



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

CHSLD Manoir de l'Ouest de L'Ile

Pierrefonds, QC

On-site survey dates: April 7, 2019 - April 10, 2019

Report issued: May 1, 2019

About the Accreditation Report

CHSLD Manoir de l'Ouest de L'Île (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in April 2019. 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 Program Manager or Client Services Coordinator is available if you have questions or need guidance.

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

We look forward to our continued partnership.

Sincerely,

A handwritten signature in black ink that reads "Leslee Thompson". The signature is written in a cursive, flowing style.

Leslee Thompson
Chief Executive Officer

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Executive Summary

CHSLD Manoir de l'Ouest de L'Ile (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

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

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

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

Accreditation Decision

CHSLD Manoir de l'Ouest de L'Ile's accreditation decision is:

Accredited (Report)

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

About the On-site Survey

- **On-site survey dates: April 7, 2019 to April 10, 2019**

- **Location**

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

1. CHSLD Manoir de l'Ouest de L'Ile

- **Standards**

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

System-Wide Standards

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

Service Excellence Standards

4. Long-Term Care Services - Service Excellence Standards









- **Instruments**

The organization administered:

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

Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	14	0	1	15
 Accessibility (Give me timely and equitable services)	8	0	0	8
 Safety (Keep me safe)	94	12	3	109
 Worklife (Take care of those who take care of me)	34	4	0	38
 Client-centred Services (Partner with me and my family in our care)	56	5	0	61
 Continuity (Coordinate my care across the continuum)	7	0	0	7
 Appropriateness (Do the right thing to achieve the best results)	141	10	10	161
 Efficiency (Make the best use of resources)	6	0	0	6
Total	360	31	14	405

Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Leadership Standards for Small, Community-Based Organizations	38 (97.4%)	1 (2.6%)	1	63 (91.3%)	6 (8.7%)	1	101 (93.5%)	7 (6.5%)	2
Infection Prevention and Control Standards for Community-Based Organizations	28 (96.6%)	1 (3.4%)	5	47 (100.0%)	0 (0.0%)	0	75 (98.7%)	1 (1.3%)	5
Medication Management Standards for Community-Based Organizations	14 (100.0%)	0 (0.0%)	4	17 (89.5%)	2 (10.5%)	1	31 (93.9%)	2 (6.1%)	5
Long-Term Care Services	47 (85.5%)	8 (14.5%)	1	92 (93.9%)	6 (6.1%)	1	139 (90.8%)	14 (9.2%)	2
Total	127 (92.7%)	10 (7.3%)	11	219 (94.0%)	14 (6.0%)	3	346 (93.5%)	24 (6.5%)	14

* Does not include ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Patient safety incident disclosure (Leadership Standards for Small, Community-Based Organizations)	Unmet	3 of 4	1 of 2
Patient safety incident management (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Long-Term Care Services)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Unmet	2 of 3	0 of 2
Medication reconciliation at care transitions (Long-Term Care Services)	Met	4 of 4	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
The “Do Not Use” list of abbreviations (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
High-Alert Medications (Medication Management Standards for Community-Based Organizations)	Unmet	2 of 5	1 of 3
Infusion Pumps Training (Long-Term Care Services)	Met	4 of 4	2 of 2
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership Standards for Small, Community-Based Organizations)	Unmet	5 of 6	2 of 2
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Long-Term Care Services)	Unmet	5 of 5	0 of 1
Pressure Ulcer Prevention (Long-Term Care Services)	Unmet	3 of 3	1 of 2
Suicide Prevention (Long-Term Care Services)	Unmet	0 of 5	0 of 0

Summary of Surveyor Team Observations

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

West Island Manor is to be commended on participating in the Accreditation process. The organization is family run and the sense of family is pervasive. The leadership has been in place for many years and is committed to quality improvement and a home-like environment.

Leadership seeks out and welcomes opportunities for improvement through training and reviews from organizations like the Centre d'expertise en santé de Sherbrooke (CESS), the Ministerial Milieu de Vie, and Accreditation Canada. The commitment continues as leadership follows up on recommendations that are made. West Island Manor is proud of winning tenders for transition beds, demonstrating the Ministère de la Santé et des Services sociaux (MSSS) trust in and recognition of the organization.

Numerous community partnerships include the Centre Intégré de l'Ouest de L'Île and the Centre Intégré de Montérégie Ouest, from which residents are transferred into transition beds. Important partnerships with Beaconsfield Manor and Chateau Pierrefonds help stabilize services for all three organizations. The partnership with Proxim Pharmacy facilitates medication administration through blister packs while decreasing the risk of medication errors.

The staff are fantastic, with smiles and a friendly manner and willingness to help. Staff indicate that they feel safe, they have what is required to do their work, and they like working at the organization, and the low turnover attests to this. Recruitment of French-speaking staff is a challenge.

Care delivery is challenging due to the increase in residents with aggressive and challenging behaviours. Staff have attended a number of education sessions on managing challenging behaviours. The risk of resident-on-resident mistreatment is a challenge for staff and they require ongoing support to manage this risk.

