



**ACCREDITATION
AGRÉMENT**
CANADA
Qmentum

Accreditation Report

EM/ANB Inc.

Moncton, NB

Bridging Survey

On-site survey dates: November 19, 2018 - November 22, 2018

Report issued: December 17, 2018

About the Accreditation Report

EM/ANB Inc. (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 November 2018. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

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

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Executive Summary

EM/ANB Inc. (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

EM/ANB Inc.'s accreditation decision is:

Accredited with Exemplary Standing

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.

About the On-site Survey

- **On-site survey dates: November 19, 2018 to November 22, 2018**

- **Locations**

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

1. EM Driscoll
2. EM Fredericton
3. EM Kennebecasis
4. EM Minto
5. EM Miramichi
6. EM Oromocto
7. EM Perth
8. EM Saint John
9. EM Sussex
10. EM Tantramar
11. EM Woodstock
12. EM/ANB Corporate Office - John Street

- **Standards**

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

System-Wide Standards







1. Infection Prevention and Control Standards for Community-Based Organizations
2. Medication Management Standards for Community-Based Organizations

Service Excellence Standards

3. Home Care Services - Service Excellence Standards

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)	2	0	5	7
 Accessibility (Give me timely and equitable services)	0	0	8	8
 Safety (Keep me safe)	53	0	50	103
 Worklife (Take care of those who take care of me)	3	0	12	15
 Client-centred Services (Partner with me and my family in our care)	0	0	49	49
 Continuity (Coordinate my care across the continuum)	1	0	6	7
 Appropriateness (Do the right thing to achieve the best results)	16	0	109	125
 Efficiency (Make the best use of resources)	0	0	2	2
Total	75	0	241	316

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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Infection Prevention and Control Standards for Community-Based Organizations	22 (100.0%)	0 (0.0%)	12			47	22 (100.0%)	0 (0.0%)	59
Medication Management Standards for Community-Based Organizations	35 (100.0%)	0 (0.0%)	11			50	35 (100.0%)	0 (0.0%)	61
Home Care Services	7 (100.0%)	0 (0.0%)	41			75	7 (100.0%)	0 (0.0%)	116
Total	64 (100.0%)	0 (0.0%)	64			172	64 (100.0%)	0 (0.0%)	236

* Does not include ROP (Required Organizational Practices)

Overview by Required Organizational Practices

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

This table shows the ratings of the applicable ROPs.

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Communication			
Client Identification (Home Care Services)	Met	1 of 1	0 of 0
Information transfer at care transitions (Home Care Services)	Met	4 of 4	1 of 1
Medication reconciliation at care transitions (Home Care Services)	Met	4 of 4	1 of 1
The “Do Not Use” list of abbreviations (Medication Management Standards for Community-Based Organizations)	Met	4 of 4	3 of 3
Patient Safety Goal Area: Medication Use			
High-Alert Medications (Medication Management Standards for Community-Based Organizations)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	2 of 2

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Education and Training (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	0 of 0
Reprocessing (Infection Prevention and Control Standards for Community-Based Organizations)	Met	1 of 1	1 of 1
Patient Safety Goal Area: Risk Assessment			
Falls Prevention Strategy (Home Care Services)	Met	3 of 3	2 of 2
Home Safety Risk Assessment (Home Care Services)	Met	3 of 3	2 of 2
Skin and Wound Care (Home Care Services)	Met	7 of 7	1 of 1

Summary of Surveyor Team Observations

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

The New Brunswick Extra-Mural Program (EMP) is often referred to as the "hospital without walls", providing home care services throughout the province. While the EMP is a publicly funded program it operates independently of the health regions and is administered by Medavie, a not-for-profit organization. The EMP came under Medavie in January 2018 and has been busy normalizing operations for staff and clients and building the necessary infrastructure to function as a high quality organization. The leadership team has been active in preparing EMP to assume its quality, risk and patient safety responsibilities. To that end EMP has completed an initial strategic plan, a quality plan, a risk management plan, a patient safety plan and an ethics framework. Specifically, the organizations "quality framework" (plan) provides a wealth of information articulating its approach to CQI, the development of KPI's, patient safety and risk. The organization is encouraged to review its Quality Framework with a view to incorporating the concepts of spread and sustainability, and to look for opportunities to better align the improvement activities from its strategic plan into the the framework document. EMP sees a real need to standardize many of its practices and is encouraged to continue with this important task. It is noteworthy that formalizing and better documenting some quality functions that may be necessary to facilitate its standardization initiatives. The organization appears to be well on its way to having an integrated quality management system in place. The "bridging survey" currently being undertaken by EMP is one of many steps it is taking to establish itself as a separate program from the regional health authorities and starting on its own quality journey.

Patient centered care has always been a foundation of the EMP. Client engagement in the decision-making for their own care has been readily evidenced across the scope of client services particularly in direct care where improved health outcomes and changes in service utilization are being seen. Further efforts at improving patient centered engagement should be considered in the areas of policy making and organizational design and governance.

Detailed On-site Survey Results

This section provides the detailed results of the on-site survey. When reviewing these results, it is important to review the service excellence and the system-wide results together, as they are complementary. Results are presented in two ways: first by priority process and then by standards sets.

Accreditation Canada defines priority processes as critical areas and systems that have a significant impact on the quality and safety of care and services. Priority processes provide a different perspective from that offered by the standards, organizing the results into themes that cut across departments, services, and teams.

For instance, the patient flow priority process includes criteria from a number of sets of standards that address various aspects of patient flow, from preventing infections to providing timely diagnostic or surgical services. This provides a comprehensive picture of how patients move through the organization and how services are delivered to them, regardless of the department they are in or the specific services they receive.



During the on-site survey, surveyors rate compliance with the criteria, provide a rationale for their rating, and comment on each priority process.

Priority process comments are shown in this report. The rationale for unmet criteria can be found in the organization's online Quality Performance Roadmap.

See Appendix B for a list of priority processes.

INTERPRETING THE TABLES IN THIS SECTION: The tables show all unmet criteria from each set of standards, identify high priority criteria (which include ROPs), and list surveyor comments related to each priority process.

High priority criteria and ROP tests for compliance are identified by the following symbols:

	High priority criterion
	Required Organizational Practice
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: 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)

EM/ANB has developed and implemented provincial policies and procedures for identifying and responding to outbreaks aligned with applicable regulations and best practice guidelines. Standard Operating Procedures and education ensure staff understand and implement the required actions during an outbreak.

Notably, the organization has convened a provincial working group to develop and implement a comprehensive Emergency Preparedness Plan that has been cascaded to each region/unit to address the unique needs of the local community served that includes power outage, pandemic and severe weather plans. Notably, the staff at Oromocto and Minto units shared the benefits and outcomes realized with this plan as experienced during a sustained power outage and flood.

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.

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

The Extra-Mural program is to be commended on their preferred practice to provide services that are responsive to the needs of the patients as defined by the patients, "nothing about you, without you". All levels of staff interviewed indicated that they were committed to "doing with as opposed to doing for" their patients.

The organization is encouraged to continue to engage patients and families in providing input and feedback on their roles and responsibilities, role design and role satisfaction.

The organization is to be commended on the quality of the patient care plans/goals and their regular revisions.

The Extra-Mural Program is encouraged to consider setting measurable objectives with specific timeframes for completion for quality improvement initiatives, with input from patients and families. This will assist the team and patients define what is trying to be achieved and by when.

Priority Process: Medical Devices and Equipment

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Medical devices and equipment polices, procedures and standard operating procedures have been developed and implemented based upon the Spaulding classification system, best practice guidelines and Original Equipment Manufacturer guidelines.

There is a standardized policy and process regarding the external loan of equipment e.g. mobility devices. There is also an external contract with Bellboy Drycleaners for linen etc. in the West Region. The contract is explicit to ensure Bellboy adheres to infection prevention and control practices and provides a quality review to ensure compliance to the organizational Infection Prevention and Control standards. It is noted there is some variation with respect to the contracted external providers. This may present a provincial opportunity to review and assess a standardized external provider.

Local leadership has identified the opportunity to review the physical space and workflow (dirty utility rooms) for the cleaning and disinfection process. Some concern has been expressed that the dirty utility space, design and workflow is sub-optimal. EM/ANB is encouraged to prioritize this opportunity as a quality improvement initiative.

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:

Infection Prevention and Control for Community-Based Organizations

- Infection Prevention and Control for Community-Based Organizations

Medication Management for Community-Based Organizations

- Medication Management for Community-Based Organizations

Clinical Leadership

- Providing leadership and direction to teams providing services.

Competency

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

Episode of Care

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

Decision Support

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

Impact on Outcomes

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

Standards Set: Home 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	
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**

This priority process is non-applicable.

Priority Process: Competency

This priority process is non-applicable.

Priority Process: Episode of Care

The patients and families interviewed indicated that they were regularly consulted regarding the extent to which they wish to be involved in their care. Customized patient care plans are developed and regularly followed up in partnership with the patient and family.

The nurses and multidisciplinary team members interviewed work collaboratively with patients and their families to provide care that is respectful, compassionate and competent.

The continuity of care, from the initial assessment process where new patients and families are informed of the organization's mission, values and policies, to the support provided to the patient and family throughout the care journey, is seamless.

The Extra-Mural Program is encouraged to continue to work diligently to integrate patient and family-centered care throughout their organization.

Information relevant to the care of the patient is communicated during care transitions using standardized communication tools. The organization is encouraged to evaluate the effectiveness of these communication methods.

A comprehensive, coordinated and interdisciplinary approach to falls prevention is consolidated throughout the organization. The organization is encouraged to regularly evaluate the effectiveness of the falls prevention approach and to use the results from the evaluation to make improvements where needed.

The Extra-Mural Program is to be commended on their robust skin and wound care program. The organization-wide use of the Pixalere™ wound care management software ensures the standardization of wound care and documentation. Staff interviewed indicated that they really appreciate this quality improvement care tool.

The organization generates a best possible medication history (BPMH) at the beginning of service on all patients. The organization then reconciles the client's medications with the involvement of the patient and family.

The organization is strongly encouraged to broaden the scope of their home safety risk assessment. A comprehensive home safety risk assessment can enhance the safety of patients, families, and team members involved in home care services. Assessment results can then be used to select priority service areas, identify safety strategies to include in service plans, and communicate with patients, families, caregivers, and partner organizations.

Priority Process: Decision Support

This priority process is non-applicable.

Priority Process: Impact on Outcomes

This priority process is non-applicable.

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

Unmet Criteria	High Priority Criteria
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Priority Process: Infection Prevention and Control for Community-Based Organizations

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

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

The organizational transition to EM/ANB has provided the opportunity to review, update and implement Infection Prevention and Control policies and procedures aligned with applicable legislation, evidence and best practices. EM/AMB Inc. enjoys a positive working relationship with Public Health.

Hand hygiene education and self reporting audits ensure compliance and are shared with team members. The critical importance of good hand hygiene is shared with patients and families to increase awareness and practice in the home environment.

Patients are screened to determine if additional precautions are required based on the risk of infection. The organization utilizes an incident reporting system to report, track, monitor and analyze data to identify opportunities for improvement.

Standards Set: Medication Management Standards for Community-Based Organizations - Direct Service Provision

Unmet Criteria	High Priority Criteria
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Priority Process: Medication Management for Community-Based Organizations

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

Priority Process: Medication Management for Community-Based Organizations

The organization's medication management activities are overseen by an interdisciplinary "Medication Management Committee". This also includes a recently added patient representative. Much of its policy development and SOP's has been intentionally aligned with Accreditation Canada's Medication Management standards. The committee currently oversees a service agreement with a provincial pharmacy for infused medications. Audit tools for monitoring and evaluating medication management practices have been developed and recently implemented. Training and annual re-certification of staff is done where appropriate. It is noteworthy that the EMP has a palliative medication kit for use by its palliative clients when needed. The organization is encouraged to roll this out across the province. The organization is also strongly encouraged to continue in its efforts at establishing an electronic health record for the community that seamlessly links to acute and long term care.

Appendix A - Qmentum

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

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

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

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

Action Planning

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

Priority Process	Description
People-Centred Care	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.