



ACCREDITATION CANADA



Driving Quality Health Services

Accreditation Report

Prepared for:
**Regional Health Authority - Central Manitoba
Inc.**

Southport, MB

On-site Survey Dates:
March 8, 2009 - March 13, 2009

December 22, 2009



**ACCREDITATION CANADA
AGRÉMENT CANADA**

Accredited by ISQua

Final Accreditation Report

About this Report

This Report documents updated information and action taken by Regional Health Authority - Central Manitoba Inc. to address areas for improvement identified in its Forecast Report issued in January 1900. It also shows the final accreditation decision.

The Report is based on information obtained from the organization. Accreditation Canada relies on the accuracy of this information to conduct the on-site survey and to prepare the Report. Any alteration of this Report compromises the integrity of the accreditation process and is strictly prohibited.

Confidentiality

This Report is confidential and is provided by Accreditation Canada to Regional Health Authority - Central Manitoba Inc. only. Accreditation Canada does not release the Report to any other parties.

In the interests of transparency, Accreditation Canada encourages the dissemination of the information in this Report to staff, board members, clients, the community, and other stakeholders.

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About the Qmentum Accreditation Program

Accreditation is a cornerstone of quality improvement and patient safety initiatives, enabling an organization to regularly and consistently assess and improve its services.

Accreditation Canada's Qmentum program offers a customized process aligned with organizational needs and priorities. Organizations complete self-assessment questionnaires, collect indicator and instrument data, and undergo an on-site survey during which peer surveyors assess their services against national standards of excellence. Qmentum also offers ongoing support from and liaison with Accreditation Specialists who work with each organization to address critical issues, assist with action planning, and monitor progress.

Accreditation results, and the accreditation decision, are documented as follows:

- ***On-Site Report:***
At the conclusion of the on-site survey, surveyors provide the organization with an On-site Report summarizing their findings. The organization reviews the results and starts working on areas identified for improvement.
- ***Forecast Report:***
Following the on-site survey, Accreditation Canada issues a Forecast Report, containing more detailed on-site survey findings, a summary of indicator and instrument data, and a forecast of the final accreditation decision.
- ***Final Report:***
The Final Report is issued six months after the Forecast Report. It shows updated data, based on action(s) the organization has taken to address areas identified for improvement in the Forecast Report, and the final accreditation decision.

The findings in these Reports guide the organization as it incorporates the principles of accreditation into its programs and improves the quality of care and services provided to clients and the community.

An important adjunct to the Accreditation Reports is the Quality Performance Roadmap, available to the organization through a designated online portal. The Roadmap allows organization teams to review accreditation requirements and results in detail, and develop action plans, submit evidence, and monitor improvements.

Accreditation Summary

Regional Health Authority - Central Manitoba Inc.

On-site survey dates	March 8 to 13, 2009
Forecast Report issued	
Forecast of the accreditation decision	Accreditation with Condition

Final Report issued	December 22, 2009
Accreditation Decision	Accreditation with Condition (Report)

Accreditation History

Previous on-site survey dates	March 5 to 10, 2006
Accreditation Decision	Accreditation with Report
Previous on-site survey dates	March 23 to 28, 2003
Accreditation Decision	Accreditation with Report
Previous on-site survey dates	March 19 to 24, 2000
Accreditation Decision	Accreditation with Report

Organization's Commentary

The organization has no comment at this time.

Leading Practices

Recognizing innovation and creativity in Canadian health care delivery

Leading practices are commendable or exemplary organizational practices that demonstrate high quality leadership and service delivery. Accreditation Canada considers these practices worthy of recognition as organizations strive for excellence in their specific field, or commendable for what they contribute to health care as a whole. They may have been identified as a leading practice in a particular geographic region, or for a particular service delivery area or health issue.

Leading Practices

- are creative and innovative
- demonstrate efficiency in practice
- are linked to Accreditation Canada standards
- are adaptable by other organizations

Regional Health Authority - Central Manitoba Inc. is commended for the following:



The Boundary Trails Health Centre of the Regional Health Authority Central Manitoba has implemented an Infant Loss Patient Care program called Aiding Parents Experiencing Infant Loss (A.P.E.I.L.). This is a program that was developed locally through a member of the community that has partnered with the Boundary Trails Health Centre Obstetrical unit. It is offered to all families experiencing the loss of an infant no matter what stage of pregnancy. The program is divided by trimester (0-19 weeks, 20-28 weeks and over 28 weeks to term). The unit has developed flow sheets for staff to follow when a miscarriage occurs or in the case of stillbirth or infant death.

The packages contain information about the A.P.E.I.L. support program, a resource list, pamphlets for grieving fathers, pamphlets on the next pregnancy, a book on grief following the loss of the infant, and a memory book. For babies born in the third trimester the program offers casts of hands and feet that are wrapped in a memory box that is given to the parents. These boxes are provided through the BTHC foundation.

Partnership with the local funeral home offers free burial services for the infants. With consent of the mother a referral is made to the Public Health Nurse and to the A.P.E.I.L. support group.

This program has not only had a positive impact on the grieving family but has had a great impact on the staff helping them to cope with these difficult situations. (Obstetrics/Perinatal Care Services)

1 Results Overview

This section of the Report shows an overview of the organization's results, displayed according to three significant components of the accreditation program: quality dimensions, required organizational practices, and standards sections.

1.1 Overview by Quality Dimensions

Accreditation Canada standards and criteria can be categorized into eight quality dimensions.

The following table summarizes the percentage of criteria associated with each quality dimension that were met by the organization, as well as the national compliance rate from January 1 to June 30, 2009 for all Accreditation Canada organizations.

Quality Dimension	Organization compliance rate %		National compliance rate * %
	Forecast Results	Final Results	
Population Focus <ul style="list-style-type: none"> ▪ Working with communities to anticipate and meet needs 	93	93	90
Accessibility <ul style="list-style-type: none"> ▪ Providing timely and equitable services 	95	95	97
Safety <ul style="list-style-type: none"> ▪ Keeping people safe 	82	86	90
Worklife <ul style="list-style-type: none"> ▪ Supporting wellness in the work environment 	94	94	93
Client-centred Services <ul style="list-style-type: none"> ▪ Putting clients and families first 	93	94	96
Continuity of Services <ul style="list-style-type: none"> ▪ Experiencing coordinated and seamless services 	92	93	96
Effectiveness <ul style="list-style-type: none"> ▪ Doing the right thing to achieve the best possible results 	85	87	91
Efficiency <ul style="list-style-type: none"> ▪ Making the best use of resources 	85	85	94

* Percentage of Accreditation Canada organizations surveyed from January 1 to June 30, 2009 that are in compliance with the criteria associated with each quality dimension.

1.2 Overview by Required Organizational Practice (ROP)

Required Organizational Practices are essential practices that Accreditation Canada requires organizations to have in place to enhance patient and client safety and minimize risk.

This section shows two tables. The first summarizes the safety areas addressed by each ROP, and shows the organization’s compliance status and the percentage of Accreditation Canada organizations nationally that met the ROP from January 1 to June 30, 2009.

To help organizations identify specific areas for action related to ROPs, the second table shows detailed requirements for unmet ROPs, and the standards sections in which they appear.

Following the on-site survey and receipt of the Forecast Report, organizations have opportunities to submit evidence of action taken to address areas identified for improvement. ROPs that continue to be rated unmet may be a result of the organization submitting incomplete or insufficient evidence, or because it has chosen to focus on other areas.

1.2a Overview by ROP Safety Areas

Safety Areas For Required Organizational Practices	Status at the Time of Forecast Report	Status at the Time of Final Report	Organizations that met the ROP %
Culture			
Adopts client safety as a written, strategic priority or goal	Met	Met	91
Produces quarterly reports on client safety, including recommendations from adverse incidents	Met	Met	89
Has a reporting and follow-up system for sentinel events, adverse events, and near misses	Met	Met	89
Discloses adverse events to clients and families	Met	Met	86
Conducts one client safety-related prospective analysis per year	Met	Met	71
Communication			
Educates clients and families about their roles in promoting safety	Unmet	Unmet	71
Ensures effective information transfer at transition points	Unmet	Unmet	92

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Safety Areas For Required Organizational Practices	Status at the Time of Forecast Report	Status at the Time of Final Report	Organizations that met the ROP %
Communication			
Uses verification processes and other checking systems for high-risk activities	Unmet	Met	90
Conducts medication reconciliation at admission	Unmet	Unmet	41
Conducts medication reconciliation at transfer	Unmet	Met	43
Uses two client identifiers before administering medications	Met	Met	86
Identifies abbreviations, symbols, and dose designations that are not to be used	Unmet	Unmet	54
Medication Use			
Stores concentrated electrolytes away from client service areas	Met	Met	92
Standardizes and limits number of medication concentrations	Met	Met	97
Provides training on infusion pumps	Unmet	Unmet	78
Evaluates and limits availability of heparin products	Unmet	Unmet	89
Evaluates and limits availability of narcotic (opioid) products	Met	Met	97
Worklife/Workforce			
Delivers client safety training and education at least annually	Met	Met	91
Develops and implements client safety plan	Met	Met	88
Defines roles, responsibilities, and accountabilities for client care and safety	Met	Met	65
Has a preventive maintenance program for medical devices, equipment, and technology	Met	Met	79

Safety Areas For Required Organizational Practices	Status at the Time of Forecast Report	Status at the Time of Final Report	Organizations that met the ROP %
Infection Control			
Ensures policies and procedures meet infection control guidelines	Met	Met	98
Delivers hand hygiene education and training.	Met	Met	97
Tracks and shares information on Infection rates	Met	Met	75
Monitors processes for reprocessing equipment	Unmet	Unmet	88
Administers the influenza vaccine	Met	Met	92
Administers the pneumococcal vaccine	Met	Met	95
Evaluates compliance with hand hygiene practices	Met	Met	72
Falls Prevention			
Implements a falls prevention strategy	Unmet	Unmet	63
Risk Assessment			
Implements interventions to prevent pressure ulcers	Met	Met	83
Monitors clients for risk of suicide	Met	Met	88

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1.2b Overview of Unmet ROPs by Standards Section and Criterion

The organization is required to submit, through the Organization Portal, evidence of the action it has taken to meet the following ROPs in each of the identified standards sections.

Unmet Required Organizational Practice	Standards section and criterion #
Communication	
<p>The organization has identified and implemented a list of abbreviations, symbols, and dose designations that are not to be used in the organization.</p>	<ul style="list-style-type: none"> Managing Medications 10.2
<p>The team reconciles medications with the client at referral or transfer, and communicates information about the client’s medications to the next provider of service at referral or transfer to another setting, service, service provider, or level of care within or outside the organization.</p>	<ul style="list-style-type: none"> Ambulatory Care Services 12.2 Hospice, Palliative, and End-of-Life Services 12.2
<p>The interdisciplinary team transfers information effectively among service providers at transition points.</p>	<ul style="list-style-type: none"> Child and Youth Populations 6.3
<p>The interdisciplinary team transfers information effectively among providers at transition points.</p>	<ul style="list-style-type: none"> Maternal/Child Populations 6.3
<p>The team reconciles the client’s medications as part of the assessment process, with the involvement of the client.</p>	<ul style="list-style-type: none"> Ambulatory Care Services 8.3
<p>The team reconciles medications with the client at referral or transfer, and communicates information about the client’s medications to the next provider of service at referral or transfer to another setting, service, service provider, or level of care within or outside the organization.</p>	<ul style="list-style-type: none"> Cancer Care and Oncology Services 11.3
<p>The team reconciles the client’s medications following triage, with the involvement of the client.</p>	<ul style="list-style-type: none"> Emergency Department Services 8.3
<p>The team reconciles medications with the client at referral or transfer, and communicates information about the client’s medications to the next provider of service at referral or transfer to another setting, service, service provider, or level of care within or outside the organization.</p>	<ul style="list-style-type: none"> Medicine Services 11.3 Mental Health Services 11.3 Obstetrics/Perinatal Care Services 11.3

Unmet Required Organizational Practice	Standards section and criterion #
Communication	
The team informs and educates its clients and families in writing and verbally about the client and family's role in promoting safety.	<ul style="list-style-type: none"> Obstetrics/Perinatal Care Services 16.3
The team reconciles the client's medications upon admission to the organization, with the involvement of the client.	<ul style="list-style-type: none"> Cancer Care and Oncology Services 7.4 Critical Care Services 7.4 Home Care 7.4
The team reconciles the client's medications upon admission to the organization, and the involvement of the client.	<ul style="list-style-type: none"> Long Term Care Services 7.4
The team reconciles the client's medications upon admission to the organization, with the involvement of the client.	<ul style="list-style-type: none"> Medicine Services 7.4 Rehabilitation Services 7.4
The team reconciles medications with the client at referral or transfer, and communicates information about the client's medications to the next provider of service at referral or transfer to another setting, service, service provider, or level of care within or outside the organization.	<ul style="list-style-type: none"> Surgical Care Services 11.4 Critical Care Services 11.5
The team reconciles medications with the client at referral or transfer and communicates information about the client's medications to the next provider of service at referral or transfer to another setting, service, service provider, or level of care within or outside the organization.	<ul style="list-style-type: none"> Emergency Department Services 10.5
The team reconciles the client's medications upon admission to the organization, with the involvement of the client.	<ul style="list-style-type: none"> Mental Health Services 7.6 Hospice, Palliative, and End-of-Life Services 7.8 Surgical Care Services 7.10
The team reconciles the client's medications upon admission to the organization with the involvement of the client.	<ul style="list-style-type: none"> Obstetrics/Perinatal Care Services 7.11
Medication Use	
The team's orientation includes training on all infusion pumps.	<ul style="list-style-type: none"> Operating Rooms 2.3

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Unmet Required Organizational Practice	Standards section and criterion #
Medication Use	
Staff and service providers receive ongoing, effective training on infusion pumps.	<ul style="list-style-type: none"> · Managing Medications 19.4 · Critical Care Services 4.4 · Home Care 4.4 · Medicine Services 4.4 · Rehabilitation Services 4.4 · Surgical Care Services 4.4
The organization evaluates and limits the availability of heparin products and has removed high-dose formats.	<ul style="list-style-type: none"> · Managing Medications 3.5
Staff and service providers receive ongoing, effective training on infusion pumps.	<ul style="list-style-type: none"> · Emergency Department Services 4.5
The team receives ongoing, effective training on all infusion pumps for staff and service providers.	<ul style="list-style-type: none"> · Obstetrics/Perinatal Care Services 4.6
Infection Control	
The organization monitors its processes for reprocessing equipment, and makes improvements as appropriate.	<ul style="list-style-type: none"> · Infection Prevention and Control 12.22
Falls Prevention	
The team implements and evaluates a fall prevention strategy to minimize the impact of client falls.	<ul style="list-style-type: none"> · Hospice, Palliative, and End-of-Life Services 16.2 · Long Term Care Services 16.2
The team implements and evaluates a falls prevention strategy to minimize the impact of client falls.	<ul style="list-style-type: none"> · Medicine Services 15.2 · Rehabilitation Services 15.2 · Mental Health Services 15.3

1.3 Overview by Standards Section

The following table shows the percentage of high priority criteria in the identified standards section with which the organization has complied.

Standards Section	Organization compliance rate %		National compliance rate * %
	Forecast Results	Final Results	
Sustainable Governance	96	100	94
Effective Organization	91	98	88
Infection Prevention and Control	89	89	94
Managing Medications	77	81	94
Populations with Chronic Conditions	100	100	84
Cancer Populations	100	100	81
Child and Youth Populations	78	78	85
Maternal/Child Populations	67	67	85
Mental Health Populations	100	100	89
Ambulatory Care Services	87	90	89
Cancer Care and Oncology Services	87	90	88
Community Health Services	0	0	87
Critical Care Services	53	73	85
Emergency Department Services	74	84	88
Home Care	84	87	80
Hospice, Palliative, and End-of-Life Services	85	85	87
Long Term Care Services	94	94	89
Medicine Services	63	77	84
Mental Health Services	85	85	87
Obstetrics/Perinatal Care Services	85	85	92
Operating Rooms	93	99	95
Public Health Services	97	100	98

* Percentage of Accreditation Canada organizations surveyed from January 1 to June 30, 2009 that are in compliance with the specified high priority criteria.

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Standards Section	Organization compliance rate %		National compliance rate *
	Forecast Results	Final Results	
Rehabilitation Services	48	72	87
Reprocessing and Sterilization of Reusable Medical Devices	79	82	94
Surgical Care Services	70	88	87

* Percentage of Accreditation Canada organizations surveyed from January 1 to June 30, 2009 that are in compliance with the specified high priority criteria.

2 Status of Unmet, High Priority Criteria (from Forecast Report)

This section lists the high priority criteria from each standards section that were rated unmet at the time of the Forecast Report, and their current status. This table excludes the ROP data that is displayed in the previous section.

Following the on-site survey and receipt of the Forecast Report, organizations have opportunities to submit evidence of action taken to address areas identified for improvement. Criteria that continue to be rated unmet may be a result of the organization submitting incomplete or insufficient evidence, or because it has chosen to focus on other areas.

