



ACCREDITATION CANADA



*Driving Quality Health Services*

## Executive Summary

**The Perley and Rideau Veterans' Health Centre**

Ottawa, ON

*On-site survey dates: February 3, 2014 - February 6, 2014*

*Report issued: March 28, 2014*



ACCREDITATION CANADA  
AGRÉMENT CANADA

*Driving Quality Health Services*  
*Force motrice de la qualité des services de santé*

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## About the Executive Summary

The Perley and Rideau Veterans' Health Centre (referred to in this report as “the organization”) is participating in Accreditation Canada's Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted in February 2014.

This Executive Summary is an overview of the on-site survey results. More information is available in 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. Any alteration of this Executive Summary compromises the integrity of the accreditation process and is strictly prohibited.

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

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## Section 1 Executive Summary

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

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

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

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

### 1.1 Accreditation Decision

The Perley and Rideau Veterans' Health Centre's accreditation decision is:

Accredited with Commendation (Report)

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

## 1.2 About the On-site Survey

- **On-site survey dates: February 3, 2014 to February 6, 2014**

- **Location**

The following location was assessed during the on-site survey.

- 1 The Perley and Rideau Veterans' Health Centre

- **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 Leadership
- 2 Governance

***Service Excellence Standards***

- 3 Long-Term Care Services
- 4 Medication Management Standards
- 5 Infection Prevention and Control

## 1.3 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 (Working with communities to anticipate and meet needs)	28	1	0	29
 Accessibility (Providing timely and equitable services)	14	1	0	15
 Safety (Keeping people safe)	136	8	18	162
 Worklife (Supporting wellness in the work environment)	47	9	2	58
 Client-centred Services (Putting clients and families first)	33	0	1	34
 Continuity of Services (Experiencing coordinated and seamless services)	8	0	0	8
 Effectiveness (Doing the right thing to achieve the best possible results)	203	12	9	224
 Efficiency (Making the best use of resources)	27	0	0	27
<b>Total</b>	<b>496</b>	<b>31</b>	<b>30</b>	<b>557</b>

## 1.4 Overview by Standards

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

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

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

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

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Governance	43 (97.7%)	1 (2.3%)	0	34 (100.0%)	0 (0.0%)	0	77 (98.7%)	1 (1.3%)	0
Leadership	40 (88.9%)	5 (11.1%)	1	70 (82.4%)	15 (17.6%)	0	110 (84.6%)	20 (15.4%)	1
Infection Prevention and Control	35 (100.0%)	0 (0.0%)	8	37 (97.4%)	1 (2.6%)	2	72 (98.6%)	1 (1.4%)	10
Medication Management Standards	65 (100.0%)	0 (0.0%)	13	53 (88.3%)	7 (11.7%)	4	118 (94.4%)	7 (5.6%)	17
Long-Term Care Services	24 (100.0%)	0 (0.0%)	0	71 (98.6%)	1 (1.4%)	0	95 (99.0%)	1 (1.0%)	0
<b>Total</b>	<b>207 (97.2%)</b>	<b>6 (2.8%)</b>	<b>22</b>	<b>265 (91.7%)</b>	<b>24 (8.3%)</b>	<b>6</b>	<b>472 (94.0%)</b>	<b>30 (6.0%)</b>	<b>28</b>

\* Does not include ROP (Required Organizational Practices)

### 1.5 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>			
Adverse Events Disclosure (Leadership)	Met	3 of 3	0 of 0
Adverse Events Reporting (Leadership)	Met	1 of 1	1 of 1
Client Safety Quarterly Reports (Leadership)	Met	1 of 1	2 of 2
Client Safety Related Prospective Analysis (Leadership)	Met	1 of 1	1 of 1
<b>Patient Safety Goal Area: Communication</b>			
Client And Family Role In Safety (Long-Term Care Services)	Met	2 of 2	0 of 0
Dangerous Abbreviations (Medication Management Standards)	Met	4 of 4	3 of 3
Information Transfer (Long-Term Care Services)	Met	2 of 2	0 of 0
Medication reconciliation as a strategic priority (Leadership)	Met	4 of 4	2 of 2
Medication reconciliation at care transitions (Long-Term Care Services)	Met	5 of 5	0 of 0
Two Client Identifiers (Long-Term Care Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Medication Use</b>			
Antimicrobial Stewardship (Medication Management Standards)	Met	4 of 4	1 of 1
Heparin Safety (Medication Management Standards)	Met	4 of 4	0 of 0
Infusion Pumps Training (Long-Term Care Services)	Met	1 of 1	0 of 0
Narcotics Safety (Medication Management Standards)	Met	3 of 3	0 of 0
<b>Patient Safety Goal Area: Worklife/Workforce</b>			
Client Safety Plan (Leadership)	Unmet	1 of 2	1 of 2
Client Safety: Education And Training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
<b>Patient Safety Goal Area: Infection Control</b>			
Hand-Hygiene Compliance (Infection Prevention and Control)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control)	Met	2 of 2	0 of 0
Infection Rates (Infection Prevention and Control)	Met	1 of 1	3 of 3
Pneumococcal Vaccine (Long-Term Care Services)	Met	2 of 2	0 of 0
<b>Patient Safety Goal Area: Falls Prevention</b>			
Falls Prevention Strategy (Long-Term Care Services)	Met	3 of 3	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
<b>Patient Safety Goal Area: Risk Assessment</b>			
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2

## 1.6 Summary of Surveyor Team Observations

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

The Perley and Rideau Veterans' Health Centre (Perley Rideau) is commended on preparing for and participating in the Qmentum survey program. The continuum of services through which seniors can access care is commendable. Residents and families have indicated satisfaction with their care as is evidenced by the resident staff satisfaction surveys. The staff is committed to providing good care to the residents at the Perley and Rideau Veterans' Health Centre.

The Perley Rideau has a strong, committed and engaged board of directors. The board is knowledgeable about its roles and responsibilities and is committed to the principles of good governance. The recruitment of new board members is formalized and the process focuses on obtaining qualified people to fill roles. The board committees have work plans that are followed throughout the year and the board has a process to evaluate its meetings and members. The strategic plan is closely monitored and great progress in building infrastructure for future programs has been achieved. Planning and designing a continuum of services for seniors has been the focus over the past few years with great success.

A corporate risk assessment has been developed for the organization. There are strong and positive linkages with the community and are fostered by the work of the stakeholder advisory committee, the Foundation, and the Chief Executive Officer.

Community partners are very complimentary of the work of this organization. The Perley and Rideau Veterans' Health Centre is well known, respected, and considered a visionary within the community. The community partners value this organization and the new and improved services for seniors. The Annual Report to the Community is recognized and is considered informative.

The organization has experienced great change since the last accreditation survey. The previous board's succession plan promoted the hiring of the Chief Operating Officer to the role of Chief Executive Officer just four-to-six months ago. This has allowed continuity of leadership to occur during a time period that has involved the merging of new services such as the seniors' apartments, assisted living, and the Guest Home.

The Chief Executive Officer has a strong vision for the organization and is committed to focus on achieving excellence in seniors' care. However, the teamwork of the senior leadership team is not always cohesive and needs to model the values of the organization such as respect and trust. The gap between the management and staff is evident. The organization is encouraged to refocus on excellence in providing resident care, and developing a roadmap to prioritize how to achieve this end result. A new model of leadership with the principles of transparency, openness, teamwork, learning the truth and applying continuous quality improvement is encouraged. This will promote room for decision making, risk taking and growth, and enhance accountability.

Many of the staff have worked at this organization for a number of years. It is evident that they wish to have input into decisions that impact them as well as the desire to have increased communication with their managers. The leadership team has recognized the need to be more visible by commencing "walk and talks" with a safety focus and the Chief Executive Officer has initiated town hall meetings. The organization is encouraged to have an organizational health strategy that addresses worklife and healthy working environments. Staff education is a strength of this organization and is appreciated by the staff. Utilization of evidence based practices is noted in many care processes.

The Family and Friends and Veterans' Councils are very active and engaged. The provision of education to families about various topics is commended. The Family and Friends and Veterans' Councils feel the staff is providing good care. There is a strong psycho-geriatric service that is valued by the staff. The organization is planning to enhance palliative care.

Much progress has been made since the last survey. The organization has developed a communication plan, and updated their website so that it is very user friendly and informative.

The organization has recently developed a policy on the culture of safety. The policy now needs to be operationalized by management. The organization has a plan to develop an integrated quality framework and plan. A corporate risk management plan has been completed and needs to be implemented throughout the organization. Sentinel events are being reported to the board; however, the organization is encouraged to utilize methodology such as root cause analysis to help minimize future events. The organization understands the risk that is faced in regard to the transitioning of Veterans and is actively trying to mitigate this risk.