Improvement team. Quality Boards are located at the long term care homes with information visible to residents, families, and team members. Hand hygiene rates are posted. The leaders are encouraged to continue to increase the hand hygiene compliance rates.

There is a commitment to use research to support resident care. Examples of such research include the Holy Family Hospital Long Term Care Food Quality Improvement Project- “Food is Medicine,” and “Workload management through understanding and addressing resident needs in long term care: A study to adapt, validate, implement and evaluate the Synergy Model.” The team members are encouraged to continue with research to address important long term care questions.

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

Unmet Criteria	High Priority Criteria
<b>Priority Process: Medication Management</b>	

The organization has met all criteria for this priority process.

<b>Surveyor comments on the priority process(es)</b>
<b>Priority Process: Medication Management</b>

Lower Mainland Pharmacy Services (LMPS) is comprised of Providence Health Care, Fraser Health, Provincial Health Services Authority, and Vancouver Coastal Health. Within this structure, LMPS reports to Fraser Health Authority and there is a customer service agreement with Providence Health Care. There is a central supply chain of medication purchasing on behalf of the region. This network allows greater opportunities for bulk purchasing and medication sharing during supply shortages. This central hub enabled the relocation of medications as needed during the pandemic.

There are three levels of Pharmacy and Therapeutics (P&T) Committees in place: Provincial, regional, and local (PHC) levels which are linked to each other. These committees are comprised of physicians, pharmacists, and Professional Practice (Nursing).

The Provincial P&T Committee includes representation from all BC Health Authorities (BCHA) and maintains one provincial formulary list. This ensures that there is access to the same medications wherever you are in the province.

Vancouver Coastal-Providence Health Care Regional Pharmacy and Therapeutics Committee is a regional committee of Vancouver Coastal Health (VCH) and Providence Health Care (PHC) sites, and oversees safe, appropriate, and rational drug use at VCH-PHC sites.

The local (PHC) P&T Committee serves as the interdisciplinary committee for medication management at PHC and links to the PHC Medication Safety Group. Provincial formulary updates and any policy and guideline recommendations by the Medication Safety Group are linked back to the regional and local P&T committee.

The PHC Medication Safety Group is a decision-making subcommittee of the Quality, Patient Safety and Clinical Risk Management Committee tasked with leading the improvement of medication safety. This multidisciplinary group meets monthly and monitors and recommends safe medication practices for the organization.

In addition, there are two local (PHC) Pharmacy and Nursing Committees (Acute Care, and Long Term



Care) that support and evaluate the safe and effective use of medications including reviewing and providing feedback on medication-related policies and procedures. This is a collaborative operational team for projects or initiatives and manages medication communications such as newsletters, practice pointers, safety huddles, and alerts.

The Vancouver Pharmacy Production Center (VPPC) provides prepackaged medications that are delivered to PHC.

The Pharmacy at St. Paul's Hospital has identified areas and procedures for receiving medication in the pharmacy. The prepackaged medications are made available for picking from a large central storage area (shelves with bin storage).

There are processes in place for sterile compounding with visual double-checking. Some IV mixtures are outsourced due to a shortage of medication technicians. There is a newly renovated medication preparation area and a negative pressure room for the preparation of chemotherapy which is vented to the outside. A shared anteroom connects to hazardous and non-hazardous sterile compounding clean rooms.

The pharmacy department is a busy, high-volume operation that has space challenges in some areas. For example, in the area where pharmacists receive and verify orders, there are multiple workstations in a small space. While efforts are made for some separation, it is very difficult to avoid noise and potential distractions in this area where concentration is required.

The Pharmacy uses the Cerner integrated clinical information system and has Computerized Physician Order Entry (COPE). Medications are barcoded and there is an electronic Medication Administration Record (MAR) for a closed-loop system. There is a Cerner Medication Management team. Standards for best practices in medication safety are linked in the system.

While the Cerner system is operational there are system enhancements that are outstanding which may pose a barrier or patient safety risk. For example, on the urban health unit, a request to build an essential protocol to administer a saline bolus to precede an IV antimicrobial to prevent the risk of renal failure is outstanding. This poses a significant patient safety risk and the organization is encouraged to review and address outstanding tickets such as this example to mitigate the risk.

Cerner Power Plans are built into the system as a method to standardize orders. Chemotherapy orders are placed by providers using Cerner Power Plans and Power Plans are also used for Opioid Use Disorder, one of many ways to contribute towards addressing the opioid overdose public health emergency.

Prior to the preparation of Chemotherapy, the team will print information and transcribe pertinent information (e.g., lab results) onto the printed order because it is less cumbersome than doing it in the system. The team is encouraged to review practices to ensure the potential for manual transcription errors is reduced.

Patient-specific unit doses are delivered to the units using unit dose packaging. Omnicell automatic dispensing cabinets are used throughout most of the organization. The system uses fingerprint access and barcoding to electronically track all medication. Long term care is using MARs and does not presently use bar coding. Alaris smart pumps are used for IV medications. There is an independent double-check for select high alert medications as identified in the Independent Double Check Guideline.

There are audits of free-text orders to identify use of inappropriate abbreviations when prescribing.

In addition to many other clinical activities, Clinical Pharmacy services are involved in medication reconciliation. There is medication reconciliation upon admission, transfer, and discharge.

In July 2022, the College of Pharmacists of BC adopted National Association of Pharmacy Regulatory Authorities (NAPRA) model standards for sterile compounding. PHC pharmacy has a NAPRA compliant clean room and work is ongoing towards full compliance.

