



**ACCREDITATION  
AGRÉMENT**  
CANADA  
Qmentum

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# Accreditation Report

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## **Tudor House Personal Care Home**

Selkirk, MB

On-site survey dates: October 10, 2018 - October 12, 2018

Report issued: December 6, 2018

## 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 2018. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

## Confidentiality

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

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

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

## A Message from Accreditation Canada

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

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

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

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

We look forward to our continued partnership.

Sincerely,



Leslee Thompson  
Chief Executive Officer

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## Executive Summary

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.

## Accreditation Decision

Tudor House Personal Care Home's accreditation decision is:

### **Accredited (Report)**

The organization has succeeded in meeting the fundamental requirements of the accreditation program.

## About the On-site Survey

- **On-site survey dates: October 10, 2018 to October 12, 2018**

- **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. Infection Prevention and Control Standards for Community-Based Organizations
2. Leadership Standards for Small, Community-Based Organizations
3. Medication Management Standards for Community-Based Organizations

***Service Excellence Standards***

4. Long-Term Care Services - Service Excellence Standards

- **Instruments**

The organization administered:

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

## Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	14	0	1	15
 Accessibility (Give me timely and equitable services)	9	0	1	10
 Safety (Keep me safe)	127	7	6	140
 Worklife (Take care of those who take care of me)	36	2	0	38
 Client-centred Services (Partner with me and my family in our care)	65	2	0	67
 Continuity (Coordinate my care across the continuum)	7	0	0	7
 Appropriateness (Do the right thing to achieve the best results)	155	15	8	178
 Efficiency (Make the best use of resources)	6	0	0	6
<b>Total</b>	<b>419</b>	<b>26</b>	<b>16</b>	<b>461</b>

## Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Leadership Standards for Small, Community-Based Organizations	39 (97.5%)	1 (2.5%)	0	63 (90.0%)	7 (10.0%)	0	102 (92.7%)	8 (7.3%)	0
Infection Prevention and Control Standards for Community-Based Organizations	31 (91.2%)	3 (8.8%)	0	47 (100.0%)	0 (0.0%)	0	78 (96.3%)	3 (3.7%)	0
Medication Management Standards for Community-Based Organizations	39 (97.5%)	1 (2.5%)	5	42 (100.0%)	0 (0.0%)	5	81 (98.8%)	1 (1.2%)	10
Long-Term Care Services	49 (90.7%)	5 (9.3%)	1	90 (92.8%)	7 (7.2%)	2	139 (92.1%)	12 (7.9%)	3
<b>Total</b>	<b>158 (94.0%)</b>	<b>10 (6.0%)</b>	<b>6</b>	<b>242 (94.5%)</b>	<b>14 (5.5%)</b>	<b>7</b>	<b>400 (94.3%)</b>	<b>24 (5.7%)</b>	<b>13</b>

\* Does not include ROP (Required Organizational Practices)

## Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Safety Culture</b>			
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)	Unmet	4 of 6	0 of 1
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	2 of 2
<b>Patient Safety Goal Area: Communication</b>			
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Medication reconciliation at care transitions (Long-Term Care Services)	Met	5 of 5	0 of 0
The “Do Not Use” list of abbreviations (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	3 of 3

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Medication Use</b>			
High-Alert Medications (Medication Management Standards for Community-Based Organizations)	Met	5 of 5	3 of 3
Narcotics Safety (Medication Management Standards for Community-Based Organizations)	Met	3 of 3	0 of 0
<b>Patient Safety Goal Area: Worklife/Workforce</b>			
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
<b>Patient Safety Goal Area: Infection Control</b>			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Unmet	1 of 1	1 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0

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

## Summary of Surveyor Team Observations

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

The Tudor House Personal Care Home is fortunate to have strong partnerships including Interlake-Eastern Regional Health Authority, City of Selkirk, fire department, faith-based volunteers, Betel Personal Care Home, Extendicare Red River Place, and the Selkirk Mental Health Centre. The relationships are mutually beneficial and help to prevent silos in the system and promote timely access to long-term care. The Tudor team is described as accommodating, equitable, fair, and extremely willing to share policies. The organization is involved in the Long Term & Continuing Care Association of Manitoba. The team is creative in managing internal moves and admissions in a timely fashion.

The leadership team is long-serving, experienced, and respected by internal and external stakeholders. As well as striving for organizational excellence and resident safety, there is a commitment to give back to the community through participation and philanthropy. Planning is a strength and as a result there are excellent strategic, operational, and departmental plans. Fundraising has been successful, as evidenced by the purchase of a bus for the residents and the funds raised to date to develop an Alzheimer's wandering garden.

Staff morale is high due to clear policy directions, management styles, and strategies to promote a respectful workplace, violence prevention, and just culture. Staff are trained on safety and there is other mandatory education as well as wellness and social activities. Orientation, job descriptions, and performance reviews are standardized and thorough.

Client and family-centred care and engagement is partially in place. It is suggested that the organization formalize the model. The team works with the values of the organization and partners with the residents on individual care issues. There is a need to pursue these partnerships further by developing strategies to incorporate resident and family representatives into organizational services, decision making, and quality improvement. This is a learning curve for many organizations across the country.

Delivery of care and services is rated highly in the client experience survey results. Departments are well organized and there is excellent communication and collaboration across the organization to meet resident needs. Improvements to information technology would greatly increase efficiency in many departmental and clinical areas.

# Detailed Required Organizational Practices

Each ROP is associated with one of the following patient safety goal areas: safety culture, communication, medication use, worklife/workforce, infection control, or risk assessment.

This table shows each unmet ROP, the associated patient safety goal, and the set of standards where it appears.

Unmet Required Organizational Practice	Standards Set
<b>Patient Safety Goal Area: Safety Culture</b>	
<p><b>Patient safety incident management</b> A patient safety incident management system that supports reporting and learning is implemented.</p>	<ul style="list-style-type: none"> <li>· Leadership Standards for Small, Community-Based Organizations 14.4</li> </ul>
<b>Patient Safety Goal Area: Infection Control</b>	
<p><b>Hand-Hygiene Compliance</b> Compliance with accepted hand-hygiene practices is measured.</p>	<ul style="list-style-type: none"> <li>· Infection Prevention and Control Standards for Community-Based Organizations 8.4</li> </ul>

## Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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



High priority criterion



Required Organizational Practice

**MAJOR**

Major ROP Test for Compliance

**MINOR**

Minor ROP Test for Compliance

## Priority Process Results for System-wide Standards

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

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

### Priority Process: Planning and Service Design

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

The organization has met all criteria for this priority process.

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

The organization is guided by a comprehensive and informative strategic plan with five key priority goals, including operational excellence and resident safety. The document includes an operational plan linked to the goals as well as a human resources plan, communication plan, and risk management plan. The plans have deliverables, indicators, and timelines. The format has not changed for many years but it works well. The chief executive officer is the author of the plan and input is gathered through management meetings rather than formal retreats.

The mission, vision, values, and ethics framework are reviewed annually, mainly with the management team. Families and residents report that the organization lives the mission and values very well.

The planning document is shared on the bulletin board but otherwise there is no formal process to get input or feedback from staff, residents, or families. Every two to three years, a community advisory group is invited to participate in a focus group to provide feedback to the organization about its services. This net is widely cast but return is limited. The organization uses other sources for input including family and resident engagement in evening wellness programs, quarterly news emails, surveys, and a responsive open door policy with all management and clinical staff.

The Resident and Family Advisory Committee meets monthly during the daytime and there is usually only one family member in attendance. It is suggested that the team organize themed evening meetings two or three times a year to formalize information sharing and feedback. This will be particularly important if redevelopment is approved.

## 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)

The Tudor House Personal Care Home is guided by two health authorities. The Interlake-Eastern Regional Health Authority gives direction about operations, admissions, added care, and clinical support. Finance is determined through the Winnipeg Regional Health Authority.

There is a very strong capital planning process guided by the priorities of resident and staff safety and comfort. Clinical staff report that they are usually able to have new or replacement medical equipment as needed each year. Capital improvements are extensive. There is a need for funding for clinical and building technology to improve efficiencies in the current paper-based system.

There is an annual audit with BDO as well as periodically with the Winnipeg Regional Health Authority. Financials are reviewed at quarterly board/shareholder meetings. Budget planning is done with the senior leadership team, guided by the consulting accountant. There is a suite of financial policies.

The organization is experiencing a challenging year with targeted savings in the budget province wide. Financial key priority indicators are monitored closely. The campus of care creates some opportunity for cost sharing within the organization.

## 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)

There is a comprehensive human resources plan within the strategic plan bundle that addresses the challenges of the current workforce shortage and demographics across the region. There is deep analysis and strategies for recruitment and retention.

The home is fortunate to have skilled leadership that promotes a positive work culture. Strategic planning is needed to address succession for key leadership retirements. There are opportunities in the home to move up the career ladder and access further training. There is evidence of mentoring and student practicums are supported, including a student-specific orientation. The staff have a stellar reputation for the long legacy of care in the community.

The department is well organized with current job descriptions, standardized hiring processes and tools, orientation checklists per department, volunteers and students, and standardized annual performance reviews. There is an attendance management program, excellent benefits through the collective agreement, and exit interviews. There is a positive working relationship with the unions despite the current province-wide wage and hiring freeze.

