Accreditation Report

Canadian Mental Health Association - Niagara Branch

St. Catharines, ON

On-site survey dates: October 24, 2016 - October 27, 2016

Report issued: November 11, 2016

About the Accreditation Report

Canadian Mental Health Association - Niagara Branch (referred to in this report as "the organization") is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in October 2016. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada

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

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

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

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

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

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Executive Summary

Canadian Mental Health Association - Niagara Branch (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

Canadian Mental Health Association - Niagara Branch's accreditation decision is:

Accredited with Commendation

The organization has surpassed the fundamental requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: October 24, 2016 to October 27, 2016**

- **Locations**

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

  1. Canadian Mental Health Association - Niagara Branch
  2. Canadian Mental Health Association - Niagara Branch, Fort Erie
  3. Canadian Mental Health Association - Niagara Branch, Page Street Location
  4. Canadian Mental Health Association - Niagara Branch, Wellington Street
  5. Canadian Mental Health Association- Niagara Branch, Niagara Falls

- **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. Community-Based Mental Health Services and Supports - Service Excellence Standards

- **Instruments**

  The organization administered:

  1. Governance Functioning Tool (2011 - 2015)
  2. Canadian Patient Safety Culture Survey Tool: Community Based Version
  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)	26	0	1	27
Accessibility (Give me timely and equitable services)	10	0	0	10
Safety (Keep me safe)	89	1	12	102
Worklife (Take care of those who take care of me)	48	0	2	50
Client-centred Services (Partner with me and my family in our care)	62	0	0	62
Continuity of Services (Coordinate my care across the continuum)	8	0	0	8
Appropriateness (Do the right thing to achieve the best results)	185	4	18	207
Efficiency (Make the best use of resources)	20	0	0	20
Total	**448**	**5**	**33**	**486**

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	45 (100.0%)	0 (0.0%)	5	36 (100.0%)	0 (0.0%)	0	81 (100.0%)	0 (0.0%)	5
Leadership Standards for Small, Community-Based Organizations	39 (100.0%)	0 (0.0%)	1	68 (98.6%)	1 (1.4%)	1	107 (99.1%)	1 (0.9%)	2
Infection Prevention and Control Standards for Community-Based Organizations	19 (100.0%)	0 (0.0%)	8	36 (90.0%)	4 (10.0%)	6	55 (93.2%)	4 (6.8%)	14
Medication Management Standards for Community-Based Organizations	25 (100.0%)	0 (0.0%)	2	27 (100.0%)	0 (0.0%)	4	52 (100.0%)	0 (0.0%)	6
Community-Based Mental Health Services and Supports	44 (100.0%)	0 (0.0%)	0	94 (100.0%)	0 (0.0%)	0	138 (100.0%)	0 (0.0%)	0
Total	**172 (100.0%)**	**0 (0.0%)**	**16**	**261 (98.1%)**	**5 (1.9%)**	**11**	**433 (98.9%)**	**5 (1.1%)**	**27**

* Does not includes ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	**Minor Met**
Patient Safety Goal Area: Safety Culture			
Accountability for quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership 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			
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1
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 (Community-Based Mental Health Services and Supports)	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			
The "Do Not Use" list of abbreviations (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
High-alert medications (Medication Management Standards for Community-Based Organizations)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Worklife/Workforce			
Patient safety plan (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0
Workplace violence prevention (Leadership Standards for Small, Community-Based Organizations)	Met	5 of 5	3 of 3
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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	**Minor Met**
Patient Safety Goal Area: Risk Assessment			
Suicide prevention (Community-Based Mental Health Services and Supports)	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.

The Canadian Mental Health Association - Niagara Branch (CMHA Niagara) is commended for its excellent work in preparing for the Qmentum on-site survey.