St. Paul's Hospital is to be commended for the work completed on the Opioid Stewardship Program.

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**Standards Set: Mental Health Services - Direct Service Provision**

Unmet Criteria	High Priority Criteria
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**Priority Process: Clinical Leadership**

The organization has met all criteria for this priority process.

**Priority Process: Competency**

The organization has met all criteria for this priority process.

**Priority Process: Episode of Care**

The organization has met all criteria for this priority process.

**Priority Process: Decision Support**

The organization has met all criteria for this priority process.

**Priority Process: Impact on Outcomes**

The organization has met all criteria for this priority process.

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

**Priority Process: Clinical Leadership**

The Mental Health program at PHC has many lines of business and is highly integrated throughout the organization. There are mental health connections within the acute site that allow for support and education for staff to ensure the approach to care can continue whether on an acute medicine floor, emergency department or the mental health units. Mental health staff support other teams providing their expertise and presence when needed.

The eating disorder group is engaged with patients and families and they have strong advisory committee who is engaged in the work of this program. There is a process for feedback in place at Parkview Tertiary Mental Health and this allows for staff to receiving ongoing feedback from patients and families as well. On the inpatient unit this has been more challenging for the at St Paul's Hospital unit so staff have been using creative means to bring that voice to the table.

There is clear evidence of partnerships within the region, other health providers and the provincial programs to help offer an integrated approach to care. The acute care system connects with community partners when client services cross over and also within the hospitals.

The eating disorder unit has challenges with the existing space however, they are included in the planning for the new St. Paul's Hospital build in 2026. The team has had input in design and feel heard by the team who are designing the new building.

Parkview Tertiary Mental Health has single client rooms which creates such a positive client experience at that site, the environment is clean, and there are additions to the space to help create a homelike environment. There is space to allow for outside visits with family, and a nice living area for events or visits with family.

#### Priority Process: Competency

All staff working in mental health participate in the Learning hub to help keep education a priority for both staff and managers. There are mandatory education offerings from the province on violence and safety that are completed regularly. The educator is available for staff and is providing creative ways to help meet education goals and using SIMS to help with code response on the unit.

Staff refer to the ethical framework and state there is easy access to ethical consults should any challenges with care are experienced that may need to be escalated.

IV pumps not used often on the 8C unit however there has been education on same within the last 2 years. When there is the introduction of a pump on the unit the educator provides individual education sessions if it has been a long time for the nurse. There is a passport for education for each staff person that demonstrates their educational sessions. Parkview Tertiary Mental Health does not have IV pumps on their units.

Parkview Tertiary Mental Health has a clear way to ensure a fair work assignment, and the team works hard to ensure that workload is equitable and distributed. The team feels that this process is helpful on the unit.

Spiritual care is provided at both sites. The St. Paul's Hospital site has two formal places that can be accessed as requested or needed, a chapel and a sacred space. There is also a process to allow for a smudge ceremony if requested or needed and staff are willing to help facilitate the right space for the need for the client.

#### Priority Process: Episode of Care

Staff add tickets for IT when issues arise with technology that need correction or improvements for patient care. At Parkview Tertiary Mental Health, staff identified documentation on the nursing care plan for falls does not happen in the Electronic Health Record (EHR) or on paper. This module in the EHR is complicated and from the staff's perspective, not user friendly. Staff suggested it would be easier to have a place to document their interventions on falls in their daily assessments. The Manager also heard these concerns and plans on following up to improve this process. It was noted the care plan is printed and followed but not updated regularly, only if issues arise. The organization is encouraged to explore improving the care plan process to ensure documentation reflects that it was reviewed and updated at regular intervals.

Security at the Parkview Tertiary Mental Health do not have onsite security. If this site requires assistance from security, they reach out to the police for assistance. No specific concerns were identified because of this however it was highlighted when during the discussion on safety. The organization is encouraged to evaluate this process to ensure it is meeting the safety needs of this location.

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

PHC has clear processes around access to information for patients and providers and have this information on the units as well as the internet pages connected to the organization. The staff are all very cognizant of the mental health legislation and how that impacts information sharing and care provision.

The communication group within PHC provides guidance and policy on the health record and staff are aware of policies and how to address any issues that arise connected with this.

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

Staff have working knowledge of the importance of outcomes and are concerned about patient safety incidents on the units when they do occur. The data from patient safety incidents are shared within the units and help to design goals for the unit.

The information on quality improvement activities and client feedback is on the TV screen in the staff lounge, which limits the ability of clients and families to view. At Parkview Tertiary Mental Health the data is in the nursing station for staff to see as well. Within the eating disorder unit, there are references to multiple posters and reading materials for staff, clients, and families on the unit and in the outpatient area.

There are challenges with consistent client and family input on some of the units, however staff are committed to seeking out input from the overall program and other units to help ensure that the client voice is heard.

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

Unmet Criteria	High Priority Criteria
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**Priority Process: Clinical Leadership**

The organization has met all criteria for this priority process.

**Priority Process: Competency**

The organization has met all criteria for this priority process.

**Priority Process: Episode of Care**

6.5 A standardized procedure is used to prioritize and schedule planned C-sections that allows room for unscheduled inpatient and emergency cases as required.

**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**

This is a unique unit serving the needs of the complex cardiology, nephrology, reproductive, psychiatric and substance using populations. There is support from midwifery and medical staff to assist in the care of these clients. There are care plans to support each type of complex care, providing specialized perinatal medical management specific to each patient. Partners are internal and external. There is work underway to create a Center of Excellence with consolidation on medical care, education, and knowledge for clients and families. The complex care coordinator is responsible for following the clients through their journey to delivery of the infant and post-delivery support.

Single rooms are available for the mothers to deliver and recover. There are 17 rooms. The nurses enjoy the work and find it fulfilling. There are a variety of opportunities of work for the nurses in delivery, monitoring, and triaging.

**Priority Process: Competency**

Competency requirements are laid out clearly for the staff, and they are provided with one day per year to complete these. Performance appraisals are current. Education is provided to staff on diversity of populations and people who use substances.

**Priority Process: Episode of Care**

Clients at risk of adverse outcomes are the specialty of this unit. The unit is seeking to become the center of excellence with formal consolidation of specialist services available for complex clients with the use of complex care plans and educational resources to support clients and families.

Expectant parents with complex medical needs are included in complex care conferences with specialists and the multidisciplinary care team. There is a complex care coordinator to ensure the correct partners are available and the right resources are at hand. A social worker finds shelter for those without, and for those who do not live in the lower mainland. An Indigenous health navigator assists Indigenous mothers with resources otherwise difficult to find places to stay while they receive prenatal care.

Multiple community partners such as Vancouver Coastal Health and BC Women's Hospital and Health Centre are available to assist in the mother's care and infant needs. Infants born prior to 32 weeks gestation are cared for at BC Women's Hospital and Health Centre, Royal Columbian Hospital, or Surrey Hospitals.

To better understand the needs of the marginalized populations, surveys are conducted with high-risk mothers after delivery. Clients speak very highly of the care they receive on the unit and state the care is provided without judgement.

Staff speak affectionately of their work families. When asked what keeps them in the unit working, they speak of a passion for quality care, integrity, and their team. They all spoke of wanting this special place to be "placed on the map".

There are some opportunities for the unit to consider. One is to find a way to ensure there is a PHC standardized organizational process to ensure appropriate operating room time availability for the planned cesarean sections. Another is the availability of hot water for showers and bathing. It is not unusual for the nursing staff to boil water for this purpose as needed. There is still quite a length of time until the new St. Paul's Hospital opens, the organization is encouraged to develop and implement a plan for warm water to be more readily available on this unit.

**Priority Process: Decision Support**

There is a standardized information system used to document the standardized information collected from the clients. There are policies in place to protect client's confidentiality and the use of electronic communication.

**Priority Process: Impact on Outcomes**

The unit is very progressive in quality improvements. They are currently working towards becoming the second Certified Baby Friendly Initiative unit in British Columbia. This is a certification provided by a national based quality program. This initiative has gained recognition by Accreditation Canada as a best practice. Another innovative quality project is to provide education and the tools to provide newborn infants with previously collected colostrum. Colostrum collection could be considered a new initiative and the organization is encouraged to submit this as a leading practice to Accreditation Canada.

For infants born to mothers who use substances they are trialing the "Eat-Sleep-Console" technique to help infants withdraw from the effects of opioids. Another exciting initiative is the birth "scholarship program" providing new and expectant parents with online and in person education that includes prenatal workshops for new and expectant parents, as well as topics covered such as labour and delivery, postpartum care, infant feeding, an explanation of caesarian sections, and a section on pelvic floor physiotherapy for the postpartum birthing person. These two-hour courses with interaction help prepare the new family to better understand the needs and expectations of a newborn, and life following the delivery. Other initiatives to be highlighted include "Rooming in" and the health care provider led "Wednesday conferences" designed to be a place for new parents to chat and discuss barriers and concerns.

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## Standards Set: Organ and Tissue Transplant Standards - Direct Service Provision

Unmet Criteria	High Priority Criteria
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### Priority Process: Organ and Tissue Transplant

The organization has met all criteria for this priority process.

### Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

### Priority Process: Competency

The organization has met all criteria for this priority process.

### Priority Process: Episode of Care

The organization has met all criteria for this priority process.

### Priority Process: Decision Support

The organization has met all criteria for this priority process.

### Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

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

#### Priority Process: Organ and Tissue Transplant

The cardiac transplant team serves the population of adults in BC aged eighteen years plus. Some clients have been transitioned to the program from BC Children's Hospital.

Prior to being placed on the list, heart and healthy living education is provided as well as what to expect, how the list is managed, and how the hearts are appointed. Clients for transplant are monitored continuously, as outpatients in weekly rounds, and as inpatients during the daily rounds. There are three nurses who manage clients on the waitlist, assigned alphabetically so there is consistency in their nurse care provider. There are approximately 100 pre-transplant clients in the clinic and approximately 10% of these clients end up on the heart transplant list.

Two psychologists provide emotional support to families and clients while waiting for transplant. Post-transplant there is peer-to-peer mentorship to care for the gifted heart. The nursing team is working on a peer mentorship program through the research challenge project, providing a structured peer support program from clients in the near future.

In preparation for a transplant, the team has an on-call schedule followed by both physicians and nurses. Clients provide phone numbers to be reached at. In one case due to an unreachable cell phone, the police were sent to the home to awaken the client in the night to alert him to the availability of a potential heart availability.

Overall this is an amazing program and is at the top of leading practices in Canada. It was an honour to meet with this dedicated and enthusiastic team of caring health professionals.

