ACCREDITATION
AGRÉMENT
CANADA
Qmentum

Accreditation Report

Réseau de santé Vitalité Health Network

Bathurst, NB

On-site survey dates: June 19, 2022 - June 24, 2022

Report issued: January 5, 2023

About the Accreditation Report

Réseau de santé Vitalité Health Network (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 June 2022. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

This report is confidential and will be treated in confidence by Accreditation Canada in accordance with the terms and conditions as agreed between your organization and Accreditation Canada for the Assessment Program.

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

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

A Message from Accreditation Canada

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

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

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

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

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

Table of Contents

Executive Summary 1

Accreditation Decision 1

About the On-site Survey 2

Overview by Quality Dimensions 6

Overview by Standards 7

Overview by Required Organizational Practices 10

Summary of Surveyor Team Observations 19

Detailed Required Organizational Practices Results 22

Detailed On-site Survey Results 23

Priority Process Results for System-wide Standards 24

Priority Process: Governance 24

Priority Process: Planning and Service Design 26

Priority Process: Resource Management 28

Priority Process: Human Capital 29

Priority Process: Integrated Quality Management 31

Priority Process: Principle-based Care and Decision Making 33

Priority Process: Communication 34

Priority Process: Physical Environment 36

Priority Process: Emergency Preparedness 38

Priority Process: People-Centred Care 39

Priority Process: Patient Flow 42

Priority Process: Medical Devices and Equipment 44

Priority Process Results for Population-specific Standards 45

Standards Set: Population Health and Wellness - Horizontal Integration of Care 46

Service Excellence Standards Results 48

Standards Set: Ambulatory Care Services - Direct Service Provision 50

Standards Set: Biomedical Laboratory Services - Direct Service Provision 53

Standards Set: Cancer Care - Direct Service Provision 55

Standards Set: Community-Based Mental Health Services and Supports - Direct Service Provision 58

Standards Set: Critical Care Services - Direct Service Provision 60

Standards Set: Diagnostic Imaging Services - Direct Service Provision 65
Standards Set: Emergency Department - Direct Service Provision 67
Standards Set: Infection Prevention and Control Standards - Direct Service Provision 73
Standards Set: Inpatient Services - Direct Service Provision 75
Standards Set: Long-Term Care Services - Direct Service Provision 78
Standards Set: Medication Management (For Surveys in 2021) - Direct Service Provision 81
Standards Set: Mental Health Services - Direct Service Provision 84
Standards Set: Obstetrics Services - Direct Service Provision 88
Standards Set: Perioperative Services and Invasive Procedures - Direct Service Provision 90
Standards Set: Point-of-Care Testing - Direct Service Provision 92
Standards Set: Primary Care Services - Direct Service Provision 93
Standards Set: Public Health Services - Direct Service Provision 95
Standards Set: Rehabilitation Services - Direct Service Provision 98
Standards Set: Substance Abuse and Problem Gambling - Direct Service Provision 101
Standards Set: Telehealth - Direct Service Provision 103
Standards Set: Transfusion Services - Direct Service Provision 106

Instrument Results 107

Governance Functioning Tool (2016) 107
Canadian Patient Safety Culture Survey Tool 111
Worklife Pulse 113
Client Experience Tool 115

Appendix A - Qmentum 116

Appendix B - Priority Processes 117

Executive Summary

Réseau de santé Vitalité Health Network (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

Réseau de santé Vitalité Health Network's accreditation decision is:

Accredited (Report)

The organization has succeeded in meeting the fundamental requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: June 19, 2022 to June 24, 2022**

- **Locations**

  The following locations were assessed during the on-site survey. All sites and services offered by the organization are deemed accredited.

1. (Bathurst) Centre de santé mentale communautaire / Community Mental Health Centre
2. (Campbellton) Centre de santé mentale communautaire / Community Mental Health Centre
3. (Caraquet) Centre de santé mentale communautaire / Community Mental Health Centre
4. (Edmundston) Centre de santé mentale communautaire / Community Mental Health Centre
5. (Grand-Sault) Centre de santé mentale communautaire / Community Mental Health Centre
6. (Kedgwick) Centre de santé mentale communautaire / Community Mental Health Centre
7. (Moncton) Centre de santé mentale communautaire / Community Mental Health Centre
8. (Richibucto) Centre de santé mentale communautaire / Community Mental Health Centre (Richicucto)
9. (Shippagan) Centre de santé mentale communautaire / Community Mental Health Centre
10. (Tracadie-Sheila) Centre de santé mentale communautaire / Community Mental Health Centr
11. Centre de santé communautaire de Saint-Isidore Community Health Centre
12. Centre de santé communautaire St.Joseph Community Health Centre
13. Centre de santé de Miscou Health Centre
14. Centre de santé de Paquetville Health Centre
15. Centre de santé de Pointe Verte - Chaleur Health Centre
16. Centre de santé des anciens combattants / Veterans' Health Centre (Moncton)
17. Centre de santé du Grand Moncton
18. Centre de santé Jacquet River Health Centre
19. Centre Hospitalier Restigouche Hospital Centre
20. Centre hospitalier universitaire Dr-Georges-L.-Dumont Univesity Hospital Centre
21. Centre médical régional de Shediac Regional Medical Centre
22. Clinique de santé de Cocagne
23. Clinique médicale du Haut-Madawaska

24. Clinique médicale E. L. Murray
25. Clinique médicale Kedgwick
26. Clinique médicale Saint-Quentin
27. Clinique médicale Ste-Anne (Centre de santé Dr-Chanel-Dupuis)
28. Clinique pédiatrique (Dieppe)
29. Équipe enfants-jeunes (Campbellton) Centre de santé mentale communautaire / Community Health Centre
30. Équipe enfants-jeunes (Caraquet) Centre de santé mentale communautaire / Community Me Health Centre
31. Équipe enfants-jeunes (Shippagan) Centre de santé mentale communautaire / Community M Health Centre
32. Équipe enfants-jeunes (Tracadie-Sheila) Centre de santé mentale communautaire / Communi Mental Health Centre
33. Équipe enfants-jeunes Bureau Mill Road (Moncton)
34. Équipe enfants-jeunes Polyvalente A.J.S (St Quentin)
35. Équipe enfants-jeunes Polyvalente C.D.J (Edmundston)
36. Équipe enfants-jeunes Polyvalente E.S.N. (Bathurst)
37. Équipe enfants-jeunes Polyvalente L.J.R (Shediac)
38. Équipe enfants-jeunes Polyvalente M.F.R (Saint-Louis de Kent)
39. Équipe enfants-jeunes Polyvalente T.A. (Grand Sault)
40. Hôpital de l'Enfant-Jésus RHSJ† Hospital
41. Hôpital de Tracadie-Sheila Hospital
42. Hôpital et Centre de santé communautaire de Lamèque Hospital and Community Health Cent
43. Hôpital général de Grand-Sault / Grand Falls General Hospital
44. Hôpital régional Chaleur Regional Hospital
45. Hôpital régional d'Edmundston Regional Hospital
46. Hôpital régional de Campbellton Regional Hospital
47. Hôpital Stella-Maris-de-Kent Hospital
48. Hôtel-Dieu St-Joseph de Saint-Quentin
49. Santé publique (Bathurst) Public Health
50. Santé publique (Campbellton) Public Health
51. Santé publique (Caraquet) Public Health
52. Santé publique (Edmundston) Public Health

53. Santé publique (Grand-Sault) Public Health
54. Santé publique (Kedgwick) Public Health
55. Santé publique (Moncton) Public Health
56. Santé publique (Richibucto) Public Health
57. Santé publique (Sackville) Public Health
58. Santé publique (Shediac) Public Health
59. Santé publique (Shippagan) Public Health
60. Santé publique (Tracadie-Sheila) Public Health
61. Services de traitement des dépendances / Addiction Services (Bathurst)
62. Services de traitement des dépendances / Addiction Services (Edmundston)
63. Services de traitement des dépendances / Addiction Services (Tracadie)
64. Services régionaux de traitement des dépendances / Regional Addiction Services (Campbellto
65. Siège social - Réseau de santé Vitalité

- **Standards**

The following sets of standards were used to assess the organization's programs and services during the on-site survey.

System-Wide Standards

1. Governance
2. Infection Prevention and Control Standards
3. Leadership

Population-specific Standards

4. Population Health and Wellness

Service Excellence Standards

5. Ambulatory Care Services - Service Excellence Standards
6. Biomedical Laboratory Services - Service Excellence Standards
7. Cancer Care - Service Excellence Standards
8. Community-Based Mental Health Services and Supports - Service Excellence Standards
9. Critical Care Services - Service Excellence Standards
10. Diagnostic Imaging Services - Service Excellence Standards
11. Emergency Department - Service Excellence Standards
12. Inpatient Services - Service Excellence Standards
13. Long-Term Care Services - Service Excellence Standards

14. Medication Management (For Surveys in 2021) - Service Excellence Standards
15. Mental Health Services - Service Excellence Standards
16. Obstetrics Services - Service Excellence Standards
17. Perioperative Services and Invasive Procedures - Service Excellence Standards
18. Point-of-Care Testing - Service Excellence Standards
19. Primary Care Services - Service Excellence Standards
20. Public Health Services - Service Excellence Standards
21. Rehabilitation Services - Service Excellence Standards
22. Reprocessing of Reusable Medical Devices - Service Excellence Standards
23. Substance Abuse and Problem Gambling - Service Excellence Standards
24. Telehealth - Service Excellence Standards
25. Transfusion Services - Service Excellence Standards

- **Instruments**

The organization administered:

1. Worklife Pulse
2. Canadian Patient Safety Culture Survey Tool
3. Governance Functioning Tool (2016)
4. Client Experience Tool

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)	111	4	0	115
Accessibility (Give me timely and equitable services)	151	8	0	159
Safety (Keep me safe)	822	35	21	878
Worklife (Take care of those who take care of me)	185	10	1	196
Client-centred Services (Partner with me and my family in our care)	577	46	2	625
Continuity (Coordinate my care across the continuum)	134	1	2	137
Appropriateness (Do the right thing to achieve the best results)	1318	66	7	1391
Efficiency (Make the best use of resources)	80	2	0	82
Total	**3378**	**172**	**33**	**3583**

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	50 (100.0%)	0 (0.0%)	0	36 (100.0%)	0 (0.0%)	0	86 (100.0%)	0 (0.0%)	0
Leadership	50 (100.0%)	0 (0.0%)	0	94 (97.9%)	2 (2.1%)	0	144 (98.6%)	2 (1.4%)	0
Infection Prevention and Control Standards	40 (100.0%)	0 (0.0%)	0	31 (100.0%)	0 (0.0%)	0	71 (100.0%)	0 (0.0%)	0
Population Health and Wellness	4 (100.0%)	0 (0.0%)	0	33 (94.3%)	2 (5.7%)	0	37 (94.9%)	2 (5.1%)	0
Medication Management (For Surveys in 2021)	88 (91.7%)	8 (8.3%)	4	43 (91.5%)	4 (8.5%)	3	131 (91.6%)	12 (8.4%)	7
Ambulatory Care Services	43 (93.5%)	3 (6.5%)	1	76 (97.4%)	2 (2.6%)	0	119 (96.0%)	5 (4.0%)	1
Biomedical Laboratory Services **	72 (100.0%)	0 (0.0%)	0	104 (99.0%)	1 (1.0%)	0	176 (99.4%)	1 (0.6%)	0
Cancer Care	98 (97.0%)	3 (3.0%)	0	117 (96.7%)	4 (3.3%)	7	215 (96.8%)	7 (3.2%)	7

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Community-Based Mental Health Services and Supports	44 (97.8%)	1 (2.2%)	0	94 (100.0%)	0 (0.0%)	0	138 (99.3%)	1 (0.7%)	0
Critical Care Services	57 (95.0%)	3 (5.0%)	0	103 (98.1%)	2 (1.9%)	0	160 (97.0%)	5 (3.0%)	0
Diagnostic Imaging Services	66 (97.1%)	2 (2.9%)	0	63 (92.6%)	5 (7.4%)	1	129 (94.9%)	7 (5.1%)	1
Emergency Department	63 (87.5%)	9 (12.5%)	0	99 (92.5%)	8 (7.5%)	0	162 (90.5%)	17 (9.5%)	0
Inpatient Services	57 (95.0%)	3 (5.0%)	0	83 (97.6%)	2 (2.4%)	0	140 (96.6%)	5 (3.4%)	0
Long-Term Care Services	39 (69.6%)	17 (30.4%)	0	81 (82.7%)	17 (17.3%)	1	120 (77.9%)	34 (22.1%)	1
Mental Health Services	43 (86.0%)	7 (14.0%)	0	89 (96.7%)	3 (3.3%)	0	132 (93.0%)	10 (7.0%)	0
Obstetrics Services	69 (97.2%)	2 (2.8%)	2	87 (98.9%)	1 (1.1%)	0	156 (98.1%)	3 (1.9%)	2
Perioperative Services and Invasive Procedures	114 (99.1%)	1 (0.9%)	0	105 (96.3%)	4 (3.7%)	0	219 (97.8%)	5 (2.2%)	0
Point-of-Care Testing **	38 (100.0%)	0 (0.0%)	0	48 (100.0%)	0 (0.0%)	0	86 (100.0%)	0 (0.0%)	0
Primary Care Services	49 (83.1%)	10 (16.9%)	0	88 (98.9%)	1 (1.1%)	2	137 (92.6%)	11 (7.4%)	2
Public Health Services	46 (97.9%)	1 (2.1%)	0	65 (94.2%)	4 (5.8%)	0	111 (95.7%)	5 (4.3%)	0
Rehabilitation Services	37 (82.2%)	8 (17.8%)	0	66 (83.5%)	13 (16.5%)	1	103 (83.1%)	21 (16.9%)	1
Reprocessing of Reusable Medical Devices	83 (98.8%)	1 (1.2%)	4	40 (100.0%)	0 (0.0%)	0	123 (99.2%)	1 (0.8%)	4
Substance Abuse and Problem Gambling	46 (100.0%)	0 (0.0%)	0	82 (100.0%)	0 (0.0%)	0	128 (100.0%)	0 (0.0%)	0

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Telehealth	49 (94.2%)	3 (5.8%)	0	87 (97.8%)	2 (2.2%)	0	136 (96.5%)	5 (3.5%)	0
Transfusion Services **	70 (98.6%)	1 (1.4%)	5	68 (100.0%)	0 (0.0%)	1	138 (99.3%)	1 (0.7%)	6
Total	**1415 (94.5%)**	83 (5.5%)	16	1882 (96.1%)	77 (3.9%)	16	3297 (95.4%)	160 (4.6%)	32

* Does not includes ROP (Required Organizational Practices)
** Some criteria within the standard sets were pre-rated based on your organization's accreditation through the Quality Management Program – Laboratory Services (QMP-LS) program managed by Accreditation Canada Diagnostics

Overview by Required Organizational Practices

A Required Organizational Practice (ROP) is an essential practice that an organization must have in place to enhance client safety and minimize risk. Each ROP has associated tests for compliance, categorized as major and minor. All tests for compliance must be met for the ROP as a whole to be rated as met.

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Safety Culture			
Accountability for Quality (Governance)	Met	4 of 4	2 of 2
Patient safety incident disclosure (Leadership)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient safety quarterly reports (Leadership)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Communication			
Client Identification (Ambulatory Care Services)	Met	1 of 1	0 of 0
Client Identification (Biomedical Laboratory Services)	Met	1 of 1	0 of 0
Client Identification (Cancer Care)	Met	1 of 1	0 of 0
Client Identification (Critical Care Services)	Met	1 of 1	0 of 0
Client Identification (Diagnostic Imaging Services)	Met	1 of 1	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client Identification (Emergency Department)	Met	1 of 1	0 of 0
Client Identification (Inpatient Services)	Met	1 of 1	0 of 0
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Client Identification (Mental Health Services)	Met	1 of 1	0 of 0
Client Identification (Obstetrics Services)	Met	1 of 1	0 of 0
Client Identification (Perioperative Services and Invasive Procedures)	Met	1 of 1	0 of 0
Client Identification (Point-of-Care Testing)	Met	1 of 1	0 of 0
Client Identification (Rehabilitation Services)	Met	1 of 1	0 of 0
Client Identification (Substance Abuse and Problem Gambling)	Met	1 of 1	0 of 0
Client Identification (Transfusion Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Ambulatory Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Cancer Care)	Met	4 of 4	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Information transfer at care transitions (Community-Based Mental Health Services and Supports)	Met	4 of 4	1 of 1
Information transfer at care transitions (Critical Care Services)	Unmet	4 of 4	0 of 1
Information transfer at care transitions (Emergency Department)	Unmet	4 of 4	0 of 1
Information transfer at care transitions (Inpatient Services)	Unmet	4 of 4	0 of 1
Information transfer at care transitions (Long-Term Care Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Mental Health Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Obstetrics Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	1 of 1
Information transfer at care transitions (Rehabilitation Services)	Met	4 of 4	1 of 1
Information transfer at care transitions (Substance Abuse and Problem Gambling)	Met	4 of 4	1 of 1
Medication reconciliation as a strategic priority (Leadership)	Met	3 of 3	2 of 2
Medication reconciliation at care transitions (Ambulatory Care Services)	Unmet	0 of 5	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Cancer Care)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Community-Based Mental Health Services and Supports)	Met	3 of 3	1 of 1
Medication reconciliation at care transitions (Critical Care Services)	Unmet	1 of 4	0 of 0
Medication reconciliation at care transitions (Emergency Department)	Unmet	0 of 1	0 of 0
Medication reconciliation at care transitions (Inpatient Services)	Unmet	0 of 4	0 of 0
Medication reconciliation at care transitions (Long-Term Care Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Mental Health Services)	Unmet	1 of 4	0 of 0
Medication reconciliation at care transitions (Obstetrics Services)	Met	4 of 4	0 of 0
Medication reconciliation at care transitions (Perioperative Services and Invasive Procedures)	Met	4 of 4	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Medication reconciliation at care transitions (Rehabilitation Services)	Unmet	3 of 4	0 of 0
Medication reconciliation at care transitions (Substance Abuse and Problem Gambling)	Met	3 of 3	1 of 1
Safe Surgery Checklist (Obstetrics Services)	Met	3 of 3	2 of 2
Safe Surgery Checklist (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
The “Do Not Use” list of abbreviations (Medication Management (For Surveys in 2021))	Unmet	4 of 4	1 of 3
Patient Safety Goal Area: Medication Use			
Antimicrobial Stewardship (Medication Management (For Surveys in 2021))	Met	4 of 4	1 of 1
Concentrated Electrolytes (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
Heparin Safety (Medication Management (For Surveys in 2021))	Met	4 of 4	0 of 0
High-Alert Medications (Medication Management (For Surveys in 2021))	Met	5 of 5	3 of 3
Infusion Pumps Training (Ambulatory Care Services)	Met	4 of 4	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
Infusion Pumps Training (Cancer Care)	Met	4 of 4	2 of 2
Infusion Pumps Training (Critical Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Emergency Department)	Met	4 of 4	2 of 2
Infusion Pumps Training (Inpatient Services)	Unmet	3 of 4	2 of 2
Infusion Pumps Training (Long-Term Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Mental Health Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Obstetrics Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Perioperative Services and Invasive Procedures)	Met	4 of 4	2 of 2
Infusion Pumps Training (Rehabilitation Services)	Met	4 of 4	2 of 2
Narcotics Safety (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0
Patient Safety Goal Area: Worklife/Workforce			
Client Flow (Leadership)	Met	7 of 7	1 of 1
Patient safety plan (Leadership)	Met	2 of 2	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Patient 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
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Cancer Care)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Critical Care Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Inpatient Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Long-Term Care Services)	Met	5 of 5	1 of 1
Falls Prevention Strategy (Mental Health Services)	Met	2 of 2	1 of 1

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Obstetrics Services)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Perioperative Services and Invasive Procedures)	Met	2 of 2	1 of 1
Falls Prevention Strategy (Rehabilitation Services)	Met	2 of 2	1 of 1
Pressure Ulcer Prevention (Cancer Care)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Critical Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Inpatient Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Long-Term Care Services)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2
Pressure Ulcer Prevention (Rehabilitation Services)	Met	3 of 3	2 of 2
Suicide Prevention (Community-Based Mental Health Services and Supports)	Met	5 of 5	0 of 0
Suicide Prevention (Emergency Department)	Met	5 of 5	0 of 0
Suicide Prevention (Long-Term Care Services)	Unmet	3 of 5	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Risk Assessment			
Suicide Prevention (Mental Health Services)	Met	5 of 5	0 of 0
Suicide Prevention (Substance Abuse and Problem Gambling)	Met	5 of 5	0 of 0
Venous Thromboembolism Prophylaxis (Cancer Care)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Critical Care Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Inpatient Services)	Met	3 of 3	2 of 2
Venous Thromboembolism Prophylaxis (Perioperative Services and Invasive Procedures)	Met	3 of 3	2 of 2

Summary of Surveyor Team Observations

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

Observations team 2022
Réseau de santé Vitalité Health Network is the only network in the Atlantic provinces to have a Francophone designation. It spreads over four geographic zones in the north and southeast, including: the Beauséjour Zone (health region 1), the Northwest Zone (health region 4), the Restigouche Zone (health region 5) and the Acadie-Bathurst Zone. (health region 6). Coincidentally, during our on-site review, which took place between June 19 and 24, 2022, the Vitalité Network Board of Directors also held its annual general meeting to inform the population of the activities and results obtained during the previous year.
The network has an annual budget of 849 M, with 7737 employees and 560 physicians who serve the more than 60 points of service. The organization relies on 800 volunteers. Since the last on-site review in 2017, there have been several improvement actions that have contributed to the safe provision of care. Among the accomplishment are the implementation of the referral plan for non-emergency cases from the emergency department to the community, the single-session therapy model (Mental Health Services), as well as physical improvements.
(Ex.: Campbellton URDM [Unité de retraitement des dispositifs médicaux (Medical Device Reprocessing Unit)], CHDGLD [Centre hospitalier universitaire Dr-Georges-L.-Dumont (Dr. Georges-L.-Dumont University Hospital Centre)] block), the distinction of the Edmundston Regional Hospital [HRE, Hôpital régional d'Edmundston] within the framework of "Choisir avec soin" [Choosing with care], to name a few.

Board of directors
The board of directors was recently renewed. From the 15 members, 11 have prior experience on the board of directors of a health network. For the governance component, the chairman of the board of directors is in office on an interim basis and there has been a new chairwoman and Chief Executive Officer for more than a year.
The activities of the board of directors are carried out according to sound governance, with regulations and processes that allow for honest discussion, as well as for the monitoring of conflicts of interest. The relationship between governance and the general management is clear. The management team and the board of directors are concerned with communicating regularly and effectively with the organization's stakeholders in order to achieve a healthy collaboration. board members take the organization's values into account when rendering a decision, and oversee the updating of the strategic plan, as well as financial and performance issues. The monitoring of the strategic plan is ensured by a quarterly dashboard with the monitoring of operational plans in order to ensure the alignment with the identified objectives. The Regional Health and Business Plan was presented to the Minister for the 2021-2024 period and the board is ensuring alignment with provincial health priorities.

Community and partners
The organization is well aware of the needs of the community. Through the years, the facilities have forged business partnerships that meet the needs of the health care facilities of the territory. The new team on the board of directors has reinforced these links by immediately being in participation mode to review the trajectories of patients and to analyze the offer of optimal services. Efforts will continue. Our exchanges with

the partners indicate that the approach has been successful because partners have listened and they are motivated to collaborate. The extent of the collaboration reaches major institutions, such as government departments, municipalities, and other departments involved in the continuation of the service for the population. However, realistically, the element of the ageing of the population and everything associated with that is a significant challenge. At the other extreme, the young-child population sector also shows an increase in needs for psychosocial assistance and the scarceness of resources gives rise to dissatisfaction among the population. That said, we urge the facility to continue and intensify this collaboration so as to support the service offering of the network. Different links have been established, both with health network partners and the community. This partnership ensures support for patients and their families. Examples of this are working with the Canadian Mental Health Association, the Foetal Alcohol Spectrum Disorder Centre of Excellence, and community committees, to name a few.

The management

The past two years have put to test the adaptability of the network to a health crisis. The scale of the crisis and the several guidelines required a commitment from the field teams, but also a great effort from the management team. All departments tried to maintain a service offer in partnership with the management team. Among the achievements, we note: the establishment of strategic governance with an integrated performance management view, the establishment of a measurement culture through follow-up with "whiteboards," the use of action plan with indicators to be achieved. A sustained effort will be important to allow managers to assimilate the measurement culture, which involves communicating the results to the teams. The support of managers in the local management is a path to explore and maintain in order to sustain the achievements. Other major challenges are still there, including the harmonization of information management systems and the upgrading of certain facilities.

Staffing and worklife quality

Staffing is a major challenge. In a context of widespread shortage and scarcity of labour in several sectors. It is becoming increasingly difficult to fill the positions that are posted. The situation is reaching the point of removing beds due to a lack of staff.

The organization is encouraged to continue its efforts and to be innovative in order to attract, maintain, and develop employment within the Vitalité organization. The organization is commended for the three-pronged approach to patient care. It will also be necessary to review the scope of tasks of the different jobs to analyze what can be done to continue to provide quality care to the population that is served.

As for the aspect of the quality of worklife, the organization is concerned about the importance of well-being in the workplace and is proactive with the development of a policy that will take into account several aspects, such as recognition, work-life balance, and the action plan following the quality of worklife survey (Pulse). These retention activities will be put forward in the short term, given the context. A prevention program for workplace violence is also in place.

Training activities are held with the support of E-Learning and are correlated to the objectives of the strategic plan.

The delivery of care and services

There is the constant concern to put the patient in the right place, at the right time. Complexity arises due to the extent of the territory and the low population density, which raises the issue of accessibility. There are efforts to implement new trajectories, established in collaboration with stakeholders and the contribution of partner patients, to meet the needs of patients.

The theme of reviewing the continuums of care and services was identified as an issue during the last on-

site review of 2017. At the clinical level, the weaknesses are known, in particular with regard to the progress of patients at the end of acute care and the patients of mental health services. In both cases, the symptom is in the emergency department with high occupancy rates and overflow. A concerted and systemic approach with the other departments that gravitate around the services delivered to this type of patient will be necessary.

Customer satisfaction

Several satisfaction surveys are collected from customers. The results are distributed to the teams. In addition, the Vitalité network has seen an increase in the number of partner patients since the last visit. The next step is to include them, not only in consultation committees, but also in the decision-making committees.

The patients we met told us about their satisfaction with the services. The participants highlight the politeness and warmth of the caregivers. They share a feeling of safety about the environment. The view seeking that the clientele feels respected and well supported by competent, dedicated, and respectful staff allows us to focus on a mutual aid and humane approach in the delivery of the services.

Detailed Required Organizational Practices

Each ROP is associated with one of the following patient safety goal areas: safety culture, communication, medication use, worklife/workforce, infection control, or risk assessment.

This table shows each unmet ROP, the associated patient safety goal, and the set of standards where it appears.

Unmet Required Organizational Practice	Standards Set
Patient Safety Goal Area: Communication	
Information transfer at care transitions Information relevant to the care of the client is communicated effectively during care transitions.	· Inpatient Services 10.16 · Emergency Department 12.16 · Critical Care Services 9.23
The "Do Not Use" list of abbreviations A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.	· Medication Management (For Surveys in 2021) 15.6
Medication reconciliation at care transitions Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.	· Emergency Department 10.5 · Ambulatory Care Services 8.5 · Rehabilitation Services 8.5 · Critical Care Services 8.6 · Mental Health Services 8.6 · Inpatient Services 9.7
Patient Safety Goal Area: Medication Use	
Infusion Pumps Training A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.	· Inpatient Services 3.8
Patient Safety Goal Area: Risk Assessment	
Suicide Prevention Clients are assessed and monitored for risk of suicide.	· Long-Term Care Services 8.9

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
ROP	Required Organizational Practice
MAJOR	Major ROP Test for Compliance
MINOR	Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

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

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

Priority Process: Governance

Meeting the demands for excellence in governance practice.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

GOVERNANCE
Réseau de santé Vitalité Health Network is one of two regional health authorities in New Brunswick established under the Regional Health Authorities Act. The organization has chosen the slogan “Together, to achieve a healthy population.” The strategy revolves around two specific orientations: optimizing the health and well-being of the population and fostering the participation of patients, clients, and their loved ones in the improvement of ongoing and integrated care and services. There are four intervention areas in particular: human capital, partners, infrastructure, and organizational culture.
The board is composed of fifteen members with voting rights, including seven members appointed by the Minister and eight members elected by the population. Currently, most members are on their first term. The Chairman of the Board is in office ad interim. The new Chairwoman and Chief Executive Officer (CEO), the Chairman of the Professional Advisory Committee, and the Chairman of the Medical Advisory Committee are present, but do not have voting rights.
The board of directors is governed by operating regulations and there is a signature for the commitment of board members to the declaration of conflicts of interest. There are formal assessments conducted on the operating process and several elements of the principles of good governance are followed.
The board of directors is preparing to take actions to renew the strategic guidelines, which will end in 2023. It is dynamic and mobilized. It is well aware of its role in the governance and is eager to provide the population with the services required and adapted to their needs. Together with the CEO, it assumed a certain leadership in relation to the quality of care, services, and safety for health services users. The board receives quarterly reports on quality indicators, risk management, care safety, and the monitoring of various clinical indicators. Directors receive regular activity reports on operations, as well as financial and clinical data. They state that they are well prepared to make decisions. The board ensures in a regular manner its role in terms of the allocation of resources and finances.
Among the challenges of the organization is maintaining the ability to provide adequate infrastructure to the organization to fulfil its mandates. The development towards person-centred care, which is progressively being rolled out in the facilities, is also part of the commitments of the board. Governance must ensure that it maintains an organizational structure allowing to fulfil all its mandates, beyond the people and to take into account the trajectories of patients to ensure the continuum of service. This challenge, affecting care continuity, is still significant because the patient's trajectory is under the governance of various ministerial

authorities, which add complexity to the effectiveness of having the patient in the right place, at the right time, with the appropriate services required for his state of health.

The problem of human resources is known and a strategic plan specific to this challenge was prepared.

Priority Process: Planning and Service Design

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
6.5 Formal strategies or processes are used to manage change.	

Surveyor comments on the priority process(es)

Service planning and design
The Vitalité Network has developed strategic orientations for 2020-2023. The board of directors, general management, and management teams work together to carry out their mission, vision, organizational values, and commitments.
The organization has access to population data concerning the state of health thereof. These data are used to have programs that meet the needs of the population.
Management is urged to continue its strategic planning work for the next period and to project itself into the future, on the strength of the experience from the pandemic, lived through for over 2 years. The services offered are evaluated and adjustments are made based on the results of the evaluation. The patient's trajectory must be the subject of continuous monitoring, because it is interdependent with other actors for the granting of a continuum of the service to the population. We highlight the initiative in a sector to have physicians to care for patients at the end of acute care and who are assigned to the management of these patients. Also, in community mental health services for children and youth with the introduction of the single session therapy (SST) model. It is also necessary to highlight the effort made by the organization, to find solutions for work organization, for example, the three-pronged approach for the hospital services.
There are several complementary external partnerships so that the clinical trajectory of patients who have received intra-hospital services can benefit from them in their community. However, there is work to be done to ensure that the patient's trajectory can be a continuum of the services within an uninterrupted chain of care. Indeed, without a relay in the continuity of services necessary to complete their recovery, the patient is always at risk of finding themselves asking for care at the emergency department or not leaving the hospital. The consultation of all the forces, internal and external, should be privileged in the interest of the patient.
Operational monitoring is done at the management committee through a scoreboard mechanism with monitoring indicators. The operational plans are properly aligned with the strategic axes and specify the actions, deadlines, and responsible people. This monitoring information is brought to the attention of the board of directors.
The organization is aware of the innovation issue and the contribution that a computerized patient file can have, and allowing a rapid flow of information that can make rendering a decision easier. Also in the technology section, there is the introduction of the use of new types of tools to extrapolate useful information for the medical and administrative section (Power BI). We urge the institution to continue this

implementation and to extend this approach to all sectors of activity so as to allow its full appropriation. In order to ensure the safety and continuity of operations in the institution, the management team recognizes that, with the changes in the social, political environment and the current context, managing change is important. This aspect is still one of the mobilization conditions for the management team in order to have a mobilizing effect for all employees and partners.

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)

RESOURCE MANAGEMENT
Budget planning and development priorities are set in line with the orientations of the strategic plan. There is a formal process for planning and managing budgetary resources between the administrative services and the management team. Planning begins in September to take into account the objectives for the coming year, anticipated costs, income. There is then a simulation to adjust the projections. A first budget letter comes around February. It is important to understand that the plan submitted to the Ministry of Health is for three years, but that it is reviewed every year.
The budget cycle (operating budget and equipment-capital budget) is well defined and rigorously managed. The allocation of resources is based on well-established criteria and takes into account clinical and strategic priorities. There are internal audits to verify compliance with the laws and regulations governing resource management. Periodic budget reports (every month) allow to follow the evolution of supply and demand for services, as well as to carry out a detailed analysis of the differences observed, with the proper corrective measures, if necessary, in particular according to changes in demand for services. The board of directors approves the budgets and monitors them regularly during its regular meetings.
There is a close financial control of the use of resources, which does not prevent making adjustments when justified. Managers in charge of procurement and supplies are supervised by regulations applicable to the procurement policy. The regulations clearly indicate the amounts requiring special authorizations and procedures. The Vitalité Network, in collaboration with Service New Brunswick and another partner in Ontario, proceeds to grouped purchases or pre-qualified suppliers to maximize purchasing power.
In terms of fixed assets, several major projects have been carried out in recent years, within the budget forecasts established by the department for major works (over $2 million).
With regard to information resources, there is the issue of innovation in certain sectors. At the clinical level, the facility does not yet have a single computerized file system. The process is moving forward slowly because this is a provincial file and it is led by Service New Brunswick. In this context, SNB owns the container, infrastructure, and information security.
Vitalité is responsible for software purchases. Some sectors are computerized, but the lack of interconnectivity forces the use of a hybrid system.

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)

HUMAN CAPITAL
The organization is committed to providing a healthy and safe worklife. One of the catalysts of the strategic orientations relates to the human resources component and the objective of developing and implementing a strategy for team well-being and retention. There is an active workplace wellness committee at Vitalité Network and promotes the 13 factors of psychological health and safety in the workplace (PH&S), which is the standard used by many organizations in Canada. The Standard provides a comprehensive framework to help all types of organizations direct their current and future efforts to achieve an optimal return on their investments. We urge the organization to continue this work, which could lead to actions to move from a rational policy to a practice. In addition, with a perspective of prevention, the organization is urged to prepare managers to recognize the warning signs of psychological stress that may be present among the various parties who provide services and care to the Vitalité Network.
A policy on the prevention of worklife violence was revised in 2021. It refers to threats from a patient or a colleague and specifies the preventive axes, as well as the mechanisms for coaching victims and for investigating. Awareness was raised since the date the policy was introduced with an insert available and accessible on the intranet. Discussions with caregivers in the field have shown that some of them know these mechanisms, but it is necessary to continue raising awareness on this subject. We urge the institution to intensify its communication strategies in this regard.
The various function sheets are prepared clearly indicating the roles and responsibilities and the hierarchical affiliation. Various strategies are being developed to help staff take charge of their health and to help balance work and personal life. There is no policy on work-life balance, however, this aspect will be included in the policy on well-being at work. In addition, accommodations are considered by analyzing each request. It is important to underline the initiatives deployed during the COVID-19 pandemic in order to contribute to the well-being of employees who are in high demand during this period.
The employee files consulted contained certificates of professional membership and licensure, where applicable. The undertaking to comply with the policy to prevent violence and harassment in the workplace and the commitment to confidentiality that is signed during each performance review. There is a criminal record check before hiring. The location of employee files is secure and respects confidentiality. Recruitment is done according to the established standards for the job positions concerned. The human resources department collaborates with the departments to facilitate the processes and to manage all the administrative aspects of the hiring. This aspect is still a constant challenge for the organization and they are studying strategies for reviewing the tasks performed by the various job positions. There is a structured welcome program for employees. The organization is urged to review the employee recognition component, taking into consideration the changing intergenerational context. Furthermore, we urge it to harmonize the frequency of performance evaluations throughout the Vitalité Network.
On-the-job training is also available, whether for patient safety, for the implementation of new practices, or simply on a personal basis according to professional aspirations. Different types of training are accessible via the E-learning platform. An inventory of training needs is also carried out with managers.

Annual training on patient safety is given to employees with specific subjects for each year. An awareness campaign on vaccination against COVID was carried out. There are policies affecting other types of vaccination within the Vitalité Network.
Several indicators are monitored and analyzed by human resources and then submitted to the board of directors. At this point, the organization is urged to use SMART (specific, measurable, achievable, relevant and time-bound) goals to enable tracking toward goal achievement.

Priority Process: Integrated Quality Management

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

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
3.8 The spread and sustainability of quality improvement results is promoted and supported.	

Surveyor comments on the priority process(es)

INTEGRATED QUALITY AND RISK MANAGEMENT
The Vitalité Network organization has adopted a guide for continuous quality and safety improvement. The Guide is inspired by the 5 goals (person-centred care; safe care; accessible care; appropriate care; integrated care) of the Canadian framework on care quality and patient safety. The guide allows to formalize the accountability structure and set up the Quality-Safety teams. We urge the organization to take up the "pilgrim's staff" to disseminate information to the teams so that they integrate the identified improvement actions to make them responsible for the collective effort to be made in achieving the safe delivery of care. In this same view, we strongly urge it to continue implementing the LEAN strategy in all sectors with control rooms (strategic, tactical, and operational).
This approach should ensure the integration into management and daily operations of the continuous quality, safety, and performance improvement process.
The concept of the caucus and its presence in some units offer a space for exchange and discussion, the main objective of which is to improve the quality of the care provided and patient safety. This is an innovative action, which will certainly contribute to the quality culture. We urge the organization to disseminate this initiative with support for the teams to ensure the right approach. Always in view of innovation, the future deployment of the Power BI software will provide a real situation report and will allow more accurate decisions, in particular in relation to the follow-up of cases at the end of acute care and the planning of discharge.
Even if this is not a specific quality mandate, an effort is still desirable to continue harmonizing the policies and procedures for the organization to allow having the right policies with the latest proof to properly ensure the safety and quality of the actions taken on a daily basis.
The reporting and disclosure policy is updated and a new computer tool makes the incident/accident reporting process more user-friendly. Resources are allocated to provide the quality department with several quality experts and risk managers who act as consultants throughout the institution. Reports of adverse events are systematically analyzed and feedback is provided.
The component of patient dissatisfaction analysis is included in the same direction. It is still clear that complaints and the follow-up to their analysis are an element that adds to the lever for continuous improvement and care safety.
A patient safety plan has been developed and is being monitored in the four identified quality dimensions. The organization is urged to ensure its appropriation and implementation and to review the identification of objectives using a SMART approach. Furthermore, we believe that the transversal approach with the

implemented medical component can bring constructive results and we urge it to maintain it. Quarterly reports (follow-up: accreditation, complaint management, adverse events, patient satisfaction, among others) are submitted by the committee and sent to the board of directors.
The institution has already started with the concept of the patient experience and, in its strategic orientations, it included the importance of the partner patient in the various advisory and decision-making committees. Prospective analyses are carried out by the quality service, which contributes to the risk assessment for patients. Several quality audits are carried out annually on several subjects, and there is feedback from the teams to allow corrective action to be taken if necessary.

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)

RENDERING A DECISION BASED ON ETHICAL PRINCIPLES
The ethics committee we met is multidisciplinary, structured, and marked by the conceptual ethics framework and a mandate that was renewed in 2021 for Vitalité Network. The framework contains the three main dimensions of intervention for the committee: clinical ethics, research ethics, and organizational ethics. The committee adopted a work plan with ongoing training for members, as well as thematic activities to raise awareness among employees. The clinical ethics committee meets on a quarterly basis and the research committee (which includes certain members of the clinical ethics committee) meets on a monthly basis. Organizational ethics are handled by the clinical ethics committee. There is an organizational policy on the ethics decision-making process. The committee responds to requests submitted to it by the various sectors of activity in the network. The committee members met recognize the relevance of developing a coaching and advisory function for the clinical teams and we urge them to do so. It would be convenient to continue with communication strategies to raise awareness in the community on ethics and to inform teams in the field on how to make requests for consultation. In addition, on this subject, we urge the committee to finalize the information capsule that will be available virtually dedicated to ethics awareness.
Among the challenges of the committee is the increased awareness of potential ethical situations and new clinical issues with a population pool with changing demographics. We suggest that the contribution of a partner patient could widen the subjects that will lead to reflections on raising awareness to offer to employees. For example, consent, care levels, aggressive therapy. The committee is also responsible for reviewing certain policies for the “ethics” component, for example, the policy on medical assistance in dying, the policy on care intensity, to name a few.
There is some basic work to be done on the organizational ethics component. Organizational ethics takes into account in particular management techniques, leadership styles, institutional policies, the ethical climate of care, hospital and other organizations. It is a bit of an idealism of values contextualized in the daily reality of health organizations. It is also a new role assumed by each employee, manager, and director. The committee is urged to pursue reflection on this subject.
Finally, research ethics is organized internally. The ROMÉO platform is used to submit research projects.

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)

COMMUNICATION
The management team and the board of directors of Vitalité Network are concerned with communicating regularly and effectively with the institution's stakeholders in order to achieve a healthy collaboration. Many communication tools are used to inform patients and various employees, both internally and externally (for example: posters, brochures, website, social networks, intranet). The organization has developed a communication plan that comes with the 2020-2023 strategic plan.
Information management is a process that is always done in collaboration with the general management. The communication team maintains a close link with leadership to ensure that the communication objectives also respect timing, consistency, and an understanding of the message conveyed. In a society where we have information increasingly quickly and we react quickly, we must consider how to have a two-way communication and in a timely manner to answer the questions of the population or to clarify the messages. Another element will be to see the tools to be used either internally for official communications, or those to be used externally, which adds the additional layer of security and confidentiality. The organization already has several communication channels and it is now important to see the penetration rate of the different media actions. This can be used as a first step to filter what will be used, taking into account that this type of statistics does not allow to evaluate the understanding of the message by the recipient. In the same line, the organization is urged to continue the surveys on communication carried out on the various platforms available to users. These surveys will identify areas for improvement that can be followed up by the responsible managers. We suggest attaching measurable indicators to allow the evaluation in time and place of the tool used to reach a target audience and to achieve its goal.
For the component on patient information management, the organization continues to use paper records. Some sectors have computer support. The exchange of information between different centres is more difficult and the organization knows that this influences the transfer of information and can have an influence when rendering a decision. A collaborative effort with the partners will be necessary to work towards a fast resolution of this situation, as it influences the flow of clinical information between professionals and delays the objective of having the patient in the right place, at the right time.
The community is sensitive to the importance of respecting confidentiality and activities for raising awareness are planned for this purpose. An information security policy is developed and various control mechanisms result therefrom. A patient record access policy and procedures are available on the institution's website.
The people we met said that the experience of the health emergency situation, that is to say, the efforts to inform employees, patients, and populations, allowed to use innovative approaches in certain spheres, as well as to accelerate the process that would have taken longer to implement. We underline a few initiatives, for example: Intranet via the "Boulevard" section, the weekly magazine, social media, for the general public, there was information on the vaccination campaign during the COVID period. Keeping this in mind, the organization is also aware of the update to be made to the Vitalité Network website,

which will allow the application of new technologies better adapted to the population's needs. We urge the organization to co-build everything with the support of representatives of the target groups so as to align the objectives with the desired results. The communications team is also urged to sensitize those responsible for policies to respect the models used by the organization and the indications concerning the revision dates of these policies.

All policies and monitoring mechanisms on confidentiality and security of information and data protection systems are implemented. The principle of the patient-centred approach to information is clear in the various communications. In a crisis situation, a crisis communication plan is followed indicating the roles and responsibilities of the various actors.

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)

PHYSICAL ENVIRONMENT
The technical team of Vitalité Network has all the logistics needed to control and carry out the medical infrastructures, in particular in the management of electricity, water, and medical gases. Controls are regularly carried out through internal audits or controls conducted by external firms, and the results are used to introduce actions for improvement whether it concerns technical or logistical aspects.
The date of construction of the different buildings varies and they are generally well maintained. Currently, there are several renovations in progress. The technical service works closely with the hygiene team and the department of prevention and safety at work during works. The organization is urged to keep a continuous watch on these renovation works, in particular in relation to the space available for the continuity of operations and the level of noise that can influence the environment of the service that continues its activities during the renovations, for example, the Public Health Services site in Campbellton.
In a context of renovations, the hygiene and sanitation sector is also involved with an increase in the cleaning frequency. For locations where home visits are conducted, it is important to ensure rigour in risk assessments for staff conducting home visits, for example the Public Health Services site in Campbellton.
We also urge the organization to review the spaces devoted to activities that may be risky as to infection prevention and storage, for example, the recovery room in the maternity ward at the Edmundston Hospital.
Moreover, since there are several renovations in progress, we suggested to reassess all the facilities using the mapping of an integrated risk management, taking into account the patient's trajectory, to allow an identification of the places that need action and prioritizing interventions based on the associated risk and the clients staying there. For example, the noise level of works that are next to an emergency department.
Some places need upgrading because they are old, for example, the bathroom in the psychiatry sector for concentrated care at the CH [Centre hospitalier (Hospital Centre)] Chaleur.
Resilience plans are implemented to deal with risks and tests on relay systems are carried out regularly.
The technical department is attentive to the impact of renovations on the environment. The communications department is integrated into renovation plans to keep signage up to date and to keep employees and visitors informed.
Finally, we will have to work to respect the new criteria for greater patient and family participation in the optimal use of the spaces available for patient services. The facility is urged to continue the continuous effort to integrate patients into certain committees to reconcile the variability between the spaces desired by the professionals and the spaces desired by the patients.

Priority Process: Emergency Preparedness

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

EMERGENCY SITUATIONS
The emergency measures and civil safety programs are very well structured and organized at the strategic and tactical levels. In addition, we have observed that there is a great proximity and dynamic collaboration between the various internal actors and external partners. To this end, the COVID experience has had a positive effect in increasing collaboration with partners. Documents (policies, procedures, guidelines, guides, etc.) are prepared and we noted that the colour code chart is on the back of the employee cards; an element to add would be the number to call in case of an emergency. In view of the large number of construction or renovation sites, it is important to keep watch on the emergency exits and the evacuation path, as this may change given the work.
In addition, we observed that drills, training, and an evaluation and continuous improvement mechanism for the codes are well implemented and that the personnel we met knows them. We also observed the absence of a code for a request for medical assistance. To this end, we suggest that the organization reflect on this subject and define the procedure to follow in case of a request for medical assistance throughout the network. In this sense, the purple code is used on some health premises and could help with reflection.
The various detection and warning systems are subject to preventive maintenance.
Risk mapping should be done annually, especially in the context of several ongoing renovations, and it would also take into account organizational changes or transformations. The team is urged to continue working on the development of service instruction sheets for each of the activity sectors. These sheets summarize the relevant information as to the different stages (alert and recognition stage, behaviour and action, alert plan, etc.). They will need to be developed for each of the potential sector-specific emergencies. This approach will allow for a better validation during simulation exercises which should be repeated with a regular schedule and recorded with the list of participants in the proof to be kept after the health emergency. The use of the E-Learning platform for certain awareness sessions is useful and allows to reach a greater number of people for training.
We underline the work carried out during the health crisis by the entire team and the close collaboration with the general management and the board to ensure an interdisciplinary approach respecting the declining of roles and responsibilities.
The next steps for the committee will be to supply plans for nuclear, bacteriological, and chemical risks, in collaboration with civil security.

Priority Process: People-Centred Care

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

Unmet Criteria		High Priority Criteria
Standards Set: Emergency Department		
1.1	Services are co-designed with clients and families, partners, and the community.	!
1.8	Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from clients and families.	
3.5	Barriers within the emergency department that impede clients, families, providers, and referring organizations from accessing services are identified and addressed, with input from clients and families.	
18.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Inpatient Services		
1.1	Services are co-designed with clients and families, partners, and the community.	!
3.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
16.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from clients and families.	!
Standards Set: Long-Term Care Services		
1.1	Services are co-designed with residents and families, partners, and the community.	!
3.3	A comprehensive orientation is provided to new team members and resident and family representatives.	
16.8	Patient safety incidents are analyzed to help prevent recurrence and make improvements, with input from residents and families.	!

17.3	Measurable objectives with specific timeframes for completion are identified for quality improvement initiatives, with input from residents and families.	!
Standards Set: Perioperative Services and Invasive Procedures		
1.1	Services are co-designed with clients and families, partners, and the community.	!
1.7	Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from clients and families.	
6.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
Standards Set: Rehabilitation Services		
1.1	Services are co-designed with clients and families, partners, and the community.	!
1.7	Barriers that may limit clients, families, service providers, and referring organizations from accessing services are identified and removed where possible, with input from clients and families.	
2.4	Space is co-designed with clients and families to ensure safety and permit confidential and private interactions with clients and families.	
3.3	A comprehensive orientation is provided to new team members and client and family representatives.	
3.12	Client and family representatives are regularly engaged to provide input and feedback on their roles and responsibilities, role design, processes, and role satisfaction, where applicable.	
10.3	Clients are empowered to self-manage conditions by receiving education, tools, and resources, where applicable.	

Surveyor comments on the priority process(es)

All the managers and employees we met demonstrated their professionalism, but also their humanity. I really felt their pride in implementing new practices to adapt to the current new realities. For example, by using new advanced technologies.
Several sectors are increasingly working with patients and their families. There are also many consultations for the improvement of services. A patient advisory committee is implemented and plays an important role in risk management, complaints, etc.
As such, it would be good for the network to improve the role of the partner patient. We feel a great will, but, at the same time, a varying understanding of the concept at the different levels of the organization.
These actors could participate in co-building committees and not just in consultation committees. The

training of partner patients should be the basis for a better understanding and involvement of their role.
A lot of work must done to serve all patients in the community, taking their culture into account. The memorandums of understanding with aboriginal people are a good example.
On behalf of patients and families, congratulations and continue pushing yourself as you do.

Priority Process: Patient Flow

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

Unmet Criteria		High Priority Criteria
Standards Set: Emergency Department		
3.2	A proactive approach is taken to prevent and manage overcrowding in the emergency department, in collaboration with organizational leaders, and with input from clients and families.	!
3.11	Protocols to move clients elsewhere within the organization during times of overcrowding are followed by the team.	!
Standards Set: Perioperative Services and Invasive Procedures		
9.7	Wait lists are regularly monitored and updated, and clients are kept informed about the anticipated date of their scheduled procedure.	

Surveyor comments on the priority process(es)

Patient journey
Information on the patient's progress is collected so as to identify the obstacles upon admission and at the various transition points, including upon discharge. The managers responsible for each service have all the information necessary to take a critical look at the number of admissions, the occupancy rate, the average length of stay, the number of days/presence. The team adopted a work methodology inspired by the LEAN principles and project management. The leaders demonstrate a real desire to work in an “inter-directional” manner.
Certainly, the harmonization of the process, between the practices and the management systems from one place to another, is still pending. The organization is urged to continue with patient journey initiatives, as pilot projects already show a decrease in the average time to access service.
The patient journey requires the involvement and understanding of all actors in the organization and partners. In this perspective of identifying work, the sources producing a recourse to emergencies were assessed. An optimization project with partners is in progress.
However, the surveyor team was able to observe that these data are mainly the subject of a simple observation, and this, for certain sectors. The detailed analysis of these data and their use to increase the efficiency of resources is essential. This requires consultation with network partners to find optimal trajectories. For example, patients at the end of acute care (who have received a medical discharge), but who cannot return home without assistance at home or who need accommodation. We strongly urge the facility to start a critical analysis of these data and, thus, to proceed with a collective concerted effort for the good of the patient in order to find trajectories that meet their needs. Of course, the approach will include an interdepartmental will since the services of this continuum of care are under the responsibility of different departments.

This same type of interdepartmental collaborative approach could be applied for Mental Health Services clients who may have multiple pathologies (both concerning medical and mental health) who often find difficulties in the care trajectory as they go from being teenagers to being adults.

Priority Process: Medical Devices and Equipment

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

Unmet Criteria	High Priority Criteria
Standards Set: Reprocessing of Reusable Medical Devices	
5.11 Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!

Surveyor comments on the priority process(es)

Several renovation projects have been completed, such as those in the endoscopy sector at the HRE, the URDM in Campbellton, and the CHU Dumont.
The standardization of processes is excellent.
The presence in the operating block of a member of the URDM staff at the HRE is a positive element that allows better communication with the block.
Challenges
The organization is urged to pursue the acquisition of computerized software in the URDM in all zones (ongoing pilot for zone 1-B).
An broken down sterilizer in Tracadie-Sheila would eventually need to be removed or replaced.
At the Pointe Verte Health Centre, the doctor does minor surgeries. However, there is no procedure implemented for prior cleaning before transport to the URDM from the hospital, and there are no there spaces for the dirty and the clean.

Priority Process Results for Population-specific Standards

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

Priority processes specific to population-specific standards are:

Population Health and Wellness

- Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Standards Set: Population Health and Wellness - Horizontal Integration of Care

Unmet Criteria		High Priority Criteria
Priority Process: Population Health and Wellness		
6.1	The organization maintains a clinical information system and longitudinal client records.	
6.7	The organization regularly reviews and improves its clinical information system.	
Surveyor comments on the priority process(es)		
Priority Process: Population Health and Wellness		

Réseau de Santé Vitalité Health Network has set up a consultation and coordination structure to ensure the consistency and implementation of projects and initiatives to improve the population's health. There is a real desire to involve municipalities, community partners, and citizens. Management's commitment is materialized, among other things, by the creation of the positions of health promoters, regional coordinators, and community development advisers, as well as the establishment of an ongoing process of Community Health Needs Assessment (CHNA). The team is urged to pursue and continue to implement community involvement strategies to ensure optimal synergy with stakeholders.

The design and development of new services, as well as continuous improvement initiatives, are based on demographic data. The team acquires resources for the collection, analysis, and dissemination of population data, as well as conclusive data from research.

In order to facilitate access to services and minimize unnecessary visits to the emergency department, the team has implemented several initiatives such as single-entry points, the home care service offer, as well as the individualized approach for people who are heavy users of the services.

In addition, the team tries to adapt the service offer model to the growing needs of the population and the shortage of personnel by promoting and preparing the population to conduct self-care. This concept is applied, for example, to diabetes clinics where patients are offered the information and tools necessary for the self-management of their conditions. These clinics also involve families or loved ones to support patients.

With the objective of improving the continuity of services for patients, the organization is urged to explore solutions allowing the sharing of clinical information (single file) between primary health care and the other services offered by the network.

The team identified several projects and initiatives to improve access to primary care services and population health. Management of this portfolio of projects with prioritization and follow-up will be

important in ensuring that the initiatives are completed.

In addition to volume and satisfaction indicators, the organization is urged to continue to identify service performance and efficiency indicators.

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:

Point-of-care Testing Services

- Using non-laboratory tests delivered at the point of care to determine the presence of health problems

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.

Medication Management

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

Organ and Tissue Donation

- Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.

Infection Prevention and Control

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

Diagnostic Services: Imaging

- Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions

Diagnostic Services: Laboratory

- Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions

Public Health

- Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.

Transfusion Services

- Transfusion Services

Standards Set: Ambulatory Care Services - Direct Service Provision

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
The organization has met all criteria for this priority process.			
Priority Process: Competency			
9.7	Access to spiritual space and care is provided to meet clients' needs.		
Priority Process: Episode of Care			
7.9	The client's informed consent is obtained and documented before providing services.		!
8.5	Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information at ambulatory care visits when medication management is a major component of care.		ROP
	8.5.1	Ambulatory care clinics, where medication management is a major component of care, are identified by the organization. This designation is documented, along with the agreed upon frequency at which medication reconciliation should occur for clients of the clinic.	**MAJOR**
	8.5.2	During or prior to the initial ambulatory care visit, a Best Possible Medication History (BPMH) is generated and documented in partnership with the client, family, caregivers, and others, as appropriate.	**MAJOR**
	8.5.3	During or prior to subsequent ambulatory care visits, the BPMH is compared with the current medication list and any medication discrepancies are identified and documented. This is done as per the frequency required by the organization.	**MAJOR**
	8.5.4	Medication discrepancies are resolved in partnership with clients and families or medication discrepancies are communicated to the client's most responsible prescriber and actions taken to resolve medication discrepancies are documented.	**MAJOR**

8.5.5	The client and the next care provider (e.g., primary care provider, community pharmacist, home care services) are provided with an accurate and up-to-date list of medications the client should be taking at the last visit or upon discharge from the clinic.	**MAJOR**

Priority Process: Decision Support

The organization has met all criteria for this priority process.

Priority Process: Impact on Outcomes

13.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
13.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
13.6	There is a policy on ethical research practices that outlines when to seek approval, developed with input from clients and families.	!

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The work and organization of tasks, roles, and responsibilities, as well as the assignment of cases should be reviewed.

Priority Process: Competency

Although the referral and training process is well established, it would be interesting to resume skills monitoring to ensure that these skills are maintained.

Priority Process: Episode of Care

The organization is urged to reflect on different strategies that could promote certain services in the community. We emphasize the efficiency of the virtual hospital at the Dr-Georges-L.-Dumont University Hospital Centre, which allows to coordinate all the examinations in the same day (accessibility and fluidity).

Priority Process: Decision Support

Complete assessments recorded in the files are the subject of discussions that promote concerted action and cohesion. Communication promotes constructive clinical exchanges. This information promotes coordination among team members and could be further discussed with internal and external partners.

Priority Process: Impact on Outcomes

It would be interesting to set up a data analysis process that would improve the service offer.

Standards Set: Biomedical Laboratory Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Diagnostic Services: Laboratory	
6.3 Education and training are provided to team members on how to work respectfully and effectively with clients and families with diverse cultural backgrounds, religious beliefs, and care needs.	

Surveyor comments on the priority process(es)

Priority Process: Episode of Care

An On-site Review from Accreditation Canada a few weeks ago confirmed compliance with this process, as well as with all the technical standards specific to laboratory services.

Priority Process: Diagnostic Services: Laboratory

Many things have been implemented since the last visit and following patient surveys. Currently, the major challenges are the shortage of human resources, the physical spaces that are being renovated in several laboratories, as well as the financial availability to complete the update of the equipment park. From May 9 to June 6, Accreditation Canada diagnostic teams made a serious and detailed evaluation of all the sites. Several of the elements that were assessed are not included in this survey.
The spaces are well laid out, well equipped, and the environment is clean in each of the laboratories surveyed. There is collaboration between the care units and the laboratory teams. Patients are greeted with respect. In Edmundston, each workstation has two screens so that staff can easily consult the procedures as needed. Each transported sample has three packages. In St-Quentin, the clean zone is located between two dirty zones. Therefore, it is necessary to go through the dirty one to go to the clean zone. A project to correct this situation is in progress.
In Moncton, the presentation of a patient trajectory improvement table is suggested to identify where the addition of personnel should take place.
Indicators are monitored at the regional level and for the network as a whole. The efforts made to ensure the well-being of employees, the positive leadership style, and everything that has been put implemented for non-laboratory analyses stand out positively.
The safety manual is drafted and available to personnel, by zone. Annual surveys are carried out, quality meetings are arranged, as are various internal audits. The team created an action plan based on the regional survey conducted in 2021. A system of non-conformities is implemented via risk assessment. Three or four corrective actions are put forward and verified. The safety program is checked on a monthly basis. When there are no patients willing to try out new methods, employees volunteer.
The staff is young, dedicated, conscientious, and efficient, with a good sense of humour. The orientation of new staff is very well organized. Several forms of orientation are available. Performance assessments are

done according to current policy and credentials are validated. We see real teamwork for each of the laboratory's modalities. The staff are proud of their work and their team. Everyone enjoys going to work in well-appointed and well-organized premises, with state-of-the-art equipment, despite the many moves and expansions.

Quality coordinators are implemented, four for the region. They see to the management of regional documentation, to plan audits. They hold quality meetings. All policies and procedures, as well as the safety manual, are available via Omni-assistant. Challenges of standardization of the differentiation procedure, as well as pathology are present. The ongoing improvement in this sector is very well structured with well-documented indicator sheets. Response times (turn around time) are closely monitored.

The laboratory with the most volume is located in Moncton. It is designated to conduct the Covid tests for the entire province.

There is no training program currently implemented on how to work respectfully and effectively with patients and families with a diverse cultural heritage, religious beliefs, and care needs. In Campbellton, the team refers to the regional documents "Spiritual Care Standards" and "Code of Ethics." The organization is urged to reflect on the question in order to better prepare its teams on this subject.

Standards Set: Cancer Care - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
2.3	An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
14.14	Clients and families are provided with information about their rights and responsibilities.	!
22.11	The client's risk of readmission is assessed, where applicable, and appropriate follow-up is coordinated.	!
Priority Process: Decision Support		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
25.5	Guidelines and protocols are regularly reviewed, with input from clients and families.	!
27.4	Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
27.8	Wait time data are collected for cancer care.	
27.9	Data are collected on treatment-related toxicity outcomes.	
Priority Process: Medication Management		
The organization has met all criteria for this priority process.		

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The facilities surveyed meet most of the quality criteria for this priority process. The oncology teams (oncologist, GOP, nurses, social workers, etc.) are careful to integrate the patient and their relatives in the various activities related to the episode of care and services (for example, mobilization of parents-children and stakeholders in the development of the paediatric treatment room at CH Edmundston). It is important to mention the commitment of oncology teams to maintaining access and quality of services in the

context of a pandemic and the scarceness of specialized and professional resources (for example, oncologist, nurses, physiologist, etc.). In this sense, we observe the addition of three pivot nurses in oncology, the role of which is to facilitate the patients' journey.
The harmonization of clinical processes (for example, the implementation of the Mosaic electronic file) and the use of telehealth for consulting an oncologist, according to the patient's needs, ensure the continuity of services for Vitalité Network oncology patients. The facility is urged to continue its efforts to improve the contribution of patients to the quality of services.

Priority Process: Competency

We underline the achievement of all criteria and the ROP for this priority process. We would like to mention the individualized professional development program accessible on the Boulevard platform. The manager and the employee can follow the required training and re-certification dates (for example: CPR, infusion pumps, etc.). In addition, the register kept by the manager ensures the rigorous monitoring of the development and maintenance of professional skills. It is important to highlight the collaborative work of the interdisciplinary team, which is done on a regular basis and in a structured manner. The integration of the patient in their episode of care is part of the integrated interventions of the practices. We highlight the systematic triage of patients by social workers and the addition of three pivot nurses who provide personalized coaching for oncology patients. We bring to the attention of the Vitalité Network the need to harmonize and deploy training on cultural heritage and beliefs for all the professionals concerned.

Priority Process: Episode of Care

The patients we met expressed a high level of satisfaction with the services, in particular in relation to information, treatment preparation, follow-up planning, and the humanistic approach of the teams. According to the doctors and nurses we met, the implementation of the Mosaic electronic file has been a significant contribution to patient follow-up. The harmonization of clinical tools and protocols for all oncology services is highlighted as a way to improve the quality of services. The quality of this priority process is highlighted by the achievement of all the ROPs and most of the priority criteria. However, Vitalité Network is strongly urged to ensure that patients are systematically informed of their rights and responsibilities.

Priority Process: Decision Support

Records are kept in accordance with the policies and procedures of Vitalité Network. The use of the Mosaic electronic file allows clinical information on oncology patients to be shared within Vitalité Network. In this sense, training and technical support for the proper functioning of Mosaic are readily available to doctors and professionals concerned. Records are kept in compliance with the policies and procedures in force. Quality audits are performed and the required improvements are made.

Priority Process: Impact on Outcomes

The patients we met attested to their satisfaction with the care and services, the humanistic and professional approach of the oncology teams. Participation in the quality committee of managers of satellite clinics promotes the harmonization of oncology protocols, policies, and procedures. The recent change in incident and accident reporting software including various electronic forms represented by icons (for example, falls, medication, etc.) is known, appreciated, and used by the stakeholders. We highlight the integration of a culture of quality, in particular by carrying out several audits, monitoring the results with the teams and implementing improvement activities. The facility is urged to continue identifying spaces for collaboration and partnership with patients.

Priority Process: Medication Management

Medication management standards are followed rigorously. The patient journey allows them to meet nurse-GPO-nurse who respectively validate the MSTP. The Mosaic electronic file maintains updated information for medication and clinical parameters. All quality criteria for Medication Management Standards are met. Vitalité Network is urged to formalize the process of producing the MSTP and to update the abbreviations (ref.: the reference document is from 2003).

Standards Set: Community-Based Mental Health Services and Supports - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
8.14 Clients and families are provided with information about how to file a complaint or report violations of their rights.	!
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

Services are planned in partnership with clients, families, and community partners. The program has a strong commitment to clients and provides individualized care focused on client recovery. We acknowledge the partnerships maintained by Vitalité with professional training programs to welcome trainees in order to attract new graduates.

Priority Process: Competency

The staff is very committed and client focused. Training and development of basic and specialized modules are implemented. The new case plan training modules focused on recovery increase staff knowledge of the importance of client-centred care.

Priority Process: Episode of Care

The teams are interdisciplinary and dynamic, offering services with respect and open and transparent communication. Patient and family integration is carried out by peer-helpers and patient-partners. The model of stepped care allows teams to offer services according to the intensity of care required. The program is proud of their teams and team members who are recognized for their contributions. We underline the offer of single-session therapy to reduce waiting lists and the implementation of the suicide risk instrument. We urge

you to continue implementing medication reconciliation.

Priority Process: Decision Support

Standardized screening and documentation tools allow for coordinated information sharing. The presence of an electronic file, as well as a paper file. The organization is urged to implement a fully electronic health record.

Priority Process: Impact on Outcomes

Adult community mental health services follow guidelines to ensure the safety and quality of care. Improving the quality and safety of clients is framed by a cross-cutting governance structure of the three mental health services: hospital, community, and addictions services. A regional level work plan was created from there to serve as a guide for projects under each of the six pillars.

Standards Set: Critical Care Services - Direct Service Provision

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
The organization has met all criteria for this priority process.			
Priority Process: Competency			
3.12	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.		!
4.7	The effectiveness of team collaboration and functioning is evaluated and opportunities for improvement are identified.		
5.4	There is a policy that guides team members to bring forward complaints, concerns, and grievances.		
Priority Process: Episode of Care			
7.15	Clients and families are provided with information about their rights and responsibilities.		!
7.16	Clients and families are provided with information about how to file a complaint or report violations of their rights.		!
8.6	Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.		ROP
	8.6.1	Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented in partnership with clients, families, caregivers, and others, as appropriate.	**MAJOR**
	8.6.2	The BPMH is used to generate admission medication orders or the BPMH is compared with current medication orders and any medication discrepancies are identified, resolved, and documented.	**MAJOR**
	8.6.3	The prescriber uses the BPMH and the current medication orders to generate transfer or discharge medication orders.	**MAJOR**
9.23	Information relevant to the care of the client is communicated effectively during care transitions.		ROP

9.23.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	**MINOR**

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.

Priority Process: Organ and Tissue Donation

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Critical care teams are passionate and dedicated to their work.
We urge teams to distribute information about services and make them available to patients and families.

Priority Process: Competency

The concern to maintain the competence of the teams despite the size is quite present.
The resource nurse is an added value in this regard. We urge the team to stay cautious, because, due to the shortage, they regularly support replacement and this can dilute their primary function.
The staff performance evaluation is carried out on a variable basis.

Priority Process: Episode of Care

We met with the regional team and all the department heads assigned to the critical care services program.
The teams take patient care to heart. The projects and initiatives are oriented in this direction and are a guarantee for the improvement of quality.

Structured meetings between the different teams show good cohesion at the leadership level. People recognize that passion and competence are their motivations for critical care services.
A partner patient is highly involved and acts as the spokesperson for the improvement of patient care and services.
The challenge for the regional team relates to the harmonization, resumption, and maintenance of certain activities that are fundamental to the good recovery of the patient, such as the reintroduction of families to the care of patients in the post-pandemic period for some teams.
The harmonization of processes is done regionally and we must continue along this path. However, it will be necessary to find the balance between the wish for standardization and what is related to the local colour of each sector.
The management of delirium in the intensive care unit is an ongoing project that merits being documented.
A quality improvement plan is carried out at the regional level and we urge the team to reflect on the possibility of developing one at the local level, despite the constraints faced. A plan could allow to draft initiatives already started by local teams based on the dashboards they compile.
The Chaleur Regional Hospital has an intensive care unit with 10 beds, 7 to 8 of which are occupied on a regular basis. Adjacent to this magnificent unit, there are nearly 5 intermediate care beds which are occupied by another sector of the facility.
- There is a process to assess potential intensive care patients based on critical care services admission criteria. These criteria come from a regional policy.
-39% of patients are discharged directly from intensive care, given the failure to being able to be accommodated in a surgical unit. We urge the team to identify strategies based on best practices in this regard despite the shortage of staff.
- Virtually all ROPs are met, except for medication reconciliation. A pharmacist is present and carries out the comparative assessment according to the team, but this practice is not carried out when she is absent. In addition, in this regard, the practice is unknown to the field teams. There are several sheets in the medication file and we urge the team to reflect on an optimal way to document the MedRec [Medication Reconciliation] and revise the existing tools.
- There is a protocol for venous thromboembolism and we urge the team to see how it could be better used by prescribers.
- A resource nurse is an essential person for maintaining team skills. We urge the team to maintain support for this resource, which exercises major clinical leadership for a small team. In this sense, daily rounds with the professionals are put forward by the resource nurse, and we urge the teams to identify successful strategies in order to maintain this follow-up.

Edmundston Regional Hospital:
- Staff receive two days of training per year.
- There is good collaboration with the CHUQ and IWK Halifax for paediatric and neonatal cases.
- Intensive care is closed so patients requiring critical care services are transferred.
- Pharmacy, nutrition, physio, ergo, respiratory therapy are well present on the multidisciplinary teams.
-We suggest that volunteers be able to resume distributing admission documents to intensive care patients (complaints, rights, responsibilities, visitor's guide, etc.) in the post-pandemic stage.
- Also, the teams are urged to reintroduce visits from families and loved ones as soon as possible.
- Finally, to institute regular training on organ donation. Campbellton
Regional Hospital:
- We met a dedicated and passionate team committed to providing quality and safe care and services to

clients.
- The team was well prepared for a massive influx of Covid patients in March 2020. Interdisciplinary simulations were arranged and carried out in order to adjust to the various ministerial directives.
- Families feel respected and involved in the care and services of their loved ones.
- MedRec is not done systematically and is still a challenge. Dr.
Georges-L-Dumont University Hospital Centre:
- The unit is located in a brand new environment, modern, illuminated, and organized according to the best practices in critical care services.
- Excellent communication and planning on the team through daily meetings.
- We find an experienced and relatively stable multidisciplinary team where there is a lot of mutual aid when there is a lack of human resources.
- Strategies are established as a team including physicians to maintain the same quality and safety of care.
- MedRec is well established.

Priority Process: Decision Support

Policies and procedures are followed to collect, record, access, and use patient information securely.
We have seen that the paper file is the way to record the notes. There is no real plan discussed regarding the computerization of the file.
We urge the teams to stay cautious and check the sheets or the information that can be found in two or three places for a single patient. Duplication can be an effectiveness and safety issue.

Priority Process: Impact on Outcomes

Improvement plans are carried out at the regional level and the teams work together to monitor progress.
We urge the regional team to think, together with managers, about local objectives that could be put forward and, in a context of good practices, constitute a test bench for other sectors.

Priority Process: Organ and Tissue Donation

The organ donation policy and procedure are fairly well understood by the teams.
We urge the teams to integrate this type of monitoring locally on their dashboard in order to always reinforce knowledge and be able to find opportunities to offer it, if necessary.

Standards Set: Diagnostic Imaging Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Diagnostic Services: Imaging		
6.3	Diagnostic imaging providers have an up-to-date manual for operating diagnostic imaging equipment that includes manufacturer's instructions and applicable safety regulations.	
6.7	The team annually reviews and updates the Policy and Procedure Manual.	
10.6	For procedures involving radiation to the abdomen or pelvis on women, the team asks female clients of childbearing age whether they are or may be pregnant and documents the response.	!
10.7	The team screens clients for implants, devices, and materials inside the body.	!
11.11	The team implements standard views of each anatomic area to optimize imaging and minimize exposure to radiation.	
11.12	The team uses diagnostic reference levels to optimize radiation protection of adult and pediatric clients.	
17.6	The team reviews its diagnostic reference levels at least annually as part of its quality improvement program.	
Surveyor comments on the priority process(es)		
Priority Process: Diagnostic Services: Imaging		

The diagnostic imaging services of the Vitalité Network in all its zones meet the needs of clients and healthcare professionals who refer clients, and equip themselves with properly trained professionals and offer an adequate environment, despite renovation processes in several sectors.
They also select, use, and maintain diagnostic imaging services equipment to provide safe and appropriate diagnostic imaging services, maintain records in a secure manner with accurate and up-to-date information, and continually assess the safety and quality of the diagnostic imaging services.
Since the 2017 survey, a full-time quality assurance position has been created with the mandate to develop indicators and to ensure uniformity of quality controls within the zones.
The accomplishment of important work aimed at compliance since the last On-site Review shows their concern for continuous improvement and service excellence.
The gradual implementation of surveys and quality audits including patients and service partners is implemented and the indicators of these surveys (examination waiting time, report waiting time, cost per examination) have been used to induce changes to improve quality and to provide people with equal access to diagnostic services.
To date, the quality indicators obtained from surveys, performance statistics, and workforce forecasts

show periodic monitoring, and the management team is working proactively to keep the balance and maintain the highest standards of quality and service offering. Very low waiting lists attest to this initiative.

Maintain current information systems technology to support clinical work

- Implement a functional radiology module with the ability to integrate into a provincial network
- PACS Update (v5.0)
- Implementation of digital dictation (voice recognition)

An element to be underlined is the great collaboration between the sectors in relation to the sharing of documentation and human resources. In addition, the fluid collaboration with other health networks allows to offer continuous services, either through the provision of services or the transfer of information.

In relation to the strategies implemented to overcome the shortage of workforce, we acknowledge the efforts to finance the training of employees in more than one modality (interdisciplinary) and the specialization program for new employees. Also the use of other sources of funding to allow technologists to participate in professional development events allowing them to accumulate professional credits.

In future challenges, we see that teams must continue to show resilience in view of changes and labour shortages.

Verifications and standardization of protocols; possible solutions have been assessed with the teams to improve the monitoring of doses delivered to patients and the optimization of protocols to minimize exposure without compromising the diagnostic imaging quality.

Carefully plan the replacement of equipment to maintain service supply. Maintain proximity management practices in order to monitor the work environment and the quality of services.

Standards Set: Emergency Department - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
1.7	Information on services is available to clients and families, partner organizations, and the community.	
2.6	Seclusion rooms and/or private and secure areas are available for clients.	!
Priority Process: Competency		
4.13	Education and training are provided on how to identify palliative and end-of-life care needs.	!
Priority Process: Episode of Care		
8.7	There is ongoing communication with clients who are waiting for services.	
8.8	Clients waiting in the emergency department are monitored for possible deterioration of condition and are reassessed as appropriate.	
9.8	The client's capacity to provide informed consent is determined.	
9.9	The client's informed consent is obtained and documented before providing services.	!
9.14	Clients and families are provided with information about their rights and responsibilities.	!
10.5	In partnership with clients, families, or caregivers (as appropriate), the medication reconciliation process is initiated for clients with a decision to admit, and can be completed on the receiving unit.	ROP
10.5.1	Medication reconciliation is initiated for all clients with a decision to admit. A Best Possible Medication History (BPMH) is generated in partnership with clients, families, or caregivers, and documented. The medication reconciliation process may begin in the emergency department and be completed in the receiving inpatient unit.	**MAJOR**
10.6	Universal fall precautions, applicable to the setting, are identified and implemented to ensure a safe environment that prevents falls and reduces the risk of injuries from falling.	!
12.16	Information relevant to the care of the client is communicated effectively during care transitions.	ROP

12.16.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	**MINOR**

Priority Process: Decision Support	
14.4 Clients are able to access information in their records, including electronic medical/health records, in a routine, client-centred, and timely way.	
15.1 Training and education about legislation to protect client privacy and appropriately use client information are provided.	
Priority Process: Impact on Outcomes	

The organization has met all criteria for this priority process.

Priority Process: Organ and Tissue Donation

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Customer satisfaction questionnaires are carried out and areas for improvement are identified. We urge teams to follow up and document the results to see if further improvements are advisable.
We get input from the teams through different channels and we urge you to integrate the patient-partner concept into the discussions.
The challenge of maintaining skills remains in the emergency department in small volumes.
When the hospitalization beds are mainly occupied by long-term care services, there is practically no possibility for the admission of acute care patients.
We urge the leadership team to make sure to provide innovative solutions to solve this problem.
The Tracadie-Sheila Regional Hospital:

- Teams are urged to follow up on major healthcare consumers. Obviously, the management of P4 and P5 is an issue that must be addressed. A list of partners is present, but it does not work.

Priority Process: Competency

Access to online training is preferred. People do their training follow-ups and a delayed or completed training log is available to employees.
A resource nurse is present and is invaluable in a context of changing teams. However, we must remain cautious because these experienced people, who are mentors, are very often asked to do replacements. Support and assistance are there for novices. We must maintain it and see to what extent it is useful and meets the needs.
Stella-Maris-de-Kent Hospital:
Critical situation for the emergency department of the facility, which cannot transfer the patients to the floor, because the beds are mainly occupied by long-term care services. This situation of overcrowding of the beds puts a negative pressure on maintaining the skills of the teams.
A situation of tension with the medical team to be considered in the short
term. Chaleur Regional Hospital:
Experienced staff rub shoulders with new staff and the mix makes the team strong. The monitoring indicators show this well.
The head nurse and the resource nurse do not hesitate to help the team so that they can constantly improve their skills.

Priority Process: Episode of Care

Regional level:
The standardized triage sheet derived from the Canadian triage and severity scale is currently being implemented.

Teams have had to adapt to the pandemic, and this intense episode has fostered and enriched teamwork between emergency departments.
A standardized dashboard allows to monitor data for all emergency departments and it has been improved over the past year.
Teams are urged to continue efforts to redirect non-emergency patients to community resources. It is necessary and advisable to update the list of resources to direct P4-P5s, since we found that it was not up to date for several emergency departments. In this regard, we are well aware that the work to modify the ways of working is huge and joint efforts with the medical team will allow to achieve this.
Information on the services offered to the population and to the various community teams must be developed.
The team will have to deal quickly with accessibility to the emergency department and see to what extent other clinical services can adjust to the overflow. For example, we saw patients from other disciplines, oncology, preoperative follow-up, or a surplus of patients from outpatient clinics after 4:00 p.m., and all these overflows are transferred to the emergency department. We urge the teams to reflect on the possibility of working together with these clinical services, as well as to redefine the roles of each of the sectors; finally to identify successful strategies.
Obviously, the availability of human resources often appears to be the triggering factor that prevents services from being reorganized. However, efforts must continue to communicate expectations in relation to the expected role of the emergency department and to see how everyone can help in a context of high

demand. Difficult and courageous choices concerning care trajectories may be necessary to achieve this without, however, compromising accessibility.

The Chaleur Regional Hospital:
We urge the team to seek help in order to obtain permanent medical support; for the management of the beds on a daily basis, which will allow to optimize the processes.
The confinement room deserves attention.
Medication reconciliation must be supervised. However for admitted patients, it must be recorded in the files and we noted that this was not done.

Tracadie-Sheila Hospital:
- An emergency department with observation gurneys, including 16 with a permit, but which cannot be transferred to critical care services, because this service does not exist.

- An employee was appointed a few months ago to transport patients to other care units in the facility (carry).
- Triage is carried out for both paediatric and adult clients. However, the nurse does not constantly monitor the waiting room. A call bell is available to patients when the situation deteriorates. It should be mentioned that, more often than not, the triage nurse may be responsible for providing care to patients during her shift.
- The suicide risk is well assessed and we urge the leadership team to carry out audits to see if improvements are possible.
- Medication reconciliation is not done in the emergency department for hospitalized patients.
Winning strategies can be shared in order to improve cohesion with the care unit team.
- Finally, we urge the teams to strengthen support in the emergency department. In certain situations, emergency department personnel may have to help care unit personnel and the reverse must also be possible.

Campbellton Regional Hospital:
- A team that is mobilized and appreciated by patients. Despite the shortage of staff, the work climate is healthy. In order to manage overflow and improve patient flow, a daily bed meeting allows hospital stakeholders to work together.
- Resources have been added for continuing education for obstetrics cases presenting at the emergency department.

Dr. Georges-L-Dumont University Hospital Centre:
- Training is offered to auxiliary nurses, which allows them to perform more clinical acts.
- The team has received confirmation of funding for the emergency department improvement plan, which is positive.
- There is great team cohesion (including doctors).
- However, the environment undergoing renovation is worrying, in terms of the safety of both employees and patients and we suggest that it is at high risk.
- Very crowded emergency department
- A significant lack of spaces
- Blind spots in several places that do not allow peripheral vision (difficult communication with patients)
- Lots of carts and equipment in the common areas (corridors, offices, warehouses, etc.)
- Confidentiality issue, open, noisy spaces, and the staff must speak loudly.

- The waiting room requires more frequent housekeeping.
- Paper files everywhere on the counters (errors in record keeping)
- Issue of collaboration and cohesion with the supervisor for discharges and taking patients upstairs
We urge the leadership team to review the transition plan and to see if corrections can be made in the short term given the safety issues.

Hotel-Dieu St-Joseph Hospital of Saint-Quentin
- Project triage first is underway to assess the patient before registration
- The quality and safety indicators are little known. We urge the team to resume follow-ups as soon as possible to ensure that standards of practice and safety for customers are maintained.

Priority Process: Decision Support

An accurate and up-to-date record is available and placed in an appropriate place.
It sometimes seems difficult for the patient to have access to his file at several facilities. We urge teams to see how this process can be revised to make it smoother.

Campbellton Regional Hospital:
- Resources have been added for continuing education for obstetrics cases presenting at the emergency department. They include installing Baby Panda and training with simulations.
- Despite the scarcity of organ and tissue donations, training and development are offered.
- We note the simultaneous presence of the electronic file as well as the paper file. The organization is urged to implement a single patient record in order to optimize processes.

Priority Process: Impact on Outcomes

There is a standard procedure for selecting guidelines for services that are offered. We encourage the teams to add a patient partner who would make it possible to assert the point of view of the user of care and services. Verification and audit processes are implemented and deserve to be further disseminated to the teams.

Priority Process: Organ and Tissue Donation

A positive experience at the Chaleur Regional Hospital strengthened the team to continue offering organ and tissue donations. The team received feedback from a donor’s donation that 7 lives had been saved.

Campbellton Regional Hospital:
- Despite the scarcity of organ and tissue donations, training and development are offered. To be reinforced for all teams.

Standards Set: Infection Prevention and Control Standards - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Infection Prevention and Control

The regional committee meets every two months. It is a multidisciplinary team that sets the objectives of the program. For this year, the committee is aiming for an increase in the hand hygiene rate, the application of the federal IPAC [Infection Prevention and Control] program and a review of the use of endocavitary probes. A sub-committee has been created for the pandemic with the Horizon group, with a view to harmonizing practices and deciding on the measures to be taken. The presence of partner patients within the various committees is desired.

Infection prevention and control (IPAC) is present everywhere and monitors all aspects that directly or indirectly affect IPAC. A nurse in each of the zones took an infection prevention course in construction areas. Nurses are consulted and authorize the launch and continuation of renovation or construction projects. Facility maintenance staff and contractors are also trained. Several works are in progress in the organization, but everything is well insulated, without hindrance for the patients and without construction residues or dust. Adherence to policies during construction/renovation is evident in units where some physical environment improvement projects take place. Sinks are generally accessible, but they are not available in certain areas that are a little more dilapidated.

Everywhere, we note a great cleanliness of the premises and uncongested corridors. Signage for isolation rooms is well done and rigorously applied. IPAC nurses are asked to give their opinion. They also apply and follow the surveillance program for the various infections by doing checks in the field, in the files, by identifying trends, by making enquiries, and by looking for causes and contacts.

The Resource Nurses Committee meets weekly. They plan training, orientations, and propose new policies. They participate in the Antimicrobial Stewardship Committee. The tasks are numerous and the resources limited, particularly in these times when fatigue is beginning to affect the staff who respect the instructions for wearing personal protective equipment (PPE) a little less. A certain relaxation was noticed at times (handshakes, masks that are not pulled back with clips by the guards, a lot of manipulation of masks). Reminders and audits are carried out, but could be increased, to ensure the proper use of PPE.

There is collaboration between the units and the infection prevention and control team. The team of IPAC counsellors is everywhere and has quite versatile tasks. They would like patient records to be computerized to facilitate their monitoring activities, among other things. Responsibility for cleaning is clear between housekeeping and unit staff. An electronic audit system has been set up in the health and safety sector. This system allowed for adjustments and follow-up with employees to ensure compliance with cleaning and disinfection standards.

It would be interesting to emphasize the application of policies and procedures. A reminder is also to be made on the presence, in several sectors, of cardboard boxes directly on the ground. Alternatives are to be examined in order to raise them.

Standards Set: Inpatient Services - Direct Service Provision

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
The organization has met all criteria for this priority process.			
Priority Process: Competency			
3.2	Credentials, qualifications, and competencies are verified, documented, and up-to-date.		!
3.8	A documented and coordinated approach for infusion pump safety that includes training, evaluation of competence, and a process to report problems with infusion pump use is implemented.		ROP
	3.8.4	The competence of team members to use infusion pumps safely is evaluated and documented at least every two years. When infusion pumps are used very infrequently, a just-in-time evaluation of competence is performed.	**MAJOR**
6.1	The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.		
Priority Process: Episode of Care			
9.7	Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.		ROP
	9.7.1	Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented in partnership with clients, families, caregivers, and others, as appropriate.	**MAJOR**
	9.7.2	The BPMH is used to generate admission medication orders or the BPMH is compared with current medication orders and any medication discrepancies are identified, resolved, and documented.	**MAJOR**
	9.7.3	The prescriber uses the BPMH and the current medication orders to generate transfer or discharge medication orders.	**MAJOR**
	9.7.4	The client, community-based health care provider, and community pharmacy (as appropriate) are provided with an accurate and up-to-date list of medications the client should be taking following discharge.	**MAJOR**
10.16	Information relevant to the care of the client is communicated effectively during care transitions.		ROP

10.16.5	The effectiveness of communication is evaluated and improvements are made based on feedback received. Evaluation mechanisms may include: • Using an audit tool (direct observation or review of client records) to measure compliance with standardized processes and the quality of information transfer • Asking clients, families, and service providers if they received the information they needed • Evaluating safety incidents related to information transfer (e.g., from the patient safety incident management system).	**MINOR**

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

Inpatient services are urged to pursue partner patient initiatives. Services are designed to address the needs of populations from young to ageing patients.

Priority Process: Competency

Due to the pandemic, nurses' workload is very high, putting patient safety at risk on some shifts. The teams are very resilient and the staff, including the managers, are very committed to their team and to the patients.
Several training courses are not up to date. Resource nurses and managers are urged to provide competency verification.

Priority Process: Episode of Care

The Vitalité Network is urged to review the compliance of certain ROPs (MedRec, information at the point of transition) through the Inpatient Services of the network's hospital centres, more particularly at the Georges-Dumont Hospital Centre of Tracadie-Sheila.
Other ROPs (DVT and fall prevention) are well integrated across the network.

Georges-Dumont Hospital Centre:
Palliative care is offered and the availability of a geriatrician to support this service contributes to ensuring quality care centred on the patient.
Several medical units welcome patients from other units in order to unclog the emergency room. Patient safety could be affected due to the lack of expertise. The medical sector continues to provide care for

Through the Vitalité Network, several pieces of medical equipment have been replaced and are at the cutting edge of technology.

Priority Process: Decision Support

The Hospital Centre could benefit from a complete electronic file in order to eliminate the hybrid model of the health record and to ensure better information management.

Priority Process: Impact on Outcomes

The Vitalité Network's Inpatient Services follow guidelines to ensure the safety and quality of care. Several indicators and initiatives are monitored at the regional level.
Managers of Inpatient Services could benefit from analyzing the lengths of stay for their sector, as well as their readmission rates. There is a regional improvement goal that includes a length of stay assessment.

Priority Process: Clinical Leadership		
1.2	Information is collected from residents and families, partners, and the community to inform service design.	
2.3	An appropriate mix of skill level and experience within the team is determined, with input from residents and families.	
2.4	The physical space is designed with input from residents and families and is safe, comfortable, and reflects a home-like environment.	
2.6	The effectiveness of resources, space, and staffing is evaluated with input from residents and families, the team, and stakeholders.	
2.8	A universally-accessible environment is created with input from residents and families.	
Priority Process: Competency		
3.6	Education and training are provided on the organization's ethical decision-making framework.	
3.15	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
3.17	Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	
Priority Process: Episode of Care		!
7.2	Residents and families are encouraged to be actively engaged in their care.	
8.9	Clients are assessed and monitored for risk of suicide.	
8.9.1	Clients at risk of suicide are identified.	**MAJOR**
8.9.2	The risk of suicide for each client is assessed at regular intervals or as needs change.	**MAJOR**
8.19	Where appropriate, an individualized palliative and end-of-life plan is developed for each resident in partnership with the resident and family.	
9.12	There are regular, standardized interdisciplinary reviews of each resident's medications and adjustments are made as necessary.	
		!

9.17	Support for the family, team members, and other residents is provided throughout and following the death of a resident.	
10.1	Residents and families are provided with an environment that is flexible and meets their needs.	
10.2	Residents and families are provided with opportunities to engage in activities that are meaningful and important to the them.	
10.5	Residents are involved in menu planning.	
12.2	The resident's physical and psychosocial readiness for transition, including their capacity to self-manage their health, is assessed.	
12.3	Residents are empowered to self-manage conditions by receiving education, tools, and resources, where applicable.	
Priority Process: Decision Support		
7.12	Ethics-related issues are proactively identified, managed, and addressed.	!
13.8	There is a process to monitor and evaluate record-keeping practices, designed with input from residents and families, and the information is used to make improvements.	!
Priority Process: Impact on Outcomes		
15.1	There is a standardized procedure to select evidence-informed guidelines that are appropriate for the services offered.	!
15.2	The procedure to select evidence-informed guidelines is reviewed, with input from residents and families, teams, and partners.	
15.3	There is a standardized process, developed with input from residents and families, to decide among conflicting evidence-informed guidelines.	!
15.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from residents and families.	!
15.5	Guidelines and protocols are regularly reviewed, with input from residents and families.	!
15.6	There is a policy on ethical research practices that outlines when to seek approval, developed with input from residents and families.	!
16.1	A proactive, predictive approach is used to identify risks to resident and team safety, with input from residents and families.	!
16.2	Strategies are developed and implemented to address identified safety risks, with input from residents and families.	!

16.3	Verification processes are used to mitigate high-risk activities, with input from residents and families.	!
16.5	Safety improvement strategies are evaluated with input from residents and families.	!
17.10	Information about quality improvement activities, results, and learnings is shared with residents, families, teams, organization leaders, and other organizations, as appropriate.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The development of accommodation services in the hospital environment creates many challenges for the facility, in relation to the development of a warm and safe living environment for the residents (for example,: CH Dumont), however, the Veterans Centre is worthy of mention.

Priority Process: Competency

The criteria for long-term care services - competency component are generally met with the exception of the standards relating to Employee performance evaluation and training on the ethics framework.

Priority Process: Episode of Care

The criteria relating to long-term care services - episode of care component, are generally met. However, particular attention should be paid to: 1) the participation of residents and their families in the planning, implementation, and evaluation of the care provided; 2) the development and implementation of palliative care; 3) the detection and management of suicidal risk; and 4) the adaptation of the environment in order to create an environment adapted to the needs of seniors.
Inpatient accommodation facilities urge greater challenges.

Priority Process: Decision Support

The standards relating to long-term care services decision support processes are generally well met. Particular attention should be placed on the proactive management of ethical situations as well as on the evaluation of record keeping.

Priority Process: Impact on Outcomes

The facility has several examples of evidence use (at the regional level), however, there is no standardized process, developed with input from residents and families, for informed guideline selection and dissemination. The facility is urged to structure the management of evidence, in collaboration with the residents and their families.

Standards Set: Medication Management (For Surveys in 2021) - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Medication Management		
2.7	The interdisciplinary committee approves standardized order sets for medications.	
9.3	A policy for when and how to override alerts by the pharmacy computer system is developed and implemented.	!
10.5	The organization has a procedure to identify and resolve concerns with medication shipments.	
12.1	Soft- and hard-dose limits are set for all medications administered via infusion.	!
13.1	Access to medication storage areas is limited to authorized team members.	!
13.6	Medication storage areas meet legislated requirements and regulations for controlled substances.	!
13.9	Multi-dose vials are used only for a single client in client service areas.	!
15.1	A structured program has been implemented to reduce the risks associated with polypharmacy, especially with frail or vulnerable clients.	!
15.6	A list of abbreviations, symbols, and dose designations that are not to be used have been identified and implemented.	ROP
15.6.6	The organization's 'Do Not Use' List is updated and necessary changes are implemented to the medication management processes.	**MINOR**
15.6.7	Compliance with the organization's 'Do Not Use' List is audited and process changes are implemented based on identified issues.	**MINOR**
19.4	When automated dispensing cabinets are used, there are policies and procedures that address access, location, type of medication information, verification, and restocking of medications.	
21.2	Steps are taken to protect the health and safety of team members who transport, administer, or dispose of cytotoxic or other hazardous medications.	!

23.4	Medications that are self-administered by clients are stored and labelled safely and appropriately.	
23.5	Each client who self-administers medications is provided with appropriate education and supervision prior to self-administration, and this is documented in the client record.	!

Surveyor comments on the priority process(es)

Priority Process: Medication Management

Overall comment
The pharmacy service has the mandate to provide safe services to the population and to support the professionals of the care teams.
Overall, all the criteria of the Medication Management Standards are met. The staff is very committed and works in a healthy work environment where the collaborative and mutual aid approach is strongly present.
The vast majority of policies and technical procedures to ensure the safety of each step of the drug circuit in pharmacies is implemented.
It is worth mentioning the concretization of the upgrading of standards, infrastructures, and technology of the preparation process of sterile, dangerous, and non-dangerous products. An accreditation certification by an Ontario organization demonstrates the concern for the safety of the pharmacy service.
The presence of clinical pharmacists in the care units is a guarantee of quality care for patients who benefit from an interdisciplinary approach despite the shortage of pharmacists and technicians.
On the other hand, the shortage is felt especially on the advancement or updating of certain procedures or policies and the performance of various audits.
Although heparin products, electrolyte concentrates, and narcotics are well controlled, the audits are about 2 years behind schedule. It is recommended to resume the revision frequency of the inventories of these drugs and products.
Particular attention must be paid to the implementation of the Medication Reconciliation (MedRec), which is carried out with variable geometry. It would be time to evaluate the implementation strategies in order to assess the effectiveness of the measures that were implemented.
In addition, it is strongly recommended to start updating the policies quickly and to establish a timetable by determining the precise year of revision for each policy.
The integration of a resource nurse will allow to support the nursing staff in the sustainability of achievements and the improvement of Medication Management Standards that are not the responsibility of the pharmacy service such as administration, medication control to the staff, or others.
The physical environment is clean and clutter-free despite the lack of spaces, and has a quiet ambiance, thus ensuring a favorable and safe worklife.

Specific comments by facility

Edmundston Hospital
To ensure the quality of the prescriptions, a validation is carried out during working hours as well as on the weekends.
An external firm of pharmacists validates and verifies the compliance of prescriptions remotely

(telepharmacy). This action enabled the pharmacy department to overcome the shortage of pharmacists and release them to strengthen clinical activities.
Particular attention must be paid to the hemodialysis unit; the nursing staff carries out a triple transcription of the prescriptions, which causes the process to have a considerable risk of error.

Dr-Georges-L. Dumont University Hospital Centre
On some medicine and surgery units, the medicine carts are in the corridors, unlocked.
Access to common medicines is easy for patients; it is recommended to take measures to better control access. There are no doors to ensure the safety of medications.
The infrastructure does not meet National Association of Pharmacy Regulatory Authorities (NAPRA) standards, but the College of Pharmacists has agreed to a modified plan until renovations can be undertaken.

Campbellton Regional Hospital
The service is urged to continue the establishment of clinical pharmacists in the care units and to complete the MedRec, which will allow to avoid the risks of polypharmacy in collaboration with the community pharmacies.

Standards Set: Mental Health Services - Direct Service Provision

Unmet Criteria			High Priority Criteria
Priority Process: Clinical Leadership			
The organization has met all criteria for this priority process.			
Priority Process: Competency			
3.14	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.		!
Priority Process: Episode of Care			
2.7	The physical environment is safe, comfortable, and promotes client recovery.		
7.12	Clients and families are provided with opportunities to be engaged in research activities that may be appropriate to their care.		
7.13	Ethics-related issues are proactively identified, managed, and addressed.		!
8.6	Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.		ROP
	8.6.1	Upon or prior to admission, a Best Possible Medication History (BPMH) is generated and documented in partnership with clients, families, caregivers, and others, as appropriate.	**MAJOR**
	8.6.2	The BPMH is used to generate admission medication orders or the BPMH is compared with current medication orders and any medication discrepancies are identified, resolved, and documented.	**MAJOR**
	8.6.3	The prescriber uses the BPMH and the current medication orders to generate transfer or discharge medication orders.	**MAJOR**
Priority Process: Decision Support			
2.2	Technology and information systems requirements and gaps are identified and communicated to the organization's leaders.		
11.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.		!
Priority Process: Impact on Outcomes			

13.1	There is a standardized procedure to select evidence-informed guidelines that are appropriate for the services offered.	!
13.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
13.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.	!
13.5	Guidelines and protocols are regularly reviewed, with input from clients and families.	!

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The care approach is centred on the patient and focused on their strengths. Clinical services and support are recovery oriented and emphasize patient well-being and choice. Services are reviewed and monitored to determine whether they are appropriate.
Several initiatives have been implemented to review services and to adapt them to the needs of the population. Management is very proactive about this. Patients participate in the development of programs in certain sectors. In others, using the skills of a partner patient would be a relevant addition.
Patients are informed of the services and have the opportunity to make informed choices according to the different services available to them, within the network or with partners.
Work and task organization, roles and responsibilities, and case assignment are determined with input from team members as well as patients and families, where appropriate. The admission or transition of patients to other levels of services or to community services is facilitated.

Priority Process: Competency

The staff is well trained and informed on all aspects related both to the practice of care and to the various directives and procedures in use at the facility. New models of practice are being developed and all stakeholders are called upon to participate in training and simulation sessions.
A staff shortage has been observed in the adult units. Given the situation in relation to the recruitment of specialized resources, the model of care is changing with the integration of other professionals. Community workers have been added to the care team.

Priority Process: Episode of Care

The single session therapy model was chosen and implemented to increase access to services. Around 400 clinicians have been trained by external experts.
The Safewards model was introduced to increase patient and staff safety on the care unit through ten best practice modules. This recovery-oriented model is trauma-informed and is client- and family-centred. Safety councils and CPI [Crisis Prevention & Intervention] training further enable teams to provide safe care.
Cases of violence and code whites have increased. With a more human approach, teams have seen a decrease in code whites and the use of restraints. Refresher training is regularly provided to the team to keep them up to date in this regard.

The stepped care model is person-centred. The recovery-oriented intervention plan is implemented, with patient participation. It is interdisciplinary.
One of the major issues is the lack of accommodation resources within the territory. From 20 to 25% of patients are awaiting placement. The opening of accommodation spots depends on another ministry, that of Social Development. Particular attention should be paid to this situation in order to provide clients with a living environment that is truly adapted to their needs and to free up hospitalization spots for clients requiring acute care.
Patient participation is urged by the integration of partner patients. An indigenous peer helper participates in management activities.
In Campbellton, the hospital's recent construction in 2014 provides a spacious, safe, well-equipped, and clean environment.
A child psychiatry expansion project is being discussed in Moncton and in Bathurst. The pandemic has led to a 30% increase in psychological problems among youth. This situation creates a significant lack of hospital resources to better support families in times of crisis.
Integration with forensic psychiatry and correctional services is optimal. At the Restigouche Hospital Centre, there is a unit for youth, eight voluntary beds, tertiary care for a stay of three to six months, and four involuntary beds, recognized under the Criminal Code of Canada for the psycho-legal assessments of youth between the ages of 12 and 18. The youth unit can count on a partner patient. A patients' committee should be created this fall. As for adults, the forensic psychiatric assessment unit has 20 beds.

Priority Process: Decision Support

Patient records are well maintained. There are computerized records in some places and paper records in others. In Campbellton, the facility has an electronic file for nursing and professionals. A paper file is present for doctors. The facility is urged to standardize its practice in order to facilitate the drafting of interdisciplinary notes. The facility is also urged to implement a file audit system, designed with input from patients and families, in order to monitor and evaluate record keeping practices.
The use of electronics is becoming more and more common with the introduction of teleconsultation.
The mental health sector is quite poor in terms of information resources. Attention should be paid to the acquisition of technological tools to better support the different experiences and innovations of management.
Patient consent is obtained properly, either by the patient themselves or by someone in their family if they cannot consent.

Priority Process: Impact on Outcomes

Several initiatives are implemented at the management level in order to ensure access to international best practices. For example, after literature reviews and research, practices were chosen in the United Kingdom in an attempt to modify trajectories and reduce waiting lists. The right patient in the right place at the right time, with the right service, appropriate to their condition and according to what they want for themselves. Initiatives are also undertaken with partner patients. At the CHU, the facility does not have a standardized procedure for choosing evidence-informed guidelines that are relevant to the services offered. We urge the organization to find ways to facilitate this access.

Some policies are several years old. The organization is urged to review them, ensuring that the staff is well trained.

The safety and quality of services are major issues for patients and staff. Risk assessments are carried out, as are satisfaction surveys. The analyses carried out allow to make the necessary changes in more fragile situations.

Standards Set: Obstetrics Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
3.12	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
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		
16.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
16.6	There is a policy on ethical research practices that outlines when to seek approval, developed with input from clients and families.	!

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Innovative and concerted approaches to providing quick and easy access deserve to be shared within the organization and partners. We were able to observe multidisciplinary teams committed and invested in clients and their families. Decisions and activities are all geared towards the common goal of providing the best service at the right time.

Priority Process: Competency

We observed a rigorous processes of training, orientation, simulation teaching, and ongoing skills monitoring. Clinical support and mutual assistance are quite present (consultation, debriefing, coaching).

Priority Process: Episode of Care

By having implemented simple, fluid processes focused on the needs of patients and their families, services are offered in a timely manner. The care plans focus on accessibility, fluidity, and the safety of patients and newborns. Multidisciplinary teams guide decisions towards a common goal: to respect

Priority Process: Decision Support

Through the ticket of tools for collecting complete data that is recorded in the files and updated, the communication promotes clinical exchanges on the patient. This information promotes coordination among team members and other organizations, in partnership with the patient and in accordance with laws.

Priority Process: Impact on Outcomes

A proactive, predictive, and multidisciplinary approach is used to identify risks to the safety of patients and the team. We have observed committed and mobilized teams, concerned with making services accessible, fair, and caring.

Standards Set: Perioperative Services and Invasive Procedures - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
10.13 Clients and families are provided with opportunities to be engaged in research activities that may be appropriate to their care.	
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.	
Priority Process: Medication Management	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The Organization is congratulated for the facilities provided to families such as screens in the waiting room, break room, kitchenette (Moncton), and for allowing families to stay in CDJs [Chirurgies d'un jour (Outpatient Surgeries)] at the HRE.

Priority Process: Competency

Several training courses are offered online. Each employee can do a follow-up of their file by themselves in addition to the follow-up by the management.
All processes related to IV pumps have been implemented.
In some places, performance appraisals have been put on hold. We urge the organization to resume this process.

Priority Process: Episode of Care

The organization is congratulated because all the ROPs are met. The
online orientation for OR nurses is a great initiative.
100% signed consent upon receipt of the request, otherwise it is rejected. You are
congratulated on the new bariatric surgery department at the HRE.
The entire admission process, the transfer of information between units, and information on discharge is very standardized and well documented.
Telephone follow-up is done with outpatient surgery patients at the HRE.
Zone 4: Cataract surgeries and minor surgeries in Grand-Sault to increase operating time in the room.
Challenges
The organization has a limited capacity in the operating room, particularly for hospitalized cases (a lack of staff and beds for surgical patients).

Priority Process: Decision Support

Records are kept in accordance with the policies and procedures of the Vitalité Network. Annual training is offered on the respect of privacy and confidentiality.

Priority Process: Impact on Outcomes

Several indicators are tracked and improvement plans result from this. Wait times are managed. We urge the organization to systematically display dashboards for staff.

Priority Process: Medication Management

Medications used by anaesthesiologists are well labelled. All drug-related processes are compliant.

Standards Set: Point-of-Care Testing - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Point-of-care Testing Services	

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)
Priority Process: Point-of-care Testing Services

Non-laboratory analyses (NLAs) are regionalized. Policies, procedures, and terms of reference are determined for all sites and a coordinator is appointed in each zone. The committee for non-laboratory analyses is multidisciplinary. It has no partner patient.
Training, quality controls, and audits are very well monitored and evaluated. Everything is highly organized. The biochemist is very involved. An interface between the Meditech and Aegis systems has been implemented since this year.
There is collaboration between the care units and the laboratory team. Training and standard operating procedures (SOPs) are known and available to all individuals performing NLAs.

Standards Set: Primary Care Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
3.2	Credentials, qualifications, and competencies are verified, documented, and up-to-date.	!
3.10	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	!
4.5	Standardized communication tools are used to share information about a client's care within and between teams.	!
Priority Process: Episode of Care		
8.10	The client's informed consent is obtained and documented before providing services.	!
8.11	When clients are incapable of giving informed consent, consent is obtained from a substitute decision maker.	!
8.12	Clients and families are provided with opportunities to be engaged in research activities that may be appropriate to their care.	
8.14	Clients and families are provided with information about their rights and responsibilities.	!
8.15	Clients and families are provided with information about how to file a complaint or report violations of their rights.	!
9.5	When prescribing any medication, the team reconciles the client's list of medications.	!
Priority Process: Decision Support		
12.8	There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	!
Priority Process: Impact on Outcomes		
16.8	Indicator data is regularly analyzed to determine the effectiveness of the quality improvement activities.	!

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Several initiatives, indicators, and the monitoring of improvement projects are carried out at the regional level, with patient input. Leaders are urged to ensure that local organizations are aware of the indicators monitored and that they participate in the analysis and areas for improvement.

Priority Process: Competency

We urge managers to provide credential verification and performance appraisals in a standardized way. Staff is offered training on cultural diversity, particularly on aboriginal diversity. All staff could benefit from this training and the network could make it mandatory, especially since the population of New Brunswick is becoming more and more diversified, with the arrival of foreign workers and many refugees.

Priority Process: Episode of Care

The addition of the Greater Moncton Health Centre is a great initiative to ensure the care of orphan patients by nurse practitioners.
Primary Health Centres are urged to inform patients about their rights and responsibilities (consent, complaints, research activities), through the network.
The employees of Health Centres are urged to practice the use of MedRec in all facilities before prescribing a drug.

Priority Process: Decision Support

Leaders are aware of the lack of integration of computer systems and paper files into an electronic file. The lack of integration poses a risk to patient safety.

Priority Process: Impact on Outcomes

An analysis of the indicators is done at the regional level. Staff in local Health Centres are not always aware of the indicators that are analyzed.

Standards Set: Public Health Services - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Impact on Outcomes		
16.7	There is a process to regularly collect indicator data and track progress.	
Priority Process: Public Health		
6.6	Partnerships are assessed on an ongoing basis for relevance and effectiveness.	
7.1	Communication strategies are developed based on evidence, best practices, research, and the population health assessment.	!
7.6	The effectiveness of communication strategies is evaluated and improvements are made as a result.	
8.3	Health impact assessments for proposed public policies, programs, and projects are conducted in collaboration with partners and with input from the community.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

This department has shown a great agility and adaptability in the organization of its services and the work of the team. These changes were carried out in a very participative way.
The recent creation of the roles of community development advisers is an example where team members as well as community members have the opportunity to contribute to the evolution of the role.

Priority Process: Competency

A strong culture of teamwork can be seen within the public health services team. Roles, including newly created ones such as community development advisers, are well defined and continue to develop.
With multiple initiatives on the horizon, the team is urged to continue to monitor its ability to deliver services and to continue to ensure that team members have the information and skills necessary to fulfil their roles as they develop.

Priority Process: Impact on Outcomes

The team has access to a lot of demographic and epidemiological data from various sources and uses it to make its decisions. In addition to data, the team uses feedback gathered through surveys administered to community partners and patient representatives to make adjustments and to refine its services.
In addition to subjective feedback, the team is urged to seek objective and measurable indicators for their initiatives so that changes can be made to ensure that their valuable efforts are invested effectively.

Priority Process: Public Health

The team has access to extensive demographic and epidemiological data from a variety of sources to support their work. This data is analyzed regularly to ensure the alignment of their service with the needs of the population. Based on this data, the team adjusts and prioritizes its efforts to meet needs. The team tries to find a balance between regional standardization and local adaptation in order to ensure that local realities and priorities are taken into account.
Thanks to the new committees created as a result of the resilience project, the team is able to communicate this data and analysis to stakeholders and solicit their input for decision making. When fully implemented, these committees will eventually also be able to influence decisions such as the range of services offered, as well as policy decisions. In addition, the team is beginning to build partnerships within the community and, with the arrival of community development advisers, these partners will be able to contribute to strategies for improving the health of the population.
The organization is urged to identify strategies for evaluating the effectiveness of community development efforts.
Immediate threats to the health of the population are monitored by central provincial public health services and are communicated to the organization.
Although the team has goals and objectives related to the majority of its programs and services, it is urged to continue to seek measurable goals for all of its services. In addition, given the significant efforts invested, the team is urged to find strategies to assess the impact of initiatives and projects on health.
The team participates in the “learning communities” project, where teams of stakeholders, community partners, and researchers are present to apply research data and to ensure the documentation of learning.
This team's COVID response cannot go unnoticed. The team demonstrated agility, adaptability, and ingenuity in targeting certain populations, as well as an exemplary collaboration with other partners to ensure the protection of the population.
In collaboration with communication specialists, the team is urged to develop the communication strategies and tools adapted to the target group in order to ensure that their efforts and their messages are well disseminated and received, and to evaluate them.

Standards Set: Rehabilitation Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
2.3 An appropriate mix of skill level and experience within the team is determined, with input from clients and families.	
2.5 The effectiveness of resources, space, and staffing is evaluated with input from clients and families, the team, and stakeholders.	
2.7 A universally-accessible environment is created with input from clients and families.	
Priority Process: Competency	
3.1 Required training and education are defined for all team members with input from clients and families.	!
3.6 Education and training are provided on the organization's ethical decision-making framework.	
5.1 The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.	
Priority Process: Episode of Care	
7.12 Ethics-related issues are proactively identified, managed, and addressed.	!
8.2 The assessment process is designed with input from clients and families.	
8.5 Medication reconciliation is conducted in partnership with clients and families to communicate accurate and complete information about medications across care transitions.	ROP
8.5.3 The prescriber uses the BPMH and the current medication orders to generate transfer or discharge medication orders.	**MAJOR**
10.8 The effectiveness of transitions is evaluated and the information is used to improve transition planning, with input from clients and families.	
Priority Process: Decision Support	
11.8 There is a process to monitor and evaluate record-keeping practices, designed with input from clients and families, and the information is used to make improvements.	!
Priority Process: Impact on Outcomes	

13.1	There is a standardized procedure to select evidence-informed guidelines that are appropriate for the services offered.	!
13.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
13.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
13.4	Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.	!
13.5	Guidelines and protocols are regularly reviewed, with input from clients and families.	!

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

The contribution of patients in the evaluation and identification of the skills of the teams is very limited or even absent.

Priority Process: Competency

In terms of skills, it would be relevant to make teams aware of ethical issues so that team members are better able to identify ethical situations.
In addition, it would be relevant to include patients and families in the identification of staff training needs.
Moreover, due to the significant staff shortage, the facility would also benefit from implementing an evaluation process to measure the workload of employees, in order to ensure patient safety. A contingency plan in a situation of shortage would benefit from being implemented. However, it should be noted that the roles and responsibilities of employees are greatly optimized.

Priority Process: Episode of Care

In terms of episodes of care, the facility is urged to: challenge patients and their families in the evaluation process; revisit its reconciliation during transfer points (intra-hospital) and assess the effectiveness of the transition process.

Priority Process: Decision Support

In general, the decision support processes comply with and respect the current standards of Accreditation Canada. However, with a view to improvement, the facility is urged to set up audit processes in order to measure its level of compliance in its record keeping. Moreover, in order to increase the participation of patients and their families, the organization would do well to promote their contributions to the various decision-making assistance processes.

Priority Process: Impact on Outcomes

The facility works in partnership with patients at the strategic (regional) level, however, at the local level, the contribution of residents and families in the planning, organization, development, and evaluation of activities is very limited or even absent.

Standards Set: Substance Abuse and Problem Gambling - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
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

Service planning is done in partnership with clients, families, and community partners. The program has a strong commitment to consumers and provides individualized care focused on the recovery of individuals. Information collected about users helps to identify priorities in the delivery of program services. In support of the organizational value of including partner patients, the program introduced peer helpers and partner patients. We recognize the partnerships maintained by Vitalité with professional training programs to welcome trainees in order to attract new graduates.

Priority Process: Competency

Interprofessional collaboration among team members was evident. Training and development are implemented. Basic and specialized modules, such as a presentation on the importance of First Nations cultural safety, and new case plan training modules focused on recovery increase staff knowledge of the importance of client-centred care.

Priority Process: Episode of Care

The interdisciplinary and dedicated teams offer the services with respect and open and transparent communication, which is framed by the implementation of the Safewards modules. The model of stepped care allows teams to offer services according to the intensity of care required. We emphasize the implementation of the suicide risk assessment tool and the continued implementation of medication reconciliation. The executives are proud of their teams and team members are recognized for their contributions.

Priority Process: Decision Support

Standardized screening and documentation tools allow for coordinated information sharing. The presence of an electronic file, as well as a paper file. The organization is urged to implement a fully electronic health record.

Priority Process: Impact on Outcomes

Substance Abuse services follow guidelines to ensure the safety and quality of care. Improving the quality and safety of clients is framed by a cross-cutting governance structure of the three mental health services: hospital, community, and addictions services From there, a regional level work plan was created to serve as a guide for projects under each of the six pillars. Several indicators and initiatives are tracked at the regional level and others, following client feedback, and have been carried out in addiction treatment services.

Standards Set: Telehealth - Direct Service Provision

Unmet Criteria		High Priority Criteria
Priority Process: Clinical Leadership		
The organization has met all criteria for this priority process.		
Priority Process: Competency		
The organization has met all criteria for this priority process.		
Priority Process: Episode of Care		
9.13	A process to investigate and respond to claims that clients' rights have been violated is developed and implemented with input from clients and families.	!
9.15	Clients and families are provided with opportunities to be engaged in research activities that may be appropriate to their care.	
Priority Process: Decision Support		
13.1	There is a multi-faceted approach to protect the confidentiality of data and information exchanged during the telehealth encounter.	!
Priority Process: Impact on Outcomes		
15.2	The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
15.3	There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

Those in charge of telehealth exercise great leadership in the deployment of technology at the Vitalité Network. The implementation of approximately 96 telehealth stations required the training of super-users to provide coaching and guidance to clinicians and patients and to maintain equipment.

Priority Process: Competency

The telehealth team has a variety of expertise. Several training courses allow the maintenance of the skills of both the team and the multiple user clinicians. The patient who consults his doctor/specialist via telehealth is assisted in connecting the equipment by a super-user (approximately 40 deployed in the departments) or by the nurse, as needed. A partner patient we met underlined the quality of the support and the benefits for monitoring her health. For this priority process, all the criteria meet the quality standards.

Priority Process: Episode of Care

The meeting of the professionals and a partner patient revealed that the clinical services have integrated telehealth into their service offer. In fact, individual and group virtual visits can be organized, according to the needs of the patients. In this sense, managers and clinicians have intensified the use of telehealth to maintain services in the context of the pandemic (for example, telemedicine, the dyad hosting of virtual mental health services groups, consultation with a specialist at the emergency department, etc.). The deployment and installation of several videoconferencing stations (approximately 96) in the various facilities of the Vitalité Network ensure access to services and significantly reduce patient travel. The telehealth team is currently: 1) Collecting data to document the use of telehealth, 2) Testing the combination of several technologies (for example, videoconferencing-TEAMS) taking into account the multiple technological devices of patients. The establishment of a quality committee with a partner patient from September 2022 is part of the telehealth team's strategy to ensure continuous quality improvement. However, the facility is urged to clarify the process for investigating allegations of the violation of patient rights and to make it accessible to staff and patients.

Priority Process: Decision Support

The policies and procedures in effect govern the regional development of telehealth. Several clinical services use telehealth to consult specialists (for example, oncologist, pulmonologist) and to offer individual or group support activities (for example, virtual group sessions in mental health). Telehealth and clinical teams have worked closely during the pandemic for the integration of information and communication technologies (ICT) such as Zoom, TEAMS. In addition, trials are carried out on telehealth equipment to test technical interoperability (for example, the use of videoconferencing and TEAMS). For this priority process, most criteria meet quality standards. However, the facility is urged to ensure that a multi-channel approach is implemented to identify the risks associated with confidentiality in advance. The patient's agreement to the exchange of information seems to be considered implicit during the consent (verbal or written).

Priority Process: Impact on Outcomes

Most criteria meet quality standards. However, the facility is urged to update the terms of reference and procedures for selecting telehealth guidelines. The current telehealth framework dates from 2003. We would like to mention the satisfaction testimony of a partner patient followed by her specialist via telehealth. The telehealth team is urged to further identify the quality improvement activities carried out jointly with the clinical teams (for example, setting up a room to increase the confidentiality of the remarks exchanged between the patient and his doctor) and to communicate the results of the audits.

Standards Set: Transfusion Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Transfusion Services	
27.7 The team regularly monitors the effectiveness of its procedures for responding to lookback notifications and recalls and makes changes as needed.	!

Surveyor comments on the priority process(es)

Priority Process: Episode of Care

An on-site review from Accreditation Canada a few weeks ago confirmed compliance with this process, as well as with all the technical standards specific to laboratory services.

Priority Process: Transfusion Services

The transfusion component involves certain regionalization and standardization issues. A good collaboration exists with clients and partners. In St-Quentin, work is underway to obtain a level 2 certification of “Choosing with care for transfusions.” The meeting frequency of the transfusion committee has been affected by the pandemic. The committee aims to meet regularly starting in September.
At the blood bank, there is a computerized analyzer. The laboratory is also responsible for antibody research for the entire Acadian peninsula.
In Campbellton, the team refers to the regional documents “Standards in Spiritual Care” and “Code of Ethics” when dealing with cultural issues. The team undertook a hospital-wide quality improvement project to standardize the type and storage of transfusion equipment in the units. This included a standardized green-coloured tray.

Instrument Results

As part of Qmentum, organizations administer instruments. Qmentum includes three instruments (or questionnaires) that measure governance functioning, patient safety culture, and quality of worklife. They are completed by a representative sample of clients, staff, senior leaders, board members, and other stakeholders.

Governance Functioning Tool (2016)

The Governance Functioning Tool enables members of the governing body to assess board structures and processes, provide their perceptions and opinions, and identify priorities for action. It does this by asking questions about:

- Board composition and membership
- Scope of authority (roles and responsibilities)
- Meeting processes
- Evaluation of performance

Accreditation Canada provided the organization with detailed results from its Governance Functioning Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address challenging areas.

- **Data collection period: October 6, 2021 to October 18, 2021**
- **Number of responses: 18**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	28	72	93
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	6	17	78	94
3. Subcommittees need better defined roles and responsibilities.	71	6	24	69
4. As a governing body, we do not become directly involved in management issues.	0	6	94	86
5. Disagreements are viewed as a search for solutions rather than a “win/lose”.	22	6	72	92

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	44	17	39	92
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	11	33	56	94
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	11	17	72	93
9. Our governance processes need to better ensure that everyone participates in decision making.	28	6	67	63
10. The composition of our governing body contributes to strong governance and leadership performance.	6	6	89	92
11. Individual members ask for and listen to one another's ideas and input.	0	22	78	94
12. Our ongoing education and professional development is encouraged.	11	6	83	81
13. Working relationships among individual members are positive.	0	22	78	96
14. We have a process to set bylaws and corporate policies.	0	11	89	94
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	98
16. We benchmark our performance against other similar organizations and/or national standards.	17	28	56	77
17. Contributions of individual members are reviewed regularly.	11	50	39	66
18. As a team, we regularly review how we function together and how our governance processes could be improved.	11	22	67	80
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	50	50	61

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	6	28	67	84
21. As individual members, we need better feedback about our contribution to the governing body.	22	17	61	43
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	11	33	56	78
23. As a governing body, we oversee the development of the organization's strategic plan.	11	11	78	95
24. As a governing body, we hear stories about clients who experienced harm during care.	28	22	50	75
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	24	12	65	88
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	40	33	27	90
27. We lack explicit criteria to recruit and select new members.	31	50	19	77
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	50	31	19	84
29. The composition of our governing body allows us to meet stakeholder and community needs.	11	33	56	90
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	18	82	90
31. We review our own structure, including size and subcommittee structure.	24	35	41	85
32. We have a process to elect or appoint our chair.	75	6	19	87

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	27	27	47	84
34. Quality of care	27	20	53	86

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2021 and agreed with the instrument items.

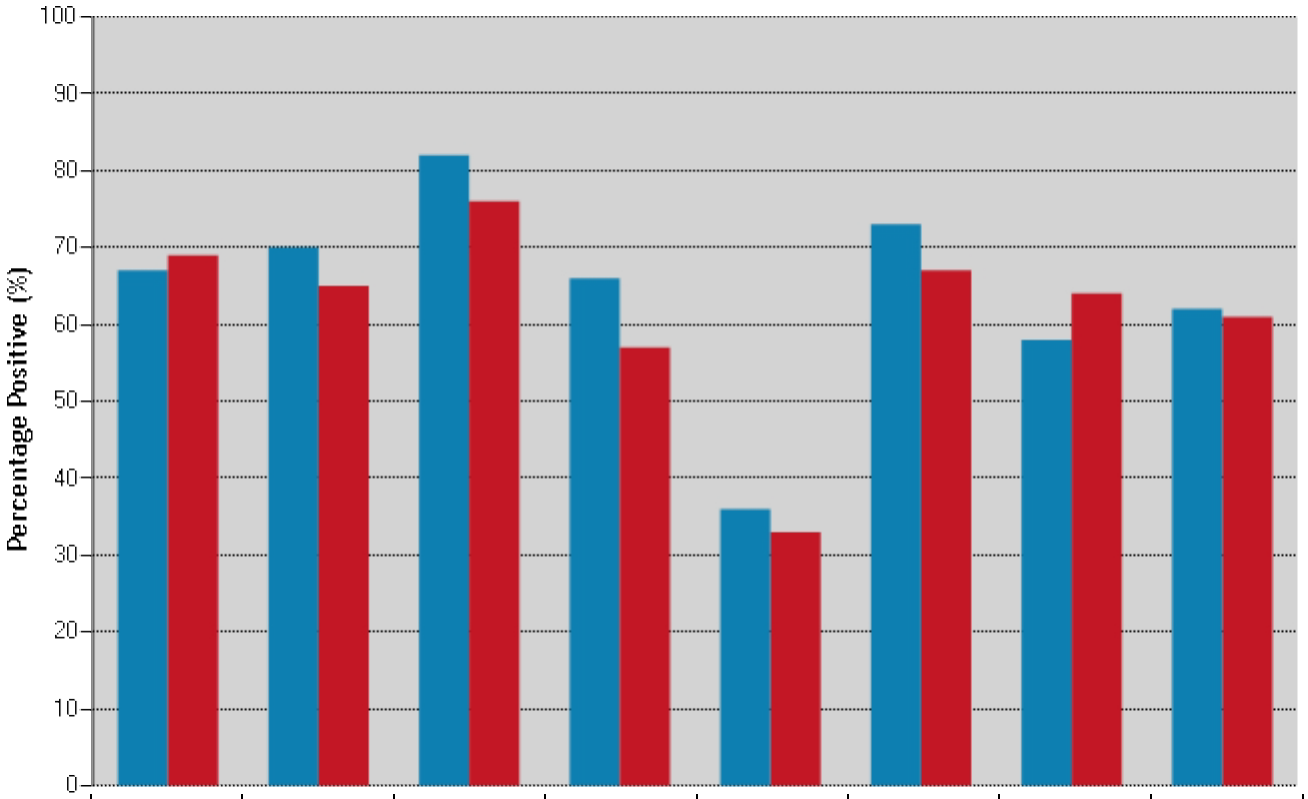
Canadian Patient Safety Culture Survey Tool

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

Results from the Patient Safety Culture Tool allow the organization to identify strengths and areas for improvement in a number of areas related to patient safety and worklife. Accreditation Canada provided the organization with detailed results from its Patient Safety Culture Tool prior to the on-site survey through the client organization portal. The organization then had the opportunity to address areas for improvement. During the on-site survey, surveyors reviewed progress made in those areas.

- **Data collection period: August 23, 2021 to October 25, 2021**
- **Minimum responses rate (based on the number of eligible employees): 362**
- **Number of responses: 1124**

Canadian Patient Safety Culture Survey Tool: Results by Patient Safety Culture Dimension



	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Unit learning culture	Enabling Open Communication I: judgment-free environment	Enabling Open Communication II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
	67%	70%	82%	66%	36%	73%	58%	62%
	69%	65%	76%	57%	33%	67%	64%	61%

Legend

Réseau de santé Vitalité Health Network

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2021 and agreed with the instrument items.

Worklife Pulse

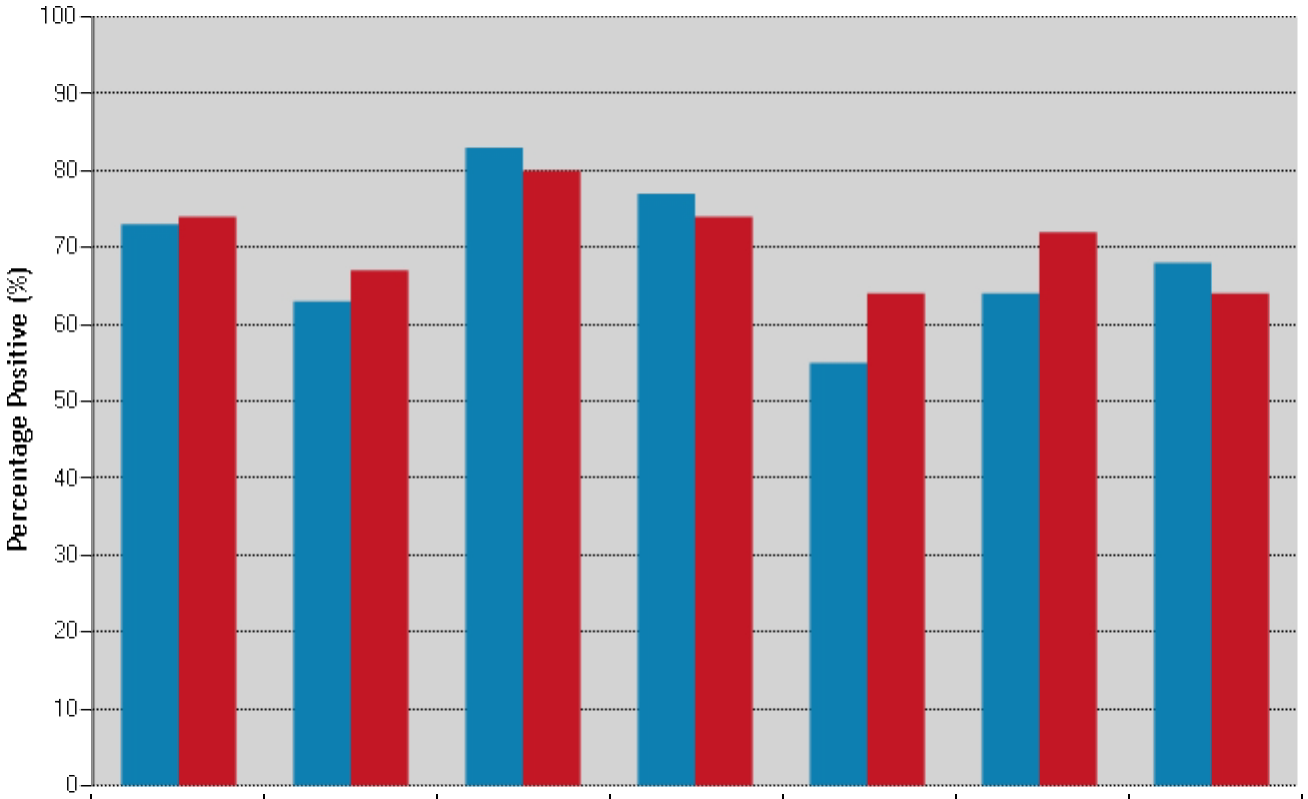
Accreditation Canada helps organizations create high quality workplaces that support workforce wellbeing and performance. This is why Accreditation Canada provides organizations with the Worklife Pulse Tool, an evidence-informed questionnaire that takes a snapshot of the quality of worklife.

Organizations can use results from the Worklife Pulse Tool to identify strengths and gaps in the quality of worklife, engage stakeholders in discussions of opportunities for improvement, plan interventions to improve the quality of worklife and develop a clearer understanding of how quality of worklife influences the organization's capacity to meet its strategic goals. By taking action to improve the determinants of worklife measured in the Worklife Pulse tool, organizations can improve outcomes.

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

- **Data collection period: November 12, 2020 to December 22, 2020**
- **Minimum responses rate (based on the number of eligible employees): 363**
- **Number of responses: 1825**

Worklife Pulse: Results of Work Environment



	Job	Training and Development	Coworkers	Immediate Supervisor	Senior Management	Safety and Health	Overall Experience
	73%	63%	83%	77%	55%	64%	68%
	74%	67%	80%	74%	64%	72%	64%

Legend

Réseau de santé Vitalité Health Network

* Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2021 and agreed with the instrument items.

Client Experience Tool

Measuring client experience in a consistent, formal way provides organizations with information they can use to enhance client-centred services, increase client engagement, and inform quality improvement initiatives.

Prior to the on-site survey, the organization conducted a client experience survey that addressed the following dimensions:

> **Respecting client values, expressed needs and preferences,** including respecting client rights, cultural values, and preferences; ensuring informed consent and shared decision-making; and encouraging active participation in care planning and service delivery.
>
> **Sharing information, communication, and education,** including providing the information that people want, ensuring open and transparent communication, and educating clients and their families about the health issues.
>
> **Coordinating and integrating services across boundaries,** including accessing services, providing continuous service across the continuum, and preparing clients for discharge or transition.
>
> **Enhancing quality of life in the care environment and in activities of daily living,** including providing physical comfort, pain management, and emotional and spiritual support and counselling.

The organization then had the chance to address opportunities for improvement and discuss related initiatives with surveyors during the on-site survey.

Client Experience Program Requirement	
Conducted a client experience survey using a survey tool and approach that meets accreditation program requirements	Met
Provided a client experience survey report(s) to Accreditation Canada	Met

Appendix A - Qmentum

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

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 15 business days.

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

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

Action Planning

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

Priority Process	Description
Chronic Disease Management	Integrating and coordinating services across the continuum of care for populations with chronic conditions
Population Health and Wellness	Promoting and protecting the health of the populations and communities served through leadership, partnership, and innovation.

Priority processes associated with service excellence standards

Priority Process	Description
Blood Services	Handling blood and blood components safely, including donor selection, blood collection, and transfusions
Clinical Leadership	Providing leadership and direction to teams providing services.
Competency	Developing a skilled, knowledgeable, interdisciplinary team that can manage and deliver effective programs and services.
Decision Support	Maintaining efficient, secure information systems to support effective service delivery.
Diagnostic Services: Imaging	Ensuring the availability of diagnostic imaging services to assist medical professionals in diagnosing and monitoring health conditions
Diagnostic Services: Laboratory	Ensuring the availability of laboratory services to assist medical professionals in diagnosing and monitoring health conditions
Episode of Care	Partnering with clients and families to provide client-centred services throughout the health care encounter.
Impact on Outcomes	Using evidence and quality improvement measures to evaluate and improve safety and quality of services.
Infection Prevention and Control	Implementing measures to prevent and reduce the acquisition and transmission of infection among staff, service providers, clients, and families

Priority Process	Description
Living Organ Donation	Living organ donation services provided by supporting potential living donors in making informed decisions, to donor suitability testing, and carrying out living organ donation procedures.
Medication Management	Using interdisciplinary teams to manage the provision of medication to clients
Organ and Tissue Donation	Providing organ and/or tissue donation services, from identifying and managing potential donors to recovery.
Organ and Tissue Transplant	Providing organ and/or tissue transplant service from initial assessment to follow-up.
Point-of-care Testing Services	Using non-laboratory tests delivered at the point of care to determine the presence of health problems
Primary Care Clinical Encounter	Providing primary care in the clinical setting, including making primary care services accessible, completing the encounter, and coordinating services
Public Health	Maintaining and improving the health of the population by supporting and implementing policies and practices to prevent disease, and to assess, protect, and promote health.
Surgical Procedures	Delivering safe surgical care, including preoperative preparation, operating room procedures, postoperative recovery, and discharge