ACCREDITATION
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CANADA

Accreditation Report

Qmentum Global™ for Long-Term Care Program

CHSLD Bayview Inc.

Report Issued: 03/11/2025

Confidentiality

Table of Contents

About Accreditation Canada

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

About the Accreditation Report

The Organization identified in this Accreditation Report (the "**Organization**") has participated in Accreditation Canada's Qmentum Global™ for Long-Term Care accreditation program.

As part of this program, the Organization has partaken in continuous quality improvement activities and assessments, including an on-site survey from October 5, 2025 to October 8, 2025. This Accreditation Report reflects the Organization's information and data, and Accreditation Canada's assessments, as of those dates.

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

Program Overview

The new Qmentum Global™ for Long-Term Care enables your LTC home to continuously improve quality of care through the sustainable delivery of excellence in resident care experiences and quality of life. The program provides your LTC home with an assessment manual, survey instruments, assessment methods and a planning feature that were designed to promote continuous learning and improvement, and a client support model for on-going support and advice from dedicated advisors.

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

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

The assessment manual (Accreditation Canada Manual which supports all assessment methods (self-assessment, attestation, and on-site assessment, is organized into thematic chapters, as per below. To promote alignment with the assessment manual, assessment results and surveyor findings are organized

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

Chapter 1: Governance and Leadership
Chapter 2: Delivery of Care Models
Chapter 3: Emergency Disaster Management
Chapter 4: Infection Prevention and Control
Chapter 5: Medication Management
Chapter 6: Residents' Care Experience

Executive Summary

About the Organization

CHSLD Bayview is a privately owned, long-term care facility operating under contract with the Quebec Ministry of Health and Social Services, établissement privé conventionné. Family-owned and in operation for nearly 70 years, it functions in alignment with public CHSLDs. Admission procedures and room fees are determined by the government, and labor contracts are governed by provincial regulations. All clinical and healthcare services are non-profit, expected to be compliant with government standards, and subject to detailed operational reporting. Admissions are coordinated through the Mécanisme d'accès d'hébergement of the CIUSSS de l'Ouest-de-l'Île. The facility employs approximately 245 staff members.

The center accommodates 128 residents across four floors, each requiring a minimum of four hours of care daily. Each floor contains 32 rooms—private, with one semi-private room per floor. The environment is warm and welcoming, designed to feel like home rather than an institutional setting. One floor is dedicated to a specialized care unit (unité prothétique for residents with advanced dementia or Alzheimer's disease.

The building is clean and filled with natural light. Management has prioritized significant capital and infrastructure investments, including air conditioning installation, generator upgrades, and new food carts. Aesthetic improvements to the resident units such as painting are planned.

The interdisciplinary care team consists of registered nurses, licensed practical nurses, patient attendants, occupational therapists, a physiotherapy technologist, clinical nutritionists, a social worker, recreational therapists, a kinesiologist, and medical doctors. Medical coverage is available 24/7 through on-call services, additionally the three physicians rotate on-site during weekdays—each present one day per week to provide follow-up care for residents.

The organization is also committed to inclusive employment practices, currently employing three individuals with special needs in auxiliary services and recreational therapy.

CHSLD Bayview enjoys a strong reputation and is highly sought after by the anglophone community, evidenced by a three-year waiting list for admission. The center was last accredited in 2021, receiving exemplary standing, and underwent a virtual survey in 2023. The organization is to be commended for successfully implementing many of the recommended improvements from both evaluations.

The primary objective of the organization in undertaking this survey is to continuously improve the quality of care. Their ongoing commitment is to enhance the quality of life for all residents of CHSLD Bayview.

The center strives to consistently uphold its core values in daily practice, demonstrating a strong commitment to its mission while actively working toward the realization of its vision. Its mission is to provide a supportive living environment for residents via a dynamic team that promotes quality of life through compassionate care and continuous improvement of services in partnership with residents and families. Its values are, WE CARE about people, through Well-being, Excellence, Commitment,

Accountability, Respect and Empathy. Its vision is to be the leader for safe and quality resident care.

Surveyor Overview of Team Observations

The organization does not have a formal governing body with the senior leadership team comprised of the owner (Executive Director, her assistant, the Director of Quality Programs and Resident Services, the Director of Nursing, and the Director of Auxiliary Services. This team is responsible for the overall management and strategic direction of the organization. Their commitment to resident care is reflected in resource allocation practices that prioritize safety above all. Clinically, there is a strong focus on delivering safe, high-quality, resident-centered care.

Community partners were not met during this survey, as it was done during the 2023 virtual survey.

The organization is to be commended for its inclusive approach to operational committees. Staff, residents, and family members actively participate in groups such as the Quality Committee and Risk Management Committee, and residents also participate in recruitment. The organization is encouraged to further this commitment by inviting residents and families to contribute across all committees, including participation in Senior Management Committee meetings where appropriate.

Accreditation Canada's HSO Workforce Survey (Spring 2025 revealed that 69.3% of staff (113 of 163 respondents reported feeling burned out. A follow-up survey was conducted to explore these findings further, with 35% of respondents (36 individuals indicating varying levels of burnout. Although an action plan has been developed, it is recommended that leadership continue to investigate these concerns—such as through focus groups—especially given that all positions are currently reported as filled.

Resident satisfaction surveys are conducted every four years for all residents. The 2022 survey showed an 87% overall satisfaction rate, compared to 88% in 2018. Annual satisfaction surveys of new residents are conducted all others years and yielded the following results: 83.3%, 89.6% and 81% in 2025, 2024 and 2023, respectively. An action plan has been developed.

In collaboration with residents. Key initiatives include upgrading the lounge area, enhancing communication of the Residents' Committee existence, and designating a dedicated space for committee activities. The organization is encouraged to continue conducting satisfaction surveys.

Key Opportunities and Areas of Excellence

CHSLD Bayview areas of excellence are:

- Its people and their commitment and devotion to ensuring quality care;
- Focus on resident safety;
- Continuous quality improvement and culture of measurement;
- Collaboration with residents and families;
- Strategic Plan 2024-25: CHSLD Bayview Strategic Compass;
- Performance Monitoring and Quality Scorecard and metrics;
- Communication;
- Orientation of new staff;
- Staff recognition;
- Internal and external training opportunities;
- Comprehensive Emergency Preparedness Plans;
- ER measure training drills and ER response guides;
- Safety walks;
- Outbreak management practices;
- Strong Infection Prevention and Control (IPAC) committee;
- Pharmacist on site;
- Great medication pass teamwork structure weekdays;
- On track for medication error reduction;
- Robust recreational therapy program;
- Quality of food; and
- Minimal use of physical restraints

Its key opportunities are:

- Continuing to partner with residents and families in operational activities;
- Renovating resident care units;
- Maintaining a positive workplace environment;
- Consolidating of policy and procedure documentation;
- Enhancing Workplace Violence Policy;
- Strengthening family communication post incident;
- Exploring virtual health options;
- Refining onboarding process;
- Implementing cold debriefs following actual incidents;
- Documenting completion of action items from safety walks;
- Defining specific actions to meet IPAC goals;
- Ensuring accuracy of reported infection control metrics;
- Optimizing safety for medication self-administration;
- Ensuring adequate support for medication pass evening & weekends;
- Expanding dementia related education to all units; and
- Accessing mental health support for residents.

People-Centred Care

Service excellence and resident-centered care are a priority at Bayview. The admission process provides the resident and family with information about available services and pertinent programs in the home. The information in the admission package, along with additional signage throughout the home ensure residents and families are aware of their rights and the process to bring forward any concerns. Team members are also aware of the process to report and address any concerns surrounding resident rights.

A wide range of care services is delivered by team members of the home. The team also coordinates access to additional services provided by external care providers, such as foot and dental care services. Communication between the care team and external care providers is well-documented in the resident's chart.

Resident care is provided with dignity and respect for privacy. Resident's preferred names are noted in the chart and on their door. Team members knock on the door and seek consent for care provision. Resident and family participation in care is encouraged, and families indicate feeling like a part of the team. A social worker is available on-site to help address any concerns regarding ability to provide informed consent and is also available to support residents and families with navigating health and financial system challenges.

All residents receive a comprehensive health assessment by an RN on admission and quarterly thereafter. They also receive admission and annual assessments from the interdisciplinary team, including physiotherapy, occupational therapy, and the dietician. These assessments guide the development of the care plan, which is adjusted as the resident's needs change. A therapeutic recreation assessment is done on admission, and information from the resident is shared through a Life History Profile. The individualized photos highlighting elements of the resident's values are placed outside each resident room and are a helpful tool to help personalize resident interactions.

Palliative care is provided in the home with a high level of care and compassion for the resident and their family at the end of life. Volunteers will remain by the side of residents who do not have family present to ensure they are not alone when they pass. A memorial candle is lit at the entrance for residents who pass, and an annual memorial is held. Team members are proud of the end-of-life care they provide. The home may consider adding to their palliative care program by differentiating between a palliative approach to care and end-of-life care. Initiating a palliative approach to care upon admission and starting early discussions about trajectory of illness and advanced care planning may enhance current palliative care efforts. Team members indicate this could be particularly helpful for residents with dementia.

Quality Improvement Overview

The organization's Quality Improvement Action Plan (QIAP) and Risk Management and Safety Plans for 2025–2026 promote quality, reduce risk, and enhance resident-centered care. The plans outline clear objectives, measurable indicators, required resources, designated leads, and implementation timelines. Residents and family members contribute to their development through representation on the Quality and Risk Management Committees, where these plans are formally presented and discussed.

Quality and safety indicators are monitored quarterly and incorporated into the organization's Quality and

Performance Scorecard. These results are transparently shared with staff, residents, and families via Quality Boards located on each care unit. Weekly quality huddles are also held on each unit to reinforce continuous improvement and frontline engagement.

The Risk Management Committee plays a central role in fostering a safe environment. It receives regular reports from Infection Prevention and Control, Medication Management, Occupational Health and Safety Committees, and unit-specific safety champions. These champions are responsible for identifying and reporting safety concerns, whether observed directly or communicated by staff. Staff, residents, and family members actively participate in these committees, reinforcing a collaborative approach to risk mitigation.

Some of the quality initiatives underway include "Respect du Sommeil" project for the specialized care unit and efforts to reduce medication omissions across all units. One initiative resulting from the analysis of incident reports is to obtain a better understanding of injuries of unknown origin, such as bruises and scratches to identify patterns and preventive strategies.

Numerous safety-focused practices are in place which include:

- Comprehensive safety orientation for new staff
- Management-led safety walks using audit tools to assess compliance and hazard levels
- Hourly safety rounds in the specialized care unit
- Designated safety champions on each unit
- Regular audits with follow-up actions to ensure adherence to safety protocols
- Annual safety training sessions on varied topics e.g. falls prevention, emergency measures drills, and preventing workplace violence
- Annual safety-focused activities in alignment with Canadian Resident Safety Week, scheduled for October 20 to 24, 2025.
- "Lunch and Learn" sessions focused on medication error prevention

The organization is to be commended for its quality and risk management initiatives, including the implementation of Quality Boards and unit-based huddles, as well as its active collaboration with residents, families, and staff. Continued commitment to these efforts is encouraged. Additionally, the organization is encouraged to incorporate benchmarks into quality initiatives where available, to further strengthen performance monitoring and drive continuous improvement.

Accreditation Decision

CHSLD Bayview Inc.'s accreditation decision is:

Accredited with Exemplary Standing

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

Locations Assessed in Accreditation Cycle

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

- CHSLD Bayview Inc.

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

Required Organizational Practices

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

Table 1. Summary of the Organization's ROPs

Chapter	ROP	# TFC Met	% TFC Met
Governance and Leadership	Accountability for Quality of Care	6 / 6	100.0%
Governance and Leadership	Workplace Violence Prevention	8 / 8	100.0%
Governance and Leadership	Patient (Resident) Safety Plan	4 / 4	100.0%
Governance and Leadership	Patient (Resident) Safety Education and Training	1 / 1	100.0%
Governance and Leadership	Patient (Resident) Safety Incident Management	7 / 7	100.0%
Governance and Leadership	Patient (Resident) Safety Incident Disclosure	6 / 6	100.0%
Infection Prevention and Control	Hand Hygiene Education	1 / 1	100.0%
Infection Prevention and Control	Hand Hygiene Compliance	3 / 3	100.0%
Infection Prevention and Control	Infection Rates	3 / 3	100.0%
Medication Management	The ‘Do Not Use' List of Abbreviations	6 / 6	100.0%
Medication Management	High-alert Medications	6 / 6	100.0%
Medication Management	Heparin Safety	4 / 4	100.0%
Medication Management	Narcotics Safety	3 / 3	100.0%
Medication Management	Medication Reconciliation at Care Transitions	4 / 4	100.0%

Chapter	ROP	# TFC Met	% TFC Met
Residents' Care Experience	Falls Prevention	6 / 6	100.0%
Residents' Care Experience	Skin and Wound Care	8 / 8	100.0%
Residents' Care Experience	Pressure Ulcer Prevention	5 / 5	100.0%
Residents' Care Experience	Suicide Prevention	5 / 5	100.0%
Residents' Care Experience	Client Identification	1 / 1	100.0%
Residents' Care Experience	Information Transfer at Care Transitions	5 / 5	100.0%
Residents' Care Experience	Infusion Pump Safety	0 / 0	0.0%

Assessment Results by Chapter

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

Chapter 1: Governance and Leadership

Chapter 1 assesses governance and leadership across Long-Term Care (LTC homes. Governance and Leadership criteria apply to governing body (boards and committees and leadership teams. Themes covered in this chapter include strategy and operational plans, roles and responsibilities of governance and leadership, organizational policies and procedures, decision support systems, integrated quality management, and risk management. HSO's principles of people-centred care are embedded throughout the chapter.

Chapter Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review Table 2 below.

Assessment Results

The organization's 2024–2028 strategic plan, CHSLD Bayview Strategic Compass, was developed in collaboration with community partners, staff, physicians, leadership, residents, and families, and facilitated by an external consultant. The plan focuses on four key themes: residents, families, and caregivers; excellence; human resources; and finance. These priorities are guided by a management philosophy rooted in People, Passion, Principles, and Processes, and operationalized through the organization's core values: WE CARE.

Annual operational plans for 2024–2025 and 2025–2026 were developed from the strategic plan, outlining clear objectives, indicators, and targets. The organization is encouraged to incorporate benchmarks where available to strengthen performance tracking and foster continuous improvement.

A Resident Safety Incident Management System that supports reporting and learning is present, however, the information pertinent to it is currently found in multiple documents. The organization is encouraged to consolidate this into a single comprehensive resource. The same recommendation applies to the Workplace Violence Prevention Policy and Procedure.

It is suggested that the Workplace Violence Policy and Procedure emphasize the confidentiality of the reporting process within the policy itself—not solely on the reporting form. Additionally, it is recommended that incident evaluations be documented using a standardized tool that outlines, as examples, who was interviewed, what was reviewed, the outcome of the investigation, relevant signatures, etc.

In Spring 2025, a survey was conducted to assess the effectiveness of communication with families with regards incidents and accidents. Of the 46 families who responded (35.9% participation rate, the results were as follows: 60.9% reported their loved one had been involved in an incident or accident; 64.3% were satisfied or very satisfied with how staff handled the situation; and 73.3% felt they received all relevant information; 16.6% had to request additional details; and 10% felt the information was incomplete. As part of the action plan, training on communication and post-incident follow-up will be provided during upcoming staff training days this fall.

The organization utilizes a Quality and Performance Balanced Scorecard structured around four quadrants: Resident Focus, Internal Processes, Finance and Work Life. Numerous indicators are tracked and reported quarterly, with comparisons to previous years.

The organization employs a range of communication strategies to engage internal and external partners. The newsletter, 'Bayview Breeze', is appreciated by staff, residents and families, with each edition featuring safety tips. The Executive Director attends Resident Committee meetings when possible and hosts multiple Town Halls throughout the year. Management maintains an open-door policy. Email memos are color-coded to indicate both the intended audience (e.g., staff, management, residents and the urgency of the message. The organization is encouraged to continue fostering open dialogue and reciprocal exchange across all levels.

The Director of Quality Programs and Resident Services participates at the Resident Committee meetings and serves as a liaison between the committee and the senior management team.

Table 2. Unmet Criteria for Governance and Leadership

There are no unmet criteria for this section.

Chapter 2: Delivery of Care Models

Chapter 2 assesses the delivery of safe and reliable care models that meet the needs of LTC homes and is reliant on the effective team-level implementation of the organization's model of service delivery and the policies and practices that support it. The common elements of excellence in service delivery include strong team leadership, competent and collaborative teams, up-to-date information systems and virtual health services to support service delivery and decisions, regular monitoring and evaluation of processes and outcomes, and an overarching culture of safety and continuous quality improvement.

Chapter Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review Table 3 below.

Assessment Results

A robust orientation program is in place for new staff. During the probation period, daily evaluations are conducted using a standardized form signed by both the new employee and team leader. Once the probation period is completed, performance evaluations are conducted annually. An optional post-hiring survey gathers feedback on onboarding, workspace, and layout. During orientation, staff sign off on key policies and procedures, including confidentiality and prevention of workplace violence. While an optional post-hiring survey exists, consideration should be given to increasing participation and using the feedback more systematically to refine onboarding processes.

Staff are recognized in a variety of ways which include free birthday lunches; monthly costume/theme days; long-term service recognition events (5, 10+ years; discounted cafeteria pricing and free parking.

Numerous internal training activities are offered, and staff report access to external training opportunities.

The orientation program for volunteers includes safety-related training covering wheelchair safety, fall prevention, diet stickers, burn/choking protocols, infection control, and hand hygiene. Meal assistance volunteers receive specific training.

Employees on the unit that were met reported that they receive adequate orientation on a variety of clinical topics upon hire and appreciate the annual education days. They noted they receive frequent safety training on safe mobility and transfers, with re-education following incidents. They were all familiar with the quality board and quite proud of the fact that they knew how they were performing in regard to such performance metrics as falls and infections. They were also familiar with the ethics

framework/policy. They report feeling appreciated by their management teams and noted the recognition efforts in place, including access to the staff relaxation room.

Virtual services are offered at Bayview such as the use of phone calls, text messaging, video conferencing platforms (e.g. Zoom, Google Meet, FaceTime to maintain communication with families, physicians, coordinators, and other care team members. Meetings to review the individualized care plan with families are done virtually for those who wish to do so. All that transpires via virtual media is documented in the resident's file as per the organization's protocol.

The organization is encouraged to further explore virtual health options that may benefit the care of the residents.

Table 3. Unmet Criteria for Delivery of Care Models

There are no unmet criteria for this section.

Chapter 3: Emergency and Disaster Management

Chapter 3 assesses emergency, disaster and outbreak planning and management for the LTC home. An emergency is a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property, and that is caused by the forces of nature, a disease (including epidemics or other health risk, an accident, or an act whether intentional or otherwise.

Themes covered in this chapter include up to date disaster, emergency and outbreak preparedness plans, appropriate training provided to the workforce and residents, engaging with community partners, and communication plans (internal and external).

Assessment of emergency and disaster management criteria apply to the organization including its leadership, personnel and support care teams, and is inclusive of residents, families and/or caregivers.

Chapter Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review Table 4 below.

Assessment Results

A detailed Emergency Response and Disaster Management Plan is in place, covering all ER codes. The presence of a dedicated committee with representation from key departments (e.g., Technical Services, Infection Control ensures cross-functional coordination. The organization collaborates with CIUSSS

Ouest-de-l'Île, facilitating resource sharing and support during emergencies. Annual drills for Code Red, White, Yellow, and Green are conducted with incognito observers assigned to the unit/sector. Post drills a hot debrief is conducted with information on how the drill transpired is shared with all; action plans are distributed to managers, with follow-up, where warranted, by Technical Services to ensure completion. It is recommended to conduct cold debriefs following actual incidents to complement hot debriefs and enhance learning outcomes.

The organization has reached out to the local Fire Department to coordinate a Code Red drill (planned for 2026.

Clear, concise ER response guides are available on units and in key areas to support staff during drills and real events.

Timely and appropriate updates are shared with staff, residents, and families regarding emergencies and outbreaks.

The facility is equipped with sprinklers and smoke detectors on each floor.

Regular safety walks are done and reported on an audit tool indicating safety issues and hazard level, with follow-up actions reported by email. It is suggested that completion of action items be documented and tracked in a report, for example, directly on the safety walk audit form to improve traceability and accountability.

Table 4. Unmet Criteria for Emergency Disaster Management

There are no unmet criteria for this section.

Chapter 4: Infection Prevention and Control

Chapter 4 covers organizational safety practices for LTC homes related to infection prevention and control (IPC). The purpose of this chapter is to ensure those both working and receiving services from the organization stay safe and healthy by preventing, mitigating risk, and controlling the transmission of pathogens and/or infections. Themes presented include having a team with relevant IPC subject matter expertise, maintaining updated documentation (policies and procedures), implementing standardized practices (e.g., hand hygiene, PPE, environmental cleaning and disinfection, medical device and equipment cleaning, supply chain management, outbreak management), continuous learning activities, and continuous quality improvement to support organizations in achieving their IPC aims. This section applies to the organization including its leadership, personnel, and support care teams.

Chapter Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review Table 5 below.

Assessment Results

There is a strong focus on Infection Prevention & Control (IPAC) in the home. IPAC policies and procedures are developed based upon the Institut national de santé publique du Québec (INSPQ guidance. A policy and procedure binder are readily accessible at each nursing station and is kept up to date. A designated IPAC nurse oversees the IPAC program and chairs the multidisciplinary IPAC committee which meets every two months. The IPAC nurse is also pursuing a certification program through University of Sherbrooke, demonstrating commitment to a quality IPAC program.

Infection rates are tracked on each unit via spreadsheet and are reported at each IPAC committee meeting. Action plans are determined with team member input and are evaluated for effectiveness. There have been consistent higher rates of urinary tract infections (UTIs with an action plan focused on hydration. The team is encouraged to consider revisiting education on evidence-based criteria for UTI diagnosis to ensure they are accurately diagnosing these infections.

The home is congratulated on thorough outbreak management procedures, which clearly outline roles and responsibilities for all team members. The home recognizes the importance of communication during an outbreak, as they have implemented easy-to-use checklists and communication templates for both team members and resident/family communication. The new IPAC brochure is an excellent resource for quick reference to important aspects of the home’s IPAC program. Family members validate the effectiveness of this improved communication, indicating communication is timely and informative.

Hand hygiene practices in the home are audited quarterly and include actions to address concerns. The home made significant improvements in audit results from December 2024 to March 2025 where HH audit results increased from being in the 30% range to 75%. The home is encouraged to ensure action plans from the audits contain specific actions to improve results, using SMART goals. More frequent auditing, if there is a significant decline in audit scores, could also help ensure improvement efforts are effective. The team takes pride in improvements made to resident hand hygiene through their implementation of alcohol-based hand wipe dispensers, which have been installed in each unit.

Personal Protective Equipment (PPE audits are also done quarterly and indicate good compliance. Adequate PPE is available on each unit with isolation caddies ready for use if needed. Team members receive education on donning and doffing PPE upon hire and during annual education days. The home has also implemented a PPE guide, which is kept on the back of team member ID cards, so it is always accessible. Employees have training on how to conduct a point-of-care risk assessment and can identify appropriate PPE to reduce any risk of infection transmission.

Laundry and housekeeping are well-structured with services provided in-house. There is a strong relationship with equipment and disinfectant suppliers, who often provide educational in-services for team members. There is one-way flow of linen from soiled to clean, minimizing the risk of cross-contamination. The home has made improvements to linen carts by implementing covers for clean linen when it is transported around the home. On the units, soiled and clean items are kept separate, and specific red bags are used for any biomedical waste. The home does not perform any medical device sterilization, but team members are well-versed in the proper cleaning and disinfection of reusable medical equipment. Housekeepers follow a cleaning and disinfecting schedule, with high-touch surface cleaning of each resident room done daily.

Dietary services have seen several improvements relating to IPAC over the past year. They have completed the implementation of new temperature control meal transport carts, allowing foods to remain at safe temperatures for up to an hour in the cart, which reduces infection risk and improves resident satisfaction. There have also been updates to staffing complements, which have permitted increased disinfection capacity for regular utensils during outbreaks, eliminating the need for disposable items. Improvements were also made to communication with the kitchen during outbreaks to ensure information about isolation precautions is relayed promptly.

The home has an immunization policy for residents and team members. There are a variety of immunizations offered for residents, including: annual influenza, COVID-19, RSV, pneumococcal and shingles, and team members are offered annual influenza and COVID-19 immunization. The home reports good rates of immunization for residents and team members.

The home identifies the risk of needle stick injuries in the workplace and has a policy for the use of safety-engineered needles. There are sharps containers readily available at the point of care. Team members are educated on sharps safety and can demonstrate how sharps are safely discarded. Sharps containers appear well-positioned and not overfilled.

The addition of the quality boards on each unit is a valuable communication tool to ensure transparency. These boards share IPAC audit results, infection tracking, and pertinent education on a variety of IPAC topics. The home is encouraged to ensure these boards remain organized, updated, and specific to quality-related information.

Table 5. Unmet Criteria for Infection Prevention and Control

There are no unmet criteria for this section.

Chapter 5: Medication Management

Chapter 5 covers organizational safety practices for LTC homes related to medication management. Themes covered in this chapter include a collaborative approach to medication management, up-to-date policies and procedures, the assignment of responsibilities in relation to prescribing, storing, preparing, and administering medications. Medication reconciliation is also addressed.

This section applies to the organization, including its leadership, personnel, and support care teams.

Chapter Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review Table 6 below.

Assessment Results

Medication management at Bayview is a shared responsibility with the Director of Care (DOC, Nursing team members, Pharmacist, and Attending Physicians, who all serve on the home's Medication Management Committee. The majority of medication administration is done by LPN team members, but a team approach helps share workload and supports safe administration. Policies and procedures are developed and updated through the Medication Management Committee with the incorporation of feedback from residents, families, team members, and review of incident and audit trends.

All policies and procedures are readily available in the nursing stations along with additional medication and pharmacology resource materials. Team members and families report excellent access to the pharmacist and physicians, should they have any medication questions or concerns that the nurse cannot address for them. The pharmacist provides multiple education opportunities for team members.

A medication reconciliation policy is in place. Medication reconciliation is done upon admission or readmission of a resident. Nursing team members have received education on proper medication reconciliation processes and work in collaboration with the physician to complete the reconciliation. Medication reviews are also done every 6 months by the physician, pharmacist, and nursing team member. The pharmacist has an excellent focus on monitoring polypharmacy, and the home is applauded for its focus on appropriate medication use.

The home's Medication Audit Form includes the list of ISMP's Do Not Use abbreviations, and audits are done every quarter with good compliance. Medication incidents are immediately reported to a nursing team member with appropriate actions taken, including physician and family notification. Medication incidents are also tracked and reported through both the Medication Management and Risk Management Committees. The home is congratulated for being on track for significant reductions in medication errors this year.

High-alert medications are clearly identified on the Medication Administration Record (MAR and on the medication packaging. Team members accurately describe the process for independent double checks, and this was observed during the medication pass. In the future, the home may wish to look at electronic medication administration programs, which can further enhance the safety measures surrounding high alert medications.

Bayview benefits from having a pharmacy on-site, as this facilitates easy return of medications upon resident death or medication recall. Designated team members also have access to an emergency medication cabinet for efficient access to antibiotics, extra narcotics, and a high-potency hydromorphone, which is kept separately and secured from other medications in the cabinet. The pharmacist is also on-call 24/7 with a consistent replacement should they not be available, which supports high-quality continuity of service for residents and team members.

Medications administered by team members are stored securely and under appropriate conditions. The medication room is organized in a manner that is non-cluttered, has pertinent information easily accessible, and has appropriate lighting. Medicated creams and ointments are also kept locked in the medication room when not in use.

Residents are encouraged to share information on concurrent use of over-the-counter medications or supplements so they can be evaluated for safety and incorporated into the resident's MAR. The home also facilitates resident self-administration of medications following a thorough assessment to determine if they can safely administer medications and agree to store medications so they cannot be easily accessed by others. The home is encouraged to pursue a locking method for medications of those who self-administer to improve the safety of their self-administration program.

A policy for safe use of cytotoxic medications is in place with appropriate education provided to team members, residents, and families. Signage identifying cytotoxic medication use is in place where applicable, and information is contained in the resident care plan. A spill-kit is readily available in areas where cytotoxic medications are in use.

The home has made improvements in disclosure of medication errors and corrective actions being shared with residents and families. Family members indicate feeling there is transparent sharing of this information, however, they would like to see some improvements in staffing structure during evening medication pass to ensure the LPN is not experiencing multiple interruptions while passing medications. The home is encouraged to consider incorporation of family feedback or representation on the Medication Management Committee.

Table 6. Unmet Criteria for Medication Management

There are no unmet criteria for this section.

Chapter 6: Residents' Care Experience

Chapter 6 focuses on criteria related to the care experience of a resident in a LTC home. The themes covered in this chapter include building a competent team to provide care and services based on HSO's people-centred care principles and delivering safe and reliable care that meets the needs of residents and how they define their quality of life. The chapter emphasizes the importance of residents and caregivers as active participants in the care and services provided. Individualized care plans are informed by resident needs and goals, shared decision making, and self-management and are based on ethical principles of respect, dignity, confidentiality, trust, and informed consent.

Chapter Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review Table 7 below.

Assessment Results

Team members receive education regarding resident abuse and neglect upon hire and during annual educational in-services. They can explain the different types of abuse and how to report suspected cases.

Residents living with dementia who pose an elopement risk are safely cared for on a secure unit on the 3rd floor. The environment contains a variety of design elements that support safety while still ensuring a home-like feel. There is a red-flag program to ensure easy identification of residents who are at risk of elopement through the placement of a red flag on their wheelchairs. Information about this program is provided to team members, families, volunteers, and visitors.

Residents who live on the secured floor are also given the opportunity to participate in events outside the 3rd floor with specific safety measures in place. Team members participate in education specific to caring for those with dementia, as provided through Philippe Voyer. The "Familiar Faces" program is valued by resident families, and there is a desire to spread this initiative to other units in the home. Staff also expressed wanting increased dementia-related education available to all areas of the home, ensuring the approach used on the 3rd floor is consistent throughout all units.

The home is congratulated on it's low use of restraints. During the survey, there was only one resident with a restraint in place. The policy and procedure for restraint use is followed and includes careful observation before determining if a restraint is appropriate. Behavioural observation is initiated for any resident who is being considered for a restraint, before making the decision to implement the restraint. There is evidence of monthly restraint reassessment, consents for use, and for discontinuation in place.

The physical environment of the home provides wide hallways and automated doors to ensure accessibility for all. There are several outside spaces for residents and team members to enjoy fresh air and events outside the home. There is a dedicated space for physical therapy and access to a Kinesiologist for coordinating mobility equipment needs. The home is proud of the teamwork they have done to prioritize resident occupational therapy needs while they were without a daytime Occupational Therapist (OT, and they are excited to welcome a new 4-days-a-week daytime OT to the team this fall. Part-time OT evening services have been offered since January. A walking program has been in place since the last accreditation survey and is still consistently working well.

The home is congratulated on a consistent decrease in the number of falls since 2023, with no falls resulting in serious injury over the past year. Resident fall risk is assessed by the nursing team upon admission, then by the Physiotherapy Technologist (PT soon after. The PT assesses each resident for safe mobility and transfer and provides education to team members upon hire and annually with the care plan identifying any risk and appropriate interventions. Clear but discrete transfer logos are placed above each resident's bed. Families are also provided with a Fall Injury Prevention brochure upon admission.

Falls are accurately reported on an incident report, which includes documentation of notification of the family. Family representatives report prompt notification of any falls or other incidents that occur in the home and also report that their input is incorporated into any corrective actions. The home is using the MORSE Fall Scale on admission then the SCOTT tool thereafter. They are encouraged to transition using one tool, so the assessment is consistent.

The home has a thorough wound management program which provides education to team members on skin breakdown, skin tears, and pressure injuries. Upon admission, families are provided with information about preventing pressure injuries and protecting the skin. The Braden Scale tool is used to assess resident risk of skin breakdown upon admission and weekly for the first four weeks. The tool is then completed on a quarterly basis coinciding with their health assessment and is also completed if the resident is readmitted after a hospital stay. Physicians have prepared standing order sets for the treatment of certain skin and wound concerns, which help ensure treatment is not delayed. Auditing of the number and stage of wounds is completed and reported at risk management meetings; however, the home could benefit from more detailed reporting, including whether the wounds were sustained internally or when the resident was outside the home (e.g., pre-admission, hospital stay). The home may also wish to consider having a team member obtain wound management certification to further enhance their expertise in this area.

Currently, suicide risk assessment is completed by the nursing team at three weeks post-admission, once rapport is built with the care team. The Geriatric Depression Scale or Cornell Depression Scale is used, and appropriate interventions are included in the care plan. The home could not recall an issue of a resident being identified at risk of suicide and is aware they have limited practical experience with this scenario, though they can identify applicable actions outlined in their policy. They are encouraged to consider a way to ensure team members maintain a level of comfort in managing these types of situations, as they do not arise often. A suggestion was given to consider table-top exercises using case study scenarios. The home is also encouraged to inquire about potential depression and suicide risk during the pre-admission period to ensure they are promptly identifying any new residents who may be at risk.

An appropriate resident identification procedure is clearly outlined in the home’s policy. Team members are well-versed on this policy and can identify acceptable identification practices. The staffing structure of the home has employees consistently working on the same unit, which also supports proper resident identification.

Care transitions to external providers ensure accurate and pertinent resident information is shared with the receiving facility using an external transfer sheet, which is completed by the nurse transferring the resident out. Internal transfers also follow a similar structure using an internal transfer checklist. These tools ensure consistent sharing of information, and documentation of these records is maintained in the resident's chart. Team members follow up on resident transfers however, the home is encouraged to ensure the policy is updated to reflect a requirement to ensure information exchange is evaluated.

The home does not use infusion pumps, and any residents who would require such treatment would be transferred to an appropriate location to receive this service.

There is a strong volunteer presence in the home with over 100 active volunteers. The home is congratulated for such a successful volunteer program, which also includes multiple community partnerships that are mutually beneficial. Volunteers are integrated into the home and are included in special events and educational opportunities. The Resident’s Committee is very active in the home and helps new residents and their families feel welcome and learn about their rights, expectations, and offers ongoing support. Many of the home’s committees include resident or family representatives, and the home is encouraged to continue these efforts by continuously expanding resident and family involvement.

The home's risk management program is a strong point. Families and team members report a strong emphasis on reducing risk and feel comfortable reporting incidents. There is a confidence that incidents are reviewed, taken seriously, and corrective actions are put in place and monitored through the Risk Management Committee, which includes a variety of representatives from the team, including a family member. The quality boards on each unit provide an element of transparency through the sharing of audit results and quality improvement planning.

The home can be proud of its dining and food management programming. Residents and families are provided with a variety of menu options, which are updated on a seasonal basis with their input. The home recently welcomed a new Chef who has been able to meet with residents and families to gather their input on food satisfaction and ideas for improvement. The seasonal menu offers a tasting session, and the Chef recently introduced some newer options for residents to sample for the menu. Behind the scenes, the food services department can be proud of going above and beyond with MAPAQ Manager Certified personnel and all their full-time staff being MAPAQ certified. A Clinical Dietician is also very involved in with food services and ensures resident-specific needs are kept up to date and provided in a high-quality manner in the home.

The Resident and Family Engagement group was attended by a highly engaged group of four resident family members. Family members at the meeting represent residents who have lived at Bayview for many years and one whose family member passed away several years ago. Several of these family members serve as volunteers or on various committees at the home. All in attendance spoke fondly of their accommodations, services, and care received at Bayview.

The group reported improvements in risk management activities in the home over recent years and appreciates the inclusion of family or residents on certain committees. They feel there is transparency in the sharing of incidents and action plans, though sometimes feel they could be more involved in the action-planning process. They highlighted the excellent performance of outbreak management and improvements in communication when an outbreak occurs.

The group places care team members in high regard and appreciates the care they provide. They noted that, at times, there could be improved communication of care plans, especially when there are new staff caring for their loved ones. They also respect the focus needed for medication administration and feel that increased support during evening and weekend hours would reduce the risk of medication errors.

While there have been some improvements to the visibility of senior leadership, they indicate there could be more informal interactions with leadership in the home. They value the accessibility of the physician team and pharmacist who are open to communicating with them directly. There is also high regard for the nursing team noting that any issues they have are often resolved adequately at the nursing level.

They are very happy with the recreation programming, especially the "Friendly Faces" program. The group felt access to most external services is well done but would appreciate more attention to psychosocial supports that could benefit some residents. Several members of the group are involved in planning social events for the residents and feel that there are times when there is a lack of communication or coordination with the care team that negatively impacts attendance at these valuable events.

The group places the food services in high regard, noting that increased availability of fresh fruit and vegetables would be welcome, but overall, they feel there is a wide variety of options for residents. They also highlighted the value of having a dietician to address specific nutrition challenges. Housekeeping and laundry were also reported to be well-organized, though sometimes they feel that well-used linens and towels should be discarded.

This resident and family engagement group was very eager to share their happiness and comfort with living at Bayview. The team should be proud that they have a resident and family community that feels safe in sharing opportunities for improvement, as this stems from a trusted relationship.

Table 7. Unmet Criteria for Resident's Care Experience

There are no unmet criteria for this section.