



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Glacier View Lodge

Courtenay, BC

On-site survey dates: June 11, 2018 - June 13, 2018

Report issued: July 3, 2018

About the Accreditation Report

Glacier View Lodge (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 June 2018. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada

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 Client Engagement Lead 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

Table of Contents

Executive Summary	1
Accreditation Decision	1
About the On-site Survey	2
Overview by Quality Dimensions	3
Overview by Standards	4
Overview by Required Organizational Practices	5
Summary of Surveyor Team Observations	8
Detailed On-site Survey Results	10
Priority Process Results for System-wide Standards	11
Priority Process: Governance	11
Priority Process: Planning and Service Design	13
Priority Process: Resource Management	14
Priority Process: Human Capital	15
Priority Process: Integrated Quality Management	17
Priority Process: Principle-based Care and Decision Making	19
Priority Process: Communication	20
Priority Process: Physical Environment	21
Priority Process: Emergency Preparedness	22
Priority Process: People-Centred Care	23
Priority Process: Patient Flow	24
Priority Process: Medical Devices and Equipment	25
Service Excellence Standards Results	26
Standards Set: Infection Prevention and Control Standards for Community-Based Organizations - Direct Service Provision	26
Standards Set: Long-Term Care Services - Direct Service Provision	28
Standards Set: Medication Management Standards for Community-Based Organizations - Direct Service Provision	32
Instrument Results	33
Governance Functioning Tool (2016)	33
Canadian Patient Safety Culture Survey Tool	37
Worklife Pulse	39
Client Experience Tool	41

Organization's Commentary	42
Appendix A - Qmentum	43
Appendix B - Priority Processes	44

Executive Summary

Glacier View Lodge (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

Glacier View Lodge'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: June 11, 2018 to June 13, 2018**

- **Location**

The following location was assessed during the on-site survey.

1. Glacier View Lodge

- **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 for Community-Based Organizations
3. Leadership Standards for Small, Community-Based Organizations
4. Medication Management Standards for Community-Based Organizations

Service Excellence Standards

5. Long-Term Care Services - Service Excellence Standards









- **Instruments**

The organization administered:

1. Governance Functioning Tool (2016)
2. Canadian Patient Safety Culture Survey Tool
3. Worklife Pulse
4. 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)	20	1	1	22
 Accessibility (Give me timely and equitable services)	10	0	0	10
 Safety (Keep me safe)	125	1	8	134
 Worklife (Take care of those who take care of me)	48	1	0	49
 Client-centred Services (Partner with me and my family in our care)	65	2	5	72
 Continuity (Coordinate my care across the continuum)	8	0	0	8
 Appropriateness (Do the right thing to achieve the best results)	208	3	9	220
 Efficiency (Make the best use of resources)	20	0	0	20
Total	504	8	23	535

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	34 (94.4%)	2 (5.6%)	0	84 (97.7%)	2 (2.3%)	0
Leadership Standards for Small, Community-Based Organizations	39 (97.5%)	1 (2.5%)	0	67 (97.1%)	2 (2.9%)	1	106 (97.2%)	3 (2.8%)	1
Infection Prevention and Control Standards for Community-Based Organizations	28 (100.0%)	0 (0.0%)	6	45 (100.0%)	0 (0.0%)	2	73 (100.0%)	0 (0.0%)	8
Medication Management Standards for Community-Based Organizations	31 (100.0%)	0 (0.0%)	4	35 (97.2%)	1 (2.8%)	8	66 (98.5%)	1 (1.5%)	12
Long-Term Care Services	55 (100.0%)	0 (0.0%)	0	97 (98.0%)	2 (2.0%)	0	152 (98.7%)	2 (1.3%)	0
Total	203 (99.5%)	1 (0.5%)	10	278 (97.5%)	7 (2.5%)	11	481 (98.4%)	8 (1.6%)	21

* 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
Patient Safety Goal Area: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Medication reconciliation at care transitions (Long-Term Care Services)	Met	5 of 5	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
The “Do Not Use” list of abbreviations (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
Heparin Safety (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management Standards for Community-Based Organizations)	Met	5 of 5	3 of 3
Narcotics Safety (Medication Management Standards for Community-Based Organizations)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Suicide Prevention (Long-Term Care Services)	Met	5 of 5	0 of 0

Summary of Surveyor Team Observations

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

The Glacier View Society Board of Directors and staff of Glacier View Lodge are committed to excellence in resident- and family-centred care and service delivery with innovation and meaningful community engagement. The mission and values are aligned with the organization's strategic priorities. The organization communicates the vision, mission, and values in a number of effective ways, including posting them in its annual report and on its website, and through other printed venues such as newsletters. Staff are generally familiar with the vision, mission, and values and are able to identify with them.

The organization has encountered challenges in the past year that have resulted in several changes to the board composition. Five of the seven current members are new to the board. The board now needs a period of stability to re-establish itself as it prepares for future opportunities for the organization. The board is strong and its members are committed to ensuring continued excellence for the lodge and the people it serves. Recruitment for more board members, to a maximum of eleven, will continue based on the need for specific skills.

The board is reviewing the future direction of the lodge. Following dissolution of plans for a potential amalgamation with another not-for-profit long-term care, the board has submitted a request for proposal to Vancouver Island Health Authority for the acquisition of new long-term care beds. If this is successful, there will be exciting but challenging times ahead. A strong change management plan will be required to ensure good preparation and widespread communication. As the executive director has accepted a new position, recruitment of a new executive director will be an extremely important task for the board. The organization is wished success as it continues its journey.

In keeping with the organization's commitment to continuous quality improvement, the board takes its accountability for quality improvement, risk management, and resident safety seriously. A Quality of Life/Ethics/Safety subcommittee of the board supports this.

The organization has a well-developed strategic plan that takes into account environmental scanning and the needs of the broader community. The development process for the plan included a broad range of community input from internal and external stakeholders. Residents and family members provided input to the strategic plan, as did colleagues from partnering agencies and peer organizations. The strategic priorities are well articulated and presented in a meaningful, user-friendly format. These plans are regularly reviewed for progress in accordance with the targeted time frames. A new planning cycle will begin this fall.

The organization does a great job of assessing information about community health care needs and designing care programs to respond. This is evident in the great work being done in responding to the needs of residents with dementia, such as through the specialty unit dedicated those with this illness. Also, the recent expansion of the Adult Day Program and the continued commitment to the community bathing program illustrates Glacier View Lodge's commitment to the larger community.

The organization collaborates well with community partners such as the Vancouver Island Health Authority, St. Joseph's Hospital, and other peer facilities. The organization has worked hard to integrate and coordinate services and has been very progressive in expanding prevention and promotion activities. Community engagement is excellent, and there are alliances with a variety of community colleges, community organizations, and other health care providers. There is a very close working relationship with St. Joseph's Hospital and there are good examples of shared decision-making and coordination of contracted services between these two organizations.

The quarterly quality, risk management, and safety report is excellent, as is the balanced scorecard, both of which are used to guide opportunities for improvement. There is a demonstrated commitment to achieving a culture of safety.

Glacier View Lodge values its staff and is commended for the focus on professional growth and development.

Fundraising efforts by the lodge have been very successful in enhancing quality of care for its residents. This is commendable.

The organization has an ethics policy, Ethics Committee, and a decision-making model for both clinical and administrative ethical dilemmas.

Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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



High priority criterion



Required Organizational Practice

MAJOR

Major ROP Test for Compliance

MINOR

Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

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

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

Priority Process: Governance

Meeting the demands for excellence in governance practice.

Unmet Criteria	High Priority Criteria
Standards Set: Governance	
11.3 The governing body works with the CEO to establish, implement, and evaluate a communication plan for the organization.	
11.4 The communication plan includes strategies to communicate key messages to clients and families, team members, stakeholders, and the community.	
Surveyor comments on the priority process(es)	

The Glacier View Society Board of Directors is commended for its ongoing support of Glacier View Lodge. This past year has been a difficult one for the board and the organization. That they have continued to move forward with the accreditation process, in spite of these challenges, demonstrates their level of commitment to excellence in care and services.

The board is going through a period of transition. Seven of the eleven board member positions are filled, with a resignation pending. Five of the seven members have taken their positions within the last year, and a couple within the last three months.

One of the contributing factors to this large turnover may possibly be a division within the board with respect to a potential amalgamation of Glacier View Lodge with another not-for-profit long-term care facility. Much of this dissension is attributed to issues related to the scope and content of communication regarding a potential merger. The merger did not happen as a result of the partnering facility withdrawing from the proposal. The board is now rebuilding itself and focusing on the future of Glacier View Lodge. This has involved submission of a request for proposals for new beds, with a potential for hospice care beds to also become part of its mandate.

The board members are strong advocates for the lodge and are working to rebuild the team and cultivate the existing relationship with Glacier View Lodge's senior leadership.

A selection matrix is used to help with the recruitment of new members from the society. Current skills required have been identified as communication and accounting expertise. The board is wished well in its recruiting efforts.

New board members receive an orientation and education is ongoing. A strategic planning and team building retreat took place in January of 2018, with board members and senior leadership attending.

Policies and procedures that provide direction on the role of the board have been developed and shared with board members. The board is encouraged to review, revise as necessary, and approve these policies on a regular basis. Most were last reviewed in 2014.

The bylaws are being reviewed.

The strategic plan provides clear direction and includes the quality improvement plan, risk management plan, and the resident safety plan. The plan concludes this year and a new strategic planning process will begin. Input into the plan will continue to include input from staff, families, residents, and other stakeholders. The board is encouraged to review the mission, vision, and values statements as part of its new strategic plan, to ensure that they reflect changes in services and programs that may result from a successful request for proposals.

The board has a backup plan to replace the executive director who is leaving in July. The board is encouraged to continue with the review of the executive director position description and to develop a formalized succession plan as part of talent management.

The board receives timely and relevant information on quality improvement initiatives, patient safety, and risk management activities.

The board and senior leaders have identified a need to create a new, robust communication plan that includes a heightened focus on media strategies and public relations. This will be particularly important should the organization be successful with its recent request for proposals submission for new beds.

As it moves forward, the organization is strongly encouraged to ensure that a well-defined change management plan is developed and communicated.

There is a clearly defined process to enter into and evaluate contracted services and positions.

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
----------------	------------------------

Standards Set: Leadership Standards for Small, Community-Based Organizations

4.10 Goals and objectives at the team, unit, or program level align with the strategic plan.

Surveyor comments on the priority process(es)

The organization is acknowledged for its commitment to promoting a culture that challenges all staff to live the mission, vision, and values as part of the everyday workplace. The commitment to professional development for staff is noted positively.

Development of the strategic plan involves input from staff, residents, and families and other stakeholders. The strategic plan encompasses the operational plan, quality improvement plan, the resident safety plan, and the risk management plan. Progress is monitored and reported on regularly.

Goals and objectives at the team level are done informally. It is suggested that goals and objectives be formalized, aligned with the strategic plan, and discussed at team meetings. This may serve to help staff recognize their contributions to the success of the overall strategic plan.

Staff participation in external committees and involvement in the community at large is noted with approval. Glacier View Lodge is recognized for its expertise in dementia care and for its inclusion of the family as an integral part of the team.

The community partner focus group and the resident engagement focus group spoke highly of the organization's reputation in the community. They note that Glacier View Lodge has a good understanding of the environmental factors that impact its target population. Glacier View Lodge is described by its partners as very resident focused and a strong leader in the community. They describe a great working relationship with leaders and state that the services are very impressive.

Residents echo many of the comments from the community partners and show a high regard for the staff. Residents appreciate that they are considered drivers of their own goals and that they can speak openly to any of the Glacier View Lodge staff.

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)

Financial services are contracted from St. Joseph's Hospital. There is good two-way communication among the director of finance, the executive director, and the board.

Operational and capital budgets are approved by the board. The financial status of the organization is monitored by the executive director and the finance subcommittee of the board, and ultimately by the board as a whole.

Variance reports are prepared by the director of finance. Trends are identified and shared, and action plans are implemented as necessary.

Audits are done by an external agency annually.

Emergency funds are available through the Vancouver Island Health Authority.

Glacier View Lodge is commended for its fundraising activities that have resulted in enhancements to resident care and services.

Priority Process: Human Capital

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small, Community-Based Organizations	
10.11 Exit interviews are offered to team members that leave the organization.	

Surveyor comments on the priority process(es)

Human capital is recognized as a valuable resource at Glacier View Lodge. To this end, the leadership team recognizes the importance of worklife balance and has introduced a number of strategies to ensure a healthy workplace. Examples include access to the employee assistance program, discounted gym memberships, Tai Chi, and mindfulness sessions. The plans to explore a mindfulness room for staff are positively noted.

The orientation process is detailed and comprehensive. As a quality improvement initiative, the orientation package is being reviewed. The new “passport” process that is being planned will include a detailed checklist that should be helpful for new staff. Consideration is also being given to introducing a mentorship program to help new staff adjust to the organization and to their new role. This is applauded.

Staff are held accountable to Glacier View’s code of conduct and confidentiality agreement.

Staff training and education is a definite strength of this organization. The board is commended for this commitment to a culture of continuous learning.

The recruitment process is very robust. It is positively noted that input from residents and families is sought in the development of the staff interview tool.

The newly created 12-module, consultant-led Leadership Academy is an innovative and creative example of building staff capacity. This program was developed by the organization’s clinical care coordinator, which is a relatively new position. Nurses attend this program to learn about themselves and to become more effective as leaders. A care aide version has also been developed. It is suggested that these programs be evaluated for effectiveness and monitored over time to determine the impact on the leadership skills of the participants.

Performance reviews are conducted bi-annually and are oriented to professional growth and development. Residents and family members provide input into the performance review process.

Recognition events are held regularly throughout the year.

Staff note that they feel valued by the organization. Communication is open and managers are approachable. General staff meetings are held regularly as are leadership team meetings. Workload fatigue is monitored closely and actions are implemented to address concerns before major problems occur.

The recent participation in the WorkSafeBC initiative is positively noted.

Students are welcome at Glacier View and they are mentored by staff. They enjoy the respect they receive.

Exit interviews are not offered. The organization is encouraged to offer exit interviews as a part of ongoing quality improvement.

It is suggested that the organization verify whether the storage room for personnel files has fire-rated walls or whether the file cabinets housing the files are fire retardant.

Priority Process: Integrated Quality Management

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small, Community-Based Organizations	
15.4 Action has been taken on the client experience tool results.	!

Surveyor comments on the priority process(es)

The organization is fortunate to have a strong leadership team. The team is commended for its commitment to continuous quality improvement and risk management and for its efforts to promote and sustain a culture of resident safety across the organization.

Involvement of residents and family members on the Quality Committee is positively noted. This committee reports to the Quality of Life subcommittee of the board and then to the board as a whole.

There are many examples of quality improvement initiatives. These include the Adult Day Program addition, the Leadership Academy, the positive approach to care, the resident secret garden, a reduction in falls by altering staffing patterns, a decrease in antipsychotic usage, and the introduction of the Eden philosophy of care.

Balanced scorecards and quality, safety, and risk management reports are presented quarterly to the board.

Accident and incident reporting processes are well defined. No sentinel events were noted at the time of the on-site survey. Adverse events and near misses are tracked, analyzed, and discussed at the Quality of Life/Ethics/Safety Committee of the board. This is positively noted.

There is a well-defined process to disclose adverse events and near misses and staff are aware of this process. Corrective actions are implemented as necessary and monitored for effectiveness.

Indicators have been developed for quality improvement, risk management, and resident safety. These indicators are monitored, analyzed, actioned, and evaluated for effectiveness of outcome.

As entrenched in the workplace violence policy, Glacier View Lodge affirms its commitment to building and preserving for its employees a safe, productive, and healthy working environment based on mutual respect. There is a great deal of evidence to support this focus on a healthy and safe work environment.

There is a strategy that addresses prevention and reporting of resident abuse. Staff receive education related to this and are required to sign an acknowledgement form.

It is suggested that the overall responsibility for implementing and monitoring the resident safety plan and for leading safety improvement activities be specifically assigned to a team such as the senior leadership team. Leads would still assume responsibility for specific components of the plan's activities.

Glacier View Lodge was part of BC's Office of the Seniors Advocate's Residential Care Survey that was completed in 2016/2017. The facility did well in this intensive, two-part survey that included residents and families. The lodge has taken the results to the Family Council and action plans are being developed to address areas for improvement. One area that has been identified as a priority is the addition of a second shower for residents.

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)

The organization’s ethics framework provides clear direction to staff. The code of conduct and code of ethics align with the organization's values and ethical framework. Plans to improve the ethics framework are in progress.

Although staff demonstrated knowledge of the framework, it is noted that the supportive nature of the organization lends itself to addressing many day-to-day issues with peers and supervisors.

Clinical research is not being done at Glacier View Lodge; however, there is a desire to move in this direction. If this proceeds, it will be important to ensure that the ethics framework meets the requirements of an objective reviewer to review proposed research proposals.

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)

There is a communication plan policy that outlines the components of a communication plan. At present there is no formal plan.

There are many effective venues to communicate with residents, families, staff, volunteers, and the community with respect to upcoming events, education and training, and organizational updates. These venues include printed materials such as newsletters, bulletin boards, and pamphlets, and electronic venues such as the website, email accounts, Facebook, video conferencing, and Skype.

The board and senior leadership have been discussing the need to create a more robust communication plan. If the lodge is successful in its request for proposals for new beds, the addition of new programs and services will require consistent, strategic communication with the broader community of the Comox Valley. To address this, the new plan will include a heightened focus on media strategies and public relations.

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)

Glacier View Lodge is an older, well-maintained building. The most recent renovation was the development of the Adult Day Program area in 2015 and the expansion of the front deck with an open area for fitness equipment. Family Council representatives are involved in decisions made with any renovations or improvements. They are also involved in plans for the use of space.

There are large windows providing beautiful natural light. All of the resident rooms are private. There are a number of sitting areas on the different units where residents can sit and visit with family and friends. The courtyards throughout the home are secure, with beautiful vibrant flowers and trees that are cared for by a part-time gardener and volunteers. There are four resident dining areas to support residents with different needs and provide a relaxing dining experience.

Recycling is done on-site. The home may wish to consider further options with a food composting project.

The backup generator that provides full load support for all operations in the event of a power outage is quite new and is only using 50 percent of its capacity. There are also water stores as part of the emergency preparedness plan.

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)

There is a pandemic plan and well-defined infection prevention and control policies and practices for outbreak management.

There are policies and procedures for the various colour-coded emergency preparedness plans. There is an on-site disaster trailer that holds the backup water supply. The generator is located outside the home.

Fire drills are practiced monthly, particularly on the day shift, and occasionally on the evening and night shifts. A total evacuation practice was completed in April 2017. This is done every two years with support from the local fire department which critiques the exercise and provides feedback for quality improvement initiatives. Fire toolboxes are located on the units. An incident command centre structure is followed.

Education is provided to all staff on the various emergency colour codes and fire extinguisher training. It is suggested the home practice all emergency codes on a regular basis and perhaps consider doing one code a month for ongoing training. It is further suggested that the home consider practicing the phone fan-out system.

There is a sprinkler system with a sprinkler head located in each room.

The community evacuation plan provides further support in the event of a large disaster necessitating a contingency plan to support staff and residents.

Additional LED lighting has been put in the parking lots to address safety concerns from the Occupational Health and Safety Committee. Very good work has been done through WorkSafeBC's Program and Committee Evaluation.

Priority Process: People-Centred Care

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

Unmet Criteria	High Priority Criteria
----------------	------------------------

Standards Set: Long-Term Care Services

8.3 Goals and expected results of the resident's care and services are identified in partnership with the resident and family.

Surveyor comments on the priority process(es)

Glacier View Lodge clearly demonstrates that it has embraced a resident- and family-centred care focus. The culture supports resident- and family-centred care and service delivery as a way of thinking and doing things that sees the resident and family as equal partners. Resident values are recognized.

There are mechanisms to gather input from the residents and families, with well-established Resident and Family Council meetings held on a regular basis. Residents and families report that they can share ideas and concerns with the leadership team and staff. They feel safe and happy to be at this home.

Residents and families feel they have the autonomy and the ability to discuss care delivery, which improves the quality of life for all. This has promoted an environment of trust and respect.

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)

Staff are very resourceful and innovative in finding ways to address and overcome barriers, where possible, to meet resident needs.

Priority Process: Medical Devices and Equipment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

There is no reprocessing done for the sterilizing of equipment at the home. It has recently implemented a microfibre mopping system with positive outcomes. This has made a difference in staff workload and infection control practices.

Education is provided to all staff in their respective departments at the point of procurement of equipment. Staff are trained by the contract provider and often use the train the trainer model.

There are well-defined policies and procedures for cleaning and disinfecting the physical space and equipment.

The processes to purchase equipment and develop space is defined. There is input from the residents and families when appropriate for the procurement of equipment and the use of space.

There is a preventive maintenance program and the organization is in the process of implementing a formal computerized system. The paper-based work requisitions are working effectively across the departments.

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:

Infection Prevention and Control for Community-Based Organizations

- Infection Prevention and Control for Community-Based Organizations

Medication Management for Community-Based Organizations

- Medication Management for Community-Based Organizations

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.

Standards Set: Infection Prevention and Control Standards for Community-Based Organizations - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control for Community-Based Organizations	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)**Priority Process: Infection Prevention and Control for Community-Based Organizations**

Glacier View Lodge has an infection control interdisciplinary committee that meets quarterly and oversees the overall infection control program. There are well-developed policies and procedures from the Provincial Infection Control Network of British Columbia (PICNet) available across departments electronically and in hard copy.

There are surveillance binders to assist with the line listing surveillance of residents and staff in an outbreak situation. Staff have been provided with education and are supported by an infection control nurse.

Infection rates for urinary tract infections, skin/wound, respiratory infections, and antibiotic resistant organisms are tracked and reported regularly. The information is shared with all departments, as well as with residents, families, and volunteers. There is evidence of root cause analysis of trends and plans are put in place to address issues.

No reprocessing is done at this home. Only single use devices are used. All blue ware has been removed and disposable products are now being used.

There is alcohol-based hand sanitizer throughout the building. Education is provided to all residents, families, staff, and volunteers on proper hand-hygiene techniques. Hand-hygiene audits are conducted by members of the Occupational Health & Safety Committee with results being shared across all departments and with the Family Council.

Personal protective equipment is available when required. Education is provided to the staff on the proper use of equipment of gowns, goggles, and gloves. Appropriate signage is posted where needed. Communication and education regarding outbreak management and isolation precautions are provided to the residents, families, and volunteers as required.

There are immunization processes where the residents are screened for pneumovax, tetanus, diphtheria, and tuberculosis on admission. On-site flu vaccinations are provided for residents, families, staff, and volunteers and there are very high compliance rates.

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

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
1.3 Service-specific goals and objectives are developed, with input from residents and families.	
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	
<p>Services are designed with input from the Resident Council and the Family Council. There was an Office of the Seniors Advocate's Residential Care Survey done in 2016, where an audit was conducted with interviews with the residents and their most frequent visitor. Small audits are conducted to address specific areas. It is suggested that the home conduct regular resident and family satisfaction surveys.</p> <p>Communication boards share information on quality improvement indicators and infection prevention and control audits and indicators.</p> <p>Residents and families speak very highly of the care and compassion demonstrated in many ways from all staff in all departments at this home. There is respect, care, and compassion. It is a home of choice and is well respected across the community. There is a strong sense of teamwork with internal and external partnerships.</p> <p>Residents enjoy the meals and recreation activities. It is evident that staff work at the home because it is where they want to be. They are caring and very committed.</p>	

There are many policies and procedures. All staff have individual email addresses that support the sharing of new information. Staff appear to have embraced the many changes and processes and clearly recognize that new processes are often a result of ongoing quality improvement initiatives.

Priority Process: Competency

Nursing staff are certified and there are many opportunities for ongoing education and training, such as PIECES, Eden alternative philosophy, wound care, end-of-life care and hospice training, and Teepa Snow education. Staff report being satisfied with the training and education that is available and the support they receive. There is just-in-time training for staff when residents are admitted with complex care needs with which the staff may not have had recent experience.

There are many long-service staff who are loyal and dedicated to the residents and the leadership team.

There is a comprehensive orientation program at the point of hire. Staff report that they have had recent positive performance appraisals that included the development of future work-life goals.

There are a number of different denominations and faiths that support the home with regularly scheduled on-site services.

Priority Process: Episode of Care

Comprehensive assessments are done for all residents on admission, and these are reviewed quarterly and as required. This includes a head-to-toe assessment including a falls assessment, restraint assessment, pain assessment, pressure ulcer risk assessment, and a suicide assessment.

Resident care conferences are held within six weeks of admission and annually thereafter and are well attended by the resident and family and a well-resourced team from a variety of disciplines, including a speech language pathologist, occupational therapist, physiotherapist, certified geriatric pharmacist, dietitian, physician, and nurses.

There are advance care directives for all residents with the provision of end-of-life care provided at the home. Many of the staff are trained in the Victoria Hospice training. There are end-of-life care physician order sets that support the resident with pain and symptom management. Spiritual care and support is available through pastoral care visits and volunteer support.

There are well-defined policies and procedures and the home is working on a comprehensive review and update of all policies. This is to be completed by year end and will be available electronically for all staff.

There is a strong sense of teamwork throughout the home, with the staff, residents, and families reporting that everyone works together. The residents comment that staff frequently ask them what can they do to make them happier. The residents feel very well looked after and supported by the staff and volunteers.

The home is encouraged to work on developing service-specific goals and objectives annually, with input from residents and families.

The home is responsive to the needs of the residents in the communities where residents with PEG tubes and suprapubic catheters have been admitted. There has been and will continue to be a need to provide care for the bariatric residents.

There have been a number of new initiatives, including implementation of the plan for residents to be outdoors three times a week. The Adult Day Program has increased from ten to twelve residents per day. The Eden alternative philosophy is well demonstrated throughout the home, with an abundance of plants, the beautiful outdoor gardens, the many animals (cats, birds, dogs, fish, the rabbit named Stew), and the visiting children. A wonderful wall mural was created by the residents in the recreation program to commemorate Canada 150. Quality improvement plans include implementing increased bathing for the residents who would like more than one bath per week and, one day, the possibility of having showers available.

All of the resident rooms are private with wonderful story boards on the doors and ceiling track lifts in each room.

The lodge is an older, well-maintained building with space challenges. It is encouraged to consider LEAN initiatives to tidy and organize some of the service areas, particularly the tub rooms and the medication rooms.

Priority Process: Decision Support

Resident records and care plans are developed as part of the MDS-RAI assessments and done on PointClickCare. Hard copy charts are maintained for each of the residents, with a consistent chart order maintained. Charts are kept in secure areas to maintain confidentiality, and are readily available to staff.

Priority Process: Impact on Outcomes

The home monitors processes and outcome indicators. There is evidence of quality and dedication to best practice for the delivery of care and service in a number of areas, such as the falls prevention and least restraint policies and procedures.

Indicator data are assessed to identify trends that require action, with the goal of improved outcomes for the residents.

It is suggested that the home administer a regular resident satisfaction survey to help identify gaps or unmet needs from the resident and family perspectives.

Indicators are shared with the residents, families, and staff on the quality boards. There is transparency with the results as the leadership team welcomes feedback with suggestions for ongoing quality improvement.

The Resident Council and the Family Council are involved in discussions and decision making at the operational level.

Standards Set: Medication Management Standards for Community-Based Organizations - Direct Service Provision

Unmet Criteria	High Priority Criteria
----------------	------------------------

Priority Process: Medication Management for Community-Based Organizations

3.2 Medication storage areas are regularly cleaned and organized.

Surveyor comments on the priority process(es)

Priority Process: Medication Management for Community-Based Organizations

An interdisciplinary Safety Advisory Committee meets quarterly to review medication errors and near misses. There are comprehensive reviews and updates on drug use, medication recalls, and updates on best practice and the changing community trends. All medication incidents are reviewed and a root cause analysis is conducted and action plans for improvement are developed and implemented.

Policies and procedures are developed by the contracted pharmacy with input from the organization. Medication management processes are well defined, tracked, and monitored, and improvements are made when identified. All policies and procedures are available to the nursing staff electronically.

Ongoing education is provided to the nurses at orientation, when new policies are released, and annually.

The contracted pharmacy conducts a number of audits, including Do Not Use Abbreviation chart audits, medication room audits, and audits on high-alert medications including heparin and narcotics. Electrolytes are not kept on site.

Up-to-date equipment includes medication carts, electronic medication administration records, PointClickCare, and Point of Care kiosks in the hallways.

Medication rooms are large enough to store the medication cart and most nursing supplies. However, it is suggested that the home look at the content in the space and remove all non-relevant items.

The work done to assess and reduce the use of antipsychotic medication and polypharmacy is commendable.

Instrument Results

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

Governance Functioning Tool (2016)

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

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

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

- **Data collection period: September 26, 2017 to February 14, 2018**
- **Number of responses: 8**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	94
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	95
3. Subcommittees need better defined roles and responsibilities.	63	38	0	70
4. As a governing body, we do not become directly involved in management issues.	0	13	88	85
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	0	0	100	95

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	96
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	96
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	94
9. Our governance processes need to better ensure that everyone participates in decision making.	63	25	13	59
10. The composition of our governing body contributes to strong governance and leadership performance.	0	13	88	95
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	97
12. Our ongoing education and professional development is encouraged.	0	17	83	86
13. Working relationships among individual members are positive.	0	0	100	98
14. We have a process to set bylaws and corporate policies.	0	0	100	95
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	98
16. We benchmark our performance against other similar organizations and/or national standards.	0	0	100	77
17. Contributions of individual members are reviewed regularly.	13	13	75	71
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	25	75	84
19. There is a process for improving individual effectiveness when non-performance is an issue.	33	67	0	60
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	25	25	50	84

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21. As individual members, we need better feedback about our contribution to the governing body.	38	38	25	44
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	29	71	81
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	97
24. As a governing body, we hear stories about clients who experienced harm during care.	0	40	60	86
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	40	20	40	91
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	25	75	86
27. We lack explicit criteria to recruit and select new members.	63	13	25	77
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	25	25	50	89
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	94
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	93
31. We review our own structure, including size and subcommittee structure.	0	14	86	87
32. We have a process to elect or appoint our chair.	0	0	100	86

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2017 and agreed with the instrument items.

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	25	13	63	80

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	% Agree * Canadian Average
	Organization	Organization	Organization	
34. Quality of care	13	25	63	81

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2017 and agreed with the instrument items.

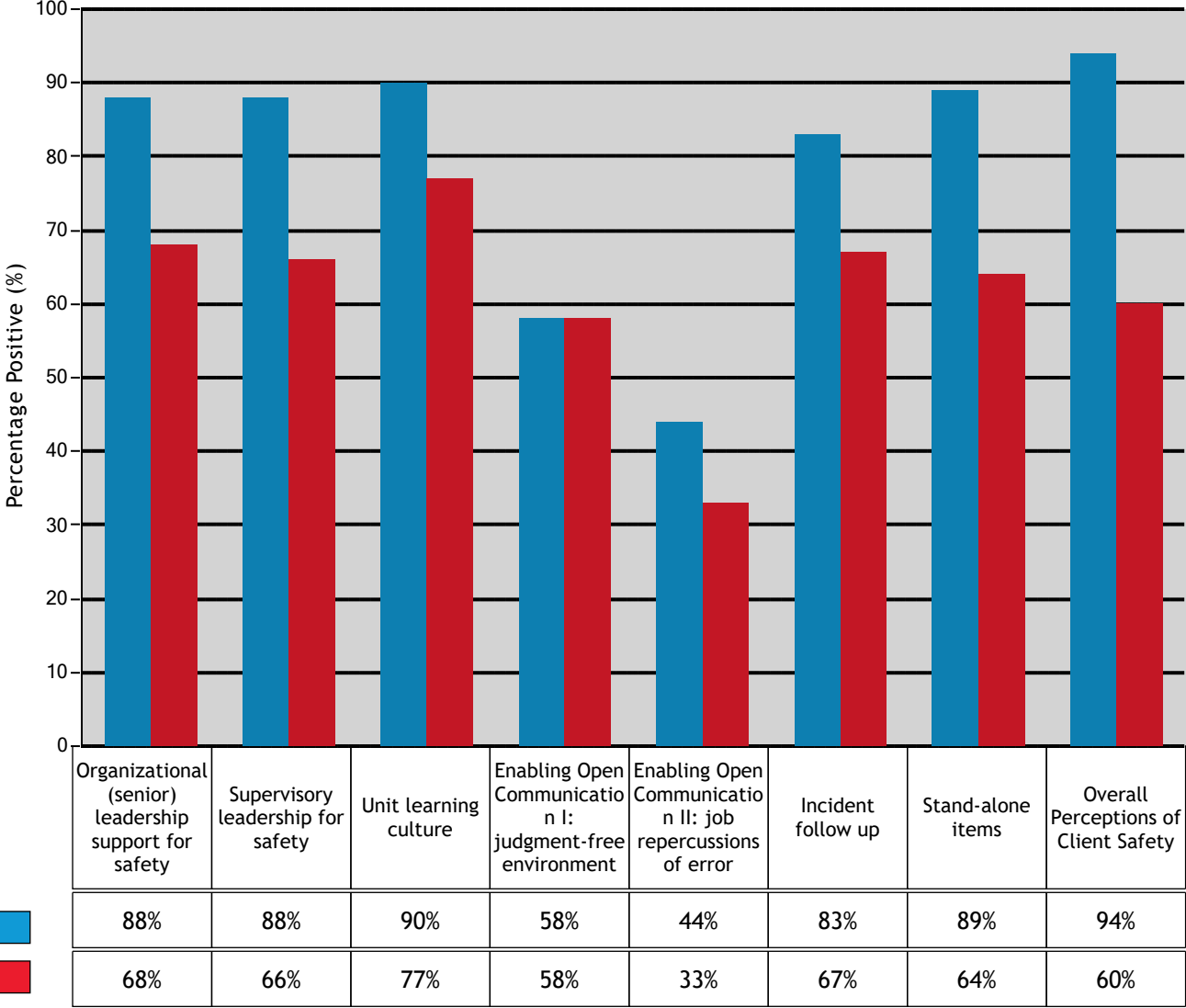
Canadian Patient Safety Culture Survey Tool

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: June 29, 2017 to April 6, 2018**
- **Minimum responses rate (based on the number of eligible employees): 51**
- **Number of responses: 51**

Canadian Patient Safety Culture Survey Tool: Results by Patient Safety Culture Dimension



Legend
█ Glacier View Lodge
█ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2017 and agreed with the instrument items.

Worklife Pulse

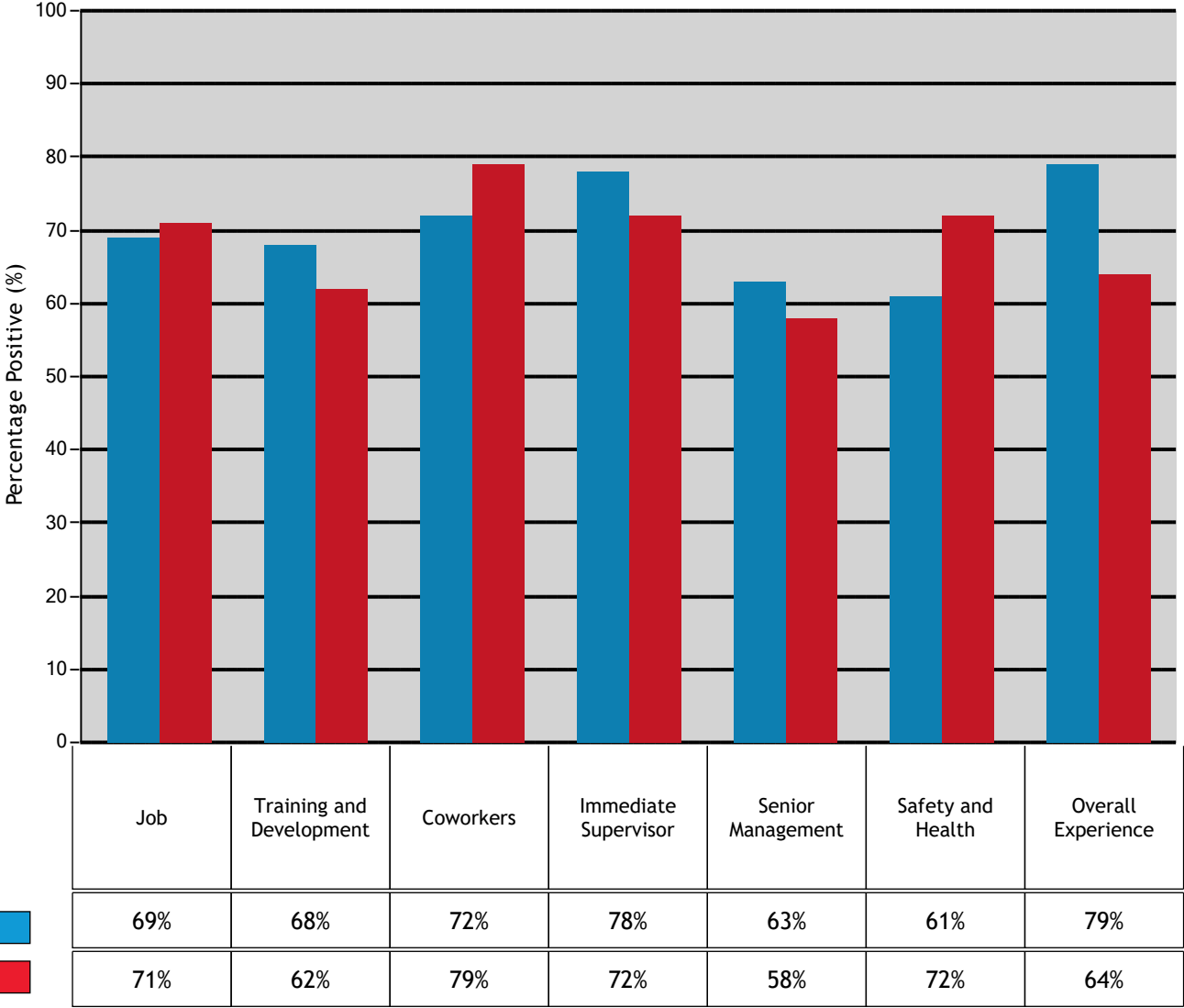
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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: April 10, 2017 to June 30, 2017**
- **Minimum responses rate (based on the number of eligible employees): 76**
- **Number of responses: 76**

Worklife Pulse: Results of Work Environment



Legend
■ Glacier View Lodge
■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2017 and agreed with the instrument items.

Client Experience Tool

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

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

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

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

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

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

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

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

Organization's Commentary

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

Glacier View Lodge staff felt that the Surveyors well captured our successes and challenges. We will learn by the fall of 2018 if we are awarded some of the new complex care beds promised to the Comox Valley. This will allow us to revise our next four year Strategic Plan and the Communication Plan.

The Board of Directors is committed to continual development through recruitment of candidates with different skill sets and additional governance training.

We will continue to consult staff, residents, family and volunteers in future planning and develop an action plan to address items brought forward from residents and families responses to the Office of the Seniors Advocate Survey.

Appendix A - Qmentum

Health care accreditation contributes to quality improvement and patient safety by enabling a health organization to regularly and consistently assess and improve its services. Accreditation Canada's Qmentum accreditation program offers a customized process aligned with each client organization's needs and priorities.

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 10 business days.

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

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

Action Planning

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
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.