Resident satisfaction surveys show that residents appreciate the services provided. Although there are User Committee meetings, there are no permanent members of the committee. The organization is encouraged to address this.

The organization is commended for its commitment to quality improvement. Much work has occurred throughout this past accreditation cycle. It will be essential to use the quality plans and accreditation survey results to continue the momentum. Accreditation is a process of inclusion in which staff, residents, and families all have a role to play.

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: Safety Culture	
<p>Patient safety incident disclosure A documented and coordinated approach to disclosing patient safety incidents to clients/residents and families, that promotes communication and a supportive response, is implemented.</p>	<ul style="list-style-type: none"> Leadership Standards for Small, Community-Based Organizations 14.6
Patient Safety Goal Area: Communication	
<p>Medication reconciliation as a strategic priority A documented and coordinated medication reconciliation process is used to communicate complete and accurate information about medications across care transitions.</p>	<ul style="list-style-type: none"> Leadership Standards for Small, Community-Based Organizations 14.7
Patient Safety Goal Area: Medication Use	
<p>High-Alert Medications A documented and coordinated approach to safely manage high-alert medications is implemented.</p>	<ul style="list-style-type: none"> Medication Management Standards for Community-Based Organizations 1.7
Patient Safety Goal Area: Worklife/Workforce	
<p>Workplace Violence Prevention A documented and coordinated approach to prevent workplace violence is implemented.</p>	<ul style="list-style-type: none"> Leadership Standards for Small, Community-Based Organizations 2.10
Patient Safety Goal Area: Risk Assessment	
<p>Falls Prevention Strategy To prevent falls and reduce the risk of injuries from falling, a risk assessment is conducted for each resident and interventions are implemented.</p>	<ul style="list-style-type: none"> Long-Term Care Services 8.6

Unmet Required Organizational Practice	Standards Set
Pressure Ulcer Prevention Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented.	· Long-Term Care Services 8.8
Suicide Prevention Clients are assessed and monitored for risk of suicide.	· Long-Term Care Services 8.9

Detailed On-site Survey Results

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

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

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



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

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

See Appendix B for a list of priority processes.

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

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

	High priority criterion
	Required Organizational Practice
MAJOR	Major ROP Test for Compliance
MINOR	Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

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

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

Priority Process: Planning and Service Design

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small, Community-Based Organizations	
1.3 Client- and family-centred care is identified as a guiding principle for the organization.	!
1.6 Input is sought from clients/residents and families during the organization's key decision-making processes.	
Surveyor comments on the priority process(es)	

The value of being a hands-on, family-run business is evident. This is expressed as a passion for the work, a pride in the accomplishments, and a dedication to the residents that is modelled by managers.

Although not defined as a guiding principle, person- and family-centred care is evident. Staff are clearly focused on residents and their families. The organization is encouraged to pursue its understanding and development of person- and family-centred care and to move closer to shared decision making focused on "doing with" rather than "doing for."

Formal processes to collect resident and family input include User Committee meetings and listening to formal and informal feedback collected in the satisfaction questionnaire; however, the organization is encouraged to formalize this collection of input more fully. For example, , there is an upcoming opportunity to consult residents on topics such as the upcoming renovation of the bath and shower spaces. Managers meet to discuss the feedback and determine priorities based on their knowledge of care and infrastructure priorities.

The organization has a vision, mission statement, and strategic plan. Staff are aware of the strategic goals of achieving patient safety and being known as a quality long-term care residence. An annual report is provided to the MSSS and shared with partners. The organization is encouraged to summarize its annual

reports and share these on its website.

The organization has asked CESS to compile the Système de mesure de l'autonomie fonctionnelle (ISO-SMAF) and has used this information to ensure appropriate staff ratios and make decisions on who the organization can safely accept.

The organization looks for opportunities and has established contracts to secure its future. Many of its partnerships facilitate the provision of safe care, such as the partnership with Proxim that supplies medications and with Beaconsfield Manor where there is a shared contingency plan in case of emergency.

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 organization has a contracted accountant who does all financial statements and provides quarterly reports. An accounting firm does the financial audit.

Now that West Island Manor takes public residents, it needs certification from the Autorité des marchés financiers, who are satisfied with attestation from revenue Quebec of financial information. This link facilitates their work through Clique Secure.

The organization is in good financial standing.

Priority Process: Human Capital

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small, Community-Based Organizations	
2.10 A documented and coordinated approach to prevent workplace violence is implemented. 2.10.4 Risk assessments are conducted to ascertain the risk of workplace violence.	 MAJOR
10.5 There is a strategy to develop leadership skills within the organization.	
10.8 Roles and responsibilities for patient safety are defined in writing.	
10.11 Exit interviews are offered to team members that leave the organization.	
Surveyor comments on the priority process(es)	

Staff are unionized and a collective agreement dictates the majority of workplace processes. Staff participate in numerous training opportunities. The organization is encouraged to document training in a spreadsheet so it can easily filter required training and time between similar content training, as well as calculate attendance and have an easily retrievable record.

