



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Wing Kei Care Centre

Calgary, AB

On-site survey dates: December 9, 2018 - December 12, 2018

Report issued: January 17, 2019

About the Accreditation Report

Wing Kei Care Centre (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in December 2018. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada

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

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

Your Program Manager or Client Services Coordinator is available if you have questions or need guidance.

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

We look forward to our continued partnership.

Sincerely,

A handwritten signature in black ink that reads "Leslee Thompson". The signature is written in a cursive style with a large, sweeping flourish at the end.

Leslee Thompson
Chief Executive Officer

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Executive Summary

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

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

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

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

Accreditation Decision

Wing Kei Care Centre's accreditation decision is:

Accredited with Exemplary Standing

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

About the On-site Survey

- **On-site survey dates: December 9, 2018 to December 12, 2018**

- **Locations**

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

1. Wing Kei Adult Day Program
2. Wing Kei Care Centre
3. Wing Kei Greenview

- **Standards**

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

System-Wide Standards

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

Service Excellence Standards

5. Home Support Services - Service Excellence Standards
6. Long-Term Care Services - Service Excellence Standards









- **Instruments**

The organization administered:

1. Governance Functioning Tool (2016)
2. Canadian Patient Safety Culture Survey Tool
3. Worklife Pulse
4. Client Experience Tool

Overview by Quality Dimensions

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

Quality Dimension	Met	Unmet	N/A	Total
 Population Focus (Work with my community to anticipate and meet our needs)	24	0	0	24
 Accessibility (Give me timely and equitable services)	16	0	0	16
 Safety (Keep me safe)	155	0	9	164
 Worklife (Take care of those who take care of me)	57	0	0	57
 Client-centred Services (Partner with me and my family in our care)	105	0	1	106
 Continuity (Coordinate my care across the continuum)	13	0	0	13
 Appropriateness (Do the right thing to achieve the best results)	263	0	9	272
 Efficiency (Make the best use of resources)	21	0	0	21
Total	654	0	19	673

Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	50 (100.0%)	0 (0.0%)	0	36 (100.0%)	0 (0.0%)	0	86 (100.0%)	0 (0.0%)	0
Leadership Standards for Small, Community-Based Organizations	40 (100.0%)	0 (0.0%)	0	70 (100.0%)	0 (0.0%)	0	110 (100.0%)	0 (0.0%)	0
Infection Prevention and Control Standards for Community-Based Organizations	27 (100.0%)	0 (0.0%)	7	45 (100.0%)	0 (0.0%)	2	72 (100.0%)	0 (0.0%)	9
Medication Management Standards for Community-Based Organizations	39 (100.0%)	0 (0.0%)	2	46 (100.0%)	0 (0.0%)	1	85 (100.0%)	0 (0.0%)	3
Home Support Services	47 (100.0%)	0 (0.0%)	3	73 (100.0%)	0 (0.0%)	2	120 (100.0%)	0 (0.0%)	5
Long-Term Care Services	55 (100.0%)	0 (0.0%)	0	99 (100.0%)	0 (0.0%)	0	154 (100.0%)	0 (0.0%)	0
Total	258 (100.0%)	0 (0.0%)	12	369 (100.0%)	0 (0.0%)	5	627 (100.0%)	0 (0.0%)	17

* Does not include ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Medication reconciliation at care transitions (Long-Term Care Services)	Met	5 of 5	0 of 0
The “Do Not Use” list of abbreviations (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
Concentrated Electrolytes (Medication Management Standards for Community-Based Organizations)	Met	3 of 3	0 of 0
Heparin Safety (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management Standards for Community-Based Organizations)	Met	5 of 5	3 of 3
Narcotics Safety (Medication Management Standards for Community-Based Organizations)	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	2 of 2
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Home Support Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Suicide Prevention (Long-Term Care Services)	Met	5 of 5	0 of 0

Summary of Surveyor Team Observations

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

Wing Kei Care Centre (WKCC) is governed by nine board members who have demonstrated strong commitment and compassion towards senior care and community needs. They provide strategic direction to senior management to execute the organization's operational plan. The organization's mission, vision, and values form the foundation of everything they do. Board recruitment is based on a competency skills matrix. In addition, many of the board's members have loved ones residing at WKCC. Succession planning remains one of the board's objectives. A risk register provides a good tool to monitor the outcomes of the risk mitigation strategies. The board has identified the following opportunities and directions for future growth: facility development, new programs and services, land acquisition, increased organizational effectiveness through human capacity, leadership development, and financial diversification.

