Canadian Council on Health Services Accreditation
Conseil canadien d'agrément des services de santé

1730 St. Laurent Boulevard, Suite 100, Ottawa, Ontario Canada K1G 5L1
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June 25, 2004

Mr. Shawn D. Turner
Administrator & Director
York Region Health Services Long Term Care & Seniors Branch
194 Eagle Street
Newmarket, ON
L3Y 1J6

Dear Mr. Turner:

The report of your May 25-28, 2004 accreditation survey has been finalized. Your organization's leadership and staff are commended for participating in the accreditation process.

A copy of the report and the follow-up template can be found on the enclosed CD-Rom. We encourage you to share the report with your leadership team and with staff, and to make a copy of the report available to Dr. Helena Jaczek, Commissioner of Health Services & Medical Officer of Health.

The Board of Directors of the Canadian Council on Health Services Accreditation is pleased to advise you that your organization has been granted **Accreditation**.

Once again, we extend our congratulations. By participating in the accreditation process, your organization has demonstrated its commitment to providing quality care and service in the community. The recommendation(s) contained in your report aim to support your continued improvement efforts.

The next full survey of your organization will be planned for the year 2007.

Please note that a formal request for review of an accreditation decision may be made within 60 days of this letter. More information on the policy and process for review is available upon request. Should you have any questions or comments regarding the enclosed report, please feel free to contact Ms. Conny Menger at (613) 247-3044.

Sincerely,

Elma G. Heidemann

Elma G. Heidemann, MHA, FCCHSE, FACHE
Executive Director

Enclosures
c.c.: Dr. Helena Jaczek, Commissioner of Health Services & Medical Officer of Health

AIM Achieving Improved Measurement

Accreditation Survey Report

York Region Health Services Long Term Care & Seniors Branch

Newmarket, ON

May 25 - 28, 2004

Canadian Council on Health Services Accreditation

Conseil canadien d'agrément des services de santé

Confidentiality Statement

The results of this accreditation survey are documented in the attached report, which was prepared by the Canadian Council on Health Services Accreditation (CCHSA) at the request of York Region Health Services Long Term Care & Seniors Branch.

This report is based on information obtained from the organization, as well as from other sources. CCHSA relies on the accuracy of this information to conduct the survey and to prepare the report.

This confidential report is intended for the organization only. The information herein may be disclosed at the organization's discretion; however, CCHSA assumes no responsibility for its release or subsequent use. If the reader of this notice is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this report is strictly prohibited.

Any alteration of this report is strictly prohibited and could result in a criminal conviction for fraud pursuant to the Criminal Code of Canada.

About this Report

This report provides guidance for future quality improvement initiatives by documenting the findings from the organization's recent accreditation survey. The report is divided into three main sections: 1) Summary; 2) Detailed Report; and 3) Future Direction. The Summary provides a general overview of findings, including a list of all recommendations. The Detailed Report contains feedback from focus groups, analysis by quality descriptor, and detailed results of individual team findings.

A number of symbols are used throughout the report. Please refer to the legend below for a description of these symbols.

Good Practices

Good Practices are noteworthy practices carried out by the organization and tied to the standards. Whereas strengths are recognized for what they contribute to the organization, good practices are notable for what they could contribute to the field.

Recommendations

Recommendations are areas highlighted for improvement due to low compliance with the criteria. Recommendations are tied to a criterion and are given a risk rating related to the likelihood and severity of a potential adverse event, and urgency of addressing the issue.

Repeat Recommendations

Repeat recommendations are recommendations that cover areas/issues that were the subject of a recommendation in the previous accreditation survey.

Key Recommendations

Key recommendations are recommendations that are rated high urgency and need to be addressed as a priority.

Repeat Key Recommendations

Repeat key recommendations are recommendations that are rated high urgency and cover areas/issues that were the subject of a recommendation in the previous accreditation survey.

Total Recommendations

Total recommendations are the total number of recommendations related to a team, a quality dimension or descriptor, or a standard sub-section.

Risk Ratings

Ratings assigned to a recommendation, which measure the degree of risk related to non-compliance with a standard, based on the surveyor's assessment. The surveyor assesses the likelihood of an adverse event occurring, the severity of the event should it occur, and how urgently the recommendation must be addressed in order to avoid the occurrence of that adverse event.

- H High
- M Medium
- L Low

Quality Dimensions

The dimensions define what CCHSA means by "quality". Please see the Appendix A for a full description of the Quality Dimensions and the corresponding descriptors.

Responsiveness

System Competency

Client/Community Focus

Worklife

Summary

The Accreditation Decision

Further to the survey held May 25 - 28, 2004, the Board of Directors of the Canadian Council on Health Services Accreditation (CCHSA) advises York Region Health Services Long Term Care & Seniors Branch that it has been granted:

Accreditation

Introduction

Every three years, as part of the accreditation process, health services organizations take part in a self-assessment followed by a survey visit. The survey itself includes a review of documentation, team interviews, facility tours and focus group meetings with various stakeholders. This accreditation process allows CCHSA and the organization to evaluate the quality of the organization's services by comparing them to nationally accepted standards.

This summary provides a synopsis of the results of the accreditation survey of York Region Health Services Long Term Care & Seniors Branch. It is CCHSA's intention that the comments and recommendations in the report will help the organization improve the care and service it provides to its clients. The information can be shared with internal and external partners such as stakeholders, staff, visiting family, volunteers, the public, and the media.

Survey Profile

The health organization York Region Health Services Long Term Care & Seniors Branch located in Newmarket, Ontario.

For the survey visit, the organization's objectives were as follows: Continue to build understanding, ownership and commitment from all staff, clients/residents, volunteers and families regarding the value and benefits of our continuing participation in the Accreditation Program;

Identify and validate our areas of strength and opportunities for achieving improvements in the programs and services we deliver, with specific emphasis on determining how effective we have been since the 2001 survey in responding to areas where opportunities for improvement were identified;

Bring our Alternative Community Living/Supportive Housing Program into the Accreditation Program and have that program also be successfully accredited;

Gain a national perspective from the surveyors regarding our major issues and pressures and engage in learning and discussion regarding new and creative ways to deliver long term care programs and services;

Provide assurance to the community and our governing body regarding the quality of care and services delivered by achieving a three year accreditation status/award.

