Accreditation Report

Qmentum Global™ Program

EM/ANB Inc.

Report Issued: 19/07/2024

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About Accreditation Canada

Accreditation Canada (AC) is a global, not-for-profit organization with a vision of safer care and a healthier world. Together with our affiliate, Health Standards Organization (HSO), our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years, and we continue to grow in our reach and impact. HSO develops standards, assessment programs and quality improvement solutions that have been adopted in over 12,000 locations across five continents. It is the only Standards Development Organization dedicated to health and social services. AC empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Our assessment programs and services support the delivery of safe, high-quality care across the health ecosystem.

About the Accreditation Report

The Organization identified in this Accreditation Report is participating in Accreditation Canada's Qmentum Global™ accreditation program.

As part of this ongoing process of quality improvement, the organization participated in continuous quality improvement activities and assessments, including an on-site survey from 12/05/2024 to 17/05/2024.

Information from the cycle assessments, as well as other data obtained from the Organization, was used to produce this Report. Accreditation Canada is reliant on the correctness and accuracy of the information provided by the Organization to plan and conduct the on-site assessment and produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

Confidentiality

Executive Summary

About the Organization

EM/ANB was formally established in 2018 through a Public-Private Partnership (PPP) under Part III of Public Service. EM/ANB is responsible for Community Care Services, Emergency Medical Services and Interfacility Transport and Primary Care Services.

Bringing together the Extra-Mural Program (EMP), Ambulance New Brunswick (ANB), and New Brunswick Health Link (NBHL) under one entity with its own Board of Directors. The management of EM/ANB is provided by Medavie Health Services New Brunswick (MHSNB).

EM/ANB employs just over 2,000 people working across approximately one hundred distinct locations, completing at least 800,000 patient contacts per year.

The EMP is a publicly funded provincial program that provides a comprehensive range of home healthcare services to people of all ages within the province. EMP has the mandate to provide an alternative to hospital admission, facilitate early discharges from hospitals, and provide an alternative to or postponement of admissions to long term care facilities. Home healthcare services include acute, palliative, rehabilitation and maintenance, supportive care, and coordination and provision of support services. Services are provided in both urban and rural areas by nursing occupational therapists, physiotherapists, registered dieticians, rehabilitation assistants, respiratory therapists, social workers, and speech language pathologists. There are twenty-three units and four satellite offices that provide these services across the province.

Granted the license and authority by the New Brunswick Department of Health, ANB's paramedics, emergency medical dispatchers (EMD), and critical care flight nurses are responsible for providing land and air ambulance services to New Brunswickers. Over seventy ambulance stations and posts are strategically located throughout New Brunswick. They are supported by EMDs who operate a dynamic dispatch system in Moncton for 911 calls and all inter-facility transfers.

With over 90,000 New Brunswickers without a primary care family physician or nurse practitioner, the New Brunswick Health Link (NBHL) was established to be a temporary access to primary care while waiting to have a permanent primary care provider. The service was recognized as a priority in the 2019 Provincial Health Plan. As such it is being overseen by a partnership model between the Department of Health and EM/ANB. Registered patients with NBHL have access to assessments, diagnostics, prescribed medications, chronic disease monitoring and referrals to more specialized care. The service operates clinics across the province. Patients have access to multidisciplinary care and the service is supported by a centralized electronic health record. Currently, almost 59,000 people have been registered, with 7,200 having been connected to a permanent primary care provider. NBHL is an important part of the province's commitment to help New Brunswickers get the health care they need, when and where they need it. This new service is being embedded into the EM/ANB organization. It is regarded as a significant step toward improving access, well-being, and overall patient flow across the system.

The population of New Brunswick continues to grow. From 2021 to 2023, the province experienced a more significant increase than it has experienced in the prior 29 years combined. New Brunswick is home to a sizeable aging population, 16 First Nation Communities and an increasing number of immigrant and newcomer individuals and families.

In 2023, changes were made to the Board's structure and composition consisting of senior officials from the province's Department of Health and Regional Health Authorities. As well, senior team positions have been recently filled by new leaders, including the CFO and VP of Quality, Patient Safety and Education.

Service level changes since the last site visit include the introduction of several initiatives to help stabilize the health care system. In addition to NBHL, other initiatives include a pre-hospital alterative low risk triage process, successfully diverting non-urgent cases from the emergency departments, palliative care order sets, the introduction of emergency medical technicians and personal support workers, enhanced clinical services in pecial care homes, and the expansion of mobile X-ray services to long-term care homes. These align with the organization's strategic priorities and the Provincial Health Plan.

This community-minded organization is about leading and collaborating to provide New Brunswickers excellence in emergency, community and primary care.

Surveyor Overview of Team Observations

In 2023, the Department of Health reviewed the organization's governance structure and function to build greater collaboration between EM/ANB and other health care sectors and to implement health system transformation priorities. The Board of Directors now consists of five members, all senior officials with the Ministries of Health and Social Development, and senior executives from the province's Regional Health Authorities. Board members bring a great deal of collective wisdom and knowledge to the organization. The Board is supported by a robust set of by-laws. Their deliberations and decisions are evidence and data driven.

Collectively, the leadership demonstrates excellence in applying a population health approach to home care, with clear Key Performance Indicators (KPIs) and flexibility to reduce readmissions and support families and patients to stay home longer and safely. The depth and breadth of knowledge among the leaders is impressive. Leaders are engaged with their teams, seeking and integrating their feedback.

The Board and leadership have promoted a culture of excellence in each of the organization's three services. Quality improvement initiatives are piloted and spread throughout the organization. Teams have been supported to foster the development of a just culture, where lessons are learned and shared. The organization is moving toward the implementation of an electronic health record within EMP and ANB programs. This will enhance patient care and improve the integration of patient services across programs.

Patient and Family Advisors are members of several other working committees and influence planning, service design, communication strategies, and quality, risk and safety related improvements and projects. They bring a depth of knowledge that is highly valued by teams and leaders.

EM/ANB has exemplary and competent teams. They are leaders in patient autonomy and engagement. The explosive population growth, increasing patient complexity and health human resources challenges are impacting some units more than others. They remain compassionate and committed. Interdisciplinary committees are engaged and communicate and collaborate with staff.

Patients who were interviewed expressed great appreciation for the care provided by the EMP staff. They commented on the staff's professional approach, feeling they were getting high quality and competent care. Most importantly this care was matched with the staff's compassion and caring which provided patients with a sense of joy in their lives. Staff take the time to make sure their patients are part of the decision-making process and have a say in their care. EMP staff are considered more than just healthcare workers, but mostly seen as family. As one client's family stated with tears in their eyes, We can't imagine what life would be like without them. This sentiment was consistent across locations.

The organization’s leaders have identified health human resources as a major issue impacting the organization and health system overall. Community partners indicate that the organization’s actions reflect their values – especially being patient-centered, innovative, and caring. They feel that the organization is committed to finding real solutions to complex health system challenges. Partners are proud of the collaboration EM/ANB. They share a similar sentiment shared by staff - that New Brunswick is doing it right!

Key Opportunities and Areas of Excellence

Overall Strengths
EM/ANB teams, regardless of location and service are compassionate and competent. Many are enthusiastic about their work and the impact they are having on individual lives, and the broader system. Collectively, they are exemplary in demonstrating respect and dignity in their care, and in fostering patient autonomy.

Clinical practices and administrative decisions are evidence driven. Additional professional disciplines have been added to care teams. Personal support workers have filled an important gap in the EMP program, resulting in having LPNs and RNs operating at their full scope of practice. The integration of a community liaison nurse in special care homes, the recruitment of emergency health technicians, and the addition of professional disciplines to support the new primary care Health Link service are a few examples of the organization's commitment to holistic care models.

At a systems level, the organization is both an effective leader and partner in facilitating system transformation and collaboration. EM/ANB is making a positive impact on provincial planning priorities. A population health approach combined with service level and patient experience data is integral to the organizations' service planning and design

People-Centred Care

Quality Improvement Overview

Quality management at EM/ANB is fully integrated with risk and safety. Change management projects and improvement initiatives are connected to strategic priorities. KPIs, organizational and service level data, and client experience results are shared and inform decision making and service planning. The organization is encouraged to use real-time client experience information. This provides immediate feedback that can result in more timely improvements. Real-time surveys could be brief and co-designed with patient and family advisors.

People-centered care at EM/ANB is exemplary! Patient and family advisors are fully integrated into the organization and provide meaningful input into such things as policies, projects, incident reviews, and service development. Advisors are well supported and provided with access to training and education. The organization is encouraged to also recruit and integrate cultural advisors.

The organization is encouraged to continue to develop materials and resources that patients/families know, want and use with their health passport. To enrich the current person-centered service delivery model, and to better support people following the effects of the pandemic, the organization is encouraged to provide staff with education on trauma informed care, mental health, and addictions.

Well done EM/ANB!

Program Overview

The Qmentum Global™ program was derived from an intensive cross-country co-design process, involving over 700 healthcare and social services providers, patients and family members, policy makers, surveyors, clinical, subject matters experts, Health Standards Organization and Accreditation Canada. The program is an embodiment of People Powered Health™ that guides and supports the organization's continuous quality improvement journey to deliver safe, high-quality, and reliable care.

Key features of this program include new and revised evidence based, and outcomes focused assessment standards, which form the foundation of the organization's quality improvement journey; new assessment methods, and a new digital platform OnboardQi to support the organization's assessment activities.

The organization will action the new Qmentum Global™ program through the four-year accreditation cycle the organization is familiar with. As a driver for continuous quality improvement, the action planning feature has been introduced to support the identification and actioning of areas for improvement, from Steps 2. to 6., of the cycle.

To promote alignment with our standards, assessments results have been organized by core and specific service standards within this report. Additional report contents include, the comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results and conclusively a Quality Improvement Overview.

Accreditation Decision

EM/ANB Inc.'s accreditation decision continues to be:

Commendation

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

Locations Assessed in Accreditation Cycle

This organization has 98 locations.

The following table provides a summary of locations[1] assessed during the organization's on-site assessment.

Table 1: Locations Assessed During On-Site Assessment

Site	On-Site
Air Ambulance	☐
Bathurst District- Bathurst Station	☐
Bathurst District- Caraquet Station	☐
Blacks Harbour District- Blacks Harbour Station	☐
Blacks Harbour District- Deer Island Station	☐
Blacks Harbour District- Grand Manan Station	☐
Bouctouche District - Elsipogtog Station	☐
Bouctouche District - Rexton Station	☐
Bouctouche District -Bouctouche Station	☐
Campbellton District- Belledune Station	☐

Site	On-Site
Campbellton District- Campbellton Station	☐
Campbellton District- Dalhousie Station	☐
Eastern Regional Office/Fleet Center	☐
Edmundston District- Edmundston Station	☐
Edmundston District- St Francois Station	☐
Edmundston District-Ste.Anne de Madawaska Station	☐
EM Bathurst	☑
EM Blanche-Bourgeois	☑
EM Caraquet	☑
EM Driscoll	☑
EM Eastern Charlotte	☑
EM Edmundston	☑
EM Fredericton	☐
EM Grand Falls/Grand Sault	☐
EM Kedgwick	☐
EM Kennebecasis	☑
EM Kent	☑
EM Lameque	☑
EM Minto	☐

Site	On-Site
EM Miramichi	☐
EM Oromocto	☑
EM Perth	☑
EM Restigouche	☑
EM Saint John	☑
EM Shediac	☑
EM St.Stephen	☐
EM Sussex	☑
EM Tantramar	☐
EM Tracadie	☑
EM Woodstock	☑
EM/ANB Corporate Office - John Street	☑
Fredericton District - Fredericton Station	☐
Fredericton Junction District- Fredericton Junction Station	☐
Fredericton Junction District- Harvey Station	☐
Fredericton Junction District- McAdam Station	☐
Fredericton Junction District- Nackawic Station	☐
Grand Bay District - Quispamsis Station	☐
Grand Bay District- Grand Bay-Westfield Station	☐

Site	On-Site
Grand Bay District- Kingston Peninsula Station	☐
Grand Falls District - Grand Falls Station	☐
Grand Falls District - Saint Leonard Station	☐
Grand Falls District -Saint Quentin Station	☐
Grand Falls District- Kedgwick Station	☐
Hillsborough District- Hilsborough Station	☐
Hillsborough District- Petitcodiac Station	☐
Hillsborough District- Riverside-Albert Station	☐
Hillsborough District- Salisbury Station	☐
Jemseg District - Jemseg Station	☐
Jemseg District - Mill Cove Station	☐
Jemseg District - Oromocto Station	☐
Jemseg District -Chipman Station	☐
Jemseg District -Minto Station	☐
MCMC	☐
Miramichi District - Blackville Station	☐
Miramichi District - Miramichi Station	☐
Moncton District - Dieppe Post	☐
Moncton District - Moncton Station	☐

Site	On-Site
Moncton District - Riverview Station	☐
Perth- Andover District- Florenceville Station	☐
Perth- Andover District- Perth-Andover Station	☐
Perth- Andover District- Plaster Rock Station	☐
Perth- Andover District- Tobique Station	☐
Rogersville District - Baie Ste. Anne Station	☐
Rogersville District - Ford Mills Station	☐
Rogersville District - Neguac Station	☐
Rogersville District - Rogersville Station	☐
Saint John District - Lepreau Station	☐
Saint John District - Saint John Station	☐
Shediac District- Cap Pele Station	☐
Shediac District- Port Elgin	☐
Shediac District- Sackville Station	☐
Shediac District- Shediac Station	☐
St Stephen District - Campobello Station	☐
St Stephen District - St Andrews Station	☐
St Stephen District - St Stephen Station	☐
Stanley District- Boiestown Station	☐

Site	On-Site
Stanley District- Doaktown Station	☐
Stanley District- Keswick Station	☐
Stanley District- Stanley Station	☐
Sussex District- Hampton Station	☐
Sussex District- Sussex Station	☐
Sussex District-St Martins	☐
Tracadie District - Lameque Station	☐
Tracadie District - Shippagan Station	☐
Tracadie District - Tracadie Station	☐
Woodstock District - Dow Settlement Station	☐
Woodstock District - Hartland Station	☐
Woodstock District - Woodstock Station	☐

[1]Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

Required Organizational Practices

ROPs contain multiple criteria, which are called Tests for Compliance (TFC). ADC guidelines require 75% and above of ROP's TFC to be met.

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Home Safety Risk Assessment	Home Care Services	5 / 5	100.0%
Medication Reconciliation at Care Transitions - Home and Community Care Services	Home Care Services	4 / 4	100.0%
Skin and Wound Care	Home Care Services	8 / 8	100.0%
Client Identification	Home Care Services	1 / 1	100.0%
Information Transfer at Care Transitions	Home Care Services	5 / 5	100.0%
Hand-hygiene Education and Training	Infection Prevention and Control for Community-Based Organizations	1 / 1	100.0%
Hand-hygiene Compliance	Infection Prevention and Control for Community-Based Organizations	3 / 3	100.0%
Reprocessing	Infection Prevention and Control for Community-Based Organizations	2 / 2	100.0%
Infection Rates	Infection Prevention and Control for Community-Based Organizations	0 / 0	0.0%
Client Flow	Leadership	5 / 5	100.0%
Workplace Violence Prevention	Leadership	8 / 8	100.0%
Medication Reconciliation as a Strategic Priority	Leadership	5 / 5	100.0%

Table 2: Summary of the Organization's ROPs

ROP Name	Standard(s)	# TFC Rating Met	% TFC Met
Patient Safety Education and Training	Leadership	1 / 1	100.0%
Patient Safety Incident Disclosure	Leadership	6 / 6	100.0%
Patient Safety Incident Management	Leadership	7 / 7	100.0%
Preventive Maintenance Program	Leadership	4 / 4	100.0%
Infusion Pump Safety	Service Excellence	6 / 6	100.0%
Accountability for Quality of Care	Governance	5 / 5	100.0%

Assessment Results by Standard

Core Standards

The Qmentum Global™ program has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational functions they cover in achieving safe and quality care and services. The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

Governance

Standard Rating: 96.1% Met Criteria

3.9% of criteria were unmet. For further details please review the following table.

Assessment Results

The Board of Directors and the organization work with regional health authorities, government officials, community partners, and patient advisory members and committees to inform and contribute to the implementation of the organization’s strategic priorities. This ensures the long-term sustainability of the organization by encouraging the development of solutions to address significant gaps in New Brunswick's health care system. Strategic priorities and business plans are aligned with provincial plans and organizational priorities to improve and optimize service quality and access,

In 2023, a change in the Board's composition was driven by the province's Department of Health to establish the leadership, knowledge and skills required to realign and transform community-based services and improve cross-sector collaboration with the province’s regional health authorities. The Board's collective knowledge and leadership is impressive.

Board members acknowledge a more diverse composition, and staggered terms will eventually be in place. It is recommended that the future selection process for the Board and its standing committees be influenced by the cultural makeup of the province, and the diversity of community partners. Staggered terms and a succession plan will help mitigate the impact of any Board member turnover and departures. The Board is encouraged to identify and document its required competencies into a skills matrix which can help further inform recruitment and succession efforts.

Accountabilities are well defined in the Board's by-laws; however, development of accountability and decision-making frameworks that align with the organization’s ethics and values is encouraged. These could specify the mechanisms used to oversee and guide the organization's achievement of its strategic goals, objectives-making, and priority setting.

The organization is commended for having developed a framework to address systemic racism, recently approved by the Board. The framework reflects and acknowledges the province's cultural diversity. Action plans are being implemented and policies are being reviewed and revised with EDI, cultural safety, and humility language. Attention is being given to creating partnerships that will lead to further engagement, and hopefully will result in recruiting cultural advisors and knowledge keepers.

Table 3: Unmet Criteria for Governance

Criteria Number	Criteria Text	Criteria Type
2.1.2	The governing body follows transparent procedures based on an equity, diversity, and inclusion (EDI) approach to manage its membership, including the chair.	HIGH
2.2.10	The governing body implements its governance decision making framework.	NORMAL
3.1.3	The governing body applies the organization's accountability framework to ensure the organization is well-managed and accountable to its stakeholders.	HIGH

Infection Prevention and Control for Community-Based Organizations

Standard Rating: 98.8% Met Criteria

1.2% of criteria were unmet. For further details please review the following table.

Assessment Results

The Infection Prevention and Control Program at EM/ANB is supported by a dedicated interprofessional committee and strong leadership across the organization to deliver safe and evidence-based care to their community and patients.

The engaged and active IPAC committee has a robust set of policies and procedures that are regularly updated. The IPAC team and leaders have rolled out extensive education and ongoing clinical supervision with routine IPAC site audits to support patient safety. Chart audits are also conducted to support alignment with IPAC policies and procedures. Themes from chart audits are routinely discussed at weekly staff meeting and are shared with leadership to support quality improvement.

IPAC outbreaks and safety incidents are reported, and a culture of safety is evident throughout, with excellent work at the frontline and with local managers and directors to address route causes and support quality improvement.

Action is taken to improve IPAC practices, and the teams work collaboratively to share lessons learned to improve hand hygiene and other IPAC best practices.

There was evidence of key performance indicators (KPIs) related to hand hygiene and needle sticks. Opportunities exist to further strengthen the integration of IPAC measures into the risk management and continuous quality improvement framework and integrate further KPIs related to IPAC audits into future quality improvement dashboards for senior leadership and the Board.

Similarly, after the transition from regional health authorities, staff expressed the need to ensure consistency and strengthen access to post-exposure prophylaxis after a needle stick injury.

The organization has an excellent new policy on procuring and selecting evidence-based medical equipment. They are encouraged to conduct an audit and look back at IPAC equipment that was acquired during the pandemic that may not be evidence-based and remove these from circulation.

Finally, while the organization has very limited sterilization or linens (aside from in ambulances and rare exceptions in EMP) as they have primarily moved to single use, they may want to review these policies in consideration of medical waste and supply chain costs regarding such things as fuel, and explore where sterilization and linen contracts may be a viable and cost-effective alternative in the context of climate change and patient best interest and choice. They may want to reconsider the need for sterilization and/or linen MOUs with hospital partners, particularly as they expand into the primary care realm and as patient complexity increases and occasionally sterilization is needed for such things as deep wound packing.

Table 4: Unmet Criteria for Infection Prevention and Control for Community-Based Organizations

Criteria Number	Criteria Text	Criteria Type
2.7.3	Clear and concise policies and procedures are developed and maintained for cleaning, disinfecting, and sterilizing reusable medical devices.	NORMAL

Leadership

Standard Rating: 99.5% Met Criteria

0.5% of criteria were unmet. For further details please review the following table.

Assessment Results

Planning and Service Design

EM/ANB leaders are fully invested in demonstrating the value of the organization internally, and externally. They are open to staff ideas and solutions, and they take the time to discuss challenges, and share learnings with their teams, patients, patient advisors, and community partners. This is a remarkable asset to the organization and to the province's health care system.

Planning and service design at EM/ANB is driven by and aligned with the organization's values. In fact, partners view EM/ANB as being accountable, accessible and community minded. Service design is responsive to community needs. Innovative programs are designed to address primary care gaps. Examples of these include the Special Care Homes Project, NBHL, and the mobile X-ray initiative. These among other efforts to further develop multidisciplinary teams demonstrate a commitment to team-based models that provide holistic care.

EM/ANB is commended for using a combination of evidence including population health, organizational data, emerging best practices, patient experience, and partner feedback. The approach is robust. It is encouraged that the teams further integrate cultural knowledge and EDI considerations in its ongoing service planning and design.

The strategic planning process is thorough and inclusive. Strategic priorities inform business or operational plans which are shared with managers and staff. Efforts are made to build a sense of connection with strategic goals.

It is important to acknowledge that EM/ANB has been reacting to a rapidly changing and fragile health care system fraught with increasing service pressures, resource gaps, and access disparities. The organization has been very responsive. The upcoming strategic plan renewal presents an opportunity for the organization to focus on service and workforce stabilization. The challenge for this organization is to balance reactive solutions with upstream work. This might include some attention to prevention and health promotion efforts to better respond to the needs of an aging population, measuring and bridging the misalignment of resources with current demand and caseload complexities; developing innovative ways to recruit and retain much needed health human resources; and building in periods of sustainability when introducing new or changed services ensuring safety and quality are maintained.

Principle Based Care and Decision Making

The work of the organization's ethics committee has been focused on integrating ethical and value-based decision making. Tools and activities are user-friendly and meaningful. Activities include training modules, in-services, grand rounds, individual and group consultations, and policy reviews. Overall, the committee is commended for being attentive at promoting ethical and value-based decision making as routine practice, preventing having a framework that is perceived as something separate or estranged from the day-to-day work of the organization.

Suggestions are focused on helping the organization sustain the gains that have been achieved. These include applying the framework in the early phases of conceptualizing or planning quality improvement

projects, service design or redesign activities, and informing the EDI and Indigenous cultural safety and humility action plans. The organization may also want to include ethical decision-making questions in job interviews and performance standards. These are known practices that can help maintain a culture of ethical decision making.

Patient Flow

A patient flow strategy is in place for each of the organization's three core services. It is well supported by screening, triage and assessment tools, referral and transfer protocols, and clearly documented roles and responsibilities. Flow data is used to monitor the effectiveness of each strategy and make improvements. Wait times and times between key care transitions are reported to both internal and external stakeholders. Barriers are addressed with community teams and community partners. The organization is commended for consistently monitoring, and looking for ways to optimize its resources, and how each service can impact overall patient flow. The organization may want to implement surge planning during peak service calls which may be seasonal, or holiday driven.

Medical Devices and Equipment

Teams are in place to plan and allocate resources for medical devices and equipment. A formal planning process for acquisition and replacement exists, with information gathered from team members and the clinical engineering manager. There are formal links with reprocessing and infection prevention and control teams, and information is shared with the leadership team and integrated into strategic planning. The acquisition and replacement process undergoes evaluation. Policies govern the use, maintenance, and reprocessing of loaned medical devices, with allowances for adequate time for receiving and reprocessing. A process exists to identify, manage, and address risks associated with medical devices and equipment, which is linked to the manufacturers and the preventive maintenance program.

There is a process in place to ensure life cycle maintenance of medical devices and equipment. This process is up-to-date and effective. The clinical engineer provides input regarding device and equipment risk, and this information is used effectively. The maintenance process is linked to risk management, ensuring comprehensive safety measures.

Overall accountability for cleaning, disinfection and reprocessing is ensured within the organization, with various team members involved in these crucial processes. Cleaning, disinfection, and reprocessing are carried out in designated areas within the organization, with monitoring mechanisms in place. Standard operating procedures (SOPs) govern cleaning and high-level disinfection of medical devices and are consistently adhered to. Onsite reprocessing of single-use devices (SUDs) is prohibited as per organizational policies. Loaned devices undergo monitoring for cleaning to maintain safety standards. A formal tracking and recall process for medical devices is in place to manage any issues efficiently.

Team member training includes formal training sessions covering various aspects of home care medical devices and equipment. This training encompasses the reprocessing of reusable medical devices, ensuring thorough understanding and adherence to safety protocols. The formal training process includes both initial training and regular assessments of team competency. Evaluations are conducted to gauge the effectiveness of the training, with feedback used to refine and improve the training program continuously. All training sessions and competency assessments are meticulously documented in the organization's records, ensuring transparency and accountability across the organization.

Home care medical devices and equipment are crucial for maintaining health and independence outside traditional healthcare settings. Reliability and safety are ensured through SOPs guiding their proper use. Malfunctions can occur, but a robust reporting process is in place to address them promptly. Cleanliness and functionality are paramount; reprocessed equipment undergoes rigorous checks to ensure both. Any discrepancies in cleanliness or functionality are swiftly addressed through established protocols. Accessibility is prioritized, ensuring that individuals have timely access to the necessary devices and equipment to support their care needs.

Regarding cleaning, disinfection, and reprocessing, the physical space for these activities is well designed, designated, and maintained to ensure safety and quality standards are met. The space is organized to facilitate efficient workflow and minimize contamination risks.

Hand hygiene is effectively supported through accessible facilities and protocols within the units and stations. Occupational Health and Safety is prioritized through regular training, adherence to regulations, and the provision of necessary personal protective equipment.

Adequate storage areas are available to ensure devices and equipment are stored appropriately, preventing damage and contamination. Regular audits and evaluations are conducted to ensure compliance with standards and identify areas for improvement.

Communication

The organization's communication and public relations staff are involved in supporting the promotion of the organization's values and services. Staff are part of a government communications group which provides a good venue for knowledge and information exchange and collaboration. They support staff engagement strategies, and record and track feedback from the CEO and senior leadership team site visits across the province.

A stakeholder engagement strategy is in place and is guiding the development of communication strategies. Patient advisors are involved in public messaging. A communication plan, defining the who, what, why and how is encouraged to further streamline roles, and tailor messages and strategies. The organization would also benefit from a branding exercise to define its identity more clearly as a community provider. It may also serve to clarify community perceptions about the public and private structure of the organization.

Human Capital

Position profiles and reporting relationships are clearly defined. The organization ensures that its organizational structure is aligned with its mandate and supports the achievement of its strategic priorities.

Strategies are in place to engage staff, and action plans are being implemented to address unit specific work-life pulse results. Staff wellness strategies are in place such as a fitness allowance and quiet comfort rooms, and staff have access to an annual education allowance. Staff wellness checks are provided following incidents, and staff have access to an employee and family assistance program.

Employees have access to internal leadership opportunities. These may include leading and participating in committees and/or improvement projects. The organization may want to provide structured leadership skills and/or mentoring program to help with succession planning. This practice is also known to be particularly useful in distributing leadership responsibilities in complex or large organizations.

Ongoing training on cultural safety, humility, and EDI is needed to embed these practices further and formally embed these practices throughout the organization. This should be facilitated by the required action plans and working groups to operationalize the organization's recently developed frameworks to prevent system racism. Review of human resources policies and practices to ensure they are in line with EDI principles and Indigenous cultural safety and humility is encouraged.

Personnel records are paper based, but performance evaluations are completed electronically. Ideally, all records would be digital. As this is likely to be driven by government, in the interim, personal files could be better organized into categories. Dividers and two-hole fasteners could be explored to protect the integrity of each file.

Resource Management

The organization ensures that resources are allocated based on the organization's mandate, strategic plan, goals, and objectives. Resources are designated for high-priority efforts aligned with the organization's strategic priorities, and those identified by the province's Health Plan.

The resource allocation process is driven by the requirements of the organization's contractual agreements with the province's Department of Health. Leaders are involved in identifying changing needs and priorities, advocating for additional resources, and responding accordingly. Legal requirements for managing the organization's financial resources and the government's financial reporting mechanisms are followed.

The organization is commended for continuing to optimize its resources to meet patient and community needs, while also focusing on allocating resources to support people-centered care approaches and building sustainable solutions to improve its operations and the overall quality of the health care system at local, regional, and provincial levels. However, ongoing population growth, the increasing size of New Brunswick's aging population, and the changes in medical acuity and complexity since the pandemic have and will continue to exert significant pressure on the organization's current resources. The upcoming negotiation of four collective agreements may also become a source of pressure for the organization. Detailed forecasting and financial modeling are recommended to further inform long-term budget allocation and decision making.

Physical Environment

The corporate office is modern, spacious, and comfortable. Restricted areas are in place to safeguard the privacy and confidentiality of the ANB Call Centre. The organization understands that it has an impact on environmental outcomes and has adopted environmental stewardship practices. The safety of the building is overseen by the owner. Health and safety inspections are in place at all locations. Home safety assessments are done prior to, and at the time of home visits.

Table 5: Unmet Criteria for Leadership

Criteria Number	Criteria Text	Criteria Type
2.4.6	The organization co-designs real-time surveys with clients and families, to capture up-to-date and accurate information about their experience of care.	NORMAL

Medication Management for Community-Based Organizations

Standard Rating: 97.6% Met Criteria

2.4% of criteria were unmet. For further details please review the following table.

Assessment Results

EM/ANB has a robust medication management program well supported by an interdisciplinary medication management team with strong representation across the province.

EMP is a leader in home care intravenous (I.V.) medication and palliative care services, with a strong community pharmacy partner for their high-risk medications and 24/7 clinical and pharmacy support. An active committee has a robust set of policies and procedures that are regularly updated and has rolled out extensive education and ongoing clinical supervision with routine chart audits to support patient safety. Chart audits are reviewed with staff and education related to themes found in chart audits is routinely conducted. The committee is encouraged to consider adding disciplines such as physician and respiratory therapist (RT),, and programs, including NBHL and ANB, to improve integration and support learning across programs.

Medication safety incidents and near misses are reported and a culture of safety is evident throughout, with excellent work at the frontline and with local managers and directors to address root causes and support quality improvement.

Their progress on medication reconciliation and medication histories is impressive, particularly as they are operating without an electronic medical alert in some of the programs. Plans are underway to launch an Electronic Medical Record (EMR) and ANB soon and this will assist greatly with patient alert systems. Tablets are in use at the sites and are greatly appreciated by staff and help them stay up to date with medication policies and procedures.

Areas of improvement exist in the safe and secure storage and monitoring of controlled substances. For instance, ANB has extensive policies related to controlled substances but there was no evidence of an organization-wide controlled substances policy or specific policies for EMP or NBHL. While the organization is not responsible for managing the security of controlled substances in the home, EMP operates a large palliative care program and staff regularly handle controlled substances, so they are encouraged to write down their policies related to the transport and management of controlled substances. Similarly, EMP staff interact with controlled substances during their clinical supervision work in Special Care Homes. The organization is encouraged to implement specific policies about controlled substances to promote evidence-based prescribing practices, prevent misuse and diversion, and protect staff and clients. The organization was able to describe instances where they have monitored unusual patterns of waste and taken action. They are encouraged to write these down into a formal policy.

Table 6: Unmet Criteria for Medication Management for Community-Based Organizations

Criteria Number	Criteria Text	Criteria Type
1.1.8	The organization has a policy and procedure to manage medication shortages.	HIGH
1.2.4	The organization has developed and implemented a controlled substance policy.	HIGH
3.2.2	Medication orders are accurately transcribed into clinical documents such as medication administration records.	HIGH

Service Excellence

Standard Rating: 98.7% Met Criteria

1.3% of criteria were unmet. For further details please review the following table.

Assessment Results

The organization is commended for having achieved excellent compliance with the Service Excellence

Standards. Teams are collaborating with patients and families at the planning and service delivery levels. Patients and families are receiving service information. Teams are comprised of competent and compassionate staff. There is a very good mix of clinical skills in each service. Competency development is supported, encouraged, and resourced.

Mandatory training is monitored. Workplace safety and wellness programs are prioritized. Individual home safety assessments and informed decision making are present. A standardized, user-friendly tool and/or process could be developed to evaluate team effectiveness and inform areas for improvement. The electronic health record promises to provide more efficient record keeping practices.

Table 7: Unmet Criteria for Service Excellence

Criteria Number	Criteria Text	Criteria Type
2.2.4	The team evaluates the effectiveness of its collaboration and functioning, and identifies opportunities for improvement.	NORMAL

Service Specific Assessment Standards

The Qmentum Global™ program has a set of service specific assessment standards that are tailored to the organization undergoing accreditation. Accreditation Canada works with the organization to identify the service specific assessment standards and criteria that are relevant to the organization's service delivery.

Home Care Services

Standard Rating: 98.6% Met Criteria

1.4% of criteria were unmet. For further details please review the following table.

Assessment Results

EM/ANB provides an increasing number of services in the home and community context across the province of New Brunswick. The Extramural Program (EMP) and initiatives within the program provide in-home service to clients through coordinated, interdisciplinary health teams. These teams provide short term care in the home to stabilize patients after acute care discharge, support with managing health needs related to chronic disease, home palliative care, support for therapeutics such as home oxygen, allied health supports and rehabilitation support from occupational therapy, physiotherapy. speech language-pathology, nursing and social work, as well as clinical support to facilities and clients who require long-term care support. An appreciation and growing expertise in the integrated nature of community and acute care services is felt and observed across all levels of the organization, and innovative approaches to organizing care that supports people to access the right level of care, at the right time, at or close to their place of residence. Since the last accreditation cycle, home care services have both expanded and developed improvement initiatives such as developing and deploying enhanced clinical services teams to work with Special Care Homes from ANB, a system to reduce unnecessary hospital transfer (Pre-ALRT), new medication clinical trials, infusion pump quality improvement activities, access to mobile X-ray, and developing a communication and engagement strategy for staff through periods of growth and improvement (Heart of EMP). The organization maintains a collection of standard operating procedures and a collection of policies within a Clinical Care Manual adapted for the Extra Mural program, and cross referenced with global or other program-specific policies. These policies and procedures guide the provision of clinical services for staff teams, and evidence of adherence with the clear process for creating, updating, and sharing new policies and procedures was identified onsite.

Intake/Access:

Clients may be referred to the EMP in several ways, including upon discharge from hospital, by self/family, or a provider in the community. The recent addition of clinical teams designed to support special care homes has allowed for more connection with clients in lower acuity care homes to support physical assessments which prevent and treat health symptoms early. Staff who were interviewed at some sites reported no concern regarding wait time for intake. Many sites, however, reported very long wait lists for allied health services like occupational therapy and physiotherapy. Staff reported that demand for service, an increasing clinical complexity of managing care at home, and vacancies were felt to be drivers of wait times for service. Wait times are monitored for intake by nursing services and by clinical specialty across the program, and at each individual office. Staff who were interviewed recognize the importance of preventative service and early intervention, and felt that when wait lists are very long, it can be disheartening or even embarrassing to contact patients much later (in many cases, several months) after a request for service was made. One example of how teams reported access challenges

were already being addressed included new online education for evaluating urgency. One staff member commented that the regular presence of senior leaders allowed them to feel confident to e-mail and start a productive dialogue about how to improve recruitment.

Services are provided on evenings and weekends in addition to regular weekday hours. A provincial on-call support to special care homes is in place. Information to help patients keep track and communicate their care goals with family, other providers, and ambulance services are kept in a folder designed for patient use at their home; this is provided and updated with the help of visiting staff at the time of intake and upon subsequent visits. The provision of palliative care in the community has been expanding due to community demand and is supported by the many clinicians within EMP who lead and champion the service within their teams and the broader health care system. Connections with community-based health associations such as Heart and Stroke, and other teams and contacts through the regional health authority and the Department of Social Developmental to address barriers to care and to help address patient needs that may not be met by the EMP team. The organization is innovating and piloting different ways to enhance access to care in the community. Some examples of these initiatives include the introduction of a portable X-ray machine, Virtual Kognitiv Spark headset which uses advanced virtual, mixed, and augmented reality technologies to connect physicians/specialists with patients at remote sites, tablets in special care homes for virtual visits, and point-of-care testing machines for bloodwork. The organization is encouraged to continue to develop ways of supporting individuals with limited access to services because of behavioural challenges, mental health needs, addictions, or crisis needs beyond the scope of the team to ensure all clients can access the support they require in the community.

Professional Support:

Teams rely on a network of clinical resource nurses, professional practice teams, local experts within health authorities, and independent clinics/pharmacies to help address clinical concerns and questions. The organization has started to develop expertise in palliative care. The teams that were interviewed reported a strong sense of support within their units. Given the increasing clinical and social complexity of patients in the community, some staff felt that additional support of mental health or psychology to assist them in supporting patients and families would be beneficial. Other teams noted that some additional support in prescribing, especially for palliative patients, who did not have good access to primary care would be beneficial. Administrative support dedicated to allied health staff, especially as it pertains to the ordering and monitoring of equipment was another aspect of support that some teams felt might help allow for more clinical time spent with patients and reduction of the long wait-time for service. The new Heart of EMP initiative was generally assessed to be very positive by staff who were interviewed.

Safety and Risk:

Upon admission, a complete package of information, including an assessment of risks to patient and staff safety are reviewed with patients. Policies and procedures support the review of safety risks and education with patients for therapies that may require additional information and precautions such as some dressings, and home oxygen. Clearly written information and instructions are made available to patients. Clinical staff monitor safety as part of regular visits, and standardized assessment tools are used. Occupational therapists, speech- language-pathologists and social workers, for example, are also available to assist in identifying and remediating issues presenting risk to patients.

Involvement of patients and families:

Patients and families are openly encouraged to participate in advising program development and evaluation through the patient guide, website, communication from the organization, and through the suggestion/encouragement of staff. Examples of patients who participate in advisory committees, and in developing services like the clinical support for Special Care Homes were identified in different areas of the survey. Communication plans created with patients and family and documented on charts and worksheets to track relevant appointment information, health concerns, and medication plans, are kept in patient homes. Several patients who were interviewed during this survey mentioned that they were aware of the Extra Mural Program before becoming a client but didn't really understand the extent and

comprehensiveness of what the team can do until requiring support. Clear procedures and documentation on supporting clients who are not able to provide informed consent is available, and evidence of compliance through documentation and interviews with staff about cases where they worked with clients who had or needed substitute decision makers was identified. Information on patient rights and contact numbers for support in case of questions or concerns about services is included in the patient guide.

Evidence-based clinical care:

Standardized tools are used within the organization for wound and skin assessment, complete physical assessment, and in the development of order sets for treatments and therapies. Professional committees are active, and members of the interdisciplinary teams provide input on the development of policies and procedures used in the EMP. Clinicians were observed by surveyors to be providing a summary of their wound assessments, making recommendations, and providing choice to clients on care plans for managing wounds. Clinicians with different professional roles have access to online learning and databases to help make informed decisions, and a comprehensive set of organizational policies and procedures support informed clinical decision making.

Care transitions and communication:

The evaluation of the effectiveness of communication within teams is assessed informally and through mechanisms such as incident reporting and review, team meetings, and audits of documentation. There is evidence through interviews with staff and clients that communication is widely perceived by managers, teams and clients to be very good. Examples of incident reporting to investigate risk, error, or omission that occurs to improve communication were identified. Chart audits are regularly performed and analyzed by staff, with support from unit managers. Standardized forms for consultations and responses, both internally and externally to primary care providers and specialists, are in place and frequently used. The organization may wish to explore impacts on care and efficiency that delays in communication may cause such as updates to medication sheets, communicating wound assessments, consultation needs with primary care providers, and hospital discharge notes. As the organization plans the imminent implementation of electronic medical records, the impact of introducing technology with current workflows may be something they wish to monitor. Introducing or supporting learning through new workflows to enhance efficient use of an electronic medical record may be an area of focus the organization and staff wish to explore. Harnessing technology to reduce administrative burden, improve patient safety, and ensure information is accessible in both English and French, especially at transition points of care, may be opportunities the organization considers exploring. Increases in population, increasing patient complexity, and health human resources challenges are impacting some units more than others and the organization is encouraged to consider how they can share workloads and surge to support each other further as they did during the COVID-19 pandemic.

Overall Strengths:

Teams demonstrate competencies in inter-professional teamwork and systems thinking, as well as desire, awareness, and ability to participate in development of integrated care. Clinical champions for palliative care are supported in developing competency and skill by the organization, and its partners.

Opportunities:

Implementing the Community Care NB (CCNB) electronic medical record for coordinated collection and access to timely health information and record keeping. There may be opportunities to continue proactively exploring emerging ethical dilemmas and moral distress in clinical care. Addressing the clinical and administrative workload growth in teams, some of whom may be more affected by changes in population than others. The organization is encouraged to continue progress and monitoring the growth of EMP and projects within the program at a pace that allows for learning and support for clinicians to develop the expertise needed to deliver service as intended.

Table 8: Unmet Criteria for Home Care Services

Criteria Number	Criteria Text	Criteria Type
1.1.4	When the team is unable to meet the needs of a potential client, access to other services is facilitated.	NORMAL