



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

Canadian Mental Health Association - Niagara Branch

St. Catharines, ON

On-site survey dates: December 6, 2021 - December 9, 2021

Report issued: March 31, 2022

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 December 2021. 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 will be treated in confidence by Accreditation Canada in accordance with the terms and conditions as agreed between your organization and Accreditation Canada for the Assessment Program.

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

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

A Message from Accreditation Canada

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

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

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

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

We look forward to our continued partnership.

Sincerely,



Leslee Thompson
Chief Executive Officer

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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 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 6, 2021 to December 9, 2021**

- **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 - Main Office
3. Canadian Mental Health Association - Niagara Branch, Fort Erie
4. Canadian Mental Health Association - Niagara Branch, Welland Ave, St. Catharines
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. Worklife Pulse
2. Canadian Patient Safety Culture Survey Tool: Community Based Version
3. Governance Functioning Tool (2016)

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)	78	2	31	111
 Worklife (Take care of those who take care of me)	45	3	2	50
 Client-centred Services (Partner with me and my family in our care)	62	0	0	62
 Continuity (Coordinate my care across the continuum)	8	0	0	8
 Appropriateness (Do the right thing to achieve the best results)	181	0	26	207
 Efficiency (Make the best use of resources)	20	0	0	20
Total	430	5	60	495

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	37 (97.4%)	1 (2.6%)	2	66 (98.5%)	1 (1.5%)	3	103 (98.1%)	2 (1.9%)	5
Infection Prevention and Control Standards for Community-Based Organizations	17 (100.0%)	0 (0.0%)	17	37 (97.4%)	1 (2.6%)	9	54 (98.2%)	1 (1.8%)	26
Medication Management Standards for Community-Based Organizations	21 (100.0%)	0 (0.0%)	6	19 (100.0%)	0 (0.0%)	12	40 (100.0%)	0 (0.0%)	18
Community-Based Mental Health Services and Supports	42 (95.5%)	2 (4.5%)	1	94 (100.0%)	0 (0.0%)	0	136 (98.6%)	2 (1.4%)	1
Total	162 (98.2%)	3 (1.8%)	31	252 (99.2%)	2 (0.8%)	24	414 (98.8%)	5 (1.2%)	55

* 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			
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	3 of 3	2 of 2
Medication reconciliation at care transitions (Community-Based Mental Health Services and Supports)	Met	3 of 3	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	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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Infection Rates (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
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 (CMHA), Niagara Branch employs approximately 115 staff to provide recovery-focused and trauma informed programs and services for people over the age of 16 and their families living in the Niagara Region. It provides a range of immediate access and longer term services. Fundraising and community outreach activities include student and volunteer opportunities, public events and mental health promotion initiatives. Staff are compassionate and adaptive. Clinical teams have a solid understanding of the needs and resources of the communities they serve. The clinical teams are committed to their clients and focus on including clients and families along their journey to recovery. They advocate and champion the care planning process, in conjunction with the clients, to ensure safety, define care goals, and provide resources and networks for client success.

Community partners describe CMHA Niagara as a trusted team player, one that is active in directing and shaping the transformation of the regional health care system. CMHA co-leads the local Ontario Health Team's Mental Health and Addictions Working Group and is a key member on a number working groups including governance. The organization maintains several productive partnership agreements, optimizing the use of resources and addressing service gaps and system pressures. Defined as being 'at the ready', CMHA Niagara models the importance of respectful and meaningful collaboration. It listens to, and engages partners in practical solution focused problem solving and shares its knowledge and resources. Clinical teams jointly develop community care plans and, build skills and capacity where needed. Partners view the agency as open, approachable and responsive to feedback. While having attended to making significant internal structural and leadership realignments, CMHA Niagara has maintained a strong and consistent presence as a community partner.

The organization's board of directors uses a committee of whole governance model. This recent change in practice has streamlined its structure, meetings and director engagement. The board is supported by a comprehensive set of policies, processes and tools. Membership reflects a good mix of skills and tenure. While closely connected to, and informed by the organization's client and family advisory committee, directors also contribute lived experience perspectives to the board's discussions and decision making. Directors use the governance self-assessment to improve their individual and collective performance.

The organization is committed to being a leader and partner, actively helping to shape a more integrated mental health and addiction system of care in partnership with its Ontario Health Team (OHT). CMHA Niagara provides leadership to the OHT's regional mental health and addictions working group and contributes to a number of other working groups.

CMHA Niagara's leadership team is described as responsive, supportive and transparent. A recent realignment of its organizational structure has generated a clearer delineation of roles and responsibilities among the management team. Program managers develop, monitor, and improve program

processes related to quality, safety, risk and strategic goals, while clinical managers support and develop clinical staff, supporting performance and service delivery. This transition combined with a number of other competing quality improvement initiatives and the ongoing demands related to the pandemic have created some change fatigue. The leadership is mindful of this and accordingly, organizational wellness is top of mind and identified as a top strategic priority. Staff are engaged in regular coaching meetings to ensure support and alignment with agency and team goals. Talent management and retention strategies are in place, and foster the development of quality improvement, project management and leadership skills.

The organization has developed sound plans to direct its goals and operations. These include a strategic plan to support its mission, vision and values. It is the foundation of other plans that inform quality indicators, and operational, risk management and client safety plans. An extensive consultation took place to develop its new 2019-2024 Strategic Plan. The consultation was inclusive of the board, leadership, staff, client and family advisors and community partners. The plan includes a reworked mission and vision which was primarily influenced by the input of clients and families.

The team at CMHA Niagara follows through on the results of client safety and experience surveys. These results are also monitored and analyzed by the organization's client and family advisory committee. This committee also provides routine input into decision making, policies, strategic documents, service delivery changes, quality improvement initiatives and the selection of non-union candidates. The committee's work is guided by the support of the Director of Service Quality and Capacity and an annual work plan.

CMHA Niagara is commended for its commitment to people centered care, quality and safety. Well done!

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)

A couple of years ago, the board changed its governance approach to a Committee of the Whole model. This has resulted in more productive and efficient meetings, and greater Director participation, and more meaningful and frequent interactions between Directors.

All of the required governance structures, processes, practices, and tools are in place to support this board. Its membership consists of a good mix of skills and tenure. The leadership team promptly responds to information requests and ensures reports are clear, concise, and easy to interpret. While closely connected to the organization's Client and Family Advisory Committee, Directors also contribute lived experience perspectives to the board's discussions and decision-making.

Decisions of the board are informed by quality, safety, risk, and financial indicators, annual environmental scans, and comprehensive reports from the Executive Director. They describe being very pleased about having a fresh set of quality core indicators that are closely aligned with the new strategic goals. Candid discussions and questions are fostered. Directors confirm using the ethics framework when having to work through difficult decisions.

New Directors are supported by a comprehensive onboarding process that includes a 'Chat with the Chair' touchpoint to ensure they have the knowledge they need to fully participate in the board's decision making. Self-assessments at each meeting are built into their calendars and provide valuable insight into both individual and collective performance. Directors have access to training including the governance materials and sessions available at the Governance College of CMHA Ontario.

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 is commended for fully engaging with clients and families in all of the elements contained in this priority process. Members of the client and family advisory committee report collaborating in the development of strategic documents, policies, participating in non-union staff job interviews key organizational decisions. In addition, they are consulted about system-level frameworks and documents. Feedback is collected and shared with partners including the local Ontario Health Team. This committee is a gem. Its engagement is real, genuine, and it is greatly valued by the governance body, leaders, and staff. Well done!

Operational plans are in line with the strategic goals and guide the work of each team and department. Progress made on the strategic goals is reported. The organization may wish to visually display the progress being made on its strategic goals which could also be posted in different locations and the website.

The governing body, leaders, and staff demonstrated that they all value the importance of partnerships to provide access to a full continuum of services in the region. The organization looks for ways to reduce duplication and this is illustrated by having a number of partnerships that optimize the use of both financial and human resources, and colocation and collaborative community care planning and service agreements. CMHA Niagara has formal partnerships with acute care, primary care, other community-based programs, public health, housing providers, and the police to name a few. Staff engage in and contribute data and information to system-level planning and decision making. Its community presence and reputation resulted in the organization having been selected as the regional Service Delivery Site for the Ontario Structured Psychotherapy program.

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's resource management processes are supported by sound financial practices and policies. The organization provides back office support to other agencies, and continues to be effective and efficient. The team's reputation for providing quality financial management resulted in assuming the responsibility of becoming the fundholder to support the implementation of the local Ontario Health Team.

Decision-making for allocating any surplus dollars is done as a team and informed by a priority matrix tool. Program Managers have access to monthly budget reports. Ongoing support is provided to Program Managers as they work through staffing changes and/or new models.

A significant challenge to the organization is the fact that it has not received any increase to its base budget for several years. The finance team is very skilled at operating within these tight funding parameters. This is evidenced by the organization's positive financial performance. While the leadership advocates for changes to its funding level at both the provincial and regional levels, CMHA Niagara continues to explore the optimization of regional resources and reallocation opportunities with its community partners.

Priority Process: Human Capital

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership Standards for Small, Community-Based Organizations	
10.10 Policies and procedures for monitoring team member performance align with the organization's mission, vision, and values.	!
10.12 Human resource records are maintained for all team members.	
Surveyor comments on the priority process(es)	

Organizational wellness to support quality services and retention strategies remain a priority for CMHA Niagara. Results of the Guarding Minds at Work survey are used to guide initiatives to improve the organization’s culture, leadership, and operations, ensuring alignment with its strategic direction, goals, and objectives. Communication about the most recent results has been initiated. Focus groups with staff about key areas are to be held in the coming weeks.

The leadership structure has been realigned to improve the clarity of roles and responsibilities and overall organizational performance. Each program is now supported by a Program Manager and a Clinical Supervisor. Program Managers focus on “process.” Informed by data and input from staff, they are responsible to develop, monitor, and improve program processes for optimal performance and service delivery. They work closely with business operations for reporting, and they lead quality improvement projects and identify and monitor indicators/metrics. A project management toolkit was developed specifically to support and improve project and change management. Clinical Managers focus on “people.” They are responsible for supporting and developing clinical staff for optimal contribution and service delivery. They work closely with People and Wellness (HR) for performance management and accountability.

Other improvements include the provision of more structured and meaningful team meetings, more clinical support and training, and equity of caseloads. These changes are allowing leaders to jointly evaluate and adjust the effectiveness of their teams' structure, communication, assignments, and work-life balance.

Professional development at CMHA Niagara is tied to core competencies and leadership and talent development. Examples include training on motivational interviewing and suicide prevention. Aggregate client data is used to help plan organizational resources to meet service needs. The organization’s Project Validation and Prioritization Matrix includes an assessment of any project’s impact on staff.

Data was used to help inform the staffing requirements at the Glendale site. The staffing model and

schedule were developed in consultation with staff and the union executive. The organization maintains good working relationships with the union through its Labour Management Committee and regular communication with the executive.

Similar to other health care organizations, CMHA Niagara is experiencing a spike in staff turnover. Members of the leadership team acknowledge the increase may have also been influenced by recent changes to the organization's structure. They are keenly aware of this and taking the necessary steps to mitigate further impacts including all of the above noted strategies. Accordingly, the first priority in the organization's new strategic plan is organizational wellness.

Human resource records are centralized and very organized, and the information is up to date with the exception of performance appraisals. Interviews with the team confirm this. Policies state that performance should be done annually. As such, the current practice for monitoring team member performance is not in true alignment with the organization's values and strategic goals. The organization acknowledges this gap. Having now realigned its leadership structure, it will proceed to implement a revised performance appraisal tool and process. To mitigate risks to staff, clients, and the organization, individual supervision with structured meetings and clinical supervision logs are completed to ensure staff are receiving ongoing feedback. As this revision work proceeds, the organization may consider building in an appraisal of how staff are living the core values, contributing to the quality agenda and strategic priorities, and practicing critical decision making to maintain its well-developed culture of ethical decision making.

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)

A Director of Service Quality and Capacity, a Decision Support Specialist, dedicated process and quality managers, a project management tool kit, and staff training and opportunities to lead and/or participate in quality improvement projects to quality improvement activities all demonstrate this organization's commitment to investing in quality. The opportunities for staff to champion quality initiatives and problem solve with managers are other examples of the organization's focus on taking a distributed leadership approach, further demonstrating the importance of staff engagement, innovation, and talent retention.

Safety issues and practice variations between team members across the organization are mitigated by the consistent use of standardized processes, procedures, and evidence-informed therapeutic approaches. Examples include organization-wide training on suicide prevention, the provision of a trauma-informed model, and training in Motivational Interviewing and Dialectal Behavior Therapy. Matrixes, standard tools, and data inform both administrative and clinical decision-making.

There is very good alignment between all of the plans that make up the organization's integrated quality management system. Operational objectives reflect client safety and risk factors and are consistent with the strategic goals of the organization.

The organization follows through with reviewing incidents and near misses. Case reviews are completed to understand contributing factors and recommend corrective and preventative actions. The governing body, leaders, staff, health and safety-related committees as well as the Client and Family Advisory Committee are all informed about incidents and outcomes from any reviews. Beyond yielding helpful information, this fosters a learning and just culture. Quality indicators are tracked and reported to the governing body.

It may be helpful to assign or identify a primary lead to each quality improvement initiative in the quality plan. The organization may also want to explore the development of visual dashboards. These might be tailored to the different levels, departments, and programs of the organization but also aligned with its strategic goals. Visual management tools posted in different locations and on a website are known to strengthen staff involvement and external stakeholder involvement understanding and monitoring indicators, and problem-solving.

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's governing body, leaders, and teams demonstrate ethics-related knowledge, skills, and the application of the ethics framework. The guide and tools are readily available, and clinical teams are provided with training, and opportunities to raise, review, and problem solve ethical dilemmas. Sharing lessons learned from these discussions is done informally, and staff are encouraged to challenge their views and thoughts about challenging situations. When leading coordinated care planning with community partners, staff facilitate the application of ethical decision-making principles when working through very complex cases.

While the organization is not actively leading or participating in research, the policies are in place to guide the engagement in any research activities with academic and other community partners.

Overall, the review of documents and interviews during the survey confirm that ethical decision making at CMHA Niagara is part of the team's day-to-day work. The organization is commended for having fostered the adoption of a critical thinking and ethical decision making culture. It may want to track ethical issues that come up in team meetings to identify trends, that can in turn be used to inform training and a more formal sharing of lessons learned across the organization.

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)

Leaders, staff, and members of the Client and Family Advisory Committee contribute to raising the profile of the organization. Advocacy activities include fundraising and mental health awareness events. A quarterly report/newsletter provides stakeholders with information about the organization's services, accomplishments, training opportunities, learning resources, and promotional activities. Social media is also used to help raise awareness about the importance of social and cultural inclusion. Crisis communication guidelines have been developed,

Policies and other safeguards are in place to protect client privacy and confidentiality. There are separate Wi-Fi systems in place, one public and the other for staff. Audits of the Information System (IS) are done randomly and reactively. Audit outcomes inform practice, software, and hardware improvements. An IS ticket system is now in place. This is helping with tracking trends and any needed improvement opportunities. It will also help create staff-based articles as another means of providing effective and efficient IS support. The organization also fosters learning from IS incidents and breaches, all of which are tracked.

The Client Record Management System produces valuable data and reports. The introduction of a decision support staff also facilitates the customization of service and client-level data, both informing clinical and administrative decision making.

Staff have access to information on best and leading practices through a variety of ways including training, supervision session, publications, CMHA Ontario resources, educational events, and trainer the trainer support. Extensive training is ongoing on Motivational Interviewing, trauma and recovery informed care and the principles of Dialectical Behaviour Therapy.

The importance of using plain language in documents was referenced a few times during the survey. Input received from clients and families during the development of the recent strategic plan helped lessen the use of institutional language, resulting in the use of clearer language in the mission and vision statements. The Client and Family Advisory Committee is commended for having conducted a plain language review of the organization's compliments and complaints policy. This is impressive work!

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)

Some services in St. Catherine's moved to a new location in 2019, over two phases. The new location is centrally located with good signage and more than adequate, free parking spaces on the property. The location is jointly occupied by Niagara Health's Withdrawal Management Program and the independently owned GoldenCare Pharmacy. A lift system was recently installed to provide access for those challenged with mobility. A small but well-equipped industrial kitchen is in place and cook staff prepares meals for clients of both the Safe Beds and Withdrawal Management programs. The kitchen is regularly inspected and passed by Public Health and staff are trained in Safe Food Handling. There are many safety features noted throughout the facility. It is well laid out for COVID-19 screening on entry, with proper social distancing accounted for throughout the facility and in offices.

There is a backup generator in place that is tested regularly by the landlord. Recently there was a power outage where the system was real time tested and the team was satisfied with the results. Fire drills are carried out by the landlord. Sprinklers, smoke alarms, and fire extinguishers are checked on a regular basis as well. All staff are aware of the process to follow during a fire or an emergency event.

Overall, the facility provides confidential and private spaces for staff and clients. There is good lighting throughout, a number of meeting spaces, storage, photocopying, administrative spaces, and lunch areas provided for staff.

The facility is secure with emergency buttons on the phones, as well as emergency buttons that staff can carry.

This is the only site I visited; however, the organization does have other locations and satellite offices.

The clients and staff are very appreciative and pleased with the new facility in St. Catherine's.

The space is shared with Niagara Health, as well as other businesses, including the Golden Care Pharmacy.

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 plans, policies, and procedures are thorough and current. They have been recently updated to reflect the changes in locations. Plans are well aligned with the identified risks the organization has and may experience. They include the organization's responses to various threats including any job action that may interrupt clinical services and administrative operations. Contingency and business continuity plans are in place and identify the provision of essential administrative and clinical operations.

A Face to Face Decision Matrix tool reflects what the organization has learned from the last several months of the pandemic and Ontario's five public health COVID-19 measures. This tool provides a framework to inform and guide the organization's decisions about increasing or lessening measures.

Incident reports and quarterly staff huddles are used to communicate any procedural changes. These huddles include staff from each of the organization's sites. Lessons learned from drills that are documented in the Exercise Drill Record are shared during these huddles. Team meetings and emails are also used to communicate any changes in practice or equipment repairs or updates. Members of the Client and Family Advisory Committee confirm receiving timely communication about public health measures which are also posted on the organization's website and social media platforms.

Incidents related to power and Internet failures have further mitigated disruptions to clinical services. Lessons learned from a significant cyber ransomware incident in recent years helped strengthen the organization's Information System Disaster Response and Recovery Plan. Overall, the organization's performance in this priority process is very strong.

Priority Process: People-Centred Care

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization is committed to people-centered care and services. They include the clients and their families along the journey to recovery and healing.

The Client and Family Advisory Committee provide input into many aspects of client care and access. These include how to address barriers for accessing services, designing space, and reviewing documentation to reduce duplications.

The Client and Family Advisory Committee receive the same information as the board of directors, regarding quarterly reports on quality initiatives, incident reports, client experiences, infection prevention, and control audits. This information helps the committee advocate for the clients and improve services.

The organization is encouraged to evaluate the results from using client and family engagement, to ensure they have the resources, education, and training needed for decision making.

The governing body does have members on their board that have life experiences in mental health. They provide excellent resources and recommendations to a governing board.

There were many examples provided by clients and the staff when person-centered care was demonstrated. These included client and family involvement in decision-making, goal setting, follow-up touchpoints, and client satisfaction surveys.

Including clients and their supportive others in their care and decision making, can be both empowering and rewarding to all stakeholders involved.

Priority Process: Patient Flow

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The organization's leaders identify and address barriers that prevent clients from accessing services. There is evidence that attention is given to identifying and addressing barriers across the organization.

CMHA Niagara has many partnerships and services in place to reduce barriers that the clients may encounter as they seek out services. These include COAST, The Mobile Crisis Rapid Response team, single sessions for counselling, Safe Beds, to note a few.

The Client and Family Advisory Committee is instrumental in supporting clients to receive the appropriate services in a timely manner.

The Advisory Committee participates in many ways through their feedback around service delivery, wait times, and client documentation. They are also provided access to data, incident reports, and other information to assist them with client advocacy.

The staff provided a number of examples of the barriers they encounter. Some can be addressed fairly quickly while others take longer, especially if additional resources are required.

The clients spoke highly of the services they received and the commitment and caring demonstrated by the staff.

The clients noted that when changes occur, communication is important as they see themselves as advocates, for others that require the help that they received.

Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

Infection Prevention and Control for Community-Based Organizations

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

Medication Management for Community-Based Organizations

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

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

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

Episode of Care

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

Decision Support

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

Impact on Outcomes

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

Standards Set: 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	
4.9 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
Priority Process: Episode of Care	
9.6 Universal fall precautions, applicable to the setting, are identified and implemented to ensure a safe environment that prevents falls and reduces the risk of injuries from falling.	!
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	

Mental Health services include several community supports and programs delivered across five locations and many satellite sites. These services include the Mobile Crisis Rapid Response Team (MCRRT), counseling and urgent support, walk-in clinics, Safe Beds and Glendale Home, housing supports, and justice case management.

There is a strong, committed, and adaptive team that adheres to COVID-19 safety guidelines, while still providing timely services to clients. The team model the values of the organization and is respected for the work they do.

The Client and Family Advisory Committee is providing good support to the organization. They provide feedback on many areas, including documentation to reduce duplication, quality and data results, and facility design and client flow.

The new location is well designed for client flow, ease of access and has good lighting and meeting spaces. The facility addresses client and staff safety through the ability to social distance, secure, confidential, and safe spaces, lots of hand sanitizers, and nice natural light in the outside offices. The addition of the lift for client access with mobility challenges is great as well.

The organization continues to work closely with its community partners in creating services and programs to meet client needs.

Priority Process: Competency

The staff have appropriate credentialing to perform their work. The staff are provided a comprehensive orientation and online education and training through Relias. Some courses offered include workplace violence prevention, nonviolent crisis intervention, five moments of hand hygiene, basic hand hygiene information, donning and doffing PPE, WHMIS, to note a few.

They have a falls injury prevention document on the bulletin board from Niagara Health for staff. The organization is encouraged to develop and formalize a fall prevention strategy for clients and to implement it across all locations.

Staff have access to professional development and training, in addition to the Relias training.

Performance evaluations are not done as per their policy. They are encouraged to complete regular performance reviews with the staff.

Probationary evaluations are completed for new staff at 30, 60, and 90 days, and then annually.

There is an active Occupational Health and Safety Committee in place that provides monthly workplace assessments and makes recommendations where needed. The OH&S committee has representatives from each location.

The recommendations are monitored by these site representatives to ensure improvements are made.

New work is assigned to staff who have the training and credentials, and they ensure staff work within their scope of practice.

The organization acknowledges and recognizes its staff for their contributions. The organization holds annual staff appreciation events. Staff are nominated by peers or by the clinical leaders to be considered for an award. There is a selection committee and specific criteria is defined for each of the awards. This is a social event to recognize the staff and All staff get an appreciation gift.

Any staff in essential services who can not attend were provided meals and appreciation gifts.

There are informal events that occur in service areas. One example is the COAST team having a Shout Out Box where they can nominate each other for their successes. They also recognize the staff at the team meetings.

When incident reports are completed, the leaders do a part of the incident and use that as an opportunity to recognize the staff involved.

Priority Process: Episode of Care

There are some good examples where services have been adjusted to better meet the client's needs. The team is committed to removing barriers for clients so they can get the services they need in a timely manner and near their homes. The Client and Family Advisory Committee and the governing board also advocate for the needs of the clients.

The client feedback is very positive and they found the staff to be committed, resilient in the face of COVID, attentive to safety, and model the values of the organization. They were also very complimentary of the leadership team and their responsiveness.

Each client is assessed using standardized, evidence based tools, that help staff prioritize care and service.

The organization has participated in research and will in the future, however they are not at present. They are less likely to lead the research, but more likely to be participants. The expectation would be that the organizer would clear the research through their own ethics board. This provides an opportunity for clients to participate in research.

Priority Process: Decision Support

An electronic health record is maintained for each client. There is a standard set of health information maintained, including Ontario Comprehensive Assessment of Needs (OCAN). They use a number of standardized tools to assess and prioritize the clients' needs.

They are transitioning from the Linehan Risk Assessment and Management Protocol (LRAMP) for suicide risk to the Columbia Suicide Risk Assessment. Other community agencies use it including their own services, public health, the crisis teams, and the police. It is a more user-friendly risk assessment and would support a common language with other agencies and services now using it.

Priority Process: Impact on Outcomes

The organization has participated in research and will in the future, however they are not at present. They are less likely to lead the research, but more likely to be participants. The expectation would be that the organizer would clear the research through their own Ethics Board. This provides an opportunity for clients to participate in research.

The team uses researched and evidence based practices to influence care delivery, including dialectical behavior therapy and trauma-informed care.

Client satisfaction surveys are completed and monitored for improvements. The team also uses informal conversations to get feedback on services, as well as the Client and Family Advisory Committee.

Quality initiatives are monitored for successes and areas to improve upon. The Quality program is widely understood by staff and the leaders are committed to ongoing improvement. The board and the Client and Family Advisory Committee receive quarterly reports for the organization on incident reports, hand hygiene audits, complaints, and quality initiatives.

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

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control for Community-Based Organizations	
2.4 Protocols are established for the safe handling of soiled linen where applicable.	
Surveyor comments on the priority process(es)	
Priority Process: Infection Prevention and Control for Community-Based Organizations	

There is an effective infection prevention and control (IPAC) program in place across the organization. The staff are committed to ensuring that infections do not occur as they wear masks, are vaccinated, clean surfaces after use, have good access to hand sanitizers and handwashing sinks, and have access to ongoing education. They have training on the use of personal protective equipment (PPE), as well as access to PPE when required. They have a robust pandemic plan that was reviewed and updated in 2020. There are policies and procedures in place to guide the staff.

The staff are trained to don PPE for safe handling of soiled linen, but there is not a formal protocol outlined.

The organization is encouraged to implement a protocol that outlines the process for handling soiled linen, any education and training required, and to define which linens are discarded and which are laundered. If the process to launder requires certain criteria, that should be highlighted as well. This process would apply to the Safe Beds program (note: Glendale is independent living and clients do their own laundry without supervision), that is widely understood by the staff and the clients.

Occupational health and safety measures are in place to prevent the risk of transmission of infection. The organization partners with the community and the Chief Public Health Office to ensure policies are followed and monitored for compliance. Reporting occurs for outbreaks.

Hand hygiene audits are occurring. The organization is encouraged to expand its hand hygiene compliance beyond self-reporting and monitoring the usage of supplies. I would encourage them to actually complete hand hygiene audits using visual observation of the process used by their staff, the length of time they wash their hands when they wash their hands and are they attentive to the five moments of hand hygiene. They can use the results to do comparisons across locations.

The Occupational Health and Safety Committee (OH&SC) is assigned the responsibility for IPAC, as well as all staff, are accountable to infection prevention and control.
five

Going forward there will be a co-chair from leadership and one from the union. They cover five main locations with a number of satellite sites. Each location has a representative on this committee. They complete monthly onsite workplace assessments with walk-throughs. They have regular meetings including documentation, that is shared widely with their staff.

OH&SC reviews infection rates and incident reports. Relias training is used for all education available online including basic hand hygiene, donning and doffing of PPE, influenza information, workplace violence prevention, identifying different types of infections, and COVID-19 safety training, to note a few. The organization has made a number of improvements in this area and are commended for their work.

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 agency does not have any medical or nursing professionals on staff. They have access to the pharmacist onsite and an RPN from Quest three to five days per week.

In the Safe Beds program, the staff keep clients' medications double locked(in a locker and behind a locked door) and provides the medication to the client for him or her to take on their own.

The clients self-administer their own medications. The staff note on the client record which medications they take and at what time. The client chooses which medications they will take albeit they are encouraged to take them as indicated. If the client needs medication outside the normal times, they can approach the staff.

The client brings in their own medications or the client can agree to transfer their prescriptions to the Golden Care Pharmacy onsite. The latter is very convenient as the pharmacist brings over the medications for the client and can address any questions or concerns.

At Glendale Home, the clients have their own medications in their rooms, double-locked, and they also self administer them.

The staff do not handle, manage or administer medications, as it is outside their scope of practice.

They do have a list of Do Not Use Abbreviations, as well as an approach to safely managing high alert medications.

In discussions, it became very clear that the staff are not administering the clients' medications. They simply support the clients to receive them.

As noted, the medications are double locked at both locations for safety purposes.

The staff who support clients in self-administering their medications receive training when they start their job and annually thereafter. They also get some training from the pharmacist.

The staff ensures that medications are checked through the clients' regular pharmacy or the onsite pharmacy, to validate and clarify which medications they are taking. They generate a Best Possible Medication History (BPMH) for each client that is documented on the electronic health record. This completes medication reconciliation with the pharmacist to ensure the client has up-to-date prescriptions and is taking what is prescribed.

If the client experiences an allergic reaction or ill effects from a medication, the staff would call the pharmacist or dial 911, depending on the severity.

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: July 18, 2019 to July 20, 2019**
- **Number of responses: 8**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	93
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	97
3. Subcommittees need better defined roles and responsibilities.	63	13	25	66
4. As a governing body, we do not become directly involved in management issues.	0	0	100	85
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	0	0	100	93

	% 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	98
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	95
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	13	88	95
9. Our governance processes need to better ensure that everyone participates in decision making.	75	13	13	60
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	93
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	96
12. Our ongoing education and professional development is encouraged.	0	13	88	91
13. Working relationships among individual members are positive.	0	0	100	95
14. We have a process to set bylaws and corporate policies.	0	13	88	92
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	13	88	98
16. We benchmark our performance against other similar organizations and/or national standards.	0	38	63	78
17. Contributions of individual members are reviewed regularly.	0	25	75	64
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	79
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	25	75	61

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	% Agree * Canadian Average
	Organization	Organization	Organization	
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	13	0	88	84
21. As individual members, we need better feedback about our contribution to the governing body.	63	13	25	34
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	13	13	75	81
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	95
24. As a governing body, we hear stories about clients who experienced harm during care.	0	0	100	80
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	13	88	92
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	0	100	86
27. We lack explicit criteria to recruit and select new members.	75	0	25	76
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	0	100	90
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	0	100	93
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	0	100	94
31. We review our own structure, including size and subcommittee structure.	0	13	88	89
32. We have a process to elect or appoint our chair.	0	0	100	91
33. Patient safety	0	0	100	82
34. Quality of care	0	0	100	84

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

Canadian Patient Safety Culture Survey Tool: Community Based Version

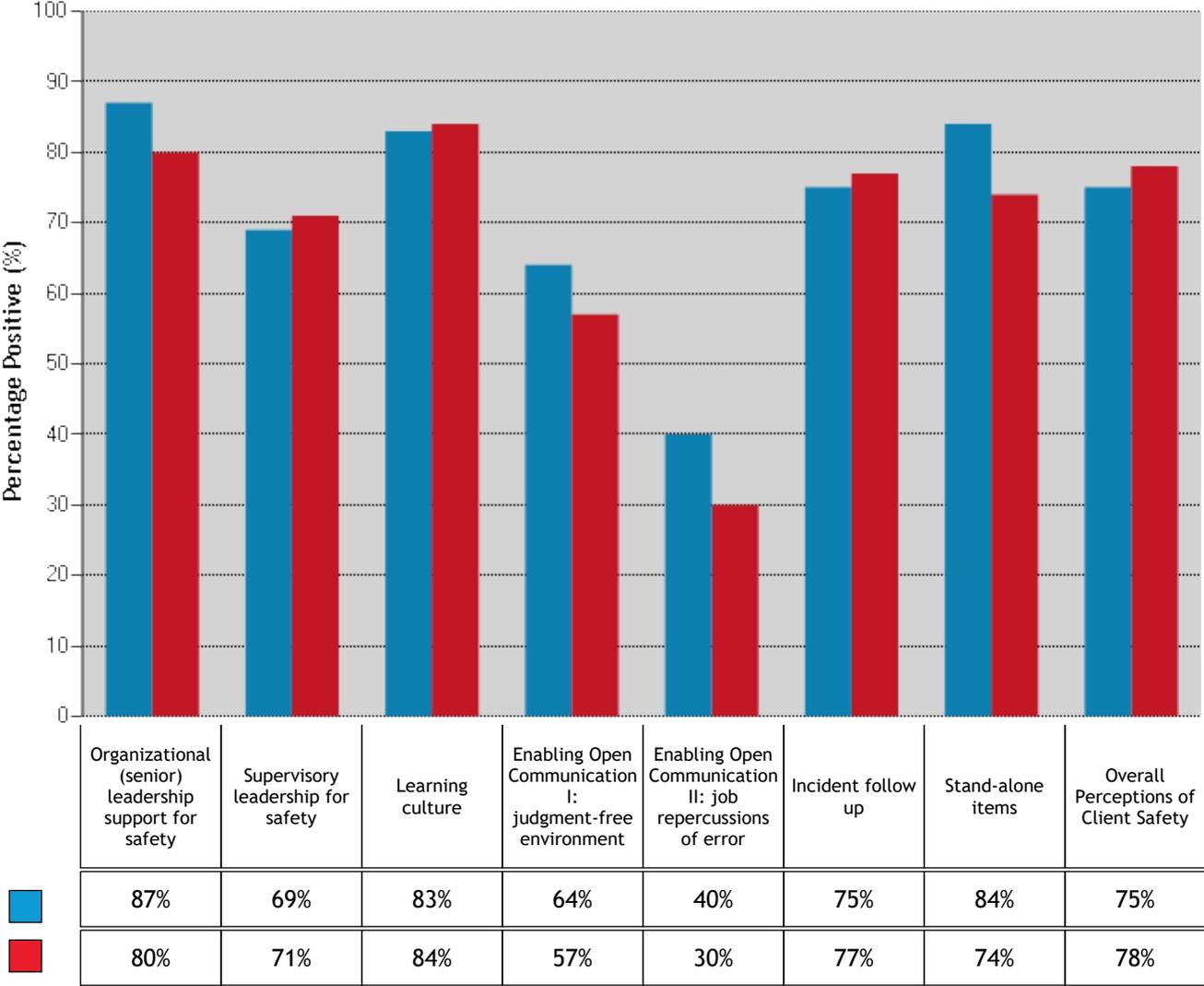
Organizational culture is widely recognized as a significant driver in changing behavior and expectations in order to increase safety within organizations. A key step in this process is the ability to measure the presence and degree of safety culture. This is why Accreditation Canada provides organizations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

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

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

- **Data collection period: June 14, 2019 to August 3, 2019**
- **Minimum responses rate (based on the number of eligible employees): 58**
- **Number of responses: 63**

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



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, 2021 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.

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.

Participating in Accreditation Canada's Qmentum process assists CMHA Niagara to align it's services and business operations with best practice standards and focus on being client-centred.

The past two years have been particularly challenging given the impact of the pandemic and it has been helpful to note that our response to COVID has focused on client and staff safety. We have learned and responded to changing Public Health guidelines and Provincial mandates with a "QI on the fly" approach.

Our Emergency Preparedness plans have been a good foundation for the organization in this ongoing response to a dynamic and fluid situation from an IT, risk management and financial perspective as well.

We are proud of the active engagement of our Client and Family Advisory Committee and how members contribute to our organization through policy review and revision; review of quarterly Client Incident and Client Experience reports; participation on hiring panels for non-union positions and their involvement in our Trauma Informed and Documentation Committees.

Our Clinical Leadership team restructuring is underway and with the clarity of roles and responsibilities between Program Managers and Clinical Supervisors, the agency is committed to reimplementing a performance evaluation process.

We are working on a Falls prevention policy that will put in writing the activities and facility improvements that were implemented when we moved to our new site at 264 Welland Avenue in St. Catharines. while we acknowledge the need for a soiled linen policy supplementing the current Health and Safety policies in place for Safe Beds, we do not support that this would be applicable to Glendale as this is an independent living environment where individuals are responsible for their own laundry.

We are committed to continuing to engage clients and staff in ongoing quality improvement efforts.

Accreditation has been an opportunity to validate the good work our team does every day and to reflect on areas for growth and improvement. Our commitment to quality in client service and to staff wellness remains at the forefront of all we do.

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 15 business days.

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

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

Action Planning

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

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

Priority Process	Description
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
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