ACCREDITATION CANADA

Driving Quality Health Services

Accreditation Report

Fraser Health Authority

Surrey, BC

Third Component

On-site survey dates: April 28, 2014 - May 2, 2014

Report issued: July 3, 2014

ACCREDITATION CANADA
AGRÉMENT CANADA

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

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About the Accreditation Report

Fraser Health Authority (referred to in this report as "the organization") is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in April 2014. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada's President and CEO

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

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

Your Accreditation Specialist is available if you have questions or need guidance.

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

We look forward to our continued partnership.

Sincerely,

Wendy Nicklin
President and Chief Executive Officer

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Section 1   Executive Summary

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

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

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

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

1.1 Accreditation Decision

Fraser Health Authority's accreditation decision is:

Accredited (Report)

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

1.2 About the On-site Survey

- **On-site survey dates: April 28, 2014 to May 2, 2014**

  This on-site survey is the third and final sequential visit of the current accreditation cycle for this organization. Collectively, they are used to assess the full scope of the organization's services and program.

- **Locations**

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

  1   Abbotsford Community Dialysis Unit - Abbotsford
  2   Abbotsford Regional Hospital and Cancer Centre - Abbotsford
  3   CareLife/Fleetwood - Surrey
  4   Cottage-Worthington Pavillion, Abbotsford
  5   Eagle Ridge Manor - Port Moody
  6   Fellburn Care Centre - Burnaby
  7   Fraser Hope Lodge - Hope
  8   Langley Memorial Hospital - Langley
  9   Mountain View Manor - Delta
  10   Newton Community Dialysis Unit - Surrey
  11   Peace Arch Hospital
  12   Royal Columbian Hospital - New Westminster
  13   Surrey Memorial Hospital - Surrey

- **Standards**

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

  Service Excellence Standards

  1   Operating Rooms
  2   Surgical Care Services
  3   Ambulatory Care Services
  4   Diagnostic Imaging Services
  5   Long-Term Care Services
  6   Medicine Services
  7   Reprocessing and Sterilization of Reusable Medical Devices

1.3 Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
Population Focus (Working with communities to anticipate and meet needs)	17	0	0	17
Accessibility (Providing timely and equitable services)	40	0	0	40
Safety (Keeping people safe)	204	12	25	241
Worklife (Supporting wellness in the work environment)	56	2	1	59
Client-centred Services (Putting clients and families first)	72	2	3	77
Continuity of Services (Experiencing coordinated and seamless services)	29	0	0	29
Effectiveness (Doing the right thing to achieve the best possible results)	241	10	20	271
Efficiency (Making the best use of resources)	25	2	1	28
Total	684	28	50	762

1.4 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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Ambulatory Care Services	35 (100.0%)	0 (0.0%)	3	70 (97.2%)	2 (2.8%)	3	105 (98.1%)	2 (1.9%)	6
Diagnostic Imaging Services	43 (93.5%)	3 (6.5%)	21	41 (97.6%)	1 (2.4%)	19	84 (95.5%)	4 (4.5%)	40
Long-Term Care Services	24 (100.0%)	0 (0.0%)	0	70 (97.2%)	2 (2.8%)	0	94 (97.9%)	2 (2.1%)	0
Medicine Services	27 (100.0%)	0 (0.0%)	0	67 (97.1%)	2 (2.9%)	0	94 (97.9%)	2 (2.1%)	0
Operating Rooms	64 (92.8%)	5 (7.2%)	0	28 (93.3%)	2 (6.7%)	0	92 (92.9%)	7 (7.1%)	0
Reprocessing and Sterilization of Reusable Medical Devices	35 (92.1%)	3 (7.9%)	2	54 (94.7%)	3 (5.3%)	2	89 (93.7%)	6 (6.3%)	4
Surgical Care Services	30 (100.0%)	0 (0.0%)	0	64 (98.5%)	1 (1.5%)	0	94 (98.9%)	1 (1.1%)	0
Total	**258 (95.9%)**	**11 (4.1%)**	**26**	**394 (96.8%)**	**13 (3.2%)**	**24**	**652 (96.4%)**	**24 (3.6%)**	**50**

* Does not includes ROP (Required Organizational Practices)

1.5 Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client And Family Role In Safety (Ambulatory Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Diagnostic Imaging Services)	Unmet	0 of 2	0 of 0
Client And Family Role In Safety (Long-Term Care Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Medicine Services)	Met	2 of 2	0 of 0
Client And Family Role In Safety (Surgical Care Services)	Met	2 of 2	0 of 0
Information Transfer (Ambulatory Care Services)	Met	2 of 2	0 of 0
Information Transfer (Long-Term Care Services)	Met	2 of 2	0 of 0
Information Transfer (Medicine Services)	Met	2 of 2	0 of 0
Information Transfer (Surgical Care Services)	Met	2 of 2	0 of 0
Medication reconciliation at care transitions (Ambulatory Care Services)	Met	7 of 7	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Long-Term Care Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Medicine Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Surgical Care Services)	Met	5 of 5	0 of 0
Safe Surgery Checklist (Operating Rooms)	Met	3 of 3	2 of 2
Two Client Identifiers (Ambulatory Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Diagnostic Imaging Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Long-Term Care Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Medicine Services)	Met	1 of 1	0 of 0
Two Client Identifiers (Operating Rooms)	Met	1 of 1	0 of 0
Two Client Identifiers (Surgical Care Services)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Medication Use			
Infusion Pumps Training (Ambulatory Care Services)	Unmet	0 of 1	0 of 0
Infusion Pumps Training (Long-Term Care Services)	Met	1 of 1	0 of 0
Infusion Pumps Training (Medicine Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Infusion Pumps Training (Operating Rooms)	Met	1 of 1	0 of 0
Infusion Pumps Training (Surgical Care Services)	Met	1 of 1	0 of 0
Patient Safety Goal Area: Infection Control			
Pneumococcal Vaccine (Long-Term Care Services)	Met	2 of 2	0 of 0
Patient Safety Goal Area: Falls Prevention			
Falls Prevention Strategy (Ambulatory Care Services)	Unmet	2 of 3	1 of 2
Falls Prevention Strategy (Diagnostic Imaging Services)	Unmet	0 of 3	0 of 2
Falls Prevention Strategy (Long-Term Care Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Medicine Services)	Met	3 of 3	2 of 2
Falls Prevention Strategy (Surgical Care Services)	Met	3 of 3	2 of 2
Patient Safety Goal Area: Risk Assessment			
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Medicine Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Surgical Care Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Medicine Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Surgical Care Services)	Met	3 of 3	2 of 2

1.6 Summary of Surveyor Team Observations

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

Fraser Health is congratulated for its commitment to the accreditation process and for embracing a culture of quality and safety throughout the organization. It is evident that the vision, purpose and values are demonstrated throughout all levels of the organization and that there is a sense of community and caring within the organization and throughout the community that it serves. There is also a commitment towards innovation and quality service delivery by leadership, staff and physicians.

Fraser Health continues to be challenged by a growing and aging population. They are the largest and fastest growing health authority in British Columbia. They are currently commissioning the Surrey Memorial Hospital expansion which is welcomed capacity to the region and will provide some needed relief. They continue to be challenged with some aging and crowded facilities and are supported in their efforts to address some of these challenges in the future with upcoming capital projects. Despite capacity challenges, the organization finds ways to ensure access to care. They have continued to evolve their program management structure which is evidenced by regional standardization and integration.

It is evident that Fraser Health's six strategic imperatives (capacity, quality and safety, integration, progressive partnerships, research and academic development ,and great workplaces) guide the organization's activities and improvements; this was evident at the program and service level. There is a consistent approach to support safety and quality. One example is the organization's participation in the National Surgical Quality Improvement Program (NSQIP) which supports and enables ongoing continuous quality improvement. The quality performance measurement system is a key enabler in supporting the quality agenda, not only for the programs but the organization as a whole.

There is a sense of stability among employees who are given opportunities to move into new positions yet remain within the organization. Staff education and training, the use of online learning as well as the various professional practice councils is evidence that the organization is committed to creating a sustainable empowering work environment. However, providing staff feedback was found to be variable and not consistent across the programs and services surveyed. A significant opportunity for the organization is the development and implementation of processes to ensure that employees receive regular performance appraisals, as well as mentoring and career development.

Since the previous accreditation survey, Fraser Health has successfully implemented a number of improvements and initiatives including medication reconciliation in the renal program and in residential care; the provision of written and verbal patient safety information; the implementation of venous thromboembolism (VTE) prophylaxis protocol; significant improvements in managing outbreaks; successful recruitment into infection prevention and control (IPAC) positions; the development and implementation of patient and family orientation materials; medical orders for scope of treatment (MOST); and, the implementation of an effective preventive maintenance program. The falls prevention strategy has been implemented in most areas, although there are areas where consistent application is not evident and evaluation has yet to be completed. Although implementation of new infusion pumps has commenced with a well designed process for initial training, ongoing training on current pumps is still required. Fraser Health is encouraged to continue to sustain the processes required to support all required organizational practices (ROPs).

Effective use of interdisciplinary teams supported by engaged medical and operational leaders was observed. Teams recognize and seize opportunities for improvement and are proud to share these achievements and successes. However, a challenge is the reliance on paper documentation until such time as an electronic health

record becomes reality. In the meantime, the programs should explore opportunities to streamline and standardize documentation. The organization is encouraged to continue their ongoing efforts to move towards an electronic health record solution.

Overall, patients, clients, residents and families are very satisfied with the care and services they from Fraser Health. They comment that staff, physicians and volunteers are courteous, respectful and caring; those receiving care have confidence and trust in those caring for them.

Section 2   Detailed Required Organizational Practices Results

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

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

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Communication	
Client And Family Role In Safety The team informs and educates clients and families in writing and verbally about the client and family's role in promoting safety.	· Diagnostic Imaging Services 15.7
Patient Safety Goal Area: Medication Use	
Infusion Pumps Training Staff and service providers receive ongoing, effective training on infusion pumps.	· Ambulatory Care Services 4.5
Patient Safety Goal Area: Falls Prevention	
Falls Prevention Strategy The team implements and evaluates a falls prevention strategy to minimize client injury from falls.	· Diagnostic Imaging Services 15.6 · Ambulatory Care Services 17.2

Section 3   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
ROP	Required Organizational Practice
MAJOR	Major ROP Test for Compliance
MINOR	Minor ROP Test for Compliance

3.1 Priority Process Results for System-wide Standards

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

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

3.1.1 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)

Despite the growth and occupancy challenges within Fraser Health, the surgical program rarely cancels surgical cases as a result of organizational capacity challenges. This planning is very positive for the region and for the patients they serve. Of the 11 hospital sites where the 55 to 59 operating rooms are located, there has been some trauma time allocated during the day to reduce evening and night unscheduled activity when possible.

The surgical program has focused on establishing a standardized approach for operating room bookings and its surgical information systems to support planning at its 11 hospital sites. Further, they have also implemented a resource allocation methodology that identifies community demand based on wait lists. The operating room block allocations are evaluated and tweaked based on these results which are provided every six months.

The surgical program does a random satisfaction survey with their clients at 30 days post-discharge through the National Surgical Quality Information Program (NSQIP). This information helps to make improvements in the system. The program may want to consider other ways of augmenting this patient satisfaction information locally.

The surgical program has made excellent strides in connecting the 11 hospitals. The four areas of linkages include standardized operating room bookings, supply chain, informatics (for example, an anaesthesia module) and planning (surgical information system). The team develops annual service plans to continually assist in the regionalization/consolidation of services. Geographical hubs have begun to define opportunities for the "case for change."

3.1.2 Priority Process: Medical Devices and Equipment

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

Unmet Criteria	High Priority Criteria
Standards Set: Operating Rooms	
12.5 The operating room team appropriately contains and transports contaminated items to the reprocessing unit or area.	!
Standards Set: Reprocessing and Sterilization of Reusable Medical Devices	
2.5 The organization conducts baseline and annual competency evaluations of staff members involved in reprocessing and sterilization.	
3.1 When planning and designing the layout of the medical device reprocessing department, the organization considers the volume and types of reprocessing and sterilization services, flow of devices and equipment, and traffic patterns.	
3.3 The medical device reprocessing department is designed to prevent cross-contamination of sterilized and contaminated devices or equipment, isolate incompatible activities, and clearly separate different work areas.	!
3.4 The medical device reprocessing department has a specific, closed area for decontamination that is separate from other reprocessing areas and the rest of the organization.	!
3.6 The organization selects materials for the floors, walls, ceilings, fixtures, pipes, and work surfaces that limit contamination, promote ease of washing and decontamination, and will not shed particles or fibres.	
5.2 The medical device reprocessing department's hand hygiene facilities are equipped with faucets supplied with foot-, wrist-, or knee-operated handles, or electric eye controls.	!
Surveyor comments on the priority process(es)	

There is one director with the overall accountability for reprocessing and sterilization across Fraser Health. This has provided consistency and appropriate oversight. Every staff member has received appropriate training. The organization is to be commended for its proactive training approach supporting 12 to 14 individuals to receive training twice annually at an appropriate training program. This ensures an adequate supply of trained individuals to maintain the skill set required for the 11 medical device reprocessing departments across the region.

Three hospital medical device reprocessing (MDR) departments were surveyed: Royal Columbian, Langley Memorial and Peace Arch Hospitals. All hospitals had appropriate processes in place to ensure sterilization of instruments for the operating room. There is an excellent feedback mechanism between the operating rooms suites and the medical device reprocessing department where the operating room staff identify when a tray

does not meet the expectations, for example, missing instruments. Sterile reprocessing staff responsible for these trays are identified in the department and these forms are provided to them directly for improvement purposes. These forms are affectionately known by staff as "love letters" at one site and a "speeding ticket" at another.

There is a sense of teamwork and collaboration within the department. The schedules reflect the workload with more staff in evenings than during the day. The staff report satisfaction with their workload. Performance reviews have been completed at Langley Memorial Hospital, but are inconsistently done at the other two sites. There is positive communication between the operating room, infection prevention and control, and the MDR teams. Staff understand the important role that they play in the health system.

The region has recently supported a physical expansion at Royal Columbian Hospital for the storage of sterile supplies and at Langley Memorial Hospital within the past three years. This assists in decluttering the central core of the operating rooms and reflects ongoing commitment for this department.

Despite these benefits, there are challenges to the physical plant in other ways. At Langley Memorial and Peace Arch Hospitals, high humidity in the central core require dehumidifiers to be brought in during the summer months. This poses an infection prevention and control risk for the integrity of the sterile instruments. There is wood in the MDR at both Langley Memorial and Peace Arch Hospitals that should be considered for replacement to ensure appropriate cleaning. At Peace Arch Hospital, endoscopy reprocessing takes place in the decontamination area, thus posing a potential risk of cross-contamination with both clean and dirty scopes in one area.

There are no closed case carts in the three hospitals. Peace Arch Hospital should be a priority area for closed cases carts due to the need to transport contaminated trays through the public hallways.

Fraser Health is proactive in performing weekly audits and annual audits, as required by the Ministry of Health. Further, the infection prevention and control team provides an annual report that is viewed by the executive team. The executive team should consider including the director responsible for MDR when this report is presented.

Fraser Health should be commended for its MDR processes and the dedicated team that delivers this important service for the surgical program and its patients.

3.2 Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

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

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

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

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

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

Surgical Procedures
- Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge

Diagnostic Services: Imaging
- Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions

3.2.1 Standards Set: Ambulatory Care Services

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
3.7	The interdisciplinary team follows a formal process to regularly evaluate its functioning, identify priorities for action, and make improvements.	
4.5	Staff and service providers receive ongoing, effective training on infusion pumps.	⬡ROP

4.5.1	There is documented evidence of ongoing, effective training on infusion pumps.	**MAJOR**
4.9	Team leaders regularly evaluate and document each team member's performance in an objective, interactive, and positive way.	

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

17.2	The team implements and evaluates a falls prevention strategy to minimize client injury from falls.	⬡ROP
17.2.1	The team implements a falls prevention strategy.	**MAJOR**
17.2.5	The team uses the evaluation information to make improvements to its falls prevention strategy.	**MINOR**

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The delivery of renal services in Fraser Health is based on collaboration and involvement with the BC Renal Agency. Strategic directions are determined by aligning the priorities identified by the BC Renal Agency with those of Fraser Health. Strategic directions are evidence informed, and data collection and comprehensive analysis is used to identify priorities and monitor impact. Fraser Health has standardized kidney care across the region and evidence was seen that all units are connected and work together to ensure the care provided is consistent. The clinical leadership works effectively to optimize care and there is evidence of physician involvement in all aspects of the program. The staff in the units are engaged and have the opportunity to move within the region to similar or advancing positions depending upon career aspirations or individual and family needs.

There needs to be work done on developing and augmenting the performance evaluation process so that it is done on a regular basis. There should be a focus on career development, and identifying and building on strengths to ensure that a robust succession plan is possible.

Priority Process: Competency

The interdisciplinary members of the renal teams are highly trained and qualified, and work very effectively together. The patient care coordinators are dynamic individuals that support optimal patient care. Orientation of new staff is comprehensive and tailored as needed to ensure that new staff are able to function as full members of the team.

The effective ongoing training on infusion pumps needs to clarified. It appears that any validation of infusion pump competency will not be undertaken until the new infusion pump is available, which in some units will be 2015. Ongoing effective training with the current infusion pump needs to continue until the new infusion pump has been implemented.

Priority Process: Episode of Care

The Fraser Health renal program has been very effective in standardizing care in all units to optimize patient care. There is a strong emphasis on working with patients and families to build a relationship that empowers patients and families to take an active role in their care. The units communicate and collaborate to ensure that patients receive care in the most appropriate and preferred location. The ambulatory care medication reconciliation process is extremely well designed and managed. All patients interviewed spoke about the high quality of care they receive and how all members of the team provide them with the best care. The transition RN role, the "Hidden Treasures of Home Hemodialysis," and the placement of peritoneal dialysis catheters at the bedside for acute peritoneal dialysis are just a few examples of how the Fraser Health renal program has committed resources to increase the number of patients on home therapies, which aligns with a priority of the BC Renal Agency - increasing the number of patients on home dialysis therapies.

The Fraser Health renal program needs to continue to collaborate with the BC Renal Agency to ensure that the resources needed to continue to deliver the high quality of care continue. There are already some pressures with space, which will increase as the population growth in the region drives an increase need for kidney care. Equipment replacement (reverse osmosis units and hemodialysis machines) is also important in maintaining the standard of care.

Priority Process: Decision Support

The Fraser Health renal program has numerous algorithms, pathways and forms to standardize and optimize patient care. Appropriate team members work together with staff from other regions through BC Renal Agency initiatives or within Fraser Health to develop and implement processes such as anaemia algorithms, bone and mineral metabolism algorithms, and standardized laboratory testing to avoid unneeded repeat testing. The nephrologists have shown leadership in allowing the RNs to assume responsibility for the anaemia algorithm and the renal dieticians to take the lead with diet, and medications for bone and mineral metabolism.

Unfortunately, there is heavy reliance on a paper charts. Recently, a new dialysis paper chart order was implemented with new forms. Many of the charts reviewed had numerous blank forms as new forms were placed in charts that already have the previously used forms. This results in a congested chart that is difficult to navigate. At Royal Columbian Hospital, several charts had forms that were incomplete, missing dates and no signatures, and it was not clear if these blank forms required completion. In addition, lab reports and clinical documents are printed from MEDITECH and placed in the paper chart. A priority for this program should be to explore replacing the paper system with an electronic solution that would also be able to interface with the PROMIS database. This would result in less manual entry of information from or to a paper form. In the interim, a chart committee should be formed that reviews which forms and documents should be in the paper chart and which documents could be removed or consolidated. Once a new form has been implemented, all previous blank versions should be discarded to ensure that only the most recent forms are used.

Priority Process: Impact on Outcomes

Through involvement with BC Renal Agency, the Fraser Health renal program receives a large amount of rich data on multiple indicators and outcome measures that are compared against the other renal programs in the province. Through this involvement, the Fraser Health renal program has an established well-functioning quality and safety program.

The falls prevention strategy seems to be in the early implementation stage in some units and, in most, the evaluation and improvements have not taken place. The continued use of a previous version of hemodialysis run sheets that does not have the falls screening question at the same time as use of the new hemodialysis run sheet with the screening question makes it difficult to determine if the falls prevention strategy is consistently implemented.

Results on indicators that are unit-specific could be used to develop team-specific goals that are measurable. The results of indicator analysis could also be shared more broadly, especially with patients and families.

3.2.2 Standards Set: Diagnostic Imaging Services

Unmet Criteria			High Priority Criteria
Priority Process: Diagnostic Services: Imaging			
3.10	The team evaluates and documents each team member's performance in an objective, interactive, and constructive way.		
15.6	The team implements and evaluates a falls prevention strategy to minimize client injury from falls.		ROP
	15.6.1	The team implements a falls prevention strategy.	**MAJOR**
	15.6.2	The strategy identifies the populations at risk for falls.	**MAJOR**
	15.6.3	The strategy addresses the specific needs of the populations at risk for falls.	**MAJOR**
	15.6.4	The team establishes measures to evaluate the falls prevention strategy on an ongoing basis.	**MINOR**
	15.6.5	The team uses the evaluation information to make improvements to its falls prevention strategy.	**MINOR**
15.7	The team informs and educates clients and families in writing and verbally about the client and family's role in promoting safety.		ROP
	15.7.1	The team develops written and verbal information for clients and families about their role in promoting safety.	**MAJOR**
	15.7.2	The team provides written and verbal information to clients and families about their role in promoting safety.	**MAJOR**
18.1	The team evaluates the quality of its diagnostic imaging services on an annual basis.		!
18.2	The team involves clients, families, and other organizations when evaluating the quality of its diagnostic imaging services.		!
18.8	The team uses the information it collects about the quality of its services to identify successes and opportunities for improvement, and makes improvements in a timely way.		!
Surveyor comments on the priority process(es)			
Priority Process: Diagnostic Services: Imaging			

The cardiac diagnostic service is a division of the cardiac services program and is comprised of a dynamic, qualified and dedicated team of staff, managers, supervisors and physicians. This service provides pacemaker clinics, ECG and stress testing, Holter monitors and event monitors while echocardiography is provided as an affiliated service. There is a strong sense of teamwork and collaboration within the department. Leadership development is available to the supervisors. They have worked very hard and have made significant strides in standardizing processes and procedures across the region and are seeing the benefits of this activity. They are encouraged to continue in their efforts to standardize policies and processes across the region.

The service is continuing to define, develop and implement their quality agenda including the use of data. The cardiac diagnostic service captures and reviews utilization data at a specific site level only. Reviewing and sharing this data at a program level may assist in ensuring the full optimization of cardiac diagnostics services within the region as there may be missed opportunities or underutilization of resources at other cardiac diagnostic sites within the region. A positive step has been the leadership meetings with the cardiac diagnostic supervisors from across the region where there is an opportunity to share learnings and good ideas. This would be an excellent venue to review all utilization data to explore missed opportunities.

As a result of concerns raised about stat ECG response times to the emergency department (ED), in June 2013 the service undertook a door to ECG process improvement project related to emergency "walk-in" patients. Several strategies and process improvements were implemented as a result of this report. Data related to response times is closely monitored and reviewed, but with the increasing demands for ECG, particularly on the night shifts, other strategies may need to be considered to ensure response to stat calls in the EDs can be achieved.

The service also monitors and ensures cardiac diagnostic reports are received in a timely manner such as Holter monitoring within three business days, ECGs reported the same day, inpatient ECG reports within 24 hours, and exercise stress tests (ETTs) the same day. The service also does quality control of the Holter monitors. The division of general cardiology and general internal medicine is also undertaking a clinical audit that will examine the degree of concurrence of ECG reader interpretation between all ECG readers. This initiative is an excellent example of the cardiac sciences program's commitment to quality and safety.

Patient identification/verification is consistently done. All staff and physicians observed were diligent in complying with the four moments of hand hygiene. Hand hygiene audits also occur as a component of the quality program.

The gathering of patient feedback is limited and appears to occur at a unit level and is variable across the service. For example, patient feedback is collected at the cardiac ambulatory clinic at the Jim Pattison Outpatient Care and Surgery Centre. It is suggested that the cardiac diagnostic service develop a formal process to collect information about the quality of its service in order to facilitate the identification of successes and opportunities for improvement and implementation of improvements in a timely manner. One approach to consider would be a simple real time patient experience survey.

All the patients are screened about their ability to walk on the treadmill before the procedure begins. If patients are unable to walk on a treadmill then consultation occurs with the cardiologist to possibly change the diagnostic approach. As well, all patients scheduled for myocardial perfusion scans receive very comprehensive written patient instructions that need to be followed prior to and following the test procedure.

As it relates to patient safety, it was noticed that strategies related to falls prevention and the patient and family's role in safety were not evident. It is recommended that the service ensures that the falls prevention strategy is implemented in the cardiac diagnostic clinic areas as well as ensuring that patients and families are informed verbally and in writing about their role in promoting safety.

Evidence of regular performance reviews was lacking across the entire program. Therefore, it is recommended that the program develop and implement a process to ensure that staff receive regular performance reviews.

This service can be very proud of their accomplishments to date. They are committed to patient-centred care and have a "can-do" philosophy. There is no doubt that they care about the overall well-being of those they serve and the valuable contribution that they make. They are a hidden gem and they need to get out and share who they are and what they do within the region.

3.2.3 Standards Set: Long-Term Care Services

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
4.11 Each team member's performance is regularly evaluated and documented in an objective, interactive, and positive way.	
Priority Process: Episode of Care	
11.2 The team supports residents to have a pleasant dining experience.	
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 residential care and assisted living (RCAL) program has developed a strategic framework which includes vision, mission and values. It is well aligned with Fraser Health's vision, mission and values as well as its organizational imperatives and high priority initiatives for 2014-15. For example, the RCAL team is focusing on improving access and optimizing capacity by reducing bed vacancy days and developing clinical practice guidelines that will reduce the need for transfers to acute care hospitals. Most sites provide a range of specialized services to reduce the need for unnecessary transfers to the region's acute care hospitals. Some sites provide IV therapy and central lines. The program is encouraged to investigate factors leading to a high rate of transfers to the emergency department and work with teams to address issues.

The implementation of the program structure has benefited clinical leadership through increased standardization and improvement of care practices. In addition to their operational responsibilities, each director has an area of focus across the program. Practice leadership is in place across the program to support all sites. Team members from all disciplines appreciate the opportunity to connect with peers in residential care on a regular basis to co-develop guidelines and policies, and share learnings and issues. Frontline staff representatives participate in region-wide planning days where the voice of direct care staff is heard in planning for services.

Goals and objectives are developed annually primarily at the program level and are monitored throughout the year using information from quality and utilization reports.

Student placements and research projects from many disciplines are encouraged.

Priority Process: Competency

The program is commended on implementing full interdisciplinary teams at all sites. Staff and families comment that teamwork is excellent. When one discipline or team member is not available, others fill in often without being asked. The leadership supports regular communication in many ways including quality meetings, staff meetings, rapid rounds and safety huddles. The new "Partners in Person-Centred Care" philosophy and processes are very effective in bringing staff together to focus on the needs of residents and improve quality of care and service.

The program offers a wide range of education and training opportunities for staff. All staff commented that they take advantage of the online learning modules for mandatory and optional education.

Performance appraisals are not consistently done. The organization is encouraged to pursue a scheduled process of formal appraisals.

The quality performance committee is accountable for ensuring that RCAL programs and services are high quality and meet regional strategic imperatives. It receives direction from Fraser Health committees and oversees RCAL functions including medication safety and quality, infection prevention and control, and performance indicators. A "Patient Voices" representative participates on the group. Site priorities are based on trends and inter-site comparative information as shown in quality indicator reports and family surveys.

All teams have focused on educating staff in dementia care using a variety of educational programs. The RCAL program is encouraged to complete the implementation of PIECES training for sites that are participating in the provincial CLeAR initiative to reduce use of antipsychotics, and to consider spreading PIECES education to all sites to improve consistency.

Staff are supported to participate in the violence prevention program that features a series of online modules followed by a four-hour group session.

Team members feel appreciated for the work they do through informal feedback and formal awards programs.

Priority Process: Episode of Care

The team benefits from regional standardization of processes and policies. One example of an effective regional clinical practice guideline (CPG) is supporting residents to live at risk in residential care. The CPG supports respectful resident-centred care and provides guidance to the team in removing restraints, dealing with ethical issues and keeping others safe.

Residents and families interviewed report that full information is provided whenever requested. A comprehensive and standardized resident handbook is provided to each new resident. Residents and families are provided with contact information for the manager and resident care coordinator on admission in the resident handbook. The moving day interview is completed by the resident and family to ensure that preferences are taken into consideration. The team may want to consider the assignment of a key contact or "buddy" for newly admitted residents and their families who would proactively follow-up on any questions or concerns.

The program is commended on the CommuniCare initiative that has been implemented in all sites. The process improves the transfer of information between RCAL sites and acute care through the use of colour coded armbands and transfer sheets. An evaluation at pilot sites showed effectiveness and the process is being tested by Vancouver Coastal and Interior Health Authorities. A CommuniCare steering group has been formed to ensure sustainability and a video has been developed for educational purposes. Acute care sites are very engaged.

The program is commended on the implementation of the medical orders for scope of treatment (MOST) and advance care planning (ACP) policy. The MOST designation is used to determine code status and levels of care prior to admission and is aligned with the resident's ACP. Families expressed that the process was appreciated and clear. Staff commented that the policy prevents unnecessary transitions to acute care near end-of-life. The clinical protocol "caring for residents in final days" is also very helpful to staff when planning compassionate and effective palliative care.

Clinical pharmacists are an integral part of each care team and ensure that interdisciplinary medication reviews are conducted every six months and when care needs change. A form of unit dose packaging and after-hours services are provided by the Fraser Health central pharmacy.

The program is encouraged to continue to work on improving the dining experience for residents and address food concerns with the contracted provider. Several sites have been very successful in improving the environment and engaging residents and families in making improvements.

Priority Process: Decision Support

The team has input into the development of evidence-based guidelines through the site clinical nurse educator (CNE) and coordinated at the residential care and/or regional levels. Each CNE has also developed an area of expertise across residential care. Guidelines are regularly reviewed based on new evidence and feedback.

The program is encouraged to adopt a standard chart order for ease of movement of staff and physicians between sites. Although several electronic systems are in place for specific functions, the lack of a single system means that information is printed from these systems and a paper chart is routinely used. The program is also encouraged to review and standardize nursing documentation. Staff have good access to information about residents who have been transferred to hospital through the MEDITECH system and use the information to prepare for a timely and safe return. At Felburn Care Centre, staff have "read-only" access to MEDITECH. Resident goals and interventions for each goal are documented in the care plan and regularly reviewed.

Priority Process: Impact on Outcomes

The program is commended on its commitment to ensuring staff have participated in the workplace violence curriculum.

The program shares information on its successes with Fraser Health, the BC Ministry of Health and other health authorities. Some performance indicators are shared, in collaboration with the Ministry. The program is encouraged to go forward with its plan to share overall and site-specific results from the recent family satisfaction survey. Site teams are looking forward to developing strategies in areas requiring improvement.

Quality boards are located in prominent locations and used to inform staff and families about quality outcomes and trends in all sites.

The falls prevention program is comprehensive and consistently implemented. Staff feel very comfortable reporting falls and near misses in the incident reporting system. Residents are assessed for falls risk on admission and when conditions change. Evidence-based interventions such as the use of hip protectors and fall mats are actively promoted and have led to reductions in falls prevalence. The outcomes of the falls strategies are measured and shared with staff and families on the quality board. The information is used to make improvements.

Staff have a high rate of compliance with incident reporting through the British Columbia Patient Safety and Learning System (PSLS), and the team follows up on trends. The program's quality review committee reviews trends and comparative performance between sites. The quarterly QPMS reports and monthly falls reports are effective tools to display results. The program is encouraged to take a similar approach with the RAI outcome scales and quality indicator reports. It is suggested that a subset of indicators be selected.

3.2.4 Standards Set: Medicine Services

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
4.8 Team leaders regularly evaluate and document each team member's performance in an objective, interactive, and positive way.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
17.2 The team monitors clients' perspectives on the quality of its medicine services.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

The Fraser Health cardiac services program is truly an integrated and comprehensive program that ensures that care across the continuum is managed and met. They have overall responsibility for cardiac acute care, diagnostic cardiology, ambulatory cardiac clinics, and high intensity cardiac rehab. They partner with community centres in delivering moderate intensity cardiac rehab. They are a strong and dedicated team with excellent medical and operational leadership. They have clear goals and objectives and ensure that their program planning is based on Fraser Health's strategic initiatives, the mandate from Cardiac Services BC as well as the needs of the community that they serve. The program also supports the needs of learners such as nursing students, residents and fellows.

Priority Process: Competency

The team is truly interdisciplinary. It is comprised of physicians, nurse practitioners, registered nurses, spiritual care, occupational therapy, social work, pharmacists, clinical nurse educators, clinical nurse specialists, cardiac technologists, triage coordinators and patient care coordinators. The program offers a comprehensive orientation program for all staff. There is evidence of strategies and initiatives to recognize staff for their contributions to excellence in patient care both from a management and peer perspective. There is also evidence of excellent processes in place to track and document ongoing staff education including infusion pump training. Evidence of regular performance reviews is lacking across the entire

program. Therefore, it is recommended that the program develop and implement a process to ensure that staff receive regular performance reviews.

Priority Process: Episode of Care

Patients and families interviewed had the highest regard for the care that they receive from the cardiac services program. They feel well informed about the plan of care. Staff and physicians are caring and compassionate and very responsive to their needs. All admitted patients have a comprehensive physical and psychosocial assessment. These assessments are well-documented in the patient record. The program has begun to implement the Ministry of Health required 48/6 model of care which is a standardized process to screen and assess an adult inpatient on six areas of care within 48 hours of the decision to admit. These areas include bowel and bladder, pain management, mobility, medication management, nutrition, and hydration and cognition.

The team has implemented and is monitoring pressure ulcer prevention, VTE prophylaxis, and the falls risk strategy. A "visual cue" for patients at risk for falling would benefit those such as visitors, housekeepers, volunteers and dietary staff who would not be aware that a patient is at risk for falling. All inpatients receive printed orientation material that is standardized across the program. It provides specific information about the cardiac unit; it outlines their role in patient safety and what they can expect.

The program has excellent processes in place to ensure responsiveness to emergent and urgent cases. Of note was the calmness and competency of the team when faced with three emergency STEMI cases within 10 minutes. The processes undertaken to ensure patient flow and responsiveness were commendable. Everyone involved was truly a team player.

Medication reconciliation is moving forward within the program area. The benefits of having the availability of a pharmacist in this process has been recognized and is greatly appreciated.

The program continues to be faced with an ongoing challenge as it relates to the inter-hospital transport of cardiac patients since some patients require advanced cardiac life support (ACLS) and not all ambulances providers have this level of training. This results in a ACLS trained RN from the emergency department or the sending unit accompanying the patient which impacts staffing levels in these areas. With the current acuity and activity within the cardiac inpatient areas and the emergency departments, this poses a potential risk to the organization. Strategies to mitigate this risk should be considered. Currently, discussions are occurring with provincial stakeholders around a regional transport strategy and the program is supported in these efforts.

In addition, the program will need to continue to monitor their activity and utilization data in order to ensure that they can respond to the increasing demands for cardiac services.

Priority Process: Decision Support

The program has a process for ongoing review and selection of evidence-based guidelines to ensure that they reflect current research and best practice. Input into this process occurs and the guidelines are readily available to staff and physicians. The program is involved in various aspects of research and the processes meet ethics protocols and standards. Excellent clinical records are maintained and are up-to-date. There is excellent communication and sharing of information at transitions points across the continuum of care.

Priority Process: Impact on Outcomes

The cardiac services program is commended for its commitment to quality. They have implemented a quality structure that supports many activities and improvements. They have key performance indicators which they monitor and from which they develop strategies and action plans. Quality assurance and improvement activities include mortality and morbidity reviews, weekly clinical rounds to review complex cases, the implementation of surgical pause and checklist in the cardiac cath lab, and various audits as part of the clinical performance appraisal process.

They have had many creative and innovative accomplishments since the last survey of which they can be very proud. These include the pre-hospital STEMI launch protocol in partnership with British Columbia Ambulance Service to facilitate rotary transport for patients from Chilliwack, the implementation of the cardiac nurse practitioner program, the implementation of the heart failure outreach support team (HOST) to support transition of care, consolidation of pacemaker implant services, integration of the cardiac information system with Fraser Health's infrastructure, the development and implementation of post-discharge follow-up and self-management program for cardiac patients (developed by the cardiac staff and physicians at Abbotsford Regional Hospital), and the multiple quality initiatives and clinical practice guidelines being driven by the clinical nurse specialists and educators within the program.

Staff within the program are aware of the ethics process within the organization. They are continuously looking for opportunities to make improvements in their service delivery. They have embraced a culture of quality improvement and safety. This was evident in the visibility walls throughout the inpatient units.

Although the program receives patient satisfaction data through a provincial and regional survey, it has been recognized that it may not be as detailed and specific at the unit or service level. In order to address this the program may wish to consider a simple real time patient experience survey.

3.2.5 Priority Process: Surgical Procedures

Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge

Unmet Criteria		High Priority Criteria
Standards Set: Operating Rooms		
2.8	The team leaders regularly evaluate and document each team member's performance in an objective, interactive, and positive way.	
3.1	When planning and designing the operating room layout, the organization considers client flow, traffic patterns, ergonomics, and equipment movement logistics.	
3.5	The operating room has a protected area for sterile storage of medical equipment, devices and supplies.	!
12.6	The organization transports contaminated items separate from clean or sterilized items, away from client service and high-traffic areas.	!
12.7	When transporting contaminated equipment and devices, the organization complies with applicable regulations, controls environmental conditions, and uses clean and appropriate bins, boxes, bags and transport vehicles.	!
12.9	The team keeps a record of each use of flash sterilization and documents it in its files.	!
Standards Set: Surgical Care Services		
4.8	Team leaders regularly evaluate and document each team member's performance in an objective, interactive, and positive way.	
Surveyor comments on the priority process(es)		

The surgical program provides surgical care to a population of 1.65 million people throughout the Fraser Valley. There are 11 hospitals where surgeries are performed, with Royal Columbian Hospital being the tertiary site. There are 54 to 59 operating rooms, 35 to 40 procedure rooms and 450 funded surgical beds in Fraser Health. The team includes 238 surgeons, 102 anaesthesiologists and 2,100 nurses and staff. The annual budget is $270 million. Medical device reprocessing (MDR) services are integrated within the surgical program. Accountability for the surgical program across the region is an executive director who reports to a vice president, plus six directors with a co-leadership medical director model. There are six committees that provide oversight and decision-making for the program. Goals and objectives flow from the strategic initiatives and support lower costs with higher quality of care. The program structure has been viewed to be positive by both staff and directors within the program.

The surgical program has achieved a standardized approach for operating room bookings, the supply chain, its operating room modules (anaesthesia, for example) and its surgical information system across all 11 hospitals

that deliver surgical care. This has been a significant achievement and is one of the benefits since the program management structure began.

The surgical program participates in the National Surgical Quality Improvement Program (NSQIP) and Comprehensive Unit-based Safety Program (CUSP). NSQIP provides risk-adjusted benchmarks and rates of mortality and morbidity indicators for surgical programs by hospital and by surgical service. This data is provided to the teams twice annually. The data is shared amongst the teams and has been successful in engaging physicians and staff on quality improvement initiatives. The team has been able to reduce urinary tract infections by 50% and surgical site infections to within normal standards. Pneumonia is the next quality improvement initiative for the teams. CUSP provides the teams with tools to advance quality initiatives. The operating room and inpatient unit staff are able to identify changes that they have made to improve outcomes for patients. The use of evidence-based pathways is continuing to expand. Fraser Health was the author of the hip pathway for the province. The acceptance of the submission "Oral Hygiene for Pneumonia Prevention" as a Leading Practice for Accreditation Canada is to be commended.

Resource allocation methodology (RAM) provides benefit to the surgical program in its ability to evaluate wait times. This information is used to adjust surgical booking times when appropriate to meet community demand. RAM is an objective measure to support resource allocations. The program is commended for this.

There are areas of opportunity to improve the separation of clean and dirty supplies in each hospital visited. Specifically, at Langley Memorial, clean supplies are stored in the pre-admission clinic's soiled utility room. At Peace Arch Hospital, some clean supplies are stored in the operating room's soiled area. At the Royal Columbian Hospital, PACU has clean supplies adjacent to its hopper.

Humidity levels in the sterile core of the operating rooms require attention at both Langley Memorial and Peace Arch Hospitals. High humidity results in dehumidifiers being brought in to both sites in the summer months. This poses a risk for infection prevention and control.

Although staff did comment that their patient care coordinator and manager frequently provided them with feedback, many have not received a performance review. Staff overall reported satisfaction with their work. At all three hospitals, staff report a sense of community in the workplace and collaboration with all members of the team. The clinical nurse educator role was viewed to be important for staff training and advancing quality by all members of the team. At one site, the anaesthetist reported great satisfaction with the reorganization of the medication cart and the anaesthesia machine to improve patient safety.

The falls prevention strategy was in place at all locations. The inpatient units may want to consider a visual cue to enable any team member to identify patients who are at risk of falls. At Langley Memorial and Peace Arch Hospitals, consideration of unit-based whiteboards may assist in the coordination of work on the inpatient units. The venous thromboembolism prophylaxis policy is evident in all locations. The support for bridging for patients on oral anticoagulants was notable at Peace Arch Hospital.

The majority of patients interviewed reported satisfaction with the care they receive. Although the program receives patient satisfaction reports through the NSQIP, the program may want to consider augmenting this information through other means that provide more immediate feedback.

Fraser Health's surgical services has advanced quality and safety within its program through a standardized approach across the region. There are dedicated and committed leaders within this program who collaborate and work as a team to form a network of support for the physicians and staff who provide surgical care. Despite a challenging fiscal environment with continuous operating pressures to manage growth, this team remains committed to continue its path towards improvement. The adoption of NSQIP and CUSP are seen to be key enablers in this journey. Staff and physicians are engaged in the quality improvement journey for

surgical care. The MDR team is also key in providing quality of care in a standardized way across the region. There is much to be proud of in this surgical program.

Section 4   Organization's Commentary

After the on-site survey, the organization was invited provide comments to be included in this report about its experience with Qmentum and the accreditation process.

Fraser Health values the opinions of the Accreditation Canada Surveyors and appreciated the opportunity to obtain an independent validation of how well we are meeting national standards of quality and safety.

We acknowledge the challenges we are working to address, including:
+ Service Demand/Capacity
+ Paper documentation
+ Some crowded and aging facilities
+ Performance appraisal completion
+ Need for Patient experience data at the unit/service level

We recognize and celebrate the strengths that the Surveyors highlighted, including:
+ Committed and caring staff
+ Regional Standardization/Program Management Structure
+ Medical and Operational Leadership model
+ Strong, interdisciplinary teamwork
+ Involvement in quality improvement initiatives
+ End of life care
+ Healthy workplaces
+ Evidence based practice
+ Outbreak management
+ Implementation of ROPs
+ Innovative and leading practices

Fraser Health continues to support the Accreditation Canada process as a key method to embed quality improvement and patient safety into our work, in order to improve the patient/client/resident and family experience.

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. The organization provides Accreditation Canada with evidence of the actions it has taken to address these required follow ups.

Evidence Review and Ongoing Improvement

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

Appendix B   Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

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

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 overall goals and direction to the team of people providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services
Decision Support	Using information, research, data, and technology to support management and clinical decision making
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	Providing clients with coordinated services from their first encounter with a health care provider through their last contact related to their health issue
Impact on Outcomes	Identifying and monitoring process and outcome measures to evaluate and improve service quality and client outcomes
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ and Tissue Donation	Providing organ donation services for deceased donors and their families, including identifying potential donors, approaching families, and recovering organs
Organ and Tissue Transplant	Providing organ transplant services, from initial assessment of transplant candidates to providing follow-up care to recipients
Organ Donation (Living)	Providing organ donation services for living donors, including supporting potential donors to make informed decisions, conducting donor suitability testing, and carrying out donation procedures
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems

Priority Process	Description
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge