

# Accreditation Primer Report

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

**Kanesatake Health Center**  
Kanesatake, QC

*Kanesatake Health Center*

On-site survey dates:  
October 5, 2014 - October 8, 2014

Report issued:  
October 21, 2014



**ACCREDITATION CANADA**  
**AGRÉMENT CANADA**

Accredited by ISQua

## About the Accreditation Primer Report

Kanesatake Health Center (referred to in this report as “the organization”) is participating in Accreditation Canada's Accreditation Primer program. As part of this ongoing process of quality improvement, an on-site survey was conducted in October 2014. Information from the on-site survey was used to produce this Accreditation Primer Report.

Accreditation Primer 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 Primer Report.

## Confidentiality

This report is confidential. Accreditation Canada only provides it to the organization; it is not released to any other parties.

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

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

# ACCREDITATION PRIMER REPORT

## A Message from Accreditation Canada's President and CEO

On behalf of the Board of Directors of Accreditation Canada, I would like to extend my sincere congratulations to your Board, your leadership team, and your staff on your participation in the Accreditation Primer. As the first step in your quality journey with Accreditation Canada, I am confident that the process will be helpful in identifying strengths and areas where your organization can focus its quality and safety improvement efforts. The Accreditation Primer is how organizations begin to realize the full value of our Qmentum program.

Attached for your review is your Accreditation Primer Report, which includes the accreditation decision and the final results from your organization's on-site survey. The information in this report, as well as your online Quality Performance Roadmap, is designed to guide your organization's quality improvement activities.

Thank you for your leadership and for demonstrating your ongoing commitment to quality by partnering with Accreditation Canada on your quality journey.

As always, your feedback is welcome. We too are focused on improvement, and your input provides us with an opportunity to strengthen our program to ensure that it remains relevant to your organization.

Should you have any questions, your Accreditation Specialist is available to assist you.

I look forward to our continued partnership.

Sincerely,



Wendy Nicklin  
President and Chief Executive Officer

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## Section 1 Executive Summary

Kanesatake Health Center (referred to in this report as “the organization”) is participating in the Accreditation Canada Accreditation Primer program. This is the first step on its quality improvement journey with Accreditation Canada—an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health care organizations in Canada and around the world.

The Accreditation Primer program involves an evaluation of the quality and safety of the organization's programs and services. Following a comprehensive self-assessment, external peer surveyors conducted an on-site survey during which they assessed the organization against Accreditation Canada standards. The results 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 quality improvement principles into its programs, policies, and practices. At this point, we congratulate the organization and encourage it to continue its journey to begin the Qmentum program.

The organization is commended on its use of accreditation to improve the services it offers to clients and the community.

### 1.1 Accreditation Decision

Kanesatake Health Center's accreditation decision is:

Take action and proceed

The organization has achieved Accreditation Primer Award Accreditation Canada recommends that the organization create a plan to address the items identified with red and yellow flags. The organization should contact its Accreditation Specialist to discuss strategies for success as it begins Qmentum.

## 1.2 About the On-site Survey

- **On-site survey dates: October 5, 2014 to October 8, 2014**

- **Location**

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

- 1 Kanesatake Health Center







- **Standards**

The Primer Standards were used to assess the organization's programs and services during the on-site survey:

- 1 Primer

## 1.3 Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Working with communities to anticipate and meet needs)	4	1	0	5
 Safety (Keeping people safe)	24	8	1	33
 Worklife (Supporting wellness in the work environment)	7	3	0	10
 Client-centred Services (Putting clients and families first)	10	1	0	11
 Continuity of Services (Experiencing coordinated and seamless services)	1	0	0	1
 Effectiveness (Doing the right thing to achieve the best possible results)	17	6	0	23
<b>Total</b>	<b>63</b>	<b>19</b>	<b>1</b>	<b>83</b>

## 1.4 Overview by Standards

The Accreditation Primer is an opportunity for the organization and Accreditation Canada to work together to establish the supports, structures, and processes necessary for accreditation, with a particular focus on the fundamental elements of quality and safety. Accreditation Canada's programs use national standards to assist organizations in improving the quality and safety of their services. Results from on-site surveys are used by the organization to identify areas for improvement and determine priorities for action.

The Accreditation Primer standards identify policies and practices that contribute to high-quality, safe, and effectively-managed care. This table shows standards used to evaluate the organization's programs and services, and the number and percentage of criteria that were met, unmet, or not applicable during the on-site survey.

Standards Set	Total Criteria		
	Met	Unmet	N/A
	# (%)	# (%)	#
Primer	63 (76.8%)	19 (23.2%)	1
Total	63 (76.8%)	19 (23.2%)	1



## 1.5 Summary of Surveyor Team Observations

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

In the past several years Kanasetake Health Centre has undergone significant changes striving to provide optimal care and support to clients within their communities. The incorporation of the organization in 1996 with continuance recently approved in 2014 has created a more autonomous and independent organization with community members elected to the Board to provide organizational governance. This new structure will allow the new Board members and leadership in the organization to revise and refresh the mission, vision and values and begin to move forward with a strategic planning process with Board, staff and community stakeholders.

As the Board composition and structure is relatively new, an opportunity exists to ensure the entire Board, including new members being elected next month, receives sufficient education in Board governance and the operations of the organization. In addition to a thorough orientation a Board education process will be valuable in ensuring the organization is well supported and focused and that knowledgeable decisions can be made for the organization. Orientation, education and peer or self- evaluations will allow Board members to do their best jobs for their community. Education sessions and peer or self-evaluation processes should be scheduled on a regular basis.

The organization is to be commended on undertaking the recent community needs assessment survey. The results of the survey will highlight the areas of need within the community and assist the strategic planning process for the organization. The Board and organization should utilize these results coupled with other demographic and health status information available to identify their community needs and move forward with the planning process for the organization. A comprehensive strategic planning process should be undertaken ensuring staff, managers and other community agencies and stakeholders have an opportunity to provide input.

With the mission, vision and strategic plan confirmed, the organization is in a good position to move ahead with focused planning at the program level. This will allow the program level plans to be developed aligning with the strategic plan set for the organization.

The organization is strongly encouraged to seek out opportunities to engage community partners and other stakeholders both in this initial planning exercise and in an ongoing manner. Dialogue and collaboration are the key to success in any partnership and recognition of mutual clients and community needs help focus everyone's energies together. There are several good examples of programs beginning to work together with schools and other agencies to enhance the service and care to clients. The organization is encouraged to further develop and foster these and other relationships in pursuit of more integrated collaborative care which will benefit the entire community.

As the strategic planning becomes more formalized, leadership needs to identify a structure and process to confirm the organizational structure and formalize the reporting relationships. This process will ensure roles and responsibilities are clarified with all, and expectations and accountabilities are set. A more formalized structure, outlining roles and responsibilities and clarified accountability provides the organization, its clients and its funders with improved information on its programs, successes and advances along its strategic plan and ultimately improved client care. Strong leadership is needed to ensure staff understand their role in respect to the strategic plan and stay focused on the goals of the organization prioritizing safety and quality. Goals that are measureable, realistic and have a time line allow staff and Board to measure and celebrate successes.

Both staff and managers have indicated an excitement and eagerness to provide optimal care and service, under a strong strategic plan. Staff have recently been engaged in assisting in policy development focusing on work place policies including health and safety, violence in the workplace and a multitude of organizational policies. The organization is to be commended on recognizing the value of staff contribution in this endeavour and is encouraged to keep staff involved. Next steps suggested are educating all staff on the policies and implementing them into day to day practice. Staff recognition, celebrations and special events all lead to a more united staff work force.

The ethics framework document is a comprehensive, well done document that provides a good foundation. It is suggested the organization educate staff and utilize this framework to develop decision processes and tools to support staff with both clinical and administrative ethical issues. These enhanced tools will lead to greater staff confidence and enhanced client care. An ethics committee in an organization provides greater insight and could be considered. Members of the public, an Elder or other spiritual representatives and a mix of staff and managers could complement each other for a strong ethics team.

The information gathered from client records and limited interviews reflect that the care is comprehensive. The care is sensitive and culturally appropriate. If KHC is not able to provide the service needed, the client is referred. The services are provided by friendly competent staff. The recent health needs assessment will assist in improving quality health services at KHC. The clients expressed that they were very pleased with the services they receive at KHS. They felt they offer good services and get the services they need at this time. There was an expressed need for better communication. In addition, the need for a regular full time physician should be considered to ensure continuity of care.

## Section 2 Detailed On-site Survey Results

This section provides the detailed results of the on-site survey. Results are presented by priority process and standard set.

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 episode of care priority process includes criteria from a number of sections in the Accreditation Primer standards that address various aspects of client care. These include intake or admitting, assessment, service planning, service delivery, follow up, and transitions. This provides a comprehensive picture of the care clients receive as they move through the organization.

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

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

## 2.1 Priority Process Results for System-wide Standards

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

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

### 2.1.1 Priority Process: Planning and Service Design

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

#### Unmet Criteria

##### Standards Set: Primer

- 1.2 The organization has a values statement.
- 1.6 The organization has a policy addressing the rights and responsibilities of clients.
- 1.7 The organization has an annual operational plan.
- 1.9 The organization develops partnerships with other organizations in its community to efficiently and effectively deliver and coordinate services.
- 2.1 The organization provides annual client safety training and education to the organization's leaders, staff, service providers, and volunteers.

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

The organization currently appears to have two different versions of a mission statement. Senior leadership indicates that the mission statement was reviewed by new staff and Board members and refreshed. The organization is encouraged to ensure all staff are aware of the new mission and can use it as a touch stone for their work.

The organization has undergone some changes as it has become incorporated recently and the previous bylaws no longer are valid. While the previous organizational bylaws did include guiding principles there are currently no values statement or guiding principles in place. The organization is encouraged to work with staff, Board and stakeholders to formulate values for the organization and principles to guide their work.

A recent community survey was completed to understand clients perceived needs and thoughts on the health center. This document is an excellent source to begin the work of formulating a strategic plan and direction for the organization. While the organization has a high level strategic plan it currently focuses on governance and funding. The organization is encouraged to focus on the broader direction and overarching vision of the organization and its longer term plan of where they want to go to best support their clients and community. This will form a more comprehensive strategic plan and inform the subsequent work plans for the various programs and staff.

Seeking input from community partners and other community agencies in regards to the community needs and priorities will ensure the strategic plan and direction of the organization is focused where it is needed. The organization has begun the work of engaging partners in the community but much encouragement and development is needed to build a strong collaborative approach that is ultimately best for clients. Suggestion of an interagency group to begin looking at the community as a whole and the support it needs should strongly be considered. The health center may need to take an active leadership role in this to get it underway. Historical community issues between agencies need to be addressed and joint solutions and options for more collaborative work need to be considered.

While there is a multiyear work plan it is not focused on goals and targets for annual monitoring. This three year plan provides a broad and high level picture of goals and targets but needs to have annual targets and monitoring with measurable outcomes. This will allow the organization to see what has been effective, revise and refresh the plan as needed as well as celebrate step by step success towards the longer term goals.

The organization has collated some theoretical material on and ethics philosophy. Contents of this document along with the value statements of the organization, as they are developed, would assist the organization in developing client rights and responsibilities. The organization is encouraged to seek input from clients and families to ensure the policy reflects the clients' needs.

## 2.1.2 Priority Process: Human Capital

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

### Unmet Criteria

#### Standards Set: Primer

4.5 The organization's leaders promote a healthy work environment.

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

The organization has policies in place to address some of the workplace health and safety issues including a policy on Violence in the workplace. Staff were engaged in the process and in fact participated in the policy development. The next step is to introduce all staff to the policies with education and implementation into their day to day activities. The organization is encouraged to seek opportunities to promote the healthy work place, recognizing work life balance, supportive coworkers and a respectful and collegial environment. Social events and opportunities to recognize staff are suggestions that will assist with this process.

The organization is in the process of revising the organizational chart for an improved model of supervision and support. Once completed and approved at the Board level the organization is encouraged to share this with staff with details on reporting relationships and expectations within the new structure. Staff commented on being unsure of some roles and responsibilities of other staff so clarifying the relationships and roles as the new structure is unrolled will be advantageous.

Personnel files were well organized and contained job profiles both professionals and paraprofessionals. A process to update and refresh each job description in light of the new proposed structure rollout would again clarify roles for each staff and should be updated in their records.

## 2.1.3 Priority Process: Integrated Quality Management

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

### Unmet Criteria

#### Standards Set: Primer

- 1.5 The organization's leaders provide support and education to the governing body, staff, and service providers about using the ethics framework.
- 2.2 The organization has a client safety plan.
- 2.3 The organization's leaders clearly define the roles, responsibilities, and accountabilities of leaders, staff, service providers, and volunteers as they relate to client care and safety.
- 3.1 The organization implements an integrated quality improvement plan.
- 3.3 The organization's leaders are involved in quality improvement initiatives.
- 3.4 The organization's leaders monitor the progress of the quality improvement plan.

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

The organization has begun the work around the development of an ethics framework .This theoretical document now needs to be utilized to allow the organization to begin to include ethics into day to day decision-making. Staff and Board education will ensure they become more comfortable with the processes and tools available for sound ethics decision-making.

As safety becomes a strategic priority the organization is encouraged to begin to develop a client safety plan identifying areas of risk and action plans to embed safety into their organization. A safety plan can become a priority focus for the organization, ensuring roles and responsibilities for each staff are identified in the plan.

The organization has developed a policy and a process for reporting of adverse events and incidents. Further staff education is needed to ensure staff are comfortable with the process and its use in identifying potential risks or trends and improving safety. Staff appeared unsure of the process and indicated many were reluctant to document and report incidents. Additional education and support will allow a culture of no blame to emerge and this process will be viewed as a tool to improve client and staff safety.

Incident reporting to the Board occurs currently but minimal incidents are documented. Additional education and support will ensure the Board receives accurate information .This information can then be used to identify trends and any safety issues for the organization.

Quality has recently been identified as a priority in the organization under the newly formed Health and Safety committee. The organization is encouraged to work with staff, Board and managers to begin to identify both any risk issues in the organization and quality improvement opportunities. Using the strategic planning document as a guide the quality plan needs to be formalized with action plans for improvement. These action items need to be monitored and measured for improvements. Ongoing dialogue at staff meetings and Board meetings will ensure these quality initiatives have a priority focus within the organization. Leaders and Board need to provide guidance and support for the ongoing quality work and celebrate improvements and success along the way.



## 2.1.4 Priority Process: Physical Environment

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

The organization has met all criteria for this priority process.

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

The Kanesatake Health Centre (KHC) is overall very clean and tidy.

There is an outside and inside surveillance system in place to ensure client and staff safety. KHC has a glass enclosed area that separates the health centre receptionist from clients as they check in. In addition, the clinical areas to the health centre are locked and accessible by staff through the use of a fob.

The storage area for home and community care supplies is well kept. However, there are some boxes of supplies that are in direct contact with the floor and these should be moved to ensure stability of the product being stored.

The organization is encouraged to ensure recommendations from inspection reports are completed, for example, uneven and deteriorating sidewalk.

### 2.1.5 Priority Process: Emergency Preparedness

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

#### Unmet Criteria

#### Standards Set: Primer

- 6.3 The organization holds regular drills to practice the measures outlined in the disaster and emergency preparedness plan.

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

The organization has recently begun revising the facility emergency plan. This new plan includes current information on positions and key contacts as well as staff roles and responsibilities. Due to a recent small fire onsite, staff have recognized the urgent need to revise and implement the emergency plan and procedures around evacuation. Additional information is needed to complete the manual then a planned rollout to staff for education needs to occur. This education needs to be refreshed regularly for existing staff as well as provided to all new staff during orientation. This is essential as the building only has two smoke detectors and no sprinkler system in place. The plan needs to include a process to monitor and record staff and clients present in the building in order to ensure safety of all. The organization is encouraged to make this plan a priority.

While there is a community emergency plan the health centre has had little recent involvement and indicates they would feel unprepared and unaware of their roles in the event of a community incident or emergency. The organization is strongly encouraged to become more involved in the community level planning and dialogue as they will be a vital service and support in the event of a community incident.

While there has been one recent fire drill in the past month this has not been a regular practice within the organization. Regular drills are necessary to ensure all staff are aware of and comfortable with their roles. The organization is advised to regularly conduct fire /evacuation drills. Debriefing and documenting the results of the drill will identify areas for improvement and actions.

## 2.1.6 Priority Process: Medical Devices and Equipment

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

### Unmet Criteria

#### Standards Set: Primer

- 6.4 The organization has a process for selecting and buying medical devices and equipment.
- 6.7 The organization has a preventive maintenance program for medical devices, medical equipment, and medical technology.

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

The organization has adequate and appropriate medical devices and equipment based on the care provided. The medical equipment is in good condition and readily available for use in the clinic areas.

The replacement of equipment is currently done on an as needed basis or when the equipment is no longer repairable. Staff indicate replacement equipment is provided but there may be a delay while the replacement is approved then purchased and delivered. A more formal plan of assessing the life cycle of equipment with a regular replacement cycle would ensure staff have access to needed equipment and replacement can occur in a planned manner, minimizing any potential down time.

Additionally, criteria for ranking urgency of need for new equipment would be beneficial in assisting senior leadership to budget accordingly and within available resources. These criteria could be used for the replacement and selection of new equipment including new technology. As new equipment is trialed and purchased all staff should receive adequate education and training on the use of the equipment.

Staff indicate supplies are available and adequate to manage their programs effectively however there is no formal process for monitoring supplies, use and availability. A more formalized process of monitoring supplies for programs on and off site would ensure staff always have the necessary supplies. This more formalized planning will be essential as the programs continue to grow and budgets are monitored.

Staff indicate that equipment as needed is sent out for calibration. Staff are encouraged to set up an alert or calendar tracking system to indicate when machines are due for calibration. This again will ensure safe operation of equipment and minimal down time.

## 2.2 Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

### Infection Prevention and Control for Primer

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

### Medication Management for Primer

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

### Clinical Leadership

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

### Competency

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

### Episode of Care

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

### Decision Support

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

### Impact on Outcomes

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

### 2.2.1 Standards Set: Primer

Unmet Criteria	
<b>Priority Process: Clinical Leadership</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Competency</b>	
The organization has met all criteria for this priority process.	
<b>Priority Process: Episode of Care</b>	
9.11	The team uses at least two client identifiers prior to the provision of any service, procedure, or administering of medications.

## Priority Process: Decision Support

- 5.1 The organization has standardized processes for collecting, entering, using, and recording information.

## 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

KHC completed a community health survey on September 23, 2014 with the help of a consultant. The organization is congratulated on this huge initiative. The recently completed community health survey will impact on the community health plan that is in development. The organization is encouraged to revise as necessary, the community health plan based on the new health survey information.

Tracking of information such as the number of diabetics in the community is encouraged. Without having accurate baseline information about a disease prevalence/incidence it is difficult to determine where human and financial resources should be allocated.

### Priority Process: Competency

The organization leadership is encouraged to continue to expand on the current orientation process to include information related to the strategic plan, mission, vision and values statements and any other information which would guide new employees in their day to day work. Posting this information throughout the organization would assist in reminding and practicing the organization's expectations.

The organization is encouraged to communicate in a variety of ways to ensure all staff are kept informed of all new developments and that the processes are documented, for example, taking minutes and circulating them.

### Priority Process: Episode of Care

There are many activities being done informally in various program areas. The organizational leadership is encouraged to work with the staff to identify areas for improvement to ensure safe, effective and efficient processes are in place to provide the best possible health care.

A policy and procedure for two client identifiers must be developed and leadership is encouraged to stress that tools such as client identifiers be used consistently and across the organization.

It is suggested that the organization leadership in collaboration with staff develop a risk assessment plan. A tool with codes could be developed and used by all staff across the organization, for example, code white meaning violent client on the premises.

## Priority Process: Decision Support

Client records are well organized in sections and very well secured. Although the client file is sectioned well, the information takes time to review. A summary sheet at the front of the record may be helpful in quickly identifying allergies, medical conditions, immunization status and other information. This summary sheet is not intended to replace information in the record.

There are at least three programs that have client records. The organization is encouraged to explore various methods so that there is only one client file per client. One such suggestion could be an electronic medical record that provides staff with access to client information that they need to know via secure passwords.

## Priority Process: Impact on Outcomes

A falls prevention strategy has been implemented.

The organization is encouraged to consider developing information which identifies the client, family rights and responsibilities and include information on how they can ensure their own safety.

### 2.2.2 Priority Process: Infection Prevention and Control for Primer

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

#### Unmet Criteria

#### Standards Set: Primer

- 7.6 The organization provides education and training on hand hygiene to staff, service providers, and volunteers.

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

The staff responsible for infection prevention and control (IPC) have begun to establish guidelines and policies and procedures around IPC. They are encouraged to continue with the momentum that has been established to date.

The organization's leaders are encouraged to ensure time is allocated for all staff to review IPC activities (ie: hand hygiene program) and to be updated on new IPC activities.

Ensure that the guidelines used are referenced, for example, KHC has adapted the IPC guidelines from the provincial IPC program.

Employee vaccination policy and procedure is strongly encouraged to protect staff from vaccine preventable diseases.

## 2.2.3 Priority Process: Medication Management for Primer

Using interdisciplinary teams to manage the provision of medication to clients

### Unmet Criteria

#### Standards Set: Primer

- 8.4 The organization has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the organization.

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

The nursing team has established a partnership with the local pharmacy and treating physicians to ensure the best possible medication management for the clients they serve.

The organization's nursing team is encouraged to continue to develop safe medication activities performed at KHC. These activities are strongly encouraged to be supported in policy and procedure.



## Appendix A Accreditation Primer

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

As part of the Accreditation Primer process, organizations complete a Self-Assessment, have the option of completing and submitting survey instrument 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 Primer Report within 10 business days.

An important adjunct to the Accreditation Primer Report is the online Quality Performance Roadmap (QPR), available to the organization through its portal. The organization uses the information in the QPR in conjunction with the Accreditation Primer Report to develop comprehensive action plans.

Throughout the Accreditation Primer program, Accreditation Canada provides ongoing 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 Primer Report and QPR to develop action plans to address areas identified as needing improvement. The organization uses this information to make continuous quality improvements so it can begin the Qmentum program.