



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Interior Health Authority

Kelowna, BC

On-site survey dates: March 5, 2023 - March 10, 2023

Report issued: January 19, 2024

About the Accreditation Report

Interior Health Authority (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in March 2023. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada

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

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

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

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

We look forward to our continued partnership.

Sincerely,



Leslee Thompson
Chief Executive Officer

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Executive Summary

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

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

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

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

Accreditation Decision

Interior Health Authority's accreditation decision is:

Accredited (Report)

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

About the On-site Survey

- **On-site survey dates: March 5, 2023 to March 10, 2023**

This on-site survey is part of a series of sequential surveys for this organization. Collectively, these are used to assess the full scope of the organization's services and programs.

- **Locations**

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

1. 100 Mile House General Hospital
2. Ashcroft Hospital and Community Health Care Centre
3. Brookhaven Care Centre
4. Cara Centre
5. Cariboo Memorial Hospital
6. Castlegar and District Community Health Centre
7. Columbia House
8. Columbia View Lodge
9. Community Health and Services Centre (CHSC)
10. Cottonwoods Care Centre
11. Creston Valley Hospital and Health Centre
12. Deni House
13. East Kootenay Regional Hospital
14. Elk Valley Hospital
15. Fisher Place - Mill Site Lodge
16. Gateby Care Facility
17. Golden and District Hospital
18. Henry Durand Manor
19. Hillside Centre
20. Invermere Health Centre
21. Jackson House
22. Kamloops Home and Community Care

23. Kelowna General Hospital
24. Kimberley Health Centre & Home Support
25. Kimberley Special Care Home
26. Kootenay Boundary Regional Hospital
27. Kootenay Lake Hospital
28. Mount Cartier Court
29. Nelson Jubilee Manor
30. Noric House
31. Overlander Extended Care
32. Penticton Regional Hospital
33. Penticton UPCC
34. Polson Residential Care
35. Ponderosa Lodge
36. Poplar Ridge
37. Queen Victoria Hospital and Health Center
38. Royal Inland Hospital
39. Sicamous Health Centre
40. Sparwood Primary Health Care
41. Talarico Place
42. Trinity Care Centre
43. Vernon Health Unit
44. Vernon Jubilee Hospital
45. Westview Place

- **Standards**

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

System-Wide Standards

1. Infection Prevention and Control Standards

Population-specific Standards

2. Population Health and Wellness

Service Excellence Standards

3. Ambulatory Care Services - Service Excellence Standards
4. Cancer Care - Service Excellence Standards
5. Community-Based Mental Health Services and Supports - Service Excellence Standards
6. Critical Care Services - Service Excellence Standards
7. Emergency Department - Service Excellence Standards
8. Home Care Services - Service Excellence Standards
9. Inpatient Services - Service Excellence Standards
10. Long-Term Care Services - Service Excellence Standards
11. Medication Management (For Surveys in 2021) - Service Excellence Standards
12. Mental Health Services - Service Excellence Standards
13. Obstetrics Services - Service Excellence Standards
14. Perioperative Services and Invasive Procedures - Service Excellence Standards
15. Primary Care Services - Service Excellence Standards
16. Public Health Services - Service Excellence Standards
17. Rehabilitation Services - Service Excellence Standards
18. Reprocessing of Reusable Medical Devices - Service Excellence Standards

- **Instruments**









The organization administered:

Indicators

1. Client Experience Tool

Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	80	3	0	83
 Accessibility (Give me timely and equitable services)	103	2	33	138
 Safety (Keep me safe)	577	28	35	640
 Worklife (Take care of those who take care of me)	107	25	0	132
 Client-centred Services (Partner with me and my family in our care)	427	6	102	535
 Continuity (Coordinate my care across the continuum)	108	1	14	123
 Appropriateness (Do the right thing to achieve the best results)	799	35	84	918
 Efficiency (Make the best use of resources)	43	1	2	46
Total	2244	101	270	2615

Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Infection Prevention and Control Standards	38 (100.0%)	0 (0.0%)	2	26 (96.3%)	1 (3.7%)	4	64 (98.5%)	1 (1.5%)	6
Population Health and Wellness	4 (100.0%)	0 (0.0%)	0	35 (100.0%)	0 (0.0%)	0	39 (100.0%)	0 (0.0%)	0
Medication Management (For Surveys in 2021)	93 (93.0%)	7 (7.0%)	0	50 (100.0%)	0 (0.0%)	0	143 (95.3%)	7 (4.7%)	0
Ambulatory Care Services	39 (97.5%)	1 (2.5%)	7	68 (100.0%)	0 (0.0%)	10	107 (99.1%)	1 (0.9%)	17
Cancer Care	73 (98.6%)	1 (1.4%)	7	101 (98.1%)	2 (1.9%)	12	174 (98.3%)	3 (1.7%)	19
Community-Based Mental Health Services and Supports	37 (97.4%)	1 (2.6%)	7	82 (98.8%)	1 (1.2%)	11	119 (98.3%)	2 (1.7%)	18
Critical Care Services	51 (96.2%)	2 (3.8%)	7	91 (97.8%)	2 (2.2%)	12	142 (97.3%)	4 (2.7%)	19
Emergency Department	50 (84.7%)	9 (15.3%)	13	77 (85.6%)	13 (14.4%)	17	127 (85.2%)	22 (14.8%)	30

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Home Care Services	39 (95.1%)	2 (4.9%)	7	64 (100.0%)	0 (0.0%)	11	103 (98.1%)	2 (1.9%)	18
Inpatient Services	48 (90.6%)	5 (9.4%)	7	66 (89.2%)	8 (10.8%)	11	114 (89.8%)	13 (10.2%)	18
Long-Term Care Services	51 (98.1%)	1 (1.9%)	4	90 (95.7%)	4 (4.3%)	5	141 (96.6%)	5 (3.4%)	9
Mental Health Services	38 (88.4%)	5 (11.6%)	7	72 (88.9%)	9 (11.1%)	11	110 (88.7%)	14 (11.3%)	18
Obstetrics Services	63 (95.5%)	3 (4.5%)	7	74 (96.1%)	3 (3.9%)	11	137 (95.8%)	6 (4.2%)	18
Perioperative Services and Invasive Procedures	95 (95.0%)	5 (5.0%)	15	88 (96.7%)	3 (3.3%)	18	183 (95.8%)	8 (4.2%)	33
Primary Care Services	52 (100.0%)	0 (0.0%)	7	80 (100.0%)	0 (0.0%)	11	132 (100.0%)	0 (0.0%)	18
Public Health Services	40 (100.0%)	0 (0.0%)	7	67 (100.0%)	0 (0.0%)	2	107 (100.0%)	0 (0.0%)	9
Rehabilitation Services	38 (100.0%)	0 (0.0%)	7	69 (100.0%)	0 (0.0%)	11	107 (100.0%)	0 (0.0%)	18
Reprocessing of Reusable Medical Devices	84 (95.5%)	4 (4.5%)	0	37 (92.5%)	3 (7.5%)	0	121 (94.5%)	7 (5.5%)	0
Total	933 (95.3%)	46 (4.7%)	111	1237 (96.2%)	49 (3.8%)	157	2170 (95.8%)	95 (4.2%)	268

* Does not includes ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client Identification (Ambulatory Care Services)	Met	1 of 1	0 of 0
Client Identification (Cancer Care)	Met	1 of 1	0 of 0
Client Identification (Critical Care Services)	Met	1 of 1	0 of 0
Client Identification (Emergency Department)	Unmet	0 of 1	0 of 0
Client Identification (Home Care Services)	Met	1 of 1	0 of 0
Client Identification (Inpatient Services)	Met	1 of 1	0 of 0
Client Identification (Long-Term Care Services)	Unmet	0 of 1	0 of 0
Client Identification (Mental Health Services)	Met	1 of 1	0 of 0
Client Identification (Obstetrics Services)	Met	1 of 1	0 of 0
Client Identification (Perioperative Services and Invasive Procedures)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client Identification (Rehabilitation Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Ambulatory Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Cancer Care)	Met	4 of 4	1 of 1
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1
Information transfer at care transitions (Critical Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Emergency Department)	Met	4 of 4	1 of 1
Information transfer at care transitions (Home Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Inpatient Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Long-Term Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Mental Health Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Obstetrics Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information transfer at care transitions (Rehabilitation Services)	Met	4 of 4	1 of 1
Medication reconciliation at care transitions (Ambulatory Care Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Cancer Care)	Met	9 of 9	0 of 0
Medication reconciliation at care transitions (Community-Based Mental Health Services and Supports)	Met	3 of 3	1 of 1
Medication reconciliation at care transitions (Critical Care Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Emergency Department)	Met	1 of 1	0 of 0
Medication reconciliation at care transitions (Home Care Services)	Met	3 of 3	1 of 1
Medication reconciliation at care transitions (Inpatient Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Long-Term Care Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Mental Health Services)	Met	4 of 4	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Obstetrics Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Rehabilitation Services)	Met	4 of 4	0 of 0
Safe Surgery Checklist (Obstetrics Services)	Met	3 of 3	2 of 2
Safe Surgery Checklist (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
The “Do Not Use” list of abbreviations (Medication Management (For Surveys in 2021))	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management (For Surveys in 2021))	Met	4 of 4	1 of 1
Concentrated Electrolytes (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
Heparin Safety (Medication Management (For Surveys in 2021))	Met	4 of 4	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
High-Alert Medications (Medication Management (For Surveys in 2021))	Met	5 of 5	3 of 3
Infusion Pumps Training (Ambulatory Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Cancer Care)	Met	4 of 4	2 of 2
Infusion Pumps Training (Critical Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Emergency Department)	Met	4 of 4	2 of 2
Infusion Pumps Training (Home Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Inpatient Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Obstetrics Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Perioperative Services and Invasive Procedures)	Met	4 of 4	2 of 2
Infusion Pumps Training (Rehabilitation Services)	Met	4 of 4	2 of 2
Narcotics Safety (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Cancer Care)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Critical Care Services)	Unmet	2 of 2	0 of 1
Falls Prevention Strategy (Inpatient Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Long-Term Care Services)	Met	5 of 5	1 of 1
Falls Prevention Strategy (Mental Health Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Obstetrics Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Perioperative Services and Invasive Procedures)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Rehabilitation Services)	Met	2 of 2	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Home Safety Risk Assessment (Home Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Cancer Care)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Critical Care Services)	Unmet	3 of 3	1 of 2
Pressure Ulcer Prevention (Inpatient Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Rehabilitation Services)	Met	3 of 3	2 of 2
Skin and Wound Care (Home Care Services)	Met	7 of 7	1 of 1
Suicide Prevention (Community-Based Mental Health Services and Supports)	Met	5 of 5	0 of 0
Suicide Prevention (Emergency Department)	Met	5 of 5	0 of 0
Suicide Prevention (Long-Term Care Services)	Met	5 of 5	0 of 0
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Venous Thromboembolism Prophylaxis (Cancer Care)	Unmet	3 of 3	1 of 2
Venous Thromboembolism Prophylaxis (Critical Care Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Inpatient Services)	Unmet	3 of 3	1 of 2
Venous Thromboembolism Prophylaxis (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2

Summary of Surveyor Team Observations

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

Interior Health British Columbia (IHBC) is commended for its work in preparing for accreditation and its continual focus on client safety and quality of care despite several challenging years in dealing with the COVID 19 Pandemic. The organization was assessed in 2019 and at that time the system-wide standards of Governance, Leadership, Infection Prevention and Control and Medication Management were assessed as well as one area of population specific standards including population health.

This survey included the review of several episodes of care and priority processes across the community and acute sectors. Numerous sites were visited and many staff, physicians, clients, and their family members were interviewed.

Interior Health serves a growing and aging population. In 2023 the population is 843,500 which is spread across a very large and diverse geography. Transportation often related to weather conditions creates additional challenges for health care provision across this region. There has been and continues to be a significant focus on supporting the Aboriginal Health and Wellness Strategy.

During the past several years there have been several situations that have tested the resiliency of those providing services in Interior Health including wildfires, floods, the toxic drug crisis as well as the continued Pandemic. The organization is commended for the great work that has been done to ensure that those living in Interior Health have continued to have access to safe, quality health care.

Within the acute sector services are delivered through collaborative interprofessional teams. There is a high degree of teamwork as well as partnerships with community agencies and family physicians. The demand for acute care services has grown significantly in the past several years. Access and flow are daily concerns, and much time is spent on ensuring clients are able to move to the care they require. Interior Health has recognized the need to address this through increasing bed capacity where possible and working to strengthen relationship with community physicians. As well, attention is being paid to addressing surgical backlogs that may have occurred during the pandemic. The structure of regional networks to support programs has added standardization ensuring that the same quality care is provided regardless of location. Recruitment and retention of staff and physicians continues to be a challenge across Interior Health as it is across the country; however most areas are functioning without needing to reduce services due to a lack of human resources. The organization is commended for its dedication to supporting education of staff and physicians. Staff identified that they appreciated the day-to-day support of educators in the clinical areas as well as the opportunity for ongoing education.

Patients interviewed throughout the region were very appreciative of their care. They felt engaged in their care, well-informed and treated with respect.

Interior Health is to be complimented on the provision of a multitude of community-based services and programs across a very large and diverse geography and population.

All teams are keen and committed to quality and safety - they have forged excellent relationships with other partners in the community who share in the provision of similar services. Staff and leaders are high functioning, dynamic individuals, dedicated to providing care for clients. Service provision seen was exemplary and very client centric. The leaders and teams are acknowledged for their strong interdisciplinary work.

Many LTC (Long Term Care) facilities are aging and are requiring updating. However, the facilities are clean and well maintained. LTC has recently developed a 5-year specialized care strategy. The focus of this strategy is to shine a light on LTC in the areas of quality, access, people, research, and innovation. For the immediate future the priority will be the medically complex, frail elderly and end of life.

Throughout the region there are numerous beautiful exterior gardens and courtyards. In the spring and summer there are many activities in the spaces with planting, outdoor activities, etc. for LTC residents to participate in.

Volunteer programs, which were paused during the pandemic, are being revitalized. Recreation therapy in all the LTC facilities was seen as essential and a crucial part of the care for residents.

There is a comprehensive provincial oncology network, which is guided by a new 10-Year Cancer Plan. There is a strong collaborative working relationship with BC Cancer.

The rehabilitation program is provided at four sites in Interior Health and there are short stay beds offered in conjunction with long term care homes which support clients. The leaders and teams are acknowledged for their collaborative work across sites to support clients and families.

Interior Health has embraced primary care development throughout the region. The region is moving forward to bring more private clinics under the Primary Care Network. The key benefit to clients in the region has been to provide a medical home and offer many locally based services through an integrated team approach.

Interior Health has created comprehensive, inclusive community programs that continue to provide all residents of the region with needed care. Struggles are evident in staffing and services that are stretched beyond capacity.

Detailed Required Organizational Practices

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

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

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Communication	
<p>Client Identification Working in partnership with residents and families, at least two person-specific identifiers are used to confirm that residents receive the service or procedure intended for them.</p>	<ul style="list-style-type: none"> · Emergency Department 12.6 · Long-Term Care Services 9.2
Patient Safety Goal Area: Risk Assessment	
<p>Falls Prevention Strategy To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated.</p>	<ul style="list-style-type: none"> · Critical Care Services 8.7
<p>Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented. NOTE: This ROP does not apply for outpatient settings, including day surgery, given the lack of validated risk assessment tools for outpatient settings.</p>	<ul style="list-style-type: none"> · Critical Care Services 8.8
<p>Venous Thromboembolism Prophylaxis Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis. NOTE: This ROP does not apply for pediatric hospitals; it only applies to clients 18 years of age or older. This ROP does not apply to day procedures or procedures with only an overnight stay.</p>	<ul style="list-style-type: none"> · Cancer Care 15.8 · Inpatient Services 9.10

Detailed On-site Survey Results

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

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

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



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

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

See Appendix B for a list of priority processes.

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

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

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

Priority Process Results for System-wide Standards

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

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

Priority Process: Physical Environment

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.

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

This priority process was not assessed during this survey sequence.

Priority Process: Emergency Preparedness

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

This priority process was not assessed during this survey sequence.

Priority Process: People-Centred Care

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

This priority process was not assessed during this survey sequence.

Priority Process: Patient Flow

Assessing the smooth and timely movement of clients and families through service settings.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Patient Flow was not assessed during this survey sequence.

Priority Process: Medical Devices and Equipment

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

Unmet Criteria	High Priority Criteria
Standards Set: Reprocessing of Reusable Medical Devices	
3.4 The MDR department has an area for decontamination that is physically separate from other reprocessing areas and the rest of the facility.	!
3.5 Appropriate environmental conditions are maintained within the MDR department and storage areas.	!
5.11 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
5.12 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
8.2 The reprocessing area's designated hand-washing sinks are equipped with faucets supplied with foot-, wrist-, or knee-operated handles, electric eye controls, automated soap dispenser and single-use towels.	
9.6 Detergents, lubricants, disinfectants, and sterilants are verified to ensure compatibility with the devices being reprocessed, the lubricants used, the equipment used for cleaning or sterilization, and the reprocessing (cleaning, disinfection, or sterilization) processes used.	
11.3 All flexible endoscopic reprocessing areas are equipped with separate clean and contaminated/dirty work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.	
Surveyor comments on the priority process(es)	

There are 17 Medical Device Reprocessing (MDR) sites across Interior Health. 14 sites reprocess flexible endoscopes, and 15 do probe reprocessing (medical imaging). They provide service to 50 plus customers, including midwives and Corrections. They are supported by over 250 MDR technicians, who are trained and certified. They complete over 1 million packages annually, and that number is increasing.

The Surgical Services Network provides the leadership and support for the service through a dyad model made up of the VP of Clinical Services and The Medical Director. There is also a MDR practice leader, and three MDR practice coordinators

The team work closely with infection prevention and control, quality and patient safety, the operating rooms, ambulatory care, ER, maintenance, and biomed.

The areas have good communication within their respective sites, many participate in regular huddles, and they offer support to other MDR sites.

Annually the MDR Standards of Practice (SOPs) are reviewed and staff competencies evaluated. The sites are performing very well, over 90 %.

There continues to be challenges with maintaining qualified staff. Some sites provide education sessions for employees of the organization who wish to move into MDR. They have collaborated with the Okanagan College in order to support recruitment. The College has featured them on the front page and prominently within their information brochure.

The organization is encouraged to complete performance evaluations on the staff to acknowledge their great work, to support them with their professional goals and to promote their development.

There are some areas that are doing well with performance reviews and it would be good to ask how they manage that. Sites doing performance reviews are Kelowna General Hospital, East Kootenay Regional Hospital as examples.

All MDR sites were clean and well maintained. There is good inventory control and preventative maintenance is in place.

I noted some Lean projects taking place to realize some efficiencies and gain more space.

The Royal Inland Hospital gained 5000 additional square feet as a result of the new OR tower which has been put to good use for the inventory.

There are still some challenges at Royal Inland Hospital with the transport of soiled items from the OR. They have a dedicated service elevator for their use, however the corridor they travel to decontamination is very busy with several public elevators there.

The organization is encouraged to review the situation for possible solutions.

There were good updates seen at some sites including upgrades with stainless steel counters and sinks, shelving and cabinets, new equipment, and more appropriate storage. One example where this was seen is at the 100 Mile District General Hospital.

There are still sites that require attention to separate clean from dirty areas, such as the flexible endoscopic reprocessing area at the ambulatory care center in the Royal Inland Hospital. Also in MDR at the Queen Victoria Hospital.

There are also sites that continue to use hand operated faucets for hand washing (100 Mile District General Hospital, Kootenay Boundary General Hospital, Kootenay Lake Hospital). These should be replaced with hands free operated taps. Please ensure that the paper towel dispensing is easy and does not allow risk of contamination.

Another concern is detergent distribution without verification. This is something that should be reviewed and addressed. This was noted at the Kootenay Boundary Regional Hospital.

Elk Valley Hospital has seen significant increases in sterilization due in part to becoming the 3rd largest dental surgical site in IH.

With advocacy to the professional practice office, they have been successful with adding a casual in MDR to support the 2 MDR clerks (1.5 FTE) in place.

The staff participate in iLearn education; however they would benefit from additional professional development when new products are introduced. It is helpful if the staff know what the products are used for.

Flash sterilization is still in use in a few places for emergencies only. Staff are concerned that any flash sterilization is too much. They have implemented questions to go through before flash sterilization is approved.

There is a reprocessing quality improvement plan in place that the staff are familiar with. The MDR program at Penticton Regional Hospital has recently been recognized by the Regional Health Authority for exemplary service.

The staff identification badges need to be assessed. This was seen across several areas of Interior Health (not just in MDR), especially for staff who have been there for awhile.

The ID badges are cracked, worn, faded, the picture visual is poor, you cannot see the staff's name. The new staff have good, clear ID badges; however, the staff who have worked for some time, and have not had a replacement ID, need them replaced so patients and families can identify staff. The other option is to use another form of identification. Patients and the staff in several areas validated what I was seeing. Perhaps an assessment of ID badges would be beneficial.

The MDR team is adaptable, strong, knowledgeable, committed to safe, quality care, and are very proud of what they do and the role they play. They tell me they do not cut corners, they won't make exceptions, and they follow the SOP's.

Congratulations to the team for their efforts and attention to safety and quality patient care!

Priority Process Results for Population-specific Standards

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

Priority processes specific to population-specific standards are:

Population Health and Wellness

- Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Standards Set: Population Health and Wellness - Horizontal Integration of Care

Unmet Criteria	High Priority Criteria
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Priority Process: Population Health and Wellness

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Population Health and Wellness

Interior Health is to be commended for their commitment to the provision of exceptional population health programming. The staff are supported by knowledgeable and keen leaders. The communities have engaged with the population health portfolio to work towards providing the healthiest environments.

Staff have access to well researched, evidence based education. Policies, procedures and processes are based on these best practices. The electronic recording system (Panorama) makes documentation, information sharing and referrals for pregnant families seamless.

Clients and communities provide ongoing feedback through surveys, interactions (in-person and virtual), consultations, etc. Based on this information and the achievement, or not, of programmatic goals changes are made to address gaps identified. A client satisfaction survey completed in 2020 had very positive responses.

Interior Health's Population Health portfolio participates in numerous quality improvement initiatives and research activities to work towards achieving specific goals. The organization compares itself to other similar institutions for benchmarking where possible. Information collected leads to improvements being made to the programs to assist in achieving goals.

Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

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

Episode of Care

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

Decision Support

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

Impact on Outcomes

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

Medication Management

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

Organ and Tissue Donation

- Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.

Infection Prevention and Control

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

Public Health

- Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.

Standards Set: Ambulatory Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

3.10 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
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Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

All sites surveyed have met the Ambulatory Care Services - Clinical Leadership Indicators.

Priority Process: Competency

East Kootenay Regional Hospital - The majority of staff have not received a performance review in the last few years. Many had never received a performance review throughout their nursing career in Interior Health. Staff said they would appreciate the feedback.

Priority Process: Episode of Care

Coordination of care is evidenced by consistently scheduling all appointments on the same day for remote clients who need to travel to the clinics.

There was no formal no show policy applied at one site, but the staff were consistent with following up the same day for missed appointments.

Family members were actively invited to participate in clinic visits.

Informed consent was consistently evidenced during surveys.



Priority Process: Decision Support

All sites surveyed have met the Ambulatory Care Services - Decision Support Indicators.

Priority Process: Impact on Outcomes

All sites surveyed have met the Ambulatory Care Services - Impact on Outcomes Indicators

Standards Set: Cancer Care - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.7 A universally-accessible environment is created with input from clients and families.	
Priority Process: Competency	
8.11 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	
Priority Process: Episode of Care	
<p>15.8 Inpatient care only: Medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) are identified and provided with appropriate thromboprophylaxis.</p> <p>NOTE: This ROP does not apply for pediatric hospitals; it only applies to clients 18 years of age or older. This ROP does not apply to day procedures or procedures with only an overnight stay.</p> <p>15.8.3 Measures for appropriate VTE prophylaxis are established, the implementation of appropriate VTE prophylaxis is audited, and this information is used to make improvements to services.</p>	 MINOR
24.4 Technologies, systems, and software are interoperable.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Priority Process: Medication Management	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	

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

Oncology within IH includes both outpatient medical oncology services and an inpatient medical oncology service located at Kelowna General Hospital. There are ten community oncology network clinics located throughout Interior Health. Cancer care services are supported by committed and engaged leaders. They are visible and supportive of team members, clients, and families. There is a strong emphasis on providing cancer treatment close to home. The team members and leaders are very supportive of this philosophy. There is a comprehensive provincial community oncology network, which is guided by a new 10-Year Cancer Action Plan. The key priority areas include: to stabilize and strengthen existing services, to grow the workforce, and to improve geographic access to services. There are strong partnerships developed both provincially and nationally to meet the cancer care needs of clients and families. One such partnership is the collaborative working relationship with BC Cancer. Information on the programs and services provided by cancer care services is available. Clients and families participate in the design of oncology services through such activities as participating on committees. The organization is encouraged to continue to seek the input of clients, families and team members in the design and future direction of cancer care services.

There are physical infrastructure challenges at some facilities. This includes: multi-patient shared rooms, shared washrooms, limited storage, clutter, and small preparation areas for systemic cancer treatment preparation. These challenges have implications for patient safety, people centered care, and infection prevention and control. Interior Health is encouraged to review the infrastructure needs of the inpatient cancer care unit and make changes accordingly.

Priority Process: Competency

A strong inter-disciplinary team supports cancer care. The team members described working collaboratively to meet the needs of clients and families. The leaders and teams are committed to providing quality and safe services for clients. The leaders are acknowledged for their commitment to supporting the education and learning needs of the cancer care team. Education and training opportunities are available. This also includes shared resources and educational opportunities with BC Cancer. The nurses providing systemic cancer therapy receive extensive training on how to safely administer chemotherapy. Buddy shifts are supported. Education is provided on demand and includes training when new drugs are introduced. Infusion pump training is completed and documented. An orientation is provided to all new team members. The team members stated that they feel safe at work. There is a strong collaborative working relationship between Interior Health, the regional health authorities and BC Cancer in planning and delivering cancer care. The Adult Outpatient Medical Oncology Services: Tiers to Support System and Operational Planning guides the planning and standardized delivery of outpatient medical oncology services across British Columbia.

Performance evaluations are not consistently completed on a regular basis at all sites. The leaders are encouraged to continue with their plans to ensure that regular performance evaluations are completed for team members.

Priority Process: Episode of Care

Adult medical oncology cancer care is provided at sites throughout Interior Health including at both rural and urban sites. This includes ten community oncology network clinics and an inpatient medical oncology unit. There is a strong commitment to support people in their home communities, to reduce the burden of travel, and to allow clients to receive their treatment in a familiar and supportive environment. An engaged inter-disciplinary cancer care team includes nurses, physicians, oncologists, and social workers, to name just a few. There are strong provincial initiatives supporting clinical guidelines and best practices. Team members noted the importance of being able to access patient information across electronic platforms indicating that BC Cancer and Community Oncology Network Clinics have different electronic systems. The leaders are encouraged to continue with plans to ensure that the systems are interoperable. The team members and leaders are acknowledged for their flexibility in providing the cancer care program. There is an ability to address urgent admissions. One team member described working late to ensure that a client received their treatment. The clients and families spoke highly of the care provided by team members. They appreciated receiving their systemic treatment close to home. Family members described feeling welcomed and supported by the team members. Clients stated that they are treated with care, dignity, and respect. They noted that they felt comfortable asking questions. A client and family members suggested that private rooms and washrooms would improve care on the inpatient oncology unit.

There is a commitment to auditing and acting on the results. The measures for appropriate VTE prophylaxis are established, however, the implementation of appropriate VTE prophylaxis is not audited. The leaders are encouraged to audit the implementation of VTE prophylaxis and to continue to implement robust auditing processes.

Priority Process: Decision Support

The leaders and team members are committed to using decision support to enable quality care. Data are used to support decision making. Education and training are provided to the team on the use of technology. There is a strong collaborative working relationship with BC Cancer. The Cancer Care Network has established priorities to improve the scope and availability of health and cancer system data to support data-informed strategic and operational decision making. One such priority is to implement CST (Clinical and Systems Transformation) Cerner at the ten community oncology network clinics. The leaders are encouraged to continue with this important work.

The BC Cancer and the Communities Oncology Network clinics have different electronic systems, thus limiting the interoperability between them. The leaders indicated that plans have been developed to address this issue. They are encouraged to ensure that the systems are interoperable.

Standardized client information is collected with the input of clients and families. Care plans are developed. Paper-based charts are used. The leaders are encouraged to implement an electronic health record. There is a strong commitment to protecting the privacy of client information. Privacy education is provided to team members. Clients are supported in accessing their health information.

Priority Process: Impact on Outcomes

The 10-Year Cancer Plan will support the leaders and team members in their quality improvement journey. Evidence-based guidelines are developed with the input of clients and families. The guidelines support the provision of systemic cancer therapy provided at the Community oncology network clinics and the oncology inpatient unit at Kelowna General Hospital. There is a strong collaborative relationship with BC Cancer in implementing best practices. BC Cancer shares resources and information with the cancer care services of Interior Health.

There is a strong commitment to safety and quality. There are a range of quality initiatives implemented to support safety and quality including huddles, family conferences, white boards on inpatient units, interdisciplinary rounds, and quality boards, to name just a few. Hand hygiene audits are completed. The Cancer Care Network has established priorities for cancer care quality improvement. The leaders are encouraged to continue to cascade the quality improvement initiatives to the unit and site level. This includes continuing to involve clients, families and team members in the co-design, implementation, and evaluation of quality improvement activities.

Priority Process: Medication Management

The Interior Health Pharmacy and Therapeutics Committee provides support and direction for systemic therapy delivery. This is done in collaboration with the pharmacists at BC Cancer. There are a number of working groups supporting effective medication management including, the Oncology Drug Libraries Working Group and the Med Rec Working Group.

Systemic cancer therapies are administered at ten community oncology network clinics and the inpatient cancer unit located at the Kelowna General Hospital for clients who require a hospital admission for the administration of systemic therapy. There are criteria for admission to the inpatient unit. The systemic therapy may be prepared by BC Cancer and transported to the inpatient cancer unit or prepared at site pharmacies. The chemotherapy is transferred using a lock box system. Spill kits are available. If a spill occurs an incident report is completed. The team members stated that they felt comfortable administering chemotherapy and that education and training prepared them for this role. The appropriate double checks and validations are completed. There are appropriate containers used for bio-hazardous waste. The administration of the medication is documented on the client record. Interior Health is encouraged to continue to review the clinical guidelines and best practices for the appropriate and safe preparation, handling, and administration of systemic therapy.

The team members and leaders are proud of their work in ensuring compliance with the NAPRA standards for chemotherapy preparation. They are encouraged to continue with this important work.

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

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	

The organization has met all criteria for this priority process.

Priority Process: Competency

4.9 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
10.6 Access to spiritual space and care is provided to meet clients' needs.	

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

There is a strong clinical leadership team in the Primary Care & Mental Health and Substance Use (MHSU) Transformation portfolio – the leadership team is commended for creating a comprehensive framework that includes a tiered service model with central supports for operations. The MHSU Network is focused on Health System Improvement, Quality and Performance, Mental Health Services, Aboriginal Mental Wellness, Substance Use Services, Planning Monitoring and Information. There could be improved communication to clinical providers on the work of the MHSU network.

There are currently 389 FTE who provide supports to MHSU patients - active patients are at approximately 29,000. Recent budget increases have been welcomed; however, in many areas hiring new staff has been challenging with the cost of housing and availability of childcare presenting a significant impediment. The majority of staff work in the Substance Use Services while the remainder are employed in Mental Health Services. The continuum of services ranges from health promotion/prevention/early intervention to harm reduction/safer user services, to crisis & acute care services, to outpatient treatment services, to facility-based services.

Considerable efforts have been focused on responding to the 24 recommendations of the In Plain Sight Report, which describes the findings of widespread systemic racism against Indigenous Peoples in the BC health system. Creation of Aboriginal Navigator positions, launch of the discharge to community toolkit for First Nations communities, assessments to increase cultural safety, travel subsidies provided to First Nations persons to reduce barriers to bed-based services have all been implemented.

Other points of pride include the implementation of Opioid Agonist Therapy (OAT) in the emergency departments and urgent and primary care centres, RN/RPN OAT prescribing, establishment of peer networks, the creation of stigma dialogues and the launch of child and youth MHSU Services. Following the announcement of new government funding there has been an expansion of facility and bed-based services (70 more substance use beds; eight more mental health beds). Numerous challenges continue to confront the MHSU program including increasing toxicity of the illicit drug supply, increase in homelessness/concurrent healthcare demands for this population, staff recruitment, increased demand for services, and lack of an EMR (emergency medical responder).

There has been a significant increase in services available in the rural areas with a focus on delivering care in partnership with community stakeholders and other parts of the system. As well, the program has begun to include clients and families in codesign. Staff are encouraged to continue with this approach. There are many partnerships and community capacity-building especially in the rural areas.

Access to psychiatrists is reported to be a significant issue - waitlists were noted to range from multiple months to years. In rural areas, it is a particularly challenging concern. Staff reported that training in trauma informed care needs to be expanded. As well, using an upstream mindset, the need to collaborate with partners and proactively intervene to prevent such trauma could also be considered a priority. (Promoting better understanding of adverse childhood experiences (ACEs) and traumatic stress relief (TSR) will be key in this regard.

Staff interviewed were unaware of the strategic planning process currently underway. They see the need for this work and are eager to participate.

Priority Process: Competency

Education opportunities are abundant for staff in the Mental Health and Substance Use program. There are online learning modules, webinars, and conferences. Performance reviews are largely getting back on track following the pressures of the pandemic.

There is a robust comprehensive inventory of materials for mandatory staff education resources related to the overall structure of Interior Health, and the Mental Health Services Unit (MSHU) which include the following topics: MHSU Professional Practice Standards; Competency Resources; InsideNet Clinical Care Resources; Professional Ethics; MHSU Practice Standards, Policies & Guidelines; Research; Community Services; Land Acknowledgment Guideline; Orientation to First Nation and Métis Chartered Communities and Urban Aboriginal community service partners; Person-and-Family Centred Care; Meditech, Trauma-informed Practice; Harm Reduction Toolkit; Diagnostic and Statistical Manual 5; Suicide Risk Assessment; Virtual Care; Cultural Assessments. In addition, there is an excellent compendium of Community Mental Health Substance Use – New Hire Orientation Resources.

The Interior Health Substance Use Education Training Pathway is also an excellent resource which has been updated in 2021/22. There are exceptional sections related to cultural safety; trauma informed practice; harm reduction; inclusion of peers (people with lived or living experience in substance use); expanding an evidence-informed substance use continuum of care; increasing access to interdisciplinary outreach teams; and increasing access to nursing care to support the implementation of the Risk Mitigation Guidelines.

Another resource is the Youth Substance Use Education Training Pathway. This document aims to support building knowledge and skills for clinicians to support the safe and effective care of youth who use substances, recognizing that gaps exist in the clinical skills of staff caring for youth with substance use disorders in various care settings across Interior Health.

A collaborative team effort approach is evident at all sites.

Priority Process: Episode of Care

Clients and families are treated respectfully by the passionate staff in every service area with a true commitment to actively engaging clients and families in care being evident throughout the program. Individualized care plans are in place. Processes have been developed to ensure information is communicated during transitions.

A central phone number (310-MHSU) has been established - MHSU services can be accessed during regular business hours. Calls are automatically routed to a community MHSU centre where staff will determine where to direct the call and connect the caller to the appropriate services. This number makes finding support for mental health and substance use in the Interior Health Region easier. The phone line was launched in response to feedback from clients and the public, to make it simpler for people to be connected to community supports.

At the Kelowna Community Mental Health Services (CMHS), a wide range of services for mental health and substance use are offered. A centralized intake and an access table meets daily to review requests for service. After acceptance, a 15-minute quick needs assessment call is made by a professional, and a phone assessment is completed to prioritize according to the urgency of the request. A suicide risk assessment as well as a safety plan are also done during this call. After this call, the patient is put on the wait list of the service deemed most appropriate for the patient. The wait time can vary between zero for EPI (early psychosis intervention), to six to eight months for counseling services. For those on the wait list, the team provides resources such as online groups.

The CMHS site in Kimberly has one clinician offering counseling and treatment to clients in the area. An intake coordinator is also on-site part time. All other CMHS are offered in larger areas such as Cranbrook. Group programs are offered virtually as well. The location houses all other community services and the CMHS is part of the interdisciplinary team on site.

The East Kootenay area is undergoing a review of services and preparing a written model of care and description of all services offered in Community Health Programs.

Many new methodologies have been integrated into the services offered and the review will reflect these in the description. A steering group was developed which included agency and client feedback from surveys. Currently there is a small waiting list. All clients receive an intake assessment upon referral and are offered virtual group attendance while they are waiting to be assigned a clinician. Clients often take advantage of this option and are monitored by the group leader. Clients stated the services are relatively easy to navigate and access.

Client goals are discussed at intake and then the counselor documents plans and progress in the progress notes after each visit. The program could look at adopting a standardized Service Plan Template to ensure goals are set, treatments are documented, and indicators of progress are measured. This would allow the client and staff to have a clear way of visualizing the plan and together monitoring progress.

-The Community Mental Health Services manager of the East Kootenay area is involved in two regional quality projects. In the first, Transforming Community Mental Health & Substance Use and Home and Community Care Services are working towards easily accessible, well integrated, responsive, and effectively coordinated SCSP (Specialized Community Services Programs) services and person-centered team-based care for specialized populations. The second project is focusing on improving transitions from inpatient psychiatry to community MHSU.

Staff have a quality status board which indicates all aspects of care for all assigned clients on their caseloads. It is well used and shows timelines for necessary reassessments and client status indicators. Generally, relationships with primary care physicians are reported to be excellent; albeit there is a gap in access to primary care physicians in specific communities. Communications and supports from pharmacists in local communities are noted to be excellent.

Other Staff Concerns/Suggestions: 1) Staff have concerns about access to clinicians with mental health expertise and identify that availability of housing is a big impediment to attracting staff; 2) Staff shared their concerns re the current protocol for filling a vacancy in a mental health program whereby a RN with no/minimal mental health expertise can be the successful candidate if they have more seniority compared with another applicant with expertise/experience in delivering mental health services. Mental health program staff view this as a safety/quality risk; 3) Staff are wondering if a similar program to the HCAP (health career access program) in Long-Term Care could be considered for mental health through the Disciplines Allied to Social Work (DASW) program.

Priority Process: Decision Support

The MHSU Network provides overarching support/leadership in the following domains: Health System Improvement, Quality and Performance, Mental Health Services, Aboriginal Mental Wellness, Substance Use Services, Planning Monitoring and Information.

The need for an EMR (electronic medical records) system is a major impediment to delivery of patient care. Clinicians are using a hybrid charting system (paper/electronic) which causes confusion and is a potential risk. There was discussion of opportunities for improved internal communications across MHSU programs within Interior Health; often those in more remote areas of the region feel left out in terms of access to information.

Priority Process: Impact on Outcomes

The MHSU program has a clear focus on patient and staff safety. Evidence-based guidelines are available for use. Processes and practices are standardized to reduce variation and enhance safety, improve team collaboration, and increase efficiency. Formal and informal feedback from patients and families is gathered to help evaluate improvements. Many quality initiatives are evident and are developed with clients and family advisors using lean tools which have been introduced, as has visual promotion of the work via whiteboards and on-line updates. Data are collected centrally, and reports are sent to leaders. The team is also able to benchmark against similar organizations.

The Quality Status Board is an internal tool that managers and clinical team leads used to track the compliance documentation standards for all clinicians. It tracks items such as percent of notes completed, Suicide Risk Assessment completion rate, and open files report. It is more clinician-specific, but also pulls up information for the entire portfolio. A document entitled MHSU Quality Status Board for Clinicians - Technical Guide How to Navigate and Understand the MHSU Quality Status Board for Clinicians is a particularly useful tool for the team.

Chart audits help ensure targets are met and results are shared with the team. Local quality projects occur in some settings. Safety incidents are followed up and feedback is provided to staff. The teams are encouraged to continue sharing their learnings across all programs.

Standards Set: Critical Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

3.6	Education and training are provided on the organization's ethical decision-making framework.	
3.12	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.14	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!

Priority Process: Episode of Care

8.7	To prevent falls and reduce the risk of injuries from falling, universal precautions are implemented, education and information are provided, and activities are evaluated. 8.7.3 The effectiveness of fall prevention and injury reduction precautions and education/information are evaluated, and results are used to make improvements when needed.	 MINOR
8.8	Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented. NOTE: This ROP does not apply for outpatient settings, including day surgery, given the lack of validated risk assessment tools for outpatient settings. 8.8.5 The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	 MINOR
9.5	All services received by the client, including changes and adjustments to the care plan, are documented in the client record.	

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Priority Process: Organ and Tissue Donation

The organization has met all criteria for this priority process.

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

The clinical leadership afforded the critical care units within Interior Health was found to be exceptional. All units were working with frontline staff to implement quality improvement initiatives to enhance patient care and overall team function. At the Kelowna site, a new initiative under the ICU Improvement Committee entitled 'Feedback and Flipping' focuses on how to give more effective and positive feedback and enhance critical care knowledge. Other measures of enhancing and evaluating team function will serve to further enhance the function of these teams.

The critical care teams all functioned well with strong managers, PCCs, and educators. There was strong outreach to the major sources of referral and communication between and across units. It is a strong regional team.

Interior Health critical care will be enhanced further through standardized objective performance reviews and provincial programs that support human resourcing and real time knowledge of bed availability. The landscape of Interior Health, especially with the large population growth from the highest birth rates in Canada, supports a level 5 NICU structure in Kelowna.

Priority Process: Competency

It was obvious that a lot of work has gone into accreditation and supporting the competencies of staff through training and education. Strategies to enhance quality improvement and proactively prevent errors were apparent at all sites evaluated, including Vernon, Penticton, and Kelowna. It is apparent that these three centres recognized their specific strengths and collaborate well.

It would benefit front line staff to have a greater appreciation for the organizational and regional approach to ethics, including specific ethical situations and how to handle these in real time. This would include debriefs around issues that can lead to moral distress in the critical care environment.

Many managers were new to the position and had not instituted standardized performance reviews. These types of evaluations, including an assessment of one's own strength, the leader's assessment of overall function and a discussion of future goals are imperative to support the growth of both individuals and teams.

Priority Process: Episode of Care

The clinical care provided to patients and families who required the services of critical care teams was exemplary. Care was provided in an open and transparent way and patients were extremely happy and grateful for their care providers. Staff were well versed in the Accreditation standards pertaining to them. It is suggested that these be measured and an iterative process for improvement be made at all sites. Standardized processes were apparent at all sites.

Although there is no formal research activity at any of the sites, there is a great hunger for quality improvement. This could be fostered, and staff could continue to be mentored and supported to bring their ideas forward. It is encouraged to have patients and families included in QI projects at all stages.

Priority Process: Decision Support

Policies and procedures around patient information and the use and access to data were met across all sites. The flow of patient information was appropriately standardized for effective and efficient handover at all transitions.

Priority Process: Impact on Outcomes


All sites are actively engaged in improving their outcomes, including those related to patient care and team function.

There is input from patients and families at the front line, and a family partner is represented on regional and provincial committees. Their continued involvement in all decisions and all committees is encouraged. Iterative measurement of outcomes related to ROPs could be considered.

Priority Process: Organ and Tissue Donation

Organ and tissue donation was handled well across all sites evaluated. There was a standardized, proactive approach with clinical triggers for referral to the organ and donation team. There were resources for family members to educate and comfort them.

Standards Set: Emergency Department - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.4 An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
2.6 Seclusion rooms and/or private and secure areas are available for clients.	!
Priority Process: Competency	
4.1 Required training and education are defined for all team members with input from clients and families.	!
4.7 Education and training are provided on the organization's ethical decision-making framework.	
4.14 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
4.16 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
6.1 The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.	
6.5 There is a policy that guides team members to bring forward complaints, concerns, and grievances.	
Priority Process: Episode of Care	
12.3 Client privacy is respected during registration.	
12.6 Working in partnership with clients and families, at least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them. 12.6.1 At least two person-specific identifiers are used to confirm that clients receive the service or procedure intended for them, in partnership with clients and families.	 MAJOR
Priority Process: Decision Support	

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes		
17.2	Strategies are developed and implemented to address identified safety risks, with input from clients and families.	!
17.4	Safety improvement strategies are evaluated with input from clients and families.	!
18.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.	
18.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
18.5	Ambulance offload response times are measured and used to set target times for clients brought to the emergency department by EMS.	
18.6	Data on wait times for services, the length of stay in the emergency department, and the number of clients who leave without being seen is tracked and benchmarked.	
18.7	Quality improvement activities are designed and tested to meet objectives.	!
18.8	New or existing indicator data are used to establish a baseline for each indicator.	
18.9	There is a process to regularly collect indicator data and track progress.	
18.10	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
18.11	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
18.12	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
18.13	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	

Priority Process: Organ and Tissue Donation

The organization has met all criteria for this priority process.

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

Strong ED clinical leadership exists both at the executive and site levels, and Interior Health is encouraged to continue to support new and emerging leaders. The Emergency Services Network (ESN) provides strategic direction to all sites, promoting standardized, evidence based, quality care. Interior Health EDs are well resourced, emergency prepared, and work is underway for significant upgrade and renovation in some sites, including Royal Inland Hospital. It is recommended that Interior Health continue to support, review, and evaluate this program considering the large staff vacancy rate, volume of patients, and ongoing renovations. Interior Health is to be commended on the recent and current improvements to ED infrastructure, as well as supporting some sites with additional front-line staff to meet increased volumes and acuity.

Opportunities exist for improved input from patients and families, ensuring that every site has safe and secure treatment spaces for patients who require it, and looking for ways to improve transfer times for patients who require higher levels of care.

Priority Process: Competency

Across all sites, Interior Health EDs are staffed with a credentialed, well-trained and highly skilled interdisciplinary team. While there are significant staffing challenges at some sites, there is great teamwork and collaboration across Interior Health. Required education and training is determined at the Interior Health level, and opportunity exists to increase the involvement from patients and families. Staff have access to a robust suite of education modules via the i-Learn platforms as well as frequent opportunities for required certifications, such as ACLS (advanced cardiovascular life support). Some sites have clinical educators which have improved access to learning opportunities even further and safe infusion pump practices were evident in all EDs surveyed. Interior Health is encouraged to ensure that staff at all sites continue to receive a wide variety of education and are familiar with accessing Inside Net for resources such as the ethical framework and decision-making guide and how to bring forward complaints, concerns, and grievances. Routine performance evaluation is not completed in multiple sites and Interior Health is encouraged to support leadership in providing routine staff feedback and supporting identified opportunities for growth. Interior Health is also encouraged to explore the viability of dedicated triage staff in all sites.

Priority Process: Episode of Care

Interior Health supports almost 500,000 annual ED visits at multiple sites, ranging from level 1 trauma facilities to rural community EDs, and patients receive quality care from dedicated, collaborative teams. Across the continuum of ED care, patients are treated as active partners in their health care and are triaged, assessed, treated, and monitored by standardized protocols. Patients experiencing transition are supported and follow up is ensured. Significant work has been done to standardize communication at transitions of care and all sites are encouraged to continue on this journey.

In EDs across Interior Health, work has been done to ensure that emergency care is designed for the patients receiving it. Pediatric-specific triage scoring, assessments, supplies, and equipment are available to ensure appropriate care. The Interior Health is to be commended on their work to improve mental health access to patients requiring those services, including increased suboxone access and ensuring that ED patients at risk for suicide are identified and monitored, with follow up care arranged.

Medication reconciliation is consistently being completed for patients admitted from the ED, however, two-person specific identifiers are not consistently in use at all sites and leadership at these sites is encouraged to work with their teams to further strengthen this ROP in their ED.

Universal fall precautions are standard in EDs authority-wide and infection prevention and control measures are in place, including PPE education and use, entrance screening, and isolation precautions when required. EDs have access to laboratory, diagnostic, and pharmacy support as well as specialty consultation either onsite, on-call, or through a robust virtual network. It is recommended that Interior Health work with all sites to ensure that there are private areas for registration and triage.

Staff across multiple sites indicate that staff safety and risk of violence is a significant concern, as not all facilities have on-site security presence and must rely on RCMP for assistance when available. Interior Health is encouraged to look for ways to enhance staff safety and to continue with efforts to prevent violence in the ED.

Priority Process: Decision Support

Policies and procedures related to management of health information are developed and maintained at Interior Health level and supported by an IT team. Hybrid paper/electronic records exist in many sites and Interior Health is encouraged to continue on its path towards a consolidated EMR. There are many data points on health services collected and trended in Meditech, and Interior Health is encouraged to support site leadership to access this information.

Priority Process: Impact on Outcomes

Interior Health has a policy team of professions who research, develop and review evidence-informed guidelines for the ED, with input from patients and families. These guidelines are easily available to all staff via the Inside Net.

Patient and families are contributing their experiences and feedback to guide ED service design and program improvement in multiple ways, including the Patient Voices Network (PVN) as well as direct feedback through the Patient Care Quality Office (PCQO). Patient experience surveys are also coordinated from the Interior Health. Many sites report that prior to COVID-19, the results of the surveys were distributed to the individual sites, but this has not occurred recently. Interior Health is encouraged to work with the individual sites to ensure patient feedback is shared, and to support and encourage individual sites to look for new and creative ways to engage patients and families.

Interior Health's ESN (employed student nurse) program has a three-year transformational road map outlining strategic goals and objectives for ED quality improvement, with many large ongoing quality projects. There are also pockets of site-specific quality improvement occurring in individual facility EDs, with some EDs very successful in local quality initiatives and others with no current initiatives underway. Interior Health is encouraged to support individual sites in establishing a culture of continuous quality improvement, including defining quality initiatives and indicators, tracking and analyzing data, dissemination of the initiatives, results and learnings, and broader implementation of successful quality initiatives across all sites.

Priority Process: Organ and Tissue Donation

Interior Health has protocols to support organ and tissue donation, including policies and procedures on neurological death determination as well as patient identification, OPO (organ procurement organization) or tissue center notification, and patient transfer. Interior Health is encouraged to ensure that all sites are aware of the organ and tissue donation process and that rural sites in particular are supported to review how they can engage in this program.

Standards Set: Home Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

3.10 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.12 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The home health program faces many challenges including an ageing population and increased complexity in client health status. The home health leadership team has recently been augmented with additional specialist roles to support transformation and program priorities. Much of the team’s work is built on the Seniors Specialized Care Strategy (2022-2027). There have been significant changes to the program to standardize and centralize processes to improve client access and care.

There are strong multidisciplinary teams in place across the organization and they are very client centred. With new and increasing pressures on the health system, home health has a pivotal role in ensuring the right client/right place philosophy is realized.

There are opportunities for team members and leaders to regularly meet. There are strong partnerships, both internally with other programs and services, as well as externally, with community resources and supports. Leadership at the provincial level is evident. Contracts are in place throughout the organization with agencies providing services such as Meals on Wheels and assisted living.

Priority Process: Competency

There is a regional education process, including a fulsome orientation. Learning has primarily been provided via the regional education i-Learn portal, but face to face sessions are being planned.

The team is client focused and places the client in the centre of the care circle. The team works closely together to support client care. They are flexible and prioritize workloads to meet the client's changing needs. Multidisciplinary collaboration has been fostered with regular huddles, meetings, and committees, as well as through process changes such as the Community Collaborative Care Plan and process standardization. Technology also supports collaboration with enhanced access to client information in the primary care and acute care sectors.

Priority Process: Episode of Care

The home health team provides a broad range of services in home and in community. Teams are high functioning and appreciative of the skills and perspectives their colleagues bring to the team.

A central intake process is in place and wait times for services are minimal. There is a strong circle of support for clients who do not have local family support. Many partners and agencies are available, and the home health team assists clients in navigating these services. The team ensures that all client's wishes are respected and that they are directing their own care, including the scope of services provided. A respectful and caring relationship with clients is evident.

Client and family engagement occurs in a variety of ways at a regional and local level. Examples include the Patient Voices Network, Medication Reconciliation Steering Committee, and Community Collaboration Care Plan working group. Home health clients are keen to have their voices heard, and the team is keen to foster this engagement.

Client safety processes are standardized and implemented across the program. The HARP (health and recovery plans) assessment is comprehensive and forms a very important part of determining the care plan. It is regularly updated and communicated to the whole team.

Priority Process: Decision Support

Procura software has been implemented and the team now has ready access to scheduling data, which will be helpful in identifying any needed improvements. The interRAI clinical education model is in place to ensure staff are trained to enter data in a thorough and standardized format. The team is commended for their training efforts. This is key to producing robust, actionable data.

Policy and procedures are in place to guide the communication process between team members. The Situation, Background, Assessment, Recommendation (SBAR) tool and many standardized forms are used. The team currently uses a hybrid system, mainly electronic with some paper based, for health records. Further streamlining of charts is encouraged.

Priority Process: Impact on Outcomes

There have been several quality improvement (QI) initiatives implemented. Examples include community wide staff scheduling, technology advancements which have improved communication with primary care physicians and the acute care program, client transitions in care pathways, use of short stay beds, and standardized processes. Additional initiatives are planned. It is suggested a formalized approach with support from the regional quality team be implemented, with a focus on evaluation.

Staff receive a regular newsletter to engage them in QI outcomes. Scorecards are produced and reviewed with geo area directors monthly. The team is encouraged to actively communicate and share indicator data and subsequent improvements with staff and clients.

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

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control	
8.4 Team members, and volunteers have access to dedicated hand-washing sinks.	
Surveyor comments on the priority process(es)	
Priority Process: Infection Prevention and Control	

Infection, Prevention and Control (IPC) is to be commended for their dedication to safety practices over the course of the pandemic until present. The leadership team is energetic and committed and work closely with provincial organizations such as Provincial Infection Control Network of BC and the antimicrobial stewardship program.

As additional resources were required during COVID-19, the team very quickly developed a training program and hired additional temporary staff who also provided support to private care homes (P3) and the community. Great working relationships were developed with private homes to assist with residents remaining in their facilities and avoiding emergency room visits. As a number of the additional roles were temporary, the current support to private homes is very limited and there may be opportunity to revisit how best to support these homes given the current staffing ratios.

IPC staff are located across all 22 sites with after hours on call phone support and COVID-19 on call for weekends. There are regularly scheduled huddles with the leadership team and IPCs spread across the large geography. They attend interdisciplinary committee meetings, provide education and on site support, and work closely with management and quality teams. IPC consultants are actively involved in staff education, infection monitoring, equipment acquisition, and construction. Staff are knowledgeable on infection prevention and control but rely heavily on this role. They are very comfortable to approach the IPC for support and direction. Staff suggest it would be helpful to have IPC on call after hours and weekends in the event issues arise, and assistance in the rural and urban sites to prevent and monitor infection.

One of the team’s priorities is to standardize service delivery across all 22 sites and focus on a more proactive approach to their services.

Challenges include the lack of electronic charting which would improve the team’s ability to provide support. Automated surveillance software could improve efficiency and accuracy of the workflow and reduce the amount of time spent on paperwork. That time could then be reinvested into front line support. There is an opportunity to consider adding data analytics to the team, to further enhance interpretation of results and develop automated reports. A public facing web page for surveillance may be advantageous to further enhance communication and support.

Hand hygiene is performed routinely in some locations more than others. Interior Health is encouraged to strengthen the hand hygiene monitoring and results, considering other approaches to the current hand hygiene observers. There is a lack of dedicated handwashing sinks in the clinical areas. This is validated by the IPC and front-line staff. In several long-term care facilities, there are double rooms and four person rooms. This is a challenge in terms of proper infection control practices. There is an opportunity for Interior Health to review capital planning with respect to hand hygiene sinks, laundry and kitchen renovations and space requirements for long-term care.

Priority Process: Impact on Outcomes		
15.4	Safety improvement strategies are evaluated with input from clients and families.	!
16.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.	
16.7	There is a process to regularly collect indicator data and track progress.	
16.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!
16.10	Quality improvement activities that were shown to be effective in the testing phase are implemented broadly throughout the organization.	!
16.11	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	
16.12	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The clinical leadership including PCC (patient care coordinator), managers, directors and CNE (clinical nurse educator) are very linked to their community. Cultural safety is pivotal in their culture. Examples of “talking circles” and “journey mapping” can be found throughout the organization. A great example is the handmade canoe in the Creston Health Unit lobby. The canoe was made to increase awareness of addictions. An annual canoe walk is completed to raise awareness of addictions with the band. Required education is determined by Interior Health. There is engagement at this level from clients and families.

Priority Process: Competency

Despite staffing concerns throughout the inpatient services there is active work to ensure the staff meet learning competencies on a regular basis. Job Ready reports are done for each staff on iLearning courses they have completed. Due to the geography of the Health Authority inpatient services is able to provide paediatric and gerontology care education. Required education is determined by Interior Health. There is engagement at this level from clients and families. There may be an opportunity to provide staff with reminders of the content of the Inside Net. This is a valuable resource containing the ethical framework, how to bring forward complaints, concerns, and grievances, and content on Palliation. There is an opportunity to ensure the orientation components are provided to all new staff, particularly the policy, training, and monitoring of restraints. Completed performance appraisals are a big gap in most areas, and Interior Health is encouraged to seek out the units and sites that are able to complete these with front line staff and share the strategies used to gain success.

Priority Process: Episode of Care

Interior Health has been preparing for this Accreditation for a long time and has had several postponements due to recent world-wide, and provincial adverse events. All units have strong interprofessional teams and allied health members of the team are available seven days per week to support care. The units have a strong teaching focus, providing learning opportunities for nursing, medicine, and allied health students.

The staff demonstrated resilience in their approach to the survey visit and were found to be caring, compassionate and well educated. The leadership is overall supportive and spoken very highly of in inpatient services. Team members were concerned about each other and there were no barriers noted in hierarchy of staff. Patients spoke very highly of the care they received. Interior Health is to be congratulated on its multifaceted approach to gaining input from clients and families at the leadership levels and in most of their communities. Some sites were noted to have close relationships with the Aboriginal communities, non-profit organizations, police, and private for-profit organizations. Language barriers are being taken down with the ongoing roll out of the interpretation iPads for client communication.

Clients and family members interviewed were pleased with their care, indicating they felt engaged and well-informed. Client feedback is utilized to make changes, and data from incident reporting is also used to identify opportunities for improvement. The units are encouraged to seek to have greater client and family input into the development of processes and structures that guide their care.

The teams have a strong focus on patient safety and quality of care. Safety huddles are held each morning and several topics are reviewed including potentials risks that are present, and feedback regarding incidents that may have occurred recently. Further work is suggested to expand the quality improvement work at the unit level and use of the quality boards to demonstrate trends in indicators that are monitored in relationship to these quality improvement projects. Performance reviews have not been consistently completed and the departments are encouraged to move forward with these.

Priority Process: Decision Support

There is a solid quantity of policies and procedures on management of digital health information monitored by the IT Team. Sites use a combination of electronic and paper charts. Clients can find how to access their health information from the public facing Interior Health website. Meditech offers a large quantity of data on deliverables from which managers can track multiple QI initiatives. Interior Health is encouraged to ensure there is appropriate training for new managers to access these tools.


Priority Process: Impact on Outcomes

Interior Health clients from inpatient units are asked to complete satisfaction forms. There is patient participation in conjunction with the Patient Voices Network. Policies and procedures are supported by the policy office which assists with the review and comparison to national standards and takes input from client and family members. Policies are created by the team of professionals needing the process who then work through the policy office steps for completion. Interior Health policy can be changed to select site-based biases. These are accessible to all staff on the Inside Net.

Improvement work in some communities could be expanded by engagement of clients and families. Staff could be encouraged to complete PSLS (patient safety and learning system) reports to ensure safety concerns are reported. There has been QI work done at several sites that could be used as the model, with information and implementation across Interior Health.

While QI initiatives are defined and indicators determined, there is no process for data collection and progress tracking consistently throughout Interior Health. It would be beneficial to the organization to ensure data collection is used consistently and to have the effectiveness evaluated. Interior Health and particularly the sites and units could be encouraged to share their QI activities and have these posted in public places.

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

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.4 The physical space is designed with input from residents and families and is safe, comfortable, and reflects a home-like environment.	
Priority Process: Competency	
3.15 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
Priority Process: Episode of Care	
7.2 Residents and families are encouraged to be actively engaged in their care.	
9.2 Working in partnership with residents and families, at least two person-specific identifiers are used to confirm that residents receive the service or procedure intended for them. 9.2.1 At least two person-specific identifiers are used to confirm that residents receive the service or procedure intended for them, in partnership with residents and families.	 MAJOR
10.4 Feedback regarding individual food preferences and nutrition requirements is gathered from the resident and family, as needed.	
10.5 Residents are involved in menu planning.	

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

A new strategic plan developed specifically for long-term care was developed in the Fall of 2022 and is now being operationalized. The initial focus will be the frail, the medically complex and end of life. There are committed leaders at virtually all sites however many are new and are just finding their way. Each geographical area has a mechanism to meet with local managers and discuss quality projects and challenges at sites. The organization is encouraged to support new leadership to leverage these types of meetings to assist with sharing of best practices and solutions to common challenges.

There are many sites that have bedrooms that are occupied by multiple residents and rooms that do not offer a home-like environment as they were once used for acute care. Plans are encouraged to be developed to address these deficiencies.

Nearly all the facilities seen have beautiful outdoor spaces that are used for activities such as gardening in the summer. Expansion of these activities to be in line with the histories of the residents is encouraged. For example, many of the residents in the rural areas were involved in farming so perhaps vegetables and the like can be grown in these outdoor spaces. Currently in facilities where vegetables are grown residents are not permitted to eat them. The barrier that prevents this from occurring is encouraged to be addressed.

In many sites there are issues with the recruitment of staff. In some of these communities this is further complicated by the fact that there is no housing available.

Priority Process: Competency

There are challenges at many facilities with respect to the appropriate number of nursing/care staff. There are also challenges in recruiting allied health professionals. In some areas housing for staff is an issue. Interior Health has knowledge experts/educators in a number of areas such as behaviors and mental health who provide their expertise to the leadership and staff.

Not all performance appraisals are up to date at all sites however most sites have a plan to address this issue.

Priority Process: Episode of Care

Overall residents and their families are very satisfied with the care they receive. This can be directly attributed to the dedicated staff at each site.

There have been recent revisions to the care planning process and residents will have their care plan at a glance, called My Day, posted in their rooms.

In many facilities residents are not satisfied with the food they receive, which is very institutional and not at all appealing. Residents must be involved in menu planning and their satisfaction with the food served must be regularly assessed and improvements made based on their suggestions. These facilities are home for these residents and not a place they are staying for a few days like in Acute Care.

Priority Process: Decision Support

Charts in LTC are paper based. Interior Health's plan to move to electronic charting in this area is supported. Perhaps there could be communication to LTC staff with respect to the plan and a timeline. Although the charts are paper, they are well organized and appear to be culled regularly.

Priority Process: Impact on Outcomes

One of the goals of the new specialized care strategy is results. Several initiatives have been implemented focusing on the provision of quality care and demonstration of same.

Over the past decade Interior Health has implemented a number of quality review coordinator positions whose role is to visit all LTC facilities in their portfolio once per year and assess the extent to which the facility is following standards. Over time the standards they look at have changed. If there are issues these will be identified to the leadership of the particular facility and a plan to rectify the deficiencies must be developed. There is follow up to ensure that the plan is implemented.

A LTC Collaborative has also been implemented, which maps the compliance of the entire system to standards. They also monitor the implementation of the deficiency plans. It is this group that make recommendations as to when further intervention is required.

There is also a focus in this program area on data collection and ensuring that the data collected can be useful in making decisions regarding the provision of quality services.

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

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management	
13.1 Access to medication storage areas is limited to authorized team members.	!
13.2 Medication storage areas are clean and organized.	!
13.6 Medication storage areas meet legislated requirements and regulations for controlled substances.	!
13.7 Separate storage in client service areas and in the pharmacy is used for look-alike medications, sound-alike medications, different concentrations of the same medication, and high-alert medications.	!
17.1 Medication preparation areas are clean and organized.	!
17.3 There is a separate negative pressure area for preparing hazardous medications, with a 100 percent externally vented biological safety cabinet.	!
27.2 All patient safety incidents and near misses are reported, reviewed, and analyzed.	!
Surveyor comments on the priority process(es)	
Priority Process: Medication Management	

Interior Health is commended for its Medication Management System.

There is evidence that Interior Health strategic priorities align with the pharmacy team such as within areas of quality and patient safety, recruitment, engagement and partnership, human resources, and finance.

Staff at some sites reported loving their job, saying such things as “this is the best place I have ever worked.” They also talked about the importance of patient care, recognizing the importance of the role they play in safety and risk. While they may not totally understand the Interior Health ethics framework, they were skilled at making ethical decisions, problem solving and critical thinking, seeking advice appropriately.

There is evidence of a regional Pharmacy and Therapeutics Committee with excellent interdisciplinary representation.

There are structures and process including quality initiatives at the local level, where appropriate, and there is opportunity to continue and further formalize and share the activities, practices, and learnings among centres such as in Penticton.

Identified strengths such as partnerships and collaboration were verified at the site and community level. There is evidence of a strong leadership structure with a Program Director and four Directors. Encompassing 290 FTEs, the Pharmacy Department is commended for its skill mix that includes 133 pharmacists, 152 assistant/technicians, two nurses and professional practice leadership. There are also supervisors and coordinators at the local level and staff felt supported and always able to access what was needed in person, by phone, or virtually, on a regular and urgent basis.

The Regional Pharmacy Program is an integral part of the health care team and includes 13 pharmacy dispensaries at two tertiary, four regional, and 16 community hospitals.

A challenge, like in so many other areas within healthcare, is recruitment with a vacancy rate of 17 percent. Other challenges include need for capital renovations at centres such as a Nursing Station /Medication Room at Creston Valley and equipment such as potential need for an Omnicell automatic dispensing cabinet for Elk Valley (Fernie) and Creston Valley ER. As requests are in process and to enhance communication, the organization may wish to regularly communicate the status of such requests to front line staff. Interior Health is commended for its completed renovations and future plans to meet NAPRA compliance.

An opportunity might exist with the Onmicell. There was evidence of variation in the use and administration of medication that Interior Health may wish to review. Another opportunity exists to move forward with further implementation of the electronic health record including CPOE. And, there maybe opportunity for increased collaboration between pharmacy and nursing regarding anaesthetic gases including storage and education.

Medication rooms across Interior Health vary in size and location. While the majority had good lighting, sufficient storage and met requirements for controlled substances, Interior Health might consider a review process for storing narcotics especially at Cariboo Memorial.

There is variation in safety and security within medication storage areas as well as with the practice using the Omnicell, which is not available at all sites. There are capital plans to address areas such as Creston Valley that has three avenues to enter the shared nursing unit and no med room. There is opportunity to review the Cariboo Memorial ER narcotics processes as well as patient safety incident culture. Medication storage areas were mostly clean and well organized, however, Interior Health may wish to review medication storage areas including within the pharmacy such as at Kelowna General Hospital. Kelowna General provides care to inpatient units and has a satellite pharmacy that supports several Long-Term Care homes. It appears to have outgrown its space, thus the department is very cramped and overcrowded. Interior Health might consider expansion for this valued service.

Hazardous medications are not prepared at all sites. The organization may wish to review sites such as Cariboo Memorial to ensure the safest practices possible. Good luck with any new capital or redevelopment projects.

Successes and opportunities are many, including support to 39 Long Term Care Facilities; 32 of which are serviced by 4 contracted pharmacies, managing drug shortages, and living and working through COVID-19.

Congratulations on the expansion into primary care including eight urgent primary care centres, ongoing audit and quality processes, virtual verification, remote order entry, and controlled substance diversion. Staff and leaders described feeling trusted and part of their respective health care team.

ROPS including antimicrobial stewardship, high alert meds, heparin evaluation, narcotics evaluation, concentrated electrolytes, and list of abbreviations were all met. Great work!

Caring for every patient though appropriate, timely, and safe medication management was observed by surveyors throughout Interior Health.

Well Done!

Standards Set: Mental Health Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
1.7 Services are reviewed and monitored for appropriateness, with input from clients and families.	
2.3 An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
2.5 The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
Priority Process: Competency	
3.1 Required training and education are defined for all team members with input from clients and families.	!
3.6 Education and training are provided on the organization's ethical decision-making framework.	
3.14 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.16 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
4.5 The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.	
Priority Process: Episode of Care	
10.9 The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
13.2 The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
13.3 There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!

14.4	Safety improvement strategies are evaluated with input from clients and families.	!
15.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.	
15.10	Information about quality improvement activities, results, and learnings is shared with clients, families, teams, organization leaders, and other organizations, as appropriate.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The services visited during this survey have a management team who are mostly relatively new to their roles. However, they are supported by dedicated teams of clinicians, including patient care coordinators (PCC) and clinical educators. The trio of manager, PCC and educators provide guidance and clinical coaching to ensure quality of services.

There is a sense of engagement in person-centered services as well as collaborative teamwork.

The team is encouraged to develop service-specific program goals, with the appropriate mix of staff expertise and experience to achieve these goals, and to monitor their effectiveness with input from patients and their families to ensure that their services continue to be appropriate to patient needs. This team invests significant effort to coordinate with partners such as community mental health services to ensure continuity of services when patients transition to other levels of care.

Priority Process: Competency

The team is encouraged to explore strategies to include input from patients to identify required training and education for team members. In addition, the team is encouraged to resume regularly scheduled performance appreciation meetings with team members to maintain communication as well as for managers and their staff to maintain open communication regarding professional development. The team provides infusion pump training as well as annual updates via its online learning platform iLearn. They have a single model of infusion pump, and medication libraries as well as alarms and limits are set remotely by the pharmacy team.

Staff indicate having been offered information on Interior Health’s anti workplace violence policy and confirm having received training on de-escalation of potential confrontations. Staff indicate that the number of incidents involving aggressive or violent behaviour has been increasing over the past months. They feel that increased presence of security guards, as well as continued training on violence prevention contribute to the feeling of safety.

Interior Health is encouraged to resume the practice of regularly scheduled performance appraisals for team members as these represent excellent opportunities not only to ensure competency of staff, but also to discuss with staff development opportunities.

Although an ethical decision-making framework exists at Interior Health, the organization is encouraged to pursue communication of this framework as well as modalities to access the support offered by the ethics committee if needed.

Priority Process: Episode of Care

The installations visited during this survey were clean and relatively adapted to the needs of their patients. Newer facilities are purpose-built, and are spacious, well-lit with safety considerations. Older units are also quite well maintained.

Hospitalisations are accessed principally via the emergency department or direct admissions. Teams communicate transfer via a standardized predetermined information set. Patient consent is obtained where appropriate.

When patient arrive on the units, if their mental health status permits, they are given an orientation. There is a standardized intake process which addresses the physical health of the patients. Patients interviewed feel that there is a respectful relationship with the staff, and that the teams encourage patients to identify their circle of care to be able to involve family or others to optimize the care plans. The tertiary rehabilitation units admit patients for average lengths of stays of four to 24 months whereby treatment plans are individualized, and patients are encouraged to progressively develop their autonomy. Transitions out of the mental health services are planned in advance, with cooperation of the patients as well as other partners such as community services. Patients interviewed indicate feeling involved in discharge planning and that they are well prepared for the transition. The team is encouraged to identify strategies to measure the effectiveness of the transition plans put in place to ensure that their efforts meet the needs of their patients.

Priority Process: Decision Support

Despite the existence of Meditech, clinical documentation continues to be in hybrid electronic and paper mode. Patient information can be found in the cardex, in the electronic patient record, and in the paper chart. On some units, a bedside chart also exists and adds to the complexity of timely access for staff to clinical information.

Chart audits are done for certain elements to ensure that documentation practices meet policies and legislation.

Priority Process: Impact on Outcomes

The teams have integrated the role of educators to ensure training of new staff as well as promote continuing development. When selecting, evaluating, and reviewing new practices and guidelines, Interior Health is encouraged to examine the possibility of including patient input and feedback.

Patient safety incidents are documented using the Patient Safety Learning System (PSLS). Access to and use of data from the PSLs is variable between teams and sites. Interior Health is encouraged to promote the sharing of this information in order to drive quality improvement activities.

The team is encouraged to resume the collection of patient satisfaction as well as other quality indicator data to identify potential quality improvement opportunities.

Interior Health is encouraged to identify program-level objectives for each team, with input from patients, with measurable indicators of achievement in order to be able to evaluate their effectiveness.

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Patient safety incidents are documented using the Patient Safety Learning System (PSLS). Access to and use of data from the PSLS is variable between teams and sites. Interior Health is encouraged to promote the sharing of this information in order to drive quality improvement activities.

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Interior Health is encouraged to identify program-level objectives for each team, with input from patients, with measurable indicators of achievement in order to be able to evaluate their effectiveness.

to team. Interior Health is encouraged to promote the sharing of this information with patients, teams, The sharing of information about quality improvement activities, results, and learnings varies from team to team. Interior Health is encouraged to promote the sharing of this information with patients, teams, and other partners to promote collaboration and engagement towards improvement initiatives.

Standards Set: Obstetrics Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.9 Wall equipment including air, nitrous oxide, and oxygen outlets are clearly labelled.	
Priority Process: Competency	
3.6 Education and training are provided on the organization's ethical decision-making framework.	
3.12 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.14 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
5.4 There is a policy that guides team members to bring forward complaints, concerns, and grievances.	
Priority Process: Episode of Care	
10.7 There is a policy and procedure for sponge and needle counts both before and after all vaginal births.	!
Priority Process: Decision Support	

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Interior Health supports a very large geographical area and a tiers of service framework has been implemented across the region to provide a guide to the responsibilities and requirements to provide safe and appropriate planned obstetrical services. There are six tiers guiding services based upon several factors including the level of risk, gestational age and potential maternal co-morbidities. There are eight fully designated obstetrical sites across Interior Health. These sites have full obstetrical coverage and can handle high risk births. Six of these eight sites were visited in addition to two low-risk sites.

Interior Health is commended for dedicating the resources to support the Maternal, Neonatal, Child and Youth (MNCY) Network with Interior Health North which plays a very important role in promoting standardization and appropriate care across the diverse sites. The sites visited indicated their support for the work done by this network and the standardization that has resulted.

Input from patients and families regarding the structures and processes supporting care have come primarily through direct feedback received by the Quality Patient Care office and representatives from the Patient Voices Network for projects that are underway. Interior Health is encouraged to expand the opportunity for the voice of patients and family members with previous experience to participate more closely in the development of policies, procedures, and processes that drive care delivery at the various sites.

The physical environment across the perinatal sites within Interior Health vary as to their age, amount of space, level of new equipment and amenities such as LDRP (labour, delivery, recovery, postpartum) rooms across the region. However, all sites visited remain focused on providing safe care within their setting. The Golden site is an old facility, and the layout of the unit has some challenges for patient flow. The Penticton site is also in an older portion of the facility with very limited space. This unit is also currently undergoing renovations around and above them and the team is commended for their ability to remain focused on providing care. Interior Health is encouraged to address these limited space issues and challenges within the older facilities and also address areas where gases (oxygen, air and nitrous oxide) used in the labour rooms are not well labeled or quickly distinguishable.

Priority Process: Competency

Strong interdisciplinary teams were found across all sites and Interior Health is commended for ensuring that the MOREOB (Managing Obstetric Risk Efficiently) program is available at all sites. This program has provided the vehicle for ongoing education of the interdisciplinary teams, as well as strengthening communication and collaborative functioning amongst team members.

New staff have access to a Regional Perinatal Specialty Program to prepare them to work in obstetrics. They are provided good orientation and mentorship until they feel comfortable in the role. Interior Health is commended for the strong education and leadership resources that have been made available to all sites. The triad model of manager, educator, and patient care coordinator (PCC) were seen to be a good method to provide continuity of support to staff.

There has been a significant focus on cultural sensitivity training for all staff. There is a growing a focus on perinatal substance use and implementation of the “eat, sleep and console” approach. The Kelowna General site is commended for the work they are undertaking on perinatal substance use and are encouraged to include the voice of the client as this program is implemented.

The level of knowledge and familiarity with ethical decision making varied across the sites. It is recommended that this be an area of additional education and that leadership at the unit level specifically target opportunities to discuss situations that would benefit from the use of the ethical decision-making framework.

Performance reviews are not being done in many of the sites visited and this may be due to a number of factors including new managers as well as the high workload related to the overcapacity issues and the need to focus on access and flow. Interior Health is encouraged to support the completion of performance reviews as a priority and review the steps needed to ensure this can occur. A number of staff interviewed commented that they would appreciate the opportunity to discuss their performance as well as opportunities for growth and development.

Priority Process: Episode of Care

All the sites provide 24/7 access to obstetrical services. Depending upon the gestational age, the client may be asked to present at the emergency department prior to coming to the unit. If a site is unable to meet the care needs of the client, the client is transported to the nearest facility that can address the client's needs. Unfortunately, in some areas transportation issues can make transfers of mothers and infants a challenge. This has been a particular issue within the East Kootenay area. Work is underway to address the ability for several smaller sites to augment the level of care available to newborns to decrease the need to transfer out.

Standardized assessment tools and monitoring flow sheets are used to support care and provide a structured approach to documenting assessments and actions taken. These tools are also used to support communication between staff throughout the clients stay. Mechanisms are in place for rapid support in cases of emergency and the Kelowna General is commended for the work that has been done to install a maternal code button in each room which alerts the necessary staff to this emergency.

The sites work closely with Public Health. Representatives from public health may attend team meetings prior to the client's discharge or information is communicated to public health at the time of discharge. An in-home follow-up visit, or phone call is made to support the parents within the first few days following discharge. Feedback is provided to the hospital team where appropriate.

The staff are very proud of what they do for the clients in their community. In the more rural sites, there is also a deep appreciation of their ability to provide care close to home.

Clients and family members interviewed expressed their gratitude for the attention and the knowledgeable care they had been provided. They felt engaged in their care and well-informed.

Priority Process: Decision Support

The majority of the sites visited are using paper documentation for the vast majority of the information documented. Given the benefits of increased communication, standardization of care, and efficiency surrounding documentation, Interior Health is encouraged to move forward with the implementation of the electronic health record across all sites as quickly as possible.

The work of MNCYN (Maternal, Newborn, Child and Youth Network) within Interior Health to standardize protocols and procedures across the sites is excellent work and provides a great support to the sites. Education is consistently provided on privacy and confidentiality as well as the use of client information. Much of the information systems work and review of documentation is done by regional committees.

Priority Process: Impact on Outcomes

Evidence-based guidelines are reviewed and revised as needed thereby providing the structures and processes to support standardized care across the region. Safety is a key focus across the Interior Health sites. Monthly safety walkabouts are conducted by managers and safety is a regular topic at each morning's huddle. Feedback from clients is used to support changes to enhance safety.

Quality improvement initiatives are present in some sites and most sites have ideas boards. There are several large quality initiatives that have begun at the regional level and are taking root in some of the sites. These include the Baby Friendly Initiative (BFI) and perinatal substance use. The Penticton site is commended on the work that has been done towards becoming a BFI designated site. The department is to be accredited later this year and much of this work has been done in collaboration with clients and families. The Kelowna site has targeted implementing a comprehensive approach to perinatal substance use. Engagement of clients/families in this work is also encouraged. The Vernon site has initiated a quality project entitled Joy at Work and staff as well as clients are very engaged in this project.

Further work is needed to expand quality initiatives across all sites and Interior Health is encouraged to dedicate resources such as education, expertise, and hands on support to facilitate and enhance a culture of quality improvement at the service level.

Standards Set: Perioperative Services and Invasive Procedures - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
6.6 Education and training are provided on the organization's ethical decision-making framework.	
6.11 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
6.13 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
7.5 The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.	
8.4 There is a policy that guides team members to bring forward complaints, concerns, and grievances.	
Priority Process: Episode of Care	
10.14 Ethics-related issues are proactively identified, managed, and addressed.	!
13.7 The surgical count is conducted, documented, and signed by at least two designated team members.	!
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Priority Process: Medication Management	
5.2 Medications in the surgical area are stored in a locked area or similarly secured, as per the organization's policies regarding medication storage.	!

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

Great leadership teams, including managers, PCC, and educators at all sites. Surgical services provided across Interior Health really are supported by a strong regional executive team that believes in treating patients safely as close to home as possible. There is a strong dyad (operational-medical) at the executive level.

The region and sites have risen to the challenge of supporting the expansion in surgical services. There are recognized issues in terms of human/staff resources and beds that are being actively worked on. The site leaders are to be commended for their work supporting staff to enhance patient experience and flow.

Priority Process: Competency

The perioperative services teams are led by dedicated individuals, both at the regional and site levels. Manager, educators, and PCCs work collaboratively to build a supportive environment for their staff. Required competencies are well established and recorded.

The opportunity for perioperative services is to expand competency reviews to incorporate staff input and to develop staff to their full potential in alignment with individual strengths and goals. Staff could be given a framework to support an approach to ethical issues.

Priority Process: Episode of Care

CARIBOO MEMORIAL HOSPITAL - Successes include the use of the surgical safety check lists for all cases, an itinerant orthopedic surgeon from Kamloops looking to expand scope of service, two nurses with additional orthopedics training, the staff and physicians are committed to the patients, and the patients are pleased with services they receive. Challenges include the use of a hybrid chart, using agency nurses for staffing, and an inconsistent count mechanism. The leadership needs to support performance reviews.

EAST KOOTENAY REGIONAL HOSPITAL - Successes include team camaraderie, the roll out of the hazardous drugs protocol, a revamped orientation program, and input from patients and families through quality care websites. The biggest challenge is in finding adequate space and storage. It can be challenging to get wheelchairs in through doors and into some rooms on the unit. There are significant wait lists and staffing issues with increased number of sick calls.

GOLDEN AND DISTRICT HOSPITAL - Successes include a very strong PCC with a quality passion and focus, who is doing great work and sharing it regionally. There is a strong rural OR network, they are fully staffed, and there is a new social worker position. Challenges include the use of hybrid records, the age of the building (inhibits efficient flow), and no consistent use of standardized performance reviews. There were medications stored in an unlocked cabinet in the recovery room area. The medication room key, including keys to the narcotic cupboard, were placed inside this unlocked cabinet.

KELOWNA GENERAL HOSPITAL - The perioperative program provides the full range of operative services, including cardiac surgery. They have an integrated management team that supports standardized care throughout the region. There is a strong focus on quality improvement, especially as it pertains to expansion in surgical service provision. As an example, the OR holding trial is looking at how to support movement out of the recovery room. Patient care co-ordination is exemplary and flow has been optimized to meet patient requirements across the day. For example, the Peri-Anesthesia Recovery Room (PARR) has been consolidated to one location for both the old and new ORs to enhance flow. A real time visual is available to track patient location. Staff were very satisfied with the education they receive and the opportunities for growth. They were able to articulate they knew they were doing a good job. The program will be challenged to meet human resource needs and bed availability targets for the expansion, given that capacity is well over 100 percent in the hospital on most days.

KOOTENAY BOUNDARY REGIONAL HOSPITAL - There is a friendly and inclusive team at this site with a manager who has been there for 17 years. There will be further expansion to use all ORs within a year. There is a full complement of staff, and active recruitment is underway for two anaesthetic positions coming available in the fall. The team is very considerate and compassionate to the clients. An area for improvement is to ensure all staff, including surgeons, in the OR pay attention to the surgical safety checks. The unit has a small budget for equipment for the OR considering it does hips and orthopedics. There could be consideration of hiring anaesthesia assistants and cleaning staff to improve OR turnover.

KOOTENAY LAKE HOSPITAL - The OR has two suites and performs just over 90 surgeries a week. They perform OB/GYNE, endoscopies, pediatric dental, cataracts, orthopedics, urology, and general minor procedures. The team is on call for weekends, with the typical callback being for C-sections. The Operating rooms are updated and spacious. The team was able to pivot quickly when a case needed to be postponed. The team has a full complement of staff, and it was apparent they all have each other's backs. They are a high functioning team. The one concern for the unit is the lack of space and storage.

PENTICTON REGIONAL HOSPITAL - They have a strong site leadership, including management, PCCs, and educators who work in collaboration to enhance design and flow. They were very motivated to grow staff and recognize the challenges of having many new staff coming on at the same time. They work in concert with a surgical process improvement lead who is assisting them in several projects. Although they are aware of the Regional Surgical Network, they were challenged to think about patient involvement in all phases of these quality initiatives, including design. Their biggest challenge comes with human resources to enhance capacity.

QUEEN VICTORIA HOSPITAL – This was an amazing program and team. They have a fantastic PCC who is both patient and quality focused. The RSON (Rural Surgical and Obstetrical Network) is a great support and resource. They are challenged by an older building.

ROYAL INLAND - The staff are knowledgeable, committed and caring. There is a robust orientation and new staff are provided a mentor. The same day hip replacement pilot was spread across the region. They mentor staff from the Caribou Hospital in orthopedics. New staff have their training sponsored for an 18 month return of service. When they have completed the course, they are assigned a mentor. Interior Health is encouraged to meet long waits for ID badge turnaround. The site could standardize count sheets.

VERNON JUBILEE HOSPITAL - Successes include a strong management team that works closely with physicians to enhance care delivery, the ongoing delivery of the Civility Matters program to support inclusivity, a highly engaged staff, and QI projects initiated by frontline staff. They are challenged in that they run all rooms and have a process if an urgent room were needed. Seeking patient and family involvement at all levels is encouraged.

Priority Process: Decision Support

Processes for ensuring an up-to-date chart with appropriate privacy considerations were apparent at all sites evaluated.

Interior Health is advised to continue to work to move away from hybrid charts and toward an integrated electronic records.

Priority Process: Impact on Outcomes

Standardized processes and methods to choose which quality initiatives will be advanced were present at all sites. Suggestions from front line staff were sought and feasibility was addressed in a collaborative manner. Sites are using patient safety reporting mechanisms in an iterative fashion to support improved patient safety and enhanced working environments.

The regional executive committee uses input from patients and families and the sites are challenged to do the same, starting at the initiation of projects and the choice of which projects to dedicate time and resources toward.

Priority Process: Medication Management

Medication management was handled well at almost all sites. Medications were appropriately stored, opened, used, and disposed of, including sterile medications.

At the Golden and District Hospital, medications that are normally restricted to locked cabinets were stored in an unlocked cabinet in the recovery room area. Medication room keys, including keys to the narcotic cupboard, were found to be placed inside this unlocked cabinet.

Standards Set: Primary Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

Interior Health has embraced primary care development throughout the region. There are nine Primary Care Networks (PCN) with four more to be established in the coming years. The PCNs are implemented in partnership with the various Divisions of Family Practice, Aboriginal partners and IH. IH operates 29 primary care clinics, which are guided by the principles of primary care. Both these clinics and over 200 private primary clinics are a part of the integrated system of care.

Of the two sites visited on this Accreditation survey, Sparwood is one of the first developed and provides a wide array of services with a fully developed team. Penticton is operating as an Urgent Primary Care Center (UPCC) which includes an urgent component to ensure clients with injuries or illnesses who do not require the emergency department are seen within 24-48 hours. They are also open for extended hours 365 days a year. The key benefit to clients in the region has been to provide a medical home and offer many locally based services through an integrated team approach.

The planning for primary care has involved many partners in the community, clients, and of special note the Aboriginal partners within their geographical areas. Substantial growth has occurred in the last four years and hundreds of people have been involved.

The primary care sites have a variety of staff on the team. At Sparwood the team has developed over the years and expanded to include new areas of focus such as the maternity primary care nurse, chronic disease physiotherapist, and addictions councillor. These additional team members were funded based on demonstrated needs in the community.

Funding models vary throughout the region and there is a move to provide contracts to physicians to replace fees for service. Physicians are moving to this model in many of the PCN sites.

Challenges noted have been staffing shortages and climate events, however work continues, and the team is commended for their ongoing work.

Achieving standardization throughout the PCN is the ongoing challenge.

Priority Process: Competency

The iLearn system works well for training and development. Most training is done virtually and staff in Sparwood are interested and hoping to have more opportunities in the future.

The team uses a very collaborative approach, working together on complex client cases and being flexible to ensure the best care. Clients and families are very involved in their care and promoting the best quality of life, and ensuring safety as was evident in a case review in Sparwood.

Evaluation of team collaboration is a focus both locally and regionally as the new strategies and toolkits are developed. An example of a local review is in Sparwood as they have changed the interdisciplinary team meeting format recently and will be evaluating if the change has improved team functioning.

Priority Process: Episode of Care

The team working within primary care is highly skilled, passionate, and work cohesively. It was evident during many observed interactions between staff and clients that there is a high level of confidence and mutual respect.

The clients in Penticton described being treated with care, dignity, and respect. They stated they were comfortable asking questions and described the team as excellent and awesome and had no suggestions for improvement.

Sparwood primary care clinic is part of a larger centre which has adjacent emergency department and diagnostics. Their focus is on the general population, however maternity care is growing. The Penticton UPCC evolved from a smaller service called Martin Street, which predominantly served a marginalized population with MHSU concerns. The Penticton UPCC continues to provide service for the population. Both centres are well designed for client satisfaction and flow. Facilities are clean and well maintained. Primary care clinics are responding as quickly as possible to requests for service. The major barrier is that there aren't enough new doctors/nurse practitioners to take on the clients requesting service. This is a national issue all regions are struggling with, and the future predictions see a further escalation in requests. Interior Health is encouraged to continue to find ways to attract more clients and offer alternate avenues such as virtual care on an urgent basis.

Sparwood has recently had a new doctor join the clinic and the waiting list has been decreased to 181. The primary care clinics are using a scheduling system to ensure there are time slots available each day for urgent requests. Clients are very pleased this is available.

Sparwood's maternity primary care nurses have been working with the team on a prenatal resource package for parents, which was identified as a need by clients. It is now being reviewed by the Aboriginal partner nurses to ensure it meets all cultural needs.

Primary care assessments are standardized and ensure a full review of health conditions. Risks are identified and discussed with clients. There were many cases discussed and reviewed that demonstrate a good relationship and teamwork with other health care services and providers.

Priority Process: Decision Support

The Profile charting system has been integrated into the primary care sites. Staff are trained and have become very knowledgeable on using this charting system. Services like public health and rehabilitation therapies chart on alternate platforms.

Charting platforms for all disciplines are mostly electronic, however many systems don't talk to each other, which doesn't allow for the full continuum of care to be seen by all providers. Interior Health is encouraged to continue to work on integrating the various platforms.

Priority Process: Impact on Outcomes

The transformation to primary care has implemented evidence informed guidelines from many sources. The concept of team-based care in primary care is based on research and the region has implemented concepts on chronic disease management, integrated care, and clinic manual toolkits. There is excellent planning and implementation.

Identifying risks to client and team safety was evident. Through thorough client assessments to clinic specific safety audits and regional reports on risk mitigation in the strategic priorities progress reports, this area is well covered.

The regional primary care team has implemented a number of QI projects. Finding ways to standardize work includes orientation and onboarding, triage and patient communication, and the Clinic Manual toolkit, which are excellent examples. This information is shared throughout the region and is extremely helpful as new PCCs open.

Both sites have a deep commitment to quality improvements. They both had regular huddles and quality boards and were improving processes regularly. The region is encouraged to find ways to document and share these improvements as well.

Indicators are monitored on individual utilization reports and on the strategic priorities reports. The regional team is working on a Primary Care Strategy and a scorecard. Continuing to find ways to measure and share this information locally is encouraged.

Standards Set: Public Health Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Priority Process: Public Health

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Public Health services are organized through a decentralized leadership structure. This promotes inclusion of public health philosophy into decision making at the highest levels across Interior Health. Passion and commitment are evident throughout the program at all staffing levels. The challenges of the past several years have fostered teamwork and respect. There is a strong desire to resume the full scope of public health practice as priorities are re-established.

Priority Process: Competency

Many of the public health roles have evolved over the last number of years, adapting to priorities and mandates as required. The team is aware of this dynamic and is integrating this into their future planning. Educational opportunities are available, with more face-to-face sessions to resume soon. Staff are experienced, engaged, and feel well supported by leadership.

Priority Process: Impact on Outcomes

A variety of indicators are collected in the public health program. Many are monitored over time and inform program planning. Other measures are related to specific quality improvement projects. These measures are used to determine effectiveness and potential for spread. The team shares this information internally within the program and with organizational leaders. It also more broadly shares with clients and the community through public reporting, working groups, and community committees.

Priority Process: Public Health

The program is commended for its comprehensive public health reports, with topics ranging from the toxic drug crisis and safe drinking water to the local community health profiles.

Monitoring and surveillance informs decision making and priorities. Two notable health promotion initiatives are building healthy communities in partnership with local municipalities, and the family health toolkit. The team has recently led a number of large-scale emergency responses caused by environmental impacts, as well as the toxic drug crisis and COVID-19. Through this work many partnerships have been strengthened. Local and provincial partners are engaged through a variety of mechanisms. The team is commended for their robust COVID-19 response and their ability to continue to offer a broad range of services concurrently. Harm reduction efforts are ongoing and client and community feedback into needs has been key.

Ethical issues have been addressed, and staff feel supported in their work.

Both short- and long-term program planning is underway as the region's Health System Planning Unit refreshes Interior Health's strategic priorities. A fulsome process is anticipated with a review of public health needs and emerging trends.

Standards Set: Rehabilitation Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

The organization has met all criteria for this priority process.

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The rehabilitation program is provided at four sites in Interior Health. There are two Regional Rehab Units located at Penticton Regional Hospital and Vernon Jubilee Hospital, and two Tertiary Rehab Units located at Kelowna General Hospital and Royal Inland Hospital. Additionally, there are short stay beds offered in conjunction with long-term care homes which support clients but are outside of the direction of the rehabilitation program. The leaders and teams are acknowledged for their collaborative work across sites to support clients and families. There is a strong commitment to partnerships. Information on rehabilitation services is provided to clients and families. For example, there is a welcome package given to clients before admission to the Rehab Unit at Penticton Regional Hospital. This welcome package provides an opportunity for clients to identify My Rehab Goals. The leaders and team members are encouraged to continue to share best practices across sites.

The leaders, team members and physicians have a deep commitment to supporting quality rehabilitation services in Interior Health. The rehab program is led by strong and engaged leaders. They are visible and supportive of team members, clients, and families. This extends to reducing barriers to access to rehabilitation services and reducing wait times. The team members stated that they have the resources to do their work.

There are robust processes implemented to monitor and evaluate the rehabilitation program. This includes the development of a Rehab Steering Committee, auditing processes, and a reaffirmed focus on co-created client goals. The feedback and input from clients and families is being obtained. The leaders are encouraged to continue to evaluate the rehabilitation program with the input of team members, clients, and families.

There are infrastructure challenges at the Penticton Regional Hospital site including small rooms, shared bathrooms and showers, and two- and four-bed rooms. The team and leaders are acknowledged for their work in minimizing clutter and equipment in the hallways. Interior Health is encouraged to review the infrastructure needs of the rehabilitation program across all sites in keeping with infection prevention and control, and patient safety principles.

Priority Process: Competency

The rehabilitation program is supported by a strong and competent inter-disciplinary team. This includes: physical therapists, speech language pathologists, occupational therapists, nurses, dieticians, social workers, rehabilitation assistants, and physicians, to name just a few. The staffing resources may vary across sites dependent upon the rehab services provided at the regional and tertiary levels. The team has been described as collaborative, innovative, and supportive. The clients have described the team members as really helpful, and noted that they are treated as an individual not a number. One client stated, "They make one feel at home. The nurses do a wonderful job. All the team does." The team members are proud to work in the rehabilitation program and the work environment was described as supportive. The leadership is accessible and visible. The rehabilitation team engages clients and families in setting treatment goals, care planning, and discharge planning. There are white boards in client rooms. Clinical and family conferences occur.

There is a strong commitment to supporting team members. This includes ensuring a safe working environment. An orientation is provided to all team members. They noted that the orientation prepared them to work in the rehabilitation program. The team members stated that they felt safe at work and that they received training to support safe work practices. The leaders and team members are proud of their work during COVID-19 and the subsequent recovery.

Education and training opportunities are available to support the learning needs of the team. The team members stated that they had access to educational opportunities to support them in their work. A team member stated, "The education part is very supportive. We get education and information. It is important and there is always room to learn." The team members noted that they receive education about ethical decision making and are supported by the leaders and team members. The leaders are acknowledged for their work in evaluating team member performance. They are encouraged to continue to complete team member performance evaluations.

Priority Process: Episode of Care

There is a comprehensive array of inpatient rehabilitation services provided by Interior Health. This includes tertiary rehabilitation services based in Kamloops and Kelowna, and regional rehabilitation services located in Penticton and Vernon. Short stay beds are provided at some Interior Health long-term care homes. The inpatient rehabilitation unit at Penticton Regional Hospital was visited during the accreditation survey.

The inpatient rehabilitation unit at Penticton Regional Hospital is an eighteen-bed unit with one overflow bed. There is a combination of single, double, and four-bed rooms, with shared washrooms and showers. The unit is very clean with minimal clutter. The hallways are wide providing clients with space to ambulate. The environment services staff take pride in their work in ensuring a safe and clean environment for clients. The dining room is currently closed due to COVID-19 restrictions. The physiotherapy and occupational therapy clinical areas are adjacent to the inpatient unit, thus supporting therapeutic care. Interior Health is encouraged to review the infrastructure needs of the rehabilitation program across all sites in keeping with infection prevention and control, and patient safety principles. The team members, physicians and leaders are acknowledged for their strong commitment to quality and safety. The rehabilitation services were described by the leaders as, promoting independence and assisting individuals to overcoming difficulties with thinking, seeing, hearing, communicating, eating and moving around. There are engaged inter-disciplinary teams supporting the rehabilitation program. The specialized team members vary across the regional and tertiary care teams but may include social workers, nurses, occupational therapists, physical therapists, rehabilitation assistants, speech language pathologists, dietitians, physiatrist, orthotics, and physicians. The teams provide clinical and family conferences. The clients spoke highly of the care provided. A client described their care team saying, "They have been great. No complaints. I have given them challenges with issues I have had. They have been nothing but kind and understanding. I am fortunate with my care. The physio is great." Another client noted, "I have been treated really good here. People here are great. Really helpful." The clients stated that they felt comfortable asking questions. A pamphlet, It's Ok to Ask, is included in the welcome package and discussed with clients. The clients stated that they are treated with care, dignity, and respect. One client stated, "The staff are wonderful." Several clients noted that there could be additional rehab equipment to support their care, as there were times that a particular type of equipment was needed by more than one person.

The criteria for admission to the rehabilitation program is identified. A client described their thoughts regarding the rehab unit, "I didn't know what to expect. I was more than pleasantly surprised. It is a great place for people who need this help." A client noted that the admission process was easy. Wait times are monitored. The leaders participate in daily hospital bed meetings. The effectiveness of transitions is evaluated with clients receiving a telephone call after discharge.

There is a commitment to auditing and acting on the results. The team members and leaders are acknowledged for the robust auditing processes. They use this information to inform quality improvement and safety initiatives. Medication reconciliation is implemented.

Priority Process: Decision Support

The rehabilitation team members and leaders are committed to using decision support to enable a quality rehabilitation program. Comprehensive and up to date information is collected, and care plans are developed, with the input of clients and families. Clients complete My Rehab Goals which is used to support individualized care. Hybrid paper and electronic charting is used in the rehabilitation program. Interior Health is encouraged to continue to implement the plan for an electronic health record.

The leaders are acknowledged for their strong commitment to auditing client records. Client information is protected using processes such as privacy education and training for team members, auditing, and the security of paper charts. Privacy audits are completed. Clients are supported to access their health information.

Priority Process: Impact on Outcomes

There is a strong commitment to safety and quality for the rehabilitation program. There are initiatives to support quality and safety including safety huddles, auditing, family conferences, white boards, quality improvement boards, client feedback, and interdisciplinary rounds. The team members spoke highly of the status assessment exchange, which is completed daily. This exchange provides the team members with a comprehensive overview of client care, staffing, and safety concerns, to name just a few. This is viewed by the team as contributing to safe client care and supporting a positive work environment. There may be opportunity to share this process with other sites.

The leaders and team members have prioritized the provision of safe client care. One example is the quality improvement activities undertaken to reduce client falls. This includes quality improvement activities completed to understand and thus reduce client falls with harm. This information is shared on the quality improvement board. The leaders and team members are encouraged to continue with initiatives to improve client safety.

The team members stated that they felt safe at work. This includes the provision of personal protective equipment and safety education. There are hand hygiene products for team members, clients, and families. Hand hygiene audits are completed with the results posted. The team is very proud of the results of the latest hand hygiene audit of 90 percent.

There is a strong commitment to implementing best practices, research and evidence informed decision making. The Regional Rehabilitation Steering Committee meets on a regular basis and supports quality throughout the rehab program. The Quality Improvement Rounds are held quarterly providing an excellent opportunity for information exchange, the sharing of best practices, and furthering the quality journey. There are quality initiatives being implemented across the rehabilitation program. The leaders are encouraged to continue with this important work and to continue to involve clients, families, and the team in quality improvement.

Appendix A - Qmentum

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

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 20 business days.

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

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

Action Planning

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

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

Priority processes associated with service excellence standards

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

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