Staff are recognized through performance bonuses and an employee of the month program. Staff appreciation includes barbecues and a Christmas party. Staff health and wellness is supported through a risk review that was recently conducted by the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) that included a follow-up action plan. Staff ratios take the resident profiles into consideration, schedules are limited to five days in a row, and there is progressive re-integration after a leave. The organization is commended for achieving a 100 percent influenza vaccination rate.

Staff turnover is low. Challenges include attracting French speakers. Staff who retire often come back as volunteers.

The policy on workplace violence was developed with input from the union and local union representatives. A workplace risk assessment was not completed.



Most job descriptions mention the staff role in patient safety but not all. The organization is encouraged to add a summary statement to each job description to emphasize patient safety as a collective responsibility.

Staff files are paper and many are large. West Island Manor is encouraged to organize the files in separate sections for easier review and to prevent the loss of documents.

The Worklife Pulse Tool survey was completed and an action plan developed. The organization is encouraged to monitor the effectiveness of the action plan.

Priority Process: Integrated Quality Management

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small, Community-Based Organizations	
<p>14.6 A documented and coordinated approach to disclosing patient safety incidents to clients/residents and families, that promotes communication and a supportive response, is implemented.</p> <p>14.6.5 As part of the disclosure process, practical and emotional/psychological support is offered to clients/residents, families, and team members involved in the patient safety incident.</p> <p>14.6.6 Feedback is sought from clients/residents, families, and team members about their experience with disclosure and this information is used to make improvements, when needed, to the disclosure process.</p>	<p style="text-align: center;"></p> <p style="text-align: center;">MAJOR</p> <p style="text-align: center;">MINOR</p>
<p>14.7 A documented and coordinated medication reconciliation process is used to communicate complete and accurate information about medications across care transitions.</p> <p>14.7.3 An organizational plan to sustain medication reconciliation is led by an interdisciplinary coordination team.</p> <p>14.7.4 There is documented evidence that team members (including physicians) who are responsible for medication reconciliation are provided with relevant education.</p> <p>14.7.5 Compliance with the medication reconciliation process is monitored and improvements are made when required.</p>	<p style="text-align: center;"></p> <p style="text-align: center;">MINOR</p> <p style="text-align: center;">MAJOR</p> <p style="text-align: center;">MINOR</p>
Surveyor comments on the priority process(es)	

A Risk Management Committee meets every two months. Membership includes managers and one point-of-care staff. It is suggested that consistent point-of-care staff members be added to the committee and that one clinical and one non-clinical staff be permanent members.

A risk management plan has been developed.

The organization is encouraged to complete an overall risk assessment on resident, staff, infrastructure and legal risks. Developing a staff health committee to help with this process is also suggested.

The recent CESS assessment and action plan done in March 2019 is the patient safety plan.

The Système d'information sur la sécurité des soins et des services (SISSS) program from the MSSS is used to document patient safety incidents. Staff are commended for reporting many incidents, including near misses as well as events that reach residents. This provides lessons that help the organization identify weaknesses and gaps without consequence to residents.

There is a disclosure policy and procedure and most events are disclosed. Eighty-eight percent of events are falls and the falls protocol requires that the family be informed, regardless of whether the fall was related to the provision of services.

It is suggested that more training be provided on disclosure and just culture.

Medication reconciliation is done by the pharmacist and the physician at care transitions. Nurses verify the concordance between the pharmaceutical profile and the medication administration record sent by pharmacy.

The Canadian Patient Safety Culture Survey Tool was completed.

The quality improvement plan is focused on falls.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

Unmet Criteria	High Priority Criteria
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Standards Set: Leadership Standards for Small, Community-Based Organizations

1.8 Support is provided to build the capacity of the governing body, leaders, and teams to use the ethics framework.

Surveyor comments on the priority process(es)

An ethics framework has been developed and a thoughtful deliberation process is used informally to resolve ethical dilemmas. The organization is encouraged to formalize the deliberation process, including for making resource allocation decisions.

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 has been a large investment in information management systems. A nursing documentation project called SOFI is underway. The organization has used the services of CESS to get information on ISO-SMAF profiles. There are seven computer stations with access to a shared drive.

The organization is encouraged to review information that is in paper format and simplify the way documents are categorized on the shared drive.

Communication has a family touch with managers attending shift report to transmit and receive information. Less successful methods include paper notices in paychecks. While communication with partners is informal, there is cooperation (e.g., sharing of procedures) among partners, such as the other private long-term care facilities in the area.

Resident privacy and confidentiality is protected, and consents are signed for photo releases. There is a process for residents to access their health file.

Data sources such as SMAF profiles and SSSS reports are used for planning as well as organizing services. The changes to the nurse call system will provide improved data reports.

The organization has a website and a Facebook page. All entries must be approved by management.

The organization is encouraged to provide information to residents, families, and staff. For instance, information about call bell wait times could be provided by using simple poster boards at the entry, informally at User Committee meetings, or posting it on the website or group email for family or staff.

