ACCREDITATION
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CANADA
Qmentum

Accreditation Report

St. Joseph's Care Group

Thunder Bay, ON

On-site survey dates: April 24, 2022 - April 29, 2022

Report issued: August 29, 2022

About the Accreditation Report

St. Joseph's Care Group (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 April 2022. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada

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

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

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

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

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

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Executive Summary

St. Joseph's Care Group (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

St. Joseph's Care Group's accreditation decision is:

Accredited with Exemplary Standing

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: April 24, 2022 to April 29, 2022**

- **Locations**

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

  1. Balmoral Centre
  2. Hogarth Riverview Manor
  3. Sister Leila Greco Apartments
  4. Sister Margaret Smith Centre
  5. St. Joseph's Health Centre
  6. St. Joseph's Heritage
  7. St. Joseph's Hospital

- **Standards**

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

  System-Wide Standards

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

  Service Excellence Standards

  4. Ambulatory Care Services - Service Excellence Standards
  5. Community Health Services - Service Excellence Standards
  6. Community-Based Mental Health Services and Supports - Service Excellence Standards
  7. Hospice, Palliative, End-of-Life Services - Service Excellence Standards
  8. Long-Term Care Services - Service Excellence Standards
  9. Medication Management (For Surveys in 2021) - Service Excellence Standards
  10. Mental Health Services - Service Excellence Standards
  11. Rehabilitation Services - Service Excellence Standards
  12. Substance Abuse and Problem Gambling - Service Excellence Standards

- **Instruments**

  The organization administered:

  1. Worklife Pulse
  2. Canadian Patient Safety Culture Survey Tool: Community Based Version
  . Governance Functioning Tool (2016)
  4. Client Experience Tool

Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	47	3	0	50
 Accessibility (Give me timely and equitable services)	74	1	0	75
 Safety (Keep me safe)	315	0	18	333
 Worklife (Take care of those who take care of me)	116	1	0	117
 Client-centred Services (Partner with me and my family in our care)	342	1	1	344
 Continuity (Coordinate my care across the continuum)	65	0	0	65
 Appropriateness (Do the right thing to achieve the best results)	568	39	9	616
 Efficiency (Make the best use of resources)	31	1	1	33
Total	**1558**	**46**	**29**	**1633**

Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	50 (100.0%)	0 (0.0%)	0	36 (100.0%)	0 (0.0%)	0	86 (100.0%)	0 (0.0%)	0
Leadership	50 (100.0%)	0 (0.0%)	0	94 (97.9%)	2 (2.1%)	0	144 (98.6%)	2 (1.4%)	0
Infection Prevention and Control Standards	57 (100.0%)	0 (0.0%)	10	33 (100.0%)	0 (0.0%)	4	90 (100.0%)	0 (0.0%)	14
Medication Management (For Surveys in 2021)	93 (100.0%)	0 (0.0%)	7	48 (100.0%)	0 (0.0%)	2	141 (100.0%)	0 (0.0%)	9
Ambulatory Care Services	44 (97.8%)	1 (2.2%)	2	75 (97.4%)	2 (2.6%)	1	119 (97.5%)	3 (2.5%)	3
Community Health Services	40 (90.9%)	4 (9.1%)	0	76 (96.2%)	3 (3.8%)	1	116 (94.3%)	7 (5.7%)	1
Community-Based Mental Health Services and Supports	41 (91.1%)	4 (8.9%)	0	92 (97.9%)	2 (2.1%)	0	133 (95.7%)	6 (4.3%)	0
Hospice, Palliative, End-of-Life Services	43 (95.6%)	2 (4.4%)	0	103 (96.3%)	4 (3.7%)	1	146 (96.1%)	6 (3.9%)	1

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Long-Term Care Services	53 (94.6%)	3 (5.4%)	0	96 (97.0%)	3 (3.0%)	0	149 (96.1%)	6 (3.9%)	0
Mental Health Services	48 (96.0%)	2 (4.0%)	0	90 (97.8%)	2 (2.2%)	0	138 (97.2%)	4 (2.8%)	0
Rehabilitation Services	43 (95.6%)	2 (4.4%)	0	76 (95.0%)	4 (5.0%)	0	119 (95.2%)	6 (4.8%)	0
Substance Abuse and Problem Gambling	43 (93.5%)	3 (6.5%)	0	79 (96.3%)	3 (3.7%)	0	122 (95.3%)	6 (4.7%)	0
Total	**605 (96.6%)**	21 (3.4%)	19	898 (97.3%)	25 (2.7%)	9	1503 (97.0%)	46 (3.0%)	28

* Does not includes ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Ambulatory Care Services)	Met	1 of 1	0 of 0
Client Identification (Hospice, Palliative, End-of-Life Services)	Met	1 of 1	0 of 0
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Client Identification (Mental Health Services)	Met	1 of 1	0 of 0
Client Identification (Rehabilitation Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client Identification (Substance Abuse and Problem Gambling)	Met	1 of 1	0 of 0
Information transfer at care transitions (Ambulatory Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1
Information transfer at care transitions (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Long-Term Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Mental Health Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Rehabilitation Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Substance Abuse and Problem Gambling)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership)	Met	3 of 3	2 of 2
Medication reconciliation at care transitions (Ambulatory Care Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Community-Based Mental Health Services and Supports)	Met	3 of 3	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Long-Term Care Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Mental Health Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Rehabilitation Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Substance Abuse and Problem Gambling)	Met	3 of 3	1 of 1
The “Do Not Use” list of abbreviations (Medication Management (For Surveys in 2021))	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management (For Surveys in 2021))	Met	4 of 4	1 of 1
Concentrated Electrolytes (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
Heparin Safety (Medication Management (For Surveys in 2021))	Met	4 of 4	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
High-Alert Medications (Medication Management (For Surveys in 2021))	Met	5 of 5	3 of 3
Infusion Pumps Training (Hospice, Palliative, End-of-Life Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Long-Term Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Mental Health Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Rehabilitation Services)	Met	4 of 4	2 of 2
Narcotics Safety (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Flow (Leadership)	Met	7 of 7	1 of 1
Patient safety plan (Leadership)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Reprocessing (Infection Prevention and Control Standards)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Hospice, Palliative, End-of-Life Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Long-Term Care Services)	Met	5 of 5	1 of 1
Falls Prevention Strategy (Mental Health Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Rehabilitation Services)	Met	2 of 2	1 of 1
Pressure Ulcer Prevention (Hospice, Palliative, End-of-Life Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Rehabilitation Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Suicide Prevention (Community-Based Mental Health Services and Supports)	Met	5 of 5	0 of 0
Suicide Prevention (Long-Term Care Services)	Met	5 of 5	0 of 0
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0
Suicide Prevention (Substance Abuse and Problem Gambling)	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.

St. Joseph's Care Group (SJCG) is commended on preparing for and continued participation in the Accreditation Canada process. The surveyors were very appreciative of the warm welcome and the openness of the staff, residents, families, and community partners. It was evident that everyone worked hard to prepare, and their diligence was evident.

As a Catholic organization, SJCG combines the tradition of the Sisters of St. Joseph of Sault Ste. Marie and innovation in responding to the unmet needs of the people of Northwestern Ontario. SJCG offers a broad range of programs and services in Addictions and Mental Health, Rehabilitative Care, and Seniors' Health in the City of Thunder Bay. SJCG is the regional lead for Rehabilitative Care, Behavioural Supports, and Palliative Care across Northwestern Ontario. This vast service area and culturally diverse client population include many remote and isolated communities where access to specialized health services presents a barrier. To this end, SJCG continues to seek innovative ways to deliver care through technology and strong partnerships to meet the population health needs in these communities.

The SJCG's physical infrastructure is well maintained with a hazard and risk reporting process in place to identify, manage, and address risks across sites. 2030 and 2050 initiatives are being prepared to seek funding to reduce carbon gases, with the goal of achieving carbon neutrality to lessen the organization environmental impact. The organization has made it a priority to create break/rest spaces for staff (e.g., the living wall sanctuary at the main entrance of the St. Joseph Hospital site).

SJCG's refreshed 2020-2024 strategic plan 'Here for You When You Need Us' reflects the transformational change to Ontario's health care system and reinforces a commitment to their clients, people, partners, and future as they continue their mission of meeting the unmet needs of the people of Northwestern Ontario. Notably, the strategic plan includes the recommendations from the First Steps Report 'Wiidosem Dabasendizowin: Walking with Humility', several of which have been actioned to date. The Board and Leadership teams are committed to developing and implementing further diversity, equity, inclusion, and anti-racism initiatives.

The onset of the COVID-19 pandemic pivoted the organization's strategic focus to pandemic response. The early establishment and implementation of the COVID-19 response plan was a critical success factor in the surveillance, detection, outbreak management, containment, recovery, and sustainability through the COVID-19 pandemic waves to date. This included, but was not limited to, the early adoption of universal masking, single-site employment policy, education, Infection Protection Audits, COVID-19 care isolation units, and staff and resident vaccinations. An example of SJCG's mission in action was the establishment of an isolation shelter within weeks of the declaration of the pandemic, for anyone experiencing homelessness or precarious housing who could not heed the advice of public health to "stay home and self-isolate." Over 1,300 clients were able to safely isolate themselves with medical and social supports.

The leadership and staff have demonstrated an impressive response to the global pandemic built on a strong foundation of a robust emergency preparedness program, and strong, committed, and capable leadership.

The handling of the pandemic across the SJCG sites is a testament to the strength of the organization's emergency planning, inclusive of a highly engaged multidisciplinary Emergency Planning Committee. There are good links between SJCG and provincial and local municipality levels for emergency preparedness, including serving as offsite muster sites for the local library and schools.

There have been many improvements to medication management which include the expansion of the hospital pharmacy, which is now fully automated, and the addition of automated dispensing cabinets in the patient areas in the hospital.

The organization's commitment to people-centered care is evident in clients and family, and in the collaborative team-based approach to care. Client and Family Partners play a significant role in contributing their lived experiences and influencing important clinical and non-clinical decisions across the organization. SJCG embeds its values of care, compassion, and commitment through the lens of a client and family-centered model of care. The Board and Leadership are actively involved in hearing from the clients and families and are deeply grateful for the privilege to co-lead with Client and Family Partners. Client stories provide insight into the patient and family experience. The common thread shared by clients and family was how they felt heard, engaged in their care plan, given the care and attention they needed, and had a trusting relationship with the organization and their care team.

Staff live the organization's mission and values each and every day. SJCG staff are caring, compassionate, and committed to providing client-family-centered care to optimize wellbeing and enrich the lives they care for. Residents, families, leadership, and board members give praise to the staff for their courage and efforts to go above and beyond during the pandemic in keeping everyone and themselves safe and secure. Not surprisingly, staff and leaders encountered during clinical tracers noted a heightened focus on mental health and wellness in the workplace associated with the organization’s pandemic response. The organization provides access to an Employee and Family Assistance Program (EFAP) that is well-publicized. SJCG is commended for its efforts to provide a work environment that encourages employees to reach their full potential and maximize their contribution to their program, discipline, the organization, and the community. Wellness initiatives are supported by a committee structure that evaluates its initiatives through wide engagement with staff.

SJCG’s LEADS the Way program is designed to build leadership capacity and is based on the LEADS in a Caring Environment Framework, and supports leadership development through theory, training, and experiential learning. SJCG has nurtured excellent partnerships with public and private educational institutions to facilitate student placements across several disciplines that ideally will translate to new hires in hard-to-fill positions and, with time, reduce reliance on agency staffing.

The Human Resources Plan identifies the community's fastest-growing populations as First Nation, Inuit and Métis, and notes that a growing number of new immigrants are moving to the Thunder Bay area. The organization is encouraged to undertake a diversity analysis and to explore how best to embed diversity, equity, and inclusion in its human capital policies and procedures from the Board to the bedside and in between, including setting hiring targets for all levels of staff and setting recruitment targets for patient and family partners.

The St. Joseph's Care Group (SJCG) is commended for its continued commitment and actions to enhance its communication with staff, residents, families, and external stakeholders. SJCG leverages multiple media channels to advance its brand identity and corporate presence.

Community partners unanimously described SJCG as a trusted and collaborative partner. SJCG is respected, fair, and ensures all equal voices are heard at the table. Leadership is comfortable leading from the front or from the back. Community partners shared rich examples that exemplify the SJCG's contributions to the betterment of citizens served in the City Thunder Bay and across the Northwestern region.

As to some of the broad range of programs and services SJGC offers, below are some of the highlighted services reviewed by the surveyors during this visit:

The Mental Health and Rehabilitation Unit, Community Mental Health Clinic, and Comprehensive Community Support Team provide a continuum of care for clients seeking community-based mental health services, including chronic pain management and vocational rehabilitation services. These programs support people who were clients of the former psychiatric institution and will form the foundation for community-based programs going forward. With the substantial demand for services of these programs, the expected and actual lengths of stay will be important metrics to consider. Client feedback indicates that current facilities and services are accessible, well-used, and highly regarded.

The Seniors Outpatient Services supports seniors to live well in the community and is focused on individualized treatment plans to optimize and improve physical and mental health, functioning, independence, and quality of life. A centralized intake for specialized geriatric service referrals provides a central point of access and navigation. Clients are triaged and they have access to the inpatient Geriatric Assessment and Rehabilitative Care (GARC), Geriatrician or Psych Geriatric Assessment and Rehabilitative Care, Seniors Outpatient Assessment and Rehabilitation (SOAR), in-home community monitoring, and Nurse Practitioner. Telemedicine and e-consults are offered to clients outside of the City of Thunder Bay. Client feedback survey results indicated a high level of satisfaction with the team and services.

Diabetes Health is an outpatient diabetes program that offers individual and group education, such as nutrition, medication, insulin management, insulin pump training education, diabetes and technology, prevention of diabetes complications, stress management, and coping skills. The interdisciplinary team works with clients and partners in collaboration with community partners. The program anticipates commencing a central intake (referral routing) project to create local and regional benefits in diabetic care – access, efficiency, standardization, and care close to home. Client feedback survey results indicated a high level of satisfaction with the team and services.

The Palliative and Transitional Care Program at St. Joseph's Hospital serves a large geographic area in Northwestern Ontario, including Kenora, Rainy River, and Thunder Bay. The profile of the patients served by the program has changed over time, with patients presenting with higher acuity of symptoms. The program team notes that more patients are requiring end-of-life care with advanced COPD, cardiac disease, complex pain, and/or symptom management issues that are not controlled, with unstable conditions requiring close medical monitoring, and/or with functional decline.

The Physical Rehabilitation Programs at St. Joseph's Hospital Thunder Bay, serve a large geographic region in the Northwestern region of Ontario. More patients are presenting with a higher acuity of symptoms, such as increased presentation of patients who require mental health and addictions support in addition to physical rehabilitation, and who are structurally vulnerable (i.e., living rough/homeless). This has increased the complexity of the transition planning to repatriate patients back to the community. The strong interdisciplinary, collaborative, and patient-centred focus of every team member encountered during the clinical tracers was evident during discussions with the team and when observing care interactions between team members. All patients and family members interviewed during the tracers gave a perfect 5 score (on a scale from 0 to 5, where 0 is the worst possible care and 5 is the best possible care), when asked to rate the quality of their care experiences on these units. All patients gave high praise for the quality of care they experienced; they felt involved in decisions about their care, felt that information was provided in a way they could understand, and that they were treated with dignity and respect, including respect for their culture and traditions.

Since the last survey, the Hogarth Riverview Manor was placed under a mandatory management order by the Ontario Ministry of Long-Term Care. In the fall of 2021, the mandatory management order was removed as the organization worked diligently to return the home to legislative compliance. This is a clear example of the organization's commitment to quality and resident safety.

Clients and families speak very highly of the collaborative and caring nature of the teams at Balmoral and Sister Margaret Smith Centre. The teams have developed excellent partnerships with community agencies to promote a seamless and transparent experience for the client across the continuum of care.

Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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

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

Priority Process Results for System-wide Standards

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

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

Priority Process: Governance

Meeting the demands for excellence in governance practice.

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

The St. Joseph's Care Group (SJCG) aspires to ensure the conditions for good governance – structure, cultural norms, behavior, and competence – are in place to carry out their fiduciary responsibilities informed by the Catholic Health Sponsors of Ontario. To that end, the Board is committed to maintaining the highest standards of trust and integrity. The Board follows an established process for ethical decision-making supporting its governance responsibilities, ensuring that all directors have an equal voice, and all views are welcomed.

The Board is committed to people-centred care in partnership with clients and families in the co-design of care, service delivery, and evaluation. The Client and Family Council (CFC) ensures the model of people-centred care supports all staff, physicians, and volunteers in providing the best possible care. The Council includes staff, clients, and family members. They help guide activities related to the model across the organization and ensures that clients and family members are part of the development, implementation, and evaluation of all activities. Notably, Client & Family Partners are members of the Board Quality Safety and Risk Committee, Governance Committee, and Finance and Audit Committee. The Board receives staff, client, and family feedback through multiple channels, including committee reports, surveys, and client stories, and welcomes the presence of the community at its monthly Board Meetings.

The Board serves as stewards and holds in trust the philosophy, mission, vision, and values of SJCG. The Board possesses a broad mix of skills, experience, and knowledge. An annual review of membership on the Board is carried out by the Governance Committee. This review includes an assessment of the needs of the SJCG Board, with particular attention to expertise, regional representation, and areas of the community not represented on the Board. The Board of Directors skill matrix tool determines areas of need.

The Board reviews its effectiveness informally through self-evaluation at the end of meetings and through formalized board evaluation frameworks, like annual board and self-assessment, peer evaluation, and the Governance Functioning Tool. A comprehensive orientation is provided to new board members, and board mentorship guidelines are in place to assist new board members in their growth and development

on the SJCG Board. Board members commented that they received ongoing education to help them fulfill their individual roles and responsibilities and those of the governing body as a whole.

SJCG's refreshed 2020-2024 strategic plan, titled "Here for You When You Need Us", reflects the transformational change to Ontario's health care system and reinforces a commitment to their clients, people, partners, and future as they continue their mission of meeting the unmet needs of the people of Northwestern Ontario. Decidedly, the Board of Directors identified the importance of having cultural humility when moving forward in relationships with Indigenous peoples. This resulted in a First Steps Report in 2021 called the "Wiidosem Dabasendizowin: Walking with Humility" that outlined a plan to develop relationships and practices with Indigenous Peoples (2018-2021). This report has informed and is embedded in the refreshed strategic plan that includes multi-year divisional work plans to achieve SJCG's Walking with Humility Report recommendations. Notably, the Board and leadership team are committed to developing and implementing further diversity, equity, inclusion, and anti-racism initiatives.

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)

Since its last accreditation survey, St. Joseph's Care Group (SJCG) successfully completed its 2017-2020 strategic plan with its vision as a leader in people-centred care and a focus on four strategic directions and eleven strategic goals. This plan resulted in numerous improvements, service enhancements, and new initiatives throughout the organization. SJCG refreshed its 2020-2024 strategic plan titled "Here for You When You Need Us." The process included using the International Association for Public Participation methodology to leverage existing organizational meetings, committees, and council structures to create a stakeholder engagement plan. Previous source documentation was updated to reflect the current context and external environment, including a corporate risk assessment. A strategic foresight approach provided a structured and systematic way of using ideas about the future to anticipate and better prepare for change. In support of the strategic plan, complementary plans have been developed, like the Human Resource, Communication and Engagement plans, and more. Given the impact of the pandemic, the strategic plan was extended an additional year.

Corporate and divisional operational plans are aligned with the strategic priority, goal, and actions. Each objective and initiative identify the performance metric and target, accountability, assumptions and dependencies, resources, and progress. The role/function of Smart Sheet project management software provides the functionality and efficiency to document department and divisional action plans, like information and data to generate dashboards and scorecards that are used to measure, monitor, evaluate, report, and share the outcomes across the organization, to stakeholders like front line staff, leadership, the board, residents, and families. Progress to date demonstrates the completion of some initiatives and others in progress or flagged at risk. To that end, the COVID-19 pandemic has created capacity challenges impacting the progress of the strategic and operational plans, given the organizational imperative to pivot its priority to COVID-19 response and recovery. Notably, the implementation of the SJCG Elders Advisory Council, Indigenous Health Team, Traditional Healing Program, and Indigenous Health Education Committee are examples of the progress achieved towards achieving the recommendations of SJCG's "Walking with Humility" Plan.

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)

St. Joseph's Care Group (SJCG) is commended for its team-based approach to resource allocation. The annual operational budget planning process includes historical financial data, planning assumptions, and discretionary items from the management team, for instance, the responsibility for identifying and demonstrating the case for resources not contemplated within the budget and working within approved budgets. The leadership team is accountable for telling the "story" and for making decisions using the principles of transparency and consistency grounded in evidence and responsible for ensuring the achievement of the approved budget. The operating budget is reviewed and approved by the Board, who is accountable for monitoring the financial performance. The operational budget variances are monitored monthly and course-corrected as required. The Board receives quarterly financial statements and reports. Cash flow management and forecasting are critical to maintaining a sustainable and healthy financial position.

The annual capital budget planning process includes the leadership team collaborating with the Directors of Clinical Services, Finance, IT, Building Services, and Procurement. A needs assessment is generated, and a framework with criteria is used to prioritize capital items and the allocation of resources. Safety, risk, and client care issues are given the highest priority. The review and approval process are parallel to the annual operating budget process. A three year capital plan and cash flow projection are developed to ensure financial feasibility. A five year capital infrastructure plan includes the Facility Condition Assessment Program and the Health Infrastructure Renewal Fund, which are components that inform the master plan. The capital budget is reviewed and approved by the Board, which is accountable for monitoring the financial performance.

SJCG is encouraged to pursue the priority areas identified such as the expansion and use of budgeting solutions to support integrated reporting and financial management, benchmarking review, program evaluation, securing non-traditional revenue sources, and financing key organizational initiatives, like the HIS renewal.

Priority Process: Human Capital

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization has a well documented Human Resources (HR) Plan for the 2020-2024 period designed to develop its human resource capacity to deliver safe and high quality services to its clients. The plan focuses on “our people”, who are leaders, physicians, staff, volunteers, and students, as a strategic enabler to support a healthy work environment and to address organizational development needs for the organization. The priorities of the plan are threefold: to attract, to retain, and to engage staff. Staff turnover rate, absenteeism, and performance appraisal completion rates, volunteer and student numbers, and workplace injury claims are monitored.

The organization is commended for its commitment to ensuring Indigenous patients and families served by the SJCG receive culturally safe and appropriate care that is grounded in Anishnawbe culture, values, and traditions. Towards this goal, a plan to develop relationships and practices with Indigenous Peoples has been developed. The organization is encouraged to work with its Indigenous Health Team, Traditional Healing Program, and community Elders and Knowledge Keepers to develop indicators that will allow the organization to measure progress towards ensuring culturally safe care from staff, from the perspective of the people being served.

The Human Resources Plan identifies the community’s fastest growing populations as First Nation, Inuit, and Métis and notes that a growing number of new immigrants are moving to the Thunder Bay area. The organization is encouraged to undertake a diversity analysis and to explore how best to embed diversity, equity and inclusion in its human capital policies and procedures from the Board to the bedside and in between, including setting hiring targets for all levels of staff and setting recruitment targets for patient and family partners. Examples were shared of “blind” hiring practices that omit all references to cultural and other identifiers, like name and gender.

A challenge and identified risk by the organization is attracting and retaining highly skilled and qualified employees. The HR Plan includes goals related to developing and implementing employee attraction and retention strategies, like hiring to fill a position versus hiring to meet targets for increasing diversity of staff across the organization is a tension that will require thoughtful consideration. Efforts to increase the talent pipeline were cited as having the potential of the dual benefit of prospective employees mirroring the demographic profile of the community.

Recently hired employees reported a high degree of satisfaction with the new employee orientation process and the support provided during their onboarding to the organization and their new role. Staff also reported being well supported with opportunities for ongoing education and professional development. Employee records are a hybrid of electronic and paper based. All educational activities are entered into the

electronic file and a robust internal learning system is available to all staff. Staff recognition is an organizational goal. Most employees questioned during the visit reported having had a performance conversation and evaluation within the last two years. The organization is encouraged to review the current checklist format of the staff performance review form, which uses extremely complex language to describe the criteria against which staff are being evaluated.

SJCG's LEADS the Way program is designed to build leadership capacity and is based on the LEADS in a Caring Environment Framework and supports leadership development through theory, training, and experiential learning. SJCG has nurtured excellent partnerships with public and private educational institutions to facilitate student placements across several disciplines that ideally will translate to new hires in hard to fill positions and over time reduce reliance on agency staffing.

Unsurprisingly, staff and leaders noted a heightened focus on mental health and wellness in the workplace associated with the organization's pandemic response. Occupational Health and Safety Committees are in place with the Health and Safety Boards posted at each site. The organization provides access to an Employee and Family Assistance Program (EFAP) that is well publicized. SJCG is commended for its efforts to provide a work environment that encourages employees to reach their full potential and maximize their contribution to their program, discipline, the organization, and the community. Wellness initiatives are supported by a committee structure that evaluates its initiatives through wide engagement with staff.

Job descriptions reviewed did not appear to include a responsibility specifically related to safety. The organization is encouraged to add safety as an explicit responsibility of every employee. The organization is also encouraged to explicitly include staff and client safety into performance coaching conversations and in documentation and forms.

An excellent library service is available on site at the St. Joseph's Hospital.

A robust Volunteer Services program supports the needs of the organization in recruiting patient and family partners to engage in employee selection committees and corporate quality committees.

Priority Process: Integrated Quality Management

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

Unmet Criteria		High Priority Criteria
Standards Set: Leadership		
3.10	The organization's leaders promote and support the consistent use of standardized processes, decision-support tools, or best practice guidelines to reduce variation in and between services, where appropriate.	

Surveyor comments on the priority process(es)

St. Joseph's Care Group (SJCG) relentlessly pursues quality with pride and enthusiasm. Quality improvement, resident safety, health and safety, and creating a no-blame culture are the key priorities for SJCG. The corporate quality, safety, and risk framework supports the organization in striving for the highest standard of care and safety, and managing risk by utilizing research and evidence-based practices to improve and innovate approaches to client-centered care and service. SJCG's corporate quality, safety, and risk management committee structure incorporates the principles of quality, safety, risk, and client-centered care. Each provides a forum for collaboration, planning, problem-solving, decision-making, and communication. The committees are functionally aligned with organizational structure and lines of accountability, e.g., Board, Leadership, Infrastructure and Planning, People Mission and Values, Communication and Information Management, Human Resources, Clinical Services, and Practice Integration Quality Committee, etc. and are responsible for coordinating the quality, safety, and risk initiatives in their respective portfolios. Corporate and divisional scorecards are aligned with a quality perspective (client-centered, safe, effective, access) with 2020-2024 strategic directions. The scorecards include a performance management summary and visual to track, monitor, and trend the indicator performance against the target.

The 2020-2021 Quality Improvement Plan (QIP) was extended to the 2021-2022 QIP. The latter continues to focus on the same improvement themes established in 2020, aligned with the 2020-2024 Strategic Plan to provide quality and safe care, engage clients and families in care planning, and improve transitions in care.

The data submitted by programs and departments are tracked, monitored, interpreted, and reported as clinical quality indicators through their committee structures. There are many initiatives undertaken across SJCG and the region that are described by teams as quality improvement (QI), although enterprise-wide use of formal methods and tools for QI and formal tests of change was not evident during the survey visit. Information is communicated and shared through all levels of the SJCG, including the Board, Client & Family Councils, the community served, and other stakeholders. SJCG is encouraged to focus its efforts on

formalizing its adoption at the departmental and front lines. The consistent use of quality improvement methodology, like PDSA (plan, do, study, act) and SMART indicators (specific, measurable, achievable, realistic, and time-bound) with evidence-based targets and the tools to present the data in visual formats, such as charts, graphs to track, monitor, trend, analyze, and evaluate the impact and outcomes is encouraged. The implementation of the Client and Family Partners across the corporate quality, safety, and risk committees is commendable and encouraged to further engage and formally solicit client and family participation in its front-line quality improvement initiatives.

SJCG uses a comprehensive risk management framework to identify, measure, manage, report, and monitor risks that affect the achievement of the strategic, operational, and financial objectives. The risk management framework includes a process model to establish the context, identify the risks, analyze (likelihood, consequence, and severity), and evaluate and prioritize the most significant risks for mitigation. Mitigation plans to manage and reduce the impact of prioritized risks are developed. These mitigation plans typically form part of the annual planning process supporting the SJCG strategic plan. Monitoring mechanisms are also established to gauge the effectiveness of the mitigation plan. Leadership has analyzed and synthesized the Canadian Patient Safety Culture, the Worklife Pulse, and the client experience surveys. Key themes and action plans have been initiated in collaboration with staff, residents, and families.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

St. Joseph's Care Group's (SJCG) decision-making framework provides a standardized approach and tool to work through and promote ethical decision-making aligned with the organizational vision, mission, values, and the Catholic Health Alliance of Canada – Health Ethics Guide. A staff bioethicist, a shared resource with Thunder Bay Regional Health Sciences Centre and Home and Community Care Support Services North West, supports the SJCG Board, staff, clients, and care partners through consultation, debriefs, education, and policy review. The Ethics Committee is a forum for discussion, review, and reflection on ethical issues across SJCG. The multidisciplinary group of staff and Client and Family Partners support individuals in accessing ethics consultations, facilitating ethics education, reviewing policies, and monitoring ethical issues and trends to inform quality improvement. SJCG is committed to addressing racism and Indigenous-specific racism. The Research Ethics Board (REB) reviews and approves all research projects.

Members of the Research Ethics Board, together with staff involved in research, completed the Fundamentals of OCAP® Training, a training that focuses on the fundamental concepts of OCAP (Ownership, Control, Access, and Possession), information governance, and Indigenous data sovereignty. The Clinical and Organizational Ethics Service provides an annual report to the organization. The primary referrals to the service deal with consent, capacity, and substitute decision-making issues. The Ethics Service offers monthly education sessions to build ethics awareness and capacity building, such as vaccine hesitancy, Medical Assistance in Dying (legislative Changes and Bill C7), establishing boundaries, and ethically responding to aggressive client behaviors, and more issues.

SJCG staff is comfortable resolving most issues encountered on the front line. The leadership continues to build awareness and ethics capacity across SJCG, like how to integrate ethics in everyday practice.
SJCG is encouraged to continue its ethics education, awareness, and capacity building related to Diversity, Equity, and Inclusion, on topics such as LGBTQ2S and Indigenous Cultural Safety.

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)

St. Joseph's Care Group (SJCG) is commended for its continued commitment and actions to enhance its communication with staff, residents, families, and external stakeholders. To this end, the Communications, Engagement, and Client Relations Team developed and began implementing its 2020-2024 Communications, Engagement & Client Relations plan aligned with and supportive of the refreshed strategic plan. However, the onset of the pandemic reprioritized the communication efforts to support the clients, staff, partners, and the broader public in response to COVID-19. For example, a COVID-19 Information page was created on the SJCG public website concurrent with a push on social media to keep visitors, vendors, and clients informed on several topics, including but not limited to, precautions, visitor information, online screening, online consents, and more. Pre-recorded messages were delivered through auto-dialing software to keep families up to date. Clients and families were connected through virtual visitation when restrictions prevented in-person visitation. A staff COVID-19 section was created to provide critical information, including but not limited to, Incident Management System (IMS) policies, immunizations, resources, screening and exposure, testing, and mental health and wellness supports. SJCG leverages multiple media channels to advance its brand identity and corporate presence. Some examples of its strategic enablers include internal communications (Insider News, intranet, email, President/CEO updates, mail outs/letters, communication binders, and electronic boards) and external communications (website, Facebook, electronic boards, annual report to the community, media releases, publications, journals, and storytelling).

SJCG has adopted the International Association of Public Participation (IAP2) practices in its approach to engagement and it aligns the tactics to the level of engagement being sought (e.g., inform, involve, and collaborate). There are many mediums for engagement, such as staff meetings, Resident/Client and Family Councils, Elders' Council, Community Engagement Councils that provide forums for information sharing, feedback, and education.

Storytelling is a powerful tool and SJCG curates micro-stories that exemplify how SJCG's mission and values by the actions of its people. The community partners group was rich with stories, and examples of effective, open, and transparent communication that has built trust, confidence, engagement, and positive relationships.

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)

SJCG's physical infrastructure is well maintained with a hazard and risk reporting process in place to identify, manage, and address risks across sites. The closure of the Lakehead Psychiatric Hospital in 2018 led to its replacement with a state-of-the-art facility with 100% fresh air exchange in the long-term care and East Wings. Recent upgrades have been funded for integrated sprinkler systems. The building services staff and leaders are proud the state-of-the-art floor scrubbers that use ionized water to remove dirt and bacteria without use of chemicals. 2030 and 2050 initiatives are being prepared to seek funding to reduce carbon gases with the goal of achieving carbon neutrality to lessen the organization's environmental impact. The organization has made it a priority to create break/rest spaces for staff (e.g., the living wall sanctuary at the main entrance of the St. Joseph Hospital site).

An Accessibility Committee has reviewed the state of the physical environment across all locations annually and is now moving to align its plan to the timeframe of the organizational strategic plan. Noteworthy is that this plan was developed with active engagement from client and family partners. Examples of changes include lowering of soap dispensers in public washrooms, access to cutlery in the cafeteria, introducing bariatric rooms, and including bed access in spiritual gathering rooms. The Joint Occupational Health & Safety Committees conduct monthly site inspections to look for hazards and work with managers to address issues. Actual incidents are reviewed to ensure root-cause analysis and changes based on lessons learned. For example, a fire that spread in decorative planters with bark mulch led to replacement of the mulch with stone.

The Lodge on Dawson is an example of the unique partnerships this organization fosters, in this case with The District of Thunder Bay Social Services. The St. Joseph's Foundation of Thunder Bay purchased the Thunder Bay Inn and renovated the space to transitional housing for structurally vulnerable citizens with mental illness and addictions issues. St. Joseph's Health Centre is commended for its role in envisioning and securing funding from the Public Health Agency of Canada to be the lead agency for a dedicated and staff-supported isolation shelter for safe and effective isolation spaces. These spaces comply with public health standards, including infection prevention and control standards in response to the global pandemic's impact on the citizens of its local community.

The Sister Leila Greco Apartments and Hogarth Riverview Manor Sites are newer, co-located, and very well-maintained sites offering supportive living, transitional, and long term care, respectively. This location is designed in such a way that the community is like a campus of care for seniors' health.

The organization is commended for its efforts to divert Emergency Room use by patients who could be served through more withdrawal/detox services in Thunder Bay by increasing its beds at the Balmoral Centre from 22 to 25 beds and is encouraged to continue to seek funding for the new/additional beds.

There are challenges with the physical space on the Hospice, Palliative Care unit. There is currently no physical separation of clean and dirty supplies in the utility room (clean items are stored on one side of the room and dirty items on the other). The designated community bed has a bathroom that is not accessible to patients using a wheelchair or commode. The Regional Palliative and Telemedicine RN has no office space on the unit.

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 leadership and staff of SJCG have demonstrated an impressive response to the global pandemic built on a strong foundation of a robust emergency preparedness program and strong, committed, and capable leadership. The handling of the pandemic across the SJCG sites is a testament to the strength of the organization's emergency planning, inclusive of a highly engaged multidisciplinary Emergency Planning Committee, and the regular review and testing of plans that are updated and strengthened, based on real-world experience and on emerging evidence in the science of emergency preparedness. There are good links between SJCG and provincial and local municipality levels for emergency preparedness, including serving as offsite muster sites for the local library and schools.

SJCG holds regular drills related to their emergency plan, and annual mock evacuations are done in conjunction with the Fire Department. The team was proud of the recent change to Acucheck door markers in lieu of hang tags, which were a recommendation from the Fire Department. Fire drills are scheduled to address factors on varying shifts. Orientation for new staff includes learning about emergency preparedness. New staff do not initiate their work duties until their emergency and safety orientations have been completed.

The organization has developed a draft business continuity plan with input from experts in cybersecurity. The Emergency Preparedness Committee is commended for being proactive in this regard and recognizing that the repercussions from a cyber breach go beyond financial, as organizations suffering breaches can suffer reputational damage in the eyes of patients, families, donors, business partners, and the general public. Procedures are in place with different approaches for scheduled and unscheduled downtime(s) for various systems. Handheld radios with dedicated channels serve as an “old fashioned” back up when VoIP phones are down.

There is good promotion by the Joint Occupational Health & Safety Committee about safety topics generally, and Emergency Preparation, specifically. This occurs during the first week of May, and through Monthly Safety Talk newsletters that are posted on the staff intranet with ‘Trending Topics’ that are provided as a one-pager and archived for 2 years. The Joint OH&S Committee members serve as unofficial Safety Champions. The organization is encouraged to consider scripting key messages for reinforcement by leaders using an approach of “If you have 5 minutes here are the key messages to share with your team,” or “If you have 10 minutes here are the key messages to share, plus an example to reflect on,” or “If you have 30 minutes here are the key messages to share, plus an example with prompting questions for discussion with the team.”

Information for patients, families, and visitors about COVID-19 outbreaks feature prominently on the SJCG website, although more information about Emergency Preparedness was not apparent. SJCG may wish to include fire safety and fire prevention information for the public on their websites, as many organizations do.

The SJCG emergency response plan is built on the incident management system model and is easily scalable. The team noted that due to the multi-sector nature of the organization and the multiple directives that the organization would need to follow to be compliant with provincial directives, a decision was made to follow LTC directives as the 'highest standard' for all sites/services. Colour codes were well understood by staff questioned during tracers. SJCG's pandemic planning is based on international, national, and provincial evidence, and provincial learnings related to H1N1 and SARS.

Pandemic evaluation survey questions for staff are under development to inform the next iteration of the organization's pandemic plan. The team is encouraged to expand the input for the survey to include patients and families.

The organization is commended for hosting onsite COVID-19 vaccination clinics, including pop up sites at the smaller locations, in an effort to address vaccine hesitancy.

Overall, the emergency preparedness team is coordinated, integrated, and solution-driven. A commitment to quality, safety, and ongoing improvement is evident in their action plans.

Priority Process: People-Centred Care

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

Unmet Criteria		High Priority Criteria
Standards Set: Ambulatory Care Services		
15.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Community Health Services		
16.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Community-Based Mental Health Services and Supports		
17.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Hospice, Palliative, End-of-Life Services		
2.9	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
16.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Leadership		
3.3	Teams, clients, and families are supported to develop the knowledge and skills necessary to be involved in quality improvement activities.	
Standards Set: Long-Term Care Services		
17.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from residents and families.	!

Standards Set: Rehabilitation Services		
15.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Substance Abuse and Problem Gambling		
15.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!

Surveyor comments on the priority process(es)

The commitment of the organization to people-centred care is evident from residents, clients, family, and the collaborative team-based approach to care. As a faith-based organization, the SJCG embeds their values of care, compassion, and commitment through the lens of client and family-centred care throughout the organization. The Board and Leadership teams have dedicated significant resources to embed people-centred care from the top-down and the bottom-up in their program and service areas. The Board and Leadership teams are actively involved in hearing from the clients, families, and the community, including community-based organizations, health partner organizations, and citizens.

Through the Communications, Engagement and Client Relations Workplan a robust and rigorous model of Client-Centred Care has been embedded in all Leadership and Service programs. Foundational work has been completed following extensive consultation with community partners, and has resulted in handbooks, toolkits, and resources to support the model of Client Centred Engagement. This cross jurisdictional consultation has enabled what matters to clients and family to be able to experience fewer barriers through the continuum of care. The lived experience and expertise of the client and family drives the provision of care.

Patient stories provide insight into their patient experience. The common thread shared by clients, residents, and family was how they felt listened to, were engaged in their care plan, were given the care and attention they needed, and that they had a trusting relationship with the organization and their care team.

One story heard in one sentence from a client is that “St. Joseph’s cares for you even after you go home.” Some other comments shared by residents and clients were:
“I live three hours away and when I needed outpatient care they put me in an apartment, prepared meals, and provided transportation to and from the hospital at no cost to me.”
“I have been in the program for a long time, and I have now graduated to where I am a peer support, and I can give back to others going through the same thing.”
“When my husband came to the unit, the ambulance took him with no lights or siren so I could have privacy from my neighbors.”
“They gave me a Remote Assistance Device at discharge. Mom loved it and it gave me piece of mind. I didn’t have to worry as I kept in contact, and I had the care I needed.”
“I didn’t really understand my discharge, so together we developed a Patient Oriented Discharge plan.”

As the organization strives for excellence in maturing the client engagement plan, opportunities exist for improvement. Such an improvement might include the use of plain language in all documents, and terms such as co-build, co design, co create, collaborate.

The organization may also wish to consider a web-based measurement application to support a timely, consistent approach to measuring purposeful and meaningful engagement. Metrics can help move from data to knowledge to best practices. In addition to measuring patient outcomes, consideration could be given to measuring patient experience.

In addition to existing in-person, virtual and electronic communication and collaboration, opportunity exists for a community of practice for client and family partners through use of social media for informal networking, training provision, and information sharing. This will also provide opportunities to learn and grow with other patient engagement groups.

Health system transformation is encouraged to be more inclusive of vulnerable populations and an opportunity exists to go outside the organization and meet with the clients in the community. Ethical space is the place in the middle where individuals do not come with an agenda, but where they come to build an agenda together.

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)

SJCG has structures and processes to manage patient flow and ensure safe and effective care transitions across all clinical programs. At the onset of the pandemic to date, SJCG and Thunder Bay Regional Health Sciences Centre (TBRHSC), as well as other regional and community partners, maintain pathways and ensure triage and transfer protocols are in place to preserve acute care hospital capacity. They also ensure that people receive the appropriate level of care in the right place at the right time, from acute care to rehabilitative care and long-term care, and transition to home or community care.

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)

Preventative maintenance is documented through an electronic system, Direct Line. All equipment has an asset tag and is entered into the preventative maintenance system. When a maintenance order is required, the ward clerk or manager will initiate the work order. The equipment is tagged out and removed from service.

There is no onsite sterilization or reprocessing of single-use items. There is a contract with Thunder Bay Regional Health Sciences Centre for sterilization. Disinfection of items, such as urinals and bedpans, is completed by the housekeeping staff in the client areas.

Cleaning solutions are automatically dispensed through pre-set concentrations if dilution is required. It is recommended that a regular schedule be developed to ensure solutions are being delivered at the proper concentrations.

Purchasing is a shared resource with Thunder Bay Regional Health Sciences Centre.

Equipment is standardized as much as possible. There is an active multidisciplinary Product Evaluation Committee. The organization collaborates with other hospitals and purchasing groups to standardize equipment and purchasing power. The organization is a member of the Emergency Care Research Institute which gives the organization access to in-depth review of equipment and safety recalls as they occur. Departments participate in a multi-year capital planning process.

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 direction to teams providing services.

Competency

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

Episode of Care

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

Decision Support

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

Impact on Outcomes

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

Medication Management

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

Infection Prevention and Control

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

Standards Set: Ambulatory Care Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
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		
15.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
15.6	New or existing indicator data are used to establish a baseline for each indicator.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The Seniors Outpatient Services supports seniors to live well in the community, focusing on individualized treatment plans to optimize and improve physical and mental health, functioning, independence, and quality of life. The interdisciplinary team collaborates with clients, families, and community partners to design and provide coordinated care plans, like the geriatric medicine, psychiatry, and rehabilitation. Diabetes Health is an outpatient diabetes program that offers individual and group education, like nutrition, medication, insulin management, insulin pump training education, diabetes and technology, prevention of diabetes complications, stress management, and coping skills. The interdisciplinary team works with clients and partners in collaboration with community partners.

Priority Process: Competency

Staff at the St. Joseph's Hospital and St. Joseph's Heritage sites are provided with professional development, education, and training opportunities. Some staff have completed the LEADS light education, and others look forward to future opportunities to participate in the program. The Diabetes Health staff received their certification in diabetes education. Annual performance reviews and exit

interviews are conducted. Stay interviews were suggested as an opportunity for consideration. The team feels supported and recognized. Affiliations with the Northern Ontario School of Medicine, Confederation College, and Lakehead University provides a means for capacity building in the service.

Priority Process: Episode of Care

The Seniors Outpatient Services comprises geriatric medicine, geriatric psychiatry, and the Seniors Outpatient Assessment and Rehabilitation (SOAR). The closure of the Lakehead Psychiatric Hospital and relocation of Geriatric Medicine and SOAR presented an opportunity to consolidate and collocate these services and a gym into a new space on level one (main entrance). The benefits realized include improved accessibility, decreased wait times,e.g., a 43% decrease in the average waitlist days, and a reduced stigma for mental health clients.

The Seniors Outpatient Services interdisciplinary team consists of highly skilled, knowledgeable, and passionate team members who provide an integrated care and service delivery model, e.g., one-stop-shop. A centralized intake for specialized geriatric service referrals provides a central point of access and navigation. Clients are triaged and access the inpatient Geriatric Assessment and Rehabilitative Care (GARC), Geriatrician or Psych Geriatric Assessment and Rehabilitative Care, Seniors Outpatient Assessment and Rehabilitation (SOAR), in-home community monitoring, and Nurse Practitioner. Psychogeriatric Resource Consultants provide non–pharmacological interventions. Telemedicine and e-consult are offered to clients outside of the City of Thunder Bay.

During the pandemic, virtual and home visits ensured timely access to Seniors Outpatient Services service. The Depression and Anxiety Remote Client Monitoring pilot project enabled Geriatric Psychiatry to assess and monitor clients remotely. This allowed clients to remain in their homes, address their educational needs and learn strategies for self-management after pharmacological interventions were stabilized. Geriatric Psychiatry offers a shared care model with long-term care whereby collaboration between the MRP and specialist increases access to care and decreases the mental services in the long-term environment.

Diabetes Health provides three specialized programs - pediatrics, diabetes in pregnancy, and insulin pump management – adhering to best practice guidelines in the design and delivery of diabetes care. The program anticipates commencing a regional project to modernize and streamline access to diabetic care to conduct a region-wide inventory of services, and referrals and map the client journey including transitions in care. The intent will be to create an e-referral intake to improve access, decrease wait time and provide care close to home.

During the pandemic, virtual and home visits ensured timely access to diabetic care; however, staff was redeployed in some situations. The team is commended for the significant work undertaken to update patient education materials, resource material, e.g., walk-in clinic directory, medical directives, standardized operating instructions, and the implementation of the Assistive Device Program and continuous glucose monitoring process.

Priority Process: Decision Support

Clinicians have access to Connecting Ontario clinical viewer to securely access digital records of clients to support client assessment and care. All client records after appointment or discharge are now scanned in

the EMR. This ensures that up-to-date information is easily accessible for all involved in the client's care. Technology enablers were identified as an opportunity, like the Meditech Expanse upgrade that would improve communication and the robust tools for care coordination and multidisciplinary care plans.

Priority Process: Impact on Outcomes

There is a high level of satisfaction from clients and staff based on survey results, and low client and employee incidents in the Seniors Outpatient Services and Diabetes Health Program.
A notable Seniors Outpatient Services initiatives to ensure safe and effective transitions in care include Patient Oriented Discharge and Appointment Summaries (PODS) to communicate discharge and appointment information and post-discharge calls (24-48 hours) to assess the potential for isolation and assess any changes in the client's medical condition.
Diabetes Health has identified and is encouraged to undertake a program evaluation to collect, analyze and use data to examine the effectiveness and efficiency of programs in collaboration with clients, family, and community partners.
The Seniors Outpatient and Diabetes Health teams recognize the need to adopt and embed a formalized and consistent approach to quality improvement. The team expressed the need and ability to mine data that can be used to design QI initiatives and SMART metrics to measure, analyze, evaluate, and trend to measure impact and outcomes.

Standards Set: Community Health Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
16.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
16.5	Quality improvement activities are designed and tested to meet objectives.	!
16.6	New or existing indicator data are used to establish a baseline for each indicator.	
16.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
16.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
16.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

For Community Health, the survey team toured and conducted tracers at the Sister Leila Greco apartments and the PR Cook apartments.
The Sister Leila Greco Apartments are co-located with a long-term care facility operated by St. Joseph's Care Group. This is a modern building that presents as part of a community of care for seniors. While

tenants of the apartments live independently and direct their own care, this is an assisted living environment where there are in-house and visiting services that tenants can access as required. The connector between the assisted living facility and the adjacent complex care building provides for a "main street" type of facility, housing amenities such as a coffee shop, gift shop, and hair dressing shop.
The clinical operations team operates under a strong leadership team for the administration and clinical aspects of the program. The hospitality and clinical support teams indicate that it is a desirable work environment that has not experienced the recruitment and retention challenges that are so prevalent in the healthcare system today. The team proudly describes their program as one that respects the right of residents to live at risk in a safe and clean building, and to seek support as required to live with independence and dignity.
PR Cook Apartments at St. Joseph's Heritage is a 181-unit apartment building located on the north side of Thunder Bay, with two bedroom, large and standard one bedroom, bachelor, and bedsit apartments with rent-geared-to-income. Of the 181 units, 135 are funded by Ontario Health North West for tenants. The tenants of the PR Cook Apartments at St. Joseph's Heritage must meet the criteria of the Home and Community Care program, be over the age of 65 years, have a valid Ontario Health Card, and require support to live independently in their home.

Priority Process: Competency

There is evidence of rigour to the recruitment and retention so that staff are vetted through job advertisements, interviews, vulnerable sector checks, references, and more. Orientation is provided and feedback on performance is a structured process. Staff noted that they received good orientation and have access to educational opportunities that are necessary to maintain competency and initiate new practices.
There is an active Occupational Health and Safety Committee. Feedback from residents is that the physical plant is well maintained and clean and that staff are kind and respectful of their needs and their privacy. Residents talked about what a pleasure it is to participate in the bathing program if they need or want that kind of assistance. The specific feedback is that it is a therapeutic experience that takes place in pleasant surroundings "with a view." This speaks volumes about the resident centredness of the care. Staff are knowledgeable and willing to go the extra mile for client safety, which is evident in the infection prevention and control practices that were observed and described.
Leaders and staff are highly engaged. Many expressed feeling proud to work at Sister Leila Greco, and to be part of the overall organization.
Services provided in the Seniors' Supportive Housing program are appointment based and include light housekeeping and laundry assistance, meal preparation, and an optional daily dinner program, medication assistance (no administration – blister packs only), bathing and grooming support, assistance with dressing and other adult daily living support, wellness checks, recreation and social programs, support of a client counselor. Staffing mix includes no registered staff. Rather, they have Support Services Workers (personal support workers, development services workers, social services workers and homemaking), Recreational Therapists, Client Counselors (Social Worker/ Social Services Worker), Team Supervisors, Housing Facilitators, Clerks, and Managers.

Priority Process: Episode of Care

Direct care such as bathing, light housekeeping, and assistance with medications is decided upon in direct consultation with clients. There are formalized mechanisms to receive feedback and to collaborate with residents and families about the care and services at the facility. These tend to focus on food and recreation programs. Food choice and quality is an ongoing theme and discussion. Residents generally take at least one main meal in the dining room and receive support from care staff in their apartments as requested based on the level of need. There is a very high degree of satisfaction with the social and recreational programs that are offered.

Once a care plan is decided upon, support is provided by personal care providers. Many residents affirmed that they felt supported, safe, and respected because they can direct their own care and participate in activities and programs in their own homes or with facilitated groups at their own discretion. It was pointed out several times that without a service such as this in the community, people who had experienced a significant health crisis impacting their ability to do self-care would have experienced longer stays in hospital and been at a higher risk of needing more complex care.

There is a medical record kept for each resident. These records do indicate goals of care but are very much directed by the client. The records are kept in a secure place and are reviewed on a regular basis.

Medication management would be best described as the provision of medical assistance to clients who direct their own care, although records are kept of any support that is directly provided to assist a resident or to ensure compliance with a medication regime. Nurse practitioner services are provided at specified times throughout the week for residents who are referred to, or who request this service.

If a client is admitted to hospital, the team lead attends the Thunder Bay Regional Health Sciences Centre or St. Joseph Hospital's discharge rounds.

There is no lift policy. If a client falls and they cannot get up with standby assist, they call 911. An incident report is then completed and entered into SJCG's patient safety incident system for trending purposes.

Monthly fire drills on all shifts (tabletop at night), and mock evacuation exercise are completed annually with local fire department.

The consequence of the pandemic was the shutdown of congregate dining and all recreational programs. Programs have resumed on condition of proof of vaccination. There is a vaccination clinic in the apartment complex. Personal protective equipment is well stocked and supplied to all.

Common areas are very clean and well maintained. The individual apartments viewed are a good size and well maintained.

Staff function like a family with strong commitment to their clients or residents. Residents in turn adore the staff and leadership.

The PR Cook Apartments at St. Joseph's Heritage is a very impressive jewel of a program serving a complex resident population and providing a much-needed program to the region.

Priority Process: Decision Support

At Sister Leila Greco, the residents live independently with home support and other visiting services as required. Minimal records are kept that have to do with rental agreements and home support. There is a good administrative and clinical support with full involvement of residents or their designated spokespeople. Card needs and ability to live independently are monitored, assessed, and documented.

Documentation is stored securely.
The PR Cook team is commended for its leadership in undertaking a community collaborative approach to provide supportive housing for vulnerable citizens in the Thunder Bay region that extends beyond the four walls of the complex. A noteworthy example is the collaboration with acute care when residents are hospitalized. The Team Supervisor and or Clinical Counsellor liaise during discharge planning and or attend discharge planning meetings to ensure a smooth transition back to the residence with full knowledge of any changes in the care and support needs of the resident.

Priority Process: Impact on Outcomes

There is evidence that appropriate data is collected and reviewed to ensure a safe and high quality care environment. There are routine fire drills. It is noted that all staff were either invited to or given an open and transparent opportunity to contribute to the onsite tracers. The organization has clearly engaged with stakeholders to conduct capital planning and to execute plans in a way that facilitates functional planning that meets the standards of residents, family members, staff, and leadership.
The team is commended for supporting clients to live in their home for as long as possible, to delay or eliminate the need for long-term care admission, and to maintain the respect for their life choices while in their home. The client population is becoming more diverse and complex over time and clients are more inclined to wish to live at risk. An emergency profile is created for every resident.

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

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
17.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
17.5	Quality improvement activities are designed and tested to meet objectives.	!
17.6	New or existing indicator data are used to establish a baseline for each indicator.	
17.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
17.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

The Comprehensive Community Support Team is led by a multi-disciplinary team of individuals focused on nursing, vocational rehabilitation, and access to employment opportunities. This is primarily a campus based group of programs that clients travel to, but there is an outreach component for clients who need support with medication management. This is a strength-based program that includes access to life skills programming. Mechanisms are in place to recruit qualified staff with qualifications appropriate to the position.

There is a significant emphasis on client engagement, rights, and responsibilities. This promotes a safe and engaging environment. This could be balanced with a stronger approach to case management focused on outcomes and discharge planning so that access to the program is not hampered by an indeterminate length of stay.
This team provides a mental health outpatient program and a multidisciplinary chronic pain program. There are highly engaged multidisciplinary teams leading these programs. This program has a data analyst who collates and presents data on information that is available from the Access Point Northwest dashboard on the quality board.
There is strong leadership evident in the interactions between leadership, clinical, and administrative components of the program. Staff demonstrate how they meet standards in alignment with the values of the organization.

Priority Process: Competency

There is a qualified multi-disciplinary team in place. Potential clients are screened and assessed after referral through the Access Point Northwest program. Staff have access to education through the Learning Management System and to professional development opportunities defined through a regular process of performance review and planning. Prevention of workplace violence and having a safe workplace is a priority due to the nature and location of the programs in the city.
These teams are highly engaged and interested in leading practices around service delivery in chronic pain management and the delivery of mental health services. There is a strong multidisciplinary component to the program and a converted effort to optimize community connections. Collaboration amongst the various disciplines, including physicians, is high and client centred. The leadership team is interested in quality improvement evidence based decision-making.
It would be worthwhile to consider how to use the data proactively to identify improvement opportunities and engage in specific improvements. The team and the client talked about indeterminate lengths of stay. This is a risk in the sense that if discharges do not occur in a timely way with specific discharge plans, then access could be hindered. There is a popular perception here and in related programs that long lengths of stay are normal because of the client profile. At the same time, there is acknowledgement that the domino effects may not be optimal for the program or the clients.
The team is proud of the spaces and programs they can provide to their clients and demonstrate that there are many features of the space that are designed for safety and quality programming.
There is an Indigenous healing space staffed by a respected Elder that is inviting and is Indigenous inspired and managed. This is a small example of the direction that the organization should continue to move in with its Indigenous Health Programs. Many discussions are held regarding the staff profile and the programs being reflective of the diversity of a changing community.
Staff feel supported in their professional development and in their desire to practice their professional scope.

Priority Process: Episode of Care

Care plans and progress reports are well documented in the electronic medical record (EMR). The multi-disciplinary team has clearly defined roles and there is a collaborative approach to care. Assistance with

medications including provision of injections by registered staff is a significant focus. Medication reconciliation is practiced and documented.
This group of programs has a strong focus on transition to community living and prevention of admission to hospital. There is deliberate effort to engage clients in the development of their goals of care and how those will be supported.
The episodes of care reviewed included chronic disease management and mental health outpatient services. There is a process to optimize the use of the program by holding clients accountable for their participation in the program in gentle ways, such as a follow-up call if there is a no-show event. Clients have the choice to participate or to terminate at any time, and to determine who will have access to their episode of care and related information. When the Decision Guide is developed, there is an opportunity to choose the involvement of various disciplines so that scarce resources are being used wisely.
There is medical assistance provided with medications if required but otherwise minimal involvement in medication administration. For example, clients who cannot afford or gain immediate access to medications are sometimes provided access to sample meds that are securely stored onsite. Generally, client autonomy is encouraged and promoted. Length of stay is a challenging conversation because there is a tendency for clients to remain in the programs beyond the planned period of time to achieve pre-determined outcomes. It was affirmed that some of this has to do with the nature of chronic illness and the attraction to the structured social and recreational aspects of the programs.
There is attention paid to how information gets transferred between services that may be accessed outside of the program while in care. Things like medication reconciliation at points of transition, referral letters, and interagency collaboration are in place to ensure the smooth flow of pertinent information at points of transition.

Priority Process: Decision Support

The service follows a standardized approach to care planning using the Meditech EMR. There is good awareness and there are procedures in place to respect privacy and confidentiality. There is a quality board with select data displayed for staff and client information. This is a community based program that prioritizes community partnerships to create opportunities for clients making the transition from institutional to community living. It is a primary objective of this program to avoid unnecessary admissions to hospital.
Clinical tracers included the review of clinical records in the Meditech EMR. It was evident that all team members participate in the EMR in such a way that each step of the episode of care is in sequence and according to a carefully developed care plan in collaboration with the client and collateral supports. Medication reconciliation is evident and documented at admission, transition, and discharge. There is a smooth transition from referral to episode of care. Clients are engaged via a welcome workshop and the development of a decision guide. The language “decision guide” to describe a care plan seems to speak to client focused care and joint decision making.
The are some challenges with flow of the EMR but staff demonstrated that they have learned to use different fields to view aggregate information in a way that flows along with the clients’ progress. Meditech is a secure environment and staff are well versed in measures that are required for privacy and confidentiality.

Priority Process: Impact on Outcomes

This is a community based program that focuses on nursing support, vocational rehabilitation, and job readiness. There is evidence of rigour in developing and documenting care plans with specific goals to be monitored. The multi-disciplinary team is highly engaged and collaborative. Safety is a high priority commensurate with working with a high risk population in a community setting. For example, there are mechanisms in place to address the risks of working alone.

This program is interested and engaged in collecting and analyzing data about various aspects of the work that is being done. Some of this is to substantiate the funding and the demand for the program in the community, particularly the chronic pain management program. Data is collected and shared on the quality board via graphs and information sheets developed by an analyst. The challenge is that it is not evident that the data is used to drive quality improvement initiatives in an organizational way or to assess the success of programs by measurement of defined indicators. Rather, the data is collected retrospectively, and there is a preponderance of attention paid to client feedback surveys. It is recommended that consideration be given to how the organization can advance its culture of quality improvement by pro-actively selecting measurable indicators of progress on objectives that are aligned with the organization's overall strategic priorities. This would provide engagement opportunities for staff to contribute great ideas from the point of care and to see their place in the overall strategic direction of the organization. Having a regular huddle at the quality board where the meaning of the data is discussed with the team could also be more deliberate. This observation does not detract from the good work that is already being done to display data that is lagging, but informative about what prior experience says about services that have already been delivered.

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

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
2.12	A universally-accessible environment is created with input from clients and families.	
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
16.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
16.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
16.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

The Palliative and Transitional Care Program at St. Joseph's Hospital serves a large geographic area in Northwestern Ontario, including Kenora, Rainy River and Thunder Bay. The program offers support to adult patients and their families facing terminal illness for pain and or symptom management. The program facilitates end of life care with the goal of ensuring the best possible quality of life for dying patients and their family members and loved ones. An interdisciplinary team provides specialized care to patients in ten hospice beds, 22 tertiary palliative and transitional beds and one unfunded community bed. Clients are admitted to the program through three streams: either directly from the community, or as a transfer from an acute care hospital (most are from the Thunder Bay Regional Health Sciences Centre) and the regional cancer centre, or through an internal transfer from St. Joseph's Hospital. Additionally, the team provides consultation support to six beds in other communities. The profile of the

patients served by the program has changed over time with patients presenting with higher acuity of symptoms. The program team notes that more patients are presenting requiring end of life care with advanced COPD and cardiac disease, complex pain and or symptom management issues that are not controlled, with unstable conditions requiring close medical monitoring, and or with functional decline. The clinical and medical leadership of the program demonstrated a strong commitment to their patient populations and to the members of the interdisciplinary team. The team is looking to continue to find opportunities for growth within the team to continue its role to provide and promote high quality, holistic, end of life care to palliative patients and their families and loved ones.

Priority Process: Competency

There is a strong interdisciplinary team in place on both units. When asked what they staff are most proud of, there was consensus they were most proud of "our interdisciplinary teamwork". A strong commitment to excellence in care provided to the patient populations on both units is evident and is supported by feedback from the patients who were interviewed or observed. Staff reported being well supported by their leadership team, as well as having timely information and mentorship to do their job.
The clinicians working on both units offer a unique skill set to meet the needs of their patient population. "Theme of the Month" pharmacy education topics were noted as a strength. However, the organization is encouraged to engage Rehab Assistants as members of the interdisciplinary team, as their absence appears to be a limiting factor in the timeliness of follow through on exercise and mobilization prescriptions that could help promote comfort and conditioning of patients. Family and visitors support patients in the evenings when there is a lack of programing, although this is a gap for patients who come from outside Thunder Bay.
Staff reported feeling involved in decision making regarding their work with their patients and feeling listened to when they have suggestions for improvement. There is a strong sense of camaraderie amongst the team members. Of special note is the staff's "Blessing of the Room" on the passing of a patient and the reading of the names of those who have passed on the unit every week at rounds, along with the reading of a prayer. Although the team is comprised of very skilled and long tenured professionals, concern was expressed amongst both team members and leaders about recruitment and retention challenges. Protocols are in place to address requests from patients for MAiD.

Priority Process: Episode of Care

The acuity of patients in the program has increased over time. The strong foundation of interdisciplinary communication and integrated care planning on these units ensures that goals of care are developed by the team with shared decision making (goals of care conversations) involving patients and families. A flow chart that depicts the community to hospice referral process and priority criteria assist with management of the waitlists for admission to the program and are continuously updated or revised by the team with input from families and other agencies, for example, as was done to address the impact on admissions due to the COVID pandemic. The team is commended for its current work to strengthen the admissions process by implementing pre-printed direct orders for admission. Attention is given to barriers to discharge and to allowing patients whose wish it is to die at home. Barriers are addressed with customized end of life care plans for each individual patient and family. This is facilitated through daily

team huddles and weekly rounds. In addition, transitions in care are facilitated by detailed discharge summaries from all team members to receiving organizations. For Indigenous patients and families, transitions in care are facilitated with the support of the Indigenous Health Transitions Coordinator.
Hand hygiene audits are conducted on the units and posted for public view. The team reported active efforts to address opportunities for improvement at specific "moments" that had declined early in the pandemic.
Medication reconciliation was found to be consistently complete at admission, transfer and discharge on all charts reviewed in both units. A role has been developed for the Pharmacy Technician on the team to complete medication reconciliation. This is noteworthy in that the completion and compliance rates with medication reconciliation at admission, transfer and discharge are now close to 100%. The organization is encouraged to consider documenting this change in practice and submitting it to Accreditation Canada as a Leading Practice.
The focus of the teams on both units on falls risk assessment screening, pressure injury prevention, wound care, and malnutrition screening is commendable. Daily flow sheets are maintained, and care plans and individualized patient goals were documented on patient records. The use of two client identifiers was consistently noted during medication passes.
The nursing, allied health and housekeeping staff on both units are commended for their diligence in keeping their patients and colleagues safe during the pandemic through a vigilant focus on infection prevention and control. However, the overall physical space on the unit is inadequate. There is currently no physical separation of clean and dirty supplies in the utility room (clean items are stored on one side of the room, while dirty items are stored on the other). The designated community bed has a bathroom that is not accessible to patients using a wheelchair or commode. The Regional Palliative and Telemedicine RN has no office space on the unit. The organization is encouraged to review these constraints with its client family partners at its earliest convenience.
The program has adopted the Registered Nurses' Association of Ontario's (RNAO) Best Practice Guideline for Earlier Identification of Palliative Care to build capacity within the teams to support earlier identification of the need for palliative care. The Best Practice Guideline is a comprehensive document that provides guidance and resources for evidence-based practice and decision-making.
Three patients and a family member interviewed all gave high praise for the quality of care they experienced. They felt involved in decisions about their care, felt that information was provided in a way they could understand, and that they were treated with dignity and respect, including respect for their culture and traditions.

Priority Process: Decision Support

The team is commended for its leadership in undertaking a community collaborative approach to develop a Hospice Diversion protocol. Engagement of key partners in the acute, home and community care, emergency medical services, hospice, and regional palliative care sectors across the region led to a gap analysis that identified the need for a process to register patients to be in a diversion stream to avoid transport by ambulance to the Thunder Bay Regional Health Sciences Centre's emergency department. Patients who wish to include the option for direct admission to Hospice at St. Joseph's Hospital as part of their palliative care plan complete the Hospice Diversion Form. The Form directs EMS to bring them directly to the Hospice, if their care needs cannot be met at home provided that a bed is available. Both

Emergency and non-Emergency diversion admissions can be accommodated by the Hospice. The team is encouraged to consider submitting the Diversion protocol to Accreditation Canada as a leading practice. In addition, the team is proud of the 24/7 Palliative Care Consultation Line that supports frontline providers who are caring for individuals in the community.

Priority Process: Impact on Outcomes

Several program quality indicators were presented. The team and leaders are encouraged to use the data collected on these indicators to inform local quality improvement initiatives using the model for improvement to ensure targets are developed and tests of change are evaluated. This will help to determine if there are improvements from the perspective of patients and families, as well as the team and program.

The leadership of both units use demographic data and information about community needs to understand needed service and staffing levels for the program. A strong interdisciplinary, collaborative and patient-centred focus was evident from every team member encountered. This is a highly skilled team that works to build capacity within and beyond the walls of St. Joseph's Hospital. Although there is no formal patient and family "councils" on either unit, family engagement, despite COVID-19 visitor restrictions, was evident. The program has done an admirable job of defining protocols to permit COVID-19 visitation at end of life and to support patients with known or suspected COVID-19 infection.

All patients and family members interviewed gave a perfect five score on a scale from 0 to 5, when asked to rate the quality of their care experiences on these units.

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

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control	
The organization has met all criteria for this priority process.	

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

St. Joseph's Care Group (SJCG) has dedicated resources to support infection prevention and control (IPAC) practices. There is a high functioning multidisciplinary team that meets every other month to review infection rates, outbreaks, hand hygiene audits, and policies. The terms of reference for the committee were recently reviewed to ensure participation from each program and a client family partner. There is representation of IPAC members on the Product Evaluation Committee.
There is an excellent relationship with the Public Health Department which is a member of the IPAC committee. In addition to being a member of the IPAC Committee, public health has regular discussions to discuss any issues, concerns, or practice.
IPAC policies were developed using the Provincial Infectious Disease Advisory Committee (PIDAC) as a reference tool. Policies are reviewed annually.
During the pandemic, the organization initiated an Incident Management System (IMS) Commitee to enable the organization to quickly respond to the pandemic. An "All Hands on Deck" philosophy was adopted, team members felt well supported. Team members felt highly engaged through the pandemic and felt they were well informed. Information was shared through several different means to ensure team members were kept up to date.
Clients and families felt they were well supported through the COVID-19 pandemic with information and education. Several different means, such as robocalls, newsletters, and townhalls were deployed to ensure clients and families were kept up to date with information.
Hand hygiene and personal protective equipment (PPE) audits are regularly completed, and the results were shared. Opportunities for on-the-spot education were taken if deficiencies were noted. Last fall, a Clean Hands Campaign was launched to promote a clean care culture.
The closure of the Lakehead Psychiatric Hospital in 2018 led to its replacement with a state-of-the-art facility at St. Joseph's Hospital with 100% fresh air exchange in the East Wing. The building services staff and leaders are proud of the use of state-of-the-art floor scrubbers that use ionized water to remove dirt and bacteria without use of chemicals.
It is recommended that clean and dirty supplies on 4 North of St. Joseph's Hospital be separated as it was noted currently that there is no physical separation of clean and dirty supplies in the utility room.
The organization is encouraged to assign specific accountability for the posting of contact precaution signage in the event that a patient is moved from one room to another. At this time, this is an "everyone and no-one" responsibility, so there was evidence during the onsite survey of the signage having been

overlooked. The risk (likelihood x consequence) could be very high, as both the likelihood (number of room changes) and consequence (staff, visitor, and roommate infection) are high.

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

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
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.	!
17.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
17.10	Information about quality improvement activities, results, and learnings is shared with residents, families, teams, organization leaders, and other organizations, as appropriate.	
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		

The organization is dedicated to providing quality, safe, and competent care to residents. Due to the challenges in recruitment, there is currently a high usage of agency staff. The organization has taken steps to mitigate the risk by offering longer term contracts to these temporary staff members.
During the client/family meeting at Hogarth Riverview Manor, clients and families did express concern around the low number of staff working on some of the home areas at times. The families and clients expressed gratitude for the efforts to improve communication, however, the organization is encouraged to

continue to foster and develop meaningful and consistent collaboration with residents and families.
In response to resident need, Bethammi Long Term Care collaborated with Janzen's Pharmacy to develop a policy to support residents needing methadone. Bethammi Long Term Care is the only home in Northwestern Ontario that supports residents on peritoneal dialysis.
There is a good understanding of the needs of the community. Excellent partnerships with stakeholders, especially Public Health, have been developed.

Priority Process: Competency

The organization utilizes a learning management system (LMS). There is an expectation that the modules will be completed annually. If modules are not completed the leadership team will follow-up with the team member to ensure completion.
Role descriptions define roles and responsibilities. An orientation process is in place where staff are mentored by a more experienced team member.

Priority Process: Episode of Care

Until September 2021, the Hogarth Riverview Manor (HRM) was under a provincial mandatory management order. The organization enlisted the support of Extendicare to assist them in achieving legislative compliance. The leadership team at HRM are experienced but are more recent additions to HRM team. Families and residents stated that the leadership team were accessible and that they responded quickly to concerns.
Charts are well maintained with appropriate assessments being completed on a regular basis, and as needs change. Post-Fall huddles are held to determine the root cause of the fall and to put prevention strategies in place. It is evident that medication reconciliation is well done.
Both sites have very active Resident and Family Councils. At the Council meetings, topics focus on food and activities, and it is recommended that these discussions continue with the leadership teams. Due to the pandemic, there has been disruption in regular program opportunities for residents. Recruitment for additional recreational support at HRM is underway.

Priority Process: Decision Support

Resident records are paper based and electronic. Since the last survey, the organization has moved the electronic documentation system from Med e-Care to PointClickCare. Records are well maintained and securely stored.
The team has access to a bioethicist, through SJCG, who has supported the team with some ethical challenges in partnership with families.

Priority Process: Impact on Outcomes

Generally, the organization has adopted Extendicare's policies which are reviewed annually, and updates are shared with the team.
Quality improvement was presented in a retrospective manner during this survey. There was no evidence that specific indicators are being monitored with the intention of achieving particular outcomes at the

unit level. That is not to say that quality improvement is not top of mind or that improvements are not being made. The team could point to multiple efforts that have been made to respond to ideas that people have for improvement, and organized efforts to make changes because of unusual incidents. There is commitment to the strategic plan and the values of the organization. Many people referenced the commitment to clients, people, partners, and the future. There is a quality board in the unit with data that is current. There is opportunity to be more deliberate about the data that is shared alongside specific improvements that the unit is undertaking. There was no evidence of client and family input at the home level.

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

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
Priority Process: Medication Management

Pharmacy services to the hospital are provided by an in-house pharmacy, while Long Term Care enjoys a long-standing relationship with Janzen's Pharmacy. Since the last survey, there has been an expansion in the hospital pharmacy and the move to an automated system. Omnicell (Automatic Distribution Cabinets) are now used for medication delivery. Staff have access to online resources regarding medication and have 24/7 access to a pharmacist.

There is an active multidisciplinary Medication Management Committee that meets monthly. The committee reviews medication incidents and looks for trends over time and safety issues. Action plans are developed based on trends. Medication incidents are viewed as an opportunity for learning and are dealt with in a non-punitive fashion. Medication incidents are disclosed to the clients and families. Medication Administration Safety Huddles (MASH) are held on each unit every five to six weeks on topics defined from the medication trends or on the request of nursing. MASH huddles are followed up with posters with key messages.

There is a Joint Pharmacy and Therapeutics Committee with Thunder Bay Regional Health Sciences Centre. Medication reconciliation is done well throughout the organization. There is a dedicated resource for medication reconciliation at the hospital.

There are policies for high alert medications across the organization and audits are completed quarterly. Staff across the organization are aware of the Do-Not-Abbreviations which are placed in the front of each client's record. Audits of use of the Do-Not-Use abbreviations are completed and the information is shared appropriately throughout the organization.

The long-term care homes have excellent policies around residents self-administering medications. There is a Bedside Medication Policy at the hospital which the hospital has identified as requiring review.

Standards Set: Mental Health Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
15.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
15.5	Quality improvement activities are designed and tested to meet objectives.	!
15.6	New or existing indicator data are used to establish a baseline for each indicator.	
15.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

The Mental Health Rehabilitation Unit is a purpose-built forty-bed inpatient space providing service to clients with chronic mental illness. The focus of the unit is community re-integration. The unit is a bright and spacious facility designed around four pods with decentralized dining, recreation, and private rooms. The unit has the advantage of being a planned space that is part of a bundle of community services and programs for patients who would have been cared for in a large institutional facility setting in the past. There is evidence of strong leadership and alignment with the organization's strategic priorities. There are also strong community partnerships that support the objectives related to discharging and supporting clients with chronic mental health conditions into the community.

Priority Process: Competency

There is a high-functioning multi-disciplinary team. Systems are in place to ensure that professionals have the appropriate credentials for their roles and that risk is mitigated with things like vulnerable sector criminal record checks. There are opportunities for professional development. Staff indicate that measures are in place to ensure a safe workplace.

Priority Process: Episode of Care

This modern facility is accessible and designed to provide private and communal spaces. There is a central nursing station that is designed to blend in with the environment so as not to project the image of a traditional institutional nursing ward. There are secure spaces that can be monitored when clients are needing extra security. These are designed to allow for observation, and there are policies and procedures in place to guide their use.

The unit is in high demand. Discussions about length of stay indicate that the unit could possibly review its indicators of success from the point of view of access to the service and pro-active discharge planning. Current length of stay is high, which is explained as a feature of a rehabilitation unit working with complex persistent mental illness. With the community-based programs that are also operated by St. Joseph's, there may be further opportunities to expedite people from hospital-based rehabilitation to community so that these high-demand beds are more available to people on the waitlist.

Priority Process: Decision Support

There is an EMR in place (Meditech). The EMR provides a logical sequence of fields for the collection and analysis of information pertaining to the care plan. Measures are in place to ensure privacy and confidentiality.

Priority Process: Impact on Outcomes

There is a focus on quality. However, there is insufficient rigour to identify and undertake specific quality improvement initiatives that are clearly tied to strategic and operational priorities. There is a focus on sharing of information and review of evaluation results that come from sources, such as client satisfaction.

There is a robust process to assess, care plan, and evaluate the progress of clients in care with safety being top of mind. The EMR provides documentation that is available to the multidisciplinary team for these purposes.

There is an incident reporting and investigation process in place.

Standards Set: Rehabilitation Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
1.4	Services are reviewed and monitored for appropriateness, with input from clients and families.	
2.3	An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
Priority Process: Competency		
	The organization has met all criteria for this priority process.	
Priority Process: Episode of Care		
	The organization has met all criteria for this priority process.	
Priority Process: Decision Support		
	The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes		
15.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
15.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
15.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

The Physical Rehabilitation Programs at St. Joseph's Hospital, Thunder Bay, serve a large geographic region in Northwestern Ontario. The programs reviewed this survey included rehabilitation support to medically stable adult patients and their families with neurological or orthopedic conditions, and to patients and families requiring specialized geriatric services. The interdisciplinary teams provide specialized care to older adults with averaging age of 55+ in the 50 beds of the Specialized Rehab Services program, and to those with averaging age of 65+ in the 54 beds designated for the Geriatric Assessment & Rehabilitative Care program. The teams report the profile of the patients served by the program has changed over time. More patients are presenting with higher acuity of symptoms, such as increased presentation of patients who require mental health and addictions support, physical rehabilitation, and those who are structurally

vulnerable (living rough/homeless). This has increased the complexity of the transition planning to repatriate patients back to the community. The Specialized Rehab Services program team noted that younger patients are presenting with Acquired Brain Injury and other injuries related to traumatic motor vehicle accidents.

The Specialized Rehab Services program would benefit from a review of the skill mix of the team providing services in view of the changes in the patient populations that have occurred over time, assessing population needs to identify areas for improvement in both the service design and skill mix of the clinical team members. Concerns were expressed about the lack of psychosocial supports available for patients, and about the impact of the changes that resulted from the Care Stream Model review. Gaps identified during tracers included the lack of Recreation Therapy services in the program and the reduction of psychological associate and social work staffing. These gaps were validated in conversations with patients and families encountered during tracers. It is recommended that the services and skill mix of care providers for the Specialized Rehab Services be reviewed in the context of the changing acuity level of the patients and the emotional support needs of a now-often younger patient population that may also present with mental health, addiction, and homelessness challenges.

The impact of traumatic injuries, amputations, and other life changes needs to be considered in terms of the role and responsibility of a rehabilitation program to provide dedicated emotional support as part of the program. Patients and their families have a unique perspective on the skill level and experience available on their care team and may be leveraged to point to services and level of staffing that could improve both their experiences and their outcomes. Senior leaders are also encouraged to review the challenges experienced within the program of accessing psychiatric assessments at a time that would maximize engagement with patients and families, currently occurring as early as 5:30am.

Priority Process: Competency

There is a strong interdisciplinary team in place across both programs.

The clinical environment is one of mutual respect amongst disciplines. Staff interviewed during tracers reported feeling involved in decision-making regarding their work with their patients, and they also reported feeling listened to when they have suggestions for improvement.

A strong commitment to excellence in care provided to each of the patient populations was evident during tracers and supported by feedback from the patients who were interviewed or observed during the tracers. Staff reported being well supported by their leadership team as well as having timely information and mentorship to do their job. Leadership development and mentorship was also noted with appreciation. Staff are committed to keeping competencies current and report support from the management team for ongoing professional development. Specialized training is encouraged and supported with a generous corporate education fund available for professional and personal growth. Professional credentials and licensing are tracked by the People department.

Priority Process: Episode of Care

The nursing, allied health, and housekeeping staff in both the Specialized Rehab and Geriatric Assessment programs are to be commended for their diligence in keeping their patients, families, and colleagues safe during the pandemic, and managing family visitation through a vigilant focus on infection prevention and

control. All patients and family members encountered during the tracers gave high praise for the quality of care they experienced; they felt involved in decisions about their care, felt that information was provided in a way they could understand, and that they were treated with dignity and respect, including respect for their culture and traditions.

Well-defined admission/eligibility criteria are in place for both programs. It is notable that the level of cognitive impairment, mental health status, and discharge destination are not considered in isolation when considering the restorative potential criterion for admission. This is particularly important given the increase in the patients presenting with mental illness, substance use, and homelessness, and reflects a true commitment to supporting the needs of the community served by the programs.

Both Rehabilitation units are functionally well-designed for this patient population. A walk-through with infection prevention and control (IPAC) leaders reinforced that the physical space facilitates the team to successfully follow IPAC cleaning protocols. Medication pass tracers were conducted with medications dispensed from the Omnicelle automatic dispensing cabinet medication system and taken to the patient. Blister packages are opened at the bedside and administered on location, checking two patient identifiers and the medication administration record (MAR). Compliance with medication reconciliation completions are excellent (100%!) due to, in no small part, the assignment of this role to Pharmacy Technicians. Evidence of medication reconciliation on admission, discharge, and transfer were found to be in place on all charts reviewed during tracers.

Patients and families interviewed during the tracers reported that the teams work hard to incorporate their feedback at every stage of the planning for their care, including at the time of defining their goals for care and discharge. Patients and families pointed out upcoming physiotherapy and other scheduled rehabilitation sessions on the Bedside Boards, suggesting that it is a useful tool to promote communication.

Both teams focus on interprofessional care planning based on patient and family goals following comprehensive initial assessment, including a comprehensive geriatric assessment, where applicable. Standardized documentation tools are used for transfer of information between care areas and between shifts that are all documented on the patient's record. The programs are commended for their goal to decrease workplace violence by increasing the number of staff certified in Gentle Persuasive Approaches to Care as a program priority.

Quality initiatives in both programs are noteworthy. Examples include:

- The self-assessment against, and adoption of, best practices and the required components of rehabilitative care for older adults living with/at risk of frailty based on the Rehabilitative Care Alliance, and Provincial Geriatrics Leadership Ontario Frail Seniors Rehabilitative Care Best Practice Framework
- The Geriatric Rehab Post-Discharge Remote Care Monitoring Program launched in November 2021 was designed to improve transitions in care by supporting and providing reassurance to patients and families post discharge via remote monitoring. Monitoring occurs for up to 30 days by a Client Transition Coordinator, using a tablet or smart phone, with patients inputting daily health information and being provided medication and other care plan reminders. Likelihood to recommend scores based on 76 enrollments to date show satisfaction rates of 94%, and a reduction of need to call 911 of 91%, or to visit an ED of 88%. Impressive!
- Implementation of Patient Oriented Discharge Summary (PODS) as a standardized form and set of process changes, used to overcome communication barriers faced at discharge, and to address the transition from hospital to home or community as a vulnerable time for patients and families who face

risks associated with misunderstanding instructions about medications, self-monitoring, and when to seek emergency care. The Rehab program teams are encouraged to evaluate their outcomes related to the use of PODS to determine if patients and families indeed feel more confident and supported during this important transition, and if patient safety and readmission rates are impacted by the use of the PODS form and process.

The interprofessional teams in both programs are to be commended for their evaluation of current research, evidence-informed guidelines, and best practice information that leads to the selection of those best aligned to their patient populations and likely to improve the quality of services provided. The next step is to engage patient and family partners in this process.

Priority Process: Decision Support

The care of older adults, often with frailty, is highly specialized at any time. The complexity of the patients served by the Rehabilitation programs at St. Joseph's Hospital has also increased, as noted, due to the impacts of the pandemic and changing demographics, which includes serving younger clients with complex biopsychosocial circumstances. The teams incorporate information from patients and families in setting goals and deserve congratulations for their focus on shared decision-making. The programs are encouraged to consider incorporating patient self-reported outcome measurement (PROMs) for clinical practice support, QI, and performance monitoring over time.

Priority Process: Impact on Outcomes

The strong interdisciplinary, collaborative, and patient-centred focus of every team member encountered during the tracers was evident during discussions with the team and during observing care interactions between team members. Although there is no formal patient and family "council" in either program, family engagement was evident, despite of COVID-19 visitor restrictions. All patients and family members interviewed during the tracers gave a perfect 5 score (on a scale from 0 to 5, where 0 is the worst possible care and 5 is the best possible care), when asked to rate the quality of their care experiences on these units.

The program deserves congratulations for its designation as the only Stroke Rehabilitation Unit in Northwestern Ontario. However, team members in the program are not meeting the target metrics for hours of care as a designated Regional Stroke program. With the extension of service to 7 days per week and for some disciplines, with a reduction in staffing FTEs, this has taken its toll on the team. The organization is encouraged to have senior leaders provide support to the program leadership and interdisciplinary team members to review not only expectations in terms of program targets, but also in relation to the quality of work-life of the team members, and the needs of the patient populations served. The leadership is encouraged to use demographic data and information about community needs, as well as workload data to understand needed service and staffing levels for the stroke component of the program. As noted under Clinical Leadership, a review of the staff mix is recommended for the Specialized Rehab program as a whole.

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

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
15.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
15.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
15.9	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
15.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
15.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Clients and Families speak very highly of the collaborative and caring nature of the teams at Balmoral and Sister Margaret Smith Centre (SMSC). The teams have developed excellent partnerships with community agencies to promote a seamless and transparent experience for the client across the continuum of care. During the early days of Covid-19, these teams recognized the need to consider innovative ways to provide service to minimize the impact on their clients. Very quickly, the team at Sister Margaret Smith

Centre (SMSC) pivoted to virtual services where possible, and day treatments instead of residential services. In order to help build capacity in the hospital system, SMSC accepted mental health patients from the hospital. Recognizing the need to continue to provide services, the teams continued to be onsite to serve their clients.
To increase the level of service they can provide to meet the high-demand innovative program, proposals are submitted to funding agencies.
It is evident that the leadership and team members are passionate and committed to the clients they serve.

Priority Process: Competency

Team members are supported for personal growth as evidenced by the many team members who have grown within the organization and are now in leadership positions. Clients are given the opportunity to participate in the recruitment process of team members.
There is a fulsome learning management system (LMS) with modules that team members must complete annually. The organization is diligent in its annual verification of credentials.

Priority Process: Episode of Care

Balmoral Centre and SMSC provide comprehensive and client centered programming to support the needs of clients from Thunder Bay and Northwestern Ontario. However, they do accept referrals from across Ontario. Residential, day programming, individual counselling services, and treatment groups are available to youth, men, and women and older adults. Support is also available for family members and friends of clients.
The teams at Balmoral and SMSC are extremely passionate, caring, and innovative. They have developed collaborative relationships with community partners to provide seamless care to clients. In addition to the integrated assessment and consent process, partners meet bi-weekly to discuss the needs of the clients. While there is a high demand for services, the organization facilitates rapid admission to its programming. If the service that the client needs is not available, alternative arrangements will be made. Balmoral, through its collaboration with acute care, has been successful in diverting visits to emergency and hospital admissions.
Upon request from the Matawa Education and Care Centre, the organization has partnered to offer support to the youth from the school. Over the last three years team members from SMSC have supported approximately 200 students from the school. Anecdotally, the program has made a significant impact by decreasing suicide. It is recommended that this indicator become part of a formalized quality program.

Priority Process: Decision Support

Admission processes at both sites are comprehensive. The organization has collaborated with community partners to develop integrated assessments and consents to improve transitions through the system for clients. Fulsome discharge plans are created in collaboration with the client.
The Nurse Practitioner from Balmoral completes a pre-treatment assessment for the clients at SMSC. Client records are documented using Meditech, paper, and Catalyst, a government-mandated

documentation system.

Priority Process: Impact on Outcomes

Client feedback is obtained through surveys, feedback forms, focus groups, and exit interviews. A Client satisfaction workplan has been developed. Client satisfaction is high and during the focus group, clients report deep appreciation for the program. The Day treatment program was developed based on client feedback.
A Staff Wellness Committee and Social Committee have been developed, and an Employee Assistance Program is available.
Quality Indicators are tracked and shared with the team. An Insider News newsletter is shared with staff every two weeks to keep team members informed.

Instrument Results

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

Governance Functioning Tool (2016)

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

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

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

- **Data collection period: November 17, 2021 to December 3, 2021**
- **Number of responses: 9**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	93
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	94
3. Subcommittees need better defined roles and responsibilities.	78	0	22	69
4. As a governing body, we do not become directly involved in management issues.	22	0	78	86
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	92

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	92
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	11	89	94
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	11	89	93
9. Our governance processes need to better ensure that everyone participates in decision making.	56	22	22	63
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	92
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	94
12. Our ongoing education and professional development is encouraged.	0	11	89	81
13. Working relationships among individual members are positive.	0	0	100	96
14. We have a process to set bylaws and corporate policies.	0	0	100	94
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	98
16. We benchmark our performance against other similar organizations and/or national standards.	0	22	78	77
17. Contributions of individual members are reviewed regularly.	0	22	78	66
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	11	89	80
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	11	89	61

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	11	89	84
21. As individual members, we need better feedback about our contribution to the governing body.	33	56	11	43
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	11	89	78
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	95
24. As a governing body, we hear stories about clients who experienced harm during care.	0	11	89	75
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	88
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	11	11	78	90
27. We lack explicit criteria to recruit and select new members.	78	0	22	77
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	84
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	90
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	90
31. We review our own structure, including size and subcommittee structure.	0	0	100	85
32. We have a process to elect or appoint our chair.	0	0	100	87

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	11	89	84
34. Quality of care	0	0	100	86

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

Canadian Patient Safety Culture Survey Tool: Community Based Version

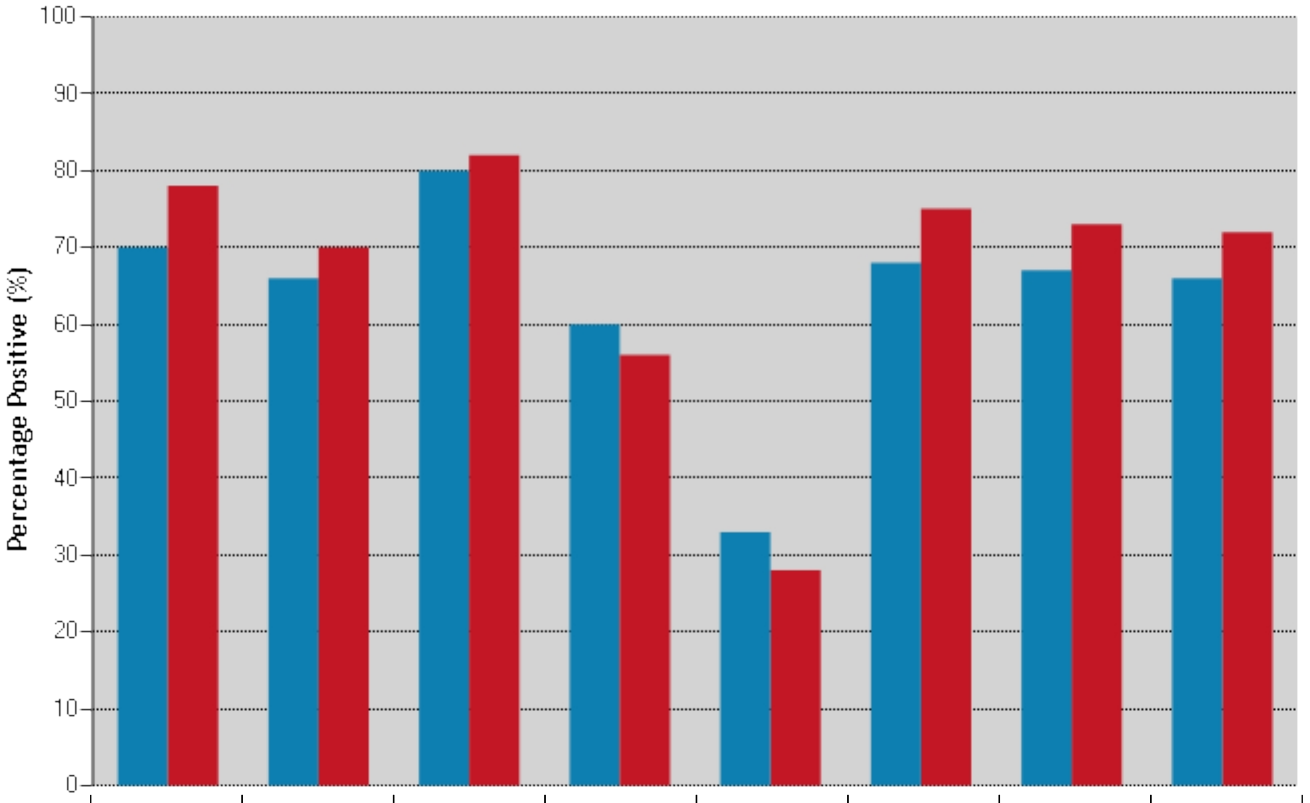
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations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

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

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

- **Data collection period: May 20, 2019 to June 3, 2019**
- **Minimum responses rate (based on the number of eligible employees): 307**
- **Number of responses: 531**

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



	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Learning culture	Enabling Open Communication I: judgment-free environment	Enabling Open Communication II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
	70%	66%	80%	60%	33%	68%	67%	66%
	78%	70%	82%	56%	28%	75%	73%	72%

Legend

St. Joseph's Care Group

* Canadian Average

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

Worklife Pulse

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

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

The organization used an approved substitute tool for measuring quality of Worklife. The organization has provided Accreditation Canada with results from its substitute tool and had the opportunity to identify strengths and address areas for improvement. During the on-site survey, surveyors reviewed actions the organization has taken.

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.

St Joseph's Care Group (SJCG) welcomed five Accreditation Canada surveyors in April 2022. This was the first time our survey team included a patient surveyor. Having a patient surveyor brought first-hand insight from the client perspective, and the feedback we received will help guide us as we pursue our vision of being a leader in client-centred care.

At SJCG, the lens of quality, safety and risk continuously guides our planning and decision-making. Participating in the Accreditation process provides us with an opportunity to test where we are doing well and where we need to improve. Being a multi-sector organization means complying with various different legislation and regulations. The Accreditation process provides a snapshot of how well our multiple sites are doing in comparison to national standards, and offers insight into consistency of practice and culture across the organization.

We were pleased to have the opportunity to showcase our many successes since our 2017 Accreditation survey, including two recently recognized leading practices: Collaboration of Community Based Services to Build Pathways to Isolation Supports for Vulnerable Populations During the COVID-19 Pandemic, and Community Rehabilitation Worker Role for Remote First Nations in Northwestern Ontario. During the week, the surveyors identified several notable practices including changes and improvements with Medication Reconciliation and the Hospice Diversion Protocol, and encouraged teams to submit these for consideration for Health Standards Organization Leading Practice designation. The surveyors highlighted several other successes including our response to the COVID-19 pandemic, our focus on quality and safety, evident in meeting all required organizational practices, leadership development, and our shared decision-making model and goal setting in partnership with clients and families. The surveyors commented on our engaged staff, physicians and volunteers who live the values of Care, Compassion, & Commitment, and our strong partnerships with clients, families and communities. As well, they highlighted our commitment and progress towards building culturally safe care through Indigenous-led processes.

These are just some of the many examples of the excellent work and initiatives taking place every single day throughout SJCG.

Our challenges were well reflected in the initial onsite survey results. The survey team helped to confirm areas that we need to focus on, including: renewing our hospital information system and mitigating cybersecurity risk; supporting our people, with focus on equity, diversity, inclusion, and wellness; increasing culturally-safe access to services coupled with enhancing cultural competency; and strengthening quality improvement at local clinical levels through translation and interpretation of our data into local improvement initiatives with input from staff, clients and families. All of these are identified priorities within our Strategic Plan 2020-2024.

A sincere thank you to the dedicated team of surveyors who were with us - their insight is most

appreciated as we strive to achieve our mission of responding to the unmet needs of the people of Northwestern Ontario. Most importantly, we want to thank all staff and physicians, volunteers, client and family partners, and community partners who participated and offered their valuable perspectives to this process. While we know more work lies ahead, Accreditation was an excellent opportunity to highlight our progress and gain important insight to guide our improvement efforts forward. We have much to celebrate.

Appendix A - Qmentum

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

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 15 business days.

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

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

Action Planning

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

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

Priority processes associated with service excellence standards

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

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