There is an established violence prevention program and ongoing training, environment, and resident assessments and resources from geriatric mental health. The team used the failure modes and effects analysis technique to work on the environmental risk assessments. Respect in the workplace is promoted and concerns are investigated and addressed promptly.

Resident safety education requirements are set annually by the region in the annual review process, which involves self-learning and quizzes. Patient Safety Week is celebrated each year with posters and activities. There are also many opportunities for all levels of staff to attend education and there is support from a part-time educator position.

The Worklife Pulse Tool was completed with positive results, and initiatives have been developed to promote wellness and positive communication.

## Priority Process: Integrated Quality Management

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

Unmet Criteria	High Priority Criteria
<b>Standards Set: Leadership Standards for Small, Community-Based Organizations</b>	
3.6 The spread and sustainability of quality improvement results is promoted and supported.	
12.2 The risk management plan is regularly evaluated and improved as necessary.	
14.4 A patient safety incident management system that supports reporting and learning is implemented. <ul style="list-style-type: none"> <li>14.4.1 A patient safety incident management system is developed, reviewed, and updated with input from clients, families, and team members, and includes processes to report, analyze, recommend actions, and monitor improvements.</li> <li>14.4.6 Information about recommended actions and improvements made following incident analysis is shared with clients, families, and team members.</li> <li>14.4.7 The effectiveness of the patient safety incident management system is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include:               <ul style="list-style-type: none"> <li>• Gathering feedback from clients/residents, families, and team members about the system</li> <li>• Monitoring patient safety incident reports by type and severity</li> <li>• Examining whether improvements are implemented and sustained</li> <li>• Determining whether team members feel comfortable reporting patient safety incidents (e.g., based on results from the Canadian Patient Safety Culture Survey Tool).</li> </ul> </li> </ul>	<div style="text-align: center;">   <b>MAJOR</b> </div> <div style="text-align: center; margin-top: 20px;"> <b>MAJOR</b> </div> <div style="text-align: center; margin-top: 20px;"> <b>MINOR</b> </div>
15.8 The results of the organization's quality improvement activities are communicated broadly, as appropriate.	

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

Tudor House is using a continuous quality improvement and risk management program to report on 22 resident and operational quality areas. The leadership team meets quarterly for half a day to report on assigned key performance indicators and discuss benchmarks, trends, factors, and actions. Data collection is paper based and therefore time-consuming. As well, timely benchmark data from the region are sometimes not available. The use of technology would improve efficiency.

The organization is encouraged to formalize quality initiatives with more targeted meetings and to include representative residents or families and staff. Education about quality tools and processes such as flow charts or plan-do-study-act would help to further develop the department and clinical teams.

The client safety plan and quality improvement plan are embedded in the strategic and operational plans.

While incident management is thorough, input from and evaluation of the system with engagement of resident or family representatives is not in place.

While there is a monthly Resident and Family Advisory Council meeting, this occurs in the daytime and is not well attended by family members. There is a strategy to try to engage family partners through other venues, such as email. It is suggested that quality and safety could also be addressed through the seniors' newsletter.

Just culture was identified as a need in the Patient Safety Culture Tool results and the team is encouraged to promote this further through its plans for a poster series.

The client experience survey results were very positive and were shared. The organization successfully fundraised for the resident bus that takes residents out for drives to see their former homes and to visit other nursing homes for singing. Fundraising for a new Alzheimer's garden in the south property is also half way to its goal.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

Unmet Criteria	High Priority Criteria
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Standards Set: Leadership Standards for Small, Community-Based Organizations

1.10 If the organization conducts research projects, an objective reviewer or body reviews the projects.

Surveyor comments on the priority process(es)

The Tudor House Personal Care Home has a code of ethics that is reviewed and signed off at the start of employment. The document is included in the strategic planning bundle that is posted in the lobby.

There has been some ethics education. Decision tools and other resources are provided by the Interlake-Eastern Regional Health Authority. As well, the health authority has produced information pamphlets for staff, residents, and families regarding medical assistance in dying. There will likely be a need to develop a policy for medical assistance in dying and for medical cannabis. As well, guidelines on supporting human sexuality in long-term care would be helpful.

Ethics is a standing agenda item at the nurses' meetings and this offers opportunities to raise questions about practice dilemmas. There are terms of reference for an ad hoc Ethics Committee when needed. The organization is encouraged to practice and document formal discussion of issues using the tools in the framework.

There are excellent policies covering the range of issues around rights, responsibilities, disclosure, access to information, and confidentiality.

There is reference to ethical approval of research but there has been no opportunity for clinical studies. The organization is encouraged to create a decision guide for approval of research in the home to address the impact participation could have on resources, staff, residents, and families, to align with the relevant values.

## 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)

This year, the home conducted a survey of services of the Community Advisory Committee that meets with the leadership team periodically.

The organization is a respected, recognized provider of care in Selkirk and a home of choice. There is strong community engagement through the Long Term & Continuing Care Association of Manitoba as well as regional meetings, conferences, and community participation and philanthropy. There is an excellent communication plan as part of the strategic plan bundle, with good analysis of the long-term care environment and objectives. This is important as the organization awaits decisions from the province about redevelopment.

There are comprehensive policies for information management and access to resources and best practices. The home is in need of technology to improve the integration of information and data, including the implementation of electronic medication administration records (eMAR) and clinical documentation including resident assessment instrument (RAI), as well as technology for maintenance activities and food services.

While the website is informative, it could be made more engaging by posting documents such as a summary of the strategic plan and including activity calendars, newsletters, and photographs of events in the home.

## 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 home was constructed in 1971 and the interior has been maintained and improved in a planned manner despite the hope of redevelopment in the future. Although maintenance is well organized with a paper system, it could be more efficient with the use of an electronic system that fits the size of the organization.

The home is part of a campus that includes an attached assisted living and an independent seniors' apartment building. Capital improvements related to safety have been made including replacement of HVACs, closed circuit TV monitors, bathing centres, nursing station shatterproof glass barriers, beds, laundry washers, and boilers. There is an inviting staff lounge that was decorated by a former nurse from the home.

Green initiatives include recycling, power saving lighting, electric car charging outlets, and insulated hot water lines in crawl spaces. There is ample storage space that is well organized and uncluttered. There is a noticeable absence of noxious odours and the pleasing odours of home-cooked meals.

Resident comfort and environment enhancements include furniture replacement, pleasing wall paint colours and murals on exit doors, new flooring, and bathroom fixtures. There are bright roomy lounges and a beautiful inner courtyard with water features, large colourful bird feeders, and raised gardens as well as a landscaped perimeter. The courtyard is well used in the warm months for resident, family, and staff barbecues and activities. The organization fundraised to purchase a resident bus.

## Priority Process: Emergency Preparedness

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

The organization has met all criteria for this priority process.

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

The organization has experienced a number of outbreaks in the past few years. There are clear policies and a toolkit in place and staff and families are kept informed about events and procedures to follow. The Interlake-Eastern Regional Health Authority completes outbreak reports for the home and there is good support.

The disaster management program manual was completely refurbished with the support of the Interlake-Eastern Regional Health Authority and the City of Selkirk. The manual is comprehensive and includes action plans for all the international codes as well as phone contact lists, supports, and task sheets and guides for specific disasters such as floods and adverse weather. Regular fire drills are coordinated by the maintenance supervisor and other codes such as code white are practiced every two to three years with the coordination of the regional manager. There is an excellent laminated quick reference guide flip chart in each area of the home and this would be a useful tool to review one code per month with staff, in ten-minute huddles. New name tags also have the codes on the reverse. There is an annual code green evacuation mock exercise and the assisted living building is the receiving area.

The home has experienced power outages and has the resources of a portable generator close to the home. There is always a maintenance staff on call for building emergencies.

The building does not have a fire sprinkler system and this has been weighted as a lower priority as the building is completely brick.

### 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
<b>Standards Set: Leadership Standards for Small, Community-Based Organizations</b>	
3.3 Teams, clients/residents, and families are supported to develop the knowledge and skills necessary to be involved in quality improvement activities.	
3.5 There are regular dialogues between the organization's leaders and clients/residents and families to solicit and use client/resident and family perspectives and knowledge on opportunities for improvement.	
6.2 When developing the operational plans, input is sought from team members, clients/residents and families, volunteers, and other stakeholders, and the plans are communicated throughout the organization.	
9.2 There are mechanisms to gather input from clients/residents and families in co-designing new space and determining optimal use of current space to best support comfort and recovery.	
<b>Standards Set: Long-Term Care Services</b>	
16.8 Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from residents and families.	!
17.3 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from residents and families.	!
<b>Surveyor comments on the priority process(es)</b>	

The organization has some processes to engage residents and families in the services provided. For example, there are regular monthly Resident and Family Advisory Committee meetings that allow free-flowing input regarding services such as meals, laundry, and recreation.

The organization is encouraged to explore and implement models for client- and family-centred care engagement and to implement strategies to formalize opportunities for resident and family input into decision making and services.

Residents and families potentially have a wealth of knowledge and skill sets that can be a vital resource for ideas and assistance in making the home and its operations a success. These untapped resident and family resources could become part of a truly shared partnership.