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)

West Island Manor is decorated with beautiful large paintings and seasonal flowers on dining room tables. The building is clean and there are no odours. Safety mechanisms meet MSSS requirements, such as a sprinkler system that was upgraded in 2013 and monthly testing of bath faucet water mixers to prevent burns. The doors can lock down and cameras in numerous areas are monitored on a screen in the management office as well as at reception. There is a natural gas generator, making a power failure unlikely.

There are numerous preventive maintenance contracts including electrical panel verification, plumbing, and sprinkler systems. The organization maintains a paper manual of contracts and reports. It is encouraged to digitalize these and develop a spreadsheet to track what needs to be done and to ensure it is done.

Given a recent elopement and the number of exit doors, it is suggested that the organization consider an alternate system to prevent elopement.

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)

West Island Manor hired PMU Québec to develop the emergency plan and the resulting manual is available to staff. Staff roles in an emergency are clearly outlined. There is a fan-out system and evacuation routes are posted on each floor and in each section. Staff have been trained on their roles in emergencies.

A recent fire drill was followed by a real alarm; evacuation times in both situations were excellent. The fire department does an annual review and a concern about one exit during the winter was addressed and staff were reoriented to disperse from the front entrance.

A recent elopement led to a review of the organization's procedure and resulted in adding a resident count by préposées aux bénéficiaires in the evening. Staff are up to date in cardiopulmonary resuscitation methods and nurses do automated external defibrillator reviews. Families are informed of their roles in safety, such as to not let people out of the building when they are coming in. To address this risk, pictures of residents who try to elope have been posted at the front door, with the permission of their families.

Most families are contacted by email or by phone in the event of an outbreak.

Priority Process: People-Centred Care

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

Unmet Criteria	High Priority Criteria
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Standards Set: Leadership Standards for Small, Community-Based Organizations

6.2 When developing the operational plans, input is sought from team members, clients/residents and families, volunteers, and other stakeholders, and the plans are communicated throughout the organization.	
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Standards Set: Long-Term Care Services

17.3 Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from residents and families.	!
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Surveyor comments on the priority process(es)

Resident- and family-centred care is a guiding principle that is evident in the organizational culture and practices.

For the organization, providing resident- and family-centred care means working collaboratively with residents and families to provide care that is respectful, compassionate, culturally safe, and competent while being responsive to their needs, values, cultural backgrounds, and beliefs and preferences. Accordingly, there is a deliberate focus on nurturing mutually beneficial partnerships among the staff and the residents and families they serve.

Collaboration and engagement occurs through the development of resident care plans and timely responses to complaints, concerns, and safety incidents. To that end, the organization is working hard, in partnership with residents and families, to develop appropriate solutions and ensure that resident values are reflected in clinical decisions that affect their care.

The cultural adoption of resident- and family-centred care will require executive clarity, vision, leadership, and strategic change management.

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)

The organization maintains its occupancy at a rate that ensures it can be responsive to current residents (e.g., the need for an isolation room for a resident in a semi-private room). Similarly, this method permits the organization to respond to the needs of the Centre intégré de santé et des services sociaux (CISSS) with whom it has contracts.

Priority Process: Medical Devices and Equipment

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

Unmet Criteria	High Priority Criteria
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Standards Set: Infection Prevention and Control Standards for Community-Based Organizations

10.2 A designated individual is accountable for quality oversight and for coordinating cleaning, disinfection, and sterilization of devices and equipment in the organization.	!
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Surveyor comments on the priority process(es)

Medical devices and equipment are standardized as much as possible throughout the organization. The selection process takes into consideration the knowledge and skills that staff require to use them.

Infection control, cleaning, and disinfection of all equipment is a priority for the staff and management members who were interviewed. The organization is encouraged to continue to seek input from residents and families in the selection and purchase of medical devices and equipment.

There is no on-site cleaning, disinfection, or sterilization of critical and semi-critical single-use devices at West Island Manor. Also, no cleaning, disinfection, or sterilization of reusable medical devices and equipment are contracted to external providers.

Staff involved in cleaning and disinfecting medical devices are trained at orientation and then on a regular basis via the organization’s continuing education program.

The organization is encouraged to designate one person, and reflect this on the organization chart, who is accountable for quality oversight for the coordination of cleaning and disinfection of devices and equipment in the organization.

Medical devices include glucometers (Accu-Chek), oximeters, sphygmomanometers, thermometers, and an automatic external defibrillator. These devices are obtained by Proxim Pharmacy. Malfunctioning devices are returned to the pharmacy for immediate replacement.

Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

Infection Prevention and Control for Community-Based Organizations

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

Medication Management for Community-Based Organizations

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

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

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

Episode of Care

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

Decision Support

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

Impact on Outcomes

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

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

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control for Community-Based Organizations	

The organization has met all criteria for this priority process.

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

West Island Manor is commended on the cleanliness of its environment. Common spaces, bathing areas, resident rooms, dining areas, and storage areas are clean and uncluttered.

