



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

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# Accreditation Report

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**CHSLD Bayview Inc.**

Pointe-Claire, QC

Virtual survey dates: March 22, 2021 - March 24, 2021

On-site survey dates: October 11, 2021 - October 13, 2021

Report issued: February 18, 2022

## 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 October 2021. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

## Confidentiality

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

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

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

## A Message from Accreditation Canada

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

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

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

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

We look forward to our continued partnership.

Sincerely,



Leslee Thompson  
Chief Executive Officer

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## Executive Summary

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: October 11, 2021 to October 13, 2021**

- **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. Leadership Standards for Small, Community-Based Organizations
3. Medication Management Standards for Community-Based Organizations

***Service Excellence Standards***

4. Long-Term Care Services - Service Excellence Standards









- **Instruments**

The organization administered:

1. Worklife Pulse
2. Canadian Patient Safety Culture Survey Tool: Community Based Version
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)	14	0	1	15
 Accessibility (Give me timely and equitable services)	10	0	0	10
 Safety (Keep me safe)	138	1	9	148
 Worklife (Take care of those who take care of me)	39	0	0	39
 Client-centred Services (Partner with me and my family in our care)	70	0	0	70
 Continuity (Coordinate my care across the continuum)	7	0	0	7
 Appropriateness (Do the right thing to achieve the best results)	165	2	12	179
 Efficiency (Make the best use of resources)	6	0	0	6
<b>Total</b>	<b>449</b>	<b>3</b>	<b>22</b>	<b>474</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 Standards for Small, Community-Based Organizations	39 (100.0%)	0 (0.0%)	1	69 (100.0%)	0 (0.0%)	1	108 (100.0%)	0 (0.0%)	2
Infection Prevention and Control Standards for Community-Based Organizations	28 (100.0%)	0 (0.0%)	6	42 (95.5%)	2 (4.5%)	3	70 (97.2%)	2 (2.8%)	9
Medication Management Standards for Community-Based Organizations	47 (100.0%)	0 (0.0%)	5	49 (98.0%)	1 (2.0%)	2	96 (99.0%)	1 (1.0%)	7
Long-Term Care Services	55 (100.0%)	0 (0.0%)	1	99 (100.0%)	0 (0.0%)	0	154 (100.0%)	0 (0.0%)	1
<b>Total</b>	<b>169</b> <b>(100.0%)</b>	<b>0</b> <b>(0.0%)</b>	<b>13</b>	<b>259</b> <b>(98.9%)</b>	<b>3</b> <b>(1.1%)</b>	<b>6</b>	<b>428</b> <b>(99.3%)</b>	<b>3</b> <b>(0.7%)</b>	<b>19</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 Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	2 of 2
<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 Standards for Small, Community-Based Organizations)	Met	3 of 3	2 of 2
Medication reconciliation at care transitions (Long-Term Care Services)	Met	4 of 4	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 Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	2 of 2
<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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Infection Control</b>			
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
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 Strategy (Long-Term Care Services)	Met	5 of 5	1 of 1
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.**

CHSLD Bayview (Bayview) is a 128-bed private long term care home designated by the Québec Ministry of Health as “un établissement de santé de longue durée privé conventionné.” All admissions are coordinated via the mécanisme d'accès à l'hébergement in partnership with the CIUSSS de l'Ouest de l'île de Montréal. The organization has undergone major changes since the last accreditation visit in 2016. In 2019, Bayview was sold to new owners. Consequently, under this new ownership, Bayview has been confronted with some new challenges regarding management approach, vision, and organizational priorities. Additionally, after 30 years of service, two senior management staff retired: the Director General in 2018 and the Director of Nursing in 2020.

In 2020, Bayview was affected by the first wave of the COVID-19 pandemic that targeted both residents and staff. Teamwork and collaboration at all levels within the organization minimized the impact of the pandemic on the residents and families.

A new strategic plan for 2019-2024 was developed following an organized retreat that involved consultations with different groups: employees, physicians, residents, families, and union representatives. This approach fostered active participation at all levels to engage everyone in the process, and to allow for a sharing of viewpoints in order to determine the future direction of the Bayview. The strategic plan is aligned with the organization's mission, vision, and fundamental values.

The home has also developed partnerships with several groups and facilities to ensure the promotion of health and disease prevention. Support groups and volunteers are also key players that provide support and assistance to the residents and their families. Bayview partners with educational institutions which provides students opportunities working within a clinical environment. Community partners expressed that Bayview's embedded organizational culture fosters mutual partnerships based on collaboration, respect, and transparent communication. The residents expressed high regard for the excellent care and services received at the home.

To date, Bayview has had a long-standing history of low staff turnover and has never had to resort to agency personnel to fill their manpower needs. However, Bayview has recently experienced a few departures from nurses who were offered more attractive positions and employment conditions from the CIUSSS. Bayview will also be facing the departures of senior experienced managers and physicians in the upcoming year due to retirement. The major challenge for the organization will be to ensure staffing stability and retention with an attractive human resources plan.

## 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.

The organization has met all criteria for this priority process.

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

All admissions to CHSLD Bayview are coordinated via the mécanisme d'accès à l'hébergement in partnership with the CIUSSS de l'Ouest de l'île de Montréal.

A new strategic plan was developed for 2019-2024. Additionally, a strategic map outlining four major dimensions with defined orientations and measurement indicators was also developed enabling Bayview and its leadership group to monitor the results and the outcomes. The strategic plan is aligned with the organization's mission, vision, and fundamental values. A clearly defined communication plan with different types of tools ensures that the information is transmitted and reaches all levels of the organization both internally and externally.

Policies and procedures on operations and systems are documented, revised, and updated regularly. The annual operational plans are developed and aligned to support the organization's strategic plan and the identified goals and objectives.

A focus group with four community partners took place during the virtual visit: the mécanisme d'accès à l'hébergement admissions team from the CIUSSS; a contractual foot care nurse; a recreational technician from the Alzheimer's Society; and the placement coordinator for the CEGEP clinical nursing program. There are processes in place that structures and guides the services offered to Bayview by these community partners.

Each community partner described a palpable organizational culture embedded in Bayview that fosters a mutual partnership based on collaboration, respect, and transparent communication at all levels. Pandemic restrictions affected at times the presence and availability of these services. Some of the support groups in place were maintained virtually through the Zoom platform, such as the group run by the Alzheimer's Society.

## 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)

Financial reports are monitored on a monthly basis to assess the organization's financial performance and compliance with a balanced budget. Due to its designated status (établissement de longue durée privé conventionné), Bayview's operating budget for clinical hours is allocated by the Ministère de la Santé et des Services sociaux (MSSS), and the capital budget is allocated by the organization's owners for projects, renovations, and improvements. The annual operating and capital budgets are prepared in accordance with established policies and procedures in place.

Leadership has set criteria to guide resource allocation decisions that may be required. There is a certain flexibility and latitude afforded to the leadership team to allocate or displace resources to where they are most needed if there is a surplus of hours not used within a service due to non replacement of a resource on sick leave. The budgeting process meets the legal requirements and regulations for managing financial resources and financial reporting.

The budgets are well managed and balanced with no apparent deficits. Due to the pandemic, there have been extra expenses incurred with additional staffing, equipment, and supplies that have been diligently accounted for and for which the organization will claim a reimbursement from the MSSS.

## 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)

Bayview prides itself on its core values: Well-being, Excellence, Commitment, Accountability, Respect, and Empathy, or W.E. C.A.R.E. These six values play an integral part when offering daily care activities for the residents and their families to ensure safe quality care.

Providing staff with the necessary continuing education and training to ensure safe delivery of care is of utmost importance to the organization. There is an employee education and development committee that identifies the development needs of employees, residents, and families. There is an annual training day for all employees that is planned and coordinated by this committee that is spread over a few months enabling all employees to participate. There are varied subjects (Emergency Response Plan; Stress Management Techniques; Compassion and Caring, etc.) that are addressed to ensure that staff are kept up to date on current best practices. Different educational learning formats are deployed, and the sessions can be offered by internal or external resources.

There is a written workplace violence prevention policy and program in place. Information and training is provided to all new employees on orientation and on a regular basis.

The rate of employee absenteeism due to salary insurance or Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) is low which indicates that employees are satisfied and view their workplace as safe and healthy. The results of the Work Life Pulse Tool administered also attests to this as all responses were green flags. The organization is commended for this and is encouraged to further pursue its efforts.

CHSLD Bayview does not have a human resources department; staff recruitment is a decentralized approach in each department. Standard interview tools are used and exit interviews are done. There is a structured orientation program for all new employees. Job descriptions are available and updated on a regular basis.

Performance appraisals are done annually for full-time staff and every two years for part-time staff. Recognition activities for employees are in place: annual BBQs, yoga sessions, reimbursement for participation in educational activities, flexible hours, and incentives are offered if certain criteria are respected when following the smoking cessation program.

Employees are loyal, and state that they remain with Bayview because of its size, the friendly staff that know each other, good teamwork, respect, strong collaboration, and for the managers that are approachable and that listen to the employees.



Unfortunately, despite staff loyalty, over the past few months Bayview has experienced a small amount of staff turnover, when some nursing employees left contract or temporary positions with the home to a permanent position elsewhere. When offered full time positions from Bayview, five nurses returned to the organization.

With this recent number of departures from nurses, the major challenge facing Bayview will be how to compete with other employers who will be attracting nursing personnel. The organization is encouraged to revise and re-implement its manpower plan to replace these seasoned professionals, ensuring staff stability and preventing further departures..

## 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)

Bayview has an integrated quality management program that promotes a culture of quality with a framework that clearly identifies the components and strategies put in place to facilitate the provision of quality care services.

Quarterly quality and performance measurement reports are produced that monitors identified quality indicators with different a variety of audits.

Quality improvement initiatives are developed and implemented within the various service areas and committees with the participation of staff, residents, and families. The comité de vigilance (watchdog committee) serves to monitor the recommendations made and the follow-up actions taken.

There are standardized procedures, processes, and evidence-based guidelines in place to promote a quality improvement culture and the development of quality improvement programs.

Employees, residents, and families participate in quality improvement activities and their suggestions are taken into consideration to foster this quality culture. As an example, the “Five Star Award Board” was a suggestion that was brought forth and implemented in the cafeteria.

During Long-Term Care Week, there are displays put together to highlight the accomplishments and recognize the initiatives and contributions made by the employees, residents, and families.

There are senior management team (SMT) walks on an ad hoc basis, and safety walks six times a year with a criteria checklist to evaluate the safety and maintenance of the building. Safety Champions are assigned on each floor to address any safety concerns, and these champions sit on the risk management committee and participate in the safety walks. There are laminated posters placed near elevators to describe the safety champions and these are also included in the resident’s Handbook.

The program director for quality also has a standing article called “Safety Matters” that is published in the home’s Bayview Breeze.

The results of the Canadian Patient Safety Culture Tool allowed the organization to put an action plan in place to promote a blame free culture for reporting, and to clarify the difference between human errors and negligence of duties and responsibilities, and disciplinary actions. A mini questionnaire was created with the objective of clarifying the employee’s perceptions of a just and blame free culture, and disciplinary actions. Information sessions and educational sessions were then provided to the staff that enabled clarifying these two elements and to ensure the promotion of a blame free culture.

The results of the Work Like Pulse Tool did not require any further creation of an action plan since the responses received were all green flags. The organization is commended on this response and is encouraged to continue its efforts. These results reflect how employees perceive their job, the training and development opportunities, their relationship with their co-workers and managers, and their safety and health ensured in the workplace.

Client satisfaction surveys are administered on an annual basis for new admissions and every four years to all residents. Action plans are put in place and follow-up is ensured with improvement measures put in place. The results of the last survey suggested improvements in the dining room experience for the resident. The environment, the approach, the menu, the presentation of the food, the variety of the foods served, and the alternatives to the main menu offered are improvement areas that the organization is currently working on. The organization is encouraged to pursue its efforts.

## Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

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

A well-defined ethical framework is in place to support ethical practices in the organization. There is a code of ethics with guiding principles that are in accordance with Bayview's mission and philosophy. A guide for ethical conduct defines the duties and obligations of all employees, volunteers, and residents. A policy and procedure for addressing ethical issues is also available for employees, residents, and/or their families.

Guidelines for discussion of ethical issues are available to team members that may be confronted with a dilemma when two or more values are in conflict. A formal ad hoc discussion group is set up that thoroughly reviews and analyzes the issue and makes recommendations with actions that could be taken. A worksheet for the analysis of the ethical issue is completed and is filed in the resident's chart. External consultation with an ethicist or lawyer can also be used if more information, guidance, and support are required by the team.

The ethical issue identified by the organization that may pose the greatest challenge to them in the future is the legislation on around end of life and assisted medical aid to dying. The organization is cognizant that educational activities will need to be put in place to sensitize, prepare, and accompany the staff if confronted with such a situation.

Although the Bayview does not participate in any ethical research projects, it remains open and receptive to external requests for participating in future research projects that could benefit the care of the residents and support their mission as leaders in long term care. The organization is encouraged to consider furthering its ethical framework to include a procedure for reviewing ethical implications of any potential research activities in the future that it may be involved in.

