



Réseau de santé Vitalité Health Network

Accredited

Réseau de santé Vitalité Health Network has met the requirements of the Qmentum accreditation program and has shown a commitment to quality improvement.

Réseau de santé Vitalité Health Network is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **Réseau de santé Vitalité Health Network** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) www.isqua.org, a tangible demonstration that our programs meet international standards.

Find out more about what we do at www.accreditation.ca.

Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

On-site survey dates

June 19, 2022 to June 24, 2022

Locations surveyed

- **65** locations were assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed **Accredited** as of the date of this report.

See **Appendix A** for a list of the locations that were surveyed.

Standards used in the assessment

- **25 sets of standards** were used in the assessment.

Summary of surveyor team observations

These surveyor observations appear in both the Executive Summary and the Accreditation Report.

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

Observations équipe 2022

Le 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. Of 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.

These 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 aging of the population and everything associated with that is a significant challenge. At the other extreme, the youth-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 encourage 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 an 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.

Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

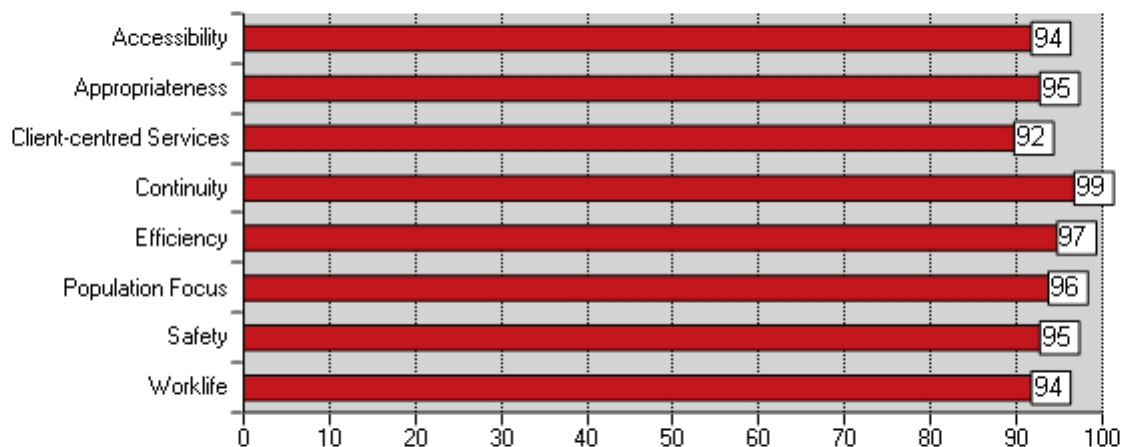
The quality dimensions are:

	Accessibility:	Give me timely and equitable services
	Appropriateness:	Do the right thing to achieve the best results
	Client-centred Services:	Partner with me and my family in our care
	Continuity:	Coordinate my care across the continuum
	Efficiency:	Make the best use of resources
	Population Focus:	Work with my community to anticipate and meet our needs
	Safety:	Keep me safe
	Worklife:	Take care of those who take care of me

Taken together, the dimensions create a picture of what a high quality health care program or service “looks like.” It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

Quality Dimensions: Percentage of criteria met



Overview: Standards results

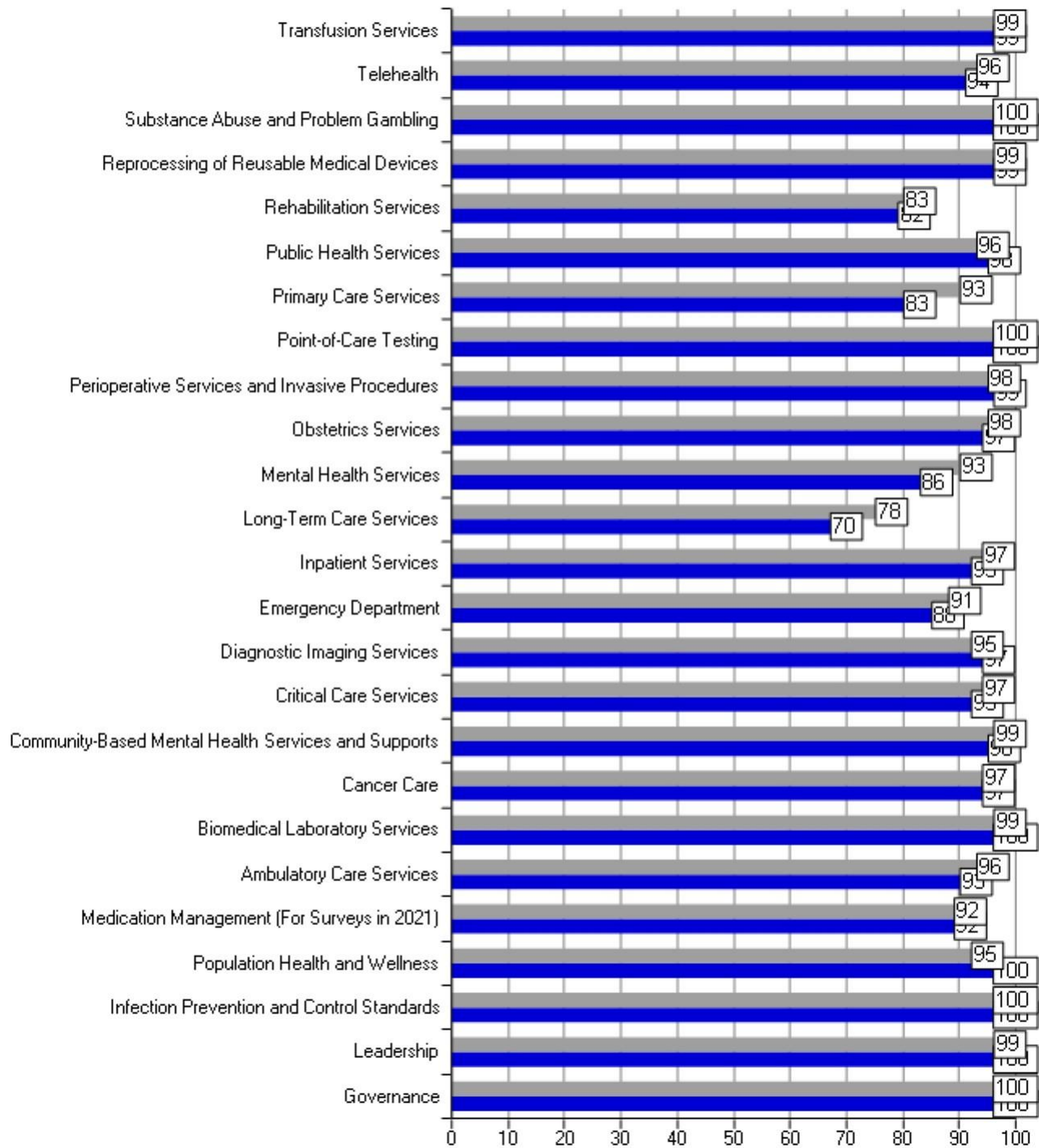
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.

Standards: Percentage of criteria met

■ High priority criteria met ■ Total criteria met



Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

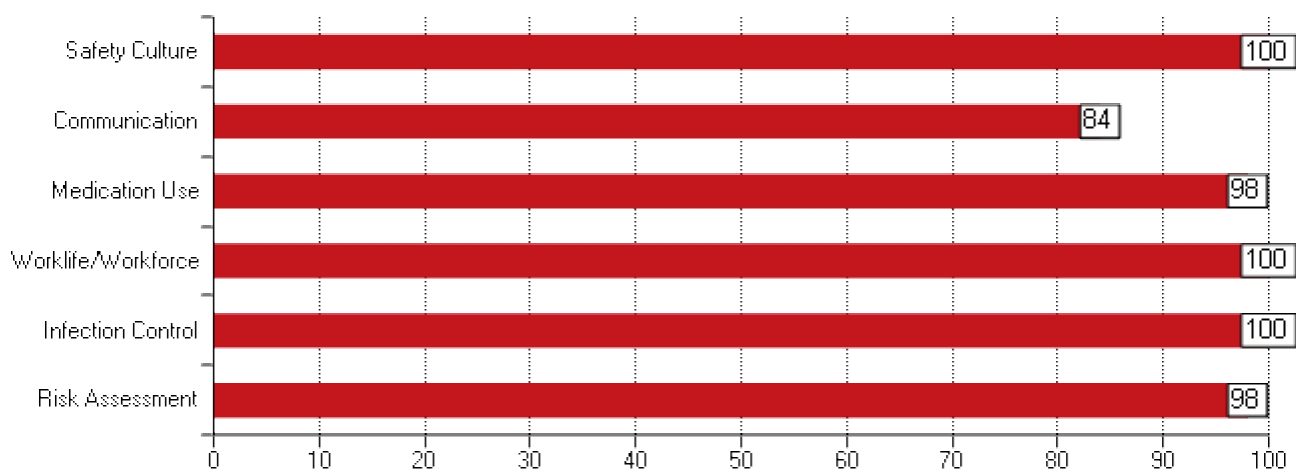
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes how select ROPs are being met across the country.

ROPs are categorized into six safety areas, each with its own goal:

- **Safety culture:** Create a culture of safety within the organization
- **Communication:** Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- **Medication use:** Ensure the safe use of high-risk medications
- **Worklife/workforce:** Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control:** Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- **Risk assessment:** Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

ROP Goal Areas: Percentage of tests for compliance met



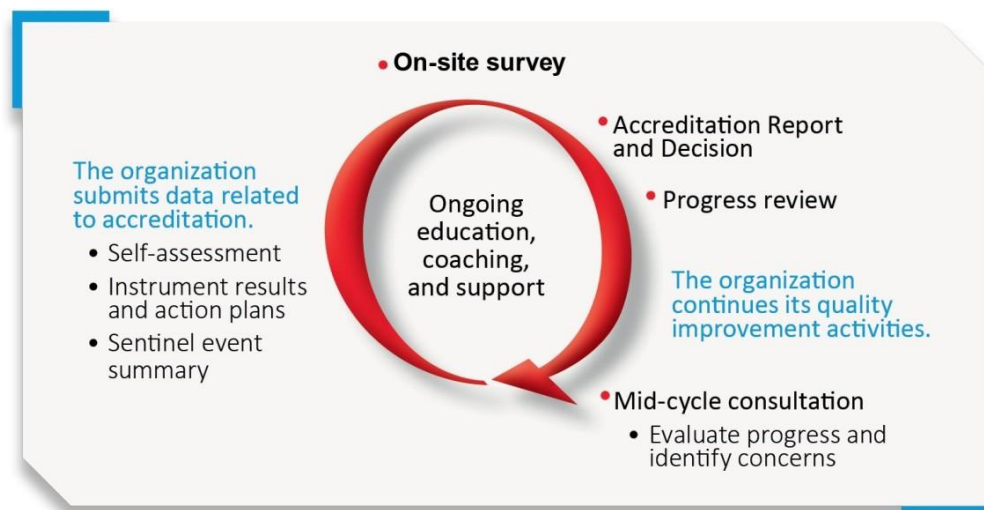
The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

Qmentum: A four-year cycle of quality improvement



As Réseau de santé Vitalité Health Network continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

Appendix A: Locations surveyed

- 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 Centre
- 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
Mental Health Centre
- 30 Équipe enfants-jeunes (Caraquet) Centre de santé mentale communautaire / Community Mental
Health Centre
- 31 Équipe enfants-jeunes (Shippagan) Centre de santé mentale communautaire / Community
Mental Health Centre
- 32 Équipe enfants-jeunes (Tracadie-Sheila) Centre de santé mentale communautaire / Community
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 Centre
- 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 (Campbellton)
- 65 Siège social - Réseau de santé Vitalité

Appendix B

Required Organizational Practices

Safety Culture

- Accountability for Quality
 - Patient safety incident disclosure
 - Patient safety incident management
 - Patient safety quarterly reports
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Communication

- Client Identification
 - Information transfer at care transitions
 - Medication reconciliation as a strategic priority
 - Medication reconciliation at care transitions
 - Safe Surgery Checklist
 - The “Do Not Use” list of abbreviations
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Medication Use

- Antimicrobial Stewardship
 - Concentrated Electrolytes
 - Heparin Safety
 - High-Alert Medications
 - Infusion Pumps Training
 - Narcotics Safety
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Worklife/Workforce

- Client Flow
 - Patient safety plan
 - Patient safety: education and training
 - Preventive Maintenance Program
 - Workplace Violence Prevention
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Infection Control

- Hand-Hygiene Compliance
 - Hand-Hygiene Education and Training
 - Infection Rates
-

Risk Assessment

- Falls Prevention Strategy

Required Organizational Practices

- Pressure Ulcer Prevention
 - Suicide Prevention
 - Venous Thromboembolism Prophylaxis
-