## 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 home has a wait list of approximately 20 people. Occupancy is monitored in the quality report.

The Interlake-Eastern Regional Health Authority Admissions Committee works collaboratively with the Tudor House team to prioritize residents for admission from the community, hospital, or other homes.

Barriers mainly relate to double rooms and one four-person room in the home. There is a process to manage internal moves in an equitable way prior to admission to vacant rooms. The home welcomes residents with a range of physical, cognitive, and mental health issues. There is good support from the mental health services as well as geriatric psychiatry. Community partners note that the Tudor team is creative and accommodating to meet the urgent needs of the residents of the region.

## Priority Process: Medical Devices and Equipment

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

Unmet Criteria	High Priority Criteria
<b>Standards Set: Infection Prevention and Control Standards for Community-Based Organizations</b>	
10.14 Appropriate Personal Protective Equipment (PPE) is worn when cleaning, disinfecting, or sterilizing medical devices and equipment.	!
10.19 When devices are being sterilized, an internal chemical indicator is placed in each package or container, according to the organization's quality control processes, to verify that sterilizer penetration has occurred.	!
10.22 There is a process that allows for the tracking of medical devices associated with a sterilizer or sterilization cycle.	!

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

Medical devices and equipment processes are well defined. Staff use the checklists and forms consistently. Equipment purchases have direct staff input, such as the recent purchases of new blood pressure equipment and non-invasive equipment to read body temperatures. Resident families have positive comments about the new equipment. Calibration of new equipment is available from the manufacturer.

Reusable equipment cleaning processes need added diligence in developing cleaning and maintenance policy and procedure.

Preventive maintenance files, forms, and binders are in place with good work processes. Staff use the maintenance binder to prioritize equipment needs. All staff know what to do with broken equipment.

## Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

### Infection Prevention and Control for Community-Based Organizations

- Infection Prevention and Control for Community-Based Organizations

### Medication Management for Community-Based Organizations

- Medication Management for Community-Based Organizations

### Clinical Leadership

- Providing leadership and direction to teams providing services.

### Competency

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

### Episode of Care

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

### Decision Support

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

### Impact on Outcomes

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

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

Unmet Criteria	High Priority Criteria
<b>Priority Process: Infection Prevention and Control for Community-Based Organizations</b>	
8.4 Compliance with accepted hand-hygiene practices is measured. 8.4.3 Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.	 <b>MINOR</b>

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

Infection control practices are well documented in detailed policy and procedures. Processes are followed for outbreaks according to regulations, with all staff being aware of how to initiate and follow through. Several staff confidently articulated the four moments of hand hygiene. However, staff were observed in the hallway moving equipment and accessing supplies with inappropriate use of gloves.

Hand-hygiene audits are a concern. They were not done in the spring of 2018 even though there were several respiratory and gastrointestinal outbreaks with a significant proportion of the resident population involved. The most recent hand-hygiene audit failed to give explicit follow-up recommendations in the action plan. There was an early respiratory outbreak in the fall of 2018. The prevalence of outbreaks can likely be linked to the hand-hygiene practices that require better adherence to best practices.

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

Unmet Criteria	High Priority Criteria
<b>Priority Process: Clinical Leadership</b>	
2.4 The physical space is designed with input from residents and families and is safe, comfortable, and reflects a home-like environment.	
<b>Priority Process: Competency</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Episode of Care</b>	
10.3 A pleasant dining experience is facilitated for each resident.	
11.1 Policies and procedures for POCT are developed with input from residents and families.	
11.2 Responsibility for overseeing the delivery of POCT and maintaining quality is assigned to a health care professional.	
<b>Priority Process: Decision Support</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Impact on Outcomes</b>	
15.4 Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from residents and families.	!
15.5 Guidelines and protocols are regularly reviewed, with input from residents and families.	!
17.2 The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from residents and families.	
17.4 Indicator(s) that monitor progress for each quality improvement objective are identified, with input from residents and families.	
17.8 Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
17.11 Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from residents and families.	

**Surveyor comments on the priority process(es)****Priority Process: Clinical Leadership**

Leadership is encouraged to develop closer partnerships and ways to communicate more effectively with residents and families. Better communication systems are needed to give residents and families information about planned environmental changes in their home, and to include and involve them in the planning. This could be done through the Family and Resident Advisory Council.

**Priority Process: Competency**

Staff have a keen awareness of where and how to access policies and procedures, including resident abuse, end of life, complaint processes, and workplace violence. They are knowledgeable about these key subject matters. Staff education on responsive behaviours has been a recent and enthusiastic addition, with many participating in the provincial PIECES (Physical health, Intellectual abilities, Emotional wellbeing, Capabilities, Environment, Social self) series. Staff are well informed and use the tools in service delivery and care planning.