The board of directors is fully engaged in providing strategic governance to the organization. It is clearly defined as a strategic policy board but the members also take to heart their responsibility for providing guidance and oversight on significant operational matters. The board continues to ensure that robust financial processes are in place to ensure a balanced budget. They are engaged in succession planning as well as planning for the future of the organization. At present, discussions are underway toward a potential partnership and integration with a children's mental health agency. The board has developed a strong communication plan that cascades through the organization to update the staff on the progress of the partnership. The organization is committed to being a leader and role model in shaping an integrated mental health delivery system. In fact, it has been a strong advocate for other community providers to receive funding to enhance their services. They set a strong example for placing the client first.

An enthusiastic group of community partners attended the community partners' focus group and it was apparent they have a great deal of respect for the organization. They commented on the organization's ability to promote and support an integrated mental health system and its willingness to contribute to that type of model. Staff were described as leaders who are helpful to other organizations in the area.

The leadership team is consistently committed to a quality agenda. They are dedicated and have a strong knowledge base. They also have a good understanding of how strategy and operations are linked. They have devoted resources to strengthening quality and staff education. As a result, they have developed unique program models for Justice clients. They have a strong interest in developing models on evidence-based practice in several clinical areas. The recovery model is practiced by staff and has been embraced throughout the organization over a significant period of time.

The organization has a Client and Family Advisory Council that is engaged and productive. It provides the management team with advice on programming and processes. Council members indicate that their advice is seriously considered. If it is not possible to adopt the suggestion, they always hear why this is the case. The council feels respected by the management team. Council members were recently included in a board orientation session and both the board and council benefited greatly from this.

Staff completed the Worklife Pulse Tool and areas for improvement have been addressed through the organization's internal Quality Service Committee. This committee takes the lead for client and staff quality issues. Action plans were developed to address areas that required improvement, and the plans were discussed at staff meetings. Communication appears to flow transparently between the management team and staff. Staff indicated that concerns were addressed in a timely manner.

Clients are very positive about the organization, being quick to say that the timeliness of service was key to their recovery. They are particularly pleased that there are urgent support services they can access as needed. Urgent support clinics have increased their hours as a result of positive feedback from clients.

Although the physical facilities are not ideal, particularly at the St. Catharines location, staff try hard to make the facility work for the clients. Proposals have been submitted to support moving to a new location and the organization is encouraged to continue to strongly advocate for this change.

The organization is continuing to develop ways to standardize care and practices. It is encouraged to develop clinical outcome measures that will provide evidence about the care provided. It is also encouraged to market its services to the community and ensure the brand is well recognized by health service providers.

The organization will continue to develop its strategy over the next year while continuing to provide service for its existing client base.

Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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

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

Priority Process Results for System-wide Standards

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

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

Priority Process: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)
The board of directors is a committed and knowledgeable board. It has adopted many best practices and makes a conscientious effort to be a strategic board that focuses on excellence in governance. To this end, recruitment uses a best practices skill matrix and orientation is done on a regular basis. Of note, the Client and Family Advisory Council is included in a shared annual orientation, and clients speak at each board meeting. There are staff presentations as well. There are several mechanisms to provide feedback on board functioning at regular intervals during the board cycle. The board receives education on governance and organizational content on a regular basis. This is monitored through the board's Governance Committee. The board uses a balanced scorecard to monitor organizational results and is continually refining and improving the use of the balanced scorecard. The board also uses an enterprise risk management tool to guide decision making on key issues that require resolution.

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)

The organization has a solid process for planning and service design. The budget is submitted annually to the Local Health Integration Network (LHIN) but is monitored on an ongoing basis. If they have a positive variance requests are made to the LHIN so the dollars can be spent on direct service or capital upgrades.

The organization collects data on the patient population from the LHIN and a local planning group. Based on the data and feedback from clients, plans for program enhancements are made. The organization endeavours to ensure programs are evidence based and reflect best practice.

The organization collects data on a large number of process outcomes but is encouraged to develop program evaluation methodology that would allow it to develop clinical outcome measures.

There may be future consideration to working with other health service providers to develop clinical pathways to facilitate better transitions for clients across the system.

The organization engages staff, clients, and families in the strategic plan as well as regular operations. Clients and staff commented that the feedback is valued and that they receive feedback about their suggestions.

Programs have goals and objectives that tie back to the strategic plan. Staff are also invested in the mission, vision, and values of the organization.