#### Priority Process: Clinical Leadership

The cardiac transplant team at St. Paul's Hospital (SPH) is the "Passionate Heart of the Heart Centre" consisting of a dynamic team of dedicated health professionals including nurses, surgeons, pharmacists, psychologists, social work, a dietician, and spiritual care. The team provides service to British Columbia and the Yukon. The Cardiac Transplant program is in the umbrella of the Heart Centre. Service goals and objectives are delivered to clients based on the needs of the population.

The team has a clinical nurse specialist who works to full scope to ensure the individual bridging of the clients in the program are cared for according to their specific needs and preferences within the parameters of the program. The clinical nurse specialist has been instrumental in ensuring the operating processes are current and up to the CSA regulations, and the best practices in Canadian Transplant services.

Services available to the clients are available on the BC Transplant and SPH Heart Centre website. The team is proud to state many of their clients are now involved in national organizations to provide input to best practices.

#### Priority Process: Competency

The Cardiac Team from the Heart Centre was proud to say they are the team who has developed the education model for Canadian Cardiac Transplant care. Many team members are part of the national organizations that help determine education model best practices in Canadian cardiac heart failure/transplant care.

The team of surgeons involve the entire team in case follow up. There are weekly morbidity/ mortality rounds with case presentations. There are set competencies for the nursing staff to complete with associated timelines. Staff are current on the performance appraisals.

Patient specific education is provided. One example was an adult who recently received a donor heart had become permanently blind due to a rare complication. Staff have now worked to support this person's care with added education on sudden adult blindness supports.

The team of nursing staff is highly educated with many having obtained master's degrees. When asked why they stay at front line nursing, speak to the love of the rewards of doing good for clients, and the support of their peers and management.

**Priority Process: Episode of Care**

The journey of care for the cardiac transplant client typically begins as a referral from an acute care hospital within BC. Clients are brought to the clinics or to the inpatient units for assessment to ensure each person is provided with diagnosis of their specific cardiac dysfunction. All lengths are taken to create the best functioning of the heart they were born with. This includes diagnostics, and many interventions from procedural to counselling on diet, mental health, and overall lifestyle choices. Clients are treated virtually and in clinic dependent on the location and clinical stability of the patient. Clients are carefully triaged to ensure an appropriate level of care (such as in person visits versus virtual) is provided. Where possible, follow ups for remote communities are completed all in one in person visit and or with the services available in that community.

**Priority Process: Decision Support**

The team follows the PHC policies regarding health information and the client charts. The electronic system used to document is the newly implemented Cerner System. Staff state they like the new system and find it easy to perform documentation. The team follows the transplant model of being "stewards of the organs", thus ensuring the documentation is complete, data is concise, and all measures for providing the right heart for the right candidate with the best potential outcomes is given.

**Priority Process: Impact on Outcomes**

As this transplant team is the leading center of quality for Canada, many of the team members are part of the national organizations that help determine education and model best practices in Canadian cardiac heart failure/transplant care.

Because the team is small and long tenured, they are able to adjust processes rapidly due to outcomes, client complaints or comments. Risks are identified immediately, and solutions are found.

Multiple quality improvements are being made regularly using the Plan-Do-Study-Act model. Examples of ongoing research and quality projects include graft failure risk factors, outcomes due to high levels of antibodies, CMV activation and CCTN Data transplant, and Vascular Assist Device wound care best practices.

Outcomes and data are measured and reported with BC Transplant, as well on the PHC dashboard.

**Standards Set: Organ Donation Standards for Living Donors - Direct Service Provision**

<b>Unmet Criteria</b>	<b>High Priority Criteria</b>
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**Priority Process: Living Organ Donation**

The organization has met all criteria for this priority process.

**Priority Process: Clinical Leadership**

The organization has met all criteria for this priority process.

**Priority Process: Competency**

The organization has met all criteria for this priority process.

**Priority Process: Episode of Care**

The organization has met all criteria for this priority process.

**Priority Process: Decision Support**

The organization has met all criteria for this priority process.

**Priority Process: Impact on Outcomes**

The organization has met all criteria for this priority process.

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

**Priority Process: Living Organ Donation**

Donors have a journey of rigorous testing for physical and emotional health. They will sign an initial consent and always have the option to change their mind up until the start of surgery. Donors are followed by a specialized team for their entire journey. Confidentiality is critical to the success of this process and there are standardized processes of who is able to access the donor’s chart. Donors receive a unique number from the BC Transplant society, so should any follow-up be required, it can be completed by using this number to link the donor to the kidney rather than using their Personal Health Number.

In the event the donor would like to communicate with the recipient, a full year needs to have passed from the surgery date, where this process is done through the transplant center and is supported by social work. All communication is first vetted to ensure appropriateness, and if the two parties both wish to engage in communicating with one another, they can be connected with each other.

Clients reported appreciation for the education, care and constant contact and support provided from the program. Staff reported a feeling of family within the team and enjoy the relationships and follow-up they have with the clients. They feel valued by the clients and their peers, supported by the leadership.

As this program grows, clinic space will be required for follow up appointments for the outpatient population.

**Priority Process: Clinical Leadership**

Providence Health Authority is one of the three sites in British Columbia performing kidney transplants. They are one of two organizations screening for appropriateness of living donors. The program was started in 1984 and works in partnership with BC Transplant and Canadian Blood Services.

Donors are involved in their care, in the quality committees and in the quality initiatives. Standard Operating Processes (SOPs) are current and reviewed every three years, or when a change in-practice is done. These are shared with the BC Transplant organization. All SOPs are in line with Safety of Human Cells, Tissues and Organs for Transplantation Regulations and are reviewed regularly by this team.

**Priority Process: Competency**

The Living Organ Transplant team is very engaged with their donors. All staff are held to competencies required of the Health Canada Tissues Act. Competencies are monitored, and performance appraisals are nearly complete. Orientation to the program is comprehensive. In order to work on the inpatient unit, staff are orientated to transplant care after three months. For the ambulatory side where assessments and client work-ups are completed it can take up to two years of ongoing training. Staff are recognized for their contributions.

**Priority Process: Episode of Care**

The living donor episode of care occurs in both the outpatient, inpatient units, and the operating room. The process of a request to become a donor is by self-referral. Once this has been processed there are two nurses who follow the potential donor through their journey. The donor and the recipients have completely separate health care teams and privacy is the number one priority. Communication is done through a "donor- nurse" email. There is room for the team to ensure the donors are aware of the e-mail process as being the preferred method of communication. Secondly as the pandemic slowly resolves and processes are changed it is important to ensure the communication to the donors and recipients is current.

The process of the donor involvement is stimulated by the donor. If a donor has not been heard from in a six-month period, they will receive a phone call to simply confirm if they may have changed their mind. At that time the client's file is closed, and they are informed they can reopen their file again in the future if they so wish.

**Priority Process: Decision Support**

The team reports they are happy to have moved to the Cerner system of documentation. They would like to see a better interface with the PROMIS, the provincial renal database.

**Priority Process: Impact on Outcomes**

While the living organ tissue team are able to create processes to facilitate their work, much of the evidence-based care is based on legislation from the Canadian Tissues Act, and Canadian Blood Services. There is great partnership with BC Transplant.

Once a donor has donated the kidney, they are monitored for the rest of their life with yearly checks and follow-ups.

There is concentrated work on an initiative called "The Bridge Study". This is multiyear work to connect culturally and geographically separated Indigenous communities to support kidney donors and recipients.

The pandemic has enabled tele-health conferences to be available for post-transplant and donor care conferences.

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## Standards Set: Perioperative Services and Invasive Procedures - Direct Service Provision

Unmet Criteria	High Priority Criteria
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### Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

### Priority Process: Competency

The organization has met all criteria for this priority process.

### Priority Process: Episode of Care

The organization has met all criteria for this priority process.

### Priority Process: Decision Support

The organization has met all criteria for this priority process.

### Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

### Priority Process: Medication Management

The organization has met all criteria for this priority process.

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

#### Priority Process: Clinical Leadership

All components of the perioperative services and invasive procedures program were noted to have strong clinical leadership.

#### Priority Process: Competency

One of the strengths of the program was the competency of the staff members in all programs. As a major teaching and research hospital, there is an opportunity for education and learning, and competency development. Clinical nurse educators are leaders in the high level of competency developed.

#### Priority Process: Episode of Care

Perioperative services and invasive procedures included tracer activities at St. Paul’s Hospital (SPH) and Mount St. Joseph’s Hospital (MSJ) in the areas of the pre-admission clinic, Operating Room (OR), post-anesthesia recovery unit, surgical day care and inpatient units.

The surgical program is very strong at PHC. Anesthetists and surgeons work across both sites, and the pre-admission clinic is run for both sites out of SPH. It is here clients are screened virtually and decisions are made for the added need for anesthesia consultation depending upon the co-morbidities and type of surgery. Specialty nursing staff are in both the OR and PACU supported by Clinical Nurse Educators (CNE).

Staff are supported by Clinical Nurse Specialists (CNS), focusing on pain, surgery, wound & ostomy.

For day surgeries the surgeons place their clients on the list of surgeries. OR time is divided by the service, the surgeon, and the waitlist. The decisions about OR time is completed through a central booking model.

Post-pandemic, the hours of the day surgery have been increased from 8 hours to 10 hours. To accommodate, the schedule has been changed. The staff are getting used to the new hours of work, however, continue to “love” their work, and the care they provide. In the event of cancellations, the time is used to catch up on any emergency cases, or to catch up on any processes that may be delayed due to surgical difficulties.

Physicians will obtain consent for surgery before the OR is booked. The physician uses virtual technology to obtain consent. This is not only efficient but is appreciated by clients who would like to have family members who are not with them attend the call or who may live outside of the city and would have otherwise had to travel for an appointment in advance of their surgery. Informed consent is obtained from the client (or the substitute decision-maker) and the physician will contact the hospital to begin the booking process.

Clients arrive on the day of surgery for nursing assessment and screening. The organization uses two client identifiers which are checked with the armband.

At the pre-admission clinic, clients are assessed and screened for COVID-19. Clients are identified if there are any concerns such as allergies, a potential falls hazard, and other disabilities or risk. There is a medication reconciliation initiated on admission that starts with the best possible medication history.

Blood work was observed to have been completed promptly using two-person identifiers.

Interpreters are available if required and there are some instances in which a tablet may be used for translation. Procedures are followed to ensure correct medications are prescribed pre-procedure, and the use of the three-phase checklist was observed to have been done well, with the attention of all who were in the operating room.

Case carts are picked the evening prior to the cases and the pick lists are updated as needed. Post-care follow-up is offered by the admitting surgeon and the clients are prepared well in advance of the follow-up care well in advance of the surgery. Air exchanges in the operating room are monitored to be above 20 exchanges per hour (ranges between 17-48) and HEPA filters are used on the air vents.

Staff speak highly of the Cerner electronic documentation system. While they state it was difficult in the beginning, it has overall improved documentation and the flow of work. A decision was made during the implementation to keep the surgical count on paper due to the slight chance of error in keystrokes on entry into the electronic system. There is validation by two nurses who will sign the count sheet.



All entry into the electronic system. There is validation by two nurses who will sign the count sheet. All reports are done from Cerner. A notable feature of the system is the surgeon is able to pre-program post-operative order sets to specifically meet the need of the client (e.g., post-operative orders for a knee replacement in an elderly patient).

St. Paul's Hospital is a busy teaching hospital with medical, nursing, and anesthesia students and residents who are seamlessly incorporated into the activities of the operating room.

The average time for patients to stay in the PACU is 30-45 minutes or as dictated by their surgery/condition. Anesthesia uses nerve blocks as appropriate which avoids the risk of general anesthesia and allows the patient to recover more quickly. Patients may be discharged from the post-anesthesia care unit or admitted to the hospital.

Anesthesia equipment is a standardized closed system. Medications are prepared in the pharmacy and transferred to the OR in sealed trays. Following the slate, they are returned to the pharmacy.

Mount St Joseph's Hospital hosts 4 OR's and an additional eye specialty day surgery program of three operating rooms. MSJ is particularly proud of the work being done in the treatment of breast cancer. From diagnosis to surgical interventions the client is followed in the Breast Clinic with help from the nursing navigator with a holistic approach. During the first wave of the pandemic, a nerve block study was started to avoid the need to use a general anesthetic for breast surgeries. This technique has allowed same-day discharges and improved client satisfaction. Post-surgery, the clients are followed in the Breast Clinic. The air exchange has improved since the last survey and is now at 19 air exchanges per hour in two of the ORs and above 20 in the other two. Clients interviewed speak highly of the service and feel supported and listened to with their concerns.

A tracer was conducted following an OR client who was admitted to Unit 10 A/B/C following her procedure. Two of the clients who were interviewed were in the same unit for a second time and spoke very highly of the nursing care they received on the unit with claims that it was "the best in the city". The only area identified for improvement was related to the food which was felt had room for improvement.

Unit 10 A/B/C has 3 wings with 25-bed units. The unit is recognized as a clinical leader in Colorectal Program. The unit has strong leadership with clinical leadership and two nurse educators.

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

The team is very focused on evidence to develop and support new projects for study.

The new Cerner system has introduced a level of patient safety, particularly around medication management. Physicians like it for the ease of post-op orders. There are many enhancements to the system that have yet to be implemented and the organization is encouraged to explore these.

**Priority Process: Impact on Outcomes**

There are strong processes in place around quality improvement initiatives and strategies to move the organization forward.

The organization is recognized for its mission-forward approach to patient care. One example is the TIM independence model of care which is focused on a rehabilitative approach in acute care from admission to discharge. The program received a 75% satisfaction rating from participants.

The unit is a leader in the mission forward. To highlight, the many initiatives includes:

- UTI prevention (catheter out early),
- Hand hygiene nudges
- Participant in the National Surgical Quality Improvement Program.
- VTE prophylaxis and perioperative pain management pain screening tool
- Culture of Indigenous safety
- Frail elderly preop assessment clinic
- Wound and ostomy team education

**Priority Process: Medication Management**

There are strong practices in place around perioperative program medication administration. Of note is the tray exchange with anesthesia in the operating room. Each slate receives a new tray which decreases the chance of error.

The processes around medication reconciliation are also well established.

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

Unmet Criteria	High Priority Criteria
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**Priority Process: Clinical Leadership**

The organization has met all criteria for this priority process.

**Priority Process: Competency**

The organization has met all criteria for this priority process.

**Priority Process: Episode of Care**

The organization has met all criteria for this priority process.

**Priority Process: Decision Support**

The organization has met all criteria for this priority process.

**Priority Process: Impact on Outcomes**

The organization has met all criteria for this priority process.

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

**Priority Process: Clinical Leadership**

Holy Family Hospital Rehabilitation is a tertiary center that services all British Colombia and Yukon. There is a strong sense of compassion within this team and site, and it is easy to see the values of the organization in the client experience at this site. A multidisciplinary team provides care during the client’s stay. There is a robust intake process to ensure clients have a positive experience and they are a right fit for this program. There is a waitlist, and some bed flow challenges are experienced at times with transfers and admissions. The team is encouraged to drill further into the data to help identify the gaps that impact flow and services and to help articulate the findings to the leadership.

**Priority Process: Competency**

Staff at Holy Family Hospital have access to education and use the Learning Hub to house their educational needs. There are no infusion pumps at this site. The team is focused on providing a high standard of care to the clients, and there is so much compassion evident in the client interactions at this hospital. There is a feeling of genuineness that is seen as soon as you enter right through to the leadership team. The team uses standardized processes to communicate client needs across the continuum. There is a safety culture present, inclusive of staff and patient safety with an emphasis on bringing concerns forward. Staff participate in the provincial education on violence. Pastoral care staff are on-site and engaged with clients and families as well as staff.

**Priority Process: Episode of Care**

Holy Family Hospital has a strong team approach to care. The team works hard to meet the client goals and involves families as partners in care. The unit maximizes its space to provide the work and are working well within their limitations. The 4-bed units are a challenge for the team. The gym space is quite large, and they have a swimming pool that has recently re-opened and is enjoyed by clients at the center.

The rehab stations are amazing, with a car, grocery store and other life skills workstations that provide real life experiences for clients in their rehabilitation.

The interdisciplinary team have a strong ethical approach to care and can utilize an ethicist when needed.

The team feels supported in the work they are doing and are proud of their facility. There is a pastoral care staff person present at the facility who has strong relationships with the clients and families and is also a resource for the staff.

The client described the site as peaceful and caring, and noted the staff speak softly with never any noise or “chatter”. He described being in other facilities where staff talk to each other and not to the clients, and says that this is a major difference here, in that the staff make communication to the clients their priority.

The rehabilitation team is working on a new process to connect referral units with the site leadership on the intake process. This will help with flow and transfers within PHC.

There is a robust intake process that involves a case manager and the team to ensure the correct fit for the program. There are challenges at times with equipment and ensuring the correct fit. The team is encouraged to track the barriers and work on initiatives to address the issues identified.

There are times when patients return to the hospital for interventions not able to be provided by the team in the rehab centers, such as IV antibiotics. The team is encouraged to track these reasons to explore if interventions can reasonably be brought to the centre to help with bed flow in the organization, as the client’s rehabilitation bed space is held while the client is in a bed space at the hospital.

Overall, this was a great experience of care survey, with highly engaged staff and leadership team who model the values of the organization. Families and clients speak highly of the care and the team.

**Priority Process: Decision Support**

The health record for this site is with the Cerner electronic system, and there are some printed parts of the chart that are called a chartlet that are kept on site and scanned in at the time of discharge. There are clear organizational policies on the security and maintenance of the health record.

**Priority Process: Impact on Outcomes**

The team includes families and clients in their goals, and continuously looks for feedback on their work. Clients speak highly of the care received from this unit, and staff are proud of their team and unit.

The team is tracking the indicators set out by the program and are posted for staff, clients, and families to see the progress. The team is encouraged to explore expanding the data they are collecting that is impacting their wait list, and flow. Data is not kept on reasons clients leave the center for short hospital stays such as IV antibiotics, or reasons for delay in transfer from acute care such as lack of equipment, and this data can help with addressing the challenges with occupancy and flow within the organization.

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**Standards Set: Residential Homes for Seniors - Direct Service Provision**

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

The organization has met all criteria for this priority process.

**Priority Process: Competency**

The organization has met all criteria for this priority process.

**Priority Process: Episode of Care**

The organization has met all criteria for this priority process.

**Priority Process: Decision Support**

The organization has met all criteria for this priority process.

**Priority Process: Impact on Outcomes**

The organization has met all criteria for this priority process.

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

**Priority Process: Clinical Leadership**

The Honoria Conway-Homes for Seniors provides assisted living with 60 suites, accommodating couples or individuals. The services provided to tenants may include assistance with daily living, medication assistance, meal preparation and laundry. The team includes licensed practical nurses, care assistants, environmental services staff, recreation coordinators, and dietary staff. There is a strong partnership with Vancouver Coastal Health who provide case management services to the tenants and manage the wait list.

The Honoria Conway-Homes for Seniors is provided in a quiet location with beautiful gardens which the tenants use for gardening or leisure. The common areas include a dining room on each floor, a main floor great room, a library and spiritual space. The facility is clean and well maintained. The suites are spacious with accessibility features such as large doorways and accessible washrooms. Recreation activities are provided.

The leaders are committed to providing quality care. There is a strong commitment to supporting the tenants with compassion and kindness. A tenant described the staff and service as being “golden” and “excellent.” The team members are caring, and they truly live the values of Providence Health Care. The team members stated that they have the resources to do their work. The leaders are visible throughout the facility.

**Priority Process: Competency**

There is a competent interdisciplinary team supporting assisted living at Honoria Conway Home for Seniors. The team members described it as a “wonderful workplace.” They particularly liked working with the tenants and providing care. A team member stated, “I really get to know them [tenants] over the years. I miss them when I am off.”

The team members are engaged in providing a quality service. The education and learning needs of team members are supported. The team members stated that they received education and training to do their job. The orientation was described as being valuable to assist team members in their work. The team members stated that they felt safe at work. Performance evaluations are completed.

**Priority Process: Episode of Care**

The Honoria Conway Home for Seniors provides supportive housing. There is a strong collaborative partnership with the case managers Vancouver General Hospital. The case managers complete the RAI assessment prior to acceptance to the home, with yearly reviews completed.

There is a clean and well-maintained environment for tenants. The common areas are tastefully decorated with large windows and natural light. There is no clutter in the hallways. There are hand hygiene products available. There is a COVID-19 screener at the entrance to the home.

A committed interdisciplinary team supports the tenants. There is a variety of recreation activities but as the age range of the tenants vary there may need to be a variety of recreational activities to meet the diversity of needs. A tenant spoke highly of the Music in Care program. Special events such as birthdays are acknowledged. There is a library and quiet spaces for tenants.

There is a strong commitment to people-centered care. Tenant satisfaction surveys are completed on a regular basis with the most recent survey having a satisfaction rate of 98.2%. Town hall meetings have been held. There are plans to introduce a newsletter with a question and answer section. One tenant stated that they are treated with care, dignity, and respect. A tenant noted, “It is a great place to live. It is much better than I expected when I moved in.” Additionally, a tenant described the kindness that they received from the staff. They stated, “They know I like two muffins and two coffee in the morning. They have it for me every morning.”

The team has many accomplishments of which they can be quite proud. This includes the COVID-19 response and the commitment to seeking the input and involvement of tenants.

**Priority Process: Decision Support**

There is a commitment to using decision support to inform care. There is paper charting in the Honoria Conway Home for Seniors. Standardized health information is collected. The charts are comprehensive and up to date. The tenant receives a copy of the information that is located in the chart. The program would benefit from an electronic health record.

The team members receive education on privacy and confidentiality. Ethics education and support is provided to team members. There is a manual outlining the policies and procedures for the Honoria Conway Home for Seniors. The leaders are encouraged to review and revise the policies and procedures.

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

The team and leaders are committed to patient safety and quality. The team members and leaders are diligent in ensuring a safe environment for tenants. Patient safety incidents are disclosed to tenants.

Quality improvement is a key component of the work of the senior care team. The tenants were involved in a quality improvement initiative to improve the tenant lounge and make it more accessible and therapeutic to the needs of the tenants. A Quality Board is visible for tenants, visitors, and team members. Hand hygiene rates are posted. The leaders are encouraged to continue to involve tenants in quality improvement initiatives.

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

Unmet Criteria	High Priority Criteria
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### Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

### Priority Process: Competency

The organization has met all criteria for this priority process.

### Priority Process: Episode of Care

The organization has met all criteria for this priority process.

### Priority Process: Decision Support

The organization has met all criteria for this priority process.

### Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

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

#### Priority Process: Clinical Leadership

The Rapid Access Addiction Clinic (RAAC) provides such a great service to persons looking for help with substance abuse issues. The team’s multidisciplinary approach to care is a strength. The team is well connected to hospital and community systems.

#### Priority Process: Competency

There is a clear safety culture present within this team. There is concern for the client’s safety as well as each other’s. The unit has many features that ensure safety is a priority. There is a kit available for the team to respond to overdoses that occur on the grounds of the hospital and polices around how to respond and ensure staff safety in the process. There is high concern for the client’s well-being, and it is evident amongst the team.

There are challenges with some of the processes around communication between teams. When connecting with community teams, the electronic systems add a layer of complexity. The staff have great personal connections with the staff at the other referral centers that help lessen the challenges with the processes. There are SOPs with the expected information to be transferred at transitions, however there is no standardized tool used within these processes.

The team shares the work, and all have clear roles to help work with this population.

**Priority Process: Episode of Care**

The population that uses this clinic is advised about urgent care centers and emergency departments that can help bridge the gap when this service is not available.

A client spoke highly of this clinic and how it is changing their life. The ease of access and approach for this client to be working through their addiction is helping this client maintain their life. The client spoke of ease around accessibility.

Information sharing is occurring within the team and across the programs where clients are moving. The complexity of the charting platforms impact the ease of transfer, however, staff are creative and work to ensure the necessary information is transferred within the teams. There is an SOP to help guide the processes, and there may be an opportunity to add tools such as providing a checklist to assist in this process.

**Priority Process: Decision Support**

The organization as well as the program provide guidance and policy on information and the health record. The organization engages clients and families on all levels for improvement on these processes.

The mental health group seeks input in various ways and shares their findings across all parts of their programs. The downtown team and the RAAC team work in close partnerships to help service persons with addictions. Foundry also is connected to this group as they are providing care to this population who fall in their age catchment. There is a clear commitment to work with the client where they are in their journey and ensure that the client's voice is at the center of the decisions.

**Priority Process: Impact on Outcomes**

RAAC uses best practice evidence to provide specialized addiction treatment for their patient group.

## 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.

### Canadian Patient Safety Culture Survey Tool

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:**
- **Minimum responses rate (based on the number of eligible employees): 327**
- **Number of responses: 0**

The organization did not complete the required tool during the assessment period.

## 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:**
- **Minimum responses rate (based on the number of eligible employees): 357**
- **Number of responses: 0**

The organization did not complete the required tool during the assessment period.

# Client Experience Tool

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

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

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

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

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

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

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

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

## Organization's Commentary

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

The staff, providers, and leaders of Providence Health Care (PHC) had the privilege of hosting seven Accreditation Canada surveyors during the week of Oct 30 - Nov 4. We appreciate the support and guidance from Accreditation Canada and the efforts of all the surveyors in sharing their knowledge and expertise in independently assessing our programs against the national standards. We are inspired by the outstanding results and valuable feedback we have received from the surveyors, which will certainly inform our future quality improvement efforts as our COVID recovery planning and efforts continue along with our readiness for the new St. Paul's Hospital campus.

PHC leaders have already started thinking about incorporating feedback from the survey into their program-specific improvement planning. PHC is excited about Accreditation Canada's new continuous assessment program and looking forward to embracing the new method.

We want to acknowledge all of the hard work, commitment, flexibility and resilience of our staff, clients, providers, leaders, board members, patient partners, and our stakeholders for successfully completing this survey while still enduring the pandemic and the toxic drug supply crisis. Thank you for your steadfast commitment and countless contributions to deliver people-centred, safe, and reliable care every day at Providence Health Care.

## 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 15 business days.

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

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

### Action Planning

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

## Appendix B - Priority Processes

### Priority processes associated with system-wide standards

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



## Priority processes associated with population-specific standards

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

## Priority processes associated with service excellence standards

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

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