



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

EM/ANB Inc.

Moncton, NB

Extra Mural Program

On-site survey dates: February 23, 2020 - February 28, 2020

Report issued: March 27, 2020

About the Accreditation Report

EM/ANB Inc. (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in February 2020. 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,



Leslee Thompson
Chief Executive Officer

Table of Contents

Executive Summary	1
Accreditation Decision	1
About the On-site Survey	2
Overview by Quality Dimensions	4
Overview by Standards	5
Overview by Required Organizational Practices	6
Summary of Surveyor Team Observations	9
Detailed On-site Survey Results	10
Priority Process Results for System-wide Standards	11
Priority Process: Governance	11
Priority Process: Planning and Service Design	12
Priority Process: Resource Management	13
Priority Process: Human Capital	14
Priority Process: Integrated Quality Management	15
Priority Process: Principle-based Care and Decision Making	16
Priority Process: Communication	17
Priority Process: Physical Environment	18
Priority Process: Emergency Preparedness	19
Priority Process: People-Centred Care	20
Priority Process: Patient Flow	21
Priority Process: Medical Devices and Equipment	22
Service Excellence Standards Results	23
Standards Set: Home Care Services - Direct Service Provision	23
Standards Set: Infection Prevention and Control Standards for Community-Based Organizations - Direct Service Provision	28
Standards Set: Medication Management Standards for Community-Based Organizations - Direct Service Provision	29
Instrument Results	30
Governance Functioning Tool (2016)	30
Canadian Patient Safety Culture Survey Tool: Community Based Version	34
Worklife Pulse	36
Client Experience Tool	38

Appendix A - Qmentum	39
Appendix B - Priority Processes	40

Executive Summary

EM/ANB Inc. (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world.

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

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

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

Accreditation Decision

EM/ANB Inc.'s accreditation decision continues to be:

Accredited with Exemplary Standing

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: February 23, 2020 to February 28, 2020**

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. EM Bathurst
2. EM Blanche-Bourgeois
3. EM Driscoll
4. EM Eastern Charlotte
5. EM Edmundston
6. EM Fredericton
7. EM Grand Falls/Grand Sault
8. EM Kennebecasis
9. EM Lameque
10. EM Miramichi
11. EM Oromocto
12. EM Restigouche
13. EM Saint John
14. EM Shediac
15. EM St.Stephen
16. EM Woodstock
17. EM/ANB Corporate Office - John Street

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

Service Excellence Standards

5. Home Care Services - Service Excellence Standards

- **Instruments**

The organization administered:

1. Worklife Pulse
2. Canadian Patient Safety Culture Survey Tool: Community Based Version
3. Governance Functioning Tool (2016)
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)	21	1	0	22
 Accessibility (Give me timely and equitable services)	5	1	2	8
 Safety (Keep me safe)	107	1	7	115
 Worklife (Take care of those who take care of me)	45	1	4	50
 Client-centred Services (Partner with me and my family in our care)	56	1	8	65
 Continuity (Coordinate my care across the continuum)	8	0	0	8
 Appropriateness (Do the right thing to achieve the best results)	191	0	16	207
 Efficiency (Make the best use of resources)	19	0	2	21
Total	452	5	39	496

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	43 (100.0%)	0 (0.0%)	7	31 (100.0%)	0 (0.0%)	5	74 (100.0%)	0 (0.0%)	12
Leadership Standards for Small, Community-Based Organizations	39 (97.5%)	1 (2.5%)	0	69 (98.6%)	1 (1.4%)	0	108 (98.2%)	2 (1.8%)	0
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	29 (100.0%)	0 (0.0%)	5	25 (100.0%)	0 (0.0%)	16	54 (100.0%)	0 (0.0%)	21
Home Care Services	48 (100.0%)	0 (0.0%)	0	73 (97.3%)	2 (2.7%)	0	121 (98.4%)	2 (1.6%)	0
Total	187 (98.9%)	2 (1.1%)	17	245 (98.8%)	3 (1.2%)	21	432 (98.9%)	5 (1.1%)	38

* 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			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Home Care Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Home Care Services)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Home Care Services)	Met	3 of 3	1 of 1
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)	Met	5 of 5	3 of 3
Infusion Pumps Training (Home 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)	Met	6 of 6	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
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
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Home Safety Risk Assessment (Home Care Services)	Met	3 of 3	2 of 2
Skin and Wound Care (Home Care Services)	Met	7 of 7	1 of 1

Summary of Surveyor Team Observations

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

The organization, EM/ANB is commended on preparing for and participating in the Qmentum program. The organization is also commended, on its commitment to quality improvement and patient safety by its active preparation in the accreditation process. The organization is building a new tradition of excellence in healthcare. The various sites can celebrate many successes in their work; making the accreditation process comprehensive and welcoming the surveyor team. In addition to having the opportunity to meet with a range of internal and external stakeholders during the on-site survey, the surveyor team was provided with written, verbal and visual evidence to confirm compliance/non-compliance with the standards. Staff members and clients were readily available to answer questions and to demonstrate their skills and knowledge.

