



**ACCREDITATION  
AGRÉMENT**  
CANADA  
Qmentum

---

# Accreditation Report

---

**CHSLD Bayview Inc.**

Pointe-Claire, QC

On-site survey dates: April 25, 2016 - April 27, 2016

Report issued: May 9, 2016

## About the Accreditation Report

CHSLD Bayview Inc. (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in April 2016. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

## Confidentiality

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

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

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

## A Message from Accreditation Canada

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

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

Your Accreditation Specialist 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

## Table of Contents

<b>Executive Summary</b>	<b>1</b>
Accreditation Decision	1
About the On-site Survey	2
Overview by Quality Dimensions	3
Overview by Standards	4
Overview by Required Organizational Practices	5
Summary of Surveyor Team Observations	8
<b>Detailed On-site Survey Results</b>	<b>9</b>
Priority Process Results for System-wide Standards	10
Priority Process: Planning and Service Design	10
Priority Process: Resource Management	12
Priority Process: Human Capital	13
Priority Process: Integrated Quality Management	15
Priority Process: Principle-based Care and Decision Making	17
Priority Process: Communication	18
Priority Process: Physical Environment	19
Priority Process: Emergency Preparedness	20
Priority Process: Patient Flow	21
Priority Process: Medical Devices and Equipment	22
Service Excellence Standards Results	23
Standards Set: Infection Prevention and Control Standards for Community-Based Organizations - Direct Service Provision	23
Standards Set: Long-Term Care Services - Direct Service Provision	25
Standards Set: Medication Management Standards for Community-Based Organizations - Direct Service Provision	28
<b>Instrument Results</b>	<b>29</b>
Canadian Patient Safety Culture Survey Tool: Community Based Version	29
Worklife Pulse	31
Client Experience Tool	33
<b>Appendix A - Qmentum</b>	<b>34</b>
<b>Appendix B - Priority Processes</b>	<b>35</b>

## Executive Summary

CHSLD Bayview Inc. (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

CHSLD Bayview Inc.'s accreditation decision is:

### **Accredited with Exemplary Standing**

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

## About the On-site Survey

- **On-site survey dates: April 25, 2016 to April 27, 2016**

- **Location**

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

1. CHSLD Bayview Inc.

- **Standards**

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

***System-Wide Standards***

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

***Service Excellence Standards***

4. Long-Term Care Services - Service Excellence Standards









- **Instruments**

The organization administered:

1. Canadian Patient Safety Culture Survey Tool: Community Based Version
2. Worklife Pulse
3. Client Experience Tool

## Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	20	0	1	21
 Accessibility (Give me timely and equitable services)	10	0	0	10
 Safety (Keep me safe)	130	0	9	139
 Worklife (Take care of those who take care of me)	46	3	0	49
 Client-centred Services (Partner with me and my family in our care)	70	0	0	70
 Continuity of Services (Coordinate my care across the continuum)	8	0	0	8
 Appropriateness (Do the right thing to achieve the best results)	184	3	10	197
 Efficiency (Make the best use of resources)	8	0	0	8
<b>Total</b>	<b>476</b>	<b>6</b>	<b>20</b>	<b>502</b>

## Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Leadership	48 (100.0%)	0 (0.0%)	1	91 (95.8%)	4 (4.2%)	1	139 (97.2%)	4 (2.8%)	2
Infection Prevention and Control Standards for Community-Based Organizations	23 (100.0%)	0 (0.0%)	4	44 (100.0%)	0 (0.0%)	2	67 (100.0%)	0 (0.0%)	6
Medication Management Standards for Community-Based Organizations	47 (100.0%)	0 (0.0%)	5	50 (100.0%)	0 (0.0%)	2	97 (100.0%)	0 (0.0%)	7
Long-Term Care Services	53 (100.0%)	0 (0.0%)	1	97 (98.0%)	2 (2.0%)	0	150 (98.7%)	2 (1.3%)	1
<b>Total</b>	<b>171 (100.0%)</b>	<b>0 (0.0%)</b>	<b>11</b>	<b>282 (97.9%)</b>	<b>6 (2.1%)</b>	<b>5</b>	<b>453 (98.7%)</b>	<b>6 (1.3%)</b>	<b>16</b>

\* Does not include ROP (Required Organizational Practices)



## Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Safety Culture</b>			
Patient safety incident disclosure (Leadership)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership)	Met	1 of 1	2 of 2
Patient safety-related prospective analysis (Leadership)	Met	1 of 1	1 of 1
<b>Patient Safety Goal Area: Communication</b>			
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Long-Term Care Services)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership)	Met	4 of 4	2 of 2
Medication reconciliation at care transitions (Long-Term Care Services)	Met	5 of 5	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Communication</b>			
The “Do Not Use” list of abbreviations (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	3 of 3
<b>Patient Safety Goal Area: Medication Use</b>			
High-alert medications (Medication Management Standards for Community-Based Organizations)	Met	5 of 5	3 of 3
Narcotics safety (Medication Management Standards for Community-Based Organizations)	Met	3 of 3	0 of 0
<b>Patient Safety Goal Area: Worklife/Workforce</b>			
Patient safety plan (Leadership)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership)	Met	1 of 1	0 of 0
Preventive maintenance program (Leadership)	Met	3 of 3	1 of 1
Workplace violence prevention (Leadership)	Met	5 of 5	3 of 3
<b>Patient Safety Goal Area: Infection Control</b>			
Hand-hygiene compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Hand-hygiene education and training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0

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

## Summary of Surveyor Team Observations

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

The organization has a "privé conventionné" status and has been managed by the same family for the past three generations. The owners are highly aware of the needs of their residents and take great pride in maintaining a homelike environment and providing high-quality care.

CHSLD Bayview Inc. has a good and long-standing relationship with their community partners. There is a three-year waiting list, which is long, but communication with prospective residents is consistently maintained.

The senior management team is small but cohesive. They have been effectively working as a unified team for many years. They care for their staff and this is evident throughout the organization. The CHSLD Bayview Inc. philosophy and vision are shared by all team members.

Staff retention levels are remarkably high. Staff indicate that they are proud of their management team as they have been able to maintain a family-like environment over the years despite the many changes in the health care system. Respect is a core value and is felt throughout the organization. Having non-managerial staff involved in the recruiting process is to be commended.

Possible opportunities for improvement lie in the areas of implementing clinical information systems throughout the organization as well as software to more effectively and efficiently manage the preventive maintenance program.

The delivery of respectful and high-quality care, from the pre-admission process to the support given following the passing of a resident, is seamless and coordinated.

The culture of soliciting resident satisfaction is consolidated throughout the organization.

## Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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



High priority criterion



Required Organizational Practice

**MAJOR**

Major ROP Test for Compliance

**MINOR**

Minor ROP Test for Compliance

## Priority Process Results for System-wide Standards

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

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

### Priority Process: Planning and Service Design

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

Unmet Criteria	High Priority Criteria
<b>Standards Set: Leadership</b>	

4.11 The organization's progress toward achieving the strategic goals and objectives is reported to internal and external stakeholders and the governing body where applicable.

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

CHSLD Bayview Inc. is a designated English establishment by law. It requires all documentation to be bilingual. It is a "privé conventionné" establishment; therefore, it is a family owned operation .

CHSLD Bayview Inc. started in 1956 with 29 beds. It expanded in 1989 when a new building was built. The organization is to be commended for having sustained quality care through three generations.

The Senior Management Team reports on recommendations and outcomes to the "comité de vigilance" instead of a board of directors. Three directors report to the executive director.

The organization has a strategic plan for 2014-2018. It was completed with staff and residents, with the assistance of a consultant. Values are well defined. When making decisions, the organization's leaders use the plan as their guiding principles. The Residents' Committee provides input on policy making.

The vision is documented within the strategic plan. Operational goals are developed with measurable outcomes. Information about the community is used to plan the scope of practice.

Various initiatives are occurring to promote health and prevent disease.

The Residents' Committee is consulted on the decision-making process and during planning processes such as the new satisfaction questionnaire, the policy on preventing abuse, palliative care, and other topics.

Doctors are available and helpful for providing sessions on new topics related to resident care.

The Senior Management Team (SMT) has a structured process to identify potential risks.

Challenges remain in meeting expectations for the increasingly complex needs of residents.

The SMT aligns the annual operational plan with the strategic plan. This information is provided internally to staff. The organization is encouraged to post the strategic plan on the website to better inform community partners.

With the new yearly objectives, the SMT will include residents and families in service planning.

Change management is addressed with considerable communication that includes the unions. Upon completion, actions are taken to achieve the goals. The organization is encouraged to develop a formal process for this transition.

Community partners are the CIUSSS (Centre intégré universitaire de santé et services sociaux) admission service, Constance Lethbridge Rehabilitation Centre, and Lakeshore Hospital Laboratories. Academic partners are McGill University, Vanier College, Concordia University, high schools, John Abbott College, West Island Career Centre, and others. The Centre for Hearing Impaired Person is using a room in the organization for their speech reading course and families and residents from Bayview can participate. The Alzheimer Society of Montreal is also using a room for its community support group and Bayview families and residents can participate.

CHSLD Bayview Inc. also partners with the West Montreal Adaptation Centre who has placed a gentleman with special needs who helps in the laundry services.

The SMT uses a balanced score card, evaluates the results, and modifies the action plans accordingly.

## Priority Process: Resource Management

Monitoring, administering, and integrating activities related to the allocation and use of resources.

The organization has met all criteria for this priority process.

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

On a monthly basis, CHSLD Bayview monitors its financial report, which is prepared by the director of finance. There is a detailed operating budget and a capital budget for some improvements. The clinical care component is budgeted with hours of care. Budgets are well managed. Analysis of the utilization of resources is available through the AEPC (Association des établissements privés conventionnés). They are able to benchmark their results and improve their efficiency.

The organization is meeting legal requirements for managing financial resources.

The senior management team discusses priorities for staff development, and makes decisions that are aligned with the strategic plan. The director of nursing reallocates resources, within her regular budget, according to needs required for residents.



## Priority Process: Human Capital

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

The organization has met all criteria for this priority process.

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

The organization provides support for worklife quality and a safe work environment. Various initiatives are completed to encourage staff to take care of their health.

Staff and family members are encouraged to participate in walkathons for various causes.

Immunization policies are developed for staff. Vaccination is offered on a regular basis for Hepatitis A and B and Tetanus boosters.

Health and safety procedures are followed according to relevant legislation.

The organization is commended for its excellent rate of salary insurance hours and its CSST (Commission de la santé et de la sécurité du travail) rates. It does represent a healthy work environment for employees.

Prevention of workplace violence has been implemented with a consultation process that included staff, residents, and families.

A policy regarding the code of conduct is part of the orientation program. Each new staff signs off on receipt of the document.

Formal training is offered to all staff. It is planned on a yearly basis and aligns with the annual objectives of the strategic plan. There is an Employee Education and Development Committee. The organization is encouraged to provide further training sessions that enhance a culture of client- and family-centred care.

The director of nursing provides excellent tools, such as competency booklets, for new registered nurses and licensed professional nurses.

Staff recognize Canadian Patient Safety Week each year. Last fall, the topic was a blame free culture.

There is a policy for annual performance appraisals. The organization is commended for achieving an over 90 percent completion rate for staff appraisals. This is a best practice when you can appreciate staff contribution on a short-term special project to improve quality.

The Worklife Pulse Tool was administered, results were shared with staff, and a plan of action to address specific items was developed.

The recruiting process is completed twice a year for the nursing department. They do blitz interviews. In the nursing department, it is very rewarding to have nursing staff participate in the recruiting process of their future colleagues. This process is well structured and considers each applicant's abilities and experience. Each director recruits their own staff.

Retention is excellent at CHSLD Bayview Inc.

Evidence-based knowledge is accessible through computer resources on each care unit.

Exit interviews are now systematically completed.

The executive director conducts town hall meetings annually. Staff are able to bring concerns and they are answered quickly.

The director of nursing meets with staff when stress levels are high. She provides them with support and reminds them of the Employee Assistance Program (EAP).

## Priority Process: Integrated Quality Management

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

The organization has met all criteria for this priority process.

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

There is a strategic plan. An integrated quality improvement plan is developed from goals defined on a yearly basis by the SMT. Among those goals, there are quality initiatives and risk management improvements.

A balanced scorecard is available to monitor progress, evaluate results, and plan for the next year's cycle.

An event summary sheet related to accident and incident reports and categorized by unit is distributed quarterly. The organization is encouraged to further develop results performance data personalized for each unit or service.

Staff members and a resident are actively participating in the Risk Management Committee (RMC). The organization is very dynamic in developing client- and family-centred care. They organized a lunch and learn training session on the subject and there were 34 participants in attendance. The organization is encouraged to further pursue the involvement of staff, residents, and families at the unit level.

The RMC understands integrated risk management. The RMC did a prospective analysis with probability of impact to plan their risk mitigation priorities. The risk management safety plan is reviewed annually and developed accordingly.

The RMC reports on a quarterly basis to the Comité de Vigilance. They monitor the follow up on recommendations from patient safety reports.

A project team does a prospective analysis on a yearly basis. Each year, the prospective analysis is very useful in being proactive and appropriate improvements are implemented as a result.

The RMC produces an annual report with a comprehensive review of all the accomplishments throughout the year. It represents a very dynamic level of activities and results for the safety of their "milieu de vie."

The Canadian Patient Safety Culture Survey Tool was administered and the organization obtained excellent results. A plan of action addressed specific issues with staff members.

The unit coordinator meets regularly with nursing staff to discuss safety issues. The organization is encouraged to formalize, in a regular fashion, the risk identification and evaluation challenges on their units.

Staff and the Residents' Committee are aware of the disclosure policies. The process is well documented in the medical chart of the resident, when required.

The Residents' Committee is part of the process to improve initiatives such as abuse prevention and the palliative care end-of-life program. Town hall meetings seek opportunities for improvement from staff. Committees seek resident and family perspectives on opportunities for improvement.

Best practices guidelines are available to support the development of programs.

Staff, residents, and families are recognized for their work in quality improvement initiatives by postings on the five stars board and via thank you letters. Safety champions are posted on each unit. Management recognizes the involvement of staff in quality initiatives in their annual appraisals. CHSLD Bayview Inc. is commended for this best practice.

The executive director writes to all families regularly to keep them informed on the progress of quality improvement initiatives.

Residents and families are aware of the process to file a formal complaint.

A satisfaction survey is completed on an annual basis for new admissions. A general survey is administered to all residents every four years. Follow-up action plans were documented and completed.

The SMT reviews results from all sources such as incident reports, performance data, and feedback from surveys to prioritize and address opportunities for improvement. Quarterly reports are generated. Examples of quality improvement plans included the resident care plan process and urinary tract infections. The results are shared with staff members, residents, families, and other partners when applicable.

The quality improvement results are spread through the Accomplishments list publication on a yearly basis and distributed during the Long-Term Care Recognition Week.

Service providers for contracted services have been with CHSLD Bayview Inc. for the past twenty years, and they provide reliable and quality service.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

Unmet Criteria	High Priority Criteria
<b>Standards Set: Leadership</b>	
1.9 Accountability for the ethics framework and the processes to address ethics issues is assigned and monitored.	
1.11 There is a process for gathering and reviewing information about trends in the organization's ethics issues, challenges, and situations.	
1.12 Information about trends in ethics issues, challenges, and situations is used to improve the quality of services.	
<b>Surveyor comments on the priority process(es)</b>	

An ethical framework is available to support ethical practices. The organization is encouraged to address ethics issues by formalizing the use of its ethical framework. The organization is encouraged to gather trends on ethics issues. It will improve the knowledge transfer of the results from the utilization of the ethical framework.

A code of ethics has been established for all staff to follow.

No research has been conducted in the facility. The Senior Management Team knows to refer to an ethical research committee for approval of a project regarding involvement of residents in research, should the occasion present itself.

## Priority Process: Communication

Communicating effectively at all levels of the organization and with external stakeholders.

The organization has met all criteria for this priority process.

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

There is a communication plan. The "What's New" is a tool used for communication with staff. The director of nursing issues a monthly nursing newsletter that is short and has pictures. It provides excellent communication with a good sense of humour.

The Bayview Breeze is published three times a year. It is a Residents' Committee initiative. An editor was hired and input from residents and families is solicited. It is a high-quality journal.

Community partners are very satisfied of their communication process with the Bayview staff. They feel respected and difficulties are worked out easily.

The community is using the website to ask specific questions (i.e., "what is the admission process?"). Members of the community can drop in or phone to ask questions. Tours of the facility are organized according to demand.

Policy and procedures are reviewed every five years or as needs occur.

Each new staff member is required to sign a confidentiality agreement when they are hired.

A computer terminal is available on each care unit. Staff can access evidence-based best practices from the web.

Some residents have their own computer. The Residents' Committee provides and pays for an internet connection and a computer.

Safety back-up procedures are thoroughly applied. Residents' medical records and staff records are properly stored.

Residents can access their medical files easily with the assistance of nursing staff or a doctor.

The organization is encouraged to further develop clinical care, using available technology, to document all points of care in a numeric file for each resident.

CHSLD Bayview Inc. is involved in the community. The recreation department initiated "The Ice Bucket challenge", whereby many employees participated, as a group, in both giving and receiving the icy water. Global TV was present to capture the moment.

## 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)

A notable aspect of the Bayview physical environment is that it is very clean, airy, and flooded with natural light. Common spaces and corridors are unencumbered and easy to navigate for residents with reduced mobility. Doors leading to areas of restricted access are coded. Entrance way doors are equipped with sensors which are triggered when residents wearing anti-wandering bracelets try to exit the building. Door width access was modified in some of the common space meeting rooms based on input from families and the Resident's Committee. The birds, rabbits, and plants observed contribute to the warm and welcoming ambiance felt throughout the organization.

The organization is sensitive to the importance of minimizing the impact of the organization's operations on the environment. Since the last accreditation survey, Bayview has replaced the heating and refrigeration systems with more energy efficient systems. A back-up generator system is in place in the event of utility failure. The lighting has been replaced with more energy efficient LED lighting in the nursing stations, exterior perimeter recess pot lights as well as the internal pot lights.

The medical supplies and oxygen storage areas, as well as the general maintenance area, are well organized and clean but would benefit from additional space. The organization is encouraged to consider this issue as a possible objective.

Residents interviewed commented on the overall temperature of the rooms and common areas as being comfortable. Ergonomically suitable furniture and equipment were noted in the rooms visited.

The maintenance and equipment managers are rigorous in their promotion of resident and staff safety.

CHSLD Bayview Inc. is a non-smoking environment other than for those residents who have been evaluated for independent smoking safety. These specific residents are permitted to smoke in the enclosed smoking area in the cafeteria.

## 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)

CHSLD Bayview Inc. is to be commended on its emergency preparedness. The all-hazard disaster and emergency response plan is developed and implemented throughout the organization. Senior management and all staff sectors are actively engaged in participating in the drills conducted monthly on the various emergency codes. Comprehensive post-drill reviews are carried out with the staff and quality improvement areas are targeted. Results of the post-drill reviews are disseminated to senior management, coordinators, and team leaders for their information and follow up. Location-specific smoke detectors have replaced the zone-specific detectors, and sprinklers are noted throughout the organization.

CHSLD Bayview Inc. is proud of its long-standing collaboration and partnership with the City of Pointe-Claire fire department. Regular fire safety inspections of the building are provided by the fire department and all recommendations are carried out promptly. Residents are informed of this process via the Residents' Committee. The 2015 residents' satisfaction survey indicated a 79.6 percent overall satisfaction level with regard to the safety and security of the building.



## 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)

Resident flow information is collected and analyzed to identify barriers to optimal flow. The demand for services exceeds the organization's capacity. There are criteria to establish priorities.

CHSLD Bayview Inc. has a three-year waiting list. Coordination of the waiting list is done with the CIUSSS admissions office. The collaboration allows for a harmonious transition to the Bayview Centre for the prospective resident and their family members.

The admissions office at CHSLD Bayview Inc. organizes a home visit for individuals waiting for a transfer. Once completed, a tour of the facility is provided to the prospective resident and/or the family. They also have regular telephone contact with the admissions office so they know where they are on the waiting list.

## Priority Process: Medical Devices and Equipment

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

The organization has met all criteria for this priority process.

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

The medical devices and equipment are standardized as much as possible throughout the organization. The selection process takes into consideration the knowledge and skills required for use by the staff. Infection control, cleaning, and disinfection of all equipment is a priority for the staff and management interviewed. The organization is encouraged to augment the involvement of residents and families in the process for selecting and purchasing medical devices and equipment.

A preventive maintenance program for medical devices, medical equipment, and medical technology is implemented. The organization is encouraged to examine the feasibility of obtaining and implementing a preventive maintenance software program to facilitate the coordination of this important quality and safety program as well as more easily follow the processes for maintaining, upgrading, and replacing medical devices and equipment.

Interviews with senior management and the infection control coordinator indicate that there is no on-site cleaning, disinfection, or sterilization of critical and semi-critical single-use devices.

There is no cleaning, disinfection, or sterilization of reusable medical devices and equipment contracted to external providers at CHSLD Bayview Inc.

Staff involved in cleaning and disinfecting medical devices are trained, both at orientation and then on a regular basis, via the organization's in-service education program.

The processes for cleaning and disinfecting medical devices are monitored for effectiveness and improvements are made in a timely manner.

# Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

## Infection Prevention and Control for Community-Based Organizations

- Infection Prevention and Control for Community-Based Organizations

## Medication Management for Community-Based Organizations

- Medication Management for Community-Based Organizations

## Clinical Leadership

- Providing leadership and direction to teams providing services.

## Competency

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

## Episode of Care

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

## Decision Support

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

## Impact on Outcomes

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

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

Unmet Criteria	High Priority Criteria
<b>Priority Process: Infection Prevention and Control for Community-Based Organizations</b>	

The organization has met all criteria for this priority process.

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

CHSLD Bayview Inc. is to be commended on the cleanliness of its environment. Common spaces, bathing areas, resident rooms, dining areas, and storage areas are clean and unencumbered. The client satisfaction survey response, in 2015, gave cleanliness of the surroundings at CHSLD Bayview a 97.5 percent. The housekeeping and cleaning staff, upon interview, indicated that they were proud to contribute in such a meaningful way and felt valued and appreciated for their work. The Infection Control Committee, which meets monthly, reviews best practices, the hand-hygiene audits, and ensures quality improvement by developing education sessions, tracking statistics on infection rates, and ensuring compliance with disinfection of medical devices (grey zones).

Staff use aseptic techniques while preparing and administering vaccinations, both within the preparation area and at the point of resident interaction.

There is no cleaning, disinfection, or sterilization of reusable medical devices and equipment is contracted to external providers.

There are no loaned, shared, consigned, or leased medical devices at CHSLD Bayview Inc.

The organization provides alcohol-based hand rubs for staff, service providers, and volunteers in strategic areas. CHSLD Bayview Inc. is encouraged to increase the accessibility and number of alcohol-based hand rubs so as to be closer to the point of client/resident interaction, as recommended by the Public Health Agency of Canada.

The organization is encouraged to continue its efforts to conduct risk assessments to identify activities that are a high risk for infections within the facility.

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

Unmet Criteria	High Priority Criteria
----------------	------------------------

**Priority Process: Clinical Leadership**

The organization has met all criteria for this priority process.

**Priority Process: Competency**

The organization has met all criteria for this priority process.

**Priority Process: Episode of Care**

The organization has met all criteria for this priority process.

**Priority Process: Decision Support**

The organization has met all criteria for this priority process.

**Priority Process: Impact on Outcomes**

17.4 Indicator(s) that monitor progress for each quality improvement objective are identified, with input from residents and families.	
17.6 New or existing indicator data are used to establish a baseline for each indicator.	

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

**Priority Process: Clinical Leadership**

There is strong clinical leadership at CHSLD Bayview Inc. Care staff interviewed indicated that they felt well supported by clinical management and that management is very accessible. The information transfer at shift change, as well as the monthly meetings, where all staff participate, serve to increase the effective communication on the unit.

Residents and families are consulted and involved in any changes made to their living environment.

The staff interviewed, many of whom have been with the organization for over twenty years, indicated that they appreciated that there was no rotation on the units thus assuring continuity of care for the residents.

Bayview is to be commended for its safe, comfortable, homelike environment.

**Priority Process: Competency**

The organization is to be commended on the priority assigned to staff orientation and ongoing professional development in the areas of quality and safety. Staff indicated that they had regular opportunities, throughout their work day, but also at their performance appraisal, to follow up with their team leaders on issues and possible opportunities for growth. The residents and families interviewed expressed their appreciation for the comprehensive "Welcome Package" of information they received upon admission, as well as for the respectful care and attention they receive on a daily basis.

There are no infusion pumps used at CHSLD Bayview Inc.

The effectiveness of team collaboration and functioning is evaluated via the Milieu de Vie Committee with measurable goals set and an annual report produced.

Service delivery is recorded in paper format. The organization is encouraged to consider the possible benefits of moving toward clinical information technology.

Meeting the spiritual needs of the residents and families is a priority for CHSLD Bayview. Management interviewed indicated that with the change in residents' profiles, it was decided to allocate space for spiritual needs on every unit. The family room is used for this purpose and the mass service is offered weekly directly on one of the units.

**Priority Process: Episode of Care**

CHSLD Bayview Inc. is working diligently to integrate the philosophy of client- and family-centred care throughout the organization. Staff, volunteers, and managers interviewed work collaboratively with residents and their families to provide care that is respectful, compassionate, culturally safe, and competent. The continuity of care, starting from the pre-admission process where prospective residents and families are informed of the organization's admission process, to the support provided to the family and other team members following the death of a resident, is seamless.

Information relevant to the care of the residents is effectively communicated during care transitions using standardized communication tools.

Information and education regarding the organization's zero tolerance of abuse is regularly provided to staff, residents, families, and volunteers. A literacy adapted pamphlet entitled "Recognizing and Reporting Abuse" is provided in the resident admission package.

A comprehensive, coordinated, and interdisciplinary approach to falls prevention is consolidated throughout the organization.

The residents and families interviewed indicated they were regularly consulted regarding the extent to which they wish to be involved in their care. Individualized resident care plans with SMART goals are

developed and regularly followed up in partnership with the resident and family. Care plans, treatment plans, and personal care attendant work plans are developed in paper mode. The organization is encouraged to consider exploring the feasibility of moving toward clinical information systems.

The medication reconciliation process is consolidated on all care units.

#### **Priority Process: Decision Support**

The flow of resident information is well coordinated among team members. The residents interviewed indicated that they felt staff were well aware of who they were and that their care goals were respected.

Ethics-related issues are discussed and managed. The organization is encouraged to continue to build on the culture of ethical responsibility. A framework for ethical decision making was chosen by the task force on ethics. The organization is encouraged to disseminate this information and implement the process throughout the organization.

#### **Priority Process: Impact on Outcomes**

The organization is to be commended on the priority given to soliciting the residents and their family satisfaction. The annual surveys consistently show a high level of overall satisfaction. The Residents' Committee is actively engaged and is committed to quality and safety.

The organization has developed a consolidated approach to resident safety. Resident safety incidents are reported and analyzed, and improvements are made when possible. Staff are aware of the disclosure process. The interview with senior clinical management indicated that there is no ethical research conducted at CHSLD Bayview Inc.

Continuous quality improvement is a strategic priority for the organization. The organization is encouraged to develop indicators to monitor progress for each quality improvement objective, with input from families and residents.

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

Unmet Criteria	High Priority Criteria
<b>Priority Process: Medication Management for Community-Based Organizations</b>	

The organization has met all criteria for this priority process.

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

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

CHSLD Bayview Inc. uses the services of McKesson Canada for its medication supplies. The medication management committee is assigned the responsibility for overseeing medication management activities for the organization. The ISMP (Institute for Safe Medication Practices) list of Do Not Use abbreviations is implemented on all care units and compliance is high as noted by the audits which are conducted regularly. A well-documented and coordinated approach to safe management of high-alert medications has been implemented throughout the organization. Staff interviewed indicated they received information on safe medication practices both at orientation and regularly via the innovative nursing bulletin entitled "Nursing Newsletter."

The interview with the pharmacist indicated that there are no sample medications at CHSLD Bayview Inc. The pharmacy uses the online procedure provided by McKesson Canada (the contracted company that delivers pharmaceutical products to Bayview) to identify and resolve any possible problems with medication shipments.

There are no concentrated electrolytes stocked in the resident service areas.

There is no high dose, unfractionated heparin (50,000 units per container) stocked or used at CHSLD Bayview Inc.

There are no general purpose infusion pumps, syringe pumps, or patient-controlled analgesia pumps used in the organization.

There are no pediatric services offered in the organization.



## Instrument Results

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

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

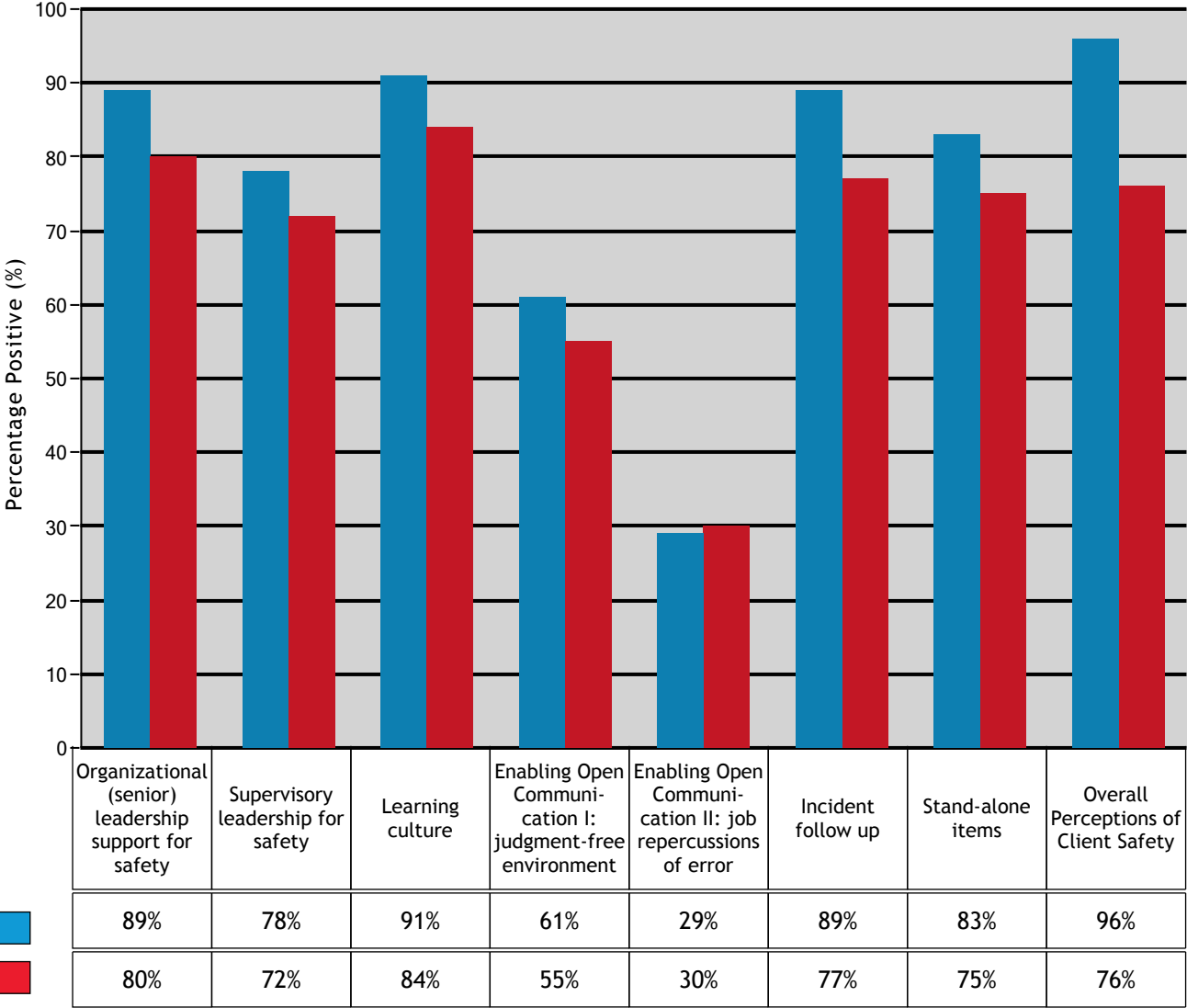
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations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

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

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

- **Data collection period: January 23, 2015 to April 10, 2015**
- **Minimum responses rate (based on the number of eligible employees): 104**
- **Number of responses: 114**

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



**Legend**  
■ CHSLD Bayview Inc.  
■ \* Canadian Average

\*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2015 and agreed with the instrument items.

## Worklife Pulse

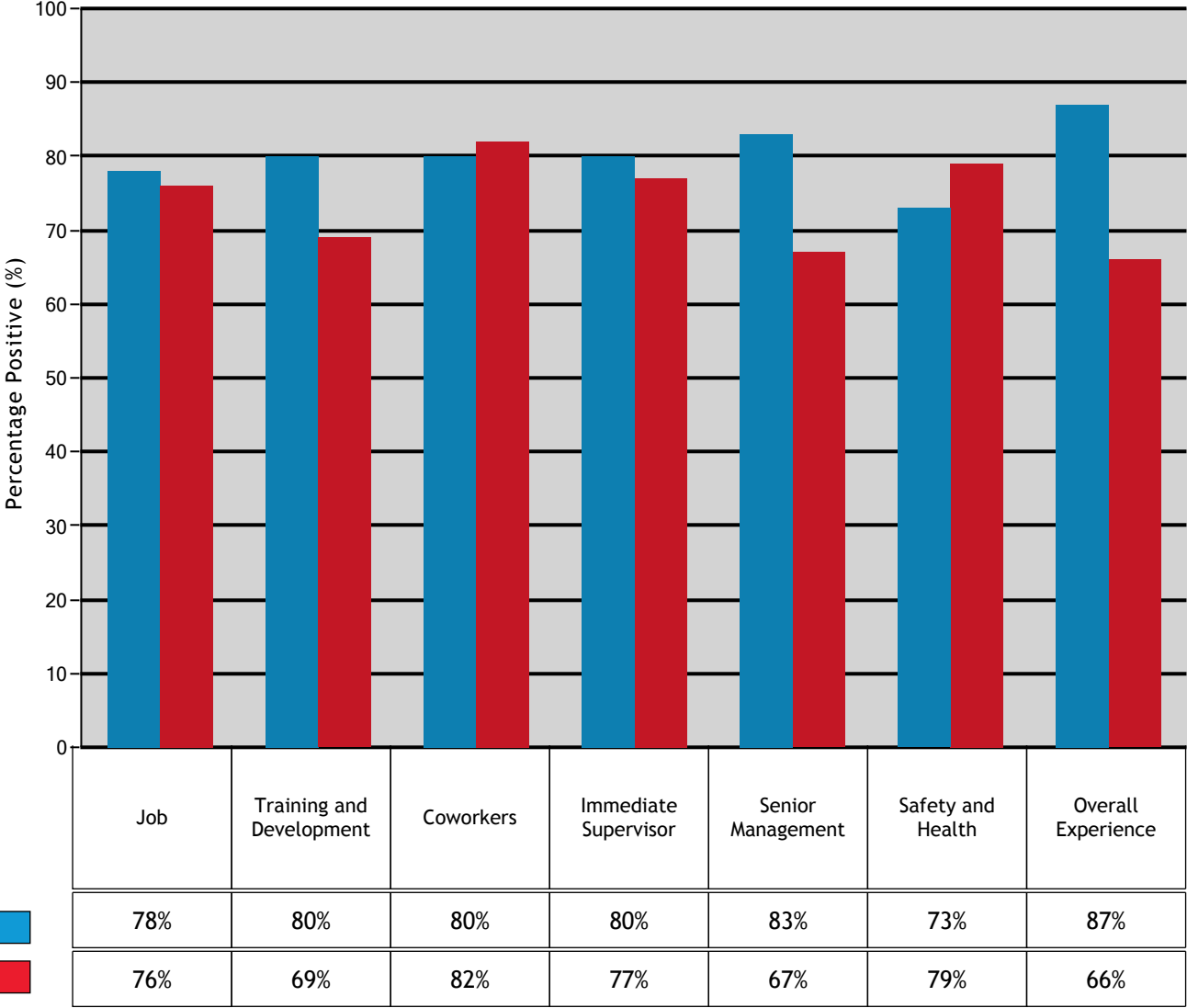
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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

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

- **Data collection period: January 23, 2015 to April 10, 2015**
- **Minimum responses rate (based on the number of eligible employees): 105**
- **Number of responses: 139**

**Worklife Pulse: Results of Work Environment**



**Legend**  
■ CHSLD Bayview Inc.  
■ \* Canadian Average

\*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2015 and agreed with the instrument items.

## Client Experience Tool

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

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

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

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

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

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

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

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

## Appendix A - Qmentum

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

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

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

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

### Action Planning

Following the on-site survey, the organization uses the information in its Accreditation Report and Quality Performance Roadmap to develop action plans to address areas identified as needing improvement. The organization provides Accreditation Canada with evidence of the actions it has taken to address these required follow ups.

### Evidence Review and Ongoing Improvement

Five months after the on-site survey, Accreditation Canada evaluates the evidence submitted by the organization. If the evidence shows that a sufficient percentage of previously unmet criteria are now met, a new accreditation decision that reflects the organization's progress may be issued.

## 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

Priority Process	Description
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
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



Priority Process	Description
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