ACCREDITATION AGRÉMENT CANADA
Qmentum

Accreditation Report

Fraser Health Authority

Surrey, BC

First Component

On-site survey dates: October 16, 2016 - October 21, 2016

Report issued: January 10, 2017

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 October 2016. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada

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

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

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

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

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

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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.

Accreditation Decision

Fraser Health Authority's accreditation decision is:

Fraser Health Authority continues to be Accredited
until the next accreditation decision is calculated in 20MY

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

About the On-site Survey

- **On-site survey dates: October 16, 2016 to October 21, 2016**

This on-site survey is part of a series of sequential surveys for this organization. Collectively, these are used to assess the full scope of the organization's services and programs.

- **Locations**

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

1. Abbotsford Regional Hospital and Cancer Centre - Abbotsford
2. Burnaby Hospital
3. CareLife/Fleetwood - Surrey
4. Central City Tower
5. Chilliwack General Hospital
6. Chilliwack Health Unit
7. Jim Pattison Outpatient Care and Surgery Centre
8. Langley Health Unit
9. Peace Arch Hospital
10. Royal Columbian Hospital - New Westminster
11. Surrey Memorial Hospital - Surrey
12. Tri-Cities Health Unit

- **Standards**

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

System-Wide Standards

1. Governance
2. Infection Prevention and Control Standards
3. Leadership

Population-specific Standards

4. Population Health and Wellness

Service Excellence Standards

5. Ambulatory Care Services - Service Excellence Standards
6. Critical Care - Service Excellence Standards
7. Emergency Department - Service Excellence Standards

8. Medicine Services - Service Excellence Standards
9. Obstetrics Services - Service Excellence Standards
10. Perioperative Services and Invasive Procedures - Service Excellence Standards
11. Public Health Services - Service Excellence Standards
12. Reprocessing and Sterilization of Reusable Medical Devices - Service Excellence Standards

- **Instruments**

The organization administered:

1. Governance Functioning Tool (2011 - 2015)
2. Canadian Patient Safety Culture Survey Tool
3. Worklife Pulse
4. Client Experience Tool

Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
Population Focus (Work with my community to anticipate and meet our needs)	82	2	0	84
Accessibility (Give me timely and equitable services)	58	1	7	66
Safety (Keep me safe)	338	15	11	364
Worklife (Take care of those who take care of me)	99	9	0	108
Client-centred Services (Partner with me and my family in our care)	232	23	8	263
Continuity of Services (Coordinate my care across the continuum)	52	0	1	53
Appropriateness (Do the right thing to achieve the best results)	554	44	19	617
Efficiency (Make the best use of resources)	39	5	3	47
Total	**1454**	**99**	**49**	**1602**

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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	50 (100.0%)	0 (0.0%)	0	35 (100.0%)	0 (0.0%)	1	85 (100.0%)	0 (0.0%)	1
Leadership	49 (100.0%)	0 (0.0%)	0	95 (99.0%)	1 (1.0%)	0	144 (99.3%)	1 (0.7%)	0
Infection Prevention and Control Standards	40 (100.0%)	0 (0.0%)	1	31 (100.0%)	0 (0.0%)	0	71 (100.0%)	0 (0.0%)	1
Population Health and Wellness	4 (100.0%)	0 (0.0%)	0	34 (97.1%)	1 (2.9%)	0	38 (97.4%)	1 (2.6%)	0
Ambulatory Care Services	27 (61.4%)	17 (38.6%)	2	61 (79.2%)	16 (20.8%)	1	88 (72.7%)	33 (27.3%)	3
Critical Care	47 (94.0%)	3 (6.0%)	0	91 (100.0%)	0 (0.0%)	24	138 (97.9%)	3 (2.1%)	24
Emergency Department	52 (80.0%)	13 (20.0%)	6	88 (88.0%)	12 (12.0%)	7	140 (84.8%)	25 (15.2%)	13
Medicine Services	32 (71.1%)	13 (28.9%)	0	65 (84.4%)	12 (15.6%)	0	97 (79.5%)	25 (20.5%)	0

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Obstetrics Services	70 (98.6%)	1 (1.4%)	2	87 (100.0%)	0 (0.0%)	1	157 (99.4%)	1 (0.6%)	3
Perioperative Services and Invasive Procedures	115 (100.0%)	0 (0.0%)	0	109 (100.0%)	0 (0.0%)	0	224 (100.0%)	0 (0.0%)	0
Public Health Services	44 (93.6%)	3 (6.4%)	0	66 (95.7%)	3 (4.3%)	0	110 (94.8%)	6 (5.2%)	0
Reprocessing and Sterilization of Reusable Medical Devices	50 (98.0%)	1 (2.0%)	2	61 (96.8%)	2 (3.2%)	0	111 (97.4%)	3 (2.6%)	2
Total	**580 (91.9%)**	51 (8.1%)	13	823 (94.6%)	47 (5.4%)	34	1403 (93.5%)	98 (6.5%)	47

* Does not includes ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership)	Met	1 of 1	2 of 2
Patient safety-related prospective analysis (Leadership)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Communication			
Client Identification (Ambulatory Care Services)	Met	1 of 1	0 of 0
Client Identification (Critical Care)	Met	1 of 1	0 of 0
Client Identification (Emergency Department)	Met	1 of 1	0 of 0
Client Identification (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: Communication			
Client Identification (Obstetrics Services)	Met	1 of 1	0 of 0
Client Identification (Perioperative Services and Invasive Procedures)	Met	1 of 1	0 of 0
Information transfer at care transitions (Ambulatory Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Critical Care)	Met	4 of 4	1 of 1
Information transfer at care transitions (Emergency Department)	Met	4 of 4	1 of 1
Information transfer at care transitions (Medicine Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Obstetrics Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership)	Met	4 of 4	2 of 2
Medication reconciliation at care transitions (Ambulatory Care Services)	Unmet	4 of 7	0 of 0
Medication reconciliation at care transitions (Critical Care)	Met	5 of 5	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 (Emergency Department)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Medicine Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Obstetrics Services)	Met	5 of 5	0 of 0
Medication reconciliation at care transitions (Perioperative Services and Invasive Procedures)	Met	8 of 8	0 of 0
Safe surgery checklist (Obstetrics Services)	Met	3 of 3	2 of 2
Safe surgery checklist (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
Patient Safety Goal Area: Medication Use			
Infusion pump safety (Ambulatory Care Services)	Met	4 of 4	2 of 2
Infusion pump safety (Critical Care)	Met	4 of 4	2 of 2
Infusion pump safety (Emergency Department)	Met	4 of 4	2 of 2
Infusion pump safety (Medicine Services)	Met	4 of 4	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Infusion pump safety (Obstetrics Services)	Met	4 of 4	2 of 2
Infusion pump safety (Perioperative Services and Invasive Procedures)	Met	4 of 4	2 of 2
Patient Safety Goal Area: Worklife/Workforce			
Client Flow (Leadership)	Met	7 of 7	1 of 1
Patient safety plan (Leadership)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership)	Met	1 of 1	0 of 0
Preventive maintenance program (Leadership)	Met	3 of 3	1 of 1
Workplace violence prevention (Leadership)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand-hygiene compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-hygiene education and training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Falls prevention (Ambulatory Care Services)	Met	3 of 3	2 of 2
Falls prevention (Critical Care)	Met	3 of 3	2 of 2
Falls prevention (Emergency Department)	Met	3 of 3	2 of 2
Falls prevention (Medicine Services)	Met	3 of 3	2 of 2
Falls prevention (Obstetrics Services)	Met	3 of 3	2 of 2
Falls prevention (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
Pressure ulcer prevention (Critical Care)	Met	3 of 3	2 of 2
Pressure ulcer prevention (Medicine Services)	Met	3 of 3	2 of 2
Pressure ulcer prevention (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
Suicide prevention (Emergency Department)	Met	5 of 5	0 of 0
Venous thromboembolism prophylaxis (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2

Summary of Surveyor Team Observations

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

The board is engaged and committed to improving health outcomes for the populations served. Recently, the board created an additional committee focused on information management and innovation, as this was seen as a gap. The mission, vision, and values have not been formally reviewed since 2011; however, the board, executive, and staff commented that the current vision and values are popular and easily understood. The board works with the CEO and executive management to determine strategic priorities based on government direction in the context of the population health needs of the community. The board has used the ethical framework to help deal with clinical and resource allocation conflicts. The board is commended on its commitment to transparency and accountability. Board meeting summaries and decisions are posted on the website. The board is supportive of patient- and family-centred care. The Patient Advisory Council (PAC) is one mechanism used to embed the patient voice into the organization.

The organizational commitment to patient- and family-centred care has been strengthened by the creation of a patient experience portfolio. There has been an increasing demand for patient advisors or partners to participate in projects and committees. At present the structure for this support is not consistent throughout Fraser Health. The volunteers who fill these important roles are confident that Fraser Health is on the right path but are seeking clarity on the organization’s expectations and vision for the future. The organization is encouraged to develop a more integrated approach to patient- and family-centred care at the site level, and to ensure goals and objectives at the program and service levels include guiding principles regarding the inclusion of patients/clients and their families.

There is evidence of strong communication strategies that flow both ways; the senior leaders and the board members have an increased presence at all sites. The organization has initiated a talent management program for middle managers and aspiring leaders. There are numerous examples of innovation throughout the organization. A noteworthy initiative is the program of Engagement Radicals that addresses staff engagement and maintaining the gains. There is a PAC, as well as a patient engagement strategy that includes education and skill development for staff and physicians at the team level. There is evidence of patient involvement in several quality improvement projects. In some programs there is still no commitment to involve patients and families in the decision-making process.

In discussions about goals and objectives and quality improvement plans, front-line leaders and staff in the obstetrics and neonatal intensive care units talked about indicators mandated by the Ministry of Health. The discussion identified program-specific quality initiatives that are not readily identified as such with outcome measures and evaluation. More rigour and a more formalized quality improvement process, so middle managers and front-line staff can clearly identify changes and initiatives that are part of a program or unit-level quality improvement program, would be helpful. There is excellent consistency on practices and policies across the sites.

Strengths of the pediatric service include the passion of the clinical staff and the quality of care delivered at the front line, as well as collaborative partnerships developed and sustained with BC Children's Hospital and Child Health BC. The educational support available to clinical staff, including orientation, ongoing education and training, and professional development, is also noteworthy. The most significant opportunity for ongoing quality improvement is engagement and partnership with patients and families in planning service delivery and ongoing assessment of quality. There is also an opportunity to formalize systems and evaluate use and quality across all sites and services to ensure standardization and reduce variability in care delivery, aligning operations with consistent evidence-informed care.

Staff members and physicians in the perioperative service are very engaged, professional, and patient- and family-centred in their approach to care. There is a strong and supportive presence by the managers, and there appears to be a very positive interprofessional dynamic. The areas of care are well laid out and conducive to a calm atmosphere. The quality, knowledge, and availability of the nurse educators and patient care coordinators to the front-line staff nurses are evident. Standardization and implementation of clinical guidelines and clinical pathways, with the endorsement of the physician, is commendable. The passion, enthusiasm, and engagement of clinical staff members are noticeable. Middle managers are encouraged to engage staff in the performance review process. The space in the endoscopy suite at the Abbotsford Regional Hospital and Cancer Centre needs to be re-evaluated to prevent cross-contamination.

Detailed Required Organizational Practices

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	
Medication reconciliation at care transitions A Best Possible Medication History (BPMH) is generated in partnership with clients, families, or caregivers (as appropriate), and used to reconcile client medications at ambulatory care visits where the client is at risk of potential adverse drug events. Organizational policy determines which type of ambulatory care visits require medication reconciliation, and how often medication reconciliation is repeated.	· Ambulatory Care Services 8.5

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

Priority Process Results for System-wide Standards

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

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

Priority Process: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

The Board of Governors is appointed by the British Columbia Ministry of Health. The board provides a skills inventory that is used by the ministry to fill board positions. The current board is engaged and committed to improving health outcomes for the populations served. The board has three standing committees: Finance and Audit, Quality Performance, and Governance and Human Resources. Recently, the board added another committee focused on information management and innovation, as this was seen as a gap. The governors are engaged and committed to improving care for the residents of Fraser Health.

The mission, vision, and values have not been formally reviewed since 2011; however, the board, executive, and staff commented that the current vision and values are popular and easily understood. The CEO validated this when he joined the organization. The board is encouraged to formalize a refresher of the vision and values, with staff, physician, and patient input, before the next on-site survey.

Board policies and procedures are regularly reviewed. The board works with the CEO and executive management to determine strategic priorities based on government direction in the context of the population health needs of the community. The board has used the ethical framework to deal with clinical and resource allocation conflicts. The board receives quarterly reports on quality, safety, and financial indicators. Board minutes showed evidence of robust discussion and due diligence by board members when management reports are tabled.

The board is commended on its commitment to transparency and accountability. Four of six annual board meetings are open to the public and submission of questions and agenda items are encouraged. Board meeting summaries and decisions are posted on the website. Board members also do walkabouts after the meetings, without management staff present. This is in addition to their participation in regular leadership safety rounds. Board members expressed that these opportunities to talk with staff and patients have increased their knowledge and understanding of the importance of quality and patient safety initiatives.

The board is supportive of patient- and family-centred care. The Patient Advisory Council (PAC) is one mechanism used to embed the patient voice into the organization. The board is encouraged to continue to champion this guiding principle and monitor the organization's progress on this important journey.

Priority Process: Planning and Service Design

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
1.5 Policies addressing the rights and responsibilities of clients are developed and implemented with input from clients and families.	

Surveyor comments on the priority process(es)

The planning process for the organization begins with a mandate letter from the BC Ministry of Health. The organization's leaders use these priorities to frame their strategic and operational plans. Fraser Health has the ability to structure implementation and service-level plans using population-specific and service volume data. In addition to the ministry priorities the organization uses a risk analysis process to determine patient safety priorities. The planning process also looks at human resource, facility, and information technology demands for their priorities as they develop their yearly operational and business plans. Key performance indicators are developed to monitor progress against their plans. Quarterly and annual reports to the ministry, the board, and the public ensure accountability and transparency about the organization's performance.

The organization has made a commitment to embedding a patient- and family-centred care philosophy into its operations. The leadership team now includes a vice president of patient experience, and a two-year patient experience strategy work plan is in progress. Examples of engagement include patient advisors participating in regional orientation sessions and patients being involved in the design of patient safety improvement projects. Patients have been actively engaged in the Royal Columbian Hospital redevelopment project. The organization has also developed a webinar series called Patient Engagement 101. The organization is encouraged to continue to promote the importance of patient- and family-centred care at the team and unit levels.

Community partners and stakeholders were complimentary about Fraser Health and its willingness to collaborate and share information. Communication materials are made available as required. Responsiveness to public health issues was also cited as a strength. Partners commented on an increased level of engagement with Fraser Health staff at planning tables over the past two years.

The organization is encouraged to develop a standardized information package that addresses the rights and responsibilities of patients, clients, and families, with their input.

Priority Process: Resource Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The majority of Fraser Health's revenue is from the Ministry of Health. Funding is based on the base budget adjusted by a population-based funding formula, targeted funding for specific initiatives, and funding for compensation increases related to collective agreements. Other funding sources include local foundations. Under provincial legislation Fraser Health is not allowed to operate with a deficit. The organization has a relatively small contingency for budget expenditures of $3.376 billion.

The external audited financial statements show an accumulated deficit of $115 million related to accrued retirement and vacation costs from when Fraser Health was initially established. The organization is allowed to carry forward this deficit.

There are well-established processes and timelines for the development of the operating budget. It begins with current year expenditures, taking into consideration the direction described in the mandate letter. Finance monitors current year expenditures to identify budget items to be considered in developing the new budget. There is an opportunity for operational areas to provide input into operational as well as capital budget planning.

There is a comprehensive set of financial policies and procedures with appropriate oversight and controls.

New managers are supported through online and in-person education. Board members are provided with an orientation and education to support their roles.

Financial information is readily available to individuals with budget authority to allow them to fulfil their responsibilities. Costing of services to allow comparisons between sites and services is limited. There has been an increased focus on program budget accountability under the current leadership, with requirements to identify strategies to manage negative variance to the executive leadership and the board.

The board tracks and reports publicly on the shifting of resources to support its strategic directions.

There is an internal audit department that reports directly to the board and develops its own annual work plan, taking into consideration the organization's identified risks.

The audited financial statement is available on the website along with other financial disclosures.

Priority Process: Human Capital

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization is commended on its workplace violence prevention strategy. This has been a priority for Fraser Heath and has resulted in a reduction in severity of claims. There have been over four hundred site risk assessments with associated follow-up actions and assigned accountability for mitigation. The use of security staff as ambassadors in busy Emergency Departments is showing promise in defusing potential aggression.

The organization forecasts future manpower needs in conjunction with the other regions and the Ministry of Health. While there are some pockets of hard-to-fill positions (e.g., specialty nursing), generally recruitment has not been an issue. Exit surveys are conducted, as are interviews if requested.

New hires are given extensive orientation and there is an onboarding process. There is also a six-month check-in with each individual. Employee files are either secure paper records (HR information) or online restricted access (occupational health).

The organization has been successful with its flu immunization strategy.

Organizational Development and Professional Practice offer a wide range of support and coaching for managers and emerging leaders. The organization is encouraged to provide education and support to staff as they start to deal with issues of medical assistance in dying.

There is a robust Occupational Health and Safety Committee structure throughout the organization. There is good documentation and follow up of issues that are brought through this process at the site and organizational levels.

Priority Process: Integrated Quality Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Quality improvement is a strategic priority for Fraser Health. There has been considerable investment in areas that have had poor performance and outcomes in the past. The organization holds itself accountable to the public on its quality and patient safety outcomes by posting quarterly and annual indicator results in a report card format. At the unit level, site and regional results on the patient safety indicators are posted on white boards.

A risk stratification process was employed to determine six patient safety priorities. These have been communicated widely, including some innovative ways to get staff buy-in with local action. The adult colouring book "The Patient Safety Priorities Start with Me" is a good example. The six priorities are a major focus for most teams. The organization is encouraged to support additional quality initiatives that are developed at the team level and focus on local problem solving around patient safety.

Data from the Patient Safety and Learning System (PSLS) provides information on adverse events and near misses. More serious events are brought to the attention of the executive and board, and near misses are themed for learning opportunities. The Health Authority Medical Advisory Committee receives, reviews, and provides advice on reports from quality review bodies and committees concerning medical staff clinical practice. The organization provided evidence that adverse events were followed up with concerned parties.

There is evidence of targeted strategies which have improved outcomes in areas such as hand hygiene and C. difficile transmissions, medication reconciliation, sepsis, and antimicrobial stewardship. Physician engagement and leadership for quality and patient safety are important factors in this success. The organization is commended on the progress made over the past two years in improving outcomes for patients.

There is a PAC at Fraser Health. The organization has a patient engagement strategy that includes staff and physician education and skill development regarding how to add the patient voice at the team level. There is evidence of patient involvement in several quality improvement projects. One example is getting input on the public report card in which indicators are reviewed and adjusted based on patient feedback. Another example is the inclusion of PAC members in leadership rounds. Patient volunteers participate in regional orientation sessions. However, in some programs there is still no commitment to involving patients/clients. The regional and local patient advisory structures are under redesign and the organization is encouraged to find ways to help the patient- and family-centred care philosophy to grow within Fraser Health.

The organization performed a patient safety-related prospective analysis to predict potential failures in early recognition of the deterioration of the obstetrical program. The results of this study led to a redesign process which has been implemented in the maternal, infant, child, and youth (MICY) program.

Staff and physicians interviewed were passionate and enthusiastic about their quality and patient safety projects. The organization is encouraged to develop a formal strategy to recognize quality leadership and innovation.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The vision and values of Fraser Health are embedded in the ethical framework. There is a strong emphasis on supporting teams in the organization to deliver the best health care through respect, caring, and trust.

The goal of ethics services is to create a change in culture in terms of how decisions are made. By building capacity, the goal is to support teams in making tough decisions by seeing the value of their decisions in a systematic, organized way.

The clinical ethics framework supports teams facing acute difficulty in providing care to patients and residents. It's about "what matters most." A clinical ethics consultation toolkit provides a five-step systematic approach to guide thinking in making decisions. To access ethics services, a formal consult can be found on the ethics website.

The system-level ethics framework involves providing support to leadership for issues that affect groups of patients or populations with high-level issues. The Good Decisions toolkit uses a 15-step approach to provide support and direction.

The department holds an annual ethics conference. The initial intent was to build capacity for clinical programs to understand how to apply the ethical framework when making clinical decisions. Moving forward, the annual conference is designed around themes. Several themes are chosen and presented to the Senior Clinical Leadership Committee to determine the focus of the conference. Past conference presentations and discussions have included Making Sense of Risky Decisions and Seeing the Forest and the Trees: Coming together to provide person-centred care. The 2017 conference will focus on inter-professional teams.

Diversity services is another support and clinical resource to assist the organization in reflecting on challenges when working with people. The service aims to raise awareness of the various dimensions of diversity when providing care, and to support teams to better understand the value of diversity.

The Research Ethics Board (FHREB) is an independent board that reviews and approves all research conducted in Fraser Health and has a reputation of being tough but fair. It is there to guide and support research activities while maintaining privacy. Review criteria regarding ethical issues are in place so the board can make an informed decision when reviewing research proposals. Policies provide clear direction for how research is to be conducted.

An epidemiologist provides consultation around the design of the research study. A research development specialist also helps with the design of research studies. Research education materials are available on the Department of Evaluation and Research Services (DERS) website, in addition to workshops that are provided for free to all employees/physicians. Researchers' Cafes are held quarterly in addition to Research Week which is held in June and dedicated to research activities. Knowledge transfer of research results in facilitated by helping researchers publish articles and posters, in addition to these research products being uploaded to the Research Study Database available on the DERS website.

Priority Process: Communication

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

There is a detailed communication strategy that encompasses corporate communications and media and government relations. The team uses numerous modalities to deliver key messages, including print, digital, and voice. The team uses metrics and analysis to determine which strategies work best, and adjusts modalities to suit target audiences. The team is commended for its recent work in getting messages out to vulnerable groups regarding fentanyl overdoses. Materials were developed using first voices from the target group. The province has since adopted many of the communication tools.

The organization communicates with its stakeholders through publications such as Headlines and through content on the public website, which has a feature called the Newsroom. There is an employee newsletter called The Beat as well as Leaders' Corner blogs. Twitter is often used to manage issues before they escalate. The communications team is highly innovative in its approach and uses multiple methods to connect within the organization and the public. The communications team has also developed a Communications Academy to help managers and staff develop leadership competencies and communication skills.

The organization is commended on its efforts to standardize and integrate data and information platforms across multiple systems. Some exciting projects are being launched. One is the integrated plan of care (IPOC) being introduced at Abbotsford. Another is mobile access to the Meditech system.

Privacy and security of patient information is a focus. There is a privacy oversight office. Security and threat assessments are done on all information technology/information management projects.

All employees and contractors sign a confidentiality agreement. Information systems vendor contracts contain a confidentiality clause. There is a security audit manager audit tool in most of the clinical systems, and encryption on all laptops.

Priority Process: Physical Environment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Facilities Management strategic plan is to create, build, and sustain using the asset management framework conceptual model. This is a systematic approach to plan, procure, operate, maintain, upgrade, and dispose of assets. The ultimate goal is to provide a better service for the organization. It takes an integrated approach that fosters stakeholder engagement to meet ongoing demands within the ever-changing physical environment. Input from patients and families is a priority, and the organization uses focus groups to obtain information regarding their experiences. Feedback from front-line staff is valued as a way to help understand the priorities and needs of the program.

Asset knowledge is a component of this model. It allows the organization to store information regarding lessons learned from research, best practices, feedback, and evaluation outcomes in a cloud-based document management system.

Facilities Management's book of knowledge heat map allows the organization to determine the degree of risk on a scale of one to five when undertaking projects. The team, together with stakeholders, determines the degree of risk based on probability and frequency.

A computerized maintenance management system (CMMS) allows the organization to track equipment, preventive maintenance activities, work flow, response time, and individual performance.

LEAN techniques are strongly embedded in facility-related initiatives to improve efficiency and the quality of health care. Clear benefits of the LEAN approach have been demonstrated by direct and indirect savings, optimized space requirements, and stakeholder satisfaction.

Technical bulletins are posted to communicate updates and revisions in the standardization of practices across the organization. An example is code compliance with CSA and emergency electrical power for buildings.

The newly completed construction project for the Surrey Memorial Hospital critical care tower is something to behold. The architecture creates a warm, bright, welcoming environment. In the lobby, there are comfortable seating areas strategically located next to large banks of windows for patients, families, and staff. The tower provides increased capacity for such areas as neurology, laboratory, renal, and critical care step-down. The opening of the tower expanded capacity in existing units.

Priority Process: Emergency Preparedness

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Health Emergency Management British Columbia (HEMBC) is responsible for supporting emergency preparedness in Fraser Health sites only. Some response and preparedness information sharing is conducted with affiliates but they have responsibility for their own emergency preparedness programs

There has been a significant commitment at the organizational level to training staff for emergency operation roles. Successes include developing Surrey Memorial Hospital as the designated centre to receive Ebola patients. The organization undertook significant work, including simulation training, to prepare staff to receive potential patients. Discussions are occurring with the Ministry of Health about whether the ability to manage high-level contagion patients should be maintained.

There is a dedicated decontamination area at Surrey Memorial Emergency Department (ED). An external surge area can be quickly established. The organization is encouraged to continue its work on the development of Code Grey, including water loss and air exclusion events. Fraser Health participates in mass casualty exercises with Abbotsford airport, and in pre-planning for Abbotsford air show. Facilities Management has completed an assessment of Fraser Health sites for vulnerability during seismic events and there is a process to address vulnerabilities. The annual Shake Out event took place during the on-site survey and surveyors were able to see and participate in the drop, cover and hold on.

There is a twice-yearly test of call-out lists. Staff indicated that the manual call-out process can be challenging. The organization is encouraged to look at an automated system. This may be a chance to partner with other health authorities or with HEMBC in implementing a system that would meet province-wide needs.

The ED expressed concern about the current single means of communication with Emergency Medical Services (EMS). The organization is encouraged to work with EMS to do a risk assessment and determine if there is a need for an alternative back-up system, as cell phone systems have often failed during large-scale events. Emergency Operations Centres have satellite phones for backup.

The work to standardize codes and increase awareness among staff through different strategies is recognized. The organization is encouraged to look at incorporating evacuation into the schedule of exercises.

There are strong relationships with some municipalities, but not all. Given the newness of HEMBC, a formal strategy to engage with all municipalities is encouraged. It may be possible to build on existing linkages that medical health officers and health protection staff have with municipalities. The degree of

alignment and joint planning varies across the health authority. Examples of strong joint planning included the Abbotsford Airport and the Abbotsford air show. There was also a recent event in White Rock where contact with Fraser Health was initiated through contact with the medical health officer rather than through HEMBC.

During the meeting with the emergency preparedness team at Surrey Memorial Hospital, it was indicated that work is ongoing on the development of the code gray response to loss of utilities. This work is in follow up to a recent experience where there was a loss of water pressure in the facility in White Rock during a major fire event in the community. The organization relies on its all-hazard approach to respond to events involving utilities and key systems while the work on documenting specific code gray responses such as loss of water are developed.

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)

Good patient flow is a desired outcome for every health organization. Fraser Health has put together a comprehensive strategy designed to increase community capacity, reducing pressure on acute care beds and freeing up resources for investment in the community. This is a strategic priority for the organization.

The Home First program enables people to go home while waiting for residential care, and in many cases has eliminated the need for residential care altogether. The BreatheWELL program was expanded to reduce admissions for chronic obstructive pulmonary disease. Local initiatives such as "Nurse Debbie" working with a group of family practitioners have reduced hospital visits by targeting frail individuals with chronic conditions. There have been investments in positions to improve flow, such as patient access community transition (PACT) managers at all hospitals. This has proved effective by assigning accountability to an individual who navigates between acute care and community resources to facilitate hospital discharges.

Work is underway with family physicians to engage them in collaborative care models needed to support the increased pressure on primary care to look after clients in the community. These and other strategies such as increased weekend discharges have resulted in a decrease in average length of stay from 8.27 to 8.08 days. The organization is encouraged to keep up this momentum and look for opportunities to spread site-specific initiatives across the region.

Surgical flow also impacts overall hospital effectiveness. The organization keeps patients informed about anticipated surgical dates, so cancellation rates are generally low. As soon as a client is on a wait list the chart is sent to pre-admission and triaged. If a client deteriorates while on a wait list they can contact the nurse at readmission or the office, or come to the ED if required. Wait times are monitored and compared to provincial targets.

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: Reprocessing and Sterilization of Reusable Medical Devices		
3.5	The organization regulates the air quality, ventilation, temperature, and relative humidity, and lighting in decontamination, reprocessing, and storage areas.	
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.	
11.3	All endoscopic reprocessing areas are equipped with separate cleaning and decontamination work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.	!

Surveyor comments on the priority process(es)

The British Columbia Clinical Engineering Committee's standards of practice are the basis for the scheduled maintenance program, tied to the CMMS. This system allows inspection sheets and online maintenance requests to be tracked. Two main criteria are used to determine if a medical device needs inspection and whether it is mandatory or recommended: utility, which is the value of completing the inspection; and risk to the patient and/or operator if the device fails. World Health Organization guidelines were used to justify what is critical for determining utility and risk

This committee is focusing on four quality improvement initiatives:

1) Timely inspection and preventive maintenance for critical level 1 devices. These present the highest risk to the patient if the device fails and provide the greatest opportunity to reduce failures and/or improve performance with an achievement goal of 80 percent.

2) Implementing a 1-800 biomed information line.

3) Evaluating the level and quality of implementation of evening shifts for technical coverage.

4) Evaluating the CMMS in relation to tracking time.

The effectiveness of the preventive maintenance program is evaluated based on customer feedback. Surveys are done every other year. Results are communicated to staff with follow up by site leads. The Customer Service Committee meets regularly to obtain and respond to customer feedback. Overall, customers are satisfied with the work done by biomedical staff and the support received.

The Medical Device Reprocessing (MDR) Department's quality policy statement is "the pursuit of quality and the delivery of care." There is a focus on professional development within the team, and dedication to reducing risk through continual improvement.

Quality improvement projects include:

1) "One source" software to provide the team with a reference for up-to-date manufacturer's information, instructions, and recommendations.

2) Alex Gold, a software instrument tracking system that is gradually being implemented across the organization. Due to the different phases of implementation, instrument tracking continues to rely on manual and automotive processes. This impressive, user-friendly software system provides information when building sets, sterilization loads, managing sterilization loads, changing the location of the load, and decontaminating equipment. The Alex Gold database is currently being tested for compliance based on how staff are using it to track reprocessing volumes and equipment use. Given the complexity of the system, the project leads have taken a pause to understand the value of the audit system before implementing it at other sites.

3) The customer service checklist tracking document tracks error types over a six-week period, making it possible to look at trends for further quality improvement initiatives related to error. The goal of MDR is to reduce errors by 0.5 percent.

The department has a well-established and thorough orientation and competency assessment and plan for reprocessing personnel. To address staff turnover, two instructors were hired to train new hires in the MDR course which mirrors the course at Vancouver Community College. The instructors provide on-site education and training. To attract potential employees, the sites provide a tour of the area so individuals obtain a real sense of the scope of the job responsibilities.

The reprocessing department at Jim Pattison Outpatient Care and Surgery Centre is well organized. It allows for easy flow of reusable autoclavable medical devices. Storage space is used wisely. There is a real sense of teamwork and camaraderie, and staff support each other in their day-to-day work.

There is a sense of pride at Surrey Memorial Hospital reprocessing department as a result of the renovations/redevelopment project. Along with expanded capacity in the department, the renovations resulted in greater efficiencies. Upgrades included angular lighting, a movable clean storage system, a new ceiling, floor-loading sterilization and washer units, a ventilation system, and work areas.

At Burnaby Hospital, the regulation of air quality, ventilation, temperature, and relative humidity is inconsistent in parts of the department. Ceiling tiles are stained and in poor condition. The organization is encouraged to find a solution to this.

At Surrey Memorial Hospital and Abbotsford Regional Hospital, the endoscope reprocessing department clean and decontamination work areas are not physically separated. Air ventilation is inadequate as it does not allow for positive pressure in the clean section and negative pressure in the decontamination section. At Surrey Memorial Hospital, all contaminated medical devices from the operating room requiring reprocessing and sterilization pass directly by the endoscopic reprocessing area as it is located in an open area. This poses a risk for cross-contamination and the organization is encouraged to address it as soon as possible.

Through email, suggestion boxes, and huddles, staff have opportunities to provide feedback on services, environment, and improvement initiatives. In turn, the management team is committed to closing the loop by addressing requests made and issues raised.

The department produces a monthly newsletter called The Clean Slate to disseminate information in the organization. The team is proud of this newsletter. It is posted on the quality board.

Priority Process Results for Population-specific Standards

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

Priority processes specific to population-specific standards are:

Population Health and Wellness

- Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Standards Set: Population Health and Wellness - Horizontal Integration of Care

Unmet Criteria	High Priority Criteria
Priority Process: Population Health and Wellness	
6.4 The organization works with primary care providers, partners, and other organizations to integrate information systems.	
Surveyor comments on the priority process(es)	
Priority Process: Population Health and Wellness	

Population and Public Health effectively uses the information generated through its Population Health Observatory and My Health My Community to assess the health status of the communities and populations it serves. The information is used to identify inequities and establish priorities.

Information is disseminated to community members and partners using a variety of strategies. One way the information is used to address determinants of health and promote healthy public policy is the work done by community health specialists to engage with municipalities, school boards, and other community partners involved with families or other priority populations. There is a formal structure that includes the area executive director, the area medical health officer, and the area community health specialist.

An innovation that supports rapid assessment of the population is a panel of My Health My Community participants who agreed to be contacted about health issues. This allows Fraser Health to rapidly assess perspectives on emerging health issues such as the epidemic of opioid overdoses and deaths and potential healthy public policy responses. The organization is exploring options to ensure the panel is representative of the overall diverse population in Fraser Health.

At the community partners' focus group, individuals who represented more of a front-line focus were not familiar with the information available through the Public Health Observatory. They also were unsure how to access information about the services provided by Fraser Health. They relied extensively on their

contacts from Fraser Health to link them and reported feeling disconnected when staff retired or moved to new positions.

Public Health staff's expertise and commitment to collaboration is valued by community partners.

Fraser Health is encouraged to consider submitting the My Health My Community survey and the panel as a Leading Practice to Accreditation Canada.

Through the Hope Community Health Wellness initiative, Fraser Health actively engaged with the District of Hope and communities of the Fraser Canyon to identify and fund strategies to reduce the significantly higher morbidity and mortality rates for youth.

Information systems is a major constraint/risk for Population and Public Health. The current information system does not support integration with family physician information systems. For example, physicians need to order vaccines from Public Health by fax. They need to provide a list of the names of clients they have vaccinated so Public Health staff can enter them into Panorama, but they are not able to transmit the information electronically. This approach is inefficient, creating the potential for errors and making an accurate assessment of the current immunization status impossible. It is a significant source of frustration for Public Health and family physician staff.

Standards Set: Public Health Services - Horizontal Integration of Care

Unmet Criteria	High Priority Criteria
Priority Process: Population Health and Wellness	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
Priority Process: Population Health and Wellness

The development of the health improvement plan for the District of Hope and communities of Fraser Canyon involved broad community consultation and focus groups to identify strategies to improve health in the area, particularly among youth.

A broad-based steering committee ranked the strategies and made recommendations to the population.

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 direction to teams providing services.

Competency

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

Episode of Care

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

Decision Support

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

Impact on Outcomes

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

Medication Management

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

Organ and Tissue Donation

- Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.

Infection Prevention and Control

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

Public Health

- Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.

Standards Set: Ambulatory Care Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
1.1	Services are co-designed with clients and families, partners, and the community.	!
1.2	Information is collected from clients and families, partners, and the community to inform service design.	
1.3	Service-specific goals and objectives are developed, with input from clients and families.	
1.4	Services are reviewed and monitored for appropriateness, with input from clients and families.	
2.3	An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
2.4	Space is co-designed with input from clients and families to ensure safety and permit confidential and private interactions with clients and families.	
2.6	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
5.2	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.	
Priority Process: Competency		
3.1	Required credentials, training, and education are defined for all team members with input from clients and families.	!
3.10	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.11	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
3.12	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
Priority Process: Episode of Care		

1.7	Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from clients and families.	
6.5	The number of clients who fail to present at scheduled appointments is monitored and strategies to improve attendance are implemented with input from clients and families.	
6.6	The length of time clients wait for services beyond the time the appointment was scheduled to begin is monitored and work is done to reduce that time as much as possible.	
7.9	The client's informed consent is obtained and documented before providing services.	!
7.13	Clients and families are provided with information about their rights and responsibilities.	!
7.15	A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.	!
8.2	The assessment process is designed with input from clients and families.	
8.5	A Best Possible Medication History (BPMH) is generated in partnership with clients, families, or caregivers (as appropriate), and used to reconcile client medications at ambulatory care visits where the client is at risk of potential adverse drug events. Organizational policy determines which type of ambulatory care visits require medication reconciliation, and how often medication reconciliation is repeated.	ROP
8.5.1	The type of ambulatory care visits where medication reconciliation is required are identified and documented.	**MAJOR**
8.5.2	For ambulatory care visits where medication reconciliation is required, the frequency at which medication reconciliation should occur is identified and documented.	**MAJOR**
8.5.5	Medication discrepancies are resolved in partnership with clients and families OR medication discrepancies are communicated to the client's most responsible prescriber and actions taken to resolve medication discrepancies are documented.	**MAJOR**
Priority Process: Decision Support		
11.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	!

12.2	Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.	
Priority Process: Impact on Outcomes		
13.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
13.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.	!
13.5	Guidelines and protocols are regularly reviewed, with input from clients and families, to ensure they reflect current research and best practice information.	!
14.1	A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families.	!
14.2	Strategies are developed and implemented to address identified safety risks, with input from clients and families.	!
14.3	Verification processes are used to mitigate high-risk activities, with input from clients and families.	!
14.6	Safety improvement strategies are evaluated with input from clients and families.	!
14.9	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.	!
15.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.	
15.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
15.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
15.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

Fraser Health offers a variety of specialized pediatric outpatient clinics at its regional centres. Interdisciplinary teams provide diabetes and asthma care at the regional sites in addition to supporting

general pediatrics and clinical teaching units. Some of these services are linked to BC Children's Hospital while others are standalone. There are also outreach clinics, such as nephrology from BC Children's Hospital, that offer services in the region to increase access to care for children from the Fraser Health catchment area. There are specialty services such as the H.E.A.L. program (child protection) and Oncology Clinic that offer services on an outpatient basis.

Surgical daycare is also provided in outpatient settings at the regional sites. Pre-admission clinics, with pre-op instructions and anesthesia consultation where required, are provided to prepare children for surgery. Children are discharged from the unit with post-operative instructions, or admitted to the inpatient unit as required.

Service planning, in collaboration with Child Health BC, occurs formally every three years. With continued evolution in the philosophy of client- and family-centred care and the recognized importance of such partnerships, the program leadership is encouraged to formally engage families in planning and evaluating ambulatory services.

There is no formal documentation to profile the rights and responsibilities for clients and families in the pediatric ambulatory care setting at Fraser Health. The program may wish to explore the feasibility of adopting some or all of the Rights of the Child endorsed by UNICEF, which is currently in use at the pediatric inpatient unit at the Royal Columbian Hospital.

There is little data on the use of clinic space. Managers do not receive reports on clinic volumes, wait times, space use, or no-show rates that they could use to guide planning and evaluation of the service. Information is relayed to the managers on an ad hoc basis by the administrative staff and there are concerns with long wait times to book new consults. The program leadership is encouraged to advocate with decision support to create and develop these reports that would help them manage their resources and identify potential quality improvement opportunities.

Priority Process: Competency

In the ambulatory care setting, care is provided by interdisciplinary teams and there is evidence of meaningful patient and family engagement in care planning.

The team composition varies and may comprise pediatricians and specialists, nurses, pharmacists, occupational therapists, physiotherapists, respiratory therapists, child life workers, and administrative staff. Outpatient staff have access to all educational opportunities available to inpatient staff.

Priority Process: Episode of Care

Evidence-based guidelines inform practice in the pediatric outpatient settings at Fraser Health. Research activity, adding to the body of clinical knowledge, is occurring in both the oncology and diabetes services in partnership with BC Children's Hospital. Of special note is the current research project underway at the Abbotsford Regional Hospital Diabetic Clinic. This study, led by a primary investigator at BC Children's

Hospital, is evaluating a new transition clinic for adolescents with diabetes who are transitioning to adult services. The goal is to evaluate this new model of transition to measure the impact of attachment to adult services with good health outcomes.

Efforts were made at all sites to coordinate diagnostic testing with clinical consultation to make the patient experience more efficient. In the H.E.A.L. Clinic, the professional team works with community partners to create an environment of trust and security for children and families receiving care. Protocols and guidelines are followed with strict adherence to legislative requirements for patient privacy and confidentiality, and compliance with reporting obligations.

Variation was observed across the clinics and outpatient services related to obtaining informed consent. A general consent is obtained from all patients for general care and a separate consent is completed for the administration of blood and blood products. The organizational policy on consent for health care in Fraser Health was last reviewed in June 2011. As per this policy, an additional consent is required for "major diagnostic or investigative procedures." Clarification should be sought to determine if lumbar punctures and other investigational procedures or treatments in the Oncology Clinic require additional consent to ensure informed decision making on the part of the patients and families.

In the chart reviews, there was evidence of nurses completing the best possible medication history. There is no process for assigned accountability for any health care provider to complete medication reconciliation within pediatric ambulatory care. The program is encouraged to determine which types of ambulatory care visits require medication reconciliation and how often the medication reconciliation is to be completed.

Communication among the ambulatory care teams is well developed, with standardized written tools, logs, verbal reports, and team meetings to share patient-related information. Outreach clinics from BC Children's Hospital bring their own patient files and leave a dictated summary of the patient visit as part of the Fraser Health record.

Priority Process: Decision Support

Health records in the outpatient setting for pediatrics at Fraser Health are predominantly paper charts, and these records become part of the permanent health record upon discharge. Some children who are attending clinics frequently for specified periods of time have charts more aligned with inpatient care, and these charts are stored on-site until discharge.

At the H.E.A.L Clinic, charts are triple-locked to ensure patient confidentiality and files are returned to the hospital medical records department when the patient is discharged from the service. To further enhance the security of patient records in the reception area at Surrey Memorial Hospital, the organization may wish to consider filing episodic health records (children with frequent visits) in locked drawers. To enhance patient privacy, the program is encouraged to restrict the distribution list of patients attending the clinic to those who need to know; currently, a list of all children attending every clinic is distributed widely within the unit.

Priority Process: Impact on Outcomes

Quality indicators monitored by the pediatric service are linked to the organizational priorities of hand-hygiene compliance and falls prevention.

The organization is encouraged to consistently gather and report on utilization data to monitor and trend access to care for the populations served in the ambulatory care setting. Quality improvement could be linked to improve efficiencies, enhance patient flow, and improve access. In addition, patient experience feedback would be helpful in guiding and prioritizing quality improvement initiatives.

Standards Set: Critical Care - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
7.13	Clients and families are provided with information about their rights and responsibilities.	!
7.14	Clients and families are provided with information about how to file a complaint or report violations of their rights.	!
7.15	A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.	!
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.		
Priority Process: Organ and Tissue Donation		
The organization has met all criteria for this priority process.		

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Personalized care plans are developed for each patient and family with input from the family.

Input from families was provided in the redesign of the new tower that houses the neonatal intensive care unit (NICU) at Surrey Memorial Hospital and in the redesigned space at the Abbotsford Hospital.

A code pink process has been initiated and implemented throughout the region to address cardiac/respiratory arrests in the infant population. Members of the NICU clinical team are present or available as necessary at all high-risk deliveries.

Priority Process: Competency

Orientation is comprehensive and tailored to each or existing staff members returning from long absences from work. There is a gradual broadening of the scope of practice for the nurses in the unit, with support and education.

A patient partner attends the family-centred care monthly meetings.

This team developed a Family Care Plan that is completed by the parents of the neonate to inform the staff about concerns, preferences, cultural needs.

Priority Process: Episode of Care

There is a system for redirecting level 2 and level 3 neonates that involves the whole province. This ensures that a critical patient can be directed to the most appropriate site in a timely manner.

The neonatal units at Surrey Memorial Hospital are well laid out and conducive to a calm and caring environment. The unit at Abbotsford Hospital is smaller and less acute as it is a level 2B, but it is well designed for care and privacy. The teams at the two sites use a very patient- and family-centred approach.

Although not in the scope of this on-site survey, the neonatal unit at the Royal Columbian Hospital was visited at the request of the staff physicians. It is crowded and there is no privacy for the families. The cots are too close to one another to meet acceptable standards of care and the unit is cluttered.

Priority Process: Decision Support

Policies and procedures are available on the intranet.

There is a comprehensive process to identify and record adverse events or near misses, which includes a review of trends and recommendations. The information is then provided to the staff involved, and shared across the region for learning purposes.

Priority Process: Impact on Outcomes

Clinical teams in NICU are encouraged to formalize the quality improvement process for unit-specific initiatives.

The neonatal program benefits from being a regional program as there is harmonization of practice and care at the different sites. The region is commended for the use of order sets and pre-printed orders. There is evidence of a strong commitment to continuing education, as well as the presence of the senior, middle, and front-line leaders.

Surrey Memorial Hospital is commended for initiating a bar coding process for expressed breast milk, sharing learnings from the PSLS reviews, and the Family Care Plans that are entirely completed by family members.

Abbotsford Hospital is commended for the joint meetings with the paediatricians to review adverse events, the transparency in sharing meeting minutes and recommendations from reviews, and the commitment to continuing education.

Priority Process: Organ and Tissue Donation

Organ and tissue donation is not applicable in premature infants.

Standards Set: Emergency Department - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
1.1	Services are co-designed with clients and families, partners, and the community.	!
1.4	Services are reviewed and monitored for appropriateness, with input from clients and families.	
2.4	An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
2.5	Space is co-designed with input from clients and families to ensure safety and permit confidential and private interactions with clients and families.	
2.9	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
6.2	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.	
Priority Process: Competency		
4.1	Required credentials, training, and education are defined for all team members with input from clients and families.	!
4.15	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
4.16	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
Priority Process: Episode of Care		
The organization has met all criteria for this priority process.		
Priority Process: Decision Support		
14.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	!

15.2	Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.	
Priority Process: Impact on Outcomes		
16.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
16.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
16.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.	!
16.5	Guidelines and protocols are regularly reviewed, with input from clients and families, to ensure they reflect current research and best practice information.	!
16.6	There is a policy on ethical research practices that outlines when to seek approval, developed with input from clients and families.	!
17.2	Strategies are developed and implemented to address identified safety risks, with input from clients and families.	!
17.3	Verification processes are used to mitigate high-risk activities, with input from clients and families.	!
17.4	Safety improvement strategies are evaluated with input from clients and families.	!
17.7	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from clients and families.	!
18.1	Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners.	
18.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.	
18.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
18.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
18.13	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	

Priority Process: Organ and Tissue Donation

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The pediatric Emergency Department (ED) at Surrey Memorial Hospital provides care to approximately 37,000 patients annually and has surpassed its anticipated volume since opening its doors a few years ago. Aligned with the hospital's ED, the service operates in a matrix model, reporting directly within the Maternal Child Infant Youth (MICY) program as well as reporting indirectly to the ED and the Mental Health and Substance Use program.

The unit is well designed, although small for the volume of patients. There is congestion in the fast track area that impacts patient privacy and confidentiality and it was noted that the design of the triage area also does not allow for confidential exchange of information between the triage nurse and the family. Work is underway to optimize space use in the orthopedic area of the department to enhance patient flow.

There is a strong partnership between BC Children's Hospital and the pediatric ED at Surrey Memorial Hospital. Policies and procedures are shared and educational opportunities are made available between the sites. Children requiring a higher level of care are stabilized at the Surrey Memorial pediatric ED and then transferred to BC Children's Hospital.

The senior leadership of the MICY program determines the strategic direction for service and the present focus is on patient safety and risk mitigation including falls prevention, hand hygiene, and medication reconciliation.

Priority Process: Competency

The pediatric ED has an all-RN staffing model and is supported by a clinical nurse educator, a clinical nurse specialist, a patient care coordinator, and a clinical manager who oversees pediatric services at the site. There is a well-rounded interdisciplinary team consisting of physicians, nurses, social workers, respiratory therapists, pharmacists, and administrative staff. A mental health liaison nurse is assigned to the department 24/7.

The ED physicians work in the adult and pediatric EDs at Surrey Memorial Hospital and there is access to pediatricians and other specialists, such as orthopedic surgeons, to provide comprehensive care. There is good support from diagnostic imaging and laboratory to assist with diagnosis and treatment.

There is an extensive orientation program for new staff and additional support for ongoing training, education, and professional development. There is a graduated process to introduce staff to new roles in the department, such as the movement from general duty registered nurse to triage registered nurse.

Annual completion of clinical and non-clinical competency training modules is tracked and monitored. Mock codes based on actual cases are run bi-weekly to prepare staff for emergency cases.

There is no formal process to conduct performance reviews, although staff acknowledge the informal feedback they receive from their managers and colleagues. The Kudos Board in the medication room includes positive feedback and compliments to the staff.

Within the pediatric department there are opportunities to formally engage patients and families in the planning and delivery of care. Discussions are underway within the program to develop this further in a way that reflects the diversity in the community, and the team is encouraged to continue this work.

Priority Process: Episode of Care

Clinical care is guided by evidence-informed guidelines. The original operational plan for the department was developed in collaboration with BC Children's Hospital. There is access to clinical information online within the SharePoint website as well as clinical information on the Mosby (clinical skills) link within the Fraser Health intranet site.

There is a good working relationship between the emergency health services personnel and the ED staff. The paramedics arrive at the primary entrance to the Surrey Memorial ED and patients are transferred into the pediatric ED via the back entrance. The paramedics report and hand over their patient to the triage nurse, and offload delays are minimal.

All patients are assessed using the pediatric Canadian Triage and Acuity Scale. Within the past year the Surrey Memorial pediatric ED implemented a two-tiered triage system during peak hours to ensure timely assessment of patients presenting to the ED. The triage nurse uses a tracking system to monitor the number of patients in the waiting room and the status of patients who are waiting is monitored from the triage station.

Priority Process: Decision Support

The pediatric ED uses an electronic system to record the initial assessment of all patients at the point of triage. This record and initial assessment become part of the health record.

Priority Process: Impact on Outcomes

Clinical care is guided by evidence-informed guidelines. The original operational plan for the department was developed in collaboration with BC Children's Hospital. There is access to clinical information online via the SharePoint website as well as additional clinical information on the Mosby (clinical skills) link on the Fraser Health intranet site.

Quality of care is assessed through formal and informal means. The department reviews the data available through the ED program and measures indicators such as Canadian Triage and Acuity Scale levels and usage measurements such as wait times, time to physician, and throughput times through the

NACRS (National Ambulatory Care Reporting System) system. Left without being seen rates are measured and monitored monthly.

Adverse events are reported in the PSLS and quality reviews are conducted on serious occurrences leading to harm or potential harm. The program leadership reviews these assessments. One recent quality improvement initiative that led to improvements across all the EDs was related to communication at transition points. Led by the clinical nurse specialist, the process for communication at the transition point between the ED and the pediatric inpatient unit was refined. The new shared care document was implemented in March 2016 and evaluated in June. Additional education was provided at some sites in August. Another quality improvement initiative that was implemented to enhance quality of care was the addition of a second triage nurse to create a faster assessment time during peak hours. Informal evaluations occur at debriefings among staff.

The Qmentum standards require input from clients and families through means such as focus groups, advisory councils, and surveys to guide planning, delivery, and evaluation of care. There is no formal mechanism to solicit patient feedback to guide planning and decision making within the service. There is an opportunity to evaluate patient and family feedback as a valuable source of satisfaction and engagement in the quality of care they receive.

Priority Process: Organ and Tissue Donation

The pediatric ED staff adhere to the organization's policy on organ and tissue donation. It is very rare for them activate the donation process. Children who would be eligible to be organ and/or tissue donors are transferred to BC Children's Hospital.

Standards Set: Infection Prevention and Control Standards - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
Priority Process: Infection Prevention and Control

The Infection Prevention and Control (IPC) program has established very comprehensive and all-inclusive service plan program goals for 2016-2018. The plan identifies who is responsible for each task, with set timelines for completion. The service plan goals are:

1. Strengthen IPC as a regional program
2. Reinforce and support IPC best practices
3. Support the hand-hygiene audit program and best practices
4. Reduce health care-associated infections
5. Enhance IPC surveillance systems and reporting tools
6. Explore and implement new IPC technologies, practices, and research

The team is committed to achieving these goals and has already a lot of work for which it is commended.

The IPC department has undergone restructuring with regard to the reporting model. This model has strengthened IPC as a regional program providing leadership for clinical and operational teams. As a result, it has increased the standardization of IPC practices and the provision of timely responses to IPC priorities and critical initiatives.

The surveillance program is robust. Ongoing work to reduce health care-associated infections continues, evidenced by decreasing Clostridium difficile and methicillin-resistant Staphylococcus aureus rates. This has been achieved through a variety of improvement initiatives, some of which include reporting and developing action plans for vulnerable units, escalating enhanced levels of sporicidal cleaning, and providing ongoing education and awareness of IPC principles and best practices. Results are shared with staff throughout the organization. To support surveillance activities, the team developed an automated MRSA/VRE surveillance module in iTracker, a Fraser Health software system. The go-live date is Nov 1, 2016.

Great work is being done to identify and reduce the rate of carbapenemase-producing organisms. Improvement initiatives include admission screening, dedicated equipment, and detailed point prevalence reports that are generated weekly. Prevalence reports of the organism on all units in the organization are generated every week.

Hand-hygiene compliance rates are well above the 80 percent target. With the support of the IPC practitioners, staff are trained and supported to audit their own units, providing “in the moment” feedback. Behavioural change strategies are used to engage staff. The team is looking into trialing electronic hand-hygiene software to monitor compliance. Rates are posted on quality boards in the organization for staff and in elevators and entrances for the public.

While there are hand-hygiene pamphlets and folders for the public and thorough discussion with patients and families, the importance of hand hygiene was not discussed on admission. The organization has developed excellent information to help fight the spread of infections through hand hygiene. It is encouraged to provide and discuss these pamphlets with patients and families.

At Peace Arch Hospital, an IPC initiative to provide packs of hand wipes for patients via the food trays was not having good uptake. Many of the packs were being returned unopened. Conversations with patients revealed that they could not open the packs. The site then switched to having wipe dispensers beside the bed for easy access.

At Chilliwack General Hospital, IPC practitioners are commended for their work in promoting IPC in the organization through activities such an interactive booth during infection control week. The practitioners plan to engage staff and the public using a game similar to Jeopardy. By answering questions regarding infection control, staff and the public get points and win a prize. The practitioners also put out a monthly newsletter called Infection Prevention and Control Minute. The focus for the month of October was influenza: signs and symptoms, isolation/antivirals, droplet precaution, and mask use. They are also developing a new IPC pamphlet for families and visitors in acute care settings.

Ramping up for the flu season, Flu School is held for staff every fall, to provide education on respiratory and gastrointestinal protocols and best practices.

One of the main factors in outbreak improvements is declaring alerts and putting control measures in place prior to the outbreak. As a result, with increased alerts there has been a decline in outbreaks.

With regard to new IPC technologies, the team will soon trial new technology to enhance cleaning using ultraviolet light germicidal irradiation when cleaning rooms.

Housekeeping services are contracted out. Strong partnerships with the companies and the IPC practitioners support housekeeping staff throughout the organization in following policies and when cleaning the environment.

Standards Set: Medicine Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
1.3	Service-specific goals and objectives are developed, with input from clients and families.	
1.4	Services are reviewed and monitored for appropriateness, with input from clients and families.	
2.3	An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
2.4	Space is co-designed with input from clients and families to ensure safety and permit confidential and private interactions with clients and families.	
2.5	The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
5.2	Work and job design, roles and responsibilities, and assignments are determined with input from team members, and from clients and families where appropriate.	
Priority Process: Competency		
3.1	Required credentials, training, and education are defined for all team members with input from clients and families.	!
3.11	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
3.13	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
Priority Process: Episode of Care		
7.15	A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.	!
Priority Process: Decision Support		

11.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	!
12.2	Policies on the use of electronic communications and technologies are developed and followed, with input from clients and families.	
Priority Process: Impact on Outcomes		
13.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
13.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.	!
13.5	Guidelines and protocols are regularly reviewed, with input from clients and families, to ensure they reflect current research and best practice information.	!
14.1	A proactive, predictive approach is used to identify risks to client and team safety, with input from clients and families.	!
14.2	Strategies are developed and implemented to address identified safety risks, with input from clients and families.	!
14.3	Verification processes are used to mitigate high-risk activities, with input from clients and families.	!
14.4	Safety improvement strategies are evaluated with input from clients and families.	!
15.1	Information and feedback is collected about the quality of services to guide quality improvement initiatives, with input from clients and families, team members, and partners.	
15.2	The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.	
15.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
15.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
15.11	Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Surveyor comments on the priority process(es)		

Priority Process: Clinical Leadership

There are 51 pediatric inpatient beds located at four sites within Fraser Health. The occupancy rates across the units range from 75 to 100 percent during peak viral season. Primary- and secondary-level care are provided to the population served with higher acuity pediatric patients from the Fraser Health catchment area receiving care at BC Children's Hospital. A wide array of services are provided on the units, with patients being admitted for medical, surgical, and mental health diagnoses. At some sites, ambulatory care services are provided in space contiguous to the inpatient unit.

Pediatric inpatient units at three sites were surveyed: Surrey Memorial Hospital, the Royal Columbian Hospital, and the Abbotsford Regional Hospital and Cancer Care Centre. Built in 2008, the inpatient unit at Abbotsford is well designed, spacious, and well suited to the needs of the pediatric patient population. It houses play areas, an outdoor patio, a youth room, family space, and a distinct treatment and procedure room. The physical plant of the pediatric inpatient unit at Surrey Memorial is small, with minimal storage space for the volume of patients seen and the staff complement. The unit is encouraged to undertake a process improvement initiative, such as the LEAN 5S process, to declutter the area. The medication room is very small. At peak medication administration times it is congested, which could lead to an unsafe environment for medication administration. The physical plant for the pediatric inpatient unit at the Royal Columbian is spacious, open, and clean. Planning is underway to convert some inpatient space to facilitate the provision of ambulatory care services on the unit and increase access. Program leadership is encouraged to pursue this plan.

There are strong partnerships among BC Children's Hospital, Child Health BC, and the pediatric inpatient units at Fraser Health. Policies and procedures are shared and educational opportunities are made available among the sites. Public Health partners co-plan care with the interdisciplinary team at Abbotsford, attending rounds twice weekly. This unit also partners with Public Health on health promotional initiatives such as the 5-2-1 Program.

Strategic direction is provided through the Maternal, Infant, Child, and Youth (MICY) program leadership. The pediatric inpatient units are focusing on implementation and evaluation of the Pediatric Early Warning System (PEWS), which is a provincial initiative. There is a focus on patient safety, with hand hygiene, falls prevention, and communication at transition points being the top three priorities. Each unit selects targeted initiatives linked to its own experience and implements quality improvement projects tied to preventing recurrences of reported adverse events.

Priority Process: Competency

Care is provided by interdisciplinary teams consisting of pediatricians, nurses, social workers, occupational therapists, physiotherapists, pharmacists, respiratory therapists, and at some sites, child life workers. There is an all-RN staffing model with a 4:1 patient-staff ratio that is supported by clinical nurse educators, clinical nurse specialists, nursing managers, and administrative staff. The teams round together to collectively plan patient care. Interdisciplinary iCare rounds were observed at the Abbotsford site.

There is an extensive orientation program for new staff, and additional support for ongoing training, education, and professional development. Annual completion of clinical and non-clinical competency training modules is tracked and monitored.

There is no formal process to conduct performance reviews within the MICY Program. There was evidence at Abbotsford of work underway to conduct performance reviews with staff, and the manager's goal is to complete this by year end. Staff at different sites acknowledged the informal feedback they receive from managers and colleagues. At the Royal Columbian and Surrey Memorial sites, the Kudos Board displays positive feedback and compliments for staff, profiling recognition for a job well done. An appreciation board is being developed at Abbotsford Regional Hospital.

Priority Process: Episode of Care

Clinical care is guided by evidence-informed guidelines. There is access to clinical information online in SharePoint, as well as additional clinical information on the Mosby (clinical skills) link within the Fraser Health intranet site. The Hospital for Sick Children's About Kids Health website provides information on a wide range of children's illnesses that is translatable into multiple languages and is used by the nursing staff for patient and family education and discharge teaching. Staff within the pediatric inpatient units use standardized assessment tools to assess pain, risk for falls, and skin integrity. The bedside chart prompts nurses on the assessment tool, and documentation occurs on the PEWS form.

The documentation reviewed on the units was comprehensive and thorough. Discharge planning and readiness assessments for discharge were observed, and families discussed the status of their child's discharge and transition plans during interviews.

Children and youth being admitted to the pediatric inpatient units at all three sites receive a welcome brochure at admission, containing an overview of expectations for the child's stay. At Abbotsford, the child life worker has brought forward the Rights of the Child document endorsed by UNICEF. The MICY program may wish to review this document to determine the feasibility of adopting some or all of these rights for their program.

Whiteboards were observed in all the patient care rooms visited, and care plan goals were documented for families to see. The program may wish to include space on these whiteboards where patients and families can add their comments as well.

Priority Process: Decision Support

The pediatric inpatient units across Fraser Health follow organizational policies regarding health record keeping and maintenance of patient privacy and confidentiality. In conversations, staff displayed knowledge of these organizational policies and provided examples of how they adhered to and complied with the policies.

Abbotsford Regional Hospital will be the first facility to go live with an electronic health record. Planning is underway and the building of the pediatric component of the software is in progress, with input from staff and clinicians. The go-live date for pediatrics at Abbotsford is spring 2017.

Priority Process: Impact on Outcomes

The pediatric inpatient units use evidence-informed guidelines in their clinical practice, and there are formal and informal mechanisms to ensure quality of care. The clinical nurse specialists play a key role in developing new guidelines, and there is an iterative feedback process to solicit input from key stakeholders. Extensive and regular quality audits are conducted at the Royal Columbian and Abbotsford sites on hand hygiene, falls prevention, IV therapy, and medication reconciliation. Quality initiatives aimed at improving performance have been initiated, tracked, and reported back to staff and the public as well as posted on the quality bulletin boards.

The Accreditation Canada Qmentum standards require input from clients and families through avenues such as focus groups, advisory councils, and surveys to guide planning, delivery, and evaluation of care. Currently there is no formal mechanism across the MICY program to consistently solicit patient feedback to guide planning and decision making. There are two patient advisor volunteers on the practice council and at the Royal Columbian Hospital the clinical nurse educator solicited family feedback when designing patient brochures. Patient satisfaction surveys are conducted at both the Royal Columbian and Abbotsford sites. Results of these surveys are shared with staff at meetings. The units are encouraged to analyze the findings further to create baseline measurements for quality improvement initiatives and trend the results over time to measure improvements. There is an opportunity to evaluate patient and family feedback as a valuable source of information about their experience and perception of the quality of care they receive.

Standards Set: Obstetrics Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
7.14 Clients and families are provided with information about their rights and responsibilities.	!
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

During discussions about goals and objectives and quality improvement plans, front-line leaders and staff members talked about indicators mandated by the Ministry of Health. The discussion identified program-specific quality initiatives that are not readily identified as such with outcome measures and evaluation.

There are excellent regional initiatives to harmonize care across the region.

Priority Process: Competency

A matrix is used to progress obstetrics staff nurses through the different levels of care. There are also clear and written expectations for learning for each area of practice.

A patient partner is involved in team decision making.

Priority Process: Episode of Care

Obstetrics at Surrey Memorial Hospital is well set up and organized to provide care for antenatal, intrapartum, and postpartum patients. The team is well versed in the MORE-OB initiative and is seeing

good outcomes. Team members at Surrey, Abbotsford, and the Royal Columbian hospitals are very patient- and family-centred in their approach to care.

Priority Process: Decision Support

At Surrey Memorial Hospital, there is a hybrid chart with diagnostic imaging and laboratory results, fetal monitoring, and some charting by allied health stored electronically in Meditech. The rest of the chart is paper-based.

The Abbotsford site has been chosen to trial moving to an electronic record.

Priority Process: Impact on Outcomes

The program has several order sets that are standardized across the region. Front-line clinical staff and physicians are involved in reviewing the appropriate literature when exploring best evidence.

Team leaders and staff are involved in identifying risks to patients and staff and taking action to mitigate those risks.

Adverse events and near misses are entered in the PSLS, which is the reporting and data-gathering system for Fraser Health. Team leaders regularly review incidents and trends and implement changes to practice and policy based on those reviews.

Patient satisfaction surveys are done as part of the MORE-OB program. The team will make changes to its practices and environment but there is no formal quality improvement initiative process. The team is encouraged to formalize this process.

The program benefits from remaining a regional program as there is harmonization in practice and care at the different sites. There is a strong leadership presence from senior and middle managers and the front-line leaders. MORE-OB is well entrenched at all sites.

Surrey Memorial Hospital is commended for the daily bullet rounds that focus on high-risk pregnancies, implementation of birthing plans and family care plans, and implementation of ante-partum care in the home.

The Royal Columbian Hospital is commended for the clinical laddering of the nursing staff, the inclusion of patient partners on different committees, and for the planning process for the new build coming in 2022.

Abbotsford Regional Hospital is commended for the strong participation of the Engagement Radicals, the commitment to continuing education, and for engaging patient partners in the breastfeeding initiative.

Burnaby Hospital is commended for initiating the presence of the partner in the operating room during a C-section, initiating skin-to-skin in the operating room, and for the innovative educational opportunities.

Standards Set: Perioperative Services and Invasive Procedures - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Priority Process: Medication Management	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Services are designed with partners such as the Ministry of Health, communities, stakeholders, staff, patients, and families. Services are reviewed and monitored for appropriateness with input from patients and families if pertinent.

Internal and external partnerships are formed and maintained with service providers and other organizations to meet the needs of patients and communities.

Organization leaders are responsible to ensure an appropriate mix of skill levels and experience within the team to meet service requirements, as determined with input from staff, patients, families, and patient partnerships. The effectiveness of resources, space, and staffing is regularly monitored and adjustments are made. Information for team members, patients, families, and others is readily available on the intranet, the website, and in written materials.

There is written information on work, job design, roles, responsibilities, and assignments that is provided to relevant people and adjusted where appropriate.

Priority Process: Competency

Credentials, training, and education are defined by patient needs and service availability. Up-to-date information is available and can be verified by the Human Resources department on the staff chart. Medical Affairs follows up on physician credentials.

Orientation and continuing education programs are offered to new staff members and to patient representatives based on the service covered by the orientation. Orientation programs are also available for staff on new assignments, such as the operating room and MDR. These are quite lengthy. Education and training is provided before equipment, devices, and supplies are put into use. Staff are familiar with policies and procedures for responding to emergencies in the operating rooms, and use them appropriately.The ethical framework is widely known by the staff and used when needed. Continuing education and training take cultural diversity into account. Also, staff are increasingly multicultural and are often used as interpreters if needed.

Training and competence evaluation is found in staff charts and the follow-up forms in the different units. Even though staff performance should be evaluated annually, most performance evaluations are done every two years; more often for staff who need closer follow up. However, the team's performance is regularly evaluated through achievements at the clinical level. Most of the sensitive indicators, such as falls, surgical site infections, and pressure ulcers, are monitored on a monthly basis. In addition, many innovations and research projects are initiated by the nursing staff at unit level.

Many services have patient and family representatives on committees to address better patient approaches and improve services.

Each team member has a continuing education program that fits the organizational priorities and individual needs.Nurse educators and patient care coordinators are very involved in developing and supporting team leaders and team members. Nurse educators are very active and greatly appreciated by the staff and the managers.

Interdisciplinary team members, including doctors, are active in delivering services as needed. Whenever possible, members of the interdisciplinary team have their office on or near the units they work with more closely. Interdisciplinary team members feel they work well together and are respected as professionals. Positions, profiles, roles and responsibilities, and scope of employment and practice are developed at the organizational level and adapted if needed.

Many standardized forms are used in care transitions from team to team. These can be found on the patients' charts and are useful in the timely transfer of pertinent information.

There are monthly clinical meetings with staff to reflect on the appropriateness of care. Input on workload comes from many sources and is used to adjust resources to the task at hand.

There are many staff recognition activities, such as monthly nominations by peers, potlucks, and winning gift cards for coffee.

Staff are very sensitive to complaints, concerns, and grievances. Results from client satisfaction surveys are steadily improving.

The education, training, and orientation that is available show the organization's focus on developing a culture of patient and team safety. Managers are very sensitive to workplace violence and make sure support is offered any time it is needed.

At every site, sacred space is available to staff, patients, and families. Some have an on-site spiritual counsellor to help deal with crises. It is also possible to call a spiritual counsellor such as a rabbi if needed.

Priority Process: Episode of Care

Service accessibility is a focus of the organization and everyone involved, including patients and families, work toward maintaining or improving this. Managers are sensitive to requests for services. They respond in a timely way that is the best way possible within the budget.

The Pre-Admission Clinic gathers patient information prior to perioperative activities. The service is well organized and satisfaction from patients, families, and doctors is very high. Patient pathways and protocols are developed to initiate and follow up on services with clients. When a service is not available at a site, inter-site and intra-site referrals are used at unit and service levels.

Patients and families know which team member is responsible for coordinating their service and how to reach that person. Many pamphlets are available to patients and families about their rights and responsibilities. According to interviews, patients and families are at the centre of care and services. There are many guides for patients and families that encourage them to take an active role in their recovery and rehabilitation, such as the Fresh Start toolkit for fracture recovery and the Preparing for Your Surgery and Your Hospital Stay booklet.

The capacity of patients and families to engage in care is evaluated at preadmission and as needed. Preadmission charts address patients' wishes regarding family involvement, which are communicated at transition care. Patient- and family-centred care is present at every step of care delivery, to meet patient wishes as much as possible.

Most preparations for procedures are done on-site. For preparation that must be done before the day of surgery (such as colorectal cleansing), patients have access to instructions in writing and over the phone. The same applies to infection prevention.

There are group and face-to-face meetings as well as phone calls with preadmission help patients prepare for surgery and the postoperative period. Family members are often used as interpreters, but if that is not possible, staff and professional services can also provide interpretation. The organization is sensitive to the multicultural aspects of care.

Informed consent is verified at preadmission and reviewed at admission. All charts reviewed had signed consent for the service provided. The preadmission process is sensitive to the need for informed consent from the patients or their substitute decision maker.

Charting is very rigorous and all charts reviewed were completed, dated, and signed. Falls prevention risk assessment is documented in patient charts. The Braden scale form, used to evaluate the risk of pressure ulcers, is found in every inpatient chart as needed and the re-evaluation process follows clinical guidelines for this. A best possible medication history and medication reconciliation were found in every patient chart that was reviewed. These were up to date, dated, and signed for outpatient and inpatient services. Communication at transition times such as transfer is complete and professional.

Patients at risk of venous thromboembolism (VTE) are identified and provided with thromboprophylaxis before, during, and after their surgery. They also receive antibiotic prophylaxis if needed. Because breast surgery and reconstruction usually take longer than 60 minutes, VTE prophylaxis is applied even though this procedure is performed in one day.

Preadmission procedures, including lab testing, EKG, education classes, and other diagnostic procedures, are usually done the week before surgery. Pre-anesthetic is often done in preadmission, and the anesthesiologist sees the patient immediately before surgery.

An alert form is put in the pre-op chart to inform the operating/procedure room that a patient has a particularity. Every surgical inpatient has a care plan that covers transition and discharge. Information is transmitted through written and oral means during care transitions.

Preparation of the operating/procedure room is often done the day before surgery to ensure supplies and equipment needed are available. On the day of surgery, accessibility of suction equipment, sterility of packaging, and chemical indicators on sterile packages must be verified in addition to the surgical count. Miscount was experienced at one site and the procedure was followed.

During admission to daycare before surgery, the surgical site is confirmed by the nurse, in partnership with the patient.

The results of the use of safe surgery checklist have improved significantly in the past year. Monitoring is done monthly and results are posted in the unit. Best practices were followed during all surgeries that were observed, including safety checklists, pre-anesthesia, the pre-operative pause at three specific moments, and safety procedures for specimens.

Few research activities are done, but those that are done are patient- and family-oriented.

Priority Process: Decision Support

All patient records reviewed were up to date and complete, with a standardized set of health information. Information is documented in patient records in a timely way. Policies and procedures ensure that the flow of client information is coordinated and well organized. Patient charts are numbered after the procedure. Staff would like to have a system that integrates all clinical data needed for follow up on care in a timely way

There is a policy and procedure to access information regarding patient records. Policies and procedures regarding, for example, record keeping, patient privacy, and access to technology are available to staff and others who need them. Comments from patients and families about policies and procedures are taken into account when revisions are due.

Priority Process: Impact on Outcomes

Nurse educators work with each other and with the nursing staff to choose the right guidelines and pathways for the services offered. Committees with doctors, nurses, and other professionals, as well as patients and families when pertinent, look at evidence and decide what will be used for best practices and best patient care. Educators, patient care coordinators, managers, and other groups interested in the process meet regularly to stabilize the delivery of services. The organization is in the process of defining best practices and deciding how they will be transferred and implemented throughout the organization.

Input from patients and families comes mainly from surveys, complaints and discussions, and partnership with the patients. Many forms and activities have been developed to ensure patient and team safety.

Few research projects were implemented in the last few years, but guidelines are well known and documented. Nurses with Master's degrees and higher are encouraged to develop research action projects on nursing care and its impact on client satisfaction, quality of care, and more. National Surgical Quality Improvement Program (NSQIP) nurses are very involved in quality innovations with staff nurses.

Safety culture is an organizational priority. Staff are aware of this and work to improve it on a day-to-day basis. Safety rounds, safety hazards, emergency preparedness, sensitivity to changes in the environment, and strong quality indicators are processes used to mitigate high-risk activities. In particular, the risk of falls and developing bedsore pressure ulcers could be improved with input from patients and families. This is done regularly when the risk is high.

Staff are rigorous about reporting incidents. When an incident is reported it is discussed at a staff meeting, or at the time if there was a consequence for the client. Policies and procedures regarding disclosure of patient safety incidents to patients and families are well known and followed rigorously by the staff. Managers, nurse educators, patient care coordinators, and the staff involved analyze the incident and suggest ways to prevent recurrences. Few incidents in recent years have had consequences for the patients.

Surveys are done regularly, and a questionnaire is given to patients and families after the procedure that asks for their perspective and ways to improve the quality of care. The organization is encouraged to conduct an in-depth analysis of the results of these surveys to identify areas for change.

Each unit and service follows quality indicators and has plans for quality improvements. Many indicators are mandated by the Ministry of Health and have a timeline for implementation and impact. Each service is invited to provide specific indicators so it will be easier to rally patients, families, and staff to support quality improvement. The NSQIP program is structured and followed in a timely way and the results are usually shared once a month with staff on the units. To share knowledge, results of sensitive indicators are posted throughout the organization.

Priority Process: Medication Management

Medication management is rigorous and highly standardized. Medications are labelled and stored in closed carts. Some medication refrigerators have thermometers but most are not on a centralized security system.

Anesthesia medication is the same in every operating room. The documentation in the chart is on time and well written, as the anaesthesiologists have a computer program that prints the medications administered during surgery.

There is a reanimation cart with all the standard medication and equipment needed for Code Blue or other life-threatening situations.

Medication reconciliation and best possible medication history are part of the patient's chart and they are completed, dated, and signed.

Standards Set: Public Health Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
4.2	Required credentials, training, and education are defined for all team members with input from clients and families.	!
4.3	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
Priority Process: Impact on Outcomes		
16.7	There is a process to regularly collect indicator data and track progress.	
Priority Process: Public Health		
3.5	The resources needed to achieve public health goals and objectives are identified.	
10.3	Services that support healthy early childhood development are provided.	!
14.5	The data system, i.e., hardware and software, is evaluated annually and upgrades to improve the access, quality and use of health data are planned and implemented.	
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

Client satisfaction with services is considered, as is information from a representative population-based panel and feedback from key stakeholders, when improvements to service delivery are being planned to achieve the Ministry of Health's and Fraser Health's strategic directions.

The ability to engage with staff on some work flow changes, such the implementation of centralized booking, can sometimes be constrained by collective agreements.

Priority Process: Competency

There is a diverse, knowledgeable, and skilled public health workforce representing a number of disciplines.

THere are formal orientation processes for new staff. Public health nurses have to be certified to deliver vaccinations. Certification requires completion of required course from the BC Centre for Disease Control as well as observed practice by their supervisor. There is a requirement for staff to recertify every three years, but the tracking process is informal and staff are responsible for identifying when they need to recertify. The organization is encouraged to explore if more formal reminders are required.

Public health nursing staff are supported by clinical nurse educators while environmental health officers are support by practice experts in food safety, drinking water, housing, and legislation.

It is important to sustain the current initiatives to ensure staff receive regular performance appraisals.

Priority Process: Impact on Outcomes

The leadership team is committed to and supports continuous quality improvement. Quality improvement is a key element underlying and supporting public health and population health renewal.

Supervisors review quality improvement activities with staff. Information about indicator measures and trends is posted.

There is a commitment to sharing results internally and externally.

There are effective partnerships with universities and participation in ongoing research including randomized controlled trials.

One of the major challenges and constraints in implementing and evaluating quality improvement activities is the limitations of the Panorama information system, in both the design and the governance functions. Public health is exploring alternatives to Panorama such as Paris that is used by Vancouver Coastal Health.

Public health is pursuing a partnership with the First Nations Health Authority to be able to access information such as personal identifiers for the First Nations populations and incorporate this information into planning and evaluation activities. This is an important initiative given the size of the Aboriginal population in Fraser Health and the need to consider indigenous health status in addressing health inequities.

Priority Process: Public Health

Fraser Health has used public health observatory information to advocate for healthy public policy. Examples include providing information on the health benefits of active transportation during the referendum to increase public transportation infrastructure.

Fraser Health is encouraged to explore options to strengthen the injury prevention collaboration. It currently has soft funding from one of the foundations. It has created an effective collaboration with its work on increasing awareness among the public and health professionals about concussion.

There are major issues with the Panorama information system that result in inefficiencies and are a source of frustration for front-line staff..

Public health is encouraged to continue its work to standardize the public health services provided to clients. Variation in how individual staff delivered vaccinations was observed.

The organization is encouraged to continue its current quality improvement activities.

The benefits of having the full scope of public health services report under a common structure were seen, particularly as compared to challenges seen during prior on-site surveys.

An issue that emerged during discussions on resource management was the limitations with the current population-based funding formula and how it considers factors such the increased cost of delivering services to certain populations such as indigenous people or refugees.

Instrument Results

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

Governance Functioning Tool (2011 - 2015)

The Governance Functioning Tool enables members of the governing body to assess board structures and processes, provide their perceptions and opinions, and identify priorities for action. It does this by asking questions about:

- Board composition and membership
- Scope of authority (roles and responsibilities)
- Meeting processes
- Evaluation of performance

Accreditation Canada provided the organization with detailed results from its Governance Functioning Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address challenging areas.

- **Data collection period: March 24, 2015 to July 3, 2015**
- **Number of responses: 8**

Governance Functioning Tool Results

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1 We regularly review, understand, and ensure compliance with applicable laws, legislation and regulations.	0	13	88	93
2 Governance policies and procedures that define our role and responsibilities are well-documented and consistently followed.	0	13	88	95
3 We have sub-committees that have clearly-defined roles and responsibilities.	0	13	88	97
4 Our roles and responsibilities are clearly identified and distinguished from those delegated to the CEO and/or senior management. We do not become overly involved in management issues.	0	13	88	95

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
5 We each receive orientation that helps us to understand the organization and its issues, and supports high-quality decisionmaking.	0	0	100	92
6 Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	13	88	95
7 Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	98
8 Individual members understand and carry out their legal duties, roles and responsibilities, including sub-committee work (as applicable).	0	0	100	96
9 Members come to meetings prepared to engage in meaningful discussion and thoughtful decision-making.	0	0	100	94
10 Our governance processes make sure that everyone participates in decision-making.	0	0	100	94
11 Individual members are actively involved in policy-making and strategic planning.	0	13	88	89
12 The composition of our governing body contributes to high governance and leadership performance.	0	0	100	93
13 Our governing body’s dynamics enable group dialogue and discussion. Individual members ask for and listen to one another’s ideas and input.	0	13	88	96
14 Our ongoing education and professional development is encouraged.	0	13	88	88
15 Working relationships among individual members and committees are positive.	0	0	100	97
16 We have a process to set bylaws and corporate policies.	0	13	88	95
17 Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	97
18 We formally evaluate our own performance on a regular basis.	25	38	38	82
19 We benchmark our performance against other similar organizations and/or national standards.	38	13	50	72

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
20 Contributions of individual members are reviewed regularly.	14	57	29	64
21 As a team, we regularly review how we function together and how our governance processes could be improved.	25	13	63	81
22 There is a process for improving individual effectiveness when non-performance is an issue.	33	33	33	64
23 We regularly identify areas for improvement and engage in our own quality improvement activities.	0	13	88	80
24 As a governing body, we annually release a formal statement of our achievements that is shared with the organization's staff as well as external partners and the community.	0	29	71	84
25 As individual members, we receive adequate feedback about our contribution to the governing body.	25	38	38	69
26 Our chair has clear roles and responsibilities and runs the governing body effectively.	0	13	88	96
27 We receive ongoing education on how to interpret information on quality and patient safety performance.	0	0	100	84
28 As a governing body, we oversee the development of the organization's strategic plan.	0	13	88	95
29 As a governing body, we hear stories about clients that experienced harm during care.	13	13	75	85
30 The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	92
31 We actively recruit, recommend and/or select new members based on needs for particular skills, background, and experience.	50	25	25	87
32 We have explicit criteria to recruit and select new members.	25	50	25	84
33 Our renewal cycle is appropriately managed to ensure continuity on the governing body.	13	13	75	90

		% Disagree	% Neutral	% Agree	%Agree * Canadian Average
		Organization	Organization	Organization	
34	The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	94
35	Clear written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	94
36	We review our own structure, including size and subcommittee structure.	0	0	100	89
37	We have a process to elect or appoint our chair.	17	33	50	95

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2014 and agreed with the instrument items.

Canadian Patient Safety Culture Survey Tool

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

Results from the Patient Safety Culture Tool allow the organization to identify strengths and areas for improvement in a number of areas related to patient safety and worklife. Accreditation Canada provided the organization with detailed results from its Patient Safety Culture Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: May 1, 2016 to June 1, 2016**
- **Minimum responses rate (based on the number of eligible employees): 377**
- **Number of responses: 2, 674**

A. Indicate the extent to which you agree or disagree with each of the following statements	Flag	Strongly disagree %	Disagree %	Neutral %	Agree %	Strongly agree %
1. Patient safety decisions are made at the proper level by the most qualified people.	Y	3.0%	13.0%	20.0%	44.0%	20.0%
2. Senior management has a clear picture of the risk associated with patient care.	Y	7.0%	21.0%	23.0%	34.0%	16.0%
3. Senior management provides a climate that promotes patient safety.	Y	6.0%	16.0%	22.0%	38.0%	18.0%
4. Senior management considers patient safety when program changes are discussed.	Y	6.0%	15.0%	25.0%	37.0%	17.0%
5. If I make a serious error my manager will think I am incompetent.	Y	11.0%	44.0%	23.0%	18.0%	5.0%
6. My co-workers will lose respect for me if they know I've made a serious error.	Y	9.0%	46.0%	21.0%	20.0%	4.0%
7. If I report a patient safety incident, someone usually follows up to get more information from me.	Y	3.0%	12.0%	15.0%	49.0%	21.0%
8. Making a serious error may cause a staff member to lose his/her job.	R	7.0%	34.0%	31.0%	22.0%	6.0%
9. If I point out a potentially serious patient safety incident, management will look into it.	G	2.0%	8.0%	14.0%	50.0%	26.0%
10. Others make you feel like a bit of a failure when you make an error.	Y	8.0%	45.0%	24.0%	19.0%	4.0%
11. My organization effectively balances the need for patient safety and the need for productivity.	Y	5.0%	21.0%	23.0%	41.0%	10.0%
12. Staff are usually given feedback about changes put into place based on incident reports.	Y	5.0%	20.0%	21.0%	43.0%	10.0%
13. If I make a serious error I worry that I will face disciplinary action from management.	R	4.0%	28.0%	27.0%	33.0%	8.0%
14. Making a serious error would limit my career opportunities around here.	R	4.0%	31.0%	34.0%	24.0%	7.0%
15. Individuals involved in patient safety incidents have a quick and easy way to report what happened.	Y	3.0%	15.0%	16.0%	50.0%	16.0%

A. Indicate the extent to which you agree or disagree with each of the following statements	Flag	Strongly disagree %	Disagree %	Neutral %	Agree %	Strongly agree %
16. My supervisor/manager says a good word when he/she sees a job done according to established patient safety procedures.	Y	6.0%	15.0%	24.0%	38.0%	16.0%
17. My supervisor/manager seriously considers staff suggestions for improving patient safety.	Y	5.0%	10.0%	22.0%	43.0%	19.0%
18. On this unit, when a serious error occurs, we think about it carefully.	G	1.0%	5.0%	12.0%	52.0%	30.0%
19. In my area of care, after a serious error has occurred, we think about how it came about and how to prevent the same mistake in the future.	G	1.0%	5.0%	12.0%	49.0%	33.0%
20. On this unit, when a serious error occurs, we analyze it thoroughly.	Y	2.0%	8.0%	20.0%	43.0%	28.0%
21. On this unit, after a serious error has occurred, we think long and hard about how to correct it.	Y	2.0%	7.0%	20.0%	43.0%	27.0%
B. Perceptions of overall patient safety	**Flag**	**Excellent %**	**Very Good %**	**Acceptable %**	**Poor %**	**Failing %**
22. Please give your unit an overall grade on patient safety.	Y	17.0%	46.0%	28.0%	7.0%	2.0%
23. Please give your organization an overall grade on patient safety.	R	9.0%	38.0%	38.0%	11.0%	3.0%

Worklife Pulse

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

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

The organization used an approved substitute tool for measuring quality of Worklife. The organization has provided Accreditation Canada with results from its substitute tool and had the opportunity to identify strengths and address areas for improvement. During the on-site survey, surveyors reviewed actions the organization has taken.

Client Experience Tool

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

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

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

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

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

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

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

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

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 was pleased to host the Accreditation Canada surveyors and appreciated the opportunity to highlight some unique programs across our region. Overall we were very pleased with the assessment. The recognition of the shift that this organization has made since the last survey was noted, and highlighted the effectiveness of the new management structure, improved outcomes for several indicators and an enhanced focus on determinants of health.

We appreciated the honesty and reflections of the surveyors; the team leader was very experienced and managed the entire process very well. Consistency amongst all of the surveyors was mostly achieved.

As an organization we are aware of areas for improvement and the accreditation process has helped to validate those focus areas. Prior to the survey we were able to use the standards and criteria to self-assess and this exercise proved to be very successful for the teams. This will be ongoing work for us as we continuously assess ourselves against best practice and make improvements accordingly.

We have already taken some of the recommendations and started working to improve. One example is the trending of lab data for our Neonatal Intensive Care Units, which is almost completed. As of yesterday we have worked with our Patient Advisory Council to revise the terms of reference with a focus on being more strategic and embedded across all sites. That work will be ongoing with the long term goal of improving the patient and family experience.

Finally, we were very pleased to be encouraged to submit some of our initiatives as “Leading Practices” which we will be doing in the future.

Thank you.

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 making decisions about ethical dilemmas and problems.
Resource Management	Monitoring, administering, and integrating activities related to the allocation and use of resources.

Priority processes associated with population-specific standards

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

Priority Process	Description
Population Health and Wellness	Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and direction to teams providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.
Decision Support	Maintaining efficient, secure information systems to support effective service delivery.
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Partnering with clients and families to provide client-centred services throughout the health care encounter.
Impact on Outcomes	Using evidence and quality improvement measures to evaluate and improve safety and quality of services.
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families
Living Organ Donation	Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients

Priority Process	Description
Organ and Tissue Donation	Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.
Organ and Tissue Transplant	Providing organ and/or tissue transplant service from initial assessment to follow-up.
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge