



**ACCREDITATION  
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CANADA  
Qmentum

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## On-Site Results

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### The Three Links Care Society

Vancouver, BC

On-site survey dates: October 21, 2018 - October 24, 2018

Report issued: October 24, 2018

## About the Accreditation Report

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

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

## Confidentiality

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

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

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

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## Executive Summary

The Three Links Care Society (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

**To Be Determined**

## 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)	21	0	1	22
 Accessibility (Give me timely and equitable services)	10	0	0	10
 Safety (Keep me safe)	135	0	18	153
 Worklife (Take care of those who take care of me)	48	1	1	50
 Client-centred Services (Partner with me and my family in our care)	72	0	3	75
 Continuity (Coordinate my care across the continuum)	8	0	0	8
 Appropriateness (Do the right thing to achieve the best results)	212	0	12	224
 Efficiency (Make the best use of resources)	20	0	0	20
<b>Total</b>	<b>526</b>	<b>1</b>	<b>35</b>	<b>562</b>

## About the On-site Survey

- On-site survey dates: October 21, 2018 to October 24, 2018
- 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. Infection Prevention and Control Standards for Community-Based Organizations
2. Leadership Standards for Small, Community-Based Organizations

### ***Population-specific Standards***

3. Medication Management Standards for Community-Based Organizations

### ***Service Excellence Standards***

4. Governance - Service Excellence Standards
5. Long-Term Care Services - Service Excellence Standards

## 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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Leadership Standards for Small, Community-Based Organizations	40 (100.0%)	0 (0.0%)	0	69 (98.6%)	1 (1.4%)	0	109 (99.1%)	1 (0.9%)	0
Infection Prevention and Control Standards for Community-Based Organizations	27 (100.0%)	0 (0.0%)	7	47 (100.0%)	0 (0.0%)	0	74 (100.0%)	0 (0.0%)	7
Medication Management Standards for Community-Based Organizations	39 (100.0%)	0 (0.0%)	15	46 (100.0%)	0 (0.0%)	6	85 (100.0%)	0 (0.0%)	21
Governance	45 (100.0%)	0 (0.0%)	5	36 (100.0%)	0 (0.0%)	0	81 (100.0%)	0 (0.0%)	5
Long-Term Care Services	55 (100.0%)	0 (0.0%)	0	99 (100.0%)	0 (0.0%)	0	154 (100.0%)	0 (0.0%)	0
<b>Total</b>	<b>206 (100.0%)</b>	<b>0 (0.0%)</b>	<b>27</b>	<b>297 (99.7%)</b>	<b>1 (0.3%)</b>	<b>6</b>	<b>503 (99.8%)</b>	<b>1 (0.2%)</b>	<b>33</b>

\* 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
<b>Patient Safety Goal Area: Safety Culture</b>			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Adverse Events Disclosure (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Adverse Events Reporting (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	1 of 1
Client Safety Quarterly Reports (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	2 of 2
<b>Patient Safety Goal Area: Communication</b>			
Dangerous Abbreviations (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	3 of 3
Medication reconciliation as a strategic priority (Leadership Standards for Small, Community-Based Organizations)	Met	4 of 4	2 of 2
Medication reconciliation at care transitions (Long-Term Care Services)	Met	5 of 5	0 of 0



Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Communication</b>			
Two Client Identifiers (Long-Term Care Services)	Met	1 of 1	0 of 0
<b>Patient Safety Goal Area: Medication Use</b>			
Heparin Safety (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management Standards for Community-Based Organizations)	Met	5 of 5	3 of 3
Narcotics Safety (Medication Management Standards for Community-Based Organizations)	Met	3 of 3	0 of 0
<b>Patient Safety Goal Area: Worklife/Workforce</b>			
Client Safety Plan (Leadership Standards for Small, Community-Based Organizations)	Met	2 of 2	2 of 2
Client Safety: Education And Training (Leadership Standards for Small, Community-Based Organizations)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership Standards for Small, Community-Based Organizations)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership Standards for Small, Community-Based Organizations)	Met	6 of 6	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Infection Control</b>			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1
<b>Patient Safety Goal Area: Risk Assessment</b>			
Falls Prevention Strategy (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Suicide Prevention (Long-Term Care Services)	Met	5 of 5	0 of 0

## Summary of Surveyor Team Observations

The surveyor team made some observations about the organization's overall strengths, opportunities for improvement, and challenges. A summary of their observations will be included in the Accreditation Report that will be issued in 10 days.

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## 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
<b>MAJOR</b>	Major ROP Test for Compliance
<b>MINOR</b>	Minor ROP Test for Compliance

## Priority Process Results for System-wide Standards

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

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

### Priority Process: Governance

Meeting the demands for excellence in governance practice.

**The organization has met all criteria for this priority process.**

#### Surveyor comments on the priority process(es)

The Three Links Society, Governing Board, comprises of diverse members who are both, dedicated and knowledgeable. Many of the board members have had personal experience, being caregivers for their parents and desire to give back and contribute to senior care services. With the board member's passion, the organization has focused on a model of care which provides quality and safety model of care. Resident and family centred care is evident within many of the decision making processes. With the leadership and guidance of the governance, the organization strives to achieve high-performance indicators.

Strengthening governance is one of the strategic priorities. The board has set goals to effectively govern and maintain Three Links Care Society. The board is commended for identifying steps to achieve its goals in the 2018 - 2020 strategic plan.

The board recognizes their duties and responsibilities and remains accountable for the quality of care and services through; strategic planning, financial oversights, risk management, human capital planning and approval of policies.

Based on the Governing Functional Tool result, the board has created an action plan and followed through with the recommendations. One of the action items was to conduct a board chair evaluation. Over the last 2 years, the board is changing its mandate from an operational board to a governance board.

The board recruited and hired the new Chief Executive Officer- David Hurford in January, 2017. Before the hiring of the new CEO, there was a 6-month period where the board had to govern during the search of the new CEO. The Director of Operation and Housing was the acting leader during that period. The organization has established a succession and talent management plan. There was a process to consult family members when hiring the CEO, which included, having the opportunity to review the CEO's job description.

The CEO and the board worked together to refresh and develop the Vision, Mission and Strategic Plan (2018 – 2020). The strategic plan serves as a guiding document for day to day operations and quality improvement measurement of the organization's performance. The development of the strategic plan has engaged the community, staff, residents and families in participation with surveys and focus groups. There has been strong buy-in with the new strategic plan as a result of high participation.

The board has established a quality committee, and its mandate is to assist the Board in ensuring quality,

risk management, safety of care and services which are promoted and applied throughout the organization. Since the inception of the quality committee, the board has developed key performance indicators to monitor the quality and safety of the operation as a whole. The board plans to further develop a quality framework which will refine the key performance indicators (KPI). The board holds the CEO accountable for the quality and safety performance of the organization.

The board has completed a 360 performance management evaluation for the CEO. The performance tool identifies strengths, accomplishments and supports goal setting. The board and CEO have developed goals and objectives which align with the strategic goals of the organization. There is a strong coalition between the board and CEO.

The board monitors the quality indicators and incidents, evaluating and taking actions for improvements. The care home had an elopement incident, where the board reviewed the incident report and took on the recommendations of renovating the front lobby to enhance patient safety and security. Other initiatives, the board has taken the lead on, has provided quality improvements such as increasing; the number of baths per week, the number of nursing hours and the number of professional training opportunities.

### Priority Process: Planning and Service Design

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

**The organization has met all criteria for this priority process.**

#### Surveyor comments on the priority process(es)

The organization has refreshed and redeveloped its vision, mission and its 2018-2020 strategic plan. With the CEO taking lead, together with the board they were tasked with the job of redeveloping the strategic plan. Through the use of an online survey and focus groups, stakeholders, families, staff and community partners have all been involved in the planning process.

The engagement plan for participating was very extensive. The organization is commended for developing a strategic plan, which provides a roadmap for growth and a sustainable organization.

To guide the implementation of the three-year strategic plan, the management team has developed a comprehensive work plan, which outlines expected completion timelines and expected outcomes. The strategic plan has given the organization very clear guidelines and directions for all the goals in the day-to-day operation.

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## 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 is commended for maintaining over one million dollars surplus in their operating funds. Due to their strong financial position, the organization has the ability to invest in, providing more care hours, renovating the building and purchasing new furniture. All these initiatives help to provide the quality of life for the residents.

There is a process to prepare the annual operating and capital budget. There have been improvements made in the budget planning process wherein, the board approves the operating budget before the fiscal year. In the past, the board approved the operating budget a few months after the fiscal year. The new CEO has initiated this new practice.

Previously, the organization would contract out their financial services. Due to the risk assessment and sensitive, confidential information, financial services have moved back and are now done by the internal staff. The changes have improved the reporting and control of the financial services. In the future, there is a plan to provide a three-year budget.



## Priority Process: Human Capital

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

**The organization has met all criteria for this priority process.**

### Surveyor comments on the priority process(es)

The Human Resources Department has undergone a re-organization. With the departure of the Human Resources Manager, the roles and responsibilities have been allocated to the leadership team. There seems to be a smooth transition with the changes.

The overall, general feedback from the employees, is that the organization cares, and they feel like apart of the team and family. The care aides are contracted out to an independent company. Regardless, if an employee is a contracted staff or a Three Links employee, all staff members are treated as being apart of one team. In doing so, the organization has been able to retain many long-term employees.

The workplace violence policy and procedures are in place. There are ongoing training sessions such as Gentle Preservation Approach and P.I.E.C.E.S. to help staff manage the resident's responsive behaviours. The organization is currently working on a recruitment plan to increase its workforce. A Talented Management plan and Succession plan has already been established by the board and management team. Quality Team is one of the organizations strategic priorities. Defined steps have been made to achieve the set goals. Some of the improvements which have been made and implemented include reducing workload, promoting staff wellness, staff recognition and supporting staff for professional development. The organization has a good working relationship with the Unions which, has resulted in no grievances for many years.

The new Employee Assistance Program (EAP) will have more features such as lifestyle counselling and worklife balance.

There was a violence risk assessment survey done in 2017. Based on the results, the organization has developed an action plan to mitigate such risks.

The organization provides staff and volunteers with regular safety training.

## Priority Process: Integrated Quality Management

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

**The organization has met all criteria for this priority process.**

### Surveyor comments on the priority process(es)

The Three Links Care Society, the strategic plan serves as the focus for the organization's quality improvement framework. The organization has developed a work plan, which identifies and provides accountability to achieve its goals. Quality of life and care has been identified as the fundamental core of all activities.

A safety plan has been developed, taking into account, feedback and input from residents and families. The organization conducted risk assessments and prospective analysis to identify safety needs and initiatives. The safety plan has identified; resident and staff safety issues, improvement plan and target date and evaluation. The organization has completed many safety projects such as, renovating the nursing stations and front lobby, replacing phones and updating nurse call and wander alert systems.

The organization has very few reportable incidents. Staffs follow the incident management system when reporting, investigating or disclosing incidents. Families are consulted to provide feedback on how to improve and prevent future incidents. There is a willingness from the organization, to listen and learn from the incident report, assessing for possible improvements.

The leadership team encourages and supports staff to report incidents and provides training on "Just Culture".

Root cause analysis is performed for each incident and there are follow up actions, included in the recommendations.

Management seeks feedback from staff and families on the "incident management system" to develop and improve the reporting system. There are support resources provided to families and staff when incidents occur.

The Director of Care and nursing staff, all take disclosure training and incident management courses, provided by Vancouver Coastal Health.

**Priority Process: Principle-based Care and Decision Making**

Identifying and making decisions about ethical dilemmas and problems.

**The organization has met all criteria for this priority process.**

**Surveyor comments on the priority process(es)**

The organization has adopted the Vancouver Coastal Health’s ethical framework. Ethical training is provided to all staff. Information boards, explaining the ethical model, is being displayed on all care units. Staff are aware of the ethical issues and are given the opportunity to discuss, and make decision, as a team.

It is encouraged that the organization to use the ethical framework to discuss ethical issues and document the discussion.

During the survey, the physicians who were interviewed, praised the Three Links staff for their ability to plan and analyze the ethical dilemma before contacting the physicians. The staff have developed trust and care for the residents wherein many of the ethical issues can be discussed and resolved without being escalated to the higher levels.

There is a research policy in place. Presently, there is no research activity conducted in the care centre.

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**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.**

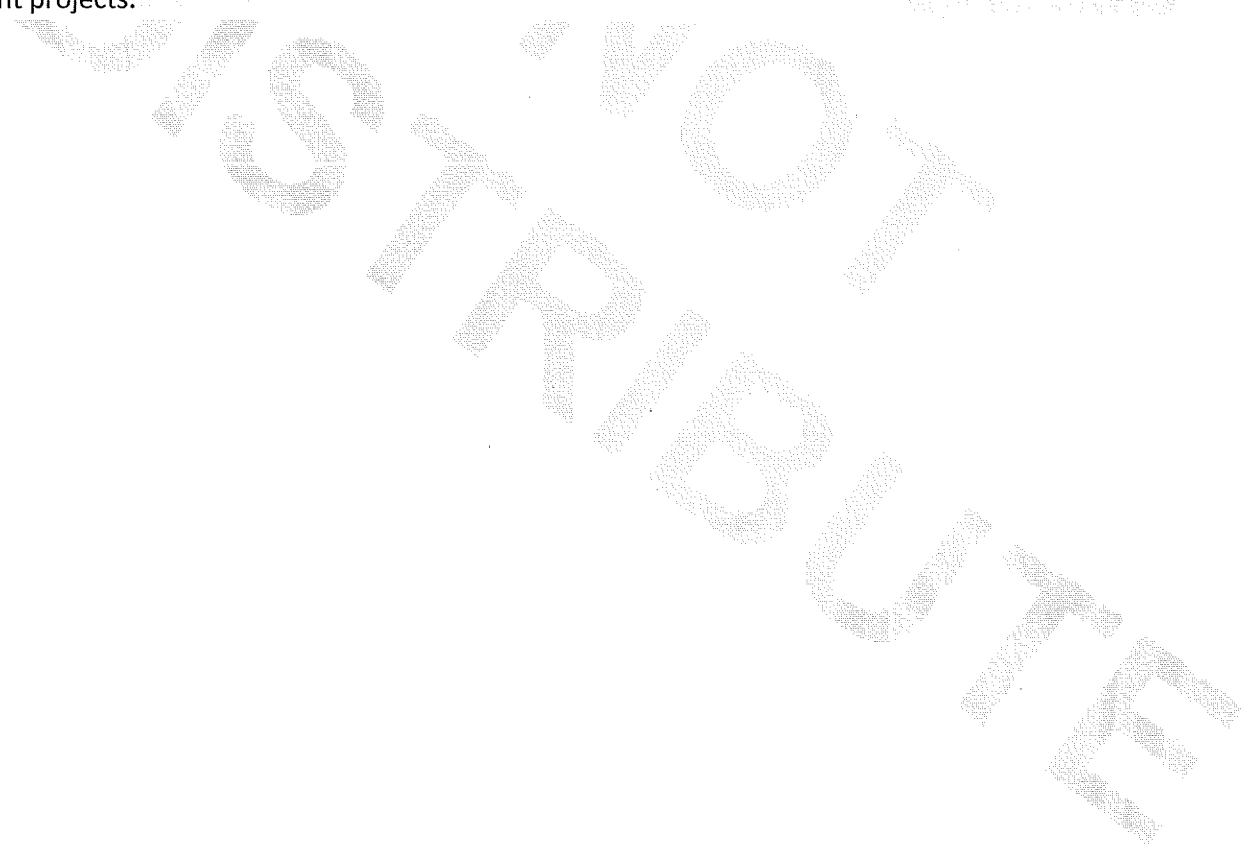
**Surveyor comments on the priority process(es)**

There is a communication plan that the organization uses to communicate effectively with the community, staff, families and residents. Communication includes newsletters, website, monthly staff meetings, departmental meetings, email news to families, open house and recreation calendar. The organization has begun using videos for staff, volunteers and families to tell the success stories of their experience.

There is an open door policy where staffs are encouraged to communicate with management and supervisors.

Information management is supported by a contracted service. There are risk management and privacy assessments done by the contractors to mitigate risks. The organization has installed additional cameras from the recommendations.

During the survey, the community partners stated that they work collaboratively with the organization in different projects.



## 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)

#### Three Links Care Centre

The overall physical environment of the Care Centre is well maintained. The organization has completed many renovations and capital projects to improve the comfort and security of the home. Some of the renovations, that have been done, are the lobby, spa room, nursing station, surveillance cameras and call bell system. Even though the Three Links Care Centre is an older building, with all the upkeep and recent remodelling projects, the home-like atmosphere is presented. The recent licensing inspection has no recommendation, and the home has complied with all the requirements.

#### PHYSICAL ENVIRONMENT – THE MANOR

The Manor has 29 independent 55plus suites in total. There are 15 spaces allocated for supportive housing in partnership with B.C. Housing. The supportive housing program includes dinner (provided from the Centre), weekly housekeeping and activities. A housekeeper/dinner hostess is on duty 7 days a week, shared through two part-time positions, providing daily observations for safety and security. There are twice daily call-ins to the Care Centre as they work alone. There is a manager on duty 3 days a week. There are engaging activities such as bus trips, barbecues, cooking and baking, movie nights and theme events. Independent residents can access meals at the nearby Community Hub, created by the Three Links Centre in partnership with the Seniors Centre. The Manor is almost 40 years old but has an updated exterior and interior and is clean and appealing. There are annual suite inspections. One unit is wheelchair accessible and modified with low cupboards. There is CCTV throughout the common areas.

## Priority Process: Emergency Preparedness

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

**The organization has met all criteria for this priority process.**

### Surveyor comments on the priority process(es)

The Three Links Care Society has an Emergency Preparedness Committee with membership from most departments, Provida, Housing and the Day Care program next door. It would be opportune to seek an interested volunteer or family member who would have an interest in contributing on this committee which meets several times a year. The organization has a Charge Nurse manual with important emergency numbers and procedures to follow during weekends and off hours. There is a manual with all the code procedures. The Chief Operating Officer is the lead on the committee and has much information about the plans and in the interest of 'corporate memory', it would be helpful to collate all the information about emergency preparedness into one main manual with the codes. For example, information about informal or formal partnerships for evacuation decanting or accepting people into the building. The business continuity plan is in place particularly with a large emergency generator and back up systems for the server and again, this should be formally written for future reference.

Drills are completed on a regular basis and a resident in the focus group commented on the life-like evacuation exercise completed in the recent year with drama students. The leaders vary the drills to keep staff motivated with practices and the Fire Inspector is confident in the team's competence during drills. The organization has invested significant resources for three emergency supply cupboards on the units, evacuation chairs for stairwells, walkie talkies if the phones are down, and the home is fully sprinklered. The annual Shake Out exercise is an opportunity for the organization to give staff information on being prepared at home and ideas for emergency kits for home and cars.

**Priority Process: People-Centred Care**

Unmet Criteria	High Priority Criteria
<b>Standards Set: Leadership Standards for Small, Community-Based Organizations</b>	
3.3 Teams, clients/residents, and families are supported to develop the knowledge and skills necessary to be involved in quality improvement activities.	

**Surveyor comments on the priority process(es)**

Throughout the survey visit, there has been many demonstrations and evidence of the values of dignity and respect, information sharing, partnership and participation. There is much collaboration amongst the staff teams and departments and partners to develop programs, improve service and delivery of care and in facility enhancement projects.

Moving the needle in formalized people-centred care is a culture changing experiment. The organization has made great progress in engaging residents and family members through guest appearances at Advisory committees, focus groups, Open House, e-Newsletters, email updates, surveys, handbooks, storyboards, bulletin boards, and pamphlets. There were regular updates given about the construction progression. Input was recently sought for redesign of the links logo. Focus participants complimented the guest speakers for topics such as estate planning and emotional intelligence.

The teams are involved in important quality improvement projects and to date, it has been challenging to formally involve frontline staff and family advisors. The organization is encouraged to push forward with their strong philosophy of inclusiveness and engagement by seeking support for staff and family representatives as possible, for learning to include the science of quality such as improvement methodology and theory, and how to undertake quality improvement projects through initiatives and cycles. The Institute for Healthcare Improvement has short online courses for frontline leadership staff to learn about quality processes such as process maps, fishbone diagrams and PDSA cycles. As well education about how to integrate family advisors would be a growth opportunity.

One of the challenges identified in the focus group was the need for more volunteers on the Rebekah unit because volunteers may feel a lack of confidence to be appropriate around people with responsive behaviour. This barrier to access to volunteers for some residents, given that 25% of the residents have mental health needs, could be addressed through training on GPA principles for volunteers who were willing. Another challenge identified is how to update families on the resident's participation in activities, although this may be summarized in annual care conferencing and as well, they could just ask.

A pilot was conducted for the Family Portrait Project recently. A photographer was engaged to take photos with a resident and their family in a relaxed mode. This was initiated as a value-added/recreation

idea. One year the organization created a photo calendar. There are ideas percolating for person centred wall décor for the newly renovated front entrance.

Three Links Care Society is a place that provides an environment that is compassionate, culturally safe and competent through a team philosophy of collaboration and innovation.

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**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 has identified and addressed barriers that prevent clients/residents from accessing services.

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## Priority Process: Medical Devices and Equipment

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

**The organization has met all criteria for this priority process.**

### Surveyor comments on the priority process(es)

Medical devices are selected through a process of trial from a vendor or alternately, the organization requests references on a device and then visit the referred long term care facility to see the equipment. For example, baths and lifts would be vetted in that manner. There are ceiling lifts, new tubs and several four leaf clover dining tables that have been fairly recently acquired.

The organization has been using WorxHub software for several years with excellent tracking of maintenance. Large devices are on a preventive maintenance contract with the vendor. The maintenance team also calls in equipment specialized for anything out of their scope. There is a wheelchair cleaning machine as well as a sanitizer. There is no sterilization in house. There is a clear policy and procedure which lists in a table all the reprocessing of medical devices and nurses complete in-house audits, most recently with 93% compliance. The Vancouver Coast Health conducted an extensive audit of reprocessing of critical and semi-critical medical devices in 2016 for overall compliance score of 96.55%. As an exemplary of the teams high standards, ceiling lift preventive maintenance is only required annually, but the team has a contract to have it completed twice a year due to the high risk.

## 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:

### Medication Management for Community-Based Organizations

- Medication Management for Community-Based Organizations

### Infection Prevention and Control for Community-Based Organizations

- Infection Prevention and Control for Community-Based Organizations

### Clinical Leadership

- Providing leadership and direction to teams providing services.

### Competency

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

### Episode of Care

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

### Decision Support

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

### Impact on Outcomes

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

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

Unmet Criteria	High Priority Criteria
<p><b>Priority Process: Infection Prevention and Control for Community-Based Organizations</b></p>	
<p>The organization has met all criteria for this priority process.</p>	
<p>Surveyor comments on the priority process(es)</p>	

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

The Infection Prevention & Control Committee is multidisciplinary and meets three times a year, often scheduled after Medication Safety Committee to use professional time well. Minutes show standard agenda for review of indicators, improvement projects and issues follow up. Data is hand collated by the night registered nurse including reports with bar charts and when Momentum is fully implemented, it will be less time-consuming to report data. A quality improvement project aimed at reducing inappropriate use of antibiotics for suspect urinary tract infections has been well documented and shown improvement through the implementation of the best practice guideline. There is an excellent policy manual developed in house using references and resources from partners.

The housekeeping, laundry, food service and care staff are well versed in their IPAC routines and practices and are able to explain them. Housekeeping is particularly well organized to achieve results while accommodating the residents' individual likes and needs. Audits are routinely completed by nurses including hand hygiene audits for all departments, the results of which are then reported in the e-Newsletter. Immunization rates for 2017 were 90% for residents and 92% for staff and volunteers and contractors also participate in the campaign.

Staff and client input about hand hygiene products or gloves is facilitated with trials and feedback sheets. There are excellent IPAC pamphlets for volunteers and families, including a Cantonese version. There are comprehensive orientation checklists.

The outbreak toolkit is now available online and outbreaks are reviewed in house as well as reported to the health authority. The Director of Care attends professional practice meetings with peers and shared learnings in the home, for example, offering Gatorade and decaffeinated tea to residents who are at risk of dehydration due to gastro enteric infection. The Pharmacy is a partner in outbreak preparation as is LifeLab and GFRs are staggered through April to October to prevent last minute workload issues, particularly for the lab. There are several isolation carts stocked and available on the units.

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

Unmet Criteria	High Priority Criteria
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**Priority Process: Clinical Leadership**

The organization has met all criteria for this priority process.

**Priority Process: Competency**

The organization has met all criteria for this priority process.

**Priority Process: Episode of Care**

The organization has met all criteria for this priority process.

**Priority Process: Decision Support**

The organization has met all criteria for this priority process.

**Priority Process: Impact on Outcomes**

The organization has met all criteria for this priority process.

**Surveyor comments on the priority process(es)**

**Priority Process: Clinical Leadership**

Three Links Care Society seeks opportunities to serve the community and until recently had a peritoneal dialysis service for six residents. The home accepts clients with diverse health needs and challenges and the leadership instills confidence in the clinical team to meet them. The leadership team manages resources well to increase care staff levels, review and make changes to the nursing model as well as make creative enhancements to the lived environment. For example, there have been capital improvements such as outstanding remodelling of the bathing area as well as a nursing work station. Story boards are evident to communicate ideas for the work station change recently completed. The hair salon is undergoing a refresh with input from clients and families.

**Priority Process: Competency**

During the survey processes and interviews, there was strong feeling of collaboration and competence in the clinical teams, with many individuals having expertise areas. There is seamless integration of care services between Three Links and Provida, the contractor for health care and recreation aides. Education between Three Links and Provida is merged. There is an education calendar and an approach of 'theme' months used. For example, Abuse Prevention, PIECES and IPAC are each a focus for one month. There are opportunities for learning through guest speakers, attendance at Medical Pharmacies education dinners, in service and huddles. There is a Clinical Lead position to support education, care conference mentorship,

GPA training, and incident follow up. The new corporate Wellness Committee promotes well-being and work life balance for staff. Morale appears healthy and contributes to a culture of caring in the home.

### Priority Process: Episode of Care

Resident/family partnership in care is very evident in this home. There is a wide diversity of ethnicity and special note is made of the initiative to translate documents such as newsletters, open houses and the Emergency Code poster for Cantonese-speaking clients.

Review of case examples during the survey showcased the clinical team's knowledge, expertise and use of best practice guidelines for falls, responsive behaviour, pressure ulcer care, as well as a wide array of complex care needs. Several nurses have certification to use the Picalere Program from Vancouver Coastal Health for wound management. Examples of complex care in this home includes peritoneal dialysis (in the past), gastric feeding, COPD, diabetes, mental health and dementia, prostate, cardiac, brain injury, and ECT and hemodialysis outpatients. The team welcomes new residents and puts the emphasis on their personhood, not their diagnosis. There were examples of advocacy by the clinical team, for example, for a better support device. There was discussion about the use of checklists for processes and the team is encouraged to adopt a practice of reviewing the need to develop checklists for risk activities and to support new practitioners in the field. The Suicide Prevention Policy and Procedure deserves mention for the clear direction given to nurses during a crisis as well as the assessment tools available.

There is a strong partnership with Cambie Older Adult Mental Health Services whose team visits twice a week to support the 25% of residents with mental health needs and contribute to education of staff. Of note is the 'trauma-informed practice' education that has taken place. The Psychiatrist visits weekly to titrate medications.

The Resident and Family Information handbook has well thought through information. For example, the Resident Rights is in appendix but also highlighted in specific detail in the narrative. Resident/family responsibilities are also highlighted. There is an overview of the strategic plan and the schematic of quality of life & care is nicely done. There is resident/family friendly language used such as 'sleep in' breakfast' and 'secured perimeter'.

The lived environment for the residents is warm, friendly and has had some creative enhancements such as wall murals and art. The dining areas are quiet and pleasing and food is used to enhance quality of life through monthly theme days from around the world. The home has purchased a multi-level, adjustable table for residents with different seating heights, an innovation that was showcased at a recent B.C. Care Providers Conference.

### Priority Process: Decision Support

Three Links Care Society has embraced technology to increase efficiency and effectiveness and it is evident that this makes nurses' work much more satisfying. (This was discussed in the Medication Management priority process.) It is commendable that the organization shared with the surveyors a

recently commissioned thorough Privacy Review by a firm and there will be some future development or review of policies and practices. That said, there are policies in place and staff sign-off on confidentiality. Regular audits of the resident records are conducted.

### Priority Process: Impact on Outcomes

The Three Links and Provida Recreation teams have been on a quality improvement journey in the past year to address meaningful activities as well as equitable access of these activities to the residents. There is a Quality Improvement Project Work Plan outlining the quality processes used. Indicators are monitored. The PDSA cycle is used to trial and evaluate new programs and a standard was established to review two activities per month. To date, approximately 20 activities have been evaluated. Key performance indicators are monitored. A vision and goals document was created stating a direction towards Montessori type and individual outcome-based activities. The team has been creative and open to new ideas large and small. There has been added hours to address gaps on the weekends and Wednesday bus outings. The Volunteer team has been very active on this initiative as well and as there are approximately 100 volunteers, the opportunities are endless. All the procedures have been rewritten with excellent guidelines for safety, preparation of equipment and helpful tips. Families and residents were informed and involved in this QI through the Advisory Committees.

Activities attendance is tracked on paper excel and there may be an opportunity to explore an electronic tracking system, such as Activity Pro.

Another clinical Quality Improvement Project Work Plan was the review of treatment of suspect urinary tract infection and use of antibiotics. There was education and involvement in this initiative through pamphlets and dialogue in the Advisory committee. The project resulted in reduced antibiotic use as well as a reduction in inappropriate diagnostic testing.

**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 Medication Safety Committee meets for one hour on a quarterly basis. Minutes are complete and have a standardized agenda. There is very good support for education and training from the Medical Pharmacies partner including dinner speaker sessions on dementia and vaccines. There is a Medical Fellowship program in the home and education is also provided from the physician.

The Catalyst eMar program and MedeDigital pen are well integrated. Momentum electronic documentation is used for the RAI assessments and the documentation for charting will be implemented shortly. Momentum integrates perfectly with the Catalyst eMar system. Back up systems are in place both on site and in the eMar system off site.

There is an excellent Narcotic policy in the Three Links Medication Safety Manual. There is a modern 'mailbox' style narcotic disposal device on the unit with double witness/sign off on disposal. There is also very good direction on independent double check for narcotics and other hi alert medications. The medication rooms are immaculate, roomy and bright. The new medication room is particularly well designed including smart technology for the narcotic key lock cupboard.

Residents with capacity are supported to self-administer some or all of their medications and each resident room has a locked drawer. There is an annual assessment for capacity and safety. Residents are permitted to keep puffers and nitro tablets on their person for urgent use and regular room checks are made by staff for safety.

Medication incidents are addressed in a timely fashion with investigation, analysis, disclosure and follow up on recommendations. Pharmacy discrepancies are reported through electronic system owned by Medical Pharmacies and nurse discrepancies are reported on paper reports for Three Links. The Medical Pharmacies Resource Centre (web based) has reports on incidents overall. As well the centre has reports on audits results, education available and medication information. Audits are very well done both electronically by Medical Pharmacies and independently by the Three Links staff.

The Medication Safety Committee has been working on the reduction of antipsychotics use without a relevant diagnosis and have achieved reductions between 8-15 % with the 2019 goal of 10%. The



Pharmacy also monitors the Beers list. There is support for reduction of antipsychotics in a significant population with mental health diagnoses including education such as PIECES AND GPA as well as the Mental Health case worker Tuesday rounds.

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## Appendix A - Qmentum

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

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

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

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

### Action Planning

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

# Appendix B - Priority Processes

## Priority processes associated with system-wide standards

Priority Process	Description
People-Centred Care	

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