Priority Process: Resource Management

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

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

The organization has well-articulated processes to develop the budget and operating plan. There are many competing priorities and the organization must decide how to allocate funding. The organization is adept at moving dollars from one area to the other to enhance services and considers the sustainability of their financial operating plan.

The organization provides extensive back office support to other community agencies in the Niagara area. This support brings significant revenue to the organization every year.

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)

In January 2015, CMHA Niagara implemented the psychological health and safety survey, developed by the Mental Health Commission of Canada, with a high (85 percent) response rate. The organization has been using the results to address high priority areas for further action including workloads, interruptions, and accountability. A reassessment identified improvements in all areas, and considerable effort is underway to improve the quality of work life and health and safety of the work environment. For example, specific to staff perceptions of frequent interruptions with work, an alternative workplace pilot for community support workers was implemented. There are several other good examples of the organization's efforts to implement changes to address issues identified, such as access to minutes to improve transparency and accountability.

Continuing professional development is supported through staff education allowances and access to online training. Skill development is also evident with staff training specific to leadership, promotions, and quality improvement activities.

A workplace violence prevention policy has been developed and adopted in consultation with team members and union representatives. The organization is encouraged to ensure all policies are dated and signed off by an approving person(s) or committee(s), and that there is a formal schedule for review that includes dates.

Performance management appraisals are current and are conducted on a semi-annual and annual basis, with mandatory annual certification. The organization has also identified the need to formalize and identify additional training for an annual schedule.

Recruitment and retention continues to be a challenge as compensation and funding continue to be different for health care providers in a community setting compared to an acute care hospital. The organization strives to have a turnover rate of 10 to 11 percent, which it is at currently. CMHA Niagara is encouraged in its interest to include clients in the hiring process for new staff.

Staff files are up to date and organized. They include position profiles, performance appraisals, and evidence of training. A highlight is the support for student placements, which allows for more capacity, builds recruitment potential, and provides a good learning experience for students from the local college.

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)

The organization has worked diligently to enhance its approach to quality. There is an identified quality manager whose main role is to build capacity around quality initiatives across the organization.

The organization has a Quality Committee chaired by front-line staff who set the terms of reference and the agenda. The organization has developed an integrated quality and risk management framework which is used to drive activity.

The organization is becoming more sophisticated in its use of a balanced scorecard to monitor a large number of outcomes that are rolled up into four quadrants and reviewed by the board on a quarterly basis.

There is a strong focus on client and staff safety with many supporting policies. Staff input around issues related to safety is obtained on a regular basis. Staff report that their suggestions for improving client and/or staff safety are taken seriously.

Quarterly incident reports are generated through the incident management system. Staff appear to feel comfortable identifying incidents with a view to ensuring that they learn from them. The organization appears to have an open and transparent environment with regard to reporting safety incidents.

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 organization has done a great deal of work to enhance its ethics capacity since the last on-site survey. The ethics framework has been reviewed and staff have been educated. There was evidence of recent situations where staff had applied the framework to gain ethical insight into difficult situations. Staff have explained the components of the framework to clients who are aware of its use in the organization.

The board is also familiar with the framework and use it as part of its decision-making methodology.

The organization does not conduct direct research but on occasion is asked to be a research site. When this occurs, the organization strikes a committee that reviews the request and determines whether they are comfortable having their client information used. The organization has a well-articulated policy around this issue.

Priority Process: Communication

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

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)
The organization is very conscientious with regard to ensuring there is effective internal and external communication. The board has developed internal and external communication plans around the potential partnership with another agency that could lead to integration. Internally, a designated communication lead is responsible for an internal newsletter and the development of external communication methods. The organization is aware that it needs to increase its external profile and is developing strategies to support this goal. A communications coordinator has recently been hired to ensure there is a focused and centralized approach to communications.

Priority Process: Physical Environment

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small, Community-Based Organizations	
9.3 The physical environment is managed to protect client/resident and team health and safety.	

Surveyor comments on the priority process(es)

The organization has five sites throughout the Niagara region. The sites are adequate but lack client-friendly amenities. This detracts from the organization's ability to provide service.

The organization is advocating for improved space, particularly for the St. Catharines site. There are safe beds at this site as well. Although staff endeavour to make this location as comfortable as possible, there are physical barriers which pose a safety risk. The safe beds physical environment poses significant safety risks for clients with suicidal ideation. The organization is encouraged to conduct a safety review to mitigate potential risk to clients.

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)
The organization has well-developed policies around emergency preparedness. It has carefully considered potential emergencies for their housing population and has ensured staff receive appropriate education. Mock disasters have been conducted and processes have been improved as a result. Posters provide staff with required information, making direction more readily available.

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)

CMHA Niagara has developed many partnerships to reduce or alleviate service barriers for clients and families in providing community support services. In addition to the Community Support Program, the Walk-In Counselling Program is now available and was developed based on wait times for service. The team has also introduced short-term and single session narrative therapy sessions with counselling services, thereby improving timely access and support. The teams are encouraged in their efforts to further develop their triage and assessment services with the introduction of a risk rating scale.

Urgent Support Services has developed a responsive service model to ensure clients are connected to resources and follow-up services, enabling timely access to services within the organization and through community partners. Safe Beds provides individuals in crisis with 24/7 short-term crisis counselling and a therapeutic environment. Opportunity exists to expand the urgent support services model within the Niagara South region.

New and enhanced partnerships have been developed with the Mobile Crisis Rapid Response team where a mental health counsellor is paired with a police officer; this has helped divert clients from emergency services and detention. In addition, individuals with minor offences are supported by a court and detention worker to transition back into the community.

CMHA Niagara also has housing support services for hard-to-serve populations and concurrent disorder and dual diagnosis clients. Recently, this has been expanded to include supports for men experiencing homelessness. Finally, group counselling and the employment program supports life skills development, education, and recovery-oriented groups to help clients increase their capacity and develop safe living skills.

Client feedback specific to client flow and the transition between CMHA Niagara services is very positive. Clients rate all of the services very favourably, emphasizing that communication and information sharing is very comprehensive.

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 organization does not use medical devices or equipment other than defibrillators that are on-site at each location. Staff receive training on how to use the defibrillators. The organization does not have medical or nursing staff who require additional access to medical equipment.

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: Community-Based Mental Health Services and Supports - 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 delivery of mental health services includes several programs and community supports provided through CMHA Niagara, including counselling and urgent support offered through walk-in clinics, safe beds, residential housing supports, community supports, mobile crisis, and justice case management.

Client and family input is used extensively through the Client and Family Advisory Council, in addition to focus groups and results from client experience surveys. For example, environmental changes that have been introduced to create a more welcoming environment include lighting, décor, and the presence of a receptionist, among others.

To inform service design, the organization works closely with many community partners such as the Justice Planning Committee in the development of the mobile crisis response service, the court diversion program, and housing initiatives.

There is good evidence of all programs offering a recovery, goal-oriented approach with planning, education, and service delivery. In addition, CMHA Niagara focuses on mental health promotion through crisis intervention training for police officers in the region, at community events such as the Ride-Don't Hide fundraising event, and the Niagara Grape and Wine parade float that was entered this year.

Priority Process: Competency

Team members have a social service background at diploma, baccalaureate, and Master's levels. For staff requiring registration, Human Resources verifies and documents a review. A comprehensive orientation is offered at the organization and program-specific levels.

Team passion and commitment to client care is evident and noteworthy throughout all service areas. Staff are supported with professional development opportunities and the use of evidence-informed best practices with online training. The team receives regular mandatory education and training on the Workplace Hazardous Materials Information System (WHMIS), managing violent behaviour, and de-escalation techniques through Safety-Care, Mental Health First Aid, applied suicide intervention and skills training, and other elective training such as trauma-informed care.

Opportunity for improvement exists for the service areas to address staff competency and skill development for enhanced assessment and integration of addiction and mental health. Client feedback reflects the need to include and integrate family members into care through education and support services.

Team members are recognized for their contributions through informal and formal mechanisms such as the staff award appreciation ceremony, newsletters, and at team meetings.

Priority Process: Episode of Care

There are several excellent examples of organizational and team efforts to remove barriers to accessing service. For example, the crisis services developed with safe beds, transitional housing for clients awaiting permanent housing placements, walk-in counselling services, and urgent support. Staff are focused on ensuring clients have timely access to service and client feedback is very positive, thereby reducing unnecessary access to emergency services and hospitalization.

Service areas have adjusted their hours of operation based on the need to offer lunch time access, early evening access, and 24-hour access for crisis services. Noteworthy are the efforts made by CMHA staff to help clients navigate the system and transition between services. Follow up is also offered with community transition. Several clients identified a lack of services or focus on the family and requested more involvement, education, and support.

Priority Process: Decision Support

A comprehensive electronic health record is maintained, with hard copy paper forms and consents for each client.

Standardized sets of health information are collected, including the Ontario Comprehensive Assessment of Needs (OCAN), safety plans, the Linehan Risk Assessment and Management Protocol when suicidal ideation is expressed, and program-specific tools.

Priority Process: Impact on Outcomes

Several excellent evidence-based practices have been introduced, including dialectical behaviour therapy and trauma-informed care. As new practices are introduced, the organization is encouraged to develop formal processes and mechanisms to select evidence-informed guidelines for service delivery.

Effective October 2015, client experience surveys were implemented in the organization. Working closely with the Client and Family Advisory Council, the organization is working to increase the overall response rate. Results are aggregated quarterly and reviewed with staff, clinical teams, and the Client and Family Advisory Council. Opportunities identified include the need to enhance communication and provide a more welcoming approach. Feedback from clients suggests that CMHA Niagara enhance community

education and awareness of the services available and include clients and families in the process. This could be done through community events and education and training.

Utilization indicators are being developed and tracked. Opportunity exists to enhance the use of performance measurement to assess client outcomes across all service areas.

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

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control for Community-Based Organizations	
9.5 The organization regularly evaluates compliance with its policies and procedures for cleaning and disinfecting the physical environment and makes improvements as needed.	
9.6 When cleaning services are contracted to external providers, the organization establishes and maintains a contract with each provider. This contract requires consistent levels of quality and adherence to accepted standards of practice.	
13.1 The organization regularly evaluates its infection prevention and control activities.	
13.2 The organization monitors performance measures for infection prevention and control.	
Surveyor comments on the priority process(es)	
Priority Process: Infection Prevention and Control for Community-Based Organizations	

CMHA Niagara has a policy and procedure manual for products, maintenance and storage, education, and infection prevention and control plans and policies. The organization is commended on the recent review of infection prevention and control and for using the Public Services Health and Safety Association's Health and Safety Self-Assessment Tool. A risk assessment needs analysis has since been conducted that identified several opportunities for improvement, such as an annual review of infection prevention and control policies, evaluation of cleaning practices, new policy development, surveillance, and other processes and practices.

The organization is addressing priority areas by ensuring adequate supplies are on-site and updating education and training with all staff. Good food handling practices are in place with all staff who work in food handling areas completing the food handling certificate course.

A checklist for environmental cleaning has been introduced into client areas. In addition, new products and services for cleaning have been purchased and introduced, as recommended by the public health inspector. The organization experienced its first outbreak in September 2016, appropriately involving Public Health in a review with resulting recommendations. Appropriate measures were put in place and the organization will continue to monitor, report, and update the outbreak/pandemic prevention and management plan.

Opportunities exist for CMHA Niagara to strengthen and formalize its processes for infection control, policy development, and evaluation of current practices. In addition, the organization is encouraged to put in place performance measures to ensure good infection control practices, such as measuring immunization rates, hand-hygiene rates by an objective observer, and additional measurement.

Early attempts are being made to include clients and families in the process of evaluating the effectiveness of infection control practices, and the organization is encouraged to continue to seek their input and evaluation with changes being implemented, including hand-hygiene education and awareness.

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

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management for Community-Based Organizations	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Medication Management for Community-Based Organizations	

CMHA Niagara has a program manager and a committee to lead education and policy development for medication management. Staff from the program areas of Safe Beds, Transitional Housing, and Community Support Services are actively involved.

CMHA Niagara has recently developed an overarching policy on client medication to ensure safe handling, storage, and proper documentation of client medication. The internal Service Quality Committee approved the policy and mandatory education for all staff was completed in fall 2016. Auditing of staff compliance is a relatively new process and the organization is encouraged to continue to ensure this is done on a regular basis and to implement changes based on issues identified, such as completing forms for each medication with medication reconciliation, among others.

Of note is the organization's new brochure, A Guide to Medication Management, developed for clients. Client feedback indicates that this brochure is very effective for explaining medication management practices within the organization, and for education.

A best possible medication history is generated on admission and reconciliation is completed with the client's pharmacy and documented on the electronic health record. The organization has implemented a list of abbreviations and symbols that are not to be used based on the Institute of Safe Medication Practices (ISMP Canada) and are auditing their use. The organization does not stock any medications, including concentrated electrolytes, heparin, or narcotic products. Some clients have narcotics in individual lock boxes, limited to no more than a 30-day supply. Policy guidelines and practices are in effect that specify that service providers do not administer medication.

Good access to pharmacy services is available to all staff on a 24-hour, seven-day per week basis. Online tools are also readily available as required. The team is encouraged in its efforts to address medication management for emerging issues, such as medicinal marijuana use. There is an opportunity for CMHA Niagara to become a community leader with this policy development.

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

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

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

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

- **Data collection period: February 2, 2015 to February 22, 2015**

- **Number of responses: 10**

Governance Functioning Tool Results

		% Disagree	% Neutral	% Agree	%Agree * Canadian Average
		Organization	Organization	Organization	
1	We regularly review, understand, and ensure compliance with applicable laws, legislation and regulations.	0	0	100	93
2	Governance policies and procedures that define our role and responsibilities are well-documented and consistently followed.	0	0	100	94
3	We have sub-committees that have clearly-defined roles and responsibilities.	0	0	100	95
4	Our roles and responsibilities are clearly identified and distinguished from those delegated to the CEO and/or senior management. We do not become overly involved in management issues.	0	0	100	97

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
5 We each receive orientation that helps us to understand the organization and its issues, and supports high-quality decisionmaking.	0	0	100	90
6 Disagreements are viewed as a search for solutions rather than a "win/lose".	0	0	100	97
7 Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	98
8 Individual members understand and carry out their legal duties, roles and responsibilities, including sub-committee work (as applicable).	0	0	100	91
9 Members come to meetings prepared to engage in meaningful discussion and thoughtful decision-making.	0	0	100	95
10 Our governance processes make sure that everyone participates in decision-making.	0	0	100	95
11 Individual members are actively involved in policy-making and strategic planning.	0	10	90	92
12 The composition of our governing body contributes to high governance and leadership performance.	0	10	90	95
13 Our governing body's dynamics enable group dialogue and discussion. Individual members ask for and listen to one another's ideas and input.	0	0	100	95
14 Our ongoing education and professional development is encouraged.	0	11	89	92
15 Working relationships among individual members and committees are positive.	0	0	100	95
16 We have a process to set bylaws and corporate policies.	0	0	100	93
17 Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	93
18 We formally evaluate our own performance on a regular basis.	0	11	89	80
19 We benchmark our performance against other similar organizations and/or national standards.	0	20	80	67

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
20 Contributions of individual members are reviewed regularly.	11	22	67	74
21 As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	82
22 There is a process for improving individual effectiveness when non-performance is an issue.	29	43	29	65
23 We regularly identify areas for improvement and engage in our own quality improvement activities.	0	30	70	83
24 As a governing body, we annually release a formal statement of our achievements that is shared with the organization's staff as well as external partners and the community.	0	11	89	77
25 As individual members, we receive adequate feedback about our contribution to the governing body.	10	20	70	66
26 Our chair has clear roles and responsibilities and runs the governing body effectively.	0	0	100	96
27 We receive ongoing education on how to interpret information on quality and patient safety performance.	11	11	78	88
28 As a governing body, we oversee the development of the organization's strategic plan.	0	10	90	96
29 As a governing body, we hear stories about clients that experienced harm during care.	0	0	100	80
30 The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	87
31 We actively recruit, recommend and/or select new members based on needs for particular skills, background, and experience.	0	0	100	92
32 We have explicit criteria to recruit and select new members.	0	0	100	86
33 Our renewal cycle is appropriately managed to ensure continuity on the governing body.	0	0	100	93

	% Disagree	% Neutral	% Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
34 The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	90
35 Clear written policies define term lengths and limits for individual members, as well as compensation.	0	10	90	90
36 We review our own structure, including size and subcommittee structure.	0	0	100	93
37 We have a process to elect or appoint our chair.	0	0	100	93

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2016 and agreed with the instrument items.

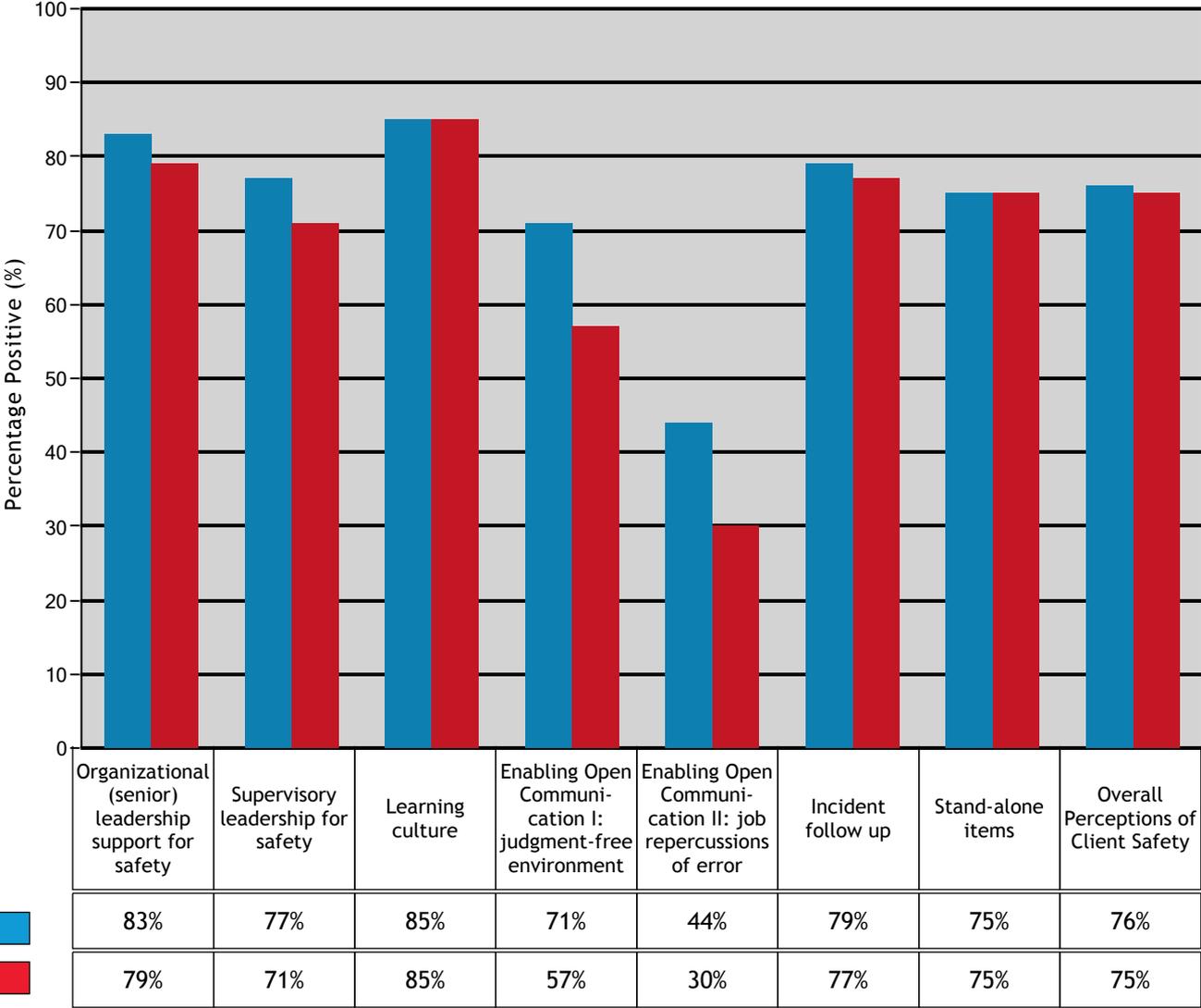# Canadian Patient Safety Culture Survey Tool: Community Based Version

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

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

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

- **Data collection period: January 30, 2015 to February 13, 2015**

- **Minimum responses rate (based on the number of eligible employees): 50**

- **Number of responses: 63**

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

	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Learning culture	Enabling Open Communication I: judgment-free environment	Enabling Open Communication II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
■	83%	77%	85%	71%	44%	79%	75%	76%
■	79%	71%	85%	57%	30%	77%	75%	75%

Legend

■ Canadian Mental Health Association - Niagara Branch

■ * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from January to June, 2015 and agreed with the instrument items.

Worklife Pulse

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

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

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

Client Experience Tool

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

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

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

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

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

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

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

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

Organization's Commentary

After the on-site survey, the organization was invited provide comments to be included in this report about its experience with Qmentum and the accreditation process.

The findings confirm our understanding of our strengths and needs, and did not misrepresent our organization. We have progressed considerably since the last assessment, but in many immeasurable ways, such as the increased acknowledgment and committeemen by staff and Board to continuous quality improvement.
The comment that the organization is becoming more sophisticated in its use of a balanced scorecard is also true for all our quality endeavours.

The commentary regarding physical environment, concerning our Safe Beds (crisis beds) does not adequately recognize the many attempts that we have made appealing to our funders for a change in the physical site. We have conducted studies indicating the need for a new site, established strong partnerships with the hospital and other services , culminating in proposals to the LHIN, which have been refused due to funding priorities. The comment is: "that we are advocating for improved space..." However, it is more than advocacy ; there is a detailed business case for change that the Board has approved. The Board has committed to this project even without any substantial government funding. Nevertheless our agency has not received permission, at the time of this report, for re-locating to a superior and safer location. Our Board has been committed and continues their commitment to a more suitable environment but we have been delayed and denied by bureaucratic and fiscal limitations.

In the meantime, we will conduct a safety review to mitigate potential risk, at our current location.

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. The organization provides Accreditation Canada with evidence of the actions it has taken to address these required follow ups.

Evidence Review and Ongoing Improvement

Five months after the on-site survey, Accreditation Canada evaluates the evidence submitted by the organization. If the evidence shows that a sufficient percentage of previously unmet criteria are now met, a new accreditation decision that reflects the organization's progress may be issued.

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
Communication	Communicating effectively at all levels of the organization and with external stakeholders.
Emergency Preparedness	Planning for and managing emergencies, disasters, or other aspects of public safety.
Governance	Meeting the demands for excellence in governance practice.
Human Capital	Developing the human resource capacity to deliver safe, high quality services.
Integrated Quality Management	Using a proactive, systematic, and ongoing process to manage and integrate quality and achieve organizational goals and objectives.
Medical Devices and Equipment	Obtaining and maintaining machinery and technologies used to diagnose and treat health problems.
Patient Flow	Assessing the smooth and timely movement of clients and families through service settings.
Physical Environment	Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.
Planning and Service Design	Developing and implementing infrastructure, programs, and services to meet the needs of the populations and communities served.
Principle-based Care and Decision Making	Identifying and making decisions about ethical dilemmas and problems.
Resource Management	Monitoring, administering, and integrating activities related to the allocation and use of resources.

Priority processes associated with population-specific standards

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

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

Priority processes associated with service excellence standards

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

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