The board of directors has set the tone for a high-performing organization. The administrators receive information and reports on time to prepare for committee and board meetings. Board members indicate they are engaged in their work as a board, with examples of their involvement in different committees. The members closely monitor strategic performance indicators to assess progress towards goals.

The senior management team is dedicated to achieving organizational goals. They lead the integration and transition of EM/ANB towards the development of a new organizational culture of performance and patient safety. Leaders favor proximity management. They preach by example by touring all the units on an annual basis. They listen to suggestions and recommendations coming from patients and employees. It is important to note that several improvement projects are underway to improve employee's safety and improve service to the population.

Community partners appreciate the openness and communication brought by the Medavie leadership, and the genuine interest demonstrated by this team to maintain the relationship with partners. The partners perceive the organization to be innovative and collaborative, involving partners in several recent projects.

Employees are the greatest asset of the organization. The leadership team has put a lot of effort to make up for the lack of staff. Several recruitment activities are underway and the results are there. Presently, the number of vacancies is less than 2% for EMP and 12% at ANB. Several projects to improve employee safety have been brought forward. The replacement of stretchers and the replacement of the vehicle fleet are examples of the organization living up to their objectives in the Strategic plan 2019-2022.

The Extra-Mural Program provides acute, support, maintenance palliative and care coordination services that reduce, and prevent unnecessary hospital, nursing home admission. Furthermore, they facilitate appropriate discharge of clients from hospitals and assist individuals to live as independently as possible.

In its 2018 survey, the New Brunswick Health Council found the two most trusted health services in the province were EMP and ANB. More than 95% of clients are satisfied with EMP service. This is commendable. EM/ANB has much to be proud of in terms of accomplishments to date and should work to maintain the gains achieved while continuing to address challenges and opportunities ahead. The commitment, teamwork, and dedication of your staff and community will help you as you continue in your journey of being the foundation of community health care in New Brunswick.

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: 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)

EM/ANB has a strong Board of Directors (board). The board members have strong and diverse backgrounds. Their roles and responsibilities are outlined in by-laws. The board sets the tone for its commitment to the EM/ANB values. The strategic plan 2019-2022 and objectives have been streamlined and members receive dashboard reporting to provide oversight for performance and accountability. Strategic performance indicators are monitored. The board is committed to quality patient care and has embraced patient-centred care.

The board evaluates its functioning and some improvement has already occurred from member's comments. The board has established several committees that evaluate and analyze documents and report to the other members during regular meetings. Information and documents are provided a week in advance and provide adequate time to prepare for a board meeting.

Priority Process: Planning and Service Design

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

EM/ANB is proud of the quality of services offered to the population. The mission, vision, and values are at the heart of their strategic directions. The need of the community and the needs of staff members are considered in planning and their actions.

Operational plans are enacted at the mission level, where clinical quality and financial considerations are embedded. The managers report that clinical indicators have helped them improve awareness and efficiency.

The organization has a strong and engaged board and leadership team. There have been significant changes that have been made to the leadership during the integration of the Extramural program with Ambulance New Brunswick.

The organization ensures it is aligned with its strategies to provide the best care possible to its clients. Leaders are also proud of their initiatives to get out ahead of their strategic plan 2019-2022 where it serves the health needs of the population. This is evident in the work to advance initiatives such as new collaboration between paramedics and extramural nurses to help palliative patients to stay at home and the establishment of patient advisors on project planning.

There have been significant challenges with the paper patient record for professionals but the organization is engaged to implement an electronic documentation solution to improve patient safety and improve communication with the clinicians.

Some of the ideas expressed as opportunities by the clinical leadership include improving flow and trajectory, more timely data and continued improvement in patient experience. The leadership appreciates the challenges and is keeping "an ear on the ground" for tolerance for change. The SMT is making a concerted effort to provide more face to face opportunities for interaction to engage staff members, volunteers, and patients.

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)

Strategic priorities are integrated with financial planning. The board, leadership, and level of the organization understand their role and responsibilities in resources management. Policies and procedures are available. Managers report feeling comfortable with the budget process and appreciate the dashboard that they review along with their supervisors.