A team of two surveyors participated in the survey. Surveyors participated in focus group interviews, team interviews, and onsite visits. Documentation from all sites and teams was also reviewed.

The following teams participated in the accreditation survey: the Leadership and Partnerships team, the Environmental - MHC team, the Environmental - NHC team, the Human Resource team, the Information Management team, the Alternative Community Living Program team, the Day Programs team, and the Service Delivery team.

The Maple Health Centre and the Newmarket Health Centre sites were visited.

Progress Since Last Survey

Progress has been good since the previous survey. There were two recommendations from that survey. Action was taken on both. However, the organization did not agree with one of the recommendations. The recommendation was that unregulated nursing staff (health care aides or personal support workers, HCA or PSW) document consistently on the resident progress notes.

The organization reviewed at considerable length this recommendation. It was decided that there was risk of poor documentation by unregulated providers. They are lacking training in their courses in documentation requirements, and may have limitations due to the level of education they have attained. A process was established to have the unregulated workers document on a separate sheet that would be reviewed by the registered staff on the oncoming shift. This individual would then write a progress note for follow up if appropriate.

Review of the health records revealed that the sheets were included in closed charts as well as active records. The potential risk to the organization of liability due to poor documentation still exists with the current system as the sheets of the unregulated staff are on the health record. The situation was discussed at length and it was agreed that with the further implementation of the electronic charting system, the matter should be resolved as the staff would be receiving training on documentation. The electronic system will provide clear guidelines for charting.

The organization is continuing to participate in the municipal benchmarking initiative with considerable work done on indicators.

An external organizational review was completed in late 2003. As a result, several changes are being made to provide for an administrator and director of care at both of the long term care centres. Positions for trainers are to be implemented following budget approval of the necessary funding. A new administrator was recently hired for Maple Health Centre, and the administrator position for Newmarket Health Centre is now full time for the incumbent who was sharing responsibilities at both facilities.

Work continues on the redevelopment of the Newmarket Health Centre. Units for Alternative Community Living opened in February at the Newmarket site and have been well received.

Achievements

This very progressive and dynamic organization can be proud of some major achievements within its community.

The organization is well-recognized as a leader in the community, providing quality care through a wide range of programs. The organization was significantly impacted during the SARS outbreak in early 2003. During the outbreak, the organization was designated by the pubic health unit as the liaison for the other LTC facilities in York Region due to the leadership that was demonstrated during that time.

In a period of three years, it has rebuilt its Newmarket site, so that now they can proudly say they deliver services in a new building. The construction was organized and well managed. Program delivery and client care continued to be delivered during the three-year construction period, which occurred in phases. The timetable was structured, and in the latter part of the construction, all components of the construction were mapped on a Gantt chart. Construction work is continuing as the rebuilding program moves towards completion.

The new construction added many practical and attractive architectural features to the long term care service delivery, as well as adding a new service with its Alternative Community Living apartment suites. The suites are designed for disabled tenants and include electronic overhead lifts and a communication system, as well as kitchens and bathrooms adapted for wheelchairs.

At both the Maple site and the Newmarket site, support systems upgrading has taken place with the heating system, fire alarm system, generators and hydro monitoring, which has enabled both sites to be able to track problems electronically and to minimize energy consumption. A computer driven preventative maintenance program has been introduced, and both sites are in the process of educating staff on how to use it. When the process is fully implemented, it will lead to more detailed monitoring of maintenance indicators.

Recognizing community needs, York Region Health Services has implemented, or is supporting, several community outreach and programs as well as supportive housing programs. There are day programs at both sites, as well as in several other communities in the region. There is a dynamic and viable day program team whose members work well together. In addition to day programs for the elderly, there is a day program for physically disabled adults, a program for brain-injury clients and an aphasia program.

The Seniors branch partners with York Health Region Housing to provide service in Alternative Community Living suites that are located in ordinary apartment buildings as well in the Newmarket facility. The outreach programs and facility programs have a respite component.

The organization has introduced an electronic point and click system, which has the potential to become an electronic health record. At the time of the survey, all staff had received basic computer training, and nursing staff received software training. All resident care plans are electronically generated.

The organization has advanced to a state of excellence and best practices with its continuous quality improvement processes (CQI). CQI has been integrated into all aspects of the facility operation and service. The communication about CQI outcomes is communicated to staff at all levels. Policy and procedure have CQI processes built into them, and the facility operates in a state of Continuous Quality Improvement.

A process for restraint assessment was developed from a quality improvement initiative. It is an excellent example of team involvement in the assessment of needs.

There is a strong resident, client and staff focus. The recent introduction of an approach that asks the question "Is there anything else I can do for you? I have the time", reflects this commitment to excellence. The organization is supported in its work to continue to develop as a leader in long term and community support care.

Areas for Improvement

Complete pain assessments on all residents.

Develop a policy for use of gel pack batteries with motorized chairs and scooters.

Review the human resources plan and complete development of the plan.

Review the recruitment process to see if it can be shortened any further while maintaining system integrity.

Continue to develop indicators particularly in the areas of information management.

Review effectiveness of communication strategies in achievement of goals.

Review effectiveness of the ethics guidelines.

Revise the policies dealing with research proposals.

Analyze exit interview information for planning purposes and quality improvement opportunities.

Continue to review medication rates and seek ways to decrease utilization where possible.

Further develop measurable goals for resident care plans and tools to measure whether attained.

Patient Safety

CCHSA is committed to improving patient safety through accreditation. The accreditation program has made patient safety an essential element, reinforcing that health services cannot be of high quality unless they are safe.

The table below displays the organization's ratings on 72 criteria. These criteria were identified and selected for analysis due to their significant impact on patient safety. Highlighted in the analysis are the organization's Areas of Strengths and Excellence, Areas of Caution, Key Issues to Address and related recommendation(s). For a complete list of the patient safety criteria please refer to Appendix B on Patient Safety Criteria across Themes.

Rating Scale	No. of Criteria Rated	Percentage (%)
N/A	10	14%
1-3	0	0%
4	4	6%
5-6	46	64%
7	12	17%

Areas of Strengths and Excellence:

Of the 72 criteria related directly to patient safety, the organization received 58 rating(s) of good to excellent compliance. Ratings of 5 or 6 indicate areas of strength and ratings of 7 indicate areas of excellence. Please refer to individual team findings throughout the Accreditation report for details on these areas.

Areas of Caution:

The organization received a 4 rating on 4 of 72 patient safety criteria. A rating of 4 signal areas of caution and are listed by the patient safety themes, following this section.

Key Issues to Address:

The organization has received no recommendations related to patient safety.

Patient Safety Themes

The patient safety criteria have been grouped into themes in order to get a complete picture of the organization's compliance in the area of patient safety. Grouping criteria into themes allows an overview of the patient safety areas needing attention across the accreditation standards and throughout the organization. For criteria included in each theme please refer to Appendix B on Patient Safety Criteria across Themes.

Key Issues to Address:

Theme Area	No. of Criteria with 1, 2 or 3 Rating	Criteria Listing and Abbreviated Content Description
Managing Risks	0	
Equipment Use	0	
Disaster/Emergency Preparedness	0	
Medication Use & Diagnostic Tests	0	
Infection Control	0	
Staff Competence	0	
Documentation	0	
Total	0	

Areas of Caution:

Theme Area	No. of Criteria with 4 Rating	Criteria Listing and Abbreviated Content Description
Managing Risks	2	3.1 Minimize hazards and risks by carrying out safety processes - Environmental - NHC - Environmental - MHC
Equipment Use	0	
Disaster/Emergency Preparedness	2	5.4 Processes to reduce the risk of fire - Environmental - NHC - Environmental - MHC
Medication Use & Diagnostic Tests	0	
Infection Control	0	
Staff Competence	0	

Areas of Caution: (Continued)

Theme Area	No. of Criteria with 4 Rating	Criteria Listing and Abbreviated Content Description
Documentation	0	
Total	4	

This analysis has highlighted that the areas of Managing Risks is at risk within your organization and need to be addressed as a priority.

For the criteria related to patient safety, your organization received 2 recommendations. These recommendations have been outlined below and categorized into the corresponding patient safety theme area(s):

Managing Risks

This involves the management of possible dangers, losses or injuries so as to ensure the efficient and effective achievement of the organization's objectives. Organizational activities should be designed to identify and analyze risk and support the reduction of incidents.

In this area, the organization received the following recommendation(s):

Low Urgency Recommendations

3.1 It is recommended that the team explore alternatives to battery cells in all motorized scooters and wheelchairs.

- Environmental - NHC
- Environmental - MHC

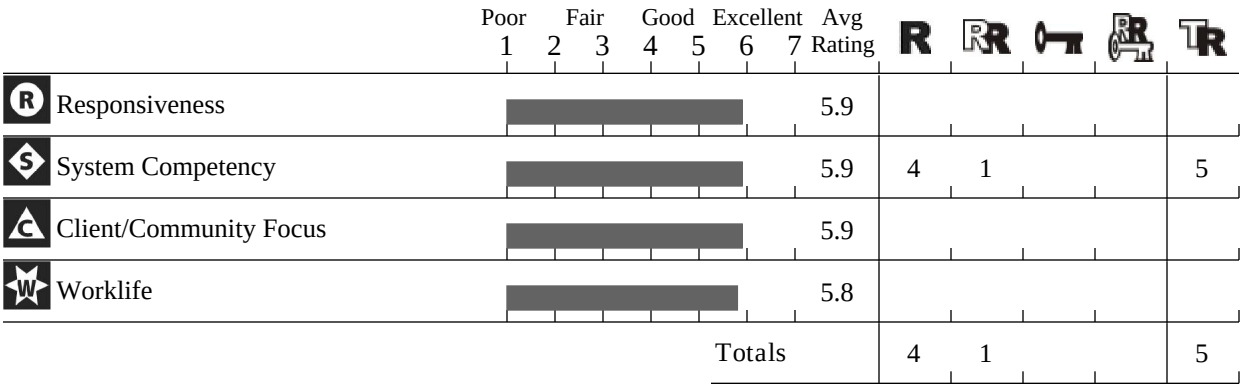
Your organization has received no High urgency recommendations related to patient safety.

Your organization has received no Medium urgency recommendations related to patient safety.

Overview of Compliance by Quality Dimension

Table View

Under the AIM Accreditation Program, the various parts of the system that measure quality are more consistent and accurate than before. Of these, it is the dimensions of quality that form the foundation and define the meaning of quality. This table shows the organization's average ratings around each of those four dimensions: Responsiveness, System Competency, Client/Community Focus, and Worklife. Each dimension has several descriptors attached. For more detailed information on quality dimensions or descriptors, please see the Appendix A.



Interpretation

The quality dimensions were rated very good to excellent. System Competency was rated at 5.9, evidence that services are provided in the best possible way given the current state of practice, are proven to produce benefits and are based on established standards.

Responsiveness and Client/Community Focus both rated at 5.9 and Worklife rated at 5.8.

There were five recommendations made during the survey.

This organization is very progressive in its initiatives and quality improvement is evident at all levels of the facility. It also enjoys excellent community linkages and partnerships which assist the organization in reaching its goals.

It is impressive to see the efforts made to impact the care continuum and truly improve the health care system within which this facility works. Encouragement is given to continue the efforts made to provide excellent care and services within the resources available.

List of Good Practices

- York Region has collected and collated very complete demographic statistics about the Region it serves. The ACL team has an in depth understanding of the population it serves and of the programs that are available to meet the needs of the population. The underlying philosophy of promoting wellness, independence and autonomy in their client programs leads to good planning for their future needs and very satisfying outcomes for the clients.

  The team also has experience creating new ACL environments in established settings, as well as adapting to ordinary apartment housing. It has been suggested throughout the evaluation of the ACL services that the team publish a paper about the outcomes of its programs and some of its innovative best practices. (Community Health Services, Standard 1.0)

- This is a general comment to cover all of the standards in this Program.

  York Region Health Services Long Term Care & Seniors Branch has developed an effective and unique approach to day care programming in order to meet the needs of the population it serves. With day programs located in several sites in the region, they have partnered with community resources in order to provide a day program to the following populations: Cognitively Impaired clients (partnered with the Alzheimer's Society); Acquired Brain Injured (ABI) Adults partnered with the Community Resources and program for those clients; Physically Impaired Adults; and Aphasic Adults partnered with the regional speech pathology program.

  There is often a cross over of clients from one program to another. For example, a person who may be participating in the Physical Impairment day program may be discharged to the program for the cognitively impaired as the mental deterioration of their illness takes over. A person in the ABI program may also participate in the Aphasic Adult program.

  These varied day programs are cost effective because the staff share community resources and they work together as a team. Rather than being competitive, they operate in a shared value system and in shared administrative processes. Some of the programs operate with volunteers. And the volunteers may include "graduates" (former clients) of their program.

  They monitor shared indicators and evaluate outcomes as a team. (Community Health Services, Standard 9.0)

List of Recommendations by Quality Dimension

System Competency

Environmental - MHC	Criterion 3.1	Descriptor : Safety

Recommendation

It is recommended that the team explore alternatives to battery cells in all motorized scooters and wheelchairs.

Organization Rating 6	Survey Rating 4	Risk Rating: Likelihood L	Severity H	Urgency L

Potential Adverse Event

The fluid in battery cells is very caustic and harmful and there is potential for fluid loss if a battery overcharges. In a situation of community living, the use of gel pack batteries would for example, prevent the risk of an incident of caustic spill.

Reason for Urgency

The number of motorized wheelchairs and scooters is low, but it will increase as the complexity of care increases. The potential severity of a spill of battery fluid could result in liability for the organization and harm to residents and employees.

Environmental - NHC	Criterion 3.1	Descriptor : Safety

Recommendation

It is recommended that the team explore alternatives to battery cells in all motorized scooters and wheelchairs.

Organization Rating 6	Survey Rating 4	Risk Rating: Likelihood L	Severity H	Urgency L

Potential Adverse Event

The fluid in battery cells is very caustic and harmful and there is potential for fluid loss if a battery overcharges. In a situation of community living, the use of gel pack batteries would for example prevent the risk of an incident of caustic spill.

Reason for Urgency

The number of motorized wheelchairs and scooters is low, but it will increase as the complexity of care increases. The potential severity of a spill of battery fluid could result in liability for the organization and harm to residents and employees.

Human Resources	Criterion 1.2	Descriptor : Appropriateness

Recommendation

It is recommended that the human resources plan be reviewed and further revised to put human resources needs in order of priority; include goals and expected results of human resources activities; develop plans to meet identified needs and achieve the goals and expected results and ensure resources are set aside to carry out the plans.

Organization Rating 7	Survey Rating 4	Risk Rating: Likelihood M	Severity M	Urgency M

Potential Adverse Event	Reason for Urgency
Human resources activities may not be guided by goals and expected results if a comprehensive plan that establishes priorities for those activities is not put in place.	The team has some components of the plan in place and recognizes the need to develop and communicate the plan further.

Service Delivery	Criterion 7.5	Descriptor : Appropriateness

Recommendation

It is recommended that a process be developed to ensure that all residents undergo a pain assessment. This could include an initial assessment at the time of admission, reassessments as needs change, and annual assessments.

Organization Rating 7	Survey Rating 4	Risk Rating: Likelihood M	Severity H	Urgency M

Potential Adverse Event	Reason for Urgency
Pain may not be recognized in some residents; particularly if they are not able to express themselves due to cognitive limitations. This could result in decreased quality of life for the resident.	The team currently completes pain assessments when pain is identified. There are good processes in place to manage pain when the need is known. The team is receptive to including the assessment of pain to the regular assessments.

Service Delivery	Criterion 12.4	Descriptor : Appropriateness

Recommendation

It is recommended that the team resolve the issue related to documentation by unregulated health professionals on the health record.

Organization Rating 7	Survey Rating 3	Risk Rating: Likelihood M	Severity M	Urgency M

Potential Adverse Event	Reason for Urgency
Documentation may not meet professional bodies' guidelines.	Unregulated health professionals continue to enter documentation on separate sheets in the health record.

Detailed Report

Accreditation Decision Details

The accreditation status informs the organization whether it has met the CCHSA eligibility requirements for accreditation, and gives the details on the conditions of that status, if any. This status, together with the findings from the self-assessment and the content of the report, give the organization a reference point from which to focus their continuous quality improvement efforts for the next three years.

As granted by the Board of Directors of CCHSA, the York Region Health Services Long Term Care & Seniors Branch has achieved the following Accreditation Recognition Decision:

Accreditation

Please refer to the Future Directions section of this report and use the Follow Up Template provided to address all recommendations made in the report. All recommendations will need to be addressed by the next survey visit in three years.

Focus Group Feedback

During the accreditation survey, the surveyor(s) met with three focus groups representing clients, staff, and community partners. The surveyor(s) asked specific questions to each group to help assess how the organization is meeting the standards, as well as allow for comments about the overall experience. This report section provides a summary of the comments from each of the focus groups.

Client Focus Group

Client representation was broad and included residents, families, day centre and supportive housing clients. Clients were interviewed individually and in the client focus group. Two veterans participated in the focus group. Family members were present on the long term care service delivery team.

Feedback was given openly with positive comments on the care and service provided. Management is seen as being very responsive and visible to families. This is appreciated.

Several participants complimented the organization on the newsletter that is provided which gives updates on numerous matters affecting the programs.

Residents and family members of the long term care centres expressed satisfaction with the buildings, which are spacious and were described as being clean and well maintained.

Residents' Councils meet regularly and concerns are addressed in a timely manner. Activity programs are excellent for the elderly, but there was a suggestion concerning the fact that more age-specific programs should be available for younger residents at Maple Health Centre.

Food at Maple Health Centre was described as being good, with some concern that there is too much pasta on the menu. No food concerns were raised at the Newmarket Health Centre. However, there were some concerns regarding lost clothing.

Families participate in care conferences and are well informed regarding advance care directives. They reported very good communication from staff regarding their family member's health status. Participants feel comfortable raising concerns. They stated that when questions are raised they receive appropriate attention.

Most participants spoke highly of staff. Participants from the long term care facilities feel that there is not sufficient staff and that some staff may exhibit signs of burnout. It was suggested that training of health care workers should include issues linked to resident dignity. One family member stated she makes a point of not using the terms "bibs" and "diapers", as they do not promote dignity in the elderly. The focus group participants strongly agreed with these comments.

Day Centre clients are very pleased with the programs. Progress in achieving individual goals was reported by participants. One client stated that her progress through the aphasia program has provided her with socialization and group speech therapy. Staff were described as excellent. Similar comments were heard from other day centre clients and their families. One concern was raised concerning the closure of the day centres for a vacation period in the summer. Family members felt that the clients with cognitive problems "lose ground" when the program is not available.

Client Focus Group (Continued)

Clients of the Alternative Community Living programs were equally supportive of the program. One client described herself as a success story in that she has now achieved independence to the level that she is moving out to live independently in the community. She stated that staff meet clients' needs promptly. Another client stated that help comes very quickly when required, and that staff assess needs well. The respite program through the ACL program is well utilized. Clients reported good experiences with respite.

Clients and family members shared the same concern regarding lack of knowledge in the community of the day centres or ACL programs. They suggested that these excellent programs needed to be well publicized in the community.

Overall, there was a high level of satisfaction with care and services.

Staff Focus Group

The staff focus group represented staff from all departments within the long term care facilities and staff from the community support programs. One volunteer was present. Many staff were long term employees of the Region of York.

Staff feel that they are listened to and that they are involved in making decisions about their work. Examples were given from all the programs (long term care, day centres and alternate community living).

Recruitment of staff is problematic on occasion. Some positions take quite long to fill and others are filled more expeditiously. The staff are concerned about the lack of continuity of resident care when casual staff need to be used on a continuing basis.

Staff appreciate the opportunity to attend educational sessions to acquire increased knowledge and skills to assist in providing quality care and services. Basic computer education has been provided to all employees. Some of the participants expressed some frustration with inaccessibility of computers and help desk unavailability at times that may work for them. The group was supportive of the move to incorporate technology into the operations of the organization, but some felt that the volume of email was not necessarily relevant to them. It was agreed that the issue could be one to be discussed further through existing teams within the branch.

Staff had participated in the staff survey. There is interest in the outcomes of the survey and potential improvements from the staff perspective.

Quality improvement concepts are familiar to staff and several have participated in improvement task forces.

The volunteer representative felt that volunteer recognition is very good, as well as communication with volunteers.

Staff describe the facilities as safe places to work and they feel that communication is generally good within the branch. They appreciate the monthly newsletter that provides updates on activities and on issues impacting the organization.

Their was an evident pride in working within the Long Term Care Seniors Branch. The staff expressed support for the new program that ends interactions with the question "is there anything else I can do for you? I have the time." They feel it is a reflection of the approach to care and service that is in keeping with their values and attitudes.

Staff relate well to the role they play in fulfilling the mandate of the organization.

Community Partners Focus Group

The participants in the partners focus group were unanimous in their opinion that the organization is responsive to community needs. They said the organization was terrific.

They stated that the organization's response to its clients was 110%, and family members found it very responsive.

They all agreed that the working environment and partnership arrangements were mutually beneficial and positive for those partners who had direct care delivery involvement.

For those partners with offices in the Newmarket site, they were very pleased with the new building and their new offices, and they felt it was a positive environment to work in.

The group generally agreed that there is excellent continuity between their services and the organization, and they said that when follow-up is required, it is done. Communication is said to be good.

The group agreed that York Region Health Services identifies its population well and that it has been very innovative in developing programs to serve the population's needs. Overall, the participants were very impressed with the quality of service delivery, and said that the organization is always there for residents and tenants.

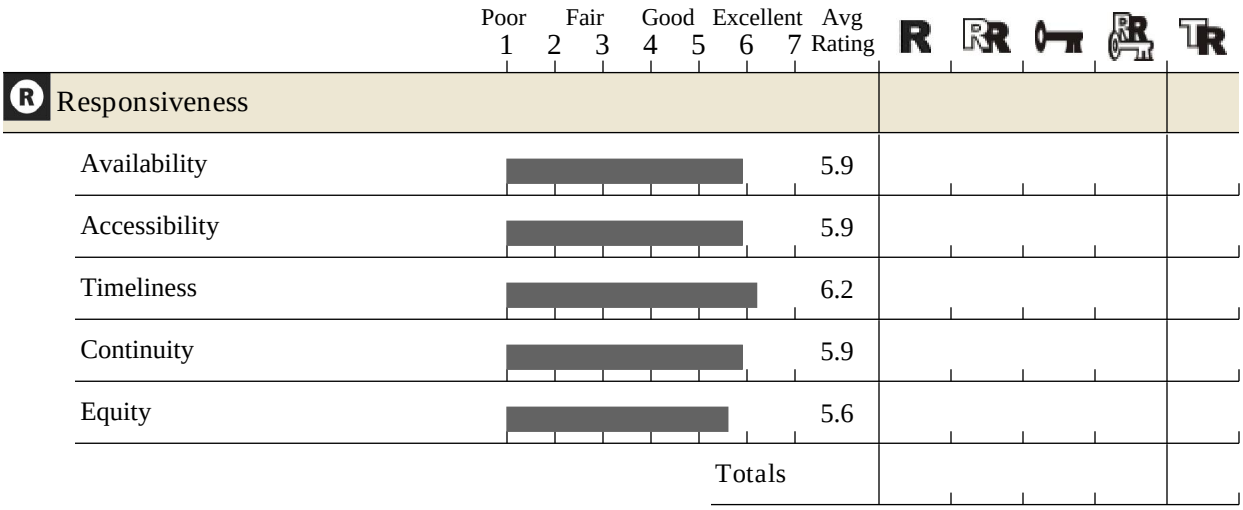
Strong leadership has been demonstrated.

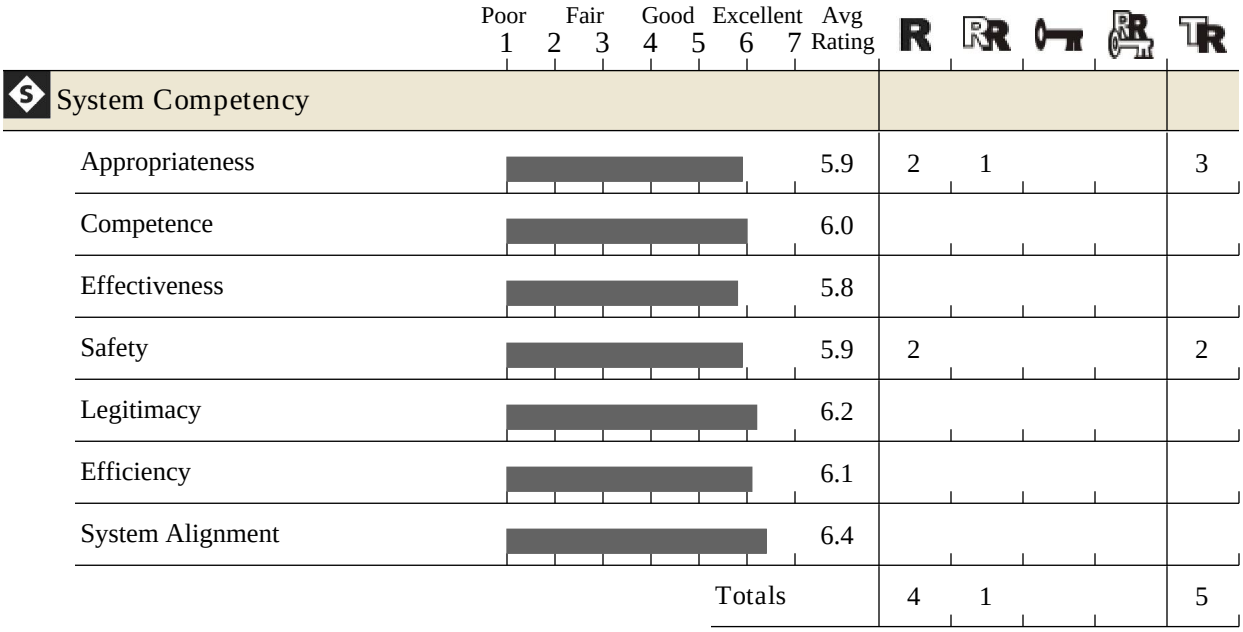
In response to discussion about York Region Health Services' role in the community was a query about the role of the York Region Health Services as a provider of service versus facilitator/funder. It was suggested that some role clarity within the community was needed.

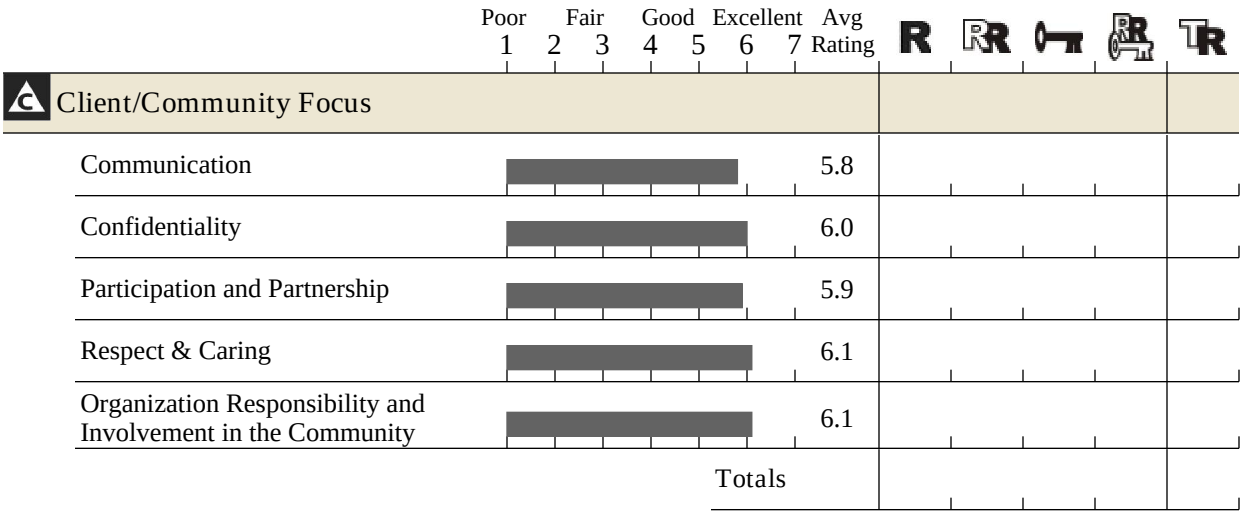
Analysis by Quality Descriptor

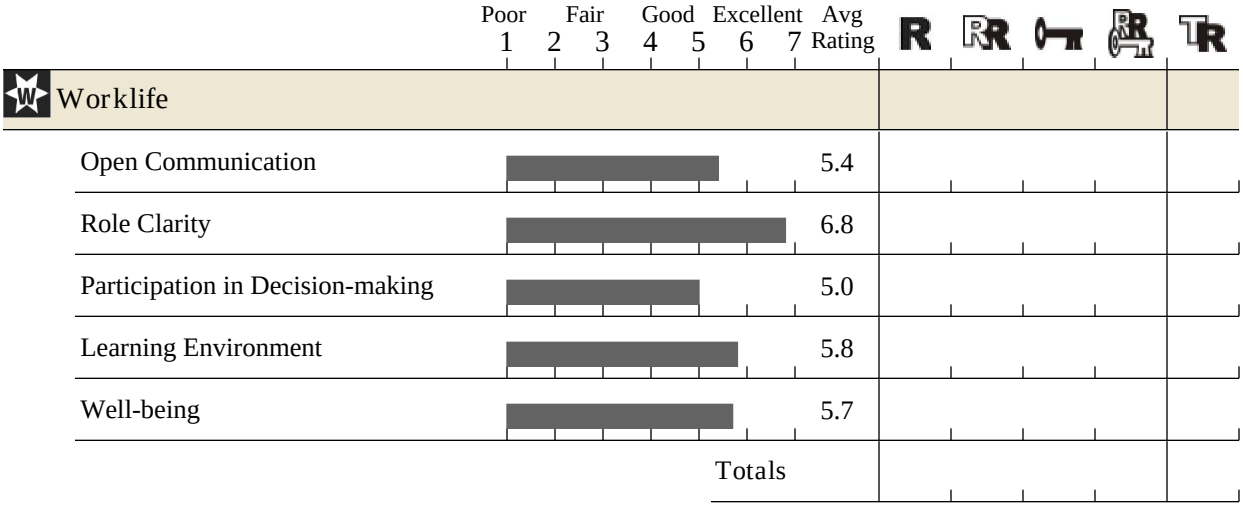
Table View

The tables that follow display the surveyor(s) average ratings for each of the quality descriptors. The tables show the results for each descriptor along the rating scale 1-7. The organization is also able to view at a glance those descriptors where the surveyor(s) have identified key recommendations and repeat recommendations. Please see Appendix A for more information about the descriptors.






Poor
Fair
Good
Excellent
Avg Rating
1 2 3 4 5 6 7
Client/Community Focus
Communication 5.8
Confidentiality 6.0
Participation and Partnership 5.9
Respect & Caring 6.1
Organization Responsibility and Involvement in the Community 6.1
Totals


Poor
Fair
Good
Excellent
Avg Rating
1 2 3 4 5 6 7
Worklife
Open Communication 5.4
Role Clarity 6.8
Participation in Decision-making 5.0
Learning Environment 5.8
Well-being 5.7
Totals

Interpretation

The table view permits the organization to visualize its progress in relation to the quality descriptors.

The quality descriptors within Responsiveness rated very well from Equity (5.6) to Timeliness (6.2). This is evidence that the organization anticipates and respond to changes in the needs and expectations of the client and community and to changes in the environment. There are many examples of this strength including the three year technology training for staff, the integration of services which would result in savings to the health care system, and the concept of admitting by need. The organization is encouraged to continue in its excellent efforts at Responsiveness to clients and community. There were no recommendations linked to these quality descriptors.

System Competency was also highly rated from 5.8 in Effectiveness to 6.4 in System Alignment. This last descriptor rating illustrates that the staff relates well to the role they play in fulfilling the mandate of the organization. Effectiveness which measures whether services are achieving optimal results could be further enhanced through monitoring quantitative results coming from the ACL program thereby illustrating that some community members are able to stay independent with the assistance of the ACL program.

There were 3 recommendations made with respect to Appropriateness, one of which is a repeat recommendation. The first one relates to the need to further refine the Human Resources plan, the second to doing a pain assessment particularly at admission, and a third relates to the need to resolve the issue related to documentation by unregulated health professionals. Conversely, there is strong evidence of Appropriateness factors in areas such as the Day Program where the goal is achieving wellness for both the client and their care providers. Safety (5.9) received two recommendations related to the need to explore options for powering motorized wheelchairs and scooters.

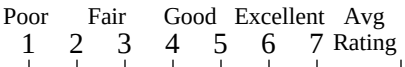
Client/Community Focus received excellent results from 5.8 in Communication to 6.1 in Respect and Caring and Organization Responsibility and Involvement in the Community. Confidentiality (6.0) and Participation and Partnership (5.9) rated mid range. There were no recommendations linked to these quality descriptors.

Worklife rated excellent in Role Clarity (6.8) illustrating that staff have clearly defined job scope and are aligned with the team and organization goals. The descriptor of Participation in Decision-making at 5.0, which examines the extent to which staff are involved in decision making could be a focus for future quality improvement activities. Open Communication (5.4), Well-being (5.7) and Learning Environment (5.8) rated in the mid range. There were no recommendations linked to these quality descriptors, in this quality dimension.

Team Findings

The following table illustrates the overall compliance ratings by team, as well as the number and types of recommendations for each team. If applicable, Good Practices are also identified.

Average Rating by Team



	Avg Rating						
Leadership and Partnerships	6.3						
Environmental - MHC	5.8		1				1
Environmental - NHC	5.8		1				1
Human Resources	5.9		1				1
Information Management	5.9						
Alternative Community Living Program	5.7	1					
Day Programs	5.9	1					
Service Delivery	6.1		1	1			2
Totals		2	4	1			5

Interpretation

A total of three service delivery teams, four support and one leadership team participated in York Region Health Services Long Term Care & Seniors Branch's accreditation survey.

Team ratings ranged from 5.7 in Alternative Community Living to 6.3 in Leadership and Partnerships. All teams rated very well and demonstrate commitment to the client and community and to quality improvement of care and services.

There were two Good Practices cited for the organization.

Environmental- MHC received one recommendation, Environmental -NHC received one recommendation, Human Resources received one recommendation and Service Delivery received two recommendations, including one repeat recommendation.

Appendix A

Quality Dimensions and Descriptors

The AIM program is designed to evaluate the quality of health care and services. But what is quality? Even a small amount of research will reveal that there are a number of definitions for the concept of quality. In order to make sure that all organizations and teams involved in accreditation are using the same reference, CCHSA defines quality as:

The degree of excellence; the extent to which an organization meets client's needs and exceeds their expectations.

To help organizations measure the quality of their services to determine what can be improved, CCHSA has identified four dimensions of quality that define what is meant by quality. These dimensions are: Responsiveness, System Competency, Client/Community Focus and Worklife. Each dimension in turn has a number of descriptors that explain what is meant by that dimension. For example, there are five descriptors related to Responsiveness, which include Availability, Accessibility, Timeliness, Continuity and Equity. There are a total of 22 descriptors tied to the four dimensions.

The four quality dimensions and their corresponding descriptors play an important role in the AIM program by offering organizations a framework for measuring quality. These dimensions and descriptors were used to develop the standards and criteria and similarly, the standards and criteria were written to reflect the appropriate dimension and descriptor.

As an organization's teams complete their self-assessments, teams are encouraged to use the dimensions and descriptors as a focusing tool to help guide both the teams' discussions regarding the criteria and the resulting comments in the self-assessments. The dimensions and descriptors are also used in the survey report to assist organizations in identifying general areas of strength and those areas where improvements are required.

The four dimensions and their descriptors are defined in detail on the following pages.

Responsiveness The organization anticipates and responds to changes in the needs and expectations of the (potential) client and/or community population(s), and to changes in the environment.	Availability • Service(s) and resources (e.g. financial, human, information, equipment) are available to meet the needs of the client and/or community population(s). Accessibility • The client and/or community easily obtains required or available services in the most appropriate setting. Timeliness • Services are provided and/or activities are conducted to meet client and/or community needs at the most beneficial or appropriate time. Continuity • Coordinated services are provided across the continuum, over time. Equity • Decisions are made and services are delivered in a fair and just way.

System Competency

The organization consistently provides service(s) in the best possible way, given the current and evolving state of knowledge. The organization achieves the desired benefit for clients and/or communities, with the most cost-effective use of resources.

Appropriateness

- Services meet the needs of the client and/or community population(s), achieve the organization's goals, are proven (evidence-based) to produce benefits, and are based on established standards.

Competence

- An individual's knowledge, skills, and attitudes are appropriate to the service provided.

Effectiveness

- Services, interventions, or actions achieve optimal results.

Safety

- Potential risks and/or unintended results are avoided or minimized.

Legitimacy

- Services and/or activities conform to ethical principles, values, conventions, laws, and regulations.

Efficiency

- Resources (inputs) are brought together to achieve optimal results (outputs) with minimal waste, re-work, and effort.

System Alignment

- The mission, vision, goals and objectives are clear, well-integrated, coordinated and understood both internally and externally. These are reflected in organization plans, delegations of authority, and decision-making processes.

Dimensions and Quality Descriptors

Client/Community Focus The organization strengthens its relationship with the client and/or community. The organization does this by encouraging community participation and partnership in its activities.	Communication • All relevant information is exchanged with the client, family and/or community in a manner that is ongoing, consistent, understandable and useful. Confidentiality • Information to be kept private is safeguarded. Participation and Partnership • The client and/or community actively participates as a partner in decision-making, and in service planning, delivery, and evaluation. Respect and Caring • Politeness, consideration, sensitivity and respect are incorporated into all interactions with the client and/or community. Organization Responsibility and Involvement in the Community • The organization supports and strengthens the community and its development, and contributes to its overall health.
Worklife The organization provides a work atmosphere conducive to performance excellence, full participation, personal/professional and organizational growth, health, well-being, and satisfaction.	Open Communication • The organization fosters a climate of openness, free expression of ideas, and information sharing. Role Clarity • Staff have clearly defined job scope and objectives, and these are aligned with team and organization goals. Participation in Decision-making • Staff input is encouraged and used in decision-making. Learning Environment • Staff creativity, innovation, and initiative is encouraged. The necessary training and development, to attain organizational goals and personal/professional development objectives, is provided. Well-being • The organization provides a safe, healthy, and supportive environment, recognizes staff contribution, and links staff feedback to improvement opportunities.

Appendix B

Patient Safety Criteria across Themes

Patient Safety Criteria across Themes		
Risk Theme	Standard	Abbreviated Content
Managing Risks This involves the management of possible dangers, losses or injuries so as to ensure the efficient and effective achievement of the organization's objectives. Organizational activities should be designed to identify and analyze risk and support the reduction of incidents.	L&P	A process to identify, assess, and manage risk
	L&P	Active support of risk management practices
	Environment	Safe design and layout of the physical space
	Environment	Manage utilities to minimize risk and reduce failures
	Environment	Minimize hazards and risks by carrying out safety processes
	Environment	Investigate incidents related to hazards and risks; action to prevent reoccurrence
	Service Delivery	Process for reporting and recording incidents and adverse events
	Service Delivery	Clients are safe from accidents, injuries, and infections
	Service Delivery	Prevents and safely manages aggressive or violent behaviour
Equipment Use Equipment and medical devices are an integral part of the health service team but using them has risks as well as benefits. Risk may stem from design, manufacture, maintenance, storage, housekeeping, or lack of user competence. The criteria associated with equipment usage promote its safe use and operation as well as reporting systems that encourage the reporting of latent defects and adverse events.	Environment	Processes for the safe use of equipment, supplies and medical devices
	Environment	Educate and train staff on safe use and maintenance of equipment
	Environment	Investigates incidents involving equipment, supplies, medical devices and takes action to prevent reoccurrence
	Service Delivery	Equipment used for diagnostic services are safe and operational

Patient Safety Criteria across Themes

Risk Theme	Standard	Abbreviated Content
Disaster/Emergency Preparedness Disaster and emergency preparedness is vital when an unexpected crisis hits an organization or the surrounding community. The organization and staff must be prepared for various potential disasters and/or emergencies. Preparation includes the development and testing of plans and training of staff.	Environment	Processes for preparation of emergency or crisis situations
	Environment	Review of disaster and emergency plans
	Environment	Ready access to first aid equipment, life support and supplies
	Environment	Processes to reduce the risk of fire
	Environment	Similar/same processes for disaster risk reduction at all sites
	Service Delivery	Process for safely dealing with complications, a crisis, or an emergency
Medication Use & Diagnostic Tests It is essential that medications and diagnostic tests be used in a safe, timely and appropriate manner. Safe medication and diagnostic services take into account not only a patient's safety while receiving services but also reduced hospital costs for treating complications resulting from errors. The standard includes reviewing prescriptions, monitoring and promptly reporting any adverse drug effects, as well as the training of staff.	Service Delivery	Timeliness of diagnostic services, results, consultation or advice
	Service Delivery	Diagnostics tests are carried out in a safe way
	Service Delivery	Process for safely and properly handling specimens
	Service Delivery	Access to accurate and reliable diagnostic test results and interpretation
	Service Delivery	Safe process for using medications

Patient Safety Criteria across Themes

Risk Theme	Standard	Abbreviated Content
Infection Control An important issue in today's health service environment is control of the spread of infectious diseases. When appropriate infection control precautions are used, the risk of occupational transmission to staff and patients is reduced. The organization and staff should be prepared to prevent and control infections. Preparation includes the detection, investigation, and management of infections as well as training of staff.	Environment	Infection prevention processes
	Environment	Processes for handling food, soiled laundry or linen
	Environment	Infection response processes
	Environment	Educate staff about the ongoing risks of infection
Staff Competence The organization and staff must be prepared and competent to deliver services safely and minimize risks. Preparation includes necessary knowledge, skills, certification and training of staff.	Environment	Specialized equipment is operated by competent people
	HR	Minimize gaps in service and risk of staff burnout
	HR	The organization collects data about competence and analyzes it over time. Staff competency issues are dealt with.
Documentation Healthcare documentation and records are a valuable resource because of the information they contain. The information is only usable if it is correctly recorded, regularly up-dated, and is easily accessible when needed. Information is essential to the delivery of high quality evidence-based health care on a day-to-day basis and effective records management ensures that such information is properly managed and is available.	Info Mgt	Complete client file that meets legal requirements
	Service Delivery	The team obtains the client's informed consent