WKCC is well recognized by the community as a leader and excellent collaborator in senior care. It stands out for its core values of fairness, integrity, respect, service, and teamwork. WKCC does well in developing partnerships and relationships with community stakeholders. While the organization is known for providing culturally based care for seniors, it is recommended that they ensure their brand is well understood by other communities and stakeholders. Open house events and the use of social media are encouraged to extend the organization's reach beyond the current community.

WKCC has a strong leadership team demonstrating compassion and support in senior care. A People and Family Centred Care (PFCC) approach has been modeled throughout the organization. Succession planning and broadening the face of leadership are key areas to address. Opportunities should be sought to showcase the organization's innovativeness beyond the provincial level.

Staff are very committed to serving clients and the larger community. They show team work through collaboration and information sharing. The organization has a positive profile in the community and attracts many volunteers and staff. Staff referral programs are a successful form of recruitment. Staff training is provided online and in person. Staff take pride in delivering care. Growth through new facility development will present opportunities for new staff to familiarize themselves with the core values espoused by WKCC.

The organization delivers care and services to their clients in a very professional and respectful manner. They have implemented the PFCC framework which is defined as "a partnership between residents, families, staff, and volunteers". This partnership is very evident in all areas and aspects of care and services provided. The leadership team has expressed that their success is a team effort. They work toward the culture of the organization, incorporating the core values and the feeling of being part of a family. The evidence provided and the testimonials from clients, family members, and staff clearly demonstrate the culture of this organization. While WKCC continues to grow and develop, the organization will need to continue making their values a priority, ensuring continued success stories at all WKCC sites.

Client satisfaction is one of the organization's key strengths. The organization is successful in meeting client's needs and expectations because they listen to and act upon the feedback provided. Consequently, the home has low staff turnover. Family members are delighted when their loved one is admitted to one of WKCC's sites. Staff, clients, and family members are engaged in a variety of activities and committees within the organization. The organization has 800 volunteers who dedicate an incredible amount of time and effort to ensuring that quality care is provided, and a high level of satisfaction is achieved. The organization is encouraged to continue their hard work and dedication in providing excellent care to the clients and family members that they serve.

Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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



High priority criterion



Required Organizational Practice

MAJOR

Major ROP Test for Compliance

MINOR

Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

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

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

Priority Process: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Currently there are a total of nine members on the organization's board of directors. The board can have up to a maximum of 15 members. The board is governed by by-laws and policies. The roles and responsibilities of board members are clearly defined. Recruitment for new board members is conducted by the Nomination Committee. Board member terms are staggered to ensure board continuity. Orientation is provided for new members. The board has the following five committees: Board Executive Committee, Facility Expansion Committee, Finance and Risk Committee, Fund Development Committee, and Nomination Committee. Each member is held accountable for their roles and responsibilities, and their attendance at meetings is monitored. Strategic planning started in 2016. Planning included expansion through organizational growth, land acquisition, fund development, and human capital. Community engagement was sought in building a roadmap for the future. Cultural needs for long-term care (LTC) and supportive living (SL) are important as these are reflected in the demands of the community. It will be important to secure the operational funding required to develop the programs that will be built on the land that the organization has acquired. Sustaining organizational change while maintaining growth is recognized. The governance board evaluates itself, as well as evaluating board members individually. Board education records are tracked for professional development. The CEO reports quarterly on quality plan and resident safety to the board. Succession planning for the board Chair and CEO is recognized. The organization's annual report is noteworthy, and it serves to communicate its achievements both internally and externally. A high level of commitment and passion for senior care is demonstrated by the governance board.

Priority Process: Planning and Service Design

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Mission, vision, and core values are in place. PFCC is progressing well. Staff education on PFCC is provided. Family members serve on the governing board. Family members are engaged in new developments. The 2016-2020 strategic plan is in place. A board retreat was held to ascertain goals and objectives. Community information is shared with the board, staff members, and stakeholders. An annual operational plan is in place that outlines the key areas needed to support the organization's strategic direction. Progress is reported quarterly.

Priority Process: Resource Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Managers review the budget with the Finance Committee. Items are discussed and prioritized among teams. Plans for investment in technology and equipment replacement are in place. Wage disparities are reviewed and compared externally. Payroll ratio is targeted at 78 percent. Requests are staggered based on risks so that they are financially viable. There is a team approach to resource allocation, and recommendations are provided to the executive level for approval.

Priority Process: Human Capital

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

A comprehensive orientation is provided to new staff. In house job fairs and staff referral programs are very successful in recruiting new staff. Job applications are screened by both HR and department managers. Several interviews may take place before a candidate is selected. Reference checks and criminal record checks are completed. The organization conducts “Wing Kei Forums” where news is shared on upcoming events, family stories, and staff appreciation, among other topics. An annual dim sum lunch is provided to show staff appreciation. Flu immunization rate was 99 percent in 2017.

Managers are encouraged to maintain work life balance by providing time back to staff that work over time. Staff coaching and an Employee Assistance Program (EAP) are available. Approximately 11,000 hours of training is provided to staff each year using online and in-house training methods. Anti-bullying training is among one of the many topics addressed. The Occupational Health and Safety Committee meets monthly. Incident reports are mostly related to resident behaviours. PIECES and non-violent crisis intervention training are implemented. A human resources consultant is involved to provide advice surrounding human rights issues.

Recruitment and screening of volunteers is conducted. Training is role specific. There are 250 active volunteers. Volunteers are invited to Wing Kei Forums. Training on resident safety and lift training are provided. Personality dimensions are assessed for key leadership positions to ensure a good fit. Team building is instituted.

Priority Process: Integrated Quality Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Quality and safety is identified as a strategic priority within the organization's strategic plan. The Quality Improvement (QI) Committee meets quarterly to discuss and co-ordinate QI initiatives across all departments. Plan-Do-Study-Act (PDSA) is adopted as the QI activity framework. Educational opportunities are made available online and in-house for all staff, residents, families, and board members. The Clinical Quality Improvement (CQI) Team was established to share the results of evidence-based assessments. The team identifies and prioritizes areas for improvement. The CQI team meets quarterly to share and monitor progress. They also monitor the organization's clinical performance through quality indicators generated from RAI 2.0. Risk categories and levels of risk and consequences are identified based on the risk register developed by the organization. Risk mitigation strategies and activities are reviewed based on key performance indicators and compliance reports. A resident safety plan is in place that addresses falls prevention, infection prevention and control (IPAC), and resident abuse. Incident reporting and management is in place to address safety issues. Root cause analysis is adopted as a methodology to identify contributing factors and plan of actions to manage risks and ensure safety.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Ethics Committee is chaired by the Medical Director and provides direction and support on ethical issues raised by staff. The Ethics Committee meets quarterly. Ethical issues are included in care discussions. Identify facts, Determine the ethical principles in conflict, Explore the options, and Act on the committee's decision and evaluate (IDEA) is adopted as the framework to follow through ethical issues. The organization's mission, vision, and core values help to guide decision making. Access to Alberta Health Services (AHS) ethicist is beneficial.

The organization has identified its position on Medical Assistance in Dying (MAID). Clients are referred to Alberta Health Link (811), which provides 24/7 health advice. Education and emotional support is provided to family members on end of life care. These resources have been deemed effective in that 75 percent of clients wished to stay in the facility to receive end of life care.

Before being approved, research projects and studies conducted by the University of Alberta and AHS are reviewed by the Medical Director and his team to understand the purpose and benefits to clients.

Priority Process: Communication

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization adopts multiple ways of promoting communication both internally and externally. Newsletters are distributed three times per year. Reports are provided to the community every spring. In addition, the organization communicates using their website, display boards, brochures, posters, and videos. The organization is encouraged to make use of social media as a tool for communication with the public. The organization also hosts Wing Kei Forums, where news and initiatives are shared with staff, volunteers, board members, clients, and family members.

Priority Process: Physical Environment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization complies with building physical space according to applicable laws, regulations, and codes. The environment is conducive to resident safety and team health. Back up systems are place; for example, emergency generators and water supply. The facilities are very clean and odour free. It should be noted that at the time of the survey, surveyors were able assess the organization's multiple sites, except for the new LTC facility WIng Kei Greenview.

Priority Process: Emergency Preparedness

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Emergency disaster plans are in place. Fire drills are conducted monthly. Table top exercises are done during evening and night shifts. Emergency back up systems (e.g. emergency generators and water supply) are in place. Testing of the emergency equipment is done per schedule. Protocols for outbreaks are in place. Mask fit testing is completed. Personal Protective Equipment (PPE) is stocked. Business continuity is in place. Arrangements are made with other sites to provide a holding area in the case of an evacuation.

Priority Process: People-Centred Care

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Clients and families are engaged in many activities throughout the organization. Family Advisory Councils have been implemented in the Adult Day Program, and both WKCC sites. During the admission process, clients and family members are asked to come in for a pre-admission visit to WKCC. During this initial visit, information is shared, and a welcome package is provided. During the admission process, clients and family members are also involved in medication reconciliation, which includes creating the best possible medication history. A member of the Family Advisory Council places a call to new family members to welcome them to WKCC and to offer additional support if required. The Clinical Managers place monthly calls to family members to communicate any changes in the care plan of their loved ones.

Priority Process: Patient Flow

Assessing the smooth and timely movement of clients and families through service settings.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

To increase accessibility and meet the needs of the community, the organization refers over-flow clients referred to another adult day program within Chinatown.

Priority Process: Medical Devices and Equipment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The home has a preventative maintenance program for medical devices, medical equipment, and medical technology. This program includes routine maintenance checks, preventative maintenance reports, evaluation of equipment breakdown, investigation of equipment-related incidents, and program evaluation. The home has created a document identifying a list of all medical equipment, the required maintenance and frequency of maintenance, and the team responsible for completing preventative maintenance. Preventative maintenance is completed by both the maintenance team and by external providers. Education is provided to staff members on new equipment. When an incident occurs with a medical device, an incident report is completed, a root cause analysis is done, re-training is completed as necessary, and a return demonstration is required.

WKCC has a policy for resident/client equipment cleaning, which includes the Spaulding Classification System. The home also has an equipment cleaning resource chart that lists all the equipment that requires cleaning. The chart identifies the frequency, the person responsible, the cleaning product to be used, the location of the equipment, and the procedure for cleaning. Reprocessing audits are completed to ensure compliance.

Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

Infection Prevention and Control for Community-Based Organizations

- Infection Prevention and Control for Community-Based Organizations

Medication Management for Community-Based Organizations

- Medication Management for Community-Based Organizations

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

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

Episode of Care

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

Decision Support

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

Impact on Outcomes

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

Standards Set: Home Support Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

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

The Family Advisory Council works closely with clients, family members, and staff members to recommend programs and services that meet clients' needs. This process sometimes involves the addition of new programs and resources as required.

Priority Process: Competency

The Adult Day Program follows the organization's policies and procedures regarding required education for all staff members. Education is completed in-class, online, and during staff meetings. The team works very closely with clients and their family members. The team has morning huddles and afternoon debriefs to ensure that effective communication occurs.

Priority Process: Episode of Care

On admission, new clients receive a welcome package that includes a client handbook that contains important information on the following: program details, client and family expectations and responsibilities, client rights, privacy and disclosure, safety and security, IPAC, and emergency procedures. New clients and their family members are invited to visit the home to familiarize themselves with the programs.

Health information is gathered from the AHS Referral forms and through the admission process. Care plans are completed in PCC. The "Are you at risk of falling?" fall assessment tool is also completed for all new admission to the program.

Priority Process: Decision Support

All documentation and assessments are stored in PCC. Clients and family members can access this information when requested. The Adult Day Program follows the organization's policies and procedures on the secure collection, documentation, access, storing, retaining, and destruction of client records. Staff members are trained on privacy and confidentiality at orientation and annually.

Priority Process: Impact on Outcomes

The Adult Day Program has a Family Advisory Council which meets quarterly and has a standing agenda. All clients and family members are invited to participate in these meetings. The feedback received from family members has been very positive. Family members appreciate the services offered by the Adult Day Program and can clearly explain the benefits and impact the program has had on the lives of their loved ones.

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

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

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

WKCC has a well-established IPAC program, which includes an antimicrobial stewardship program, infection rate tracking, hand hygiene program with audits and compliance rates, reprocessing procedures, outbreak prevention, immunization program, and a food safety program. Staff members, clients, family members, and volunteers are provided with education on a variety of IPAC topics.

Being proactive is key to the success of this program. The infection surveillance is done in Point Click Care (PCC) and Clinical Managers take the lead in reviewing infection rates monthly. The data is analyzed, any gaps are identified, and action plans are created.

The organization has put together an outbreak kit. This kit contains everything staff members might need at the onset of an outbreak such as forms, documents, posters, and specimen containers. WKCC has not had an outbreak since 2014. During an outbreak, the home communicates daily updates with family members through email, and with staff members through the communication board in PCC. To limit the amount of traffic from floor to floor, a floor specific code is implemented for the elevators that restricts visitors to one floor.

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

Unmet Criteria	High Priority Criteria
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Priority Process: Clinical Leadership

The organization has met all criteria for this priority process.

Priority Process: Competency

The organization has met all criteria for this priority process.

Priority Process: Episode of Care

The organization has met all criteria for this priority process.

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Clients and family members are very involved from the very beginning of the admission process. The organization encourages clients and families to be actively engaged in their care. A welcome package is provided on admission. This package includes details about the home as well as the admission process, information on client rights and responsibilities, and how to file a complaint. The admission process includes clinical assessments as well as receiving a detailed medication history. The client and/or family member is asked to review the list of medications to confirm its accuracy.

Priority Process: Competency

WKCC has policies and procedures regarding staff education. Staff education is completed in-class, online (iTacit), and during regular team meetings. Regular performance appraisals are completed, and personal goals and objectives and ongoing professional development is always encouraged and supported.

Infusion pumps are not used at any of the sites.

Priority Process: Episode of Care

The organization has a very strong interdisciplinary CQI team. Individual CQI teams exist within the home. These teams address programs such as: falls prevention, IPAC, medication safety, nutrition, responsive behavior management, skin and wound care, end of life care, pain management, mood and physical functioning, PFCC, and restraints. Each individual CQI team has created strategic action plans. These plans include specific improvement goals and action plans to be implemented by the team. During monthly meetings, the team reviews its progress and does an analysis of their identified targets. This entire interdisciplinary CQI team meets quarterly and reviews reports, individual team goals and objectives, education, impact on clients, and action plans. This team works together to ensure that the clinical programs in the home are continuously improving and that best practices are implemented in all the home's programs.

Priority Process: Decision Support

All documentation and assessments are completed in PCC. Clients and family members can access this information upon request. Both sites have policies and procedures relating to the secure collection, documentation, access, storing, retaining, and destruction of client records. Staff members are trained on privacy and confidentiality at orientation and annually.

Priority Process: Impact on Outcomes

Both locations follow evidence-based guidelines, often provided by AHS. The homes have a good working relationship with AHS and can make recommendation for change when necessary. There is an AHS Case Manager onsite at Wing Kei Greenview. All patient incidents are completed on PCC in the risk management tab. Risk assessments are completed and mitigation plans are implemented. The CQI team ensures that quality improvement activities are implemented to meet the goals and objectives identified by each quality team. Data is continuously collected and analyzed, and trends are identified to select areas needing improvement. All QI information is shared with clients, families, staff members, and board members.

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

Unmet Criteria	High Priority Criteria
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Priority Process: Medication Management for Community-Based Organizations

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Medication Management for Community-Based Organizations

The home has a group of Clinical Managers that work closely with the Pharmacist from Sobey's National Pharmacy Group to ensure that the medication management program is well implemented. Several medication management policies have been implemented. Audits are completed by both the home and the pharmacy to ensure compliance. These policies and procedures cover a variety of topics related to medication management and include policies on high alert medications, do not use abbreviations, and medication reconciliation.

Education on medication management is regularly provided to staff members during in-class training, by completing online learning modules on iTacit, and during monthly staff meetings.

Medication incidents are reported in the homes PCC risk management tab. The CQI leads are responsible for reviewing and investigating any incident details. They attempt to identify the root cause and implement a mitigation plan. The pharmacy also reviews all reports of medication incidents and works with the home to execute the corrective action plan. Since the home has a no blame culture, staff members feel comfortable reporting medication incidents. The home also has a disclosure policy which describes the process of informing residents and family members following a medication related incident.

Instrument Results

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

Governance Functioning Tool (2016)

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

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

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

- **Data collection period: August 24, 2018 to September 7, 2018**
- **Number of responses: 9**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	N/A
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	11	89	N/A
3. Subcommittees need better defined roles and responsibilities.	33	11	56	N/A
4. As a governing body, we do not become directly involved in management issues.	0	0	100	N/A
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	0	0	100	N/A

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	N/A
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	N/A
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	11	89	N/A
9. Our governance processes need to better ensure that everyone participates in decision making.	22	33	44	N/A
10. The composition of our governing body contributes to strong governance and leadership performance.	0	11	89	N/A
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	N/A
12. Our ongoing education and professional development is encouraged.	0	0	100	N/A
13. Working relationships among individual members are positive.	0	0	100	N/A
14. We have a process to set bylaws and corporate policies.	0	0	100	N/A
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	N/A
16. We benchmark our performance against other similar organizations and/or national standards.	0	11	89	N/A
17. Contributions of individual members are reviewed regularly.	0	22	78	N/A
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	22	78	N/A
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	38	63	N/A
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	22	78	N/A

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
21. As individual members, we need better feedback about our contribution to the governing body.	22	22	56	N/A
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	11	89	N/A
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	N/A
24. As a governing body, we hear stories about clients who experienced harm during care.	22	22	56	N/A
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	11	89	N/A
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	22	78	N/A
27. We lack explicit criteria to recruit and select new members.	67	22	11	N/A
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	11	89	N/A
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	N/A
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	N/A
31. We review our own structure, including size and subcommittee structure.	0	22	78	N/A
32. We have a process to elect or appoint our chair.	0	0	100	N/A

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	22	78	N/A
34. Quality of care	0	22	78	N/A

Canadian Patient Safety Culture Survey Tool: Community Based Version

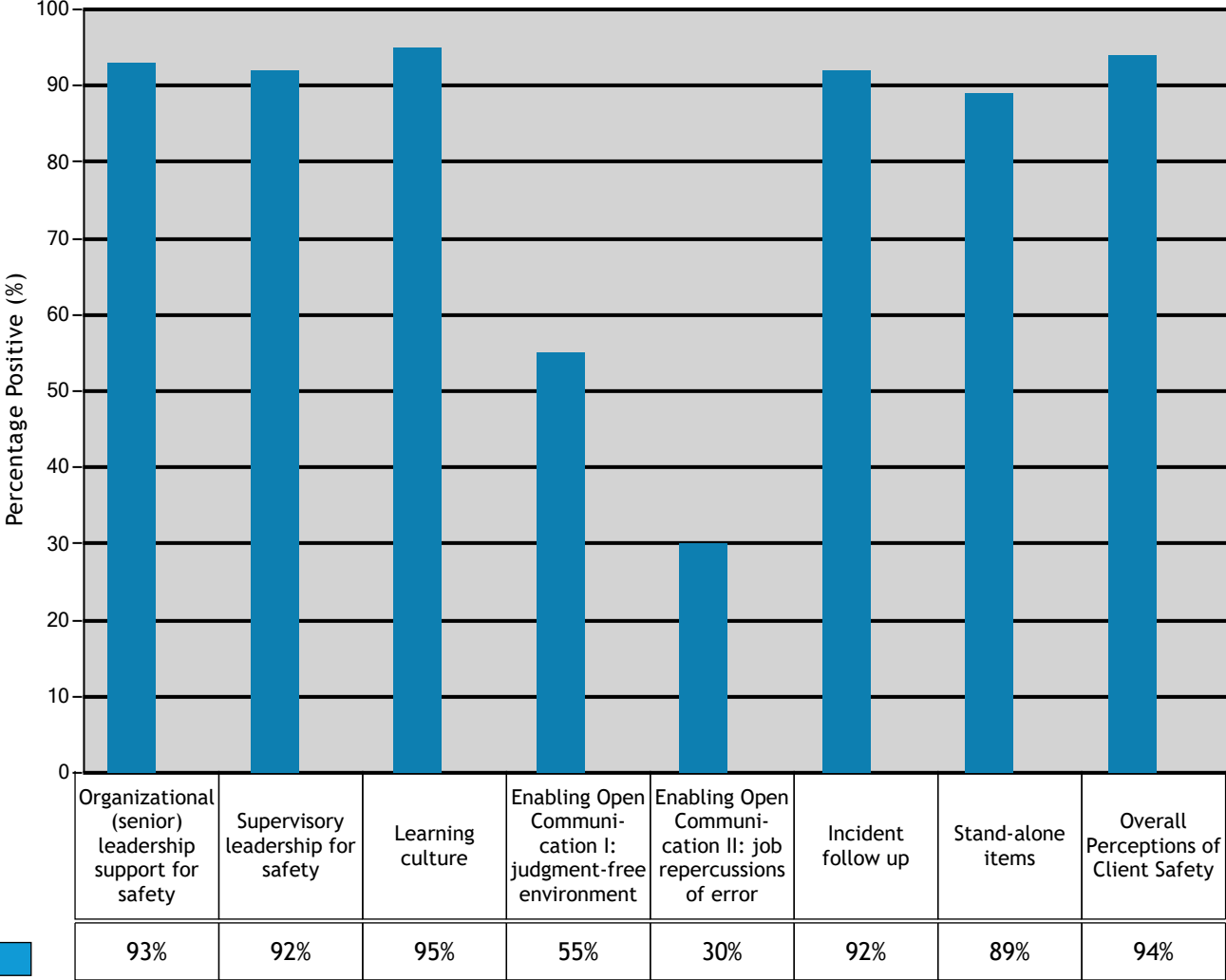
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations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

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

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

- **Data collection period: January 26, 2018 to February 23, 2018**
- **Minimum responses rate (based on the number of eligible employees): 148**
- **Number of responses: 200**

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



Legend
■ Wing Kei Care Centre

Worklife Pulse

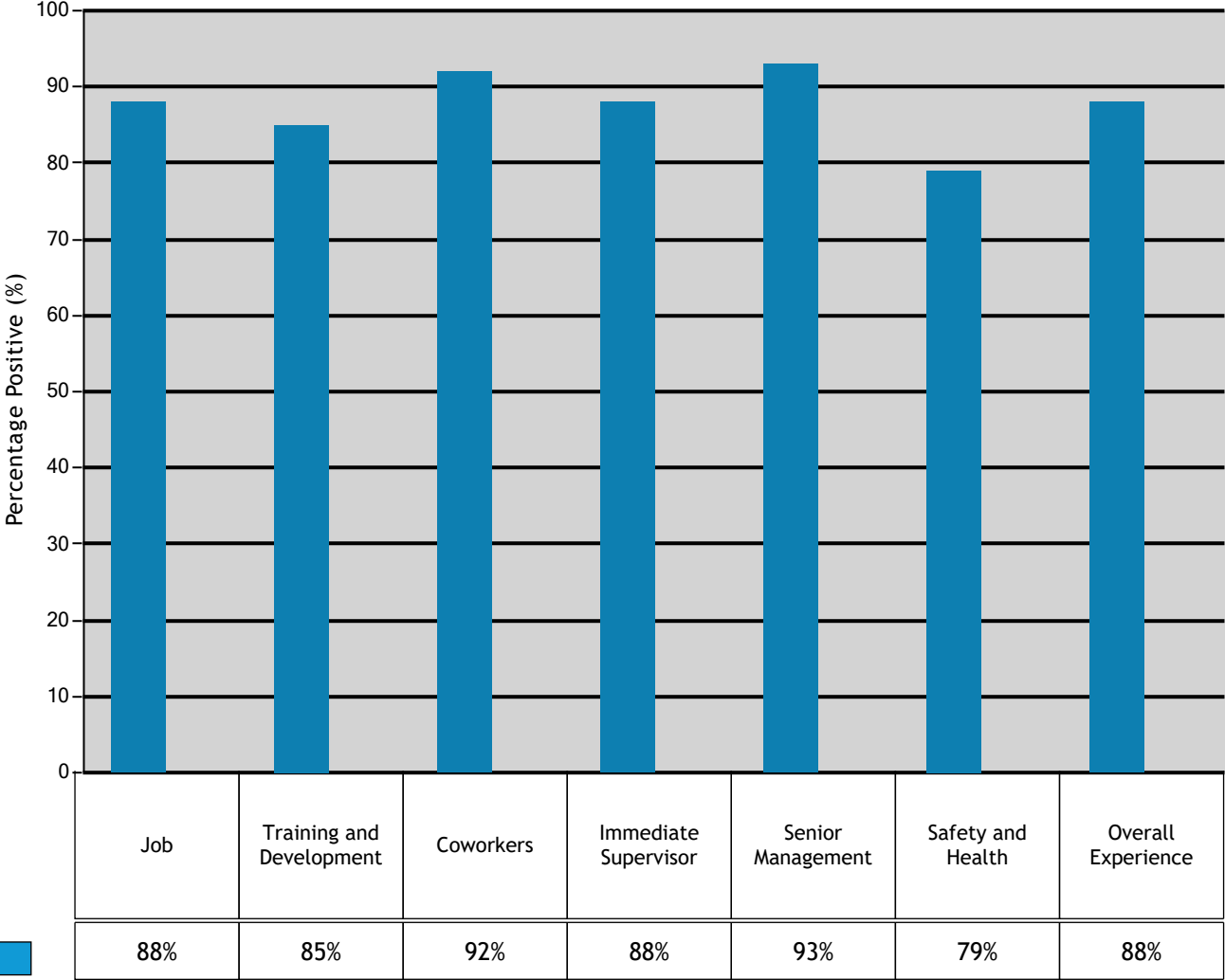
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

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

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

- **Data collection period: January 26, 2018 to February 23, 2018**
- **Minimum responses rate (based on the number of eligible employees): 156**
- **Number of responses: 209**

Worklife Pulse: Results of Work Environment



Legend
Wing Kei Care Centre

Client Experience Tool

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

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

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

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

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

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

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

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

Appendix A - Qmentum

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

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

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

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

Action Planning

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

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