The senior management team is an established group that has good mechanisms to develop operating and capital budgets for the organization. Also, variance analysis is done on a regular and ongoing basis.

EM/ANB is subject to annual financial audits and no significant issues have been identified.

Some financial decisions and expectations come from the province. at an organizational level, leaders work with their stakeholders, staff, and partners to make the best allocation decision in an environment of contractual agreements. The finance department works closely with the SMT to analyse utilization, quality, and fiscal performance.

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	
10.10 Policies and procedures for monitoring team member performance align with the organization's mission, vision, and values.	!

Surveyor comments on the priority process(es)

The human resources team has redefined its service offering and has developed transversal action strategies to support EM/ANB. Management offers an integrated service by assuming a strategic, consultant and operational role to meet the needs of the organization. The training and development program is very structured. It's linked to objectives set out in strategic planning. Training sessions are offered in E-Learning mode. A follow-up and recall mechanism allows employees and management to ensure the success of the training. EM/ANB has implemented a process for welcoming new employees. This program adequately meets the administrative management needs like the communication of mission, vision, and values; the information related to quality and safety and the harmonious integration of employees within the teams. Exit interviews are conducted when an employee leaves. The comments are used for process improvement. Employee recognition is a priority for the organization. An integrated recognition program is being developed with the participation of staff representatives. Employees appreciate the great initiative. The implementation of the appreciation-performance appraisal program remains a challenge for the organization. The creation of the new organization limited the ability of managers to meet all of the staff within the set deadline. The team is invited to pursue their mobilization for this important matter. Finally, it is important to note the success of recruitment activities. Over the past two years, the number of vacancies has decreased significantly.

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

15.7 Reports about the organization's performance and quality of services are shared with the team, clients/residents, families, the community served, and other partners and stakeholders.

Surveyor comments on the priority process(es)

EM/ANB implements several actions so that the quality dimension can be deployed in all spheres. A framework program for integrated quality management has been developed with objectives and indicators.

There are some ongoing organization-wide initiatives that promote safety and risk and quality management such as the nomination of Patient safety Champions, implementation of the EM/ANB Quality of care and patient safety committee and identification of Top 10 drivers of an ambulance in NB.

Incident reports are completed and follow-up of improvement are made on a regular basis.

The organisation's programs support the culture of safety, incident reporting, disclosure, critical event analysis, effective communication, and a non-punitive culture.

It is important to note that several improvement initiatives have been completed or are in progress such as the replacement of regular stretchers an ambulance that has been completed, and the replacement of the car fleet by four-wheel drive cars which is in progress. The projects are proof of the organization's proactivity and commitment to safety for their employees.

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 principle-based care and decision-making process at EM/ANB is well aligned with its mission. Their main focus is directly centered towards excellence in patient care confirming the link with their values.

The ethics committee is active and assisted by an ethicist. The committee's main objectives are to provide ethical support and guidance to clinicians and managers. The number of requests is in constant evolution and the organization will continue to promote these services to its employees. Moreover, training and information are available for staff.

Despite the young age of this committee, the members showing great maturity. A reflection is ongoing on the composition of committee members to ensure its relevance and provide the best support as possible for the demanders.

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)

The organization is supported by qualified management staff whose expertise contributes to ensuring internal communications as well as maintaining collaborations with external partners. EM/ANB takes care to keep staff well informed about the organization's objectives and corporate results.

Many communication tools are in place to spread all key messages like the journal 'In the loop', social media and a website.

A communication planning and activities guide supports the organizational priorities and projects, including accountability and recruitment activities.

Information management processes are in place and monitoring mechanisms are effective. It is important to note that the organization takes the protection of patient's information very seriously. Information sessions are given to employees and audits are conducted to ensure compliance of policies and procedures.

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)

Ensuring the physical work environment is safe is a key priority for the organization. Government bodies are responsible for identifying physical space and environment requirements such as building and fire code compliance, barrier-free access, lighting, security, HVAC. Both ANB and EMP are in the process of upgrading all of the locations/units and while sites are leased staff has considerable input into the design. Emergency alert buttons and policies and procedures on lone workers are in place for EMP units. There are some clinics at the EMP units but those are being phased out at the moment.

Any incidents and few involve the physical environment, are reviewed through the JOHSC. Patient family advisors are members of that committee.

The policy on patient accountability related to worker safety is reviewed and signed by the patient at the beginning of service and speaks to such requirements as keeping pets secured and no smoking when the worker is present.

Storage of biohazardous waste in clean utility was observed in one location that requires remediation.

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)

Emergency Management Plan and the Business Continuity Plan are well developed, tested and improvements identified and implemented. Integration between ANB and EMP is evident and each organization has learned from the other in how to optimize the patient experience during times of emergency.

Priority Process: People-Centred Care

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization is to be commended for the level of engagement that their teams have initiated up with the patient Family advisor. Throughout the province, there are 9-10 patient family advisors and the philosophy is that they are the voice of the patient. The organization has created a culture of the client, patient and family centered care.

Patient family advisors receive a very robust orientation which includes mentorship, briefings on common medical conditions (such as palliative care and neurological conditions) and ongoing training with presentations on how the medical systems and processes work. The organization has access to an ethicist who also provides ethics training and the process for decision-making.

Patient family advisors are involved at the committee level, with policy and procedure development and review. The patient family advisors work closely with the council and evaluate and share their experiences to enhance their learning. The goal is to match the advisor with their specific interest, for example, if someone has an interest in IT, they will focus their expertise in that area.

There are many examples where services are planned with advice from the patient advisors. Currently, there are about 8 to 10 initiatives that they have been actively involved in. For example, the patient family advisor participated in establishing a standard for anticoagulant therapy which is now a province-wide initiative. The advisory group also participates in the review of incidents and their feedback is well-received by the board.

The patient family advisor often identifies barriers to services and makes suggestions. For example, the family of a palliative patient might prefer that lights and sirens not be used by the ambulance when making a call to their home.

Since the involvement of the patient-family advisor in the extramural program, they have also initiated participation in the 811 call trial to enable access to primary care providers' schedules to be able to book the appointment directly with the practitioner in a timely way. This project directs the patient to the appropriate level of care and is something that's been trialed in Bathurst.

During the interview with staff and the patient-family advisor, there were overwhelming comments regarding how they feel very integrated into the planning and decision-making of the services in their area as well as organization-wide. The staff has expressed appreciation of the role of the patient-family advisor as they felt they bring a different perspective to the table which sometimes is not always considered by managers and staff.

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's leaders are commended for addressing and reducing barriers to services. Through the creation of the Care Coordination Centre with the support and collaboration of the Virtual Care liaisons, patients are streamed through one point of entry to the organization. This enables all intakes to be assessed and triaged to the most appropriate care provider in a timely manner. Intakes are triaged by this centralized unit, eliminating regional process variability. Accessibility is analyzed through a strong quality and risk management program with key performance indicators that are closely monitored. Team members are strong efficient advocates for patients, resourcing community supports and programs to assist their patients to reach their care goals in collaboration with the organisation. Partnerships with other community stakeholders are strong and effective in assuring the patient is able to receive the right care at the right time by the right person.

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: Infection Prevention and Control Standards for Community-Based Organizations

10.11 When an organization cleans, disinfects, and/or sterilizes devices and equipment in-house, there are designated and appropriate area(s) where these activities are done.	!
--	---

Surveyor comments on the priority process(es)

The organisation's implementation of Collective Data software for all divisions is a demonstration of an important mechanism to manage all medical devices and equipment, providing an important set of evidence/data that is used by staff to identify areas for improvement. The partnership with Service New Brunswick also provides enhanced oversight for high-risk medical devices/equipment and, if the item in question is not CSA approved, there is additional testing and sign off required before that item can be used in patient care. A policy of No one-off device/equipment purchases has been put in place as a mitigation strategy. Cleaning sheets are available in the EMP units to reinforce the cleaning approaches for specific equipment.

Risk incidents arising from medical devices and equipment are monitored and a team, including patient family advisers, conduct a review and follow the CQI process for improvement as necessary. Project Management is used in provincial implementations of change to ensure no critical steps are missing in the process.

Patient education on the cleaning of medical devices/equipment is done as necessary, however, any patient-specific equipment, upon discontinuation of use, is cleaned in the home and then returned to the office for a more thorough cleaning before being returned to the general inventory.

There are several sites where cleaning of large pieces of equipment are not facilitated by proper space allocation for this work (Edmunston, Grand Falls, Woodstock, Restigouche).

Space requirements for both cleaning and biohazardous waste disposal require review.

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: Home 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

The organization has met all criteria for this priority process.

Priority Process: Episode of Care

6.3 Defined criteria are used to determine when to initiate services with clients.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

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.

Surveyor comments on the priority process(es)**Priority Process: Clinical Leadership**

The organization collects information from several sources, which then inform decisions about service planning and design. Patient results are sent to the organization and shared with the units and managers and the managers use this information to tailor their services. At the strategic level, data reports are used to plan and adjust services. The organization conducts a community needs assessment and meets regularly with the Patient Family Advisor to review items that are linked to the strategic plan. The organization has formed a strong partnership with the Patient Family Advisors, of which there are 9-10 across the province. They have also formed strong relationships with the hospital, which provided teaching and continuing education during the transition to EM/ANB.

The organization has made great strides in involving managers, team members, patients and families in the work and job design. They have traveled the province to meet with their teams personally and have gathered information and feedback. The staff has voiced that they feel heard and their feedback is being taken into consideration when decisions are made.

Priority Process: Competency

The organization has developed an e-learning platform for training of mandatory topics such as defensive driving, privacy and violence management. There are also numerous modules related to clinical practice and updates. The staff is required to update regularly, and reminders are sent when modules become due or a new module is introduced. These reminders, sent by email are appreciated as staff felt that it takes the pressure off them and they 'do not have to think about this'. A comprehensive and robust orientation program is also available on-line, which allows self-directed learning at the individual's pace.

There is a collaboration with the hospital in providing staff with training for new procedures that are being introduced into the community. The nurses also provide training to the hospital staff when there is expertise in the community, such as ostomy care.

The organization has established multidisciplinary teams that meet regularly to discuss strategies and challenges for managing patients. During the meetings, there is an opportunity for staff to share their experiences, ideas, recommendations, and advice. For example, the dietician, physio or occupational therapist can provide suggestions as to how to manage patient needs and if the nurse identifies additional needs, a consult can be initiated. The nurse is also able to refer patients when higher priority needs are identified. This is done both formally and informally during the patient rounds at the beginning of the day.

Relevant information is communicated effectively during care at key transition points and we saw the standardization of forms such as the 'Service Communication' and 'Transfer of Care' forms. This provides immediate access to information such as patient diagnosis, DNR status and care plan for on-call and shift change.

Patient care is excellent. The organization conducts chart audits that provide an evaluation of the compliance to care standards.

Priority Process: Episode of Care

The organization has Clinical Nurse Specialists who provide wound care and other training to staff. The team has created a wound care committee that reviews best practice guidelines used to ensure wounds are managed in a way that will achieve desired outcomes. Staff monitor timelines for wound healing and follow-up if it is not progressing as it should. Care providers can access this information in areas where tablets are used. The nurse is also able to print the information and send updates to the primary care physician.

The team uses a proactive approach in the management and treatment of diabetic and pressure ulcers. Additional assessments are also provided by dieticians and other professionals such as occupational therapists to ensure a comprehensive approach to wound management. The assessment is printed for the point of care document and can also be shared with other practitioners involved in the patient's care.

The organization ensures that information is communicated at every level of transition so that all providers and staff on call are aware of the patient's status. There is a communication book where the information about key concerns and status of the patient is documented for the on-call staff, in case the patient calls for assistance and during the shift change. The team participates in management leadership meetings twice a year where they can evaluate services and care (referred to as 'touch-point-on-line').

Patients were always confident in the ability of their care providers, they understood their role and knew how to contact someone if they had questions or concerns. During visits with the care providers, it was very evident that time was dedicated to teaching and reinforcing information about their medication and treatment plan to ensure that clients understood the information.

The process for prioritizing clients who are waiting for service varies in some areas. The organization is encouraged to review its waitlist and standardize the criteria for admission to service for all levels of need.

Priority Process: Decision Support

The care teams are comprised of skilled professions which include nurses, dieticians, respiratory therapists, physiotherapists, occupational therapists, and social workers. The team uses a set of standardized tools to collect and document a complete and accurate set of health information from the time of intake to assessment, care plans, and progress notes. Documentation is consistently detailed and thoroughly completed after each patient visit.

Records are securely maintained both in the offices and locked in the nurses' bag when out on the road. The multidisciplinary team meets regularly and shares information openly. In doing so, they ensure continuous learning from each other and allow for both formal and informal consultation with specialties such as the occupational therapist and physiotherapist.

Communication amongst team members is detailed and reports are completed daily at shift change to ensure that the oncoming and on-call staff have the essential information needed to manage patients who may call after hours. Relevant information is communicated effectively during care transitions and documented on 'service communication' and 'transfer of care' forms. Access to more detailed information on the tablet (in the areas that are currently trialing this) allows the team to monitor patient progress, as in the case of wound care, where photos of the wound can be uploaded.

The organization is encouraged to explore efficiencies in the processes for communicating patient updates and reports to minimize duplication. There are plans to adopt electronic clinical documentation in the future, which will help to streamline documentation.

Priority Process: Impact on Outcomes

Policies and procedures are regularly reviewed and updated every 2 years by the P&P Committee. The Patient Family Advisor participates in this committee and has provided feedback in the past which incorporates the patient perspective.

A comprehensive risk assessment begins at the time of referral with the initial phone call to the patient for intake and screening. The assessment includes environmental concerns (i.e. animals or special considerations) within the home as well as patient risks such as fall risk. Additional risks are assessed by the nurse before visiting and during visits. The team is also well equipped with items such as kitty litter and shoe grips for snow and icy conditions. The defensive driving training which is part of the mandatory on-line education has been very valuable in providing staff with effective means of managing risks related to driving.

The organization has recently implemented the electronic format for incident reporting. Reports with feedback are sent to managers and follow up is completed together by the Quality and Risk Manager and the Manager. If a concern is identified, for example, a problem with the patient transfer, the information is reviewed by the team and an action plan is generated by the Manager. Feedback is given to the staff. Managers have found this to be an improvement as the form is very simple to complete. The goal is to promote a no-blame culture, which managers feel is challenging.

Organization-wide there are some quality improvement projects currently underway, for example, the 811

call system to enable direct access to the primary care provider's schedule for more timely booking of appointments.

At the local level, the staff is not always aware of organizational quality improvement initiatives. The organization is encouraged to find ways to encourage the involvement of front line staff in quality improvement initiatives.

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

The Infection Prevention and Control Work Group has made significant progress in a short time particularly with staff and patient education regarding best practice. A variety of tools are available as reference including evidence-based guidelines, protocols and fact sheets related to cleaning and disinfection, hand hygiene, pandemic planning, infection exposure, transmission, work restrictions, and other topics. Staff at the point of care can access relevant information on their tablets during home visits. The organization has collaborated with community partners in establishing its approach to infection prevention and control and recently stepped up to provide in home screening to patients during a measles outbreak to contain the potential infection in community settings. The Extra Mural Program and Ambulance New Brunswick have worked collaboratively in establishing Infection Prevention and Control protocols drawing on each other's expertise.

Signage at front entrances about Influenza-like Illness precautions and self-screening would be a good reminder to all staff about infection prevention and control.

Hand hygiene compliance is evaluated using a quarterly staff self-evaluation. Direct observation is not always possible in home care but it is suggested that the organization consider additional methods to validate compliance with hand-hygiene practices.

Adequate space is required for the disposal of bio-hazardous waste (e.g. in some units, sharps are deposited in the clean utility rooms awaiting pick up which is not optimal). Finally, an order for new carrying bags for staff is in the process but needs to be accelerated to ensure proper cleaning of bags.

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	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Medication Management for Community-Based Organizations

The organization has a provincial committee with representatives from each district, pharmacy, quality and an active patient representative on the team. They are commended for making safety the priority it is within health care. This is reflected by a just culture evidenced throughout the sites. They pride themselves in reporting not only actual occurrences but also near misses facilitating additional learnings and safety for patients and staff. Occurrences are reviewed, analysed and discussed at team meetings. There is full disclosure to the patient when an occurrence is identified.

Supportive partnerships and collaboration exist with Mapleton pharmacy who assures patients receive their intravenous medications, palliative medications and stock in a timely accurate manner. Policy and processes are in place for the use of high alert medications.

Nursing staff were articulate and confident in understanding the policy and demonstrated adherence in their practice. Medication storage areas within units were secure and included electronically monitored vaccine storage and highly visible Do Not Use abbreviation lists.

The organization emphasizes ensuring that medication management standards are in place and adhered to for the safety of the patients entrusted in their care.

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 (2016)

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: February 22, 2019 to March 12, 2019**
- **Number of responses: 1**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	93
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	100	0	0	94
3. Subcommittees need better defined roles and responsibilities.	100	0	0	72
4. As a governing body, we do not become directly involved in management issues.	0	0	100	88
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	96

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	96
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	95
9. Our governance processes need to better ensure that everyone participates in decision making.	100	0	0	63
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	94
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	97
12. Our ongoing education and professional development is encouraged.	100	0	0	86
13. Working relationships among individual members are positive.	0	0	100	97
14. We have a process to set bylaws and corporate policies.	100	0	0	95
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	100	0	97
16. We benchmark our performance against other similar organizations and/or national standards.	0	0	100	73
17. Contributions of individual members are reviewed regularly.	100	0	0	66
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	76
19. There is a process for improving individual effectiveness when non-performance is an issue.	100	0	0	60
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	0	100	82

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21. As individual members, we need better feedback about our contribution to the governing body.	100	0	0	45
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	100	0	80
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	96
24. As a governing body, we hear stories about clients who experienced harm during care.	0	0	100	79
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	89
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	87
27. We lack explicit criteria to recruit and select new members.	0	0	100	73
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	88
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	90
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	91
31. We review our own structure, including size and subcommittee structure.	0	0	100	86
32. We have a process to elect or appoint our chair.	0	0	100	89

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2019 and agreed with the instrument items.

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	100	0	80

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
34. Quality of care	0	100	0	82

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2019 and agreed with the instrument items.

Canadian Patient Safety Culture Survey Tool: Community Based Version

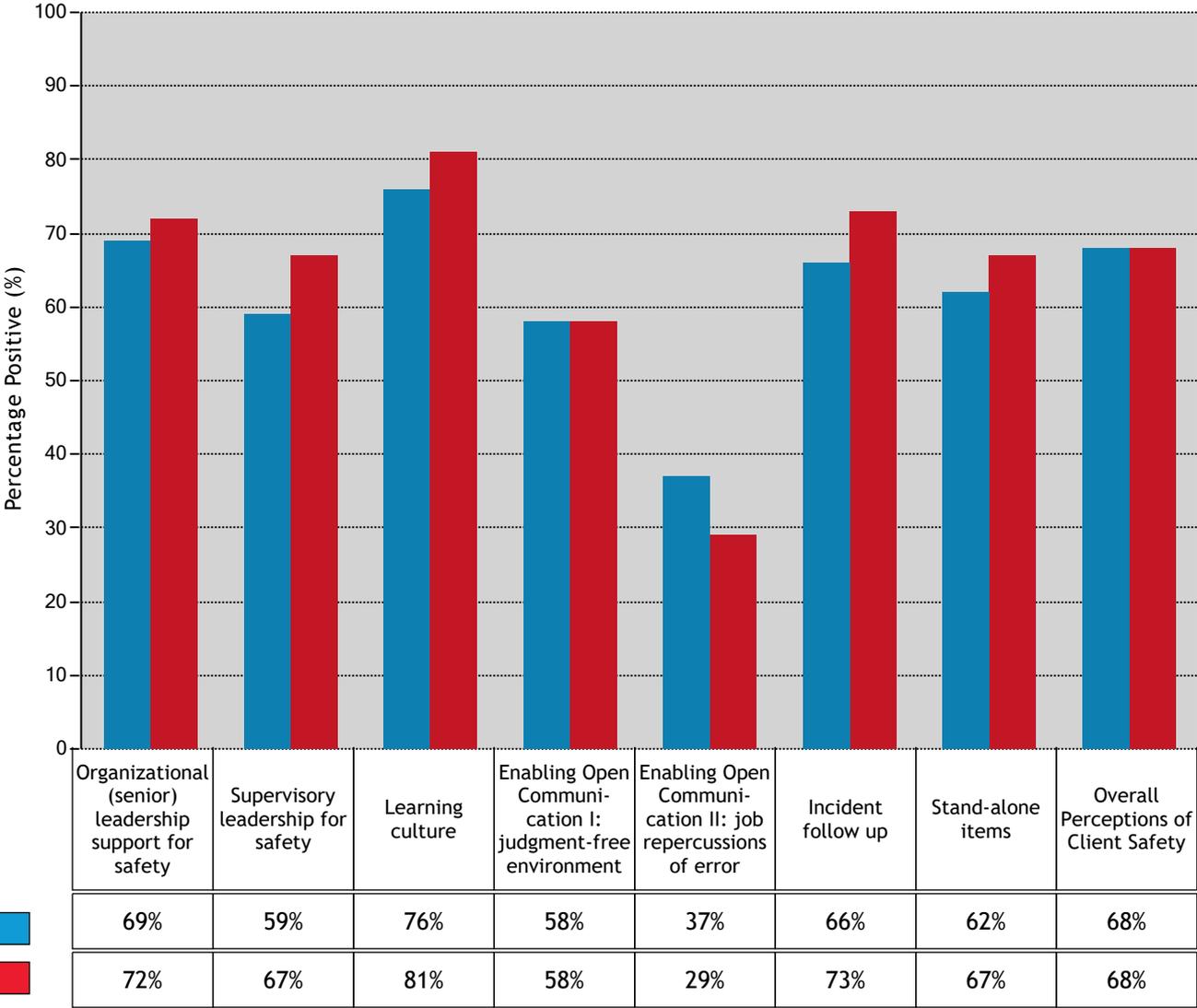
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations 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: January 31, 2019 to March 1, 2019**
- **Minimum responses rate (based on the number of eligible employees): 307**
- **Number of responses: 877**

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



Legend
■ EM/ANB Inc.
■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2019 and agreed with the instrument items.

Worklife Pulse

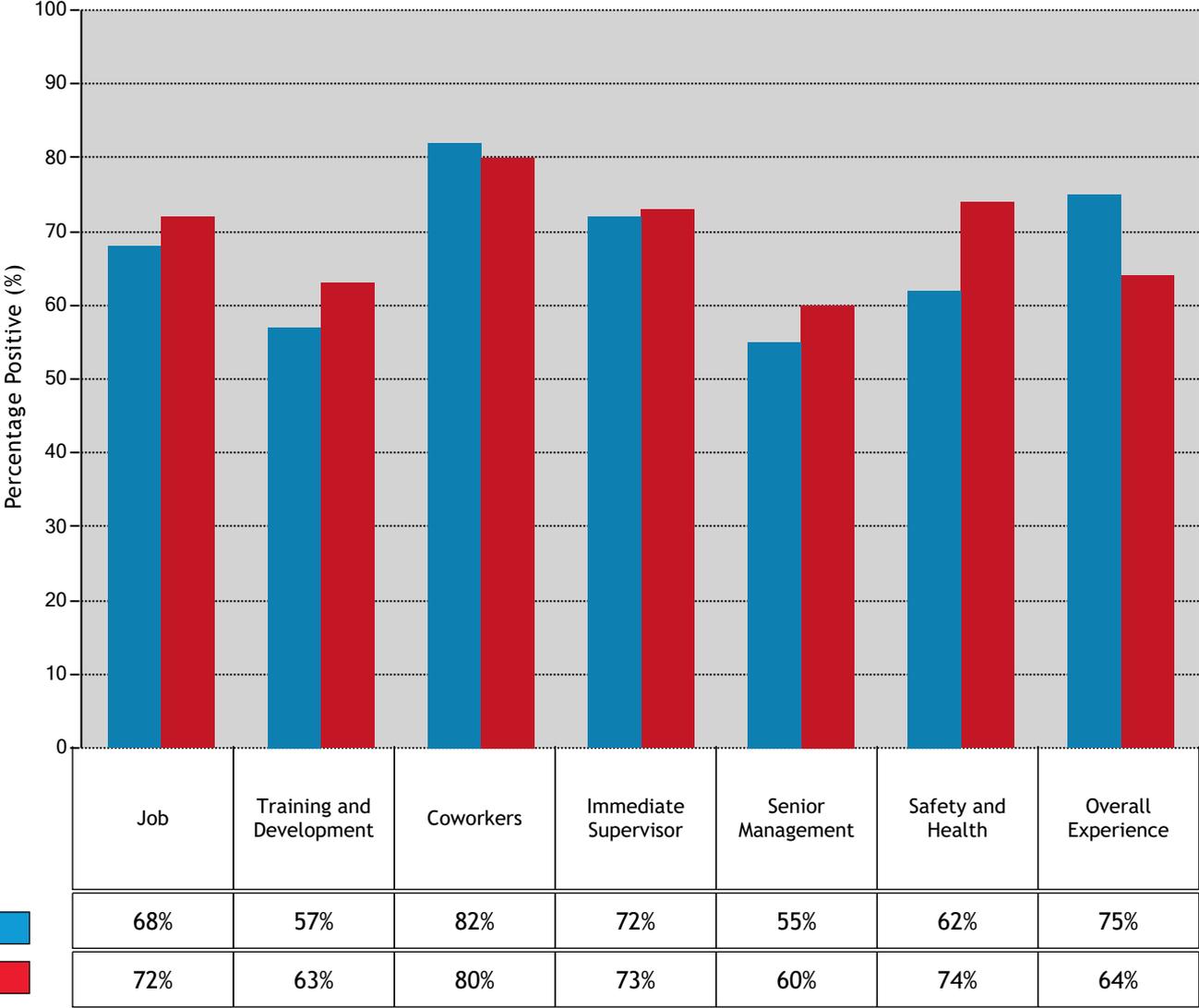
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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: January 31, 2019 to March 1, 2019**
- **Minimum responses rate (based on the number of eligible employees): 312**
- **Number of responses: 998**

Worklife Pulse: Results of Work Environment



Legend
■ EM/ANB Inc.
■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2019 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
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