The organization is encouraged to more clearly delineate on the organizational chart the responsibility for planning, developing, implementing, and evaluating infection prevention and control activities.

Housekeeping and cleaning staff indicate that they are proud to contribute in such a meaningful way and feel valued and appreciated for their work.

Compliance with infection prevention and control policies and procedures is monitored through infection rates and direct observation of staff through audits. The organization measures its compliance with accepted hand-hygiene practices using direct observational audits. It is encouraged to audit the four moments of hand hygiene to obtain more detailed results.

Hand-hygiene audits are conducted by nursing management throughout the organization. The audits show continued improvement in hand-hygiene compliance.

The organization is encouraged to consider renaming and reframing documents that address the safe handling of soiled linen to make them easier to find in the policy and procedure manual.

West Island Manor uses the Constance-Lethbridge Rehabilitation Centre, affiliated with the Centre intégré universitaire de santé et de services sociaux (CIUSSS) du Centre-Ouest-de-l'Île-de-Montréal, for the provision of resident mobility aids such as walkers and wheelchairs.

The organization is commended on the consistent high priority, both strategic and operational, placed on infection prevention and control.

Medical devices are provided by the Proxim Pharmacy that is in turn supplied by McKesson.

There are no loaned, shared, consigned, or leased medical devices at the organization.

The organization provides alcohol-based hand rubs in strategic areas for staff, service providers, and volunteers. The organization is strongly encouraged to provide more alcohol-based hand rubs and to place them as close to the point of resident interaction as possible.

Information about infection prevention and control is shared during User Committee meetings.

Written information in the admission information package provided to residents and families at admission helps them understand their role in safety and quality.




The organization is encouraged to continue its efforts to conduct risk assessments to identify activities that are a high risk for infection.

The organization is commended for its pandemic plan partnerships. It has forged strong relationships with Quebec Public Health, Lakeshore Hospital, and Chateau Pierrefonds.

The organization is encouraged to consult the best practice websites at IPAC Canada and the Canadian Patient Safety Institute for additional guidelines on tools to effectively evaluate its infection prevention and control activities. In addition, it is encouraged to enhance its efforts to gather input from residents and families on the effectiveness of its infection prevention and control activities.

The organization is encouraged to enhance its efforts to share infection prevention and control evaluation results with residents and families.

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

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
3.1 Required training and education are defined for all team members with input from residents and families.	!
3.6 Education and training are provided on the organization's ethical decision-making framework.	
4.5 The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.	
Priority Process: Episode of Care	
7.19 The use of anti-psychotic medications is assessed for appropriateness and the information is used to make improvements.	!
8.6 To prevent falls and reduce the risk of injuries from falling, a risk assessment is conducted for each resident and interventions are implemented. 8.6.6 The effectiveness of fall prevention and injury reduction activities (e.g., risk assessment process and tools, protocols and procedures, documentation, education, and information) are evaluated, and results are used to make improvements when needed.	 MINOR
8.8 Each client's risk for developing a pressure ulcer is assessed and interventions to prevent pressure ulcers are implemented. 8.8.5 The effectiveness of pressure ulcer prevention is evaluated, and results are used to make improvements when needed.	 MINOR
8.9 Clients are assessed and monitored for risk of suicide. 8.9.1 Clients at risk of suicide are identified. 8.9.2 The risk of suicide for each client is assessed at regular intervals or as needs change. 8.9.3 The immediate safety needs of clients identified as being at risk of suicide are addressed.	 MAJOR MAJOR MAJOR

8.9.4	Treatment and monitoring strategies are identified for clients assessed as being at risk of suicide.	MAJOR
8.9.5	Implementation of the treatment and monitoring strategies is documented in the client record.	MAJOR
8.13	Each resident's oral health status and needs are regularly assessed in partnership with the resident and family.	
8.14	Each resident's mental health status, including risk of harm and care requirements, is assessed in partnership with the resident and family.	!
11.1	Policies and procedures for POCT are developed with input from residents and families.	
Priority Process: Decision Support		
7.12	Ethics-related issues are proactively identified, managed, and addressed.	!
14.2	Policies on the use of electronic communications and technologies are developed and followed, with input from residents and families.	
Priority Process: Impact on Outcomes		
15.2	The procedure to select evidence-informed guidelines is reviewed, with input from residents and families, teams, and partners.	
15.3	There is a standardized process, developed with input from residents and families, to decide among conflicting evidence-informed guidelines.	!
15.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from residents and families.	!
15.5	Guidelines and protocols are regularly reviewed, with input from residents and families.	!
Surveyor comments on the priority process(es)		
Priority Process: Clinical Leadership		

There is strong clinical leadership at West Island Manor.

Care staff who were interviewed indicate that they feel well supported by nursing management and that nursing management is very accessible.

The information transfer at shift change and the 24-hour report, where all care staff participate, augment effective communication practices.

Staff who were interviewed report receiving regular appreciation of service reviews, as per organizational policy.

