



**REPORT TO:** Co-Chairs and Members of  
Public Health and Social Services Committee

**SUBJECT:** Seniors Services Accreditation Award 2008-2011

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## **RECOMMENDATION**

That this Committee recommends to Regional Council that this report be received for information.

## **EXECUTIVE SUMMARY**

- The eight Niagara Region long-term care homes underwent a survey by the Canadian Council on Health Services Accreditation (CCHSA) in November 2007 and were awarded the status of “3 year Accreditation, with Report” for 2008 to 2011.
- The Accreditation process involves months of preparation by Seniors Services staff and home-specific Accreditation teams by reviewing the national standards and criteria for long-term care homes, conducting a self assessment, and modifying existing practices, as required, to meet identified national standards for long-term care homes.
- Four CCHSA surveyors from various parts of Canada conducted four full days of surveying, reviewing documentation and interviewing representatives of Regional Council, management, staff, volunteers, residents, family members and community stakeholders.
- A 175-page report, accompanying the 3-year Accreditation award, provides extensive detail on Seniors Services strengths and areas for improvements.
- Staff have 6 months and 12 months to provide a report to the CCHSA on identified safety and risk management issues respectively to satisfy the “report” requirement of the 3-year Accreditation award.

## **FINANCIAL IMPLICATIONS**

The Ministry of Health and Long-Term Care rewards homes that volunteer to be surveyed by the CCHSA through a per diem revenue premium. Seniors Services receives approximately \$115,270 annually, which covers CCHSA membership and survey fees, with the unused balance directed toward quality improvement activities.

## **PURPOSE**

This report summarizes the process of Accreditation, including the survey report highlights and required follow-up actions.

## **BACKGROUND**

The Canadian Council on Health Services Accreditation (CCHSA) is a non-profit organization that establishes national standards for health service organizations, and monitors compliance of organizations that voluntarily participate in its comprehensive survey process. (The CCHSA standards and survey documents on which the Accreditation process is based are available for reference from the office of the Director, Seniors Services).

The objectives for the accreditation survey were;

- To provide a significant learning opportunity to members of the organization regarding quality improvement.
- To receive a survey report that identifies: accomplishments and achievements, areas for improvements, and, areas for possible leadership and innovation.
- To assist in the development of strategic direction in critical areas including: integrated service delivery; interdisciplinary processes; client centred care and service; and enhanced resident/client safety.
- To receive a survey report that assists in providing direction to the organization in the challenge of providing a quality of living for the diverse client group, including very frail elders and a younger population with a range of conditions.
- To provide an opportunity for the organization to focus attention on the issue of enhanced resident/client safety.

## **REPORT**

### Self-Assessment Process

The accreditation process involves approximately eighteen months of preparation on the part of twelve accreditation teams. In addition to a Client Services Team in each of the eight homes, four Divisional teams were established for the areas of Leadership and Partnership, Environment, Human Resources and Information Management. Each team included a range of staff (front-line, middle and senior management) as well as family members, residents and volunteers, as appropriate. Regional Councillors also participated on the Leadership and Partnership Team.

Following training, each team was responsible for the preparation of a lengthy self-assessment document, including gathering of required information and documentation, to support the self-assessment rating for the accreditation standards and criteria.

### Accreditation Survey Process

The CCHSA sent four surveyors for a total of 16 surveyor days from November 25 to 29, 2007 to the eight long-term care homes. The surveyors were highly regarded long-term care professionals from across the country. Working in teams of two, the surveyors interviewed each of the twelve teams, toured each of the homes, met with focus groups of clients/families, community partners and staff, reviewed clinical records and other documentation, and interviewed individual residents and family members. About 200 individuals were involved in the survey process, as members of the twelve self-assessment teams and the focus groups of residents/families, staff and community partners.

### Accreditation Award 2008 - 2011

Following receipt of the surveyors' appraisal and comments, the CCHSA Board considers the information and issues the appropriate award. This accreditation status is in effect for three years until the next full survey. In some cases, certain conditions must be met during the three years to maintain accreditation.

The Seniors Services Division and its eight long-term care homes were granted "Accreditation with report" status. "Accreditation with report" means that the organization will maintain its accreditation status for the full three years, upon submission of two reports within a set time frame outlining its progress on specified issues. In the case of the Region's long-term care homes, the following reports are required:

The first report is due by August 31, 2008, and will address 8 recommendations from the Required Organizational Practices for Patient Safety. Of the 21 Required Organizational Practices, 10 were found to be fully implemented and 3 were not applicable. The

remaining 8 were found to be in development (i.e. while the organization has some activity related to the practice, but has not implemented the practice throughout the organization). None of the Required Organizational Practices were found to be not in place.

Patient Safety was the prime focus of the Accreditation process for this round of surveys. New standards for twenty-one specific organizational practices were introduced as requirements for health care facilities; accordingly, several recommendations for improvement would be expected. From the Seniors Services survey, four of the recommendations relate to infection control and the other four recommendations focus on planning, organizing, educating and reporting about patient safety issues.

The second report is due by February 28, 2009. This report will address 11 recommendations relating to the use of restraints, emergency procedures, formalizing a quality improvement/risk management program and staff performance appraisals.

Other recommendations and suggestions in the report will be addressed during the course of the three years until the next survey.

### Accreditation Report

A comprehensive report is provided by the CCHSA, based on the input of the surveyors, which includes scores for each of the Required Organizational Practices and the standards/criteria, which can be compared to the scores identified by the team. The report summarizes the observations of the surveyors on strengths and areas for improvement, stakeholders' feedback, and their recommendations.

With respect to the successes achieved and challenges faced by the organization, the report identifies significant areas for celebration and for improvement.

### Highlights of the Accreditation Report

The accreditation report contains a great deal of very valuable information. The report outlines progress since the last survey, achievements and areas for improvement, along with detailed reports on feedback from the focus groups, and key findings on strengths and specific areas for improvement for each of the twelve teams.

The following excerpts from the 175-page report reflect the overall content of the report. (Regional Councillors may access a complete copy of the confidential CCHSA Survey Report from the office of the Director, Seniors Services). It should be noted that, with respect to the Client Services Teams, each home team was interviewed about a portion of its services, in a manner organized to ensure that all issues and services were addressed across the eight homes, since policies and procedures are generally consistent across the Division. The comments under each home team are generally applicable to all homes, unless distinct or specific to the site.

### **Leadership and Partnership Team**

(includes members of Regional Council, Corporate staff, Commissioner, Director and Administrators)

- *The organization displays good corporate citizenship*
- *The organization is applauded for its positive response to needs identified for hospice and long-term care beds*
- *Rigorous financial standards are in place, and the Municipality is recognized for contributing to the funding for the homes to offset expenses not adequately covered by the Province.*

### **Environment Team**

(includes managers and front-line staff from all homes)

- *The eight homes are varied in their age and condition...the team is complimented for the initiatives to create home-like environments*
- *The reallocation of existing staff complement toward a dedicated part-time Infection Control Nurse for all eight homes is acknowledged*

### **Human Resources Team**

(includes managers, union executives, front-line staff from Seniors Services and Human Resources)

- *The report acknowledges*
  - *the completion of a second Quality of Work Life survey of all staff*
  - *the practice of requiring criminal reference checks for all staff and pre-employment physical fitness screening for selected staff*
  - *the wide variety of educational opportunities and corresponding financial support for all staff*

### **Information Management Team**

(includes managers and front-line staff)

- *The report acknowledges*
  - *the introduction of electronic resident care documentation*
  - *the comprehensive new employee orientation and mentorship initiative*
  - *use of demographic data to plan services for seniors across Niagara*
  - *the collection of indicator data for benchmarking homes and identifying best practices*

### **Deer Park Villa**

- *Since the previous survey, the team has implemented the Region's wound care protocols, has worked to reduce the use of physical restraints and has commenced implementation of an electronic health record.*

- *This home has improved more than any other Regional home in the rate of influenza vaccinations given to staff in the past year.*
- *The team uses an interdisciplinary approach to care and services. Roles are well defined and well integrated. The use of the electronic health record has provided a recent opportunity to improve integration of documentation.*

### ***Gilmore Lodge***

- *The team has implemented a number of best practice initiatives to improve care in the past three years. These include increasing physiotherapy services, improving recreational services care planning, wound care, skin care, continence care, dementia care, nutritional care and restraint usage.*
- *The team has good linkages and processes in place to support the transfer of residents to another service delivery organization.*
- *The team uses orientation, education, meetings, informal discussions and care conferences to encourage residents and family members to actively participate in service delivery.*

### ***Linhaven***

- *Volunteers, while not part of the formal interdisciplinary team, do participate by taking residents to activities, and other portering. Volunteers also help with feeding, activities, church support, and with activities such as poker, bingo, visiting, fundraising, and gardening. The volunteers have raised over a quarter of a million dollars for the Linhaven site by having many activities such as bowleramas.*
- *Compliments are extended to the team and volunteers for creating therapeutic and attractive outdoor space for the residents, and especially noted are the rose garden and the special care therapeutic park.*
- *The multi-dose medication system serves the residents and staff well. There is good support from pharmacy to the home. The pharmacy completes audits and provides in services to staff. The pharmacist consultant also acts as a resource for ensuring appropriate medications are being ordered.*

### ***The Meadows of Dorchester***

- *Nutrition rounds are conducted once a month, with input from all nursing staff. Decisions are made during nutritional rounds. Weight is monitored on a monthly basis. There is a new system in place to enhance tracking of weights in order to address gaps identified in the previous process and outcomes.*
- *The home promotes staff and community wellness. The team has many health promotion and wellness initiatives. There is also a focus on education and support for staff.*
- *There is a framework in place for dealing with ethics issues. Ethics issues are dealt with as a team and with family involvement. In a recent issue, the residents' values were respected.*

### **Northland Pointe**

- *The team benefits from strong partnerships with the community. Partnerships include the hospital, local schools and the fire department.*
- *Data on wound care are collected for all stages and statistics are reported quarterly. Indicators are used for quality improvement. There has been a decrease in falls following an examination of the causes of the falls. Incidents and near misses are being tracked and action plans are done.*
- *Good communication processes are in place and include the unit planner, shift report and review of high risk areas such as restraints.*

### **Rapelje Lodge**

- *Another quality improvement that has been initiated is the process of unit meetings that are held involving all staff, managers and students and occur on each unit for fifteen minutes each day. This time is spent communicating what is going on throughout the home and doing so has improved inter-team communication.*
- *The home has an active family advisory committee and the latest client satisfaction survey results are being collated and will be presented to that committee as well as to staff.*
- *The team has strong partnerships, including the CCAC, local hospitals and physicians' offices, among others. This assists in procuring all of the information necessary to commence a resident profile, to ensure a good fit with the home and to commence care planning. The team is congratulated on agreeing to pilot the admissions project to ease the transition for the residents.*

### **Upper Canada Lodge**

- *Wound care assessment is in place and a team audit is conducted. Weekly skin care assessments have been implemented and these involve assessing for any skin condition, redness, tears, and so on. Wound statistics are analyzed in the home and reports are sent to the quality council.*
- *Residents' potential health issues are reduced by programs such as heat assessments, the skin care program and mobility assessments.*
- *The ethics policy seems to have assisted staff. The team is working on an ethics issue around smoking and this continues as a work in progress.*

### **The Woodlands of Sunset**

- *A speaker series has been initiated to provide the families with education and more information about subjects for which they express an interest.*
- *The pharmacy has implemented a form for monitoring the use of psychotropic medications. This is very informative and is used for benchmarking. Use of this tool, could assist in reducing the amount of psychotropic drugs in use.*
- *There is a palliative care team that supports and educates staff, family and residents.*

Follow-up Action

In addition to submitting the required reports to the CCHSA, staff will be reviewing the observations on strengths and areas for improvement with relevant staff at all the homes. The information in the Accreditation Report reinforces many existing best practices, and provides suggestions for improvements in identified areas. The Report will also influence the content of the Seniors Services strategic plan and the performance objectives of the managers and staff. Participation in this formal voluntary peer review has contributed to many improvements over the 30 years of Seniors Services involvement and continues to promote leading edge change for the future.

Submitted by:

Approved by:

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