Restraint use is one of the many quality indicators that is at an acceptable rate. The policy is detailed and is followed.

Staff are proud of the end-of-life program and display the Dignity Quilt with pride. There are also diverse religious end-of-life practices. The residents appreciate the monthly celebration of life for their departed brothers and sisters.

**Priority Process: Episode of Care**

Some family members report that it is difficult, at times, to locate the staff responsible for their loved one's care. They find it can be confusing because the dress code is not distinct among disciplines and names and roles on name tags are difficult to read. Although the primary nurse is named in the admission package, they find that person-to-person introductions and overt connections are lacking at times.

There is an interdisciplinary effort to reduce polypharmacy and use of antipsychotics and other quality indicators. Medication reconciliation is well done with three associated forms at care transitions. The team complies with these initiatives with the support of the medical director.

Cognitively alert residents enjoy a multitude of activities such as bus trips, education sessions, and choir groups. The remaining residents may prosper better with a review of their engagement in alternate activities.

**Priority Process: Decision Support**

Leadership is aware of the need to implement newer technological systems but is unable to do so due to a lack of provincial funding. Staff are commended for their sustained manual labour to create the detailed continuous quality improvement reports, which is done without access to the more efficient and less labour intensive InterRAI systems that can generate Canadian Institute for Health Information data comprehensively and effectively.

Confidentiality is respected and maintained with regard to resident charts and medication administration. Chart access is restricted to appropriate personnel.

**Priority Process: Impact on Outcomes**

Resident and family involvement is a central theme of the accreditation standards, and the organization needs to strengthen its efforts in this area. The home is encouraged to review how it could partner with residents and families, especially in quality initiatives. For instance, it could have a resident or family member participate on an Integrated Quality Management Committee, include quality indicator reports (e.g., on infection rates) as a standing agenda item for the Family and Resident Advisory Council monthly meetings, discuss a quality board as part of family and resident tours, or develop and email a newsletter on quality initiatives.

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

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

16.5 An independent double check is conducted at the point of care before administering high-alert medications.	<b>!</b>
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**Surveyor comments on the priority process(es)**

**Priority Process: Medication Management for Community-Based Organizations**

Medication management partnership is magnified for all disciplines and includes strong resident and family involvement.

Further education on high-risk medications and policy revisions and updates regarding definitions of independent and double independent checks are suggested.

Upcoming challenges include new external policies. For example, the move to Shoppers Drug Mart as the newly contracted pharmacy partner may require a transition to new policies. Updates to provincial policies are also pending and these may have an impact on staff workload and education needs.

## Instrument Results

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

### Canadian Patient Safety Culture Survey Tool: Community Based Version

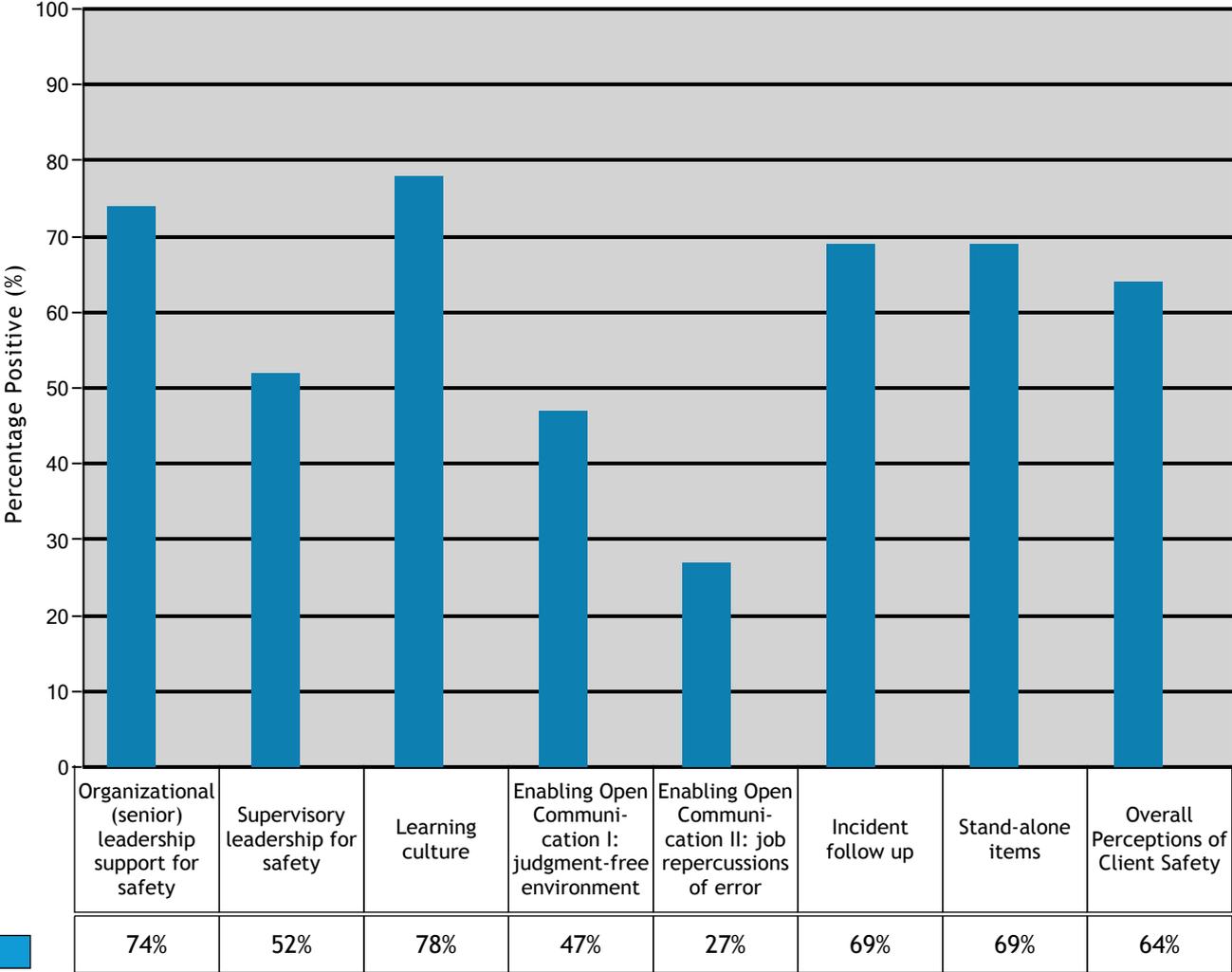
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations 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: June 5, 2017 to September 1, 2017**
- **Minimum responses rate (based on the number of eligible employees): 77**
- **Number of responses: 85**

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



**Legend**

■ Tudor House Personal Care Home

## Worklife Pulse

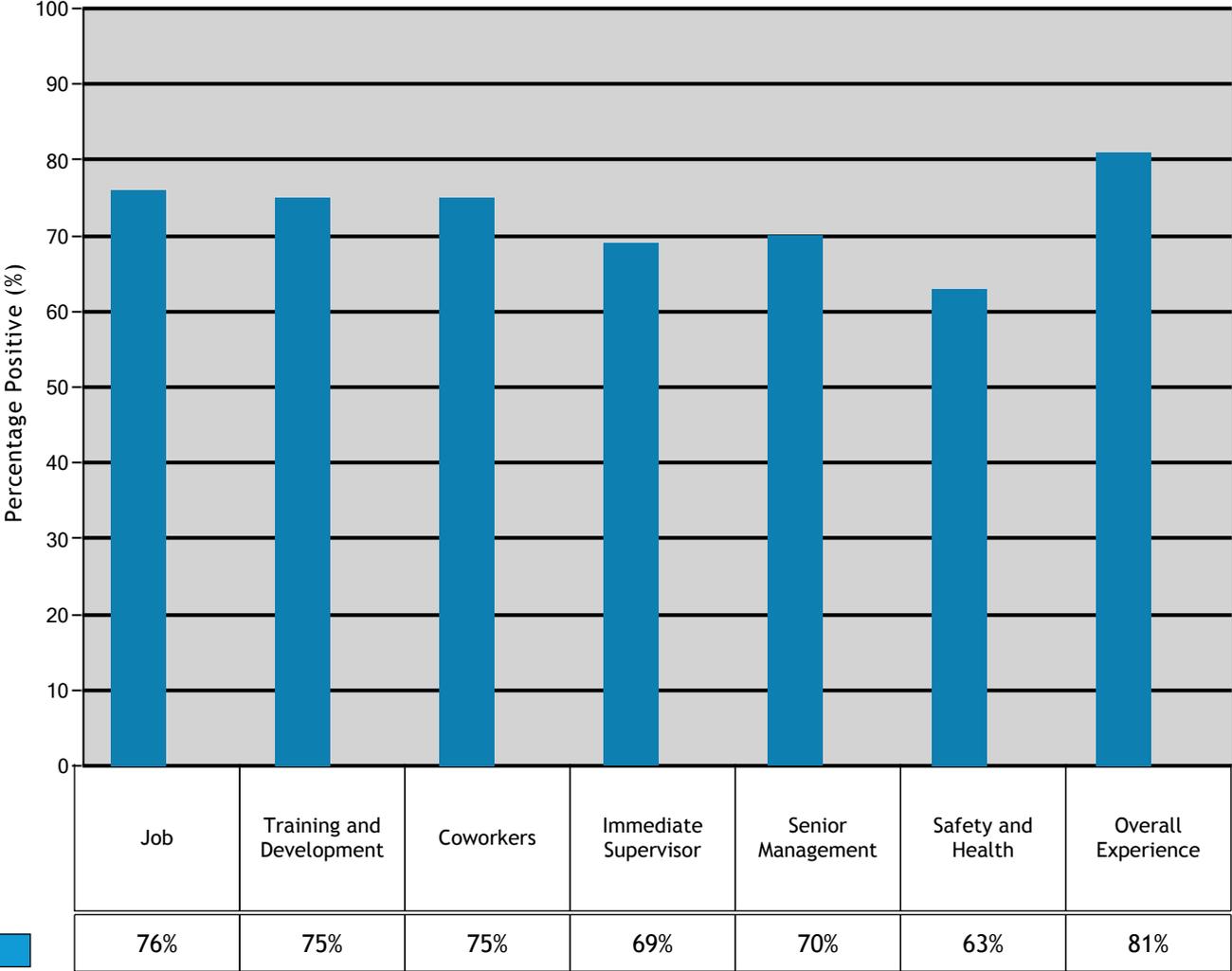
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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: June 5, 2017 to September 1, 2017**
- **Minimum responses rate (based on the number of eligible employees): 80**
- **Number of responses: 80**

Worklife Pulse: Results of Work Environment



**Legend**  
■ Tudor House Personal Care Home

## Client Experience Tool

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

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

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

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

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

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

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

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

## Organization's Commentary

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

The findings in this report were thoroughly reviewed through various processes. Within the report the findings have captured the successes and challenges of the organization.

What we have learned is ideas and ways to include residents and families in development, implementation, evaluation, and follow up of wanted and needed services. It was a pleasure to have the positive affirmations that our staff received from the surveyors based on the positive feedback from residents, families and our community partners.

Immediate actions that we have taken underway following the initial report include:

### 1) Integrated Quality Management

a. Editing our occurrence report to ensure that documentation of residents and families being followed up are clearly stated on the occurrence report . Currently follow up is documented on the Residents IPN, not the occurrence report

b. Report CQI data to residents, families, and other team members to have them review, provide additional analysis, recommend possible actions and monitor improvements. Determine plan for involvement of residents, families and other team members ( ie Resident and Family Council, Monthly Team meetings)

c. Receive feedback on resident safety from residents, families and team members by enhancing surveys on resident safety, Resident/family council/ follow up with families and staff on occurrence reports

d. Track improvements made by maintaining an ongoing list to see if improvements are sustained

e. Readminister patient safety culture survey tool in 2019 -20 to assess if team members are comfortable reporting safety incidents.

### 2) Research and implement improvement strategy for hand hygiene compliance

a. Complete WHO self assessment framework to determine specific areas to increase compliance in hand hygiene

i. Identify possible system issues re resources of hand hygiene / product

ii. Enhance Training and Education

iii. Improve Evaluation and Feedback

iv. Enhance reminders in the workplace

v. Improve safety climate for hand hygiene – re increase commitment by managers; expand/modify role of infection control team; increase hand hygiene promotion for residents, visitors and staff

b. Implement Improvement strategy based on area(s) of assessment - see ( WHO Guide to implementation of Hand Hygiene Improvement)

c. Create hand hygiene brochure that includes Hand Hygiene and Medical Glove Use

d. Sustaining improvement over time through ongoing learning tools. Include hand washing as part of annual review / new staff education (enhance)

3) Increase communication & involvement of Residents/families/ staff in planning, development as well as feedback on improvements etc.

a. Discussion with other nursing homes in our region to identify ways to increased families/ residents in CQI, improvement strategies, etc (completed)

b. Develop Resident/ Family Advisory Committee that will meet initially twice per year to inform families/ residents on Strategic Plan, Capital projects, Policy review, etc. (all areas on agenda related to standards & education information on Accreditation Standards and Manitoba Health Personal Care Home Standards

c. Review agendas items of team meetings, Resident/Family Council / Leadership Meetings, Regional Leadership group (Community Partners); to ensure information is shared and analyzed with input from those groups .

## Appendix A - Qmentum

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

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

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

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

### Action Planning

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

# Appendix B - Priority Processes

## Priority processes associated with system-wide standards

Priority Process	Description
People-Centred Care	Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon.