ACCREDITATION
AGRÉMENT
CANADA

Accreditation Report

Qmentum Global™ for Canadian Accreditation Program

St. Joseph's Care Group

Report Issued: May 27, 2026

Confidentiality

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About Accreditation Canada

Accreditation Canada is a global, not-for-profit organization with a vision for safer care and a healthier world. Our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years. We continue to grow in our reach and impact. Accreditation Canada empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Accreditation Canada's assessment programs and services support the delivery of safe, high-quality care in health systems, hospitals, laboratories and diagnostic centres, long-term care, rehabilitation centres, primary care, home, and community settings. Our specialized accreditation and certification programs support safe, high-quality care for specific populations, health conditions, and health professions.

About the Accreditation Report

The Organization identified in this Accreditation Report (the "**Organization**") has participated in Accreditation Canada's Qmentum Global™ for Canadian Accreditation program.

As part of this program, the Organization has partaken in continuous quality improvement activities and assessments, including an on-site survey from April 26, 2026 to May 1, 2026. This Accreditation Report reflects the Organization's information and data, and Accreditation Canada's assessments, as of those dates.

Information from the assessments, as well as other information and data obtained from the Organization, was used to produce this Report. Accreditation Canada relied on the accuracy and completeness of the information provided by the Organization to plan and conduct its on-site assessments and to produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

Program Overview

The Qmentum Global Program enables your organization to continuously improve quality of care through the sustainable delivery of high-quality care experiences and health outcomes. The program provides your organization with standards, survey instruments, assessment methods and an action planning feature that were designed to promote continuous learning and improvement, and a client support model for on-going support and advice from dedicated advisors.

Your organization participates in a four-year accreditation cycle that spreads accreditation activities over four years supporting the shift from a one-time assessment while helping your organization maintain its focus on planning, implementing, and assessing quality and improvements. It encourages your organization to adopt accreditation activities in everyday practices.

Each year of the accreditation cycle includes activities that your organization will complete. Accreditation Canada provides ongoing support to your organization throughout the accreditation cycle. When your organization completes year 4 of the accreditation cycle, Accreditation Canada's Accreditation Decision Committee determines your organization's accreditation status based on the program's accreditation decision guidelines. The assessment results and accreditation decision are documented in a final report stating the accreditation status of your organization. After an accreditation decision is made, your organization enters year 1 of a new cycle, building on the actions and learnings of past accreditation cycles, in keeping with quality improvement principles.

The assessment manual (Accreditation Canada Manual) which supports all assessment methods (self-assessment, attestation, and on-site assessment), is organized into applicable Standards and ROPs/RSPs. To promote alignment with the assessment manual (Accreditation Canada Manual), assessment results and surveyor findings are organized by Standard, within this report.

Additional report contents include a comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results, and conclusively, People-Centered Care and Quality Improvement Overviews.

Executive Summary

About the Organization

By the Organization

Founded in 1884 in response to unmet community needs, St. Joseph's Care Group (SJCG) is a Catholic healthcare organization serving Thunder Bay and Northwestern Ontario. Guided by their mission to meet people where they are on their wellness journey, SJCG provides wholistic, people-centred care rooted in compassion, inclusion, and respect.

Across more than 12 sites, as well as through regional partnerships and innovative technologies, SJCG delivers programs and services in Mental Health & Addictions, Rehabilitative Care, Long-Term Care, and Housing with Supports with a focus on safe, high-quality care.

SJCG is committed to fostering a culture of diversity and inclusion, actively supporting staff, physicians, and volunteers to work in the spirit of reconciliation and uphold the rights of Indigenous Peoples.

By the Surveyors

St. Joseph's Care Group (SJCG) Corporation is a mission-driven Catholic healthcare organization, sponsored by the Catholic Health Sponsors of Ontario. Its roots date back to 1881, when five Sisters of St. Joseph arrived at Prince Arthur's Landing to teach and provide spiritual support to the parish. Noting a growing need for healthcare, two convent rooms originally intended as classrooms became hospital rooms. Responding to an unmet need in the community and region, the cornerstone of St. Joseph's Hospital was laid on September 8, 1884. Throughout the following years, St. Joseph's introduced supportive housing and long-term care services. In the late 1990's St. Joseph's Hospital changed from acute to complex continuing and rehabilitative care and integrated mental health services with the divestment of the provincial psychiatric hospital. With these changes St. Joseph's Hospital became St. Joseph's Care Group.

Today, SJCG combines tradition with innovation, offering supportive housing, rehabilitative, mental health and addictions, and long-term care across eight sites in the City of Thunder Bay, with programs and services extending to the region through strong partnerships and innovative technologies. St. Joseph's Care Group is currently the identified Northwestern Ontario regional lead for Rehabilitative Care, Behavioural Supports, Seniors' Care, Rapid Access to Addiction Medicine, and Palliative Care, with capacity and willingness to take the lead in new areas as the region requires.

St. Joseph's Care Group (SJCG) combines tradition and innovation in responding to the unmet needs of the people of Northwestern Ontario. The organization's mission is to meet the people of Northwestern Ontario where they are on their wellness journey and support them to achieve their highest quality of life. Wiidosem Dabasendizowin: Walking With Humility puts into print SJCG's commitment to developing relationships and practices together with Indigenous Peoples. Linked to SJCG's Strategic Plan, it focuses on ensuring clients receive safe and culturally sensitive care, and that all programs and services within the corporation promote a culture of diversity and inclusion, supporting staff, physicians, and volunteers to work in the spirit of reconciliation and uphold the rights of Indigenous Peoples.

Surveyor Overview of Team Observations

The organization is commended for its commitment to advancing the important work of Indigenous cultural safety and its obligation to Truth and Reconciliation. There is acknowledgement that as a Catholic-sponsored organization, historical harms took place, and the lasting effects of colonization continue to impact Indigenous people's health outcomes. In the journey towards walking with humility, the organization has created space to listen and learn from Indigenous clients, residents, families, communities and elders. The living document, Wiidosem Dabasendizowin is foundational to improving healthcare for Indigenous peoples. Representation of this document can be found in all facilities and functions as a public commitment to action.

The leadership has embraced a two-eyed seeing model which serves to bring together traditional and westernized perspectives. This approach supports enriching diverse perspectives, learning from and with one another, and committing to working as one team.

N'doo'owe Binesi is critical to the advancement of cultural safety across the organization. It is also acknowledged that the work of Truth and Reconciliation and walking with humility is shared work and as such, the whole organization has embarked on a journey of reflection, humility and action. This work is nurturing cultural safety and respect across the organization.

The integration of cultural practices and support is both emerging and evident across the organization. Cultural practitioners and Elders are visible within programs and services as able and provide support not only for clients and residents, but also for staff and medical staff. The provision of Indigenous-led trauma-informed approaches to care are acknowledged to be building trust with Indigenous clients and nurturing relationships across health teams. Cultural teachings, traditional ceremonies, medicines, and Protocols, are being integrated into the care pathways and sacred spaces are being upheld and respected. Work is advancing on the Self Identifier which is an important part of increasing access to cultural services and support.

The organization is truly aligning with their commitment towards Truth and Reconciliation and making important strides on the path of cultural safety and humility. The Board and leadership are commended for their courage and dedication to this commitment which has resulted in the development and implementation of a new mission statement and strategic plan.

Recognition of the importance of incorporating the two-eyed seeing approach interrupted further rollout of the quality and safety framework, yet this pause was taken to bring together traditional and westernized perspectives and eventually strength the program.

The SJCG is growing in diversity, in its staff, as well as the population served. Attention is being placed on equity, diversity, and inclusion (EDI) as well as anti-racism. The organization is encouraged to continue to identify and address structures and processes that may impact EDI within SJCG. Staff wellness is a strong focus within the organization with the initiation of several wellness programs as well as staff recognition events. The recent addition of a staff lounge with complementary coffee has been welcomed by staff.

The deep respect for clients and residents is palpable across all services and sites visited. Staff readily identify how they are dedicated to meet them where they are at in their life wellness journey. Clients spoken with across the organization identify their appreciation for the services they have access to and the care they receive.

SJCG is the provider of regional programs which support equitable access to specialized services across Northwestern Ontario. These programs include Rapid Access Addiction Medicine (RAAM), Regional Seniors Care Program (RSCP), the Regional Palliative Care Program (RPCP), Regional Referral Systems (RRS), the Regional Wound Care Program (RWCP), and the Regional Rehabilitative Care Program (RRCP). Through these programs, SJCG provides care closer to home and timely access to specialized expertise. The programs provide clinical consultation, specialized assessment, and system navigation using distributed care models along with travel teams and virtual care.

SJCG is highly valued by partners in the region. Community partners expressed deep appreciation for the work that SJCG is doing to support activities in the community. Partners also see SJCG as leaders in recognizing and working to address Indigenous cultural safety. Several partners have used SJCG to support their own learnings. Partners describe SJCG as responsive, community-focused, and always willing to work with others to better support those in need.

As in many communities, supportive housing is a critical need, and the demands within the areas served by SJCG far exceed the capacity and resources available. The teams working within supportive housing have a very efficient and comprehensive process to optimize wait times to meet the needs. The staff are highly compassionate and caring, and they expressed joy in their everyday work. Feedback from the team, clients, and families highlights the importance of supporting clients to age well in place and live their best lives. The staff identified that part of their joy in being part of the team is the ability to work directly with clients. Safety in the workplace, stable staffing, professional development opportunities, and career growth are possible. They can create changes in programs and services in a timely manner. The team is proud of the culture and relationships built. There was acknowledgement of staff spaces to gather at each facility and how important this was to their sense of community with their colleagues.

SJCG operates several sites which together represent a continuum of care for adults and youth with substance use disorders and cooccurring mental illness. Together, these programs provide early addictions intervention and pre- and post-treatment through outpatient and live-in treatment options for individuals committed to recovery. While infrastructure varies across sites, each incorporates a dedicated sacred space and innovative building features designed to optimize service delivery and create welcoming, therapeutic environments. Access to care across all programs is intentionally low barrier, and clients consistently expressed gratitude for environments that are nonjudgmental, flexible, and responsive to individual needs. Program models are routinely reviewed to ensure the appropriate balance of day programming and live-in treatment options. A strong commitment to people-centered care was evident across the continuum. Practical needs such as transportation, clothing, and shelter are proactively addressed based on each client's circumstances. Client feedback is gathered through multiple channels, primarily direct dialogue with staff and leadership.

The organization has identified high quality people-centred care as a key strategic priority and has put the structures and resources in place to support this effort. Client, resident, and family advisors are integrated into many committees and are regularly engaged in various activities. Multiple examples were shared about client and resident feedback resulting in actions and change. The organization has matured in its approach, from reacting to client, resident, or family concern, instead to proactively seeking input in service or space co-design. Having client advisors attending the accreditation process was another example of that respectful relationship. Annual surveys are done, and the organization is encouraged to progress towards timely unit specific feedback mechanisms to tighten that connection.

Key Opportunities and Areas of Excellence

Strengths

- Indigenous Health program - The organization is commended for its commitment to advancing the important work of Indigenous cultural safety and its obligation to Truth and Reconciliation.

- Compassionate, dedicated staff – SJCG holds a warm, caring, culture. Staff described the organization as a great place to work, and clients, residents, and families describe the staff a going above and beyond – “meeting them where they are at in their life wellness journey”.

- HHR education and recruitment - The progress made in filling many vacancies is the result of several initiatives including a focus on international recruitment. The organization has successfully employed, on temporary work permits, over 400 individuals from other countries, and is assisting these individuals to attain permanent resident status. SJCG will also launch this June an RPN upskilling program which will provide personal support workers (PSWs) and internationally educated nurses to grow professionally while continuing to work.

- Strong collaborative partnerships – SJCG has developed strong partnerships regionally and locally with community agencies and other health care providers. Through these partnerships additional programs have been started in the community for those with mental health issues, frail seniors, and others requiring housing or social supports. Partners describe SJCG as responsive, community-focused, and always willing to work with others to better support those in need.

Opportunities

- Cascading connection to the strategic plan – Goals and objectives related to strategic directions have been set for directors and managers and the organization is encouraged to build the understanding of staff as to how their work can contribute to the key strategic directions.

- Advance quality improvement – Excellent early work within the Long-Term Care areas could continue to be rolled out across the organization with the assistance of the new quality and safety management policy and framework as well as the two-eyed seeing approach. The organization is encouraged to support staff, clients, residents, and families to be engaged in this work and provide relevant education for these team members.

- Maturing approach to EDI – The organization has begun the journey to support equity, diversity, and inclusion (EDI) and is encouraged to continue on this path to identify, and where possible, to support clients, residents, families, and staff needs in relationship to EDI.

- Talent management – SJCG has several informal processes that support advancement for the team within the organization and is encouraged to formalize and share these processes with team members. Also, the organization is encouraged to consistently meet with staff and physicians to review their performance and provide opportunities for discussion regarding career goals.

People-Centred Care

The organization has “Drive high quality people-centred care” as their number one priority in the latest strategic plan. This common vision infiltrates every department and site visited. At the leadership level we see structure and resources in place to support the effort. Client and family advisors are integrated in many committees, are solicited for engagement asynchronously, and are provided with the mentorship required to contribute meaningfully. Multiple examples of client feedback resulting in actions and change were shared. The organization has matured in their approach, from reacting to client concern, to proactively seeking input in service or space co-design. Having client advisors attending the accreditation process was another example of that respectful relationship. Annual surveys are done, and the organization is encouraged to progress towards timely unit specific feedback mechanisms to tighten that connection.

At the individual patient care level, the teams all demonstrated compassionate care meeting the clients where they are, and making joint decisions. The clients interviewed attested to feeling heard and being kept informed. All clients visited felt very well cared for and complimented the staff as being amazing. Multidisciplinary teams work closely together with regular check-ins to ensure that care is holistic, addressing physical, mental, and social aspects of health. Feedback is solicited, and managers meet regularly with clients to provide their contact information. Communication is via various mechanisms and very transparent. There are suggestion boxes, forms online, resident meetings, presence at huddles, and even monthly teas.

Of particular note is the growth of the organization on its journey towards truth and reconciliation. Indigenous advisors and supports are available to all care teams visited. Working with partners in the community and regionally has been significant to ensure culturally appropriate care can be provided.

Quality Improvement Overview

Integrated quality management at SJCG is supported through the work of dedicated staff as well as a committee structure which supports the reporting and dissemination of quality data and initiatives. As identified in the last Accreditation survey, SJCG recognized the need to focus on further developing the quality and safety program and truly embedding this in the work of teams. Several years ago, work took place in the long-term care areas, and huddles as well as huddle boards were implemented in these areas. As the organization looked to move further with the implementation of the quality and patient safety framework, it became apparent that this implementation needed to move forward within a two-eyed seeing approach. The two-eyed seeing approach was developed through extensive research, and with staff and Indigenous community engagement. This approach brings together Indigenous and Western ways of knowing to better understand and respond to lived experience. Two-eyed seeing encourages teams to listen differently, value diverse perspectives, and consider the whole person when interpreting experience data and designing improvements.

In moving forward with implementing the quality and safety framework using this approach, leaders found the need to have extensive discussion as very healthy tensions were created. The implementation took a much longer time with the rollout just beginning in the past year. Currently departments are using huddles and huddle boards with some being more advanced than others. Staff report they find the huddles very useful and appreciate the opportunity to escalate concerns to their managers and directors who in turn hold a daily huddle. A comprehensive quality management policy, as well as a revised quality and safety framework, has just been approved this month by the Board. The organization is encouraged to move forward with these tools and continue to roll out the framework, huddles, and huddle boards across the entire organization with relevant education and support.

SJCG's quality improvement plan for 2025-2026 focuses on five quality dimensions: Access and Flow, Equity and Indigenous Health, Patient/Client/Resident Experience, Provider Experience, and Safety. The selected indicators and improvement initiatives emphasize system integration, equity, sustainability, and learning, and are aligned with SJCG's Strategic Plan 2024-28 priorities and the Quality and Safety Framework. As part of this year's quality improvement plan, further work is being done to ensure clients and families are involved in their care planning and that they feel comfortable raising a concern.

The organization has implemented a robust Enterprise Risk Management (ERM) program through which various categories of risks are reviewed and ranked based on the likelihood of occurrence, and the potential impact of the risk should it occur. Risk registers are in place at the department level as well as senior leadership. The highest risks the organization is currently experiencing include the continual shortage of health human resources, cyber-security, and racism.

SJCG has a comprehensive incident management system. All incidents are reviewed, trends are monitored, and information regarding the incident and potential recommendations is provided to those involved. Leaders indicate that the incidents of reporting racism have increased in the recent past, because of the education and attention that has been placed on the need to highlight systemic racism and discrimination.

Accreditation Decision

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

Accredited with Commendation

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

Locations Assessed during On-Site Assessment

The following locations were assessed during the organization's on-site assessment:

- Crossroads Centre
- Hogarth Riverview Manor
- Lodge on Dawson
- Sister Leila Greco Apartments
- Sister Margaret Smith Centre
- St. Joseph's Health Centre
- St. Joseph's Heritage
- St. Joseph's Hospital
- Withdrawal Management Services and Safe Sobering: Mino Ginawenjigewin

[1]Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

Required Organizational Practices

Required Organization Practices (ROP) and Required Safety Practices (RSP) are essential practices that an organization must have in place to enhance client safety and minimize risk. ROP/RSP contain multiple criteria, which are called Tests for Compliance (TFC).

Table 1: Summary of the Organization's ROPs/RSPs

ROP/RSP Name	Standard(s)	# TFC Rating Met	% TFC Met
Accountability for Quality of Care	Governance	5 / 5	100.0%
Antimicrobial Stewardship	Medication Management	5 / 5	100.0%
Client Flow	Leadership	5 / 5	100.0%
Client Identification	Ambulatory Care Services	1 / 1	100.0%
	Home Support Services	1 / 1	100.0%
	Long-Term Care Services	1 / 1	100.0%
	Mental Health Services	1 / 1	100.0%
	Rehabilitation Services	1 / 1	100.0%
	Substance Abuse and Problem Gambling	1 / 1	100.0%
Concentrated Electrolytes	Medication Management	3 / 3	100.0%
Fall Prevention and Injury Reduction – Long-Term Care Services	Long-Term Care Services	6 / 6	100.0%

Table 1: Summary of the Organization's ROPs/RSPs

ROP/RSP Name	Standard(s)	# TFC Rating Met	% TFC Met
Falls Prevention and Injury Reduction - Inpatient Services	Mental Health Services	3 / 3	100.0%
	Rehabilitation Services	3 / 3	100.0%
Hand-hygiene Compliance	Infection Prevention and Control	3 / 3	100.0%
Hand-hygiene Education and Training	Infection Prevention and Control	1 / 1	100.0%
Heparin Safety	Medication Management	4 / 4	100.0%
High-alert Medications	Medication Management	8 / 8	100.0%
Home Safety Risk Assessment	Home Support Services	5 / 5	100.0%
Infection Rates	Infection Prevention and Control	3 / 3	100.0%

Table 1: Summary of the Organization's ROPs/RSPs

ROP/RSP Name	Standard(s)	# TFC Rating Met	% TFC Met
Information Transfer at Care Transitions	Ambulatory Care Services	5 / 5	100.0%
	Community-Based Mental Health Services and Supports	5 / 5	100.0%
	Home Support Services	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
	Mental Health Services	5 / 5	100.0%
	Rehabilitation Services	5 / 5	100.0%
	Substance Abuse and Problem Gambling	5 / 5	100.0%
Infusion Pump Safety	Service Excellence	6 / 6	100.0%
Medication Reconciliation as a Strategic Priority	Leadership	5 / 5	100.0%
Medication Reconciliation at Care Transitions - Ambulatory Care Services	Ambulatory Care Services	5 / 5	100.0%
Medication Reconciliation at Care Transitions - Home and Community Care Services	Community-Based Mental Health Services and Supports	4 / 4	100.0%
	Substance Abuse and Problem Gambling	4 / 4	100.0%
Medication Reconciliation at Care Transitions Acute Care Services (Inpatient)	Mental Health Services	4 / 4	100.0%
	Rehabilitation Services	4 / 4	100.0%

Table 1: Summary of the Organization's ROPs/RSPs

ROP/RSP Name	Standard(s)	# TFC Rating Met	% TFC Met
Medication Reconciliation at Care Transitions – LongTerm Care Services	Long-Term Care Services	4 / 4	100.0%
Narcotics Safety	Medication Management	3 / 3	100.0%
Patient Safety Education and Training	Leadership	1 / 1	100.0%
Patient Safety Incident Disclosure	Leadership	6 / 6	100.0%
Patient Safety Incident Management	Leadership	7 / 7	100.0%
Pressure Ulcer Prevention	Long-Term Care Services	5 / 5	100.0%
	Rehabilitation Services	5 / 5	100.0%
Preventive Maintenance Program	Leadership	4 / 4	100.0%
Reprocessing	Infection Prevention and Control	2 / 2	100.0%
Skin and Wound Care	Long-Term Care Services	8 / 8	100.0%
Suicide Prevention	Community-Based Mental Health Services and Supports	5 / 5	100.0%
	Long-Term Care Services	5 / 5	100.0%
	Mental Health Services	5 / 5	100.0%
	Substance Abuse and Problem Gambling	5 / 5	100.0%

Table 1: Summary of the Organization's ROPs/RSPs

ROP/RSP Name	Standard(s)	# TFC Rating Met	% TFC Met
The ‘Do Not Use’ List of Abbreviations	Medication Management	6 / 7	85.7%
Workplace Violence Prevention	Leadership	8 / 8	100.0%

Assessment Results by Standard

The following section includes the outcomes from the attestation (if applicable) and on-site assessments, at the conclusion of the on-site assessment.

Core Standards

Qmentum Global™ for Canadian Accreditation has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational areas of high quality and safe care they cover.

The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Governance

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

The SJCG Board of Directors is deeply committed to the vision, mission, and values of the organization. There is strong accountability for the quality and safety of the clients, families, and the team who provide services.

The Board is composed of a minimum of 15 and a maximum of 21 members. Membership includes up to five appointed directors including representation from the Catholic Health Sponsors of Ontario, the Catholic Church, the Sisters of St. Joseph, a client and family advisor and an individual appointed by a First Nation or Indigenous organization. Other members on the Board are elected based on a skills matrix and selection process. All new members receive a comprehensive orientation, and ongoing education is provided to all members of the Board. Board functioning is evaluated following each meeting, and members of the Board receive peer-to-peer evaluations on an annual basis.

Indigenous specific anti-racism, as well as equity, diversity, and inclusion are key priorities for the Board of SJCG, and they are commended for the great strides that have been made. In collaboration with the Elders Council and those with lived experience, the Board has developed and approved an anti-racism framework. They have issued a commitment statement acknowledging the Board's role in addressing systemic racism and discrimination. Education has been provided and the Indigenous representatives on the Board are active members of discussions and decisions. The Board recognizes that there is further work to be done and articulated the need to continue to look inward and to walk with humility in their commitment to improving healthcare with Indigenous peoples.

The Board has four standing committees including the Board Quality, Safety and Risk Committee, the Executive Committee, the Resource committee, and the Governance Committee. Each committee has an annual workplan which guides the actions of the committee and is developed in part from the results of the Board and committee evaluations.

The Board Quality, Safety and Risk Committee receives regular updates on the quality improvement plan, incidents of outbreaks, as well as the type, severity and frequency of safety incidents. An enterprise risk register report is also shared with the Board providing insight into the top risks in the organization and the associated mitigating strategies.

Table 2: Unmet Criteria for Governance

There are no unmet criteria for this section.

Infection Prevention and Control

Standard Rating: 98.0% Met Criteria

2.0% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

The Infection Prevention and Control (IPAC) program was assessed across St. Joseph's Hospital, Sister Margaret Smith Centre, Hogarth Riverview Manor, Sister Leila Greco, and St. Joseph's Heritage, representing a subacute hospital, long-term care, live-in care, and private residence environments.

The IPAC program supports all St. Joseph's Care Group sites and provides comprehensive services to prevent and reduce healthcare associated infections, promote client and staff safety, and ensure alignment with provincial standards. Services support inpatient and outpatient populations across rehabilitation, long-term care, and mental health and addictions. Program policies and practices are informed by PIDAC, PHAC, HSO, and CSA standards and are regularly reviewed, typically every three years.

Governance is supported by a well-established interdisciplinary committee that meets quarterly and includes representation from Occupational Health, Food and Environmental Services, Building Services, staff, Cultural Practitioners, Client and Family Partners, and the Thunder Bay District Health Unit supporting system collaboration.

Staff are supported through readily accessible PPE, with N95 fit testing completed every two years. Mandatory infection prevention education is delivered through the Learning Management System, including hand hygiene, PPE use, and food safety training.

Surveillance of healthcare associated infections has been a major quality focus. Significant reductions in HAIs have been achieved for two consecutive years, attributed to enhanced point-of-care engagement, leader and peer-supported audits, and the introduction of the Smart Sheets electronic audit tool. A shift from enforcement to coaching has strengthened staff engagement, with frontline staff demonstrating clear understanding of unit level infection monitoring.

Outbreak management is collaborative and guided by standardized policies, intranet-based toolkits, and coordination with public health. Environmental Services is equipped to respond to enhanced cleaning needs. Consideration may be given to reintroducing infection control risk assessments to further evaluate organizational risk and inform master planning. This risk is exacerbated by aging infrastructure.

Hand hygiene and PPE stations have been lowered at St. Joseph's Hospital site to improve accessibility in response to wheelchair using clients, with further spread across sites encouraged. Strong collaboration exists with operational partners including Building Services, Occupational Health, Food Services, product evaluation teams, device procurement, and linen and waste services. Recent initiatives include workflow optimization, sink placement improvements, and implementation of the Diversey cleaning system.

To further strengthen the program, opportunities include strategic placement of alcohol-based hand rub dispensers in public spaces and where infection risk exists, the addition of hand hygiene data on unit huddle boards, and consideration of reintroducing Glo Germ audits to enhance surface cleaning practices.

Medical Devices and Equipment

Medical devices and equipment are limited due to the service mix; however, strong governance processes are in place through the Interdisciplinary Product Evaluation Committee and standardized procurement via Biomed and Mohawk Medbuy. Staff receive education on equipment during orientation and when new devices are introduced.

Preventative maintenance processes include device-specific PM programs, electronic documentation through Direct Line, effectiveness evaluation, and documented follow-up. A robust recall management process is in place, with centralized reporting and notification coordinated through the Client Safety office to ensure timely responses.

Table 3: Unmet Criteria for Infection Prevention and Control

Criteria Number	Criteria Text	Criteria Type
1.1.1	Infection prevention and control program components are regularly reviewed based on a risk assessment and organizational priorities.	HIGH
2.6.1	The areas in the physical environment are categorized based on the risk of infection to determine the necessary frequency of cleaning, the level of disinfection, and the number of environmental services team members required.	HIGH

Leadership

Standard Rating: 98.5% Met Criteria

1.5% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

Planning and Service Design

St. Joseph's Care Group (SJCG) has a 2024-2028 Strategic Plan, developed through the experiences and insights of staff, physicians, Elders, client and family partners, volunteers, health partners and community partners. Three priorities were identified: to provide high-quality, people-centred care; to nurture their people; and to lead and enhance regional specialized care. Strategic partnerships, communications, digital and data infrastructure, and financial resources are key enablers for the organization. Objectives have been developed for each of the three priorities with assigned accountability and target dates. The board is provided with regular reports on progress on these objectives.

The strategic plan has been disseminated throughout the organization. Directors and managers have developed goals and objectives which align with the key priorities of the plan; however, these are not consistently known to staff nor visible within the departments. The organization is encouraged to use the huddle boards to further communicate these goals and objectives and to engage staff, clients, and families in understanding their role in achieving these directions.

The organization is working to implement a co-leadership model in which clinical and corporate staff are paired and work together in planning and decision making. It was expressed that this model has helped in expanding the views and discussions brought forward, enriching the outcome of plans.

There has been a very concerted effort within the organization to learn from Indigenous partners and Elders, and to address Indigenous cultural safety. Resources have been dedicated to this including a senior team member who heads the Indigenous program. Representatives from the Indigenous program support clients who self-identify as Indigenous to navigate the system and connect with their culture where possible. As well representatives from the Indigenous program sit on various planning committees to provide the voice of Indigenous peoples.

SJCG has developed many strong partnerships with community agencies and other health care providers. Through these partnerships additional programs have been started in the community for those with mental health issues, frail seniors, and others requiring housing or social supports. As well, SJCG works closely with local and regional partners to support client care and movement through the system. A Joint Transitions in Care Committee provides a forum for active collaboration and joint problem solving around specific issues affecting transitions in care between the partnering health care organizations.

Community partners expressed deep appreciation for the work that SJCG is doing to support activities in the community. Partners also see SJCG as leaders in recognizing and working to address Indigenous cultural safety. Several partners have used SJCG to support their own learning regarding Indigenous cultural safety. Partners describe SJCG as responsive, engaged, community-focused, innovative, and always open to further opportunities.

The organization has an informal master plan and is looking to do a full refresh in the coming year beginning with a clinical service plan, a function program, and a master plan reaching outward for the next 20 years.

Communications

SJCG's communications plan is a four-year plan that aligns with the organization's strategic plan. It provides a roadmap guiding the organization's internal and external communications regarding actions in keeping with the key priorities of the strategic plan. Internal communication occurs in a number of ways including the intranet, email, in-person walk-abouts, and town hall meetings. Internal e-blasts occur twice per week and provide staff with a quick update on recent information regarding the organization. A number of different social media platforms, and the website, are the primary methods for external communication. The organization plans to revise the external website in the near future to improve capacity and relevancy. An annual report is published electronically as well as some paper copies. Communication methods are evaluated on a regular basis through surveys, as well as through tracking usage, and the extent of readership.

The organization also uses the IAP2 Spectrum of Public Participation as a community engagement framework varying the approach according to the audience and the intent of the communication. A government relations framework is also used by SJCG in its work with the Ministry of Health and other government agencies.

SJCG has had the MEDITECH information system in place for several years, and the majority of client and resident documentation is electronic with some hybrid documentation at smaller sites. There is a different electronic system used by some of the allied health groups across SJCG and this system does not interface with MEDITECH. SJCG is currently in the process of updating to MEDITECH Expanse. Once in place, the new system will provide many enhancements including Computerized Provider Order Entry. However, the upgrade will not provide connectivity to the system used by the allied health professionals, and the organization is encouraged to look at implementing connectivity between these systems.

The organization has put in place strong structures and safeguards to support cyber security, and the IT department regularly issues "trail" phishing emails to remind staff of the role they play in preventing breaches in information security. Privacy breach audits are conducted on a regular basis, and all breaches are reviewed and dealt with.

Human Capital

SJCG enjoys a warm, caring culture. Staff described the organization as a great place to work, and that colleagues are like family. There are many long-tenure staff and staff who have progressed in their careers within the organization.

The Human Resources (HR) Department at SJCG provides service to all sites in the organization. There are strong and consistent policies, procedures, and processes that support staff and managers across the organization. All policies are reviewed with representation from client and family partners.

Like most health care organizations, SJCG experienced significant health human resource shortages post the pandemic. Although the number of vacancies has reduced, there continues to be a shortage of registered practical nurses to support the long-term care areas, and agency nurses are being employed.

The progress that has been made in filling many vacancies is the result of several initiatives including a focus on international recruitment. The organization has successfully employed, on temporary work permits, over 400 individuals from other countries, and is assisting these individuals to attain permanent resident status. SJCG will also launch this June an RPN upskilling program which will provide personal support workers (PSWs) and internationally educated nurses to grow professionally while continuing to work.

The department has implemented initiatives to improve efficiency including additional resources, technology solutions such as the Talent Pool Builder system which is advantageous to candidates a well as managers throughout the sourcing, screening, hiring, and onboarding processes. A new staff scheduling system was implemented last year and it has improved staff satisfaction as well as increased the accuracy of scheduling and payroll.

SJCG has a strong focus on wellness and staff recognition. A wellness steering committee has developed a wellness and recognition plan and has identified and implemented various activities to support staff wellness. This work has been well received as noted through the staff satisfaction survey completed late in 2025. The organization conducts staff and physician satisfaction surveys every two years and is currently working toward the implementation of software to support gathering continuous employee experience data. The new software will allow for the collection and analysis of open-text comments, giving employees the opportunity to share more detailed feedback, insights, and suggestions beyond fixed survey responses.

The organization has processes which support human resource development and succession planning but do not have a formal talent management system or plan. SJCG is encouraged to develop and implement a formal talent management plan.

SJCG recognizes that their workforce is continuing to grow in diversity. An equity, diversity and inclusion (EDI) council has been struck which consists of staff from across the organization. This council has developed an action plan, and a number of initiatives have already been implemented.

Principle Based Care and Decision Making

Principle-based care and decision making is supported at SJCG through the work of a bioethicist and a robust Ethics Committee. The bioethicist is a shared position with the regional acute hospital in Thunder Bay. The SJCG Ethics Committee is a large multidisciplinary group of over 15 including clinical and non-clinical members as well as client and family advisors. Members of the committee are identified as ambassadors and are responsible for disseminating information to the areas they are working in.

Membership is long standing such that individuals can remain on the committee indefinitely.

SJCG has developed an overarching framework that aligns with the organization's mission, vision, and values. It represents the resources, services, procedures, and practices in place that ensure that ethical situations are addressed in an appropriate manner. In addition, various ethical decision-making tools, such as the IDEA tool, are used to support decision making.

The Ethics Committee members receive regular education regarding ethics, and the meetings serve as a forum for discussion, review, and reflection on clinical and non-clinical ethical issues that have come forward from across the organization. Monthly sessions offered through the Centre for Healthcare Ethics at Lakehead University are available to committee members.

Ethics consultation is available to clients, families, staff, physicians, learners, and volunteers. Most consultations are provided by the bioethicist. Consultation services are available Monday to Friday throughout the day. After hours staff can access guidance from the website and, if there is an urgent need, the manager on call is notified.

Most of the ethical consultations address clinical concerns with topics of consent, capacity, substitute decision-making, and discharge being the most common. Medical assistance in dying (MAID) is an area the organization has continued to deal with, and an emerging area of discussion is the use of AI in health care settings. An annual report compiled by the bioethicist indicates the number of consultations is increasing year over year.

SJCG has a Research Ethics Board (REB) that reviews all research to ensure that the research involving human participants meets the highest ethical standards and aligns with national guidelines and organizational values.

Resource Management

St. Joseph's Care Group has well established planning processes for the development of both the operating and capital budget. Development of the operating budget is a decentralized process with managers holding the responsibility of developing their budgets. Any new investment requests are made through a business case which is reviewed separately by the senior team. The capital budget is developed in a similar manner with departments putting forward their needs in keeping with a running five-year capital plan. As resources become less available for capital purchase, the organization is encouraged to engage managers and directors in finalizing the budget to ensure commitment to resource allocation decisions. In both the operating and capital budgeting processes, resource allocations are guided by principles related to safe, quality care, client needs, and the strategic directions of SJCG. Department leaders are responsible for monitoring their budgets monthly. Leaders received education regarding resource management and have the support of a financial analyst who is familiar with their program. It is an expectation that managers/department leaders are responsible for their budgets and can identify and provide rationale for monthly variances.

Monthly progress reports for both the operating and capital budgets are reviewed by the senior leadership team, and reports are provided to the Board three times per year.

SJCG completes an external audit process on an annual basis and has in place the necessary internal controls. Strong financial management has allowed the organization to operate in a relatively positive financial position throughout the past; however, this is becoming increasingly difficult to support with escalating costs.

Physical Environment

The St. Joseph's Care Group operates services at eight different sites across the city. The physical environment was assessed at three of these sites: St. Joseph's Hospital, St. Joseph's Health Centre, and Sister Leila Greco Apartments.

St. Joseph's Hospital is the major site for active inpatient care and outpatient services with 264 beds and numerous outpatient services. The original part of the site was built in the 1950's with a major upgrade to a portion of the building in 2018. The areas that have been upgraded, such as the common areas at the front entrance, are bright and welcoming. A large part of the hospital remains the original build and hallways are narrow resulting in significant clutter within the client inpatient areas.

There are plans to continue to renovate other parts of the building and the organization is encouraged to address space issues in the inpatient areas where possible.

St. Joseph's Community-Based Mental Health Services were previously located at Lakehead Psychiatric Hospital and relocated to the Victoria Avenue East site in 2018. The current space spans three floors of a former shopping mall, with two floors primarily dedicated to outpatient services. The ongoing construction of the adjacent roadway and stormwater system has significantly impacted the site and is outside the control of the health centre. These disruptions have resulted in the closure of the main entrance to outpatient services, reduced parking availability, and the temporary relocation of therapy staff due to noise and environmental disruption, all of which impact access to services and patient experience.

However, a number of important changes have taken place. A new elevator was retrofitted and placed into service, which will significantly improve accessibility to the upper floors. In addition, Building Services has initiated several infrastructure improvements, including HVAC upgrades, a new roof, and the installation of new boilers planned for completion this summer. SJCG is encouraged to continue engaging clients for ongoing feedback related to wayfinding and parking.

St. Joseph's Health Centre is commended for the work that has been done to provide a space on the lower level where, through the employment works program, they operate a series of small buildings, including a large woodworking shop, to support clients learning job skills toward re-entering the employment market.

Sister Leila Greco Apartments is a relatively new welcoming facility, equipped with safety swipe cards for secure access to doors and a Building Automation System (BAS) that monitors all mechanical systems. Security walk-throughs are conducted regularly to maintain safety. The facility has met all regulatory requirements related to its mechanical systems and maintains a process to identify timelines for future replacements, including current contracts. Back-up systems, such as a generator for priority systems, are in place to ensure continuity in case of emergencies. Issues are monitored and reported through established processes, which include documentation. Routine testing is conducted, including semi-annual and annual fire evacuation drills in collaboration with the Fire Department, as well as annual housing inspections or as required. The site maintains a Joint Occupational Health and Safety Committee that is responsible for reporting incidents, identifying trends, and reviewing inspection reports. This committee outlines specific actions required and tracks outstanding corrective measures based on inspection findings.

SJCG is commended for the work that has been done to provide spiritual space at many of the sites. St. Joseph's Hospital and St. Joseph's Health Centre have a dedicated, well-appointed sacred space that is well used by clients who visit the centre.

The plant maintenance team supports all sites with strong preventative maintenance programs. One environmental services team provides housekeeping and environmental services to most of the sites, with some smaller sites supported by contacted services. SJCG demonstrates a commitment to environmental stewardship, with a focus on energy-efficient choices during planned replacement cycles, such as the transition from traditional lighting to LED lights. Capital Planning leads a proactive approach to purchasing, making energy efficiency a key requirement for future items and major investments.

The Green Committee, with representation from all sites, is tasked with reducing the organization's carbon footprint by 50 percent by 2030. Progress towards this goal includes the development of a sustainability framework focused on engagement, buildings and grounds, transportation, waste management, and strategic sourcing. The organization is committed to working with vendors who uphold environmental stewardship and has instituted a standardized process for future purchases. Additional actions to promote sustainability include prioritizing local purchasing and growing food onsite where possible, further supporting efforts to reduce the carbon footprint.

Patient Flow

The Director of Client Flow and Staffing works with Thunder Bay Regional Health Sciences Centre, long-term care facilities, and regional hospitals to facilitate care transitions and meet occupancy targets. Responsibilities include managing occupancy, wait-lists, surge responses, average stays, and discharge practices for all bedded care. The Joint Transition in Care Committee offers a forum for collaboration and problem-solving on care transitions and flow among organizations in Thunder Bay and Northwestern Ontario.

Effective management of client flow is evidenced by an average occupancy rate of approximately 95 percent. As the regional lead for physical rehabilitation, the team collaborates with 11 other hospitals to support smooth client transitions back to their communities. Despite these efforts, the proportion of alternate level of care (ALC) clients awaiting placement in long-term care or supportive housing remains high, at around 39 percent. The team is actively exploring alternative strategies to address and manage this challenge.

Several targeted services have been implemented in response to community needs and to enhance system flow. Notably, the Lodge on Dawson offers 30 beds dedicated to stabilizing individuals who are experiencing homelessness, as well as those with mental health and addiction concerns. Willow Place provides transitional housing beds that improve patient flow as clients transition to other services. These initiatives facilitate the transition from hospital to community care and have contributed to a reduction in the demand for acute care services.

To proactively address capacity and bottlenecks, weekly flow huddles are held to identify challenges and develop strategies to mitigate surges. Comprehensive Surge Plan Guidelines are in place, outlining the procedures for operating outside standard protocols during periods of increased system demand.

The team recognizes the potential to further collaborate with acute care organizations to identify frailty earlier in clients' health journeys. By focusing on early detection, the team aims to positively influence outcomes for clients at an earlier stage, enhancing the overall effectiveness of care and support provided. Dedicated to ensuring access to quality services when needed, the team has demonstrated their commitment by actively assisting health care partners during emergencies. On multiple occasions, they have accommodated clients from hospitals and long-term care facilities within the region during critical situations such as floods and fires, ensuring continuity of care and safety for those affected.

Leadership is commended for its focus on improving flow at the system level.

Emergency Preparedness

The Emergency Planning Committee is a highly engaged team, demonstrating strong passion and commitment toward emergency preparedness. Membership includes an ethicist and client and family partners, who participate in the HR Quality Committee, playing a vital role in policy and procedure review. The Incident Management System (IMS) directs and coordinates actions and operations during and after emergencies.

SJCG’s robust program includes well-established partnerships, comprehensive planning, efficient processes, and ongoing education and learning initiatives. This ensures that the organization is equipped to respond effectively to emergencies. The team maintains clear roles and responsibilities, providing oversight for complex, multi-site emergency preparedness, including planning, training, implementation, and evaluation, with defined actions and measurable outcomes. Staff indicated they are aware of their role in managing emergencies.

Partnerships are evident both within the organization and across the Region. SJCG has formed effective relationships with local municipal entities, most notably collaborating with Fire and Police Departments. These partnerships have led to improvements in preparedness plans, such as contributions to emergency response codes. Additionally, there are clear connections with Thunder Bay Regional Health Sciences Centre (TBRHSC), enabling resource sharing and collective learning across sites.

Regular drills and annual mock evacuations are conducted in conjunction with the Fire Department. Policies and procedures are updated routinely and as needed. Emergency preparedness training is a priority, with new staff receiving orientation on emergency preparedness, managers participating in training, and mandatory modules delivered through the Learning Management System (LMS). Table-top exercises are significant events, including follow-up, documentation, and evaluation. These exercises provide opportunities for leaders and staff to problem-solve and develop solutions tailored to their areas, with learning captured and used to improve emergency responses and identify training needs.

The organization has developed a comprehensive business continuity plan, with buy-in from all areas. A template has been shared widely, and areas have developed specific plans. A Business Continuity Tabletop Exercise supports integration and implementation, prompting reflection and comprehensive review of each area's plan.

Recent emergency situations have demonstrated the effectiveness of established policies, standard operating procedures, and actions in supporting a collective response. After Action Reports comprehensively describe incidents, timelines, processes, and reflections on successes, areas for improvement, and recommendations. Continuous review, real-time discussion, and rapid implementation of recommendations support effective communication and response.

The Emergency Preparedness Committee proactively addresses issues through Table-Top planning, as seen in Code Grey scenarios, ensuring swift and comprehensive responses. Emergency Code Audit

Forms help address the needs of staff, clients, and visitors, and debriefing questions enable the team to embed improvements in planned responses.

Information for clients and visitors about Emergency Codes, Plans, and Procedures is available on the SJCG website. The organization is currently updating its pandemic plan and working to incorporate cultural safety and humility into response plans.

Opportunities exist to advance communication and build capacity through train-the-trainer approaches and ongoing education. The commitment to increase visibility of the emergency response team across all sites is reinforced by efforts such as drop-in virtual sessions, where leaders and staff can learn from and support one another.

Overall, the emergency preparedness team demonstrates a clear commitment to quality, safety, and continuous improvement through action plans and ongoing evaluation.

Table 4: Unmet Criteria for Leadership

Criteria Number	Criteria Text	Criteria Type
1.3.6	The organization implements client-oriented research practices to ensure that research reflects the client's experience and perspective.	NORMAL
3.4.8	The organization has a talent management system for succession planning, human resources development planning, continuous performance feedback, and capacity building throughout the organization.	NORMAL
3.4.10	The organizational leaders regularly inform staff and the governing body about the organization's talent management activities and how they align with the strategic plan.	NORMAL

Medication Management

Standard Rating: 98.8% Met Criteria

1.2% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

As part of this survey, the surveyors met team members from four different sites. St. Joseph's Hospital has a local pharmacy team on site that also provides medication and oversight to many of the community programs. Sister Margaret Smith Centre (SMSC), the Bethammi nursing home at St. Joseph's Heritage, and the Hogarth Riverview Manor all have contracted pharmacy services with the Janzen pharmacy, which is on site at the Hogarth location. As such, the practices and processes differ significantly between the hospital and the LTC/community sites, yet they all maintain adherence to quality standards.

All sites have medication safety committees or working groups to oversee the practices in their establishments, and aligned policies to ensure standardized best practice occurs regardless of where the client receives care. Committees are interdisciplinary with specialized expertise available when required. Some resources and committees are shared with Thunder Bay Regional Health Sciences Centre. Client and family advisers are engaged where appropriate, and many quality improvement initiatives are underway.

Medication errors, incidents, and near misses are tracked, and root causes are analyzed. Robust audits occur, and actions are implemented in a timely manner. The team is commended for sharing the audit findings widely with a focus on transparency and shared accountability. It is also noted that the LTC sites employ an independent third party for narcotic audit and log review which helps ensure accuracy and safety.

At St. Josephs Hospital, there is a fairly new and well-defined antimicrobial stewardship program that has the structure and support in place to be effective in its mandate. Clinical pharmacists are engaged in team rounds, regular medication reviews, and in consultation when required 24/7. There is a very strong partnership between the pharmacy teams and the collaborative practice team. Having moved to a pharmacy-driven BPMH and medication reconciliation process, there has been improvement in completion rates, and this continues to be monitored. MASHs (medication administration safety huddles) occur intermittently at the St. Joseph Hospital site to share leanings and tips however, this is informal and does not include all staff. Various communication strategies are employed to try and reach as many as possible. The teams are encouraged to adapt strategies based on employee feedback to support knowledge translation as broadly as possible.

In terms of required organizational practices, SJCG is to be congratulated on compliance with antimicrobial stewardship, high alert medication, heparin availability, narcotic availability, and concentrated electrolyte availability. Significant effort has been made to improve compliance with the Do Not Use list however, because of an electronic system that is due soon for replacement, a dangerous abbreviation (@) was found to be in regular use on pharmacy generated labels.

Overall, the various sites all demonstrated comprehensive and thorough practices designed to uphold medication safety standards. The teams are engaged, interdisciplinary, and committed.

Suggestions for improvements include transitioning to TALLman lettering for bins in the pharmacy, clearer identification of look-alike/sound-alike medications, and adhering to generic names for medication labelling. SJCG is encouraged to expand its use of pre-printed order sets, thus standardizing best practice for common presentations and higher-risk scenarios. Anticipating the transition to future CPOE and order sets in MEDITECH Expanse and starting to implement prior to go-live could assist in change management for prescribers.

Table 5: Unmet Criteria for Medication Management

Criteria Number	Criteria Text	Criteria Type
6.1.6	The 'Do Not Use' List of Abbreviations 6.1.6.4 The dangerous abbreviations, symbols, and dose designations identified on the organization's 'Do Not Use' List are not used on any pharmacy-generated labels and forms.	ROP
7.1.1	The pharmacist reviews each medication order prior to the first dose being administered.	HIGH

Service Excellence

Standard Rating: 98.8% Met Criteria

1.2% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

The leadership team demonstrates extensive experience and is actively engaged in promoting improvements to care and services across the organization. Their commitment is evident in their response to the health care needs of clients, residents, and the wider community, as shown by the introduction of essential services such as peritoneal dialysis within long-term care, supportive housing options, and safe sober beds.

SJCG prioritizes training, education, and professional development for its staff. Employees benefit from in-house training opportunities and access to a centralized education fund, which is frequently used for ongoing professional development, specialized training, and post-secondary education. Mandatory learning requirements are delivered through the Learning Management System (LMS) and monitored by managers. Within long-term care (LTC), a Ministry program provides ongoing training based on best practices, including wound care prevention and management. The team offers infusion pump training annually to ensure that staff remain competent and confident in the use.

Approximately 75 percent of staff successfully completed the training by December 2025. There is an ongoing commitment to increasing participation rates further, with the team encouraged to continue efforts to reach full compliance.

Leadership development is supported for both current and emerging leaders, with all leaders participating in the LEADS program, while LEADS Light is available for those aspiring to leadership roles. Staff are offered secondment opportunities, allowing them to temporarily assume new roles and return to their original positions, fostering growth, development, and retention within the organization.

Staff in some areas reported participating in recent performance appraisals. However, overall completion rates have been inconsistent at a rate of 44 percent completion. The process includes the staff member completing a self-assessment prior to the manager completing the appraisal and meeting with them. At times, the process is delayed as the first phase of the appraisal is not completed; however, regular check-ins are maintained. There is an identified need to establish a more efficient timely evaluation process that fully supports staff growth and development.

Currently, health records are managed using both paper and electronic formats, presenting challenges related to duplication and security. Physician orders remain handwritten, which can sometimes result in difficulties interpreting orders. The implementation of a comprehensive electronic health record system, including MEDITECH Expanse, is intended to streamline care delivery, improve workflow efficiency, and support greater coordination among care teams. By ensuring that critical patient information is accessible in real time, the system will enable more accurate and timely documentation. Ultimately, these and other electronic health record enhancements are expected to contribute to the delivery of high-quality care and improved patient outcomes.

Annual departmental specific goals are developed and were evident in several programs. Teams in these areas are involved in the development and review of the goals. However, this practice was inconsistent. Some staff interviewed indicated that they were not aware of the program goals as these were not discussed with staff. As the strategic plan continues to roll out, the team is encouraged to involve staff, clients, and residents in the identification of measurable program specific goals and their role in achieving these.

Several teams have developed measurable quality indicators and objectives visualized on quality boards. Throughout the LTC homes, significant work has been undertaken related to the development of a comprehensive measurable set of quality indicators. Indicators are reviewed once a week and shared with staff during quality huddles. SJCG is rolling out the development of quality indicators and quality boards to all departments. Leadership is encouraged to continue to actively engage staff, clients, and residents in the development of quality indicators and objectives.

Table 6: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
2.1.10	The team leadership regularly evaluates and documents each staff member's performance in an objective, interactive, and constructive way.	HIGH

Service Specific Assessment Standards

The Qmentum Global™ for Canadian Accreditation program has a set of service specific assessment standards that are included in the accreditation program based on the services delivered by different organizations. Service standards are critical to the management and delivery of high-quality and safe care in specific service areas.

Ambulatory Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

SJCG provides a range of ambulatory programs serving the local community as well as a large portion of Northwestern Ontario through regional programs. Three ambulatory care programs were seen during this survey: the geriatric psychiatry clinic which is part of the regional Seniors Outpatient Services, the wound clinic and the orthopedic rehabilitation clinic.

Seniors Outpatients Services include Geriatric Medicine, Geriatric Psychiatry, and Seniors Outpatient Assessment and Rehabilitation. The program serves individuals over the age of 65 or physiologically appropriately living in the community, including those in long-term care requiring Geriatric Psychiatry. The Seniors Outpatient program has its own central intake where referrals are screened, triaged, and referred to the most appropriate services with the program. The program is commended for its ability to maintain short wait times, particularly for geriatric psychiatry with an average wait time of 27 days in 2025. Home visits are conducted for clients living in Thunder Bay while the more remote clients are supported through virtual care.

The main ambulatory care area provides space for many different clinics including a wound clinic and orthopedic rehabilitation. The wound clinic supports clients with complex wounds that may require debridement, potential packing, and ongoing dressing changes. The program works closely with the Diabetes management program. The orthopedic rehabilitation clinics provide services to clients post orthopedic injury and/or surgery. A central registration area adjacent to the ambulatory care areas supports clients being admitted to the hospital as well as all visits to the ambulatory care areas. This registration area is small with little space for clients to wait. Plans are underway to open the corridor leading to this area and create a much greater space for central registration. The organization is encouraged to continue to pursue these plans.

Concerted efforts are made to coordinate appointments for clients who may have two or more appointments at the hospital, to avoid unnecessary travel particularly for those travelling some distance.

Standardized tools are used to support assessment as well as care planning for each client. For programs that have been identified as requiring medication reconciliation, such as geriatric psychiatry, this process is conducted on admission and at each visit.

An annual operating plan is developed for the ambulatory care program with input from staff, clients, and representatives from the Indigenous program. Feedback from community partners and other health care agencies regarding community needs are gathered to inform this annual plan. Ongoing feedback from clients is obtained through client surveys, and post-discharge phone calls are made to clients in the

Seniors Outpatient program. The program is encouraged to incorporate the voice of clients and family members into ongoing program planning and quality improvement activities.

Clients spoken with expressed a high level of satisfaction with the programs offered by the ambulatory care program. Access to the level of expertise closer to home is greatly valued.

Table 7: Unmet Criteria for Ambulatory Care Services

There are no unmet criteria for this section.

Community Health Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

The Manor House Adult Day Program is a social and recreational service designed primarily for seniors and older adults living with dementia in the community. The leadership team has clearly articulated their central mission: to delay the need for long-term care placement for clients, while ensuring that each day is enjoyable, with the aim that clients "have a good day and leave with a smile."

Serving approximately 22 to 23 clients each day, the program operates Monday through Saturday. Most clients are referred through Ontario Health at Home, but self-referrals are also accepted. The social worker manages intake and screening, and once admitted, clients experience timely access to the program. Notably, there is currently no waitlist. The programming remains flexible and responsive to the individual needs of clients.

A dedicated interdisciplinary team delivers the program, actively engaging with clients during group sessions. The team includes leadership, recreational therapists, social workers, personal support workers, and practical nurses, all united by a shared passion for supporting their clients.

Among the program's key strengths is timely access to services, further supported by specialized contracted transit, which reduces transportation barriers. Staff provide personalized attention, including light medical and medication support, dietary assistance through adaptive utensils (such as weighted spoons and lipped plates), and continuous assessment throughout participation. Individualized care plans are developed and updated as appropriate to meet evolving needs.

Staff members consistently express a sense of honor and gratitude for their roles at Manor House. They take pride in their contributions to clients’ well-being and emphasize the importance of a holistic approach. Feedback from clients and their families is overwhelmingly positive, with many describing their satisfaction as being "well above 100 percent." Active participation in programming, such as dancing, singing, teatime, and conversation, demonstrates strong client engagement, with some clients eager to remain even after scheduled activities conclude.

With no waitlist, there is an opportunity to expand outreach and recruitment. The team is exploring ways to market the program, such as distributing pamphlets in physician offices and collaborating with partners like the Alzheimer’s Society. Additionally, efforts are underway to address the stigma around “adult day care” through rebranding and revised messaging. Leadership recognizes the benefits of early program access for those newly diagnosed with dementia and is encouraged to continue promoting the program to support transitions in care and enhance quality of life for clients and their families.

Overall, the Manor House Adult Day Program stands out for its wraparound approach, addressing the spiritual, intellectual, physical, social, and emotional needs of its clients.

Table 8: Unmet Criteria for Community Health Services

There are no unmet criteria for this section.

Community-Based Mental Health Services and Supports

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

The Community-Based Mental Health Team provides a broad continuum of services for individuals aged 16 and older living with mental illness or chronic pain. Services are offered to clients with clearly identified mental health goals who are ready to engage in treatment.

The team delivers a comprehensive range of supports, including psychiatric consultation, psychology, vocational services, psychopharmacotherapy, psychoeducation, psychotherapy, case management, and interventional treatments such as rTMS (repetitive transcranial magnetic stimulation). The Team Works program operates on the lower level of the site, offering opportunities for clients to build meaningful job skills, such as woodworking by creating and selling products to support financial stability and employment readiness.

Service length varies by program, with a strong emphasis on planned and supported transitions at discharge or transfer. Psychotherapy is provided in both individual and group formats using evidence-based approaches including CBT, DBT, CPT, EMDR, and Prolonged Exposure therapy. Clinical practices are regularly reviewed to align with current research and best practice standards.

Several programs, including Chronic Pain and CCST (comprehensive community support team), experience consistently high demand as they are the sole providers across a large geographic region. Most services are delivered on site, with outreach provided through CCST and GAPPS (getting appropriate personal and professional support) to support older adults. Clients on waitlists are actively triaged and monitored.

Strong partnerships underpin service delivery, including close linkages with inpatient mental health rehabilitation, addictions services, supportive housing, and the regional HART (homelessness and addiction recovery treatment) Hub, where the team plays a key role in treatment delivery.

Services are provided by a skilled interdisciplinary team with fully staffed psychiatry positions. While psychotherapist recruitment has been challenging since the pandemic, improvements have been seen. Student learners continue to support service capacity and serve as an important recruitment pathway.

Professional development is prioritized, with annual LMS training and twice weekly clinical supervision to support complex cases and newer practitioners. All referrals are received through Access Point Northwest, with wait times varying by program. Improvements have been achieved through enhanced administrative support, improved program-fit assessments, and therapist agreements.

A significant number of referrals originate outside Thunder Bay. In response, a pilot one-week intensive group program is being developed for Fort Frances clients, with multidisciplinary involvement and accommodation supported through Indigenous health benefits.

MEDITECH is used for scheduling and admissions documentation, with standardized procedures for falls and suicide risk assessment. Treatment and safety plans are developed collaboratively, and several programs use outcome measures such as PHQ-9 and GAD-7 via the Greenspace platform.

Client feedback is gathered through annual surveys and real-time tools, informing quality improvement initiatives. While the formal quality program launches in fall, the Centralized Intake Dashboard has long supported data-driven improvements. Current priorities include expanding group treatments, enhancing therapist training, and developing an Occupational Therapy Lifestyles group.

Medication administration is limited, but robust processes support reconciliation, sample management, and care transitions. Follow-up calls are routinely completed to support safety and continuity of care.

Table 9: Unmet Criteria for Community-Based Mental Health Services and Supports

There are no unmet criteria for this section.

Home Support Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

The Sister Leila Greco Apartments is a seniors supportive housing facility offering 132 one-bedroom units across eight floors. PR Cook Apartments hosts 181 apartments of which 160 are currently dedicated to senior supportive housing clients, and 21 are dedicated to tenants. There are two bedroom, standard one bedroom, bachelor, and bedsit apartments with rent-geared-to-income.

At both facilities the model of care is aligned, clients live independently but can receive assistance with daily living as needed, including daily dining service. Each apartment features a small kitchen, stove, microwave, and accessible bathroom with shower. Primary differences between the two sites are age of the buildings, access to natural light, renovations required at the facility and PR Cook hosting a tenanted option. Across both facilities, the client demographic is changing with increases in client service support needed for mental health and addictions.

Currently, the facilities have an average waitlist period of five years and more for specific unit options at PR Cook. Ontario Health at Home conducts an initial assessment and collaborates closely with site leadership to determine both the availability and suitability of the service for each client. Prospective clients may also be identified from alternate level of care (ALC) hospital clients who are on existing waitlists. The screening process for suitability considers factors such as age, mobility, the ability to transfer safely, and the capacity to live independently with available supports. Since acceptance of a vacancy is ultimately the client's decision, a client-centered approach is maintained from the outset, involving both clients and their families in partnership. Facility tours are offered to allow potential clients and staff to mutually assess suitability.

Once a client accepts a placement, the care team works collaboratively to develop individualized care plans and determine support levels according to the client's direction. Services provided include personal support, light housekeeping, laundry, and meal preparation. Medication management is fundamentally the provision of medical assistance to clients who direct their own care, and records are kept of any support that is directly provided to assist a client or to ensure compliance with a medication regime.

For clients requiring additional medical attention, the facility partners with the hospital to provide access to a nurse practitioner (NP). These services are offered at specified times throughout the week for clients who are either referred to, or who request this service. Evidence indicates that NP involvement contributes to a reduction in emergency department visits.

There are many strengths to the services offered. The admissions process involves very comprehensive screening, assessment and individualized care planning, such as personal care assistance, medication assistance, and high touch engagement with clients and their family, as desired by the client. Care planning is adjusted considering the client's condition, and client and family wishes or concerns.

System partners acknowledged that the work of this team is one that they wish to model with other partners, highlighting the relationality of the team and willingness of the team to be open, proactive and solutions focused.

Client and staff safety is a top priority, and the organization has implemented significant investment in this regard. The secure, clean facilities accommodate ambulatory needs with pendant alarms and safety pull stations throughout. There is video surveillance of the facilities and lighting in parking lots is maintained.

Safety is regularly evaluated, including night checks if necessary. Potential safety issues are highlighted during shift changes and team huddles, which are both routine and as needed. Family and staff collaborate to ensure that the client is safe. Personal support workers use communication devices such as walkie-talkies, pagers, and cell phones to maintain safety and care. Staff are present in the facility 24/7 and have a well-known path to escalation if needed. Staff also participate in mandatory education and courses related to client safety through the Learning Management System (LMS).

A wide range of social and recreational supports are available in this setting. Clients can join various events and committees, such as the Ambassadors Welcome Tea, the Welcome Committee, Communion Service, Virtual Mass, music performances, movie nights, board games, puzzles, outings to stores, and educational sessions hosted by external organizations such as the Arthritis Society. For those who prefer privacy, one-on-one visits with the recreation therapist can be arranged in their own rooms. Education sessions cover client safety, such as the most recent Scam Alert for Seniors, where posters are made available for clients notifying them of any pertinent information, and partnership with Thunder Bay Police is in place to support seniors' safety in the community overall.

The staff are compassionate and caring, and expressed joy in their work. Clients nominate staff to be recognized and hold appreciation events to recognize their service. These events are well received, and staff feel valued and proud of their work. New roles have been added to enhance the client experience.

Overall, feedback highlights the importance of supporting clients to age well in place and live their best lives. The staff identified that part of their joy in being part of the team is the ability to work directly with clients, safety in the workplace, stable staffing, and that professional development opportunities and career growth are possible. They can create changes in programs and services in a timely manner. The team is proud of the culture and relationships built. There was acknowledgment of staff spaces to gather at each facility and how important this was to their sense of community with their colleagues.

Clients indicated that they see an opportunity to enhance service and quality through regular review of vendor contracts, such as hairdressing, with involvement from clients and families.

The team, community partners, and clients agreed that the apartments and services are essential for enhancing quality of life and reducing reliance on long-term care or hospitals. More supportive housing is needed due to long wait times. The Sister Leila Greco and PR Cook Apartments offer comprehensive, compassionate services, and the team is recognized for their dedication and outstanding performance.

Table 10: Unmet Criteria for Home Support Services

There are no unmet criteria for this section.

Long-Term Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

Two long-term care sites were visited during this survey, Bethammi Nursing Home and the Hogarth Riverview Manor.

The Bethammi Nursing home is located on the second and third floors of the St. Joseph's Heritage building and can accommodate approximately 94 residents. It is an older facility; however, it is clean and relatively bright. There is a mix of private and semi-private rooms. The Hogarth Riverview Manor is a newer build, with seven floors and all private rooms. This facility can accommodate 480 residents.

Both facilities have access to multidisciplinary resources, and residents can access services including physiotherapy, dental hygienist, and hairdressing. Social work, recreational therapy, pharmacy, as well as representatives from the Indigenous program are available on a regular basis and participate in care conferences to support the care of the residents.

There are active resident and family councils at both facilities with some variation in participation particularly with the family councils. Residents spoken with are pleased with the care and services they receive. Family members expressed a sense of trust and the ability to speak openly with staff about their concerns. Both residents and family members describe staff as becoming like family. The caring, compassionate approach of staff to residents is palpable. Residents are treated with respect, dignity, and offered flexibility in their daily routines.

Client experience surveys are conducted on an annual basis, and from these responses, the homes develop quality initiatives for the coming year. These initiatives are agreed upon with the residents and families, and regular progress reports are provided at resident and family council meetings.

A comprehensive assessment of the resident is carried out on admission and then repeated on a quarterly basis. Documentation is completed using standardized templates within the PointClickCare healthcare software. Care plans are developed and reviewed on a regular basis. Personal support workers provide most the residents' personal care and document their work within the electronic tool. An assessment of skin, potential wounds, and falls is completed with the first 24 to 48 hours of the resident's admission. The corresponding protocols are put in place in keeping with the outcomes of these assessments. The risk of suicide screening tool is completed on those residents who appear depressed or at risk. The facilities are moving to conducting a suicide risk screening on all residents, and they are encouraged to carry out this screening within the first 24 to 48 hours of the resident's admission.

Medication reconciliation is carried out as per policy, and the facilities have standardized tools to support transfer of accountability if the resident requires a transfer to another facility. Two-person identification is completed using pictures to identify residents as well as armbands. Staff who are new to the unit ask a staff person who knows the resident to identify them.

The facilities have access to the Behavioral Supports Ontario (BSO) services as BSO staff are integrated directly into the care teams. All staff receive Gentle Persuasive Approaches training and both facilities are commended for their ability to significantly reduce the responsive behaviors of residents.

Staff receive education regarding least restraint as well as preventing, addressing, and reporting abuse and neglect of residents.

The clients and staff at both facilities are becoming more culturally diverse. Staff and family members are often used to support translation or interpretation services. A third-party provider of translation services is available, and it is suggested that the facilities use this service to support key conversations which may impact the client's care and well-being.

The Bethammi Nursing Home and Hogarth Riverview Manor have embedded quality improvement processes with the daily work of the teams. Huddle boards are found throughout the facilities and daily

huddles are held. Key indicators are tracked and reported weekly, with information displayed in the strategy rooms at each site. The LTC homes are commended for their commitment to their ongoing quality and safety work.

Table 11: Unmet Criteria for Long-Term Care Services

There are no unmet criteria for this section.

Mental Health Services

Standard Rating: 98.9% Met Criteria

1.1% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

The Mental Health Rehabilitation Services program at St. Joseph's Hospital is a 40-bed inpatient unit providing a structured stepdown level of care from acute mental health services. The program serves adults aged 18 and older from a large geographic catchment area and accepts both voluntary and involuntary admissions, with Mental Health Act requirements reviewed in accordance with legislation.

The program supports individuals with severe and persistent mental illness, including schizophrenia, bipolar disorder with psychosis, depression, and cooccurring substance use. Client complexity is often influenced by social determinants of health such as homelessness and limited access to primary care, impacting length of stay and discharge planning.

The unit is in a new, purpose-built environment designed to support safety, privacy, and recovery. All rooms are single occupancy with private bathrooms, and environmental features, such as client-facing whiteboards and access to a secure outdoor courtyard, which reflect client input and promote a therapeutic milieu. Access and supervision are managed through individualized privilege levels.

Length of stay typically ranges from one to six months, with longer stays primarily related to housing barriers. Group psychoeducation, individual counselling, and pharmacotherapy are delivered by an engaged interprofessional team. Care planning is collaborative and includes clients, families, the interprofessional team, and community partners. An Estimated Date of Discharge (EDD) is established within four weeks of admission and reviewed in monthly discharge planning meetings. Although there is currently no waitlist the organization is encouraged to continue its efforts to examine length of stay and treatment planning to ensure access to care for clients in acute mental health services.

Clients access a range of individual and group-based programming, including peer led initiatives and nurse led weekend activities. Participation is voluntary. Opportunities identified include monitoring participation as an engagement indicator, expanding physical activity options, and introducing measurement-based care tools to track outcomes.

Cultural practitioners, including an Indigenous Health Associate and Indigenous Cultural Practitioner, are embedded in the program and support initiatives such as Repairing the Sacred Circle to promote cultural safety.

The program demonstrates compliance with all Required Organizational Practices. Medication reconciliation has been strengthened through pharmacy technician involvement, with further electronic integration planned through MEDITECH Expanse. Ongoing staff education supports a strong safety culture, and regular quality huddles facilitate identification and escalation of quality and safety concerns.

Client experience is monitored using a survey incorporating Ontario Perception of Care questions, with translation services available for Indigenous clients. The team may wish to consider the use of patient reported outcome measures to strengthen and refine treatment planning. This may also support work already underway with respect to EDD.

Table 12: Unmet Criteria for Mental Health Services

Criteria Number	Criteria Text	Criteria Type
3.2.12	Clients and families are provided with opportunities to be engaged in research activities that may be appropriate to their care.	NORMAL

Palliative Care Services

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

The organization's Palliative Care program features a highly collaborative interdisciplinary team. Members include a Cultural Practitioner, Spiritual Care Practitioner, Nurse Practitioners, specially trained Physicians, Occupational Therapist, Physiotherapist, Social Workers, Speech Language Pathologists, Telemedicine Consultants, and other professionals. This diverse group works together to support client care needs and goals of care. The program offers integrated care across 32 beds, consisting of 10 hospice beds and 22 palliative care beds, with one community bed reserved for urgent admissions.

Referrals are primarily received from the Thunder Bay Regional Health Sciences Centre program, though access is extended beyond this jurisdiction. Wait times for bed access are generally prompt, often within two days, including weekend admissions, ensuring clients' needs and priorities are met. Bed occupancy is typically high, with most beds fully utilized.

Considerable attention is given to facilitating client access and triage. Resources are in place to engage clients and families, ensuring they understand the program and that goals of care are clearly identified. If a client decides to transition to another service, including returning home, the team provides compassionate support with a wrap-around approach. Access and flow within the program are managed by the telemedicine consultant, who conducts bullet rounds at the regional level to oversee bed management, triage, and foster positive relationships. Timely access remains a central priority. Advanced care planning and education about clients' rights begin early and continue throughout their journey.

The Cultural Practitioner engages closely with the Indigenous population, providing traditional healing methods and support for Indigenous health. Practices such as smudging and the use of traditional medicines can be performed in client rooms, fostering a client- and family-centred care environment. There is a formal referral process to the N'doo'owe Binesi program, but support is often initiated informally through relationships and phone calls. The team recognizes the sacred responsibility of guiding clients and families through the end-of-life journey, emphasizing both cultural and hospital protocols to honour traditional practices. Efforts to embed two-eyed seeing principles are underway, supported by the Cultural Practitioner and other team members.

Care planning forms a cornerstone of the program, with clear evidence of an interdisciplinary approach. Weekly team rounds are held to review clients' goals and care plans, which are then updated as needed. Clients and families are integral to this process; regular meetings are held to review goals together, ensuring client-directed care. Family members value this approach, noting that it allows them to spend quality time with loved ones, confident that care aligns with the client's wishes.

The program invests significantly in making clients and families feel comfortable creating a home-like environment. The bath area, for example, was co-designed with clients and families, with attention to comfort, including lighting, temperature control, music, and privacy. Building on their success related to this renovation, the team is encouraged to work with clients and their families to create a home-like environment in their activity room.

Efforts have also been made to create clear separation between clean and dirty supply spaces, ensuring a safe and welcoming environment.

The team identified opportunities to reduce stigma associated with the term palliative care, as it may not adequately reflect the excellent care provided. The Cultural Practitioner has offered significant support to families during the death process, and the team believes additional resources could enhance this support. Further, there may be potential to strengthen the connection between SJCG's cultural care and Thunder Bay Regional Health Sciences Centre.

While client and family engagement is a foundational principle of the program, formal measurement of their experience is a recent development. The team is eager to analyze these results to inform ongoing improvements.

The care team expressed deep satisfaction with their work, attributing their commitment to the positive culture of the program. The program stands out as exceptional, and the combined efforts in organizational culture, client and family engagement, staff training, and cultural and spiritual support have created a service that effectively meets the needs of clients, families, and staff.

Table 13: Unmet Criteria for Palliative Care Services

There are no unmet criteria for this section.

Rehabilitation Services

Standard Rating: 95.6% Met Criteria

4.4% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

Inpatient rehabilitation services were surveyed at St. Joseph's Hospital, a program that spans multiple units and floors (224 beds over four floors). The organization provides a spectrum of services including medically-complex, palliative, geriatric, transitional, subacute, and chronic care. Services support 11 regional hospitals. All teams visited demonstrated multidisciplinary engagement, all equally contributing to an integrated and wholistic view of the patient's illness experience.

The teams expressed close relationships with collaborative practice, ensuring best practices are followed. Clear roles and responsibilities for all staff supported efficient and clear boundaries. Clients were well informed of their caregivers, their results and next steps, and white boards in the rooms ensured transparent status updates. All clients visited spoke extremely highly of the care they received. Decision support tools were evident for pressure ulcer escalation and management. The environment was crowded, and the teams mitigated risks by keeping hallways clear on one side. Most rooms were double occupancy with very little space separating beds. Quality improvement boards were established but just recently, with performance metrics envisioned to be included by the fall. It is recognized that comprehensive, and yet concise policies and procedures exist to support the teams in their work. Follow-up phone calls ensure warm transfers but also provide valuable feedback which translates into actions, such as seen with improvements to the PODS (patient-oriented discharge summaries).

Client-centred care was noted at the individual level, with clients truly feeling heard and being a part of the decision making. It was also noted at the leadership level, with client and family advisors embedded in many aspects of service delivery and design. The presence of Indigenous health associates demonstrates the maturity of the organization's growth towards a culture of reconciliation that is to be commended.

The relationship building and collaboration with regional partners, community organizations, and best practice leaders has been an intentional journey that brings much success and quality to the population served. The integration of services to support transitions in care, the agility to respond to access needs internally and externally, and the consciousness to align and merge processes and forms across institutions are examples of the effort put into this strategic priority.

In terms of required organizational practices, the organization is to be congratulated on compliance with all the following practices: medication reconciliation, falls prevention, pressure injury prevention, two-person specific identifiers, and transfer of accountability.

The St. Joseph's Hospital rehabilitation programs are exemplary, and they are a recognized leader in the region. The teams are living the values and caring for clients and their loved ones with compassion.

Opportunities for improvement include reinstating the revamped admission packages ensuring clients are aware of their rights and responsibilities, reviewing use (or missed use opportunities) of diagnostic imaging so as to ensure on site presence (only three days per week) is adequate to meet the needs of medically complex clients, minimizing transfers, and moving towards a more frequent and documented skin integrity assessment. In addition, there is work to establish more specific and granular patient goals, beyond simply wanting to go home and resume independent living. Looking at ways to better track progress toward such goals, in a manner that is easily visible to clients, families, and all team members

would be ideal. In addition, formulating a standard template for an integrated multi-contributory plan of care, including pain management, particularly for longer stay clients is suggested. Considering how this might be integrated into the EMR update ahead of time while in the design phase, if possible, would provide opportunity to contribute local context and assist in change management efforts.

Table 14: Unmet Criteria for Rehabilitation Services

Criteria Number	Criteria Text	Criteria Type
1.3.10	Diagnostic and laboratory testing and expert consultation are available in a timely way to support a comprehensive assessment.	NORMAL
1.4.1	The client's individualized care plan is followed when services are provided.	NORMAL
1.4.6	The client's care plan includes strategies to manage pain and other symptoms.	NORMAL

Substance Abuse and Problem Gambling

Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table at end of this section.

Assessment Results

Four sites were visited as part of this survey, Mino Ginawenjigewin, Crossroads Centre, Lodge on Dawson, and the Sister Margaret Smith Centre, representing a continuum of care for adults and youth with substance use disorders and cooccurring mental illness. Together, these programs provide early addictions intervention and pre and post treatment through outpatient and live-in treatment options for individuals committed to recovery.

While infrastructure varies across sites, each incorporates a dedicated sacred space and innovative building features designed to optimize service delivery and create welcoming, therapeutic environments. Access to care across all programs is intentionally low barrier, and clients consistently expressed gratitude for environments that are nonjudgmental, flexible, and responsive to individual needs. Program models are routinely reviewed to ensure the appropriate balance of day programming and live-in treatment options.

Wait times are relatively short for most programs. Individuals awaiting pre or post treatment supports receive weekly check-ins from an intake coordinator and are connected to appropriate resources such as withdrawal management services and community supports including Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).

Although occupancy fluctuates across sites, reflecting the realities of addiction, relapse, and seasonality, the organization is encouraged to continue assessing eligibility criteria across locations to optimize access to services and make full use of valuable bed capacity.

Intake services are largely centralized through the Sister Margaret Smith Centre. A data-sharing agreement across all SJCG addiction services supports efficient communication and coordinated care using EMHware, where a comprehensive assessment is documented in a shared client record.

Standardized assessment tools such as AUDIT and CAGE have historically been used, with plans to integrate a new provincewide addictions assessment tool once available. Suicide and falls risk assessments are also completed consistently.

Nurse practitioners and addictions workers are central to client care and treatment planning. The recent addition of a nurse practitioner has significantly improved clinical workflows and documentation processes. Given the relative newness of several sites, further investment in, and strategic deployment of, nurse practitioner resources is suggested to strengthen clinical alignment and consistency across programs.

Daily programming is grounded in group-based psychoeducation complemented by individual sessions. Teams have identified a priority to increase capacity for more focused psychotherapeutic interventions, with several staff currently undertaking training in Dialectical Behaviour Therapy (DBT), motivational interviewing, and trauma-informed approaches. Cultural practitioners are meaningfully and consistently embedded in service delivery across all sites.

Teams employ daily client check-ins, multidisciplinary rounds, and visual management tools, such as whiteboards, to monitor progress and coordinate care. Clinical documentation currently occurs in both

MEDITECH and EMHware, requiring some staff to duplicate documentation. Improving system integration could be considered a high priority to reduce administrative burden and enhance continuity of care.

A strong commitment to people-centered care was evident across the continuum. Practical needs such as transportation, clothing, and shelter are proactively addressed based on each client's circumstances.

Client feedback is gathered through multiple channels, primarily direct dialogue with staff and leadership.

Several recent service changes, including food delivery processes, medication education, and measures to reduce noise and environmental distractions, were implemented in direct response to client input. Most notably, clients consistently reported feeling heard and hopeful, with many crediting staff for having saved their lives.

Discharge planning processes are well coordinated, with completion of the four-week program formally recognized through a graduation ceremony. Staff across all sites demonstrated high levels of engagement and a shared commitment to improving access to services.

To further strengthen this work, SJCG is encouraged to continue its quality improvement journey by formalizing priority setting processes, defining key performance indicators, and developing structured improvement plans to better focus and support team efforts.

Given the high prevalence of tobacco use among individuals with substance use disorders and its impact on overall health, and recovery outcomes, the organization may wish to consider establishing a dedicated smoking cessation specialist role. This role could provide coordinated assessment, education, pharmacotherapy support, and behavioural interventions across the continuum of care, while also supporting staff capacity and alignment with evidence-based practices in tobacco dependence treatment.

Table 15: Unmet Criteria for Substance Abuse and Problem Gambling

There are no unmet criteria for this section.