The organization is commended for its safe, comfortable, home-like environment. The priority that staff at all levels place on the quality of life of the residents is felt throughout the organization.

Many staff who were interviewed have been with the organization for many years and indicate that West Island Manor is their “second family.”

Volunteers play an important role in the quality of life of the residents. A comprehensive volunteer orientation program is provided to all new volunteers.

Priority Process: Competency

The organization is commended on the priority accorded to the comprehensive staff orientation program.

Staff indicate that they have regular biannual performance appraisals and that they feel valued and appreciated for their work. Residents comment that they receive excellent care.

Education and training on recognizing, preventing, and assessing the risk of abuse are provided to the team at orientation. The training includes the organization’s policy on preventing abuse as well as the procedure for reporting alleged incidents of abuse.

West Island Manor is strongly encouraged to provide regular and ongoing education and training on the its ethical decision-making framework to build a prepared and competent team that can handle ethical issues.

Resident records are in paper format; however, the organization is moving toward implementing an electronic medical record in the very near future. It is commended on this quality improvement initiative.

West Island Manor provides staff with a variety of resident-centred training programs on the prevention and management of responsive behaviours and it is commended on this safety initiative.

Identifying, reducing, and managing risks to residents and teams is a high priority for the organization. A number of orientation and mandatory annual education sessions are provided to staff to address various potential safety hazards.

Priority Process: Episode of Care

West Island Manor is committed to integrating the philosophy of resident- and family-centred care throughout the organization.

Staff, volunteers, and managers work collaboratively with residents and their families to provide care that is respectful, compassionate, culturally sensitive, and competent.

Continuity of care, starting at admission where residents and families are informed of the admission process to the support provided to the family and other team members following the death of a resident, is seamless.

Resident care information is effectively communicated during care transitions using standardized communication tools.

The organization is working hard to develop a comprehensive, coordinated, and interdisciplinary approach to falls prevention, wound prevention, and minimal restraints. The organization is encouraged to continue these quality and resident safety initiatives.

The organization is encouraged to evaluate the effectiveness of its falls prevention and injury reduction activities and use the results to make improvements when needed.

Residents and families indicate that they are regularly consulted regarding the extent to which they wish to be involved in their care. Individualized resident care plans are developed and regularly followed up, in partnership with the resident and family.

The organization is encouraged to assess the use of anti-psychotic medications for appropriateness and use the information to make improvements.

The organization is strongly encouraged to regularly assess each resident's oral health status and needs, in partnership with the resident and family.

The organization is encouraged to implement the recently developed policy for all residents that outlines the steps to assess a resident's mental health status and their risk of harm, in partnership with the resident and family.

Priority Process: Decision Support

The flow of resident information is well coordinated among team members.

Residents indicate that they feel that staff know who they are and respect their care goals.

The organization is encouraged to proactively identify, manage, and address ethics-related issues in order to continue to build on the culture of ethical responsibility, with input from residents and families.

Resident records are stored in a secure environment that is accessible to authorized personnel only.

There are standardized processes to assess, document, and record resident information.

The organization is commended for the orderly fashion in which resident records are maintained and organized. Regular chart audits are conducted, with discrepancies noted, trends analyzed, and improvements made.

Priority Process: Impact on Outcomes

West Island Manor is committed to promoting and maintaining a culture of safety and security for residents and families.

The comprehensive admission package outlines, in many of the handouts, the residents' and families' roles in promoting safety.


The organization is commended on the priority given to soliciting input on resident and family satisfaction during a resident's stay.

Resident safety incidents are declared and documented in the resident's chart according to policy. Disclosure is carried out as close to the event as possible. Staff who were interviewed indicate having received information and re-education on this important safety issue.

Continuous quality improvement is a strategic priority for the organization.

The organization is encouraged to continue to develop indicators with specific timelines that monitor progress for each quality improvement objective, with input from families and residents.

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

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management for Community-Based Organizations	
1.7 A documented and coordinated approach to safely manage high-alert medications is implemented. <ul style="list-style-type: none"> 1.7.1 There is a policy for the management of high-alert medications. 1.7.2 The policy names the role or position of individual(s) responsible for implementing and monitoring the policy. 1.7.3 The policy includes a list of high-alert medications identified by the organization. 1.7.4 The policy includes procedures for storing, prescribing, preparing, administering, dispensing, and documenting each identified high-alert medication. 1.7.7 The policy is updated on an ongoing basis. 	<div style="text-align: center;"></div> <p>MAJOR</p> <p>MINOR</p> <p>MAJOR</p> <p>MAJOR</p> <p>MINOR</p>
22.2 Teams are provided with information on how to detect and report adverse drug reactions to the Health Canada Vigilance Program.	
22.3 Appropriate actions are taken in response to alerts from Health Canada and other organizations regarding adverse drug reactions.	

Surveyor comments on the priority process(es)

Priority Process: Medication Management for Community-Based Organizations

Medication management is the responsibility of the head nurse and the contracted pharmacist from Proxim Pharmacy. The organization is encouraged to reflect this vital quality and safety role and responsibility on the organizational chart as well as in the manager position description.

Medication management policies and procedures help ensure that medications are used in a consistent manner across the organization.

Staff who were interviewed indicate that they receive information on safe medication practices both at orientation and from the head nurse on an as-needed basis.

Nursing staff who were interviewed indicate that incidents involving medications are reported and analyzed. Incident reporting is encouraged, and staff are supported with additional education when necessary.

Team members who were interviewed indicate that they receive initial and as-needed training based on their roles and responsibilities for medication management activities and within their scope of practice.

To ensure medications are managed safely by the care staff, the organization is encouraged to provide team members with access to accurate, standard, and up-to-date medication information and tools.

Prior to medication administration, the nursing staff verify the five rights: the right medication is being administered at the right dose, via the right route, and at the right time to the right resident. This practice was consistently observed during the on-site survey.

The organization uses the Enteral Lite Infinity pump. There is one type of infusion pump and it is used for gavage only.

No medications are administered by infusion pump and no chemotherapeutic agents are dispensed.

The organization is encouraged to expand the sharing the results of evaluations and improvement initiatives beyond the management team to the families, residents, and front-line staff, so all can become familiar with the concept and benefits of quality improvement.

Instrument Results

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

Canadian Patient Safety Culture Survey Tool: Community Based Version

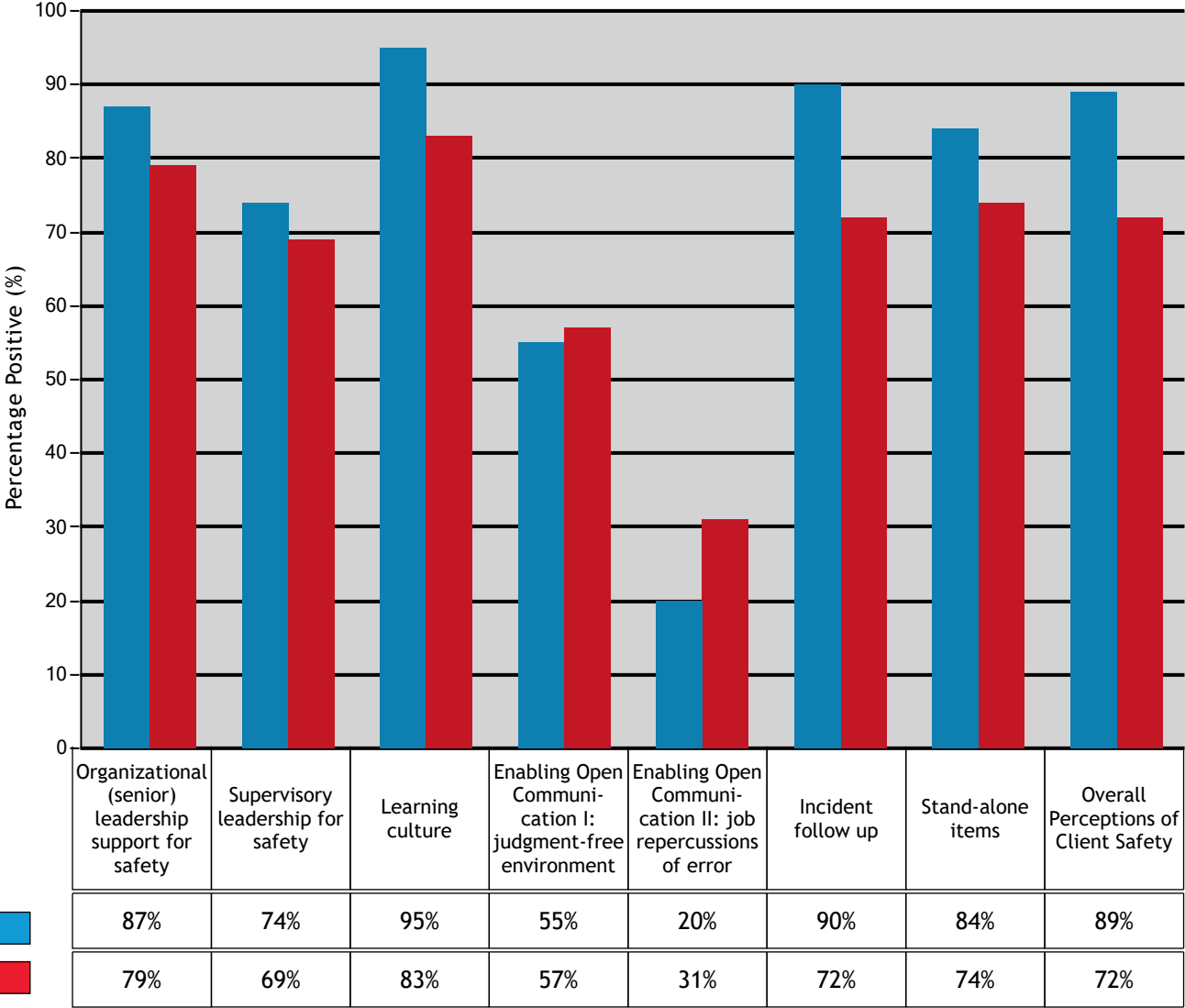
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations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

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

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

- **Data collection period: March 13, 2015 to June 3, 2015**
- **Minimum responses rate (based on the number of eligible employees): 63**
- **Number of responses: 66**

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



Legend

- CHSLD Manoir de l'Ouest de L'Île
- * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2018 and agreed with the instrument items.

Worklife Pulse

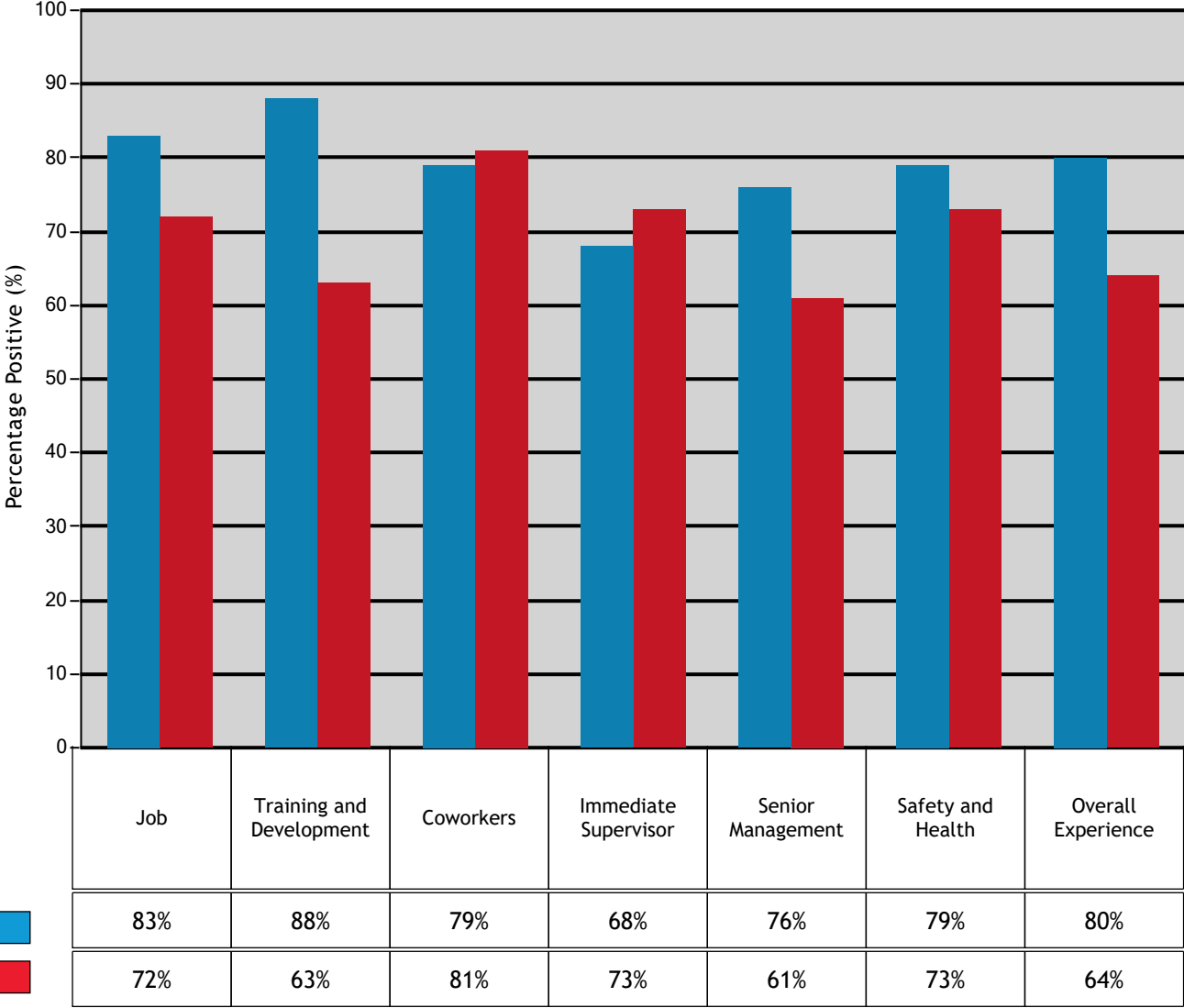
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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

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

- **Data collection period: March 13, 2015 to June 3, 2015**
- **Minimum responses rate (based on the number of eligible employees): 63**
- **Number of responses: 65**

Worklife Pulse: Results of Work Environment



Legend
■ CHSLD Manoir de l'Ouest de L'Ile
■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2018 and agreed with the instrument items.

Client Experience Tool

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

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

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

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

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

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

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

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

Appendix A - Qmentum

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

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

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

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

Action Planning

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
People-Centred Care	Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon.