ACCREDITATION
AGRÉMENT
CANADA
Qmentum

Accreditation Report

Canadian Mental Health Association - Haliburton, Kawartha, Pine Ridge Branch

Peterborough, ON

On-site survey dates: May 30, 2022 - June 2, 2022

Report issued: July 22, 2022

About the Accreditation Report

Canadian Mental Health Association - Haliburton, Kawartha, Pine Ridge Branch (referred to in this report as "the organization") is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in May 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

Table of Contents

Executive Summary

Canadian Mental Health Association - Haliburton, Kawartha, Pine Ridge Branch (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

Canadian Mental Health Association - Haliburton, Kawartha, Pine Ridge Branch'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: May 30, 2022 to June 2, 2022**

- **Locations**

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

  1. Canadian Mental Health Association - Peterborough Location

  2. Canadian Mental Health Association -Kawartha Lakes location

  3. Canadian Mental Health Association- Administration Lindsay & Peterborough

- **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 for Community-Based Organizations (For Surveys in 2021)

  Service Excellence Standards
  5. Community-Based Mental Health Services and Supports - Service Excellence Standards

- **Instruments**

  The organization administered:

  1. Worklife Pulse

  2. Canadian Patient Safety Culture Survey Tool: Community Based Version

  3. Governance Functioning Tool (2016)

  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)	26	0	0	26
Accessibility (Give me timely and equitable services)	11	0	0	11
Safety (Keep me safe)	122	0	17	139
Worklife (Take care of those who take care of me)	50	0	0	50
Client-centred Services (Partner with me and my family in our care)	70	1	0	71
Continuity (Coordinate my care across the continuum)	8	0	0	8
Appropriateness (Do the right thing to achieve the best results)	197	0	18	215
Efficiency (Make the best use of resources)	20	0	0	20
Total	504	1	35	540

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	45 (100.0%)	0 (0.0%)	5	35 (97.2%)	1 (2.8%)	0	80 (98.8%)	1 (1.2%)	5
Leadership Standards for Small, Community-Based Organizations	40 (100.0%)	0 (0.0%)	0	70 (100.0%)	0 (0.0%)	0	110 (100.0%)	0 (0.0%)	0
Infection Prevention and Control Standards for Community-Based Organizations	25 (100.0%)	0 (0.0%)	9	44 (100.0%)	0 (0.0%)	3	69 (100.0%)	0 (0.0%)	12
Medication Management for Community-Based Organizations (For Surveys in 2021)	59 (100.0%)	0 (0.0%)	7	30 (100.0%)	0 (0.0%)	7	89 (100.0%)	0 (0.0%)	14
Community-Based Mental Health Services and Supports	45 (100.0%)	0 (0.0%)	0	94 (100.0%)	0 (0.0%)	0	139 (100.0%)	0 (0.0%)	0
Total	**214 (100.0%)**	0 (0.0%)	21	273 (99.6%)	1 (0.4%)	10	487 (99.8%)	1 (0.2%)	31

* Does not includes ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
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			
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	2 of 2
Medication reconciliation at care transitions (Community-Based Mental Health Services and Supports)	Met	3 of 3	1 of 1

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 for Community-Based Organizations (For Surveys in 2021))	Met	3 of 3	3 of 3
Patient Safety Goal Area: Medication Use			
High-Alert Medications (Medication Management for Community-Based Organizations (For Surveys in 2021))	Met	4 of 4	2 of 2
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
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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Suicide Prevention (Community-Based Mental Health Services and Supports)	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 Accreditation Canada Surveyor Team commends Canadian Mental Health Association – Haliburton, Kawartha, Pine Ridge Branch (hereafter CMHA) for demonstrating their strong commitment to quality and safety by undergoing their on-site survey on the heels of the COVID-19 Pandemic. Healthcare organizations across Canada have experienced the strain of the response to COVID-19 in their operations and health human resources. CMHA has not been the exception. The organization demonstrated the resiliency of its structure and people in the long months following the declaration of a pandemic in March 2020. In going ahead with its on-site survey, CMHA is showcasing its commitment to a quality culture as a strategic enabler for achieving its mission.

Board of Directors
The Board of Directors for CMHA is committed to the delivery of high quality patient services, research, education, sustainability and accountability. The Board brings together a diverse group of individuals with a wide range of personal and professional skills and expertise. The diversity reflected in the Board's membership is a true asset that allows the organization to fully assess the environment and available opportunities. The energy and fresh perspectives of new board members is well complemented from the institutional memory and long-term view from long-standing members. The Board has clarity in the division of responsibilities between governance and management, and intentionally reinforces this relationship through clarity of agenda items and reporting relationships with Senior Leadership at CMHA. The Board is engaged in governance aspects pertaining to quality, safety and a strong emphasis in people-centred care.

The Board of Directors represent a wide diversity of perspectives and stakeholders for CMHA. Roles and responsibilities for Board members are clearly defined. In addition, a Code of Conduct is in place to guide the function of the Board in accordance to the interest of the organization and the community it represents. The Board members that reported good and effective relationships are in place, and that the decision-making process takes into consideration the diverse perspectives of individual members. New members are oriented to the roles with the participation of members of the Board, Senior Leadership and other staff. An Ethics Framework and Ethics Policy are in place. Board members receive information in time to prepare for meetings and decisions, and there is good oversight of audit/finance and quality and safety. The Board is actively involved in Strategic Planning, and they play a critical role in identifying change and challenges in their operating environment. They are also engaged in a process of reflection to better articulate the unique contributions of CMHA to the system of care for the communities of Haliburton, Kawartha and Pine Ridge. The activities and decisions of the Board of Directors are recorded and shared within the organization. Clients and their families are invited to participate in the AGM and the feedback collected though satisfaction surveys and advisory bodies informs the procedures of the Board. As an area of opportunity, the Board is encouraged to support a CMHA client as an active member of the Board of Directors.

People-centred Care and Client Satisfaction
The services provided at CMHA are truly client-centred. Staff and leadership respond to the unique needs of their clients by constantly adapting programs and services for adequacy and accessibility. Client satisfaction is routinely monitored. Client satisfaction surveys are enhanced by more in-depth engagement activities that seek to incorporate clients' preferences into the program and service design. Client consent is sought prior to the initiation of services, and clients are made aware of their rights and responsibilities. Client goals are an essential component of the care plan. Progress towards achieving these goals is regularly monitored. Feedback during the client and families feedback provided numerous examples of the value of the program for seniors and caregivers, and the willingness of the staff to find solutions for unique needs. Patient and family engagement is a priority of the Board and leaders across CMHA. The organization employs a diverse set of strategies to ensure the voice of the patient and their families is included in the design and monitoring of programs and services. The patient and family advisory councils as well as the patient partner program enable clients and families to meaningfully contribute to a range of operational and care areas in the organization. The COVID-19 pandemic suspended some of the in-person activities, so the organization responded by creating virtual engagement that allowed them to engage clients in the pandemic response. In addition to regular activities to garner feedback from patients via satisfaction surveys and focus groups, CMHA has created opportunities for more in-depth and ongoing engagement. The organization is encouraged to continue to find ways for engaging clients and their families in planning and operational discussions early in the process, and continue to invest resources in supporting clients for a more meaningful participation.

Leadership
The leadership team at CMHA is strongly committed to delivering high-quality care in a safe environment. They are viewed by staff as approachable, supportive, hard working and willing to coach, help and direct whenever needed. They have created a collaborative, positive, and cooperative work environment that in turn translates into high-quality care and services. They constantly advocate for their staff and clients, always open to new, creative ways of providing care. The leadership team has been able to harness the diversity of their staff and volunteers to better serve the unique needs of their clients. Leaders at CMHA demonstrate a commitment not only to the clients, but also to trying innovative approaches and influencing the larger system in which they operate. Their strategic thinking, ability to deliver on results and commitment to quality improvement is widely acknowledged by funders and partners.

Since the last Accreditation Canada survey CMHA developed Strategic Plan which has three directions: Our Clients, Our People and Our Community. In developing the Strategic Plan, CMHA engaged in a careful consideration of the challenges and risks it faced including increases in volume and aging demography, financial uncertainty, aging infrastructure, social justice, health human resources shortages and the ongoing response to COVID-19. The Surveyor Team commends the organization for its efforts in modernizing its Risk Management processes. The planning process has been an example not only of stakeholder engagement, but also of the value of engaging other local partners in care including primary care, community care and home care.

Staffing and worklife
The COVID-19 Pandemic has strained health human resources nation-wide. The emergency response followed by many months of pandemic response activity has had an impact on staff at CMHA. Shortages in

staffing have resulted in increased pressure on the existing staff, and there are real risks of staff burnout and disengagement. The Leadership and Human Resources team at the organization are well aware of these issues and are taking a number of remedial actions including more flexible work schedules and creative incentive programs. Despite these challenges, there is a positive work atmosphere at CMHA Staff who were interviewed expressed a very high level of satisfaction with the organization. They thoroughly enjoy their work and are deeply passionate about the care and services they provide. The organization is also commended in the deep sense of belonging that staff and clients have to the organization. CMHA tries to ensure a great work-life and that staff health, safety and satisfaction is prioritized. This is achieved through numerous supports and mechanisms ranging from an enhanced employee assistance program, opportunities for training and development, and a commitment to staff safety. The organization is encouraged to continue to develop supports that promote the wellness and resiliency of their staff who are working in increasing complex environments.

Delivery of Care and Services
CMHA has a passionate team of frontline workers who are actively finding new ways to meet the unique needs of their clients. The organization delivers a wide range of services including supportive housing, employment supports, case management, brief interventions, support for clients involved with the justice system, etc. CMHA has strong connections with funders and decisions makers and is regularly invited to lead new initiatives in the field of mental health. Quality and ongoing improvement are well integrated into programs and is reflected in day to day team processes. Our survey team had the pleasure of visiting various sites including the administrative building on Water Street, the Peterborough office on George Street, the Kawartha Lakes office and the Safe beds. The staff from programs such as Intake Services who highlighted their one intake point for clients, good flexibility to respond to client's immediate needs. Consideration of developing a waitlist management service could assist clients who were on a waitlist for service. The staff from the Dual Diagnosis Program demonstrated a strong service that works with both client's and families. The Justice Services Program has grown and is resilient despite challenges. Case managers of different programs who demonstrated their dedication and innovative thinking. The Supportive Housing Program is well managed and could expand with additional resources given its success and expertise. The Lynx (Early Psychosis Intervention Program) gave us an overview of their program. The HOPE learning centre, modeled after the recovery college framework, exemplifies the agencies focus on client driven services. The Lived Experience Advisory panel (LEAP) has been integrated into the organization and shows how much CMHA values the voice of persons with lived experience. Innovation was demonstrated by collocating the Crisis Services Program with Safe beds and the creation of a mobile mental health van to service the rural areas.
Finally, having shown such resiliency and dedication in response to the COVID-19 Pandemic and opioid crisis, staff at CMHA can look back and be proud that they were able to thrive in such a challenging time. Improving their internal communication, adapting services and implementing new safety protocols are some things that have helped the team persevere. Their dedication to helping others and teamwork could not be more evident.

Community and community partnerships
CMHA is well respected by its many partners and agencies. It is seen as collaborative, approachable, helpful and innovative. The organization is open to taking on new projects and many see the staff as having a can-do

attitude and the ability to think outside the box. They are recognized for their clear role in community partnerships and networks and are willing to share their expertise and knowledge. Well linked to other organizations in the community- both in health and social services the organization to better serve clients across their delivery area. Some of the areas of opportunity highlighted during the survey included further exploration of the legislation and privacy laws to facilitate better collaboration across agencies in the care of individual clients.

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
ROP	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.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

CMHA has an engaged and highly skilled Board of Directors integrated by 13 members (3 currently under active recruitment. Board members represent the different communities served by CMHA and also bring a variety of skill sets and lived experience. The Board is engaged in governance aspects pertaining to quality, safety and a strong emphasis in people-centred care. The energy and fresh perspectives of new board members is well complemented from the institutional memory and long-term view from long-standing members. The Board has clarity in the division of responsibilities between governance and management, and intentionally reinforces this relationship through clarity of agenda items and reporting relationships with the CEO. Board members are recruited with consideration for the required and desired skill set and experience. The Board's by-laws and policies are consistent with its mandate, roles, responsibilities, accountabilities, and the organization's ethics framework. A Code of Conduct is in place to guide the function of the Board in accordance to the interest of the organization and the community it represents. During the survey, Board members reported that good and effective relationships are in place. An ethics framework and evidence-informed criteria informs the decision-making process. New members are oriented to the roles with the participation of Board, Leadership and staff. The Board of Directors is actively involved in strategic planning, and they play a critical role in identifying change and challenges in their operating environment. The Board plays a critical role in sustaining the partnerships with local institutions. There are strong systems in place to support and monitor the implementation of Board Directions and the Strategic Plan. The Board receives monthly operational and human resources reports from the CEO.

The Board of Directors recruits, oversees the performance and supports the ongoing development of the Chief Executive Officer for CMHA. There are established mechanisms for the Board to receive updates from the CEO, and a senior leadership succession plan is in place. In addition, the Board oversees the organization's financial performance in the context of the strategic plan and key performance areas such as utilization, risk, and safety. The Board acts upon recommendations from the CEO and other organizational leaders including in areas responsible to patient safety and finance. Patient Safety Incident reports are reviewed regularly and the information is used to understand trends, client and team safety

issues in the organization, and opportunities for improvement. Quality and safety are explicit priorities for the Board of Directors at CMHA Health Sciences Centre. This is reflected in standing agenda item, tracking of system-level indicators and ensuring accountability of operational leaders. The Board participates in the risk management and quality improvement processes of the organization by providing input, reviewing contingency plans and recognizing leaders responsible for quality initiatives. The activities and decisions of the Board of Directors are recorded and shared within the organization. One area of future improvement for the Board is to develop ways to have client representative as an active member of the Board of Directors.

Priority Process: Planning and Service Design

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

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

Canadian Mental Health Association (CMHA HKPR) has recently refreshed its strategic plan with input from stakeholder including staff, clients, families, community partners. CMHA 's HKPR Strategic Plan operationalizes the organization vision, mission and values which are embedded throughout. The strategic planning process was exemplary in terms of allowing time for the important conversations on organizational values and validation with service users. There is evidence of the use of the strategic plan to inform operational plan as well as service-level planning. Risks and opportunities for the organization are regularly assessed and used to inform the planning process. The organization has a good understanding of the community it serves and continually monitors the environment, identifying and addressing gaps in service as appropriate. Planning is done in alignment with regional and provincial government priorities, and in coordination with other partners in the region, which allows CMHA HKPR to identify changes and new challenges body. Information about the community's health status, capacities, and health care needs are shared with the leadership and governing body and used to inform planning processes. During the survey, an array of examples was provided that show the organization's ability to respond to emerging issues, most importantly during the COVID-19 Pandemic. The organization is encouraged to continue to leverage the data it has access to for the demonstration of the impacts of its programs and services.

Priority Process: Resource Management

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

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

CMHA HKPR allocates resources in alignment with mission/vision/values, strategic plan, capital priorities, and government legislation. Allocation of resources is well integrated to the regular planning cycle for the organization, and it aims to increase the quality and safety of the programs and services. Annual operating budgets are prepared according to CMHA 's HKPR financial policies and procedures, it aims to achieve balance between ongoing funding for services, short term funding needs and opportunities. Recently the organization has started the implementation of a zero-based budgeting strategy that provides the program managers and senior leaders with accurate and timely financial information to make allocation decisions. The organization also enhances its capital planning process by aligning investments with available resources. CMHA HKPR has a fund development strategy that generates resources available to program managers across the organization. Ethical considerations inform the resource allocation process through an integration of the organization's strategic directions as well as client and community information. Financial information is provided to managers and supervisors, who also have access to education and support on how to manage and monitor their budgets. The input of external and internal stakeholders is taken into consideration during the resource allocation process, and the organization uses set criteria to guide its investment decisions. The Finance Committee with Board and Senior Staff review reports and recommendations to the Board on a periodic basis with additional presentations if needed. Staff, supervisors, decision support team and leadership participate in the tracking indicators of performance. Trends are monitored throughout the year and corrective actions are taken to ensure that performance targets are met. Staff and supervisors take into consideration equity implications of performance measures and actions are taken to support participation by clients and their families. The organization has a process in place to assist in reallocating resources to areas where they are needed most and across operational and service or program areas. Financial Reporting is informed by goals of transparency and accountability to governance body, senior management, and external funders. The organization reports on its financial performance including an analysis of the utilization of resources and opportunities to improve the effective and efficient use of resources. Funding obligations are carefully followed in accordance to service agreements with the funding bodies. CMHA 's HKPR leaders verify that the organization meets legal requirements for managing financial resources and financial reporting.

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)

The Human Resources team aims to reflect the vision/mission/values of the organization through recruitment, retention and staff support strategies. There is a focus on building the capacity of the team to advance strategic goals. Human Resources priorities respond to external changes as well as advancing the organizational priorities identified in the strategic plan. The Human Resources strategy capitalizes on the diversity of the staff and volunteer base in an effort to respond to the unique needs of clients being served by Canadian Mental Health Association (CMHA HKPR). The organization is commended for its efforts to promote quality of work life and healthy and safe work environment as demonstrated by leaders across the organization from the executive team to frontline supervisors. Healthcare organizations across Canada have been challenged to respond to the COVID-19 Pandemic, and CMHA HKPR has made extraordinary efforts to protect its workers not only from an infection prevention and control perspective, but also from an emotional and psychological resilience. Some of the strategies developed to help team members to manage their health include early provision of PPE, debriefing supports, enhanced of safety protocols and supporting working remotely, etc. The organization has an established policy for reporting, investigating, and resolving behavior that contravenes its Code of Conduct. The health and safety policies at CMHA HKPR comply with relevant legislation in the Province of Ontario. The organization has an immunization policy outlining the specific immunizations required and recommended for team members.

The organization recognizes its employees right to be safe and secure in the workplace. The organization has Workplace Violence Prevention Policy, which is developed in consultation with team members and volunteers. There is clear accountability for the implementation of the organization's violence prevention policy, as well as procedures for the confidential reporting of incidents. Risk assessments are regularly conducted and there are procedures for the investigation and response to incidents of violence. CMHA's HKPR leaders review reports of incidents of workplace violence and use this information to improve safety, reduce incidents of violence, and improve the Workplace Violence Prevention Policy. The organization also provides staff with opportunity to voice their comments and concerns regarding working conditions in a variety of ways including staff surveys. Information from this survey and other sources is used to identify improvement opportunities and set up corrective action plans. Aspirational targets are set to drive the momentum of the organization to achieve them. During the survey staff readily volunteered a number of examples that captured the responsive culture of CMHA HKPR towards its employees. Canada is experiencing a country-wide shortage of health human resources, and CMHA HKPR is taking a leading role in the recruitment, retention, and support of its human capital. The recruitment and selection of team members is conducted in an equitable manner according to individual qualifications and their capability to contribute to the organization's values, goals, and objectives. Efforts are being made to ensure the long-term retention of their staff. There are clear reporting relationships, as well as processes for monitoring and addressing the performance of team members. Staff receive regular performance

reviews. Human resource records are maintained and safely stored as per applicable regulations. The program engages volunteers from the community who expand the reach of the organization and bring a new set of skills including fundraising.

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)

Canadian Mental Health Association (CMHA HKPR) has a strong and genuine focus on quality improvement and making this a strategic priority for the organization. An enthusiastic team of staff and members support the quality and safety activities the of the Board. Leaders throughout the organization to participate and lead in collaborative quality improvement initiatives. These initiatives are supported by 12 different committees that are well integrated with the operations of the organization, e.g., Joint Health and Safety, Ethics, Medication Management etc. The organization uses community data, client satisfaction results, staff input and information from the client feedback to prioritize on quality projects. Results from quality improvement results are used to inform future learning, and team members, staff and volunteers who participate are recognized for their work. Leaders strive to make decisions that are informed by research and evidence, client experience, and ongoing quality improvement. The organization has decision-support tools and processes in place to reduce unnecessary variation in and between services. CMHA HKPR uses an Enterprise Risk Management Program to identify and manage risks across the organization, including those associated with services provided by external contractors. Contingency plans are disseminated throughout the organization and the overall effectiveness of the organization's risk management approach is regularly evaluated.

The organization is commended for its approach to quality improvement that makes it a regular part of their operations and day-to-day job. There is strong integration with Strategic and Operational Plans, as well as the individual workplans. Client safety issues are routinely assessed with clear evidence of planning and resourcing to address them. The implementation and monitoring of the client safety plan and improvement activities has a clear accountability structure. The Board of Directors is provided with quarterly reports on client safety that include recommended actions arising out of client safety incident analysis, as well as improvements initiatives. CMHA HKPR has implemented a client safety incident management system with input from clients, families, and team members. This allows the organization to report, analyze, recommend actions, and monitor improvements that enhance the safety of the clients that it serves. Team members receive training on how to respond to client safety incidents and the protocols are routinely evaluated with any improvements shared with team members, clients, and their families. The organization has developed and implemented Enhanced Incident Reviews that focus on system improvements and are complemented by supports for affected staff. The organization also has a documented and coordinated process for the disclosure of client safety incidents with clear inclusion/exclusion criteria and the specific procedures for reporting. Training is provided for those responsible for the disclosure process, and the protocols are regularly evaluated with input from clients and their families. An area of opportunity is continuing to enhance the collection and use of outcome measures to demonstrate impact of the programs.

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)

Since the last survey, Canadian Mental Health Association (CMHA HKPR) has strengthened its focus on principle-based care and decision-making by developing a new ethics framework that is adapted to the context of an agency providing community mental health services. The organization's framework is informed by best practices as well as deep consultation with partners, leaders, staff, and clients. The organization's ethical framework is well aligned with its mission, vision, and values. The framework intends to inform the day-to-day activities of staff, management, and board. During the survey, the team presented with examples of ethical dilemmas commonly faced, as well as the application of the organization's ethical framework to resolve it. The process included the identification the facts, determination ethical principles, exploration of options, action on the recommendations and evaluation of the process. The organization has an established protocol for approving research activities. CMHA HKPR is encouraged to disseminate the use of the ethics framework with board, leaders, and staff and to continue to find ways to better embed it in the day-to-day operations of the organization.

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)

Leaders at Canadian Mental Health Association (CMHA HKPR) are actively engaged in the promotion of the organization, the value of its services to clients, families, partner organization and funders. The team has clear goals including the promotion of the organization and its activities, sharing the values of the organization, attracting talented employees and facilitate donations and volunteerism. The organization uses a variety of strategies for delivering their message. There has been a transition from printed materials to an increase digital presence including website and social media. CMHA 's HKPR communication plan articulates how information ought to be disseminated to and received from internal and external stakeholders. This is done with a careful consideration of their audience whether it is clients, families, prospective employees, volunteers, partners, and the general public. The Strategic Plan and the Annual Reports exemplify the clear and focused communication strategy that the organization is implementing. Internal communications processes are established to support staff access to client information as well as resources to support their clinical practices. Access to client information is password protected and control on a need to access basis. Information sharing agreements have been established with a number of partner and governmental organizations, which allows for limited client information to be shared. The organization has a designated Privacy Officer that builds capacity and monitors the collection, use and sharing of client information. CMHA's HKPR Privacy Policy follows the Personal Health Information Act, and there are efforts across the organization to build a culture of privacy. Employees sign a confidentiality agreement that reminds them of their role in protecting privacy and confidentiality, privacy and confidentiality training is conducted monthly. Information and resources are also available in the intranet. Client consent protocols for the use and disclosure of information are well established and used with clients. CMHA HKPR has access to health information databases, and audits are regularly conducted to ensure the safeguarding of these databases. The organization monitors the quality and usefulness of its data and information systems and the results of these assessments are used for quality improvement. Of note is the active media presence that CMHA HKPR has as well as the strong relationship with community leaders to support education and advocacy campaigns.

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 Canadian Mental Health Association (CMHA HKPR) has multiple sites in various locations. The ages of the buildings also vary. All spaces were clean, well maintained and inviting.

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)

Canadian Mental Health Association (CMHA HKPR) has an Emergency Preparedness Plan and a Pandemic Response Plan. The Plan is easily accessible to staff and partners via the organization's server cloud. It is a well-organized document with clear definitions, policies, and procedures, assigned roles, etc. Having its Emergency Preparedness Plan online allows the organization to facilitate users' navigation to the relevant sections and keep the information up to date. Evacuation drills are conducted annually. Other inspections include power outage and extreme weather drills, violence risk assessment and site safety inspections. The organization also has a Pandemic Plan in place outlining the coordination required with Public Health officials, as well as the local community response. During the COVID-19 Pandemic the organization demonstrated an ability to quickly adapt their operations and continue to serve their clients while maintaining staff safety. Systems and protocols for the identification and response to incident and sentinel events are in place. Back-up systems and clear processes are in place to ensure continuity of services. The equipment and material required for this are present in all centers, are in good condition and receive preventive maintenance as required. Post-disaster emotional support and debriefing is available. Extreme weather events – including extreme heat and inclement weather are becoming more common in Ontario. The organization is encouraged to continue to work with its government and municipal partners and funders to develop include response plans as part of an overall climate resiliency strategy, particularly for its housing units. There is also an opportunity for the organization to continue its training and practice of emergency plan.

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: Governance	
2.3 The governing body includes clients as members, where possible.	
Surveyor comments on the priority process(es)	

Client and family were very much involved in the development to their recent strategic plan.

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)

The Canadian Mental Health Association (CMHA HKPR) assesses barriers so that clients can easily access services from point of admission to the point of discharge while maintaining quality and client satisfaction. The use of a service transition template helps the team maintain proper and seamless transitions of clients from one program to another.

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)

Canadian Mental Health Association (CMHA HKPR) have blood pressure machines and body mass index scales that are cleaned and maintained as per the manufacturer's instructions. There are no sterilization procedures required.

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

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

Medication Management for Community-Based Organizations

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

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

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
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 Canadian Mental Health Association (CMHA HKPR) leadership team are the champions of the organization's mission, vision, and values. They promote professionalism and observe to promote teamwork and collaboration. A product of their leadership is CMHA HKPR 's strong organizational performance.

Priority Process: Competency

The Canadian Mental Health Association (CMHA HKPR) has processes in place to ensure that they hire competent staff. The organization has recently procured the iTACIT learning platform to help them maintain and increase staff competency.

Priority Process: Episode of Care

The Canadian Mental Health Association (CMHA HKPR) ensures that clients and their families are well educated about their services, also receive, and pay close attention to re-educate clients at points of transition in care. Clients are provided with written information on how to access information and what to do should they experience a crisis. Clients are provided with documents regarding their privacy, rights,

and procedure on how to make a complaint if needed.

Priority Process: Decision Support

Canadian Mental Health Association (CMHA HKPR) has met all the decision support standards.

Priority Process: Impact on Outcomes

The Canadian Mental Health Association (CMHA HKPR) has systems in place to report data requested by their funders. Direct service staff could play more of a role in defining client-focused outcomes.

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	

Canadian Mental Health Association (CMHA) has met all the required standards. Of note, they have only 2 medical devices (blood pressure machine and scale).

Standards Set: Medication Management for Community-Based Organizations (For Surveys in 2021) - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management for Community-Based Organizations	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
Priority Process: Medication Management for Community-Based Organizations

Canadian Mental Health Association (CMHA HKPR) primarily has programs where clients self-administer their medication with staff observation and minimal assistance. Medications are the property of the respective client and provided by a pharmacy. CMHA HKPR has effective policies and procedures related to medication management. The Early Psychosis Program "Lynx" has registered nurses who administer the client's own medication such as depo injections. The Registered Nurses employed by CMHA HKPR adhere to the medication administration standards outlined by the College of Nurses of Ontario.

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: November 21, 2019 to January 8, 2020**

- **Number of responses: 13**

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.	8	0	92	96
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	8	0	92	97
3. Subcommittees need better defined roles and responsibilities.	77	8	15	74
4. As a governing body, we do not become directly involved in management issues.	0	0	100	91
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	97
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	97
9. Our governance processes need to better ensure that everyone participates in decision making.	85	15	0	70
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	97
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	0	100	90
13. Working relationships among individual members are positive.	0	0	100	97
14. We have a process to set bylaws and corporate policies.	0	0	100	97
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	15	85	81
17. Contributions of individual members are reviewed regularly.	0	15	85	71
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	84
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	15	85	63

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	83
21. As individual members, we need better feedback about our contribution to the governing body.	77	0	23	51
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	8	92	84
23. As a governing body, we oversee the development of the organization's strategic plan.	15	0	85	96
24. As a governing body, we hear stories about clients who experienced harm during care.	15	15	69	80
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	96
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	94
27. We lack explicit criteria to recruit and select new members.	92	8	0	84
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	95
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	98
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	97
31. We review our own structure, including size and subcommittee structure.	0	0	100	94
32. We have a process to elect or appoint our chair.	0	0	100	91

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	0	0	100	86
34. Quality of care	0	0	100	87

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2020 and agreed with the instrument items.

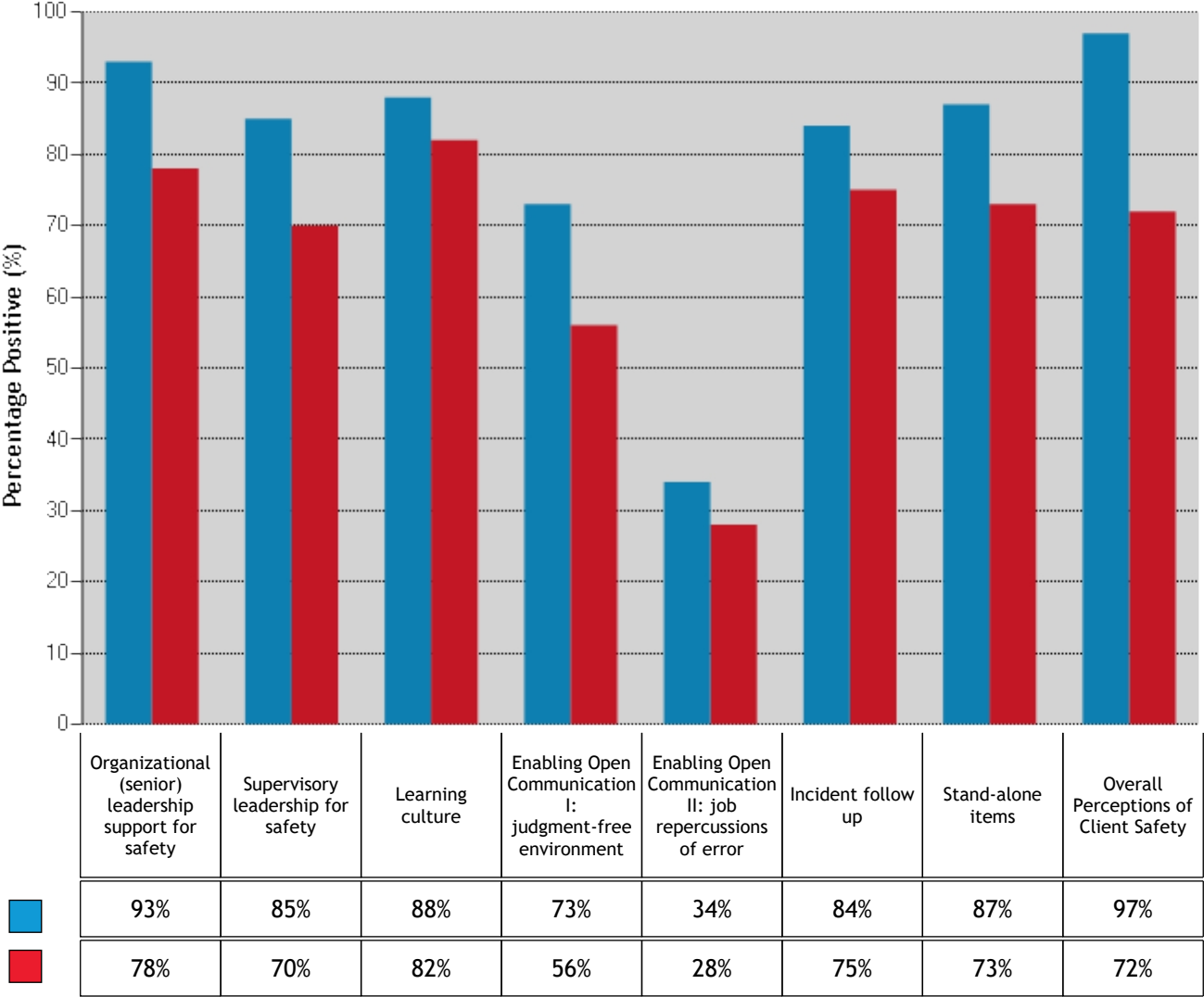# Canadian Patient Safety Culture Survey Tool: Community Based Version

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

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

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

- **Data collection period: November 9, 2020 to December 4, 2020**
- **Minimum responses rate (based on the number of eligible employees): 69**
- **Number of responses: 73**

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

	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Learning culture	Enabling Open Communication I: judgment-free environment	Enabling Open Communication II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
🟦	93%	85%	88%	73%	34%	84%	87%	97%
🟥	78%	70%	82%	56%	28%	75%	73%	72%

Legend

🟦 Canadian Mental Health Association - Haliburton, Kawartha, Pine Ridge Branch

🟥 * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2021 and agreed with the instrument items.
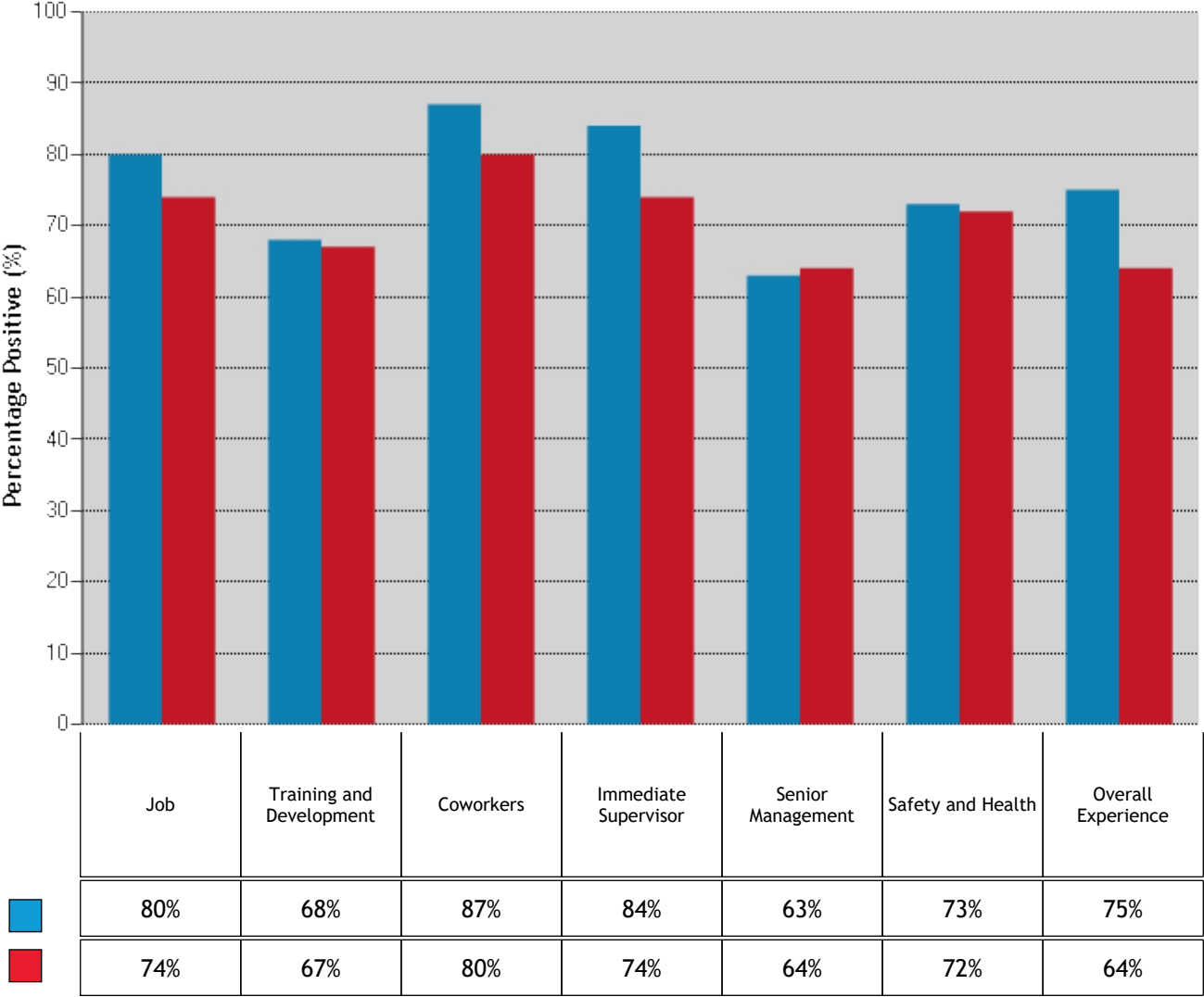
Worklife Pulse

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: September 30, 2019 to November 8, 2019**

- **Minimum responses rate (based on the number of eligible employees): 100**

- **Number of responses: 107**

Worklife Pulse: Results of Work Environment

	Job	Training and Development	Coworkers	Immediate Supervisor	Senior Management	Safety and Health	Overall Experience
■ (blue)	80%	68%	87%	84%	63%	73%	75%
■ (red)	74%	67%	80%	74%	64%	72%	64%

Legend

■ Canadian Mental Health Association - Haliburton, Kawartha, Pine Ridge Branch

■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2021 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

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