## 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)

CHSLD Bayview has a written communication plan that outlines a strategy for the fluid exchange of information with their four primary stakeholder groups: residents and their families; employees and service providers; government agencies and professional organizations; and the community. The communication strategy will vary for each stakeholder group by taking into consideration the objectives; the information content; and the methods to be used to communicate. The effectiveness of each communication strategy is evaluated with the results of satisfaction questionnaires completed by employees, families, and residents. Modifications made to the communication plan are then made as needed.

There are a multitude of tools in place that are used to ensure effective communication: the newsletter "Bayview Breeze" is published three times a year by the resident's committee; there is a nursing newsletter; care unit communication books, where any new information is communicated to staff, and who have to sign the book upon review of the new content for accountability; individual e-mail addresses for all employees; unit-based e-mail address; e-mails of families; posters; and the website.

Computer terminals are available on each unit and staff have access to the employee resource centre platform for all the policies, procedures, guidelines, forms, and programs, available. Access to internet is also available should staff require it to obtain any information on best practice. There is a back-up system on iCloud for all electronic records that is managed by an IT consultant.

There are no electronic patient records, and all medical files are in paper format. The organization is encouraged to explore technological developments in implementing electronic patient records in the future. Wi-Fi is currently accessible in certain areas of the organization, and it has been identified as a priority to have it accessible throughout the home by the end of 2021.

The pandemic has allowed Bayview to re-examine previous communication practices, and to explore creative new ways to ensure the continuity of safe quality care. During lockdown periods, the residents were unable to receive their families and significant others during the pandemic. As a result, a priority project was identified by Bayview to perform a technological platform upgrade by the end of 2021. This project will result in a designated room equipped with the appropriate technology with large TV screens and microphones to conduct family meetings and other long distance virtual meetings.

Community partners and staff members expressed that the communication tools and the communication processes in place at Bayview ensure the fluid transmission of information at all levels internally and externally.

## 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)

CHSLD Bayview is a building built in 1988. It is well situated, clean, odor-free, and has plenty of natural light. Bayview has four care units, one of which is specific for residents with cognitive deficiencies. There are 32 residents per care unit. Rooms are private, except for one semi-private room per unit. There are several secure outdoor spaces.

The space supports team functioning and interaction while maintaining the comfort, privacy, and confidentiality of residents.

Several changes have been made in the context of COVID-19 for infection prevention for residents and staff. All staff are concerned and use the means required to prevent infections.

## Priority Process: Emergency Preparedness

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

The organization has met all criteria for this priority process.

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

The organization has a disaster and emergency response plan that outlines all the emergency measures for both internal and external disasters that may occur.

Bayview is well equipped with sprinklers and smoke detectors on every floor, resident room, bathroom, and in all the common spaces. There is a minimum of at least one simulated evacuation drill exercise per year. In addition, there are also fire drills and code yellow drills every two months and code white drills once per year.

The staff and the residents are informed prior to the drills (except for code white drills) by Technical Services and notices are posted. There is an evacuation drill report completed following the simulation exercise with the results and recommendations that are communicated to all staff. Quality improvement areas are identified, and follow-up is ensured by the management team.

The ER disaster code is also posted in strategic areas within the facility. There are partnerships with the Fire Department of the City of Pointe Claire in the event of an emergency or disaster and for regular fire safety inspections of the building that is conducted every two years. There are also external agreement contract services for 24-hour service with certain companies, for instance with the plumber, electrician, automated doors, and elevators).

There are back-up systems in place for emergency lighting, heating, and generators.

The manager for technical services has been with Bayview for 16 years and he is proud to say that the building is safe and well maintained. He participates in educational activities to sensitize and empower the staff on safety prevention and on the Emergency Preparedness Plan, like holding orientation for all new employees, annual educational day, specific emergency response plans for employees in support services, housekeeping, kitchen, laundry, and more.

## Priority Process: People-Centred Care

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

The organization has met all criteria for this priority process.

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

The partnerships with residents and families are well established. The policies in place encourage family presence. The team include residents and families as participants when they discuss the resident's care plan. It is accurate to state that services are co-designed with the integration and participation of residents and families at Bayview.

There is an open dialogue between staff, residents, and families. When a family asks something, the organization answers quickly. The team gathers input from residents and families to make improvements. The team uses email, phone calls, in-person meetings, and other types of communication methods to inform all the people who are concerned with the well-being of residents.



## 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)

All admissions at Bayview are coordinated through the mécanisme d'accès à l'hébergement in partnership with the CIUSSS de l'Ouest de l'île de Montréal. There are established criteria that have been identified to prioritize the admissions and the flow of patients. The patient flow process in place functions well with minimal barriers that prevent access to services. If there are barriers, they are discussed with the managers of the organization. On two occasions, the organization had to refuse two residents for admission because of the bariatric bed needed that could not be delivered because it did not fit with the infrastructure of the building.

There are no temporary admissions accepted that are waiting to be relocated. All admissions are permanent and there is a three year waiting list. Bed occupation is at 100%. The residents admitted require a minimum of four nursing care hours per day. Prior to the pandemic, families of prospective residents to be admitted were provided with a guided tour of the facility and a Resident's Handbook. For Priority one admissions (power of attorney mandate), procedures are explained, the information is provided, and documents are completed prior to admission which allows for a harmonious transition to the facility.

The organization is working on creating a virtual tour that will be accessible on their website to replace the guided tour.

## 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 organization has in place a preventive maintenance program for medical devices, medical equipment, and medical technology. Service contracts for the elevator, furnace, lifts, beds, tubs, and so on are in place. If any equipment is not functioning properly, it is tagged and removed for repair or replacement. Staff and management participate in the identification of medical devices and equipment needs. There is a good collaboration between all the staff who work at Bayview to identify devices or equipment that need to be checked. Everybody is at ease to report when there is something that is not working well. As an area of improvement, the comment made by the surveyor in 2016 is still relevant for this visit. 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 to help more easily follow the processes for maintaining, upgrading, and replacing medical devices and equipment.

The transport of the lifted laundry is done in an open trolley, but it is in a closed bag. To prevent and minimize the spread of infections, the organization is encouraged to review this practice, and maybe cover the trolley.

## 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**

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

### **Medication Management for Community-Based Organizations**

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

### **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>	
2.4 Protocols are established for the safe handling of soiled linen where applicable.	
4.5 Infection prevention and control policies and procedures are made readily available to team members and volunteers.	
<b>Surveyor comments on the priority process(es)</b>	
<b>Priority Process: Infection Prevention and Control for Community-Based Organizations</b>	
<p>The organization has two dedicated resources and 13 champions for Infection Prevention and Control who are passionate about the program.</p> <p>There has been one outbreak in the first wave of COVID-19. After the end of the outbreak, a debrief was held and changes to practice were implemented. There were two other preventive quarantine events for possible contact with COVID-19 positive staff that occurred in December 2020 and January 2021. Results were much improved following the changes made and implemented in infection prevention and control practices. Congratulations!</p> <p>Policies for vaccination exist for residents and staff. Vaccination is highly encouraged, and the rates are tracked. As an example, for the COVID-19 vaccine, vaccination rates were achieved with more than 80% for residents. However, the staff participation rate was about 40%. To improve the rate, the organization approached the CIUSSS de l'Ouest de l'île de Montréal to vaccinate staff on-site at Bayview, to facility accessibility, and eliminate travel distance for staff to another location. At the beginning of October 2021, only six staff have not received the COVID-19 vaccine. 98% of residents have now received the COVID-19 vaccine.</p> <p>Infection rates are shared with management, the board, staff, and families. The results are emailed to all units or shared via other communication tools. The Web site contains a lot of documents on quality performance measures, etc.</p> <p>Hand hygiene audits are completed frequently, and results are shared with staff. Currently, the compliance rate is high.</p> <p>There is a close partnership with the infection control nurse at CIUSSS de l'Ouest de l'île de Montréal and the Public Health Department.</p> <p>Congratulations on the efforts deployed by the organization to get N95 masks and having 77% of staff fitted. The organization is encouraged to continue its partnership efforts with the CIUSSS in this direction. The home is encouraged to continue the excellent work by developing more policies and procedures. Processes are established for handling medical devices, but the team can improve on selecting medical devices.</p>	

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

Unmet Criteria	High Priority Criteria
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**Priority Process: Clinical Leadership**

The organization has met all criteria for this priority process.

**Priority Process: Competency**

The organization has met all criteria for this priority process.

**Priority Process: Episode of Care**

The organization has met all criteria for this priority process.

**Priority Process: Decision Support**

The organization has met all criteria for this priority process.

**Priority Process: Impact on Outcomes**

The organization has met all criteria for this priority process.

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

**Priority Process: Clinical Leadership**

The service team is familiar with the profile of its population and the related needs. The involvement of employees, residents, and families in working committees has a positive impact on the functioning of the organization. Resources and infrastructure needs are managed. Leaders report that initiatives must be aligned with the strategic directions.

**Priority Process: Competency**

Qualifications are identified for specific roles. All staff must have the credentials to fulfill the role. The orientation is well structured and conducted for every new employee hire. There is an emphasis placed on residents' rights and safety.

Staff are trained on the policies to address preventing violence in the workplace. Ongoing education plans are in place to sensitize staff. There are numerous educational and training activities in place for staff, such as, falls, risk of abuse, use of restraints, techniques for moving and lifting residents, palliative care, information systems, technology, and more.

The Care-Unit Communication books are an original form of standardized communication tools that are used to share information about a resident's care within and between teams.

As an area of improvement, the organization is encouraged to examine the feasibility of using intravenous treatment if there is a demand for this need.

Furthermore, resident and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities. There is one resident on the risk management committee. The team is encouraged to continue these efforts by adding residents and family members to other committees.

#### Priority Process: Episode of Care

There is a clear focus on people-centred care and all staff exhibit passion for their work. Residents and families speak highly of the care and services provided by the team which is available to them 24/7. Requests for service and information are dealt with effectively and efficiently in a caring manner. Concerns brought forward are addressed promptly.

Programs are well attended by residents and are offered seven days a week during the daytime and evenings. A variety of programs are offered, and residents appear to be engaged. An admission "Welcome" package is given to families and residents. Since March 2021, a pamphlet informed consent, and a pamphlet for ethical issues were added to the package.

The resident committee regards the CHSLD Bayview as a facility that is very well managed, offers high-quality care, is situated in a beautiful location, and offers a lot of recreational activities. The quality of care is described as exceptional, people-centred, and creative. Families feel that they are welcomed and encouraged to participate, and staff is polite and respectful.

The Multi-Sensory Room is available to residents. It's a pearl.

The resident's informed consent is obtained and documented before providing services. Different documents include general consent, consent for services (occupational therapy), and consent for services (physical therapy).

Palliative care is a strength at CHSLD Bayview.

The organization is encouraged to examine the feasibility of an oral hygiene and care program for the residents. Since March 2021, an oral health program has been implemented. Congratulations. Although there have been improvements with regards to the pleasure of eating meals, it is suggested to continue in this direction by involving the staff and drawing inspiration from what is done in other settings. Since March 2021, the team worked hard to make the resident dining experience a pleasant one. The residents questioned during the accreditation visit confirmed the pleasure of the dining experience.

#### Priority Process: Decision Support

Records are consistently maintained and accurate with current assessments and are available to the appropriate staff. Care plans used by the staff are all in paper format. The organization is encouraged to examine the feasibility of an electronic care plan.

To improve communication with staff, the organization uses emails.

The lunch and learn is a very good initiative for training and education used by the organization. Ethics-related issues are discussed and managed. The organization has built on a culture of ethical responsibility. There is a new free and informed consent explanatory brochure.

**Priority Process: Impact on Outcomes**

Outcome measures are discussed at every level in the organization. Communication boards are placed strategically throughout the organization to communicate the trending of indicators. There are many protocols and procedures, and guidelines. The safety risks are well identified. Residents and families give input and participate actively. There is the standardization of nursing and medical practice based on evidence.

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

Unmet Criteria	High Priority Criteria
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**Priority Process: Medication Management for Community-Based Organizations**

<p>5.3 The effectiveness of training activities for medication management is evaluated and improvements are made as needed.</p>	
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**Surveyor comments on the priority process(es)**

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

Bayview uses the service of McKesson Canada for its medication supplies. When needed, Bayview uses Jean Coutu Pharmacy. The pharmaceutical team is made up of a pharmacist who works two days a week and a technician who works two or three days a week. In addition to the functions relating to the medication circuit, the pharmacy provides committed expertise, support for quality improvement activities, evidence-based practice, and education.

There are clear roles and responsibilities for activities regarding medication administration. The medication management committee is active.

There is an excellent policy and procedure for resident's self-administration of medication program. There is also an evaluation of learning needs, a consent for self-administration of medications, and follow-up to ensure the safe and optimal management of self-administration of medication program.

Medications are stored safely in a locked medication room or locked medication cart. Heparin and concentrated electrolytes are not stocked. Cytotoxic drugs are not used. Allergies are clearly noted on the resident record.

Medication incidents are trended for root cause and discussed at the medication committee. Medication trends are shared at staff meetings, Medical Advisory Committee, and the board. Medication incidents are disclosed to the family. Residents and or families are informed of recommended changes in medication. A pharmacy project is starting in October. It's about medication error and better knowledge of high alert drugs. First, a survey will be sent to nurses and statistics on medication errors. Second, a lunch and learn with nurses to teach and exchange knowledge as well as another survey months later to confirm or refute if there are any changes.

Currently, the evaluation of training activities for medication management is infrequent. The organization is encouraged to ensure the follow-up results of its interventions. Given the few staff available at the pharmacy, other stakeholders could lend a hand to ensure that the training yields results.



## 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

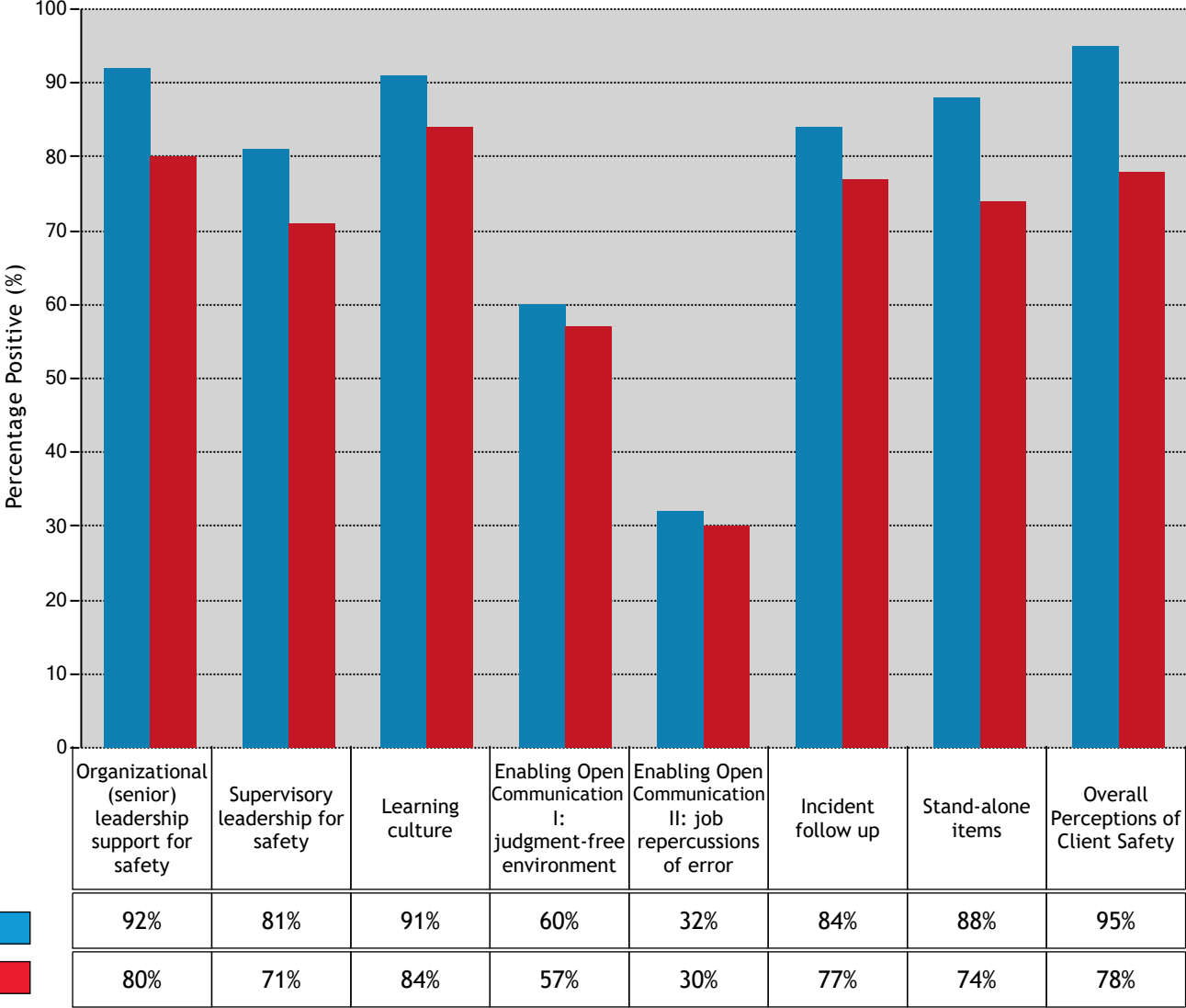
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations 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: February 1, 2019 to April 16, 2019**
- **Minimum responses rate (based on the number of eligible employees): 114**
- **Number of responses: 130**

**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 January to June, 2021 and agreed with the instrument items.

## Worklife Pulse

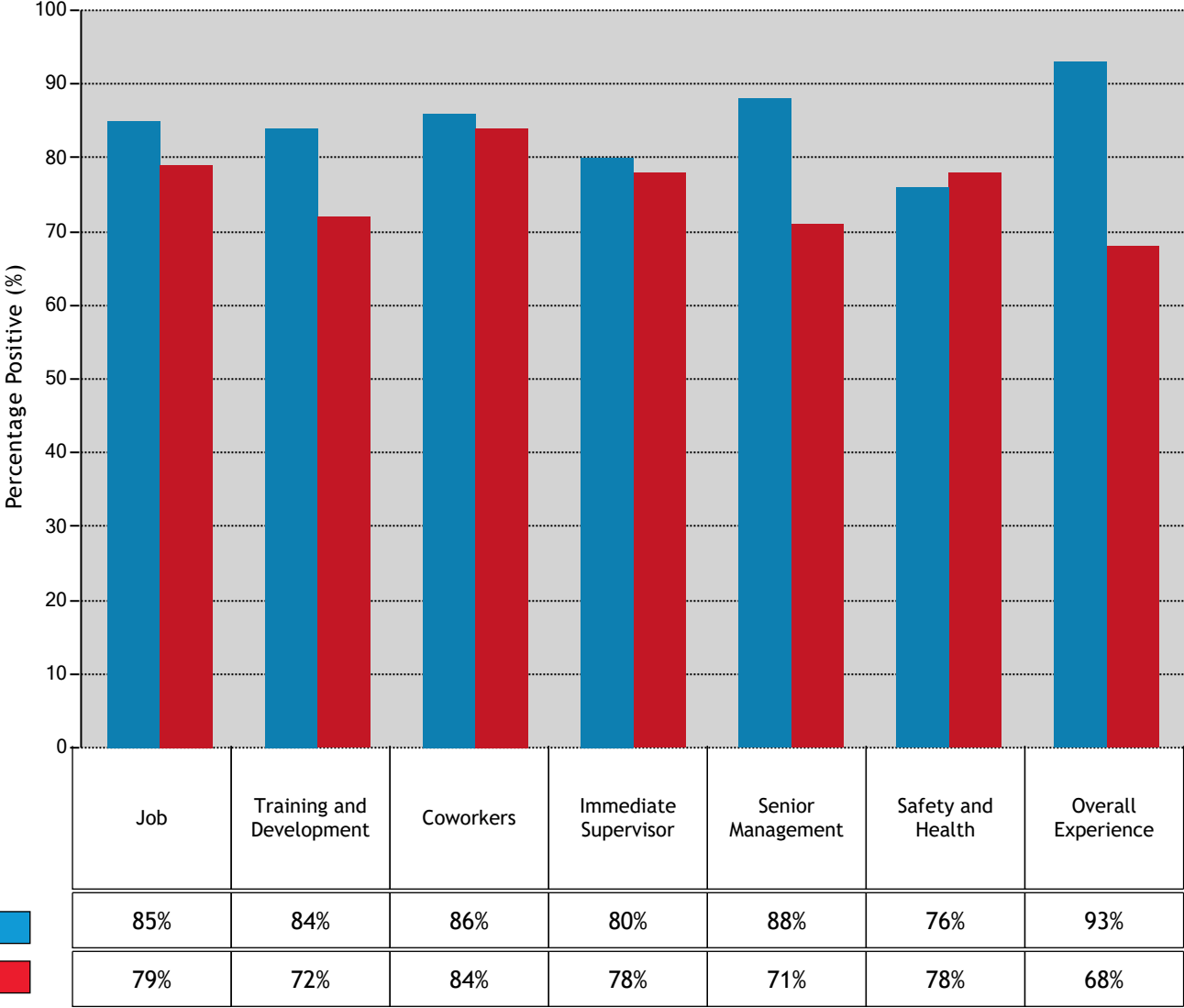
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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

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: February 1, 2019 to April 16, 2019**
- **Minimum responses rate (based on the number of eligible employees): 115**
- **Number of responses: 153**

**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 January to June, 2021 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 15 business days.

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

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

### Action Planning

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

## Appendix B - Priority Processes

### Priority processes associated with system-wide standards

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

### Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions

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