Sustainable Governance		Organization compliance status (Final Report)	National compliance rate * %
16.1	The governing body sets clear goals and objectives to reduce harm and improve safety.	Met	85
Effective Organization		Organization compliance status (Final Report)	National compliance rate * %
7.1	The organization identifies quality improvement as a strategic goal.	Met	91
8.6	The organization's leaders identify and monitor process and outcome measures related to worklife and the working environment.	Unmet	88
10.1	The organization's physical space meets applicable laws, regulations, and codes.	Met	81
10.7	The organization's leaders implement plans, including back-up systems, to reduce the impact of utilities failures on client and staff health and safety.	Met	88
14.5	The organization's leaders select and monitor process and outcome measures to evaluate the organization's performance.	Met	89
Infection Prevention and Control		Organization compliance status (Final Report)	National compliance rate * %
12.2	For each contaminated device and piece of equipment, a trained staff person uses a recognized classification system to determine whether sterilization is required.	Unmet	95
12.9	The organization appropriately contains and transports contaminated items to the reprocessing unit or area.	Unmet	95

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Infection Prevention and Control		Organization compliance status (Final Report)	National compliance rate * %
12.13	The organization's policies and procedures include traceability for all loaned, shared, consigned, and leased medical devices.	Unmet	84
12.17	The organization consistently follows a documented process for internal recall of surgical equipment and medical devices whenever there are questions about their sterility.	Unmet	89
12.19	If reprocessing and sterilization are contracted to external providers, the organization establishes and maintains a contract with each provider.	Unmet	86
Managing Medications		Organization compliance status (Final Report)	National compliance rate * %
7.4	Medications for client service areas are stored in labelled, unit dose packaging.	Unmet	87
10.6	The organization develops and follows a policy to maintain accurate allergy information in each client medication history.	Unmet	94
10.9	The pharmacy and other service providers accept verbal orders for medication only in emergencies.	Unmet	95
10.10	The pharmacy and other service providers accept telephone orders for medication only in emergencies.	Unmet	91
11.2	Pharmacy staff review client medication allergies identified by the pharmacy computer system prior to dispensing a medication.	Met	99
11.3	Pharmacy staff review client medication interactions identified by the pharmacy computer system prior to dispensing a medication.	Met	94
11.4	The pharmacy computer system is used to perform dose range checks and to warn staff and service providers about low and high doses for high alert medications.	Met	88
13.3	The pharmacy dispenses medications using a unit dose packaging system.	Unmet	87
16.1	At the start of service, service providers educate clients and families about how to take an active role in ensuring medication prescribed for them is administered safely.	Unmet	96

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Managing Medications		Organization compliance status (Final Report)	National compliance rate * %
19.1	The organization has and follows a proactive risk assessment process to evaluate the risk potential for new medication delivery devices.	Unmet	95
19.2	The organization limits the variety of general-purpose infusion pumps, syringe pumps, and patient-controlled analgesia (PCA) pumps available.	Unmet	97
19.3	The organization establishes and follows criteria to determine which client populations, medications, and rates of infusion require delivery via an infusion control pump.	Unmet	96
19.5	The organization minimizes the use of multi-dose vials in client care areas.	Unmet	99
21.5	The organization establishes an interdisciplinary group to investigate adverse drug events and review adverse event summary reports to support learning within the organization.	Unmet	83
Child and Youth Populations		Organization compliance status (Final Report)	National compliance rate * %
12.1	The organization identifies and monitors process and outcome measures for its services.	Unmet	71
Maternal/Child Populations		Organization compliance status (Final Report)	National compliance rate * %
2.1	The organization collects information about the service needs of the populations in the community.	Unmet	75
12.1	The organization identifies and monitors process and outcome measures for maternal/child services.	Unmet	75
Ambulatory Care Services		Organization compliance status (Final Report)	National compliance rate * %
17.2	Staff and service providers participate in regular safety briefings to share information about potential safety problems, reduce the risk of error, and improve the quality of service.	Met	80
18.1	The team identifies and monitors process and outcome measures for its ambulatory care services.	Unmet	90

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Cancer Care and Oncology Services		Organization compliance status (Final Report)	National compliance rate * %
16.1	The team identifies and monitors process and outcome measures for its cancer care and oncology services.	Unmet	70
16.4	The team uses the information it collects about the quality of its services to identify successes and opportunities for improvement, and makes improvements in a timely way.	Met	78
Critical Care Services		Organization compliance status (Final Report)	National compliance rate * %
3.9	The interdisciplinary team communicates regularly to coordinate services, roles, and responsibilities.	Unmet	91
5.3	The team has a process for identifying and reducing risks to team members while delivering critical care services.	Met	92
8.1	The team educates clients and families about their rights, and investigates and resolves any claims that these rights have been violated.	Met	96
11.7	Following transition or end of service, the team contacts clients, families, or referral organizations to evaluate the effectiveness of the transition, and uses this information to improve its transition and end of service planning.	Unmet	67
15.1	The team is trained to identify, reduce, and manage risks to client and staff safety.	Met	92
15.2	Staff and service providers participate in regular safety briefings to share information about potential safety problems, reduce the risk of error, and improve the quality of service.	Met	75
15.3	The team implements the Safer Healthcare Now Ventilator-Associated Pneumonia (VAP) bundle for all clients on ventilators.	Unmet	79
15.4	The team implements the Safer Healthcare Now Central Line (CLI) bundle for all clients requiring a central line.	Unmet	75
16.1	The team identifies and monitors process and outcome measures for its critical care services.	Unmet	71
16.3	The team compares its results with other similar interventions, programs, or organizations.	Met	70
16.4	The team uses the information it collects about the quality of its services to identify successes and opportunities for improvement, and makes improvements in a timely way.	Met	74

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Emergency Department Services		Organization compliance status (Final Report)	National compliance rate * %
5.3	The team has a process for identifying and reducing risks to team members while delivering Emergency Department services.	Met	89
8.7	The team follows a process for staff and service providers to communicate and validate client diagnoses when there is discrepancy between the initial diagnosis and diagnostic imaging or laboratory results.	Unmet	91
14.1	The team is trained to identify and manage physically threatening or violent clients in the Emergency Department.	Met	91
15.1	The team identifies and monitors process and outcome measures for its Emergency Department services.	Unmet	74
15.4	The team uses the information it collects about the quality of its services to identify successes and opportunities for improvement, and makes improvements in a timely way.	Met	76
Home Care		Organization compliance status (Final Report)	National compliance rate * %
16.1	The team identifies and monitors process and outcome measures for its home care services.	Unmet	56
16.4	The team uses the information it collects about the quality of its services to identify successes and opportunities for improvement, and makes improvements in a timely way.	Unmet	70
Hospice, Palliative, and End-of-Life Services		Organization compliance status (Final Report)	National compliance rate * %
16.3	Staff and service providers participate in regular safety briefings to share information about potential safety problems, reduce the risk of error, and improve the quality of service.	Unmet	62
17.1	The team identifies and monitors process and outcome measures for its hospice palliative and end-of-life services.	Unmet	78

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Medicine Services		Organization compliance status (Final Report)	National compliance rate * %
3.6	The interdisciplinary team communicates regularly to coordinate services, roles, and responsibilities.	Unmet	89
8.7	The team educates clients and families about their rights, and investigates and resolves any claims that these rights have been violated.	Met	92
11.6	Following transition or end of service, the team contacts clients, families, or referral organizations to evaluate the effectiveness of the transition, and uses this information to improve its transition and end of service planning.	Unmet	59
15.1	The team is trained to identify, reduce, and manage risks to client and staff safety.	Met	92
16.1	The team identifies and monitors process and outcome measures for its medicine services.	Unmet	70
16.4	The team uses the information it collects about the quality of its services to identify successes and opportunities for improvement, and makes improvements in a timely way.	Met	76
Mental Health Services		Organization compliance status (Final Report)	National compliance rate * %
10.6	The team follows the organization's established policies on storing and disposing of medications safely and securely.	Unmet	95
16.1	The team identifies and monitors process and outcome measures for its mental health services.	Unmet	69
Obstetrics/Perinatal Care Services		Organization compliance status (Final Report)	National compliance rate * %
11.5	Following transition or end of service, the team contacts clients, families, or referral organizations to evaluate the effectiveness of the transition, and uses this information to improve its transition and end of service planning.	Unmet	70
17.1	The team identifies and monitors process and outcome measures for its obstetrics/perinatal care services.	Unmet	85
17.4	The team uses the information it collects about the quality of its services to identify successes and opportunities for improvement, and makes improvements in a timely way.	Unmet	85

* Percentage of Accreditation Canada organizations surveyed from January 1 to June 30, 2009 that are in compliance with the specified high priority criteria.

Operating Rooms		Organization compliance status (Final Report)	National compliance rate * %
9.4	The organization uses a smoke evacuation system when an electrosurgical unit is operated.	Met	88
12.9	The team keeps a record of each use of flash sterilization and documents it in its files.	Met	93
12.11	The team is able to track all reprocessed or sterilized items so they can be recalled in the event of a breakdown or failure in the sterilization system.	Met	86
14.5	The team benchmarks or compares its results with other similar interventions, programs, or organizations.	Met	79
Public Health Services		Organization compliance status (Final Report)	National compliance rate * %
14.9	The organization and its partners educate the public about emergency preparedness.	Met	89
Rehabilitation Services		Organization compliance status (Final Report)	National compliance rate * %
8.7	The team educates clients and families about their rights, and investigates and resolves any claims that these rights have been violated.	Met	95
8.8	The team follows the organization's process to identify, address, and record all ethics-related issues.	Met	75
11.5	Following transition or end of service, the team contacts clients, families, or referral organizations to evaluate the effectiveness of the transition, and uses this information to improve its transition and end of service planning.	Unmet	68
14.4	The team's research activities for rehabilitation services meet applicable research and ethics protocols and standards.	Met	80
16.1	The team identifies and monitors process and outcome measures for its rehabilitation services.	Unmet	85
16.3	The team compares its results with other similar interventions, programs, or organizations.	Unmet	75
16.4	The team uses the information it collects about the quality of its services to identify successes and opportunities for improvement, and makes improvements in a timely way.	Unmet	75

* Percentage of Accreditation Canada organizations surveyed from January 1 to June 30, 2009 that are in compliance with the specified high priority criteria.

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Reprocessing and Sterilization of Reusable Medical Devices		Organization compliance status (Final Report)	National compliance rate * %
2.6	The organization provides follow-up education, training, and supervision for staff who have been involved in critical incidents or adverse events.	Met	96
3.4	The physical space has a specific, closed area for decontamination that is separate from other areas of the processing unit or area and the rest of the organization.	Unmet	70
5.2	The unit or area's hand hygiene facilities are equipped with faucets supplied with foot-, wrist-, or knee-operated handles, or electric eye controls.	Unmet	68
11.6	The team follows an established procedure to recall sterilized items that may have been compromised.	Unmet	94
11.7	For each recall, the team issues a written, complete notification to all areas of the organization that use reprocessed medical devices that identifies the items to be recalled and the actions needed to recall the items.	Unmet	93
12.4	As part of its quality management system, the team trains staff to identify, assess, prioritize, reduce, and communicate risks in the reprocessing unit or area.	Unmet	87
12.5	The team monitors compliance with policies and procedures, safe work practices, and OHS requirements in the reprocessing unit or area.	Unmet	90
12.7	The team identifies, investigates, evaluates, and takes appropriate corrective action for deviations from normal operating procedures or safe work practices, including critical incidents/accidents and adverse events.	Unmet	90
Surgical Care Services		Organization compliance status (Final Report)	National compliance rate * %
8.5	Prior to a procedure, the team discusses organ donation with the client, and provides an opportunity for the client to consent to organ donation.	Met	35
8.6	When clients are incapable of giving informed consent, the team refers to the client's advance directives if available or obtains consent using a substitute decision maker.	Met	96
14.4	The team's research activities for surgical care services meet applicable research and ethics protocols and standards.	Met	84

* Percentage of Accreditation Canada organizations surveyed from January 1 to June 30, 2009 that are in compliance with the specified high priority criteria.

Surgical Care Services		Organization compliance status (Final Report)	National compliance rate * %
16.1	The team identifies and monitors process and outcome measures for its surgical care services.	Unmet	75
16.3	The team compares its results with other similar interventions, programs, or organizations.	Met	75
16.4	The team uses the information it collects about the quality of its services to identify successes and opportunities for improvement, and makes improvements in a timely way.	Met	79

* Percentage of Accreditation Canada organizations surveyed from January 1 to June 30, 2009 that are in compliance with the specified high priority criteria.

3 Performance Measures (Instruments and Indicators)

As part of the accreditation process, organizations collect performance measurement data. These measures consist of both instruments and indicators, and are valuable components of evaluation and quality improvement.

This section compares the organization’s performance measurement data with national data submitted by Accreditation Canada organizations. It can be used by the organization for benchmarking or other purposes.

3.1 Instrument Results

Instruments are questionnaires completed by a representative sample of board members, clients, staff, leadership, or other stakeholders.

Governance Functioning Tool

The Governance Functioning Tool is an opportunity for governing body members to assess their internal structures and processes, provide their perceptions and opinions, and identify areas for improvement.

The organization’s governing body members completed the Governance Functioning Tool between October 5 and November 6, 2008. This table compares the results to national results obtained from January 1 to June 30, 2009.

Number of survey respondents = 62 respondents

Governance Structures and Processes	% Agree		% Neutral		% Disagree	
	Organization	National	Organization	National	Organization	National
1 We actively recruit, recommend and/or select new members based on needs for particular skills, background, and experience.	72	86	0	0	28	14
2 We have explicit criteria to recruit and select new members.	72	80	0	0	28	20
3 Our renewal cycle is appropriately managed to ensure continuity on the governing body.	98	94	0	0	2	6
4 The composition of our governing body allows us to meet stakeholder and community needs.	97	95	0	0	3	5
5 Clear written policies define term lengths and limits for individual members, as well as compensation.	97	95	0	0	3	5
6 We regularly review, understand, and ensure compliance with applicable laws, legislation and regulations.	97	92	0	0	3	8

Governance Structures and Processes	% Agree		% Neutral		% Disagree	
	Organization	National	Organization	National	Organization	National
7 Governance policies and procedures that define our role and responsibilities are well-documented and consistently followed.	100	96	0	0	0	4
8 We review our own structure, including size and sub-committee structure.	98	93	0	0	2	7
9 We have sub-committees that have clearly-defined roles and responsibilities.	98	97	0	0	2	3
10 Our roles and responsibilities are clearly identified and distinguished from those delegated to the CEO and/or senior management. We do not become overly involved in management issues.	97	96	0	0	3	4
11 We each receive orientation that helps us to understand the organization and its issues, and supports high-quality decision-making.	95	92	0	0	5	8
12 Disagreements are viewed as a search for solutions rather than a “win/lose”.	93	96	0	0	7	4
13 Our meetings are held frequently enough to make sure we are able to make timely decisions.	100	99	0	0	0	1
14 Individual members understand and carry out their legal duties, roles and responsibilities, including sub-committee work (as applicable).	95	97	0	0	5	3
15 Members come to meetings prepared to engage in meaningful discussion and thoughtful decision-making.	100	97	0	0	0	3
16 Our governance processes make sure that everyone participates in decision-making.	97	95	0	0	3	5
17 Individual members are actively involved in policy-making and strategic planning.	97	90	0	0	3	10
18 The composition of our governing body contributes to high governance and leadership performance.	100	96	0	0	0	4
19 Our governing body’s dynamics enable group dialogue and discussion. Individual members ask for and listen to one another’s ideas and input.	100	97	0	0	0	3

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Governance Structures and Processes	% Agree		% Neutral		% Disagree	
	Organization	National	Organization	National	Organization	National
20 Our ongoing education and professional development is encouraged.	97	92	0	0	3	8
21 Working relationships among individual members and committees are positive.	100	99	0	0	0	1
22 We have a process to set bylaws and corporate policies.	100	98	0	0	0	2
23 Our bylaws and corporate policies cover confidentiality and conflict of interest.	98	98	0	0	2	2
24 We formally evaluate our own performance on a regular basis.	94	84	0	0	6	16
25 We benchmark our performance against other similar organizations and/or national standards.	85	73	0	0	15	27
26 Contributions of individual members are reviewed regularly.	48	61	0	0	52	39
27 As a team, we regularly review how we function together and how our governance processes could be improved.	79	79	0	0	21	21
28 There is a process for improving individual effectiveness when non-performance is an issue.	64	61	0	0	36	39
29 We regularly identify areas for improvement and engage in our own quality improvement activities.	89	82	0	0	11	18
30 As a governing body, we annually release a formal statement of our achievements that is shared with the organization's staff as well as external partners and the community.	100	87	0	0	0	13
31 As individual members, we receive adequate feedback about our contribution to the governing body.	74	69	0	0	26	31
32 We have a process to elect or appoint our chair.	97	94	0	0	3	6
33 Our chair has clear roles and responsibilities and runs the governing body effectively.	100	98	0	0	0	2

Patient Safety Culture Survey

The Patient Safety Culture Tool asks staff to provide their perceptions about the culture of patient safety with the organization. It identifies areas of strength, areas for improvement, and mechanisms to monitor changes.

The organization's staff completed the Patient Safety Culture Tool between September 1 and November 14, 2008. This table compares the results to national results obtained from January 1 to June 30, 2009.

Number of survey respondents = 1067 respondents

A. Patient Safety: Activities to avoid, prevent, or correct adverse outcomes which may result from the delivery of health care	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
1 Patient safety decisions are made at the proper level by the most qualified people	9	9	12	13	79	77
2 Good communication flow exists up the chain of command regarding patient safety issues	14	14	16	16	70	70
3 Reporting a patient safety problem will result in negative repercussions for the person reporting it	79	75	11	13	10	12
4 Senior management has a clear picture of the risk associated with patient care	17	16	21	22	63	62
5 My unit takes the time to identify and assess risks to patients	6	7	11	13	83	80
6 My unit does a good job managing risks to ensure patient safety	5	5	8	11	87	84
7 Senior management provides a climate that promotes patient safety	8	11	16	18	76	72
8 Asking for help is a sign of incompetence	91	89	5	5	4	6
9 If I make a mistake that has significant consequences and nobody notices, I do not tell anyone about it	94	92	3	4	3	4
10 I am sure that if I report an incident to our reporting system, it will not be used against me	15	18	20	18	66	64
11 I am less effective at work when I am fatigued	8	13	7	10	85	77
12 Senior management considers patient safety when program changes are discussed	9	10	27	25	65	64
13 Personal problems can adversely affect my performance	22	32	16	18	61	50

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A. Patient Safety: Activities to avoid, prevent, or correct adverse outcomes which may result from the delivery of health care	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
14 I will suffer negative consequences if I report a patient safety problem	86	83	9	10	5	7
15 If I report a patient safety incident, I know that management will act on it	9	11	20	17	70	72
16 I am rewarded for taking quick action to identify a serious mistake	28	36	41	33	31	31
17 Loss of experienced personnel has negatively affected my ability to provide high quality patient care	40	42	27	24	32	33
18 I have enough time to complete patient care tasks safely	26	28	20	21	54	51
19 I am not sure about the value of completing incident reports	60	69	19	16	21	15
20 In the last year, I have witnessed a co-worker do something that appeared to me to be unsafe for the patient in order to save time	50	56	16	17	34	27
21 I am provided with adequate resources (personnel, budget, and equipment) to provide safe patient care	30	28	20	20	50	52
22 I have made significant errors in my work that I attribute to my own fatigue	80	80	12	11	9	9
23 I believe that health care error constitutes a real and significant risk to the patients that we treat	13	14	15	14	71	72
24 I believe health care errors often go unreported	27	32	24	24	48	44
25 My organization effectively balances the need for patient safety and the need for productivity	14	16	22	25	64	59
26 I work in an environment where patient safety is a high priority	5	8	11	12	84	79
27 Staff are given feedback about changes put into place based on incident reports	27	24	24	22	49	54
28 Individuals involved in patient safety incidents have a quick and easy way to report what happened	22	13	21	19	57	68

A. Patient Safety: Activities to avoid, prevent, or correct adverse outcomes which may result from the delivery of health care	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
29 My supervisor/manager says a good word when he/she sees a job done according to established patient safety procedures	23	24	24	23	52	53
30 My supervisor/manager seriously considers staff suggestions for improving patient safety	12	14	19	19	69	67
31 Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it means taking shortcuts	74	69	15	17	11	14
32 My supervisor/manager overlooks patient safety problems that happen over and over	78	71	13	14	9	14
33 On this unit, when an incident occurs, we think about it carefully	5	8	17	15	78	77
34 On this unit, when people make mistakes, they ask others about how they could have prevented it	14	15	25	22	62	63
35 On this unit, after an incident has occurred, we think about how it came about and how to prevent the same mistake in the future	6	8	14	13	81	78
36 On this unit, when an incident occurs, we analyze it thoroughly	13	14	27	22	60	64
37 On this unit, it is difficult to discuss errors	70	66	17	18	13	16
38 On this unit, after an incident has occurred, we think long and hard about how to correct it	13	13	28	21	59	66

B. These questions are about your perceptions of overall patient safety	% Good/ Excellent		% Acceptable		% Poor/ Failing	
	Organization	National	Organization	National	Organization	National
39 Please give your unit an overall grade on patient safety	73	72	23	24	3	4
40 Please give the organization an overall grade on patient safety	64	64	30	30	6	6

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C. These questions are about what happens after a Major Event	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
41 Individuals involved in major events contribute to the understanding and analysis of the event and the generation of possible solutions	6	7	28	23	66	70
42 A formal process for disclosure of major events to patients/families is followed and this process includes support mechanisms for patients, family, and care/service providers	6	8	33	27	61	65
43 Discussion around major events focuses mainly on system-related issues, rather than focusing on the individual(s) most responsible for the event	15	17	36	32	49	51
44 The patient and family are invited to be directly involved in the entire process of understanding: what happened following a major event and generating solutions for reducing re-occurrence of similar events	10	12	41	32	49	56
45 Things that are learned from major events are communicated to staff on our unit using more than one method (e.g. communication book, in-services, unit rounds, emails) and / or at several times so all staff hear about it	12	13	21	18	67	69
46 Changes are made to reduce re-occurrence of major events	5	6	19	17	76	76

Worklife Pulse

The Worklife Pulse Tool enables an organization to take the ‘pulse’ of its worklife quality. The Tool provides a snapshot of the work environment, as well as individual and organizational outcomes. Findings may be used to identify strengths and gaps in the work environment, engage stakeholders in discussions of opportunities for improvement, plan interventions to improve worklife quality, and develop a clearer understanding of how worklife influences the organization’s capacity to meet its strategic goals.

The organization’s staff completed the Worklife Pulse Tool between June 18 and November 14, 2008. This table compares the results to national results obtained from January 1 to June 30, 2009.

Number of survey respondents = 1170 respondents

How would you rate your work environment	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
1 I am satisfied with communications in this organization.	22	23	23	20	56	57
2 I am satisfied with communications in my work area.	18	18	15	16	67	66
3 I am satisfied with my supervisor.	12	11	18	17	70	72
4 I am satisfied with the amount of control I have over my job activities.	13	13	19	17	69	70
5 I am clear about what is expected of me to do my job.	5	5	9	8	86	87
6 I am satisfied with my involvement in decision making processes in this organization.	20	22	27	25	53	53
7 I have enough time to do my job adequately.	32	32	19	19	48	49
8 I feel that I can trust this organization.	12	16	27	25	61	58
9 This organization supports my learning and development.	10	12	21	20	69	68
10 My work environment is safe.	11	11	14	15	75	74
11 My job allows me to balance my work and family/personal life.	14	15	17	18	69	68

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Individual Outcomes	% Not Stressful		% A bit Stressful		% Quite or Extremely Stressful	
	Organization	National	Organization	National	Organization	National
12 In the past 12 months, would you say that most days at work were...	24	21	49	43	28	36

	% Very Good/ Excellent		% Good		% Fair/ Poor	
	Organization	National	Organization	National	Organization	National
13 In general, would you say your health is...	60	62	35	32	5	6
14 In general, would you say your mental health is...	60	68	35	27	5	5
15 In general, would you say your physical health is...	52	59	39	33	9	8

	% Very Satisfied		% Somewhat Satisfied		% Not Satisfied	
	Organization	National	Organization	National	Organization	National
16 How satisfied are you with your job?	93	89	6	9	1	2

	% < 10		% 10 - 15		% > 15	
	Organization	National	Organization	National	Organization	National
17 In the past 12 months, how many days were you away from work because of your own illness or injury? (counting each full or partial day as 1 day)	92	87	4	6	5	7
18 During the past 12 months, how many days did you work despite an illness or injury because you felt you had to (counting each full or partial day as 1 day)?	86	85	8	8	6	7

	% Never/ Rarely		% Sometimes		% Often/ Always	
	Organization	National	Organization	National	Organization	National
19 How often do you feel you can do your best quality work in your job?	4	4	19	16	76	80

	% Disagree		% Neutral		% Agree	
	Organization	National	Organization	National	Organization	National
20 Overall, I am satisfied with this organization.	11	12	22	22	68	66
21 Working conditions in my area contribute to patient safety.	8	8	20	18	72	74

3.2 *Indicator Results*

Indicators collect data related to important aspects of patient safety and quality care. The tables in this section show the indicator data that has been submitted by the organization.

Medication Reconciliation at Admission

Transition points in the care continuum are particularly prone to risk, and the communication of medication information has been identified as a priority area for improving the safety of healthcare service delivery. This performance measure will provide a practical guide for organizations as medication reconciliation is conducted more widely throughout the organization.

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Altona Memorial Health Centre (Long Term Care Services)	Long Term Care	01/07/2008 30/09/2008	17	
RED	Altona Memorial Health Centre (Long Term Care Services)	Long Term Care	01/10/2008 31/12/2008	67	
YELLOW	Altona Memorial Health Centre (Long Term Care Services)	Long Term Care	01/01/2009 31/03/2009	83	
RED	Altona Memorial Health Centre (Long Term Care Services)	Long Term Care	01/04/2009 30/06/2009	60	
RED	Altona Memorial Health Centre (Medicine Services)	Medicine	01/07/2008 30/09/2008	35	This is a general ward and can include obstetrics, surgical, palliative care and medical patients. The medication reconciliation can capture all types of patients.

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Altona Memorial Health Centre (Medicine Services)	Medicine	01/10/2008 31/12/2008	65	This is a general ward and can include obstetrics, surgical, palliative care and medical patients. The medication reconciliation can capture all types of patients.
RED	Altona Memorial Health Centre (Medicine Services)	Medicine	01/01/2009 31/03/2009	54	This is a general ward and can include obstetrics, surgical, palliative care and medical patients. The medication reconciliation can capture all types of patients.
RED	Altona Memorial Health Centre (Medicine Services)	Medicine	01/04/2009 30/06/2009	42	This is a general ward and can include obstetrics, surgical, palliative care and medical patients. The medication reconciliation can capture all types of patients
RED	Boundary Trails Health Centre (Medicine Services)	Medicine	01/07/2008 30/09/2008	7.9	The stats can include general medical and palliative care patients.
RED	Boundary Trails Health Centre (Medicine Services)	Medicine	01/10/2008 31/12/2008	4.9	The stats can include general medical and palliative care patients.
RED	Boundary Trails Health Centre (Medicine Services)	Medicine	01/01/2009 31/03/2009	4	The stats can include general medical and palliative care patients.

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Boundary Trails Health Centre (Medicine Services)	Medicine	01/04/2009 30/06/2009	3	The stats can include general medical and palliative care patients
YELLOW	Boyne Lodge (Long Term Care Services)	Long Term Care	01/07/2008 30/09/2008	83	
GREEN	Boyne Lodge (Long Term Care Services)	Long Term Care	01/10/2008 31/12/2008	100	
YELLOW	Boyne Lodge (Long Term Care Services)	Long Term Care	01/01/2009 31/03/2009	83	
GREEN	Boyne Lodge (Long Term Care Services)	Long Term Care	01/04/2009 30/06/2009	100	
RED	Carman Memorial Hospital (Medicine Services)	Medicine	01/07/2008 30/09/2008	26	This is a general ward and can include obstetrics, surgical, palliative care and medical patients. The medication reconciliation can capture all types of patients.
RED	Carman Memorial Hospital (Medicine Services)	Medicine	01/10/2008 31/12/2008	34	This is a general ward and can include obstetrics, surgical, palliative care and medical patients. The medication reconciliation can capture all types of patients.
RED	Carman Memorial Hospital (Medicine Services)	Medicine	01/01/2009 31/03/2009	26	This is a general ward and can include obstetrics, surgical, palliative care and medical patients. The medication reconciliation can capture all types of patients.

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Carman Memorial Hospital (Medicine Services)	Medicine	01/04/2009 30/06/2009	27	This is a general ward and can include obstetrics, surgical, palliative care and medical patients. The medication reconciliation can capture all types of patients.
RED	Douglas Campbell Lodge (Long Term Care Services)	Long Term Care	01/10/2008 31/12/2008	36	Med Rec stats collected by pharmacy service - DCL, LPM, and Macgregor combined same data entered in all 3 facilities.
RED	Douglas Campbell Lodge (Long Term Care Services)	Long Term Care	01/01/2009 31/03/2009	23	Med Rec stats collected by pharmacy service - DCL, LPM, and Macgregor combined same data entered in all 3 facilities.
RED	Douglas Campbell Lodge (Long Term Care Services)	Long Term Care	01/04/2009 30/06/2009	52	Med Rec stats collected by pharmacy service - DCL, LPM, and Macgregor combined same data entered in all 3 facilities.
YELLOW	Eden Mental Health Centre (Mental Health Services)	Mental Health Services	01/10/2008 31/12/2008	81	
YELLOW	Eden Mental Health Centre (Mental Health Services)	Mental Health Services	01/01/2009 31/03/2009	80	
RED	Eden Mental Health Centre (Mental Health Services)	Mental Health Services	01/04/2009 30/06/2009	67	

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Emerson Health Centre (Long Term Care Services)	Long Term Care	01/07/2008 30/09/2008	50	
YELLOW	Emerson Health Centre (Long Term Care Services)	Long Term Care	01/10/2008 31/12/2008	75	
RED	Emerson Health Centre (Long Term Care Services)	Long Term Care	01/01/2009 31/03/2009	50	
RED	Emerson Health Centre (Long Term Care Services)	Long Term Care	01/04/2009 30/06/2009	33	
GREEN	Foyer Notre Dame (Long Term Care Services)	Long Term Care	01/07/2008 30/09/2008	100	
GREEN	Foyer Notre Dame (Long Term Care Services)	Long Term Care	01/10/2008 31/12/2008	100	
GREEN	Foyer Notre Dame (Long Term Care Services)	Long Term Care	01/01/2009 31/03/2009	100	
RED	Foyer Notre Dame (Long Term Care Services)	Long Term Care	01/04/2009 30/06/2009	33	
RED	Lions Prairie Manor (Long Term Care Services)	Long Term Care	01/10/2008 31/12/2008	36	Med Rec stats collected by pharmacy service - DCL, LPM, and Macgregor combined same data entered in all 3 facilities.
RED	Lions Prairie Manor (Long Term Care Services)	Long Term Care	01/01/2009 31/03/2009	23	Med Rec stats collected by pharmacy service - DCL, LPM, and Macgregor combined same data entered in all 3 facilities.

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Lions Prairie Manor (Long Term Care Services)	Long Term Care	01/04/2009 30/06/2009	52	Med Rec stats collected by pharmacy service - DCL, LPM, and Macgregor combined same data entered in all 3 facilities.
RED	Lorne Memorial Hospital (Medicine Services)	Medicine	01/07/2008 30/09/2008	20	This is a general ward and the stats can include medical and palliative care patients.
RED	Lorne Memorial Hospital (Medicine Services)	Medicine	01/10/2008 31/12/2008	8	This is a general ward and the stats can include medical and palliative care patients.
RED	Lorne Memorial Hospital (Medicine Services)	Medicine	01/01/2009 31/03/2009	14	This is a general ward and the stats can include medical and palliative care patients.
RED	Lorne Memorial Hospital (Medicine Services)	Medicine	01/04/2009 30/06/2009	8	This is a general ward and the stats can include medical and palliative care patients.
RED	MacGregor Health Centre (Long Term Care Services)	Long Term Care	01/10/2008 31/12/2008	36	Med Rec stats collected by pharmacy service - DCL, LPM, and Macgregor combined same data entered in all 3 facilities.

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	MacGregor Health Centre (Long Term Care Services)	Long Term Care	01/01/2009 31/03/2009	23	Med Rec stats collected by pharmacy service - DCL, LPM, and Macgregor combined same data entered in all 3 facilities.
RED	MacGregor Health Centre (Long Term Care Services)	Long Term Care	01/04/2009 30/06/2009	52	Med Rec stats collected by pharmacy service - DCL, LPM, and Macgregor combined same data entered in all 3 facilities.
RED	Morris General Hospital (Medicine Services)	Medicine	01/07/2008 30/09/2008	32	This is a general ward and the stats can include general medical and palliative care patients.
RED	Morris General Hospital (Medicine Services)	Medicine	01/10/2008 31/12/2008	43	This is a general ward and the stats can include general medical and palliative care patients.
RED	Morris General Hospital (Medicine Services)	Medicine	01/01/2009 31/03/2009	47	This is a general ward and the stats can include general medical and palliative care patients.
RED	Morris General Hospital (Medicine Services)	Medicine	01/04/2009 30/06/2009	42	This is a general ward and the stats can include general medical and palliative care patients
RED	Notre Dame Hospital (Medicine Services)	Medicine	01/07/2008 30/09/2008	16	This is a general ward and the stats can include medical and palliative care patients.

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Notre Dame Hospital (Medicine Services)	Medicine	01/10/2008 31/12/2008	25	This is a general ward and the stats can include medical and palliative care patients.
RED	Notre Dame Hospital (Medicine Services)	Medicine	01/01/2009 31/03/2009	28	This is a general ward and the stats can include medical and palliative care patients.
RED	Notre Dame Hospital (Medicine Services)	Medicine	01/04/2009 30/06/2009	22	This is a general ward and the stats can include medical and palliative care patients
RED	Pembina Manitou Health Centre (Long Term Care Services)	Long Term Care	01/07/2008 30/09/2008	0	
RED	Pembina Manitou Health Centre (Long Term Care Services)	Long Term Care	01/10/2008 31/12/2008	0	
RED	Pembina Manitou Health Centre (Long Term Care Services)	Long Term Care	01/01/2009 31/03/2009	50	
RED	Pembina Manitou Health Centre (Long Term Care Services)	Long Term Care	01/04/2009 30/06/2009	0	
RED	Portage District General Hospital (Medicine Services)	Medicine	01/07/2008 30/09/2008	27	The stats can include general medical and palliative care patients.

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Portage District General Hospital (Medicine Services)	Medicine	01/10/2008 31/12/2008	28	The stats can include general medical and palliative care patients.
RED	Portage District General Hospital (Medicine Services)	Medicine	01/01/2009 31/03/2009	32	The stats can include general medical and palliative care patients.
RED	Portage District General Hospital (Medicine Services)	Medicine	01/04/2009 30/06/2009	33	The stats can include general medical and palliative care patients
RED	Prairie View Lodge (Long Term Care Services)	Long Term Care	01/07/2008 30/09/2008	0	Med Rec program not started - contracted pharmacy service. Rock Lake and Prairie View combined
RED	Prairie View Lodge (Long Term Care Services)	Long Term Care	01/10/2008 31/12/2008	0	Med Rec program not started - contracted pharmacy service. Rock Lake and Prairie View combined
RED	Prairie View Lodge (Long Term Care Services)	Long Term Care	01/01/2009 31/03/2009	0	Med Rec program not started - contracted pharmacy service. Rock Lake and Prairie View combined
RED	Prairie View Lodge (Long Term Care Services)	Long Term Care	01/04/2009 30/06/2009	0	Med Rec program not started - contracted pharmacy service. Rock Lake and Prairie View combined
GREEN	Red River Valley Lodge (Long Term Care Services)	Long Term Care	01/10/2008 31/12/2008	100	
RED	Red River Valley Lodge (Long Term Care Services)	Long Term Care	01/01/2009 31/03/2009	33	

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Red River Valley Lodge (Long Term Care Services)	Long Term Care	01/04/2009 30/06/2009	17	
RED	Rock Lake Hospital (Medicine Services)	Medicine	01/10/2008 31/12/2008	0	Contracted facility - pharmacy service external
RED	Rock Lake Hospital (Medicine Services)	Medicine	01/01/2009 31/03/2009	0	Contracted facility - pharmacy services external
RED	Rock Lake Hospital (Medicine Services)	Medicine	01/04/2009 30/06/2009	0	Contracted facility - pharmacy services external
RED	Rock Lake Personal Care Home (Long Term Care Services)	Long Term Care	01/07/2008 30/09/2008	0	Med Rec program not started - contracted pharmacy service.
RED	Rock Lake Personal Care Home (Long Term Care Services)	Long Term Care	01/10/2008 31/12/2008	0	Rock Lake and Prairie View combined - Contracted Pharmacy Service
RED	Rock Lake Personal Care Home (Long Term Care Services)	Long Term Care	01/01/2009 31/03/2009	0	Rock Lake and Prairie View combined - Contracted Pharmacy Service
RED	Rock Lake Personal Care Home (Long Term Care Services)	Long Term Care	01/04/2009 30/06/2009	0	Rock Lake and Prairie View combined - Contracted Pharmacy Service
GREEN	Salem Home Inc. (Long Term Care Services)	Long Term Care	01/10/2008 31/12/2008	100	Information Collected by Pharmacy Service - Tabor and Salem combined with same data entered under both facilities.

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
GREEN	Salem Home Inc. (Long Term Care Services)	Long Term Care	01/01/2009 31/03/2009	100	Information Collected by Pharmacy Service - Tabor and Salem combined with same data entered under both facilities.
GREEN	Salem Home Inc. (Long Term Care Services)	Long Term Care	01/04/2009 30/06/2009	100	Information Collected by Pharmacy Service - Tabor and Salem combined with same data entered under both facilities.
RED	Seven Regions Health Centre (Medicine Services)	Medicine	01/07/2008 30/09/2008	35	The stats can include general medical and palliative care patients.
RED	Seven Regions Health Centre (Medicine Services)	Medicine	01/10/2008 31/12/2008	36	The stats can include general medical and palliative care patients.
RED	Seven Regions Health Centre (Medicine Services)	Medicine	01/01/2009 31/03/2009	38	The stats can include general medical and palliative care patients.
RED	Seven Regions Health Centre (Medicine Services)	Medicine	01/04/2009 30/06/2009	28	The stats can include general medical and palliative care patients
GREEN	St.Claude Health Centre (Long Term Care Services)	Long Term Care	01/07/2008 30/09/2008	17	
RED	St.Claude Health Centre (Long Term Care Services)	Long Term Care	01/10/2008 31/12/2008	0	
RED	St.Claude Health Centre (Long Term Care Services)	Long Term Care	01/01/2009 31/03/2009	14	

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	St.Claude Health Centre (Long Term Care Services)	Long Term Care	01/04/2009 30/06/2009	0	
GREEN	Tabor Home Inc. (Long Term Care Services)	Long Term Care	01/10/2008 31/12/2008	100	Information Collected by Pharmacy Service - Tabor and Salem combined with same data entered under both facilities.
GREEN	Tabor Home Inc. (Long Term Care Services)	Long Term Care	01/01/2009 31/03/2009	100	Information Collected by Pharmacy Service - Tabor and Salem combined with same data entered under both facilities.
GREEN	Tabor Home Inc. (Long Term Care Services)	Long Term Care	01/04/2009 30/06/2009	100	Information Collected by Pharmacy Service - Tabor and Salem combined with same data entered under both facilities.
RED	Third Crossing Manor (Long Term Care Services)	Long Term Care	01/10/2008 31/12/2008	0	Contracted Pharmacy Service
RED	Third Crossing Manor (Long Term Care Services)	Long Term Care	01/01/2009 31/03/2009	0	Contracted Pharmacy Service
RED	Third Crossing Manor (Long Term Care Services)	Long Term Care	01/04/2009 30/06/2009	0	Med Rec Program not started - contracted pharmacy service.
RED	Douglas Campbell Lodge (Long Term Care Services)	Long Term Care	01/07/2008 30/09/2008	60	Med Rec stats collected by pharmacy service - DCL, LPM, and Macgregor combined same data entered in all 3 facilities.

Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Eden Mental Health Centre (Mental Health Services)	Mental Health Services	01/07/2008 30/09/2008	45	
RED	Emerson Health Centre (Medicine Services)	Medicine	01/07/2008 30/09/2008	50	
RED	Lions Prairie Manor (Long Term Care Services)	Long Term Care	01/07/2008 30/09/2008	60	Med Rec stats collected by pharmacy service - DCL, LPM, and Macgregor combined same data entered in all 3 facilities.
RED	MacGregor Health Centre (Long Term Care Services)	Long Term Care	01/07/2008 30/09/2008	60	Med Rec stats collected by pharmacy service - DCL, LPM, and Macgregor combined same data entered in all 3 facilities.
RED	MacGregor Health Centre (Medicine Services)	Medicine	01/07/2008 30/09/2008	50	
GREEN	Notre Dame Hospital (Long Term Care Services)	Long Term Care	01/07/2008 30/09/2008	100	
RED	Pembina Manitou Health Centre (Medicine Services)	Medicine	01/07/2008 30/09/2008	0	
RED	Red River Valley Lodge (Long Term Care Services)	Long Term Care	01/07/2008 30/09/2008	56	
RED	Rock Lake Hospital (Medicine Services)	Medicine	01/07/2008 30/09/2008	0	Med Rec program has not started - contracted pharmacy service.

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Medication Reconciliation at Admission					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% Formal medication reconciliation at admission	Notes received from the Organization
RED	Salem Home Inc. (Long Term Care Services)	Long Term Care	01/07/2008 30/09/2008	31	Information Collected by Pharmacy Service - Tabor and Salem combined with same data entered under both facilities.
RED	St.Claude Health Centre (Medicine Services)	Medicine	01/07/2008 30/09/2008	0	
RED	Tabor Home Inc. (Long Term Care Services)	Long Term Care	01/07/2008 30/09/2008	31	Information Collected by Pharmacy Service - Tabor and Salem combined with same data entered under both facilities.
RED	Third Crossing Manor (Long Term Care Services)	Long Term Care	01/07/2008 30/09/2008	0	Med Rec Program not started - contracted pharmacy service.

Threshold for Flags
 RED: < 75/100
 YELLOW: >= 75/100 AND < 90/100
 GREEN: >= 90/100

Health Care Associated Infection Rates

Health care associated C. difficile and MRSA infections represent a significant risk to the individuals receiving care and are a substantial resource burden to organizations and the health care system. Measuring infection control performance measures has the additional benefit of informing and shaping the staff's view of safety. Evidence suggests that as staff become more aware of infection control rates and the evidence related to infection control there is a change in behaviour to reduce the perceived risk.

Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	Altona Memorial Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Altona Memorial Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Altona Memorial Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Altona Memorial Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Boundary Trails Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Boundary Trails Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0.27	

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Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	Boundary Trails Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Boundary Trails Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0.13	
GREEN	Boundary Trails Place - Corporate Office (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Boyne Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Boyne Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Boyne Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Boyne Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Carman Memorial Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	

Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	Carman Memorial Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Douglas Campbell Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Douglas Campbell Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Douglas Campbell Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Eastview Place (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Eastview Place (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Eastview Place (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Eastview Place (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Eden Mental Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	

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Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	Eden Mental Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Emerson Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Emerson Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Emerson Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Emerson Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Foyer Notre Dame (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Foyer Notre Dame (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Foyer Notre Dame (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Foyer Notre Dame (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	

Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	Lions Prairie Manor (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0.085	
GREEN	Lions Prairie Manor (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0.17	
GREEN	Lions Prairie Manor (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Lorne Memorial Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	1.9	The client was seen in the out-patient department.
GREEN	Lorne Memorial Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Lorne Memorial Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Lorne Memorial Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	MacGregor Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	MacGregor Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	

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Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	MacGregor Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	MacGregor Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Morris General Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Morris General Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Morris General Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Morris General Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Notre Dame Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Notre Dame Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Notre Dame Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	

Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	Notre Dame Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Pembina Manitou Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Pembina Manitou Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Pembina Manitou Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Pembina Manitou Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Portage District General Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Portage District General Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Portage District General Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0.17	

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Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	Portage District General Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Prairie View Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	denominator based on Resident days
GREEN	Prairie View Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Prairie View Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Prairie View Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Red River Valley Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Red River Valley Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Red River Valley Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Red River Valley Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	

Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	Rock Lake Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Rock Lake Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Rock Lake Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Rock Lake Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Rock Lake Personal Care Home (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	demoninator calculation based on Resident Days in the month
GREEN	Rock Lake Personal Care Home (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Rock Lake Personal Care Home (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Rock Lake Personal Care Home (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	

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Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	Salem Home Inc. (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Salem Home Inc. (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Salem Home Inc. (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Salem Home Inc. (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Seven Regions Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Seven Regions Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Seven Regions Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	2.7	
GREEN	Seven Regions Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	

Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	St.Claude Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	St.Claude Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	St.Claude Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	St.Claude Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Tabor Home Inc. (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Tabor Home Inc. (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Tabor Home Inc. (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Tabor Home Inc. (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Third Crossing Manor (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	

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Health Care Associated Infection Rates - C. difficile					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection / 1000 patient days	Notes received from the Organization
GREEN	Third Crossing Manor (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Third Crossing Manor (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Third Crossing Manor (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	

Threshold for Flags
 RED: > 8/1000
 YELLOW: >= 6/1000 AND < 8/1000
 GREEN: <= 6/1000

Health Care Associated Infection Rates - Colorectal Surgery					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% post-surgical infections	Notes received from the Organization
RED	Boundary Trails Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	250	denominator= number of surgical procedures
GREEN	Carman Memorial Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	3 procedures conducted

Threshold for Flags
 RED: > 8/1000
 YELLOW: >= 6/1000 AND < 8/1000
 GREEN: <= 6/1000

Health Care Associated Infection Rates - Hysterectomy					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% post-surgical infections	Notes received from the Organization
GREEN	Boundary Trails Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	denominator= surgical procedures performed

Threshold for Flags

RED: > 8/1000
 YELLOW: >= 6/1000 AND < 8/1000
 GREEN: <= 6/1000

Health Care Associated Infection Rates - C-Section					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	% post-surgical infections	Notes received from the Organization
RED	Boundary Trails Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	380	
GREEN	Carman Memorial Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	3 c- sections performed

Threshold for Flags

RED: > 8/1000
 YELLOW: >= 6/1000 AND < 8/1000
 GREEN: <= 6/1000

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Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	Altona Memorial Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Altona Memorial Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Altona Memorial Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Altona Memorial Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Boundary Trails Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Boundary Trails Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Boundary Trails Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	

Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	Boundary Trails Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Boyne Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Boyne Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Boyne Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Boyne Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Carman Memorial Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Carman Memorial Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Douglas Campbell Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Douglas Campbell Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	denominator is based in resident days

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Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	Douglas Campbell Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Eastview Place (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Eastview Place (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Eastview Place (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Eastview Place (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Eden Mental Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Eden Mental Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Emerson Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Emerson Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	

Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	Emerson Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Emerson Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Foyer Notre Dame (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Foyer Notre Dame (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Foyer Notre Dame (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Foyer Notre Dame (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Lions Prairie Manor (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0.085	
GREEN	Lions Prairie Manor (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0.087	
GREEN	Lions Prairie Manor (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0.52	

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Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	Lorne Memorial Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Lorne Memorial Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Lorne Memorial Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	1.6	
GREEN	Lorne Memorial Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	MacGregor Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0.55	
GREEN	MacGregor Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0.5	
GREEN	MacGregor Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	MacGregor Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Morris General Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	

Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	Morris General Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Morris General Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Morris General Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Notre Dame Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Notre Dame Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Notre Dame Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Notre Dame Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Pembina Manitou Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Pembina Manitou Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	

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Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	Pembina Manitou Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Pembina Manitou Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Portage District General Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0.16	
GREEN	Portage District General Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Portage District General Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Portage District General Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Prairie View Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Prairie View Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	

Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	Prairie View Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Prairie View Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Red River Valley Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Red River Valley Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Red River Valley Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Red River Valley Lodge (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Rock Lake Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Rock Lake Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Rock Lake Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	

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Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	Rock Lake Hospital (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Rock Lake Personal Care Home (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Rock Lake Personal Care Home (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Rock Lake Personal Care Home (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Rock Lake Personal Care Home (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Salem Home Inc. (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Salem Home Inc. (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Salem Home Inc. (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	

Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	Salem Home Inc. (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Seven Regions Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Seven Regions Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Seven Regions Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Seven Regions Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	St.Claude Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	St.Claude Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	St.Claude Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	

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Health Care Associated Infection Rates - MRSA					
Flag	Location	Team Name (standard section)	Dates (dd/mm/yyyy)	# cases of infection + colonization / 1000 patient days	Notes received from the Organization
GREEN	St.Claude Health Centre (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Tabor Home Inc. (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Tabor Home Inc. (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Tabor Home Inc. (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Tabor Home Inc. (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	
GREEN	Third Crossing Manor (Infection Prevention and Control)	Infection Prevention & Control	01/07/2008 30/09/2008	0	
GREEN	Third Crossing Manor (Infection Prevention and Control)	Infection Prevention & Control	01/10/2008 31/12/2008	0	
GREEN	Third Crossing Manor (Infection Prevention and Control)	Infection Prevention & Control	01/01/2009 31/03/2009	0	
GREEN	Third Crossing Manor (Infection Prevention and Control)	Infection Prevention & Control	01/04/2009 30/06/2009	0	

Threshold for Flags

RED: > 8/1000
YELLOW: >= 6/1000 AND < 8/1000
GREEN: <= 6/1000

4 Follow Up Required

The organization has earned Accreditation with Condition. The table in this section shows the follow-up required to comply with the specified condition (Report, Focused Visit, or both) and maintain the accreditation status.

Evidence of follow-up action taken by the organization to meet these requirements must be submitted by the specified dates, through the Organization Portal.

Report

Standards section and criterion #	Due Date
Infection Prevention and Control 12.22	June 2010
Managing Medications 3.5 10.2 19.4	June 2010
Child and Youth Populations 6.3	June 2010
Maternal/Child Populations 6.3	June 2010
Cancer Care and Oncology Services 7.4 11.3	June 2010
Mental Health Services 7.6 11.3 15.3	June 2010
Emergency Department Services 4.5 8.3 10.5	June 2010

Standards section and criterion #	Due Date
Hospice, Palliative, and End-of-Life Services 7.8 12.2 16.2	June 2010
Surgical Care Services 4.4 7.10 11.4	June 2010
Long Term Care Services 7.4 16.2	June 2010
Rehabilitation Services 4.4 7.4 15.2	June 2010
Operating Rooms 2.3	June 2010
Home Care 4.4 7.4	June 2010
Medicine Services 4.4 7.4 11.3 15.2	June 2010
Ambulatory Care Services 8.3 12.2	June 2010
Critical Care Services 4.4 7.4 11.5	June 2010

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Standards section and criterion #	Due Date
Obstetrics/Perinatal Care Services 4.6 7.11 11.3 16.3	June 2010
Infection Prevention and Control 12.2, 12.9, 12.13, 12.17, 12.19	December 2010
Managing Medications 10.6, 10.9, 10.10 19.1, 19.2, 19.3, 19.5	December 2010
Mental Health Services 10.6	December 2010
Emergency Department Services 8.7	December 2010
Critical Care Services 15.3, 15.4	December 2010
Reprocessing and Sterilization of Reusable Medical Devices 3.4 11.6, 11.7	December 2010

Closing Thoughts from the President and CEO

Congratulations on reaching this important milestone on your accreditation journey. We salute and celebrate your achievements, and look forward to continuing to work with you as accreditation increasingly strengthens and supports your quality improvement and patient safety initiatives.

Your ongoing efforts to incorporate Accreditation Canada standards and tools into your programs and services have been, and will continue to be, of great benefit to your organization, your staff, the people you serve, and your community. Please contact your Accreditation Specialist, or use the Organization Portal, if you have questions or require additional information in this process.

Thank you for your commitment and dedication to improving quality health care through accreditation.

Wendy Nicklin
President and CEO
Accreditation Canada

Appendix A - Accreditation Decision Guidelines

Quality improvement continues to be a key principle of Accreditation Canada's Qmentum program. Accreditation Canada's standards assess the quality of services provided by an organization and are constructed around eight dimensions of quality:

1. population focus
2. accessibility
3. safety
4. worklife
5. client-centred services
6. continuity of services
7. effectiveness
8. efficiency

Each standard criterion is related to a quality dimension. Organizations participating in Accreditation Canada's Qmentum program are eligible for the recognition awards: Accreditation; Accreditation with Condition (Report and/or Focused Visit) and Non-Accreditation.

Under the Qmentum accreditation program, Accreditation Canada High Priority Criteria and Required Organization Practices (ROPs) are the two main factors that are considered in determining the appropriate recognition award.

Accreditation Canada High Priority Criteria

Accreditation Canada recognizes High Priority Criteria in several key areas:

- Quality Improvement
- Safety
- Risk
- Ethics

Required Organization Practices (ROPs)

A Required Organizational Practice is defined as an essential practice that organizations must have in place to enhance patient/client safety and minimize risk. It is a specific requirement for health care organizations in the accreditation program.

Based on the above, the three accreditation decisions for 2009 Qmentum surveys are:

Option 1: Accreditation

An organization is eligible for full accreditation (with a resurvey in three years) if all of the following criteria are met:

- (a) 10% or less of high priority criteria unmet per standard section, and
- (b) compliance with all of the Required Organizational Practices, and
- (c) compliance with collection of all the performance measures

Option 2: Accreditation with Condition: Report or Focused Visit

An organization will receive Accreditation with Condition: Report or Focused Visit if any of following criteria is

met:

- (a) More than 10% and less than 30% of high priority criteria unmet per standard section,
OR
- (b) Non-compliance with any one of the Required Organizational Practices.
OR
- (c) non-compliance with any one of the collection of Accreditation Canada's performance measures.

The condition and time frame for submission of the report or visit is based on the nature of the recommendations.

Organizations are required to submit follow up reports as a condition of maintaining accreditation status. If a satisfactory report is not submitted within the required timeline Accreditation Canada may grant a one time extension of 6 months, based on surveyor input, proof of progress and a plan to meet the conditions. Failure to comply with these requirements within the maximum allotted time extension will result in removal of accreditation status, at the discretion of Accreditation Canada.

Option 3: Non Accreditation

An organization will not be accredited if the following conditions exist:

- (a) More than 30% of high priority criteria unmet per standard section and
- (b) More than 20% of unmet criteria for the organization