



ACCREDITATION CANADA



Driving Quality Health Services

Accreditation Report

Tudor House Personal Care Home

Selkirk, MB

On-site survey dates: October 20, 2013 - October 23, 2013

Report issued: November 14, 2013



ACCREDITATION CANADA
AGRÉMENT CANADA

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

Accredited by ISQua

About the Accreditation Report

Tudor House Personal Care Home (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in October 2013. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada's President and CEO

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

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

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

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

We look forward to our continued partnership.

Sincerely,

A handwritten signature in black ink, reading "Wendy Nicklin". The signature is fluid and cursive, with the first name "Wendy" and last name "Nicklin" clearly distinguishable.

Wendy Nicklin
President and Chief Executive Officer

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Section 1 Executive Summary

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

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

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

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

1.1 Accreditation Decision

Tudor House Personal Care Home’s accreditation decision is:

Accredited with Commendation (Report)

The organization has surpassed the fundamental requirements of the accreditation program.

1.2 About the On-site Survey

- **On-site survey dates: October 20, 2013 to October 23, 2013**

- **Location**

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

- 1 Tudor House Personal Care Home

- **Standards**

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

System-Wide Standards

- 1 Customized Leadership

Service Excellence Standards

- 2 Infection Prevention and Control
- 3 Long-Term Care Services
- 4 Customized Managing Medications









- **Instruments**

The organization administer:

- 1 Patient Safety Culture Tool
- 2 Worklife Pulse Tool

1.3 Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Working with communities to anticipate and meet needs)	12	0	0	12
 Accessibility (Providing timely and equitable services)	11	0	0	11
 Safety (Keeping people safe)	93	2	9	104
 Worklife (Supporting wellness in the work environment)	26	0	0	26
 Client-centred Services (Putting clients and families first)	33	1	1	35
 Continuity of Services (Experiencing coordinated and seamless services)	7	0	0	7
 Effectiveness (Doing the right thing to achieve the best possible results)	95	1	4	100
 Efficiency (Making the best use of resources)	8	0	0	8
Total	285	4	14	303

1.4 Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Customized Leadership	42 (97.7%)	1 (2.3%)	0	13 (100.0%)	0 (0.0%)	0	55 (98.2%)	1 (1.8%)	0
Infection Prevention and Control	35 (97.2%)	1 (2.8%)	7	38 (97.4%)	1 (2.6%)	1	73 (97.3%)	2 (2.7%)	8
Customized Managing Medications	25 (96.2%)	1 (3.8%)	3	12 (100.0%)	0 (0.0%)	0	37 (97.4%)	1 (2.6%)	3
Long-Term Care Services	24 (100.0%)	0 (0.0%)	0	72 (100.0%)	0 (0.0%)	0	96 (100.0%)	0 (0.0%)	0
Total	126 (97.7%)	3 (2.3%)	10	135 (99.3%)	1 (0.7%)	1	261 (98.5%)	4 (1.5%)	11

* Does not includes ROP (Required Organizational Practices)

1.5 Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Adverse Events Disclosure (Customized Leadership)	Met	3 of 3	0 of 0
Adverse Events Reporting (Customized Leadership)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Customized Leadership)	Met	1 of 1	2 of 2
Client Safety Related Prospective Analysis (Customized Leadership)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Long-Term Care Services)	Met	2 of 2	0 of 0
Dangerous Abbreviations (Customized Managing Medications)	Met	4 of 4	3 of 3
Information Transfer (Long-Term Care Services)	Met	2 of 2	0 of 0
Medication Reconciliation As An Organizational Priority (Customized Leadership)	Met	4 of 4	0 of 0
Medication Reconciliation At Admission (Long-Term Care Services)	Met	4 of 4	1 of 1
Medication Reconciliation at Transfer or Discharge (Long-Term Care Services)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Two Client Identifiers (Customized Managing Medications)	Met	1 of 1	0 of 0
Two Client Identifiers (Long-Term Care Services)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Medication Use			
Heparin Safety (Customized Managing Medications)	Met	4 of 4	0 of 0
Narcotics Safety (Customized Managing Medications)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Safety Plan (Customized Leadership)	Met	2 of 2	2 of 2
Client Safety: Education And Training (Customized Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Customized Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Customized Leadership)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand Hygiene Audit (Infection Prevention and Control)	Met	1 of 1	2 of 2
Hand Hygiene Education And Training (Infection Prevention and Control)	Met	2 of 2	0 of 0
Infection Rates (Infection Prevention and Control)	Met	1 of 1	3 of 3
Pneumococcal Vaccine (Long-Term Care Services)	Met	2 of 2	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Long-Term Care Services)	Met	3 of 3	2 of 2
Patient Safety Goal Area: Risk Assessment			
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2

1.6 Summary of Surveyor Team Observations

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

Tudor House Personal Care Home is commended on preparing for and participating in the Qmentum program.

The home uses the term "elder" for the people that reside here. It is a term that is seen as being very respectful and is certainly well-entrenched with staff and community partners.

The home and the leadership team are well established. The leaders are very responsive. The home provides care for more challenging elders, some with responsive behaviours. A psychiatrist visits once per month to review any concerns and to provide support to the home. The Eden Alternative was started in 2008. The leadership keeps this care philosophy in mind whenever there are policy or process changes.

The team has reviewed all suggestions from the last accreditation survey and ensure ongoing progress for improvements.

The leadership team needs to ensure succession planning for some key leadership positions which may become vacant over the next few years to ensure the sustainability of all programs and services.

Although the building is relatively old, the environment is extremely clean. There are numerous large spaces for activities for elders. The garden areas are lovely and very inviting for elders and their families. Some bathroom fixtures are in need of replacement. Efforts are being made to enhance the dining experience for elders.

There are well established relationships with a wide range of community partners. Leaders of the home are respected for being responsive to the needs of elders. The home is recognized in the community for being home-like, busy and full of laughter.

Staff are very happy in their positions and indicate a high satisfaction with the approachability of the leaders in the home. Staff work well together and feel appreciated for the work that they do. There are times when staff are required to work short which can cause some distress.

Elders and families indicate a high level of satisfaction with the care and service provided. Elders appreciate the consistency of staffing allowing staff and elders to get to know each other well. There have been some comments that food, at times, is overcooked. There are a wide variety of programs offered for elders and most indicate there is plenty for them to do.

The staff are commended for their ongoing fundraising efforts. At present, funds are being raised to purchase a bus for elder outings.

The team has good systems and processes that have been well established over the years.

Section 2 Detailed On-site Survey Results

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

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

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



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

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

See Appendix B for a list of priority processes.

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

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

	High priority criterion
	Required Organizational Practice
MAJOR	Major ROP Test for Compliance
MINOR	Minor ROP Test for Compliance

2.1 Priority Process Results for System-wide Standards

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

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

2.1.1 Priority Process: Planning and Service Design

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The leadership team has strong ties with its community partners. Community partners are involved when the home reviews its mission, vision, values and strategic plan. The mission, vision, values and strategic plan have also been discussed at the elder council meetings.

The home's operational plan is very well done. It is reviewed at the monthly managers' meetings to monitor progress and make changes to the plan as issues arise.

The capital plan is well-developed and focuses on safety and improving the environment for elders

The home has a very informative website available to all stakeholders.

Information about future needs is obtained from the region. The home works closely with the region to ensure they are aligned with the needs as identified.

An external resource assists with budget development and planning. Budget reports are reviewed by the managers each month.

There are very tentative plans for redevelopment of the home; managers are awaiting information from the province regarding available funding.

2.1.2 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)

At present, the home does not have any major recruitment or retention issues. Many staff are long-serving employees in the home. The majority of staff turnover occurs with those in casual positions.

The home supports placements for students in various programs including licensed practical nurses (LPNs), health care aides (HCAs), footcare nurses, ward clerks and those in an English as a second language program. High school students also do placements in the home. There have been times that students are hired after successful completion of their program of study.

Although there has been some education on the workplace violence prevention policy, there is a need to continue training on the policy and reporting process.

Employee files are complete and well-organized.

The home has developed an exit interview process and is encouraged to continue to try to gain information through exit interviews.

Succession planning has begun as there are many key people in administration who may be retiring in the next several years.

There is a \$2000 bursary available for staff who may wish to return to school. Some staff have upgraded their skills with the support of the organization.

There are a couple of employees on time limited work permits through the government. A flag system for tracking of key dates was discussed to ensure staff are not scheduled beyond the allowable dates.

Performance reviews are consistently completed for all staff on an annual basis and are well done.

2.1.3 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)
<p>The home is congratulated on the work to reduce physical restraints down to zero (from 26 six years ago).</p> <p>Continuous quality improvement (CQI) is well-done throughout the home. Audits and indicators are reviewed at CQI meetings every quarter. It is suggested that a simple template be attached to the reports indicating the date of the CQI meeting and those present. Audit results are discussed at the quarterly CQI meetings and staff meetings.</p> <p>There are numerous areas where improvements have been realized including lost bed days, restraints and medication errors.</p> <p>Adverse events are reported well. There is still a need to try to improve the reporting of near misses.</p> <p>The falls prevention program is developing well. A falls risk assessment is completed on admission, quarterly and as needed.</p> <p>The prospective analysis has been well done and should help with the planned replacement of the kitchen floor.</p>

2.1.4 Priority Process: Principle-based Care and Decision Making

Identifying and decision making regarding ethical dilemmas and problems.

Unmet Criteria	High Priority Criteria
Standards Set: Customized Leadership	
9.3 The organization stores client records safely and securely.	!
Surveyor comments on the priority process(es)	
<p>Locked chart cabinets have been purchased but have yet to be instituted. In the meantime, staff need to be sure to secure the small swing door leading to the nursing stations in an effort to hinder inappropriate access to elder charts.</p> <p>Two staff members have had some ethics education through Accreditation Canada. Ethics scenarios are discussed at staff meetings. There have also been pertinent discussions with elders and families. At times, staff members bring things forward to the managers for assistance. Should there be a need, an ad hoc committee is pulled together to assist in reviewing and discussing issues of an ethical nature.</p> <p>A pamphlet has been developed pertaining to ethics.</p>	

2.1.5 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)
<p>The home is kept very clean and free from odours. Capital dollars are appropriately allocated to make improvements to the living areas.</p> <p>Areas that are potential risk to elders are kept secured.</p> <p>Some bathroom fixtures in elder rooms need replacement including toilets and sinks.</p>

2.1.6 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)

Emergency preparedness is well done. There are contingency plans in place for all eventualities considering the building and the geographic area.

The staff are commended for carrying out a mock emergency in June of this year. This included an evacuation of the building. Areas of concern were identified and have since been rectified for future.

The home is supported in the plan to increase fire drills to one on each shift each month. Silent drills for the night shift will be the norm with a couple of night drills where the bells will sound.

The emergency colour code system has been in place for many years and is tweaked periodically as needed.

There are annual reviews of the main emergency codes. Often education is done through poster boards and sign-offs. The home is encouraged to follow through with the plan to develop questionnaires to ensure staff understanding.

Emergency planning will soon be done in conjunction with other services within the region which will assist with continuity of processes and reduced duplication.

2.1.7 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)

Equipment is replaced on an ongoing basis depending on the need. Managers further develop "wishlists" for equipment that they want to purchase. New equipment is brought in for staff to trial and comment upon prior to purchase.

There are maintenance checks of lifts every six months; internal staff have been trained to do these checks.

There is a contract for regular servicing of the tubs. All service is documented for each piece of equipment.

The team is encouraged to ensure that all scales are calibrated annually or as needed.

Work safe audits are completed monthly and staff are observed for proper use of equipment.

2.2 Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

Clinical Leadership

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

Competency

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

Episode of Care

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

Decision Support

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

Impact on Outcomes

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

Medication Management

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

Infection Prevention and Control

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

2.2.1 Standards Set: Customized Managing Medications

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management	
3.5 Team members document in the client record verbal or written information about medication that is provided to the client.	!
Surveyor comments on the priority process(es)	
Priority Process: Medication Management	
The pharmacy and therapeutics committee meets every three months. Discussions include a review of medication utilization, the emergency drug box and medication errors.	

The strip packaging system was brought into place since the last accreditation survey.

The pharmacy has supplied a book with pictures of the most frequently used medications in the home. Staff find this very useful.

There are no elders at present taking cytotoxic drugs.

Allergies are well documented.

The pharmacist is very involved and supportive.

2.2.2 Standards Set: Infection Prevention and Control

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control	
7.2 The information and education provided to clients and families about IPAC covers hand hygiene and respiratory etiquette, e.g. coughing and sneezing.	
11.1 The organization follows its policies and procedures, and legal requirements, when handling soiled laundry, infectious material, and hazardous waste.	!
Surveyor comments on the priority process(es)	
Priority Process: Infection Prevention and Control	

The tracking of infections is well done. Precautions are put into place when similar symptoms are identified in a particular unit. The health department is contacted early for advice and support.

The home has had two outbreaks so far in 2013, one influenza A and the other gastrointestinal. The health department is actively involved during outbreaks and provides appropriate support to the home. Improvements are made as a result of each outbreak.

Infection rates are shared within the region, ensuring standardized definitions.

Influenza vaccination rates for staff are very low. The leadership team is strongly encouraged to review policies and processes that may assist with increasing the rate of immunization for staff.

The home is further encouraged to develop processes for ensuring residents are offered hand washing or sanitization before and after meals.

Mask fit testing has been done for approximately 75% of staff. The home is encouraged to have mask fit testing completed every two years.

Lysol wipes are used for shared equipment between elders.

There is a process in place for the safe disposal of sharps. Safety engineered needles are used in the home.

Hand hygiene audits are completed on an ongoing basis. The results are shared.

It is noted with approval that hand sanitizer stations have been installed in each elder room to ensure all have access at the point of care.

Scissors and forceps are the only reusable pieces of equipment that are disinfected in the home. A policy and procedure needs to be developed to ensure consistency.

The infection prevention and control policy manual is very comprehensive. It is suggested that all policies contained in the manual be changed as needed to remove items that do not pertain to the home and ensure all policies accurately reflect the equipment and processes that are pertinent to the home.

Staff are reminded to ensure that elder washbasins are stored appropriately and not on the floor. The use of aprons for handling of soiled linen in the laundry needs to be consistently followed as per the home's policy.

2.2.3 Standards Set: Long-Term Care Services

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
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>The review of applicant files and appropriateness for admission to the home is done by a team consisting of nursing and social work. The only people the home cannot care for are those who are considered to be violent.</p> <p>A psychiatrist is available to the home on a monthly basis for those elders requiring psychiatric evaluation or re-evaluation.</p> <p>Care conferences are held on admission and quarterly. The pharmacy sends a report of medications for review at care conferences. HCAs attend conferences as well.</p> <p>Elders or their family members sign off on care plans as they are reviewed and updated.</p>	
Priority Process: Competency	
<p>Staff continue to have assigned permanent shifts as well as permanent resident assignments. These contribute greatly to continuity of care. Staff and elders are very happy with this.</p>	

Priority Process: Episode of Care

Comprehensive assessments, including pain, skin, oral and dietary, are completed on admission, quarterly and as needed.

Medication reconciliation is done on admission, transfer and discharge. The pharmacy is very involved and also reviews documents for transcription errors.

Care plans are signed by the elder or their family member when developed, reviewed and revised.

Care directives are discussed at admission, and reviewed and changed as needed.

There is an approved practice in the home whereby some information on the flow sheets does not need to be completed for all elders. A policy statement needs to be developed to support the practice.

Priority Process: Decision Support

New locking chart racks have been purchased but have not yet been moved to the home areas for use.

There are plans to move to an electronic medical record within the next couple of years. Some staff may need to be supported as there may be challenges with adjusting to the use of computers.

One to two best practices are implemented each year, ensuring staff understanding and buy-in.

Priority Process: Impact on Outcomes

There is a comprehensive disclosure policy in place and there is evidence that the policy is followed.

Elder/family satisfaction surveys are completed annually and the results are shared.

Section 3 Instrument Results

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

3.1 Patient Safety Culture Tool

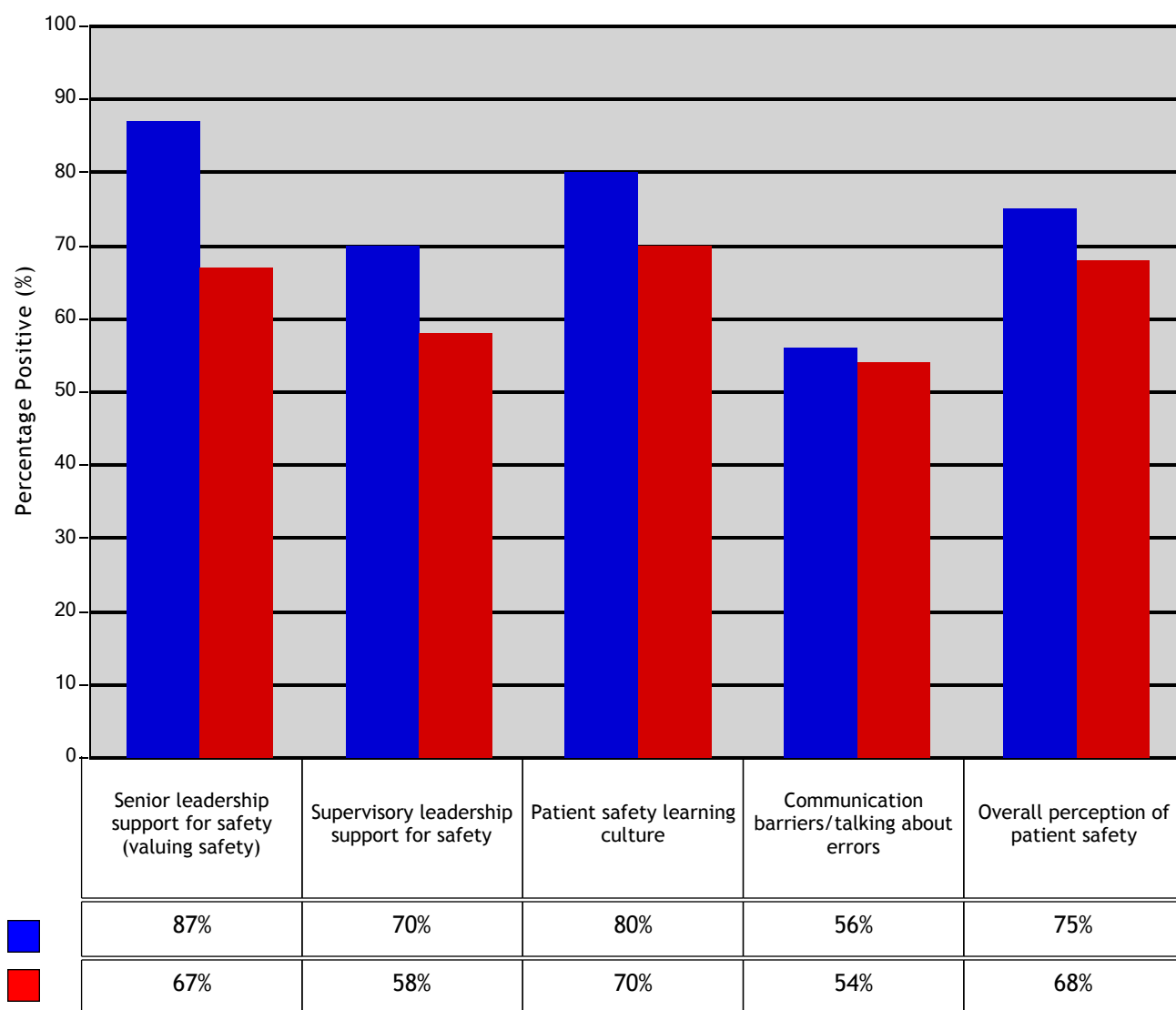
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations 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: November 7, 2012 to January 2, 2013**
- **Minimum responses rate (based on the number of eligible employees): 57**
- **Number of responses: 58**

Patient Safety Culture: Results by Patient Safety Culture Dimension



Legend

- Tudor House Personal Care Home
- * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2013 and agreed with the instrument items.

3.2 Worklife Pulse Tool

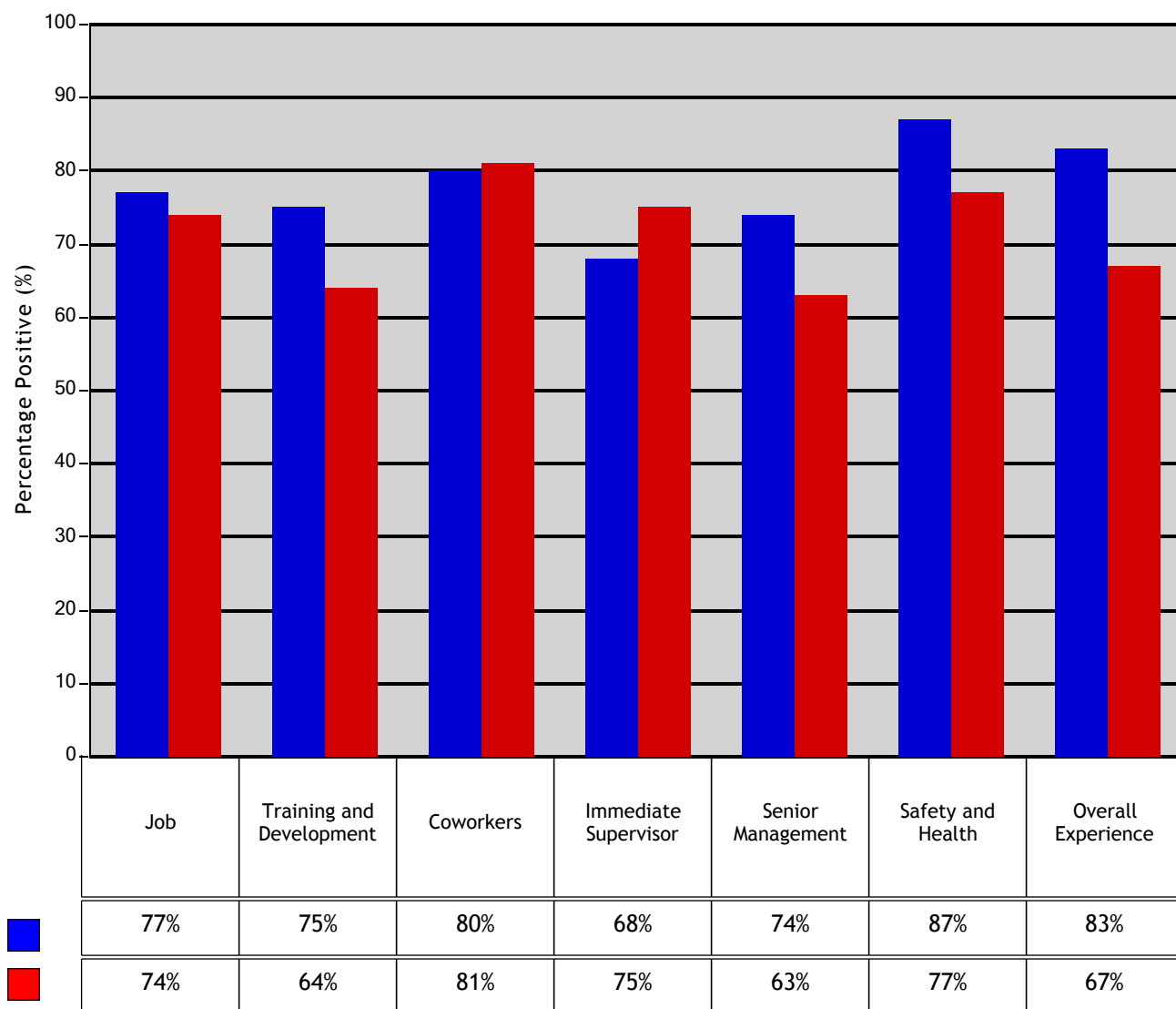
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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

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

- **Data collection period: October 24, 2012 to November 9, 2012**
- **Minimum responses rate (based on the number of eligible employees): 80**
- **Number of responses: 80**

Worklife Pulse Tool: Results of Work Environment



Legend

- Tudor House Personal Care Home
- * Canadian Average

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

Section 4 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.

We find the accreditation process overall to be a positive and valuable experience. Our Organization has been participating in this process for over 15 years and we continue to learn and improve services to the benefit of our elders. The surveyors share experiences and anecdotes from all across Canada and we find this very helpful.

The findings in this report accurately capture our successes and our challenges and there were no surprises. Our surveyor gave us continuous feedback through the interviews and daily debriefing sessions. We have learned through this assessment clearly what is required to achieve compliance, and that we have many successes that balance our challenges.

There are four current actions put in place to address the identified areas for improvement.

1) 2.1 Priority process : Principle-Based Care and decision Making 9.3 The organization stores client records safely and securely.

ACTION:

- Locked carts have already been purchased and are in the home and we are awaiting installment of them. Repair of walls and removal of shelves is required, prior to them being in the neighbourhoods. We anticipate this to be completed within the month.

- Carts will be secure and we will prevent inappropriate access to them.

2) 2.2 Service Excellence Standards: Customized Medications 3.5 Team Members document in the client record verbal or written information about medication that is provided to the client

ACTION:

- All Team Members will document in the client record written or verbal information about medication that is provided to the client.

- An Audit will be put in place to ensure this occurs. (added to Chart AUDIT FORM we currently use

3) 2.2 Service Excellence Standards: Infection Prevention and Control 7.2 The information and education provided to clients and families about IPAC covers hand hygiene and respiratory etiquette , eg. coughing and sneezing

ACTION:

- Brochure will be developed that is posted in home and is given out in new admission package. This will also be discussed on admission. (as part of the safety information signed off by Elders/Families).

- Families and elders are invited to our annual review in IPAC.

- Compliance will be monitored through the Hand Wash Audits and will ensure the AUDITS contain checks on coughing and sneezing. We will also implement a process where elders will handwash before and after meals. Nurses and Health Care Aids will Audit this practice.

4) 2.2 Service Excellence Standards: Infection Prevention and Control 11.1 The organization follows its policies and procedures, and legal requirements, when handling soiled laundry, infectious material and hazardous wastes.

ACTION:

- Consistent wearing of laundry aprons will be discussed with staff and appropriate aprons will be made available.

- Use of the aprons will be audited by Manager to ensure compliance.

Additional comments from surveyor will be addressed on the action plan I will forward to Kieran Jordan

Appendix A Qmentum

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

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

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

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

Action Planning

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

Evidence Review and Ongoing Improvement

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

Appendix B Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

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

Priority processes associated with service excellence standards

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

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