ACCREDITATION AGRÉMENT CANADA
Qmentum

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Accreditation Report

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NLHS – Western Zone

Corner Brook, NL

On-site survey dates: February 11, 2024 - February 16, 2024

Report issued: May 27, 2024

About the Accreditation Report

NLHS – Western Zone (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 February 2024. Information from the on-site survey as well as other data obtained from the organization were used to produce this Accreditation Report.

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

Confidentiality

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

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

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

A Message from Accreditation Canada

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

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

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

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

We look forward to our continued partnership.

Sincerely,

Leslee Thompson
Chief Executive Officer

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Executive Summary

NLHS – Western Zone (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

NLHS – Western Zone'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: February 11, 2024 to February 16, 2024**

- **Locations**

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

  1. Bay St. George Long Term Care Centre
  2. Bonne Bay Health Centre
  3. Calder Health Care Centre
  4. Corner Brook Long Term Care Facility
  5. Dr. Charles L. Legrow Health Centre
  6. Humberwood Addictions Centre
  7. Protective Community Residences
  8. Rehabilitation Annex
  9. Rufus Guinchard Health Centre
  10. Sir Thomas Roddick Hospital
  11. Stephenville Office
  12. Western Health Corporate Office
  13. Western Long Term Care Home
  14. Western Memorial Regional Hospital

- **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
  2. Leadership

  Population-specific Standards
  3. Population Health and Wellness

  Service Excellence Standards
  4. Community Health Services - Service Excellence Standards

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5.   Community-Based Mental Health Services and Supports - Service Excellence Standards
6.   Critical Care Services - Service Excellence Standards
7.   Diagnostic Imaging Services - Service Excellence Standards
8.   Emergency Department - Service Excellence Standards
9.   EMS and Interfacility Transport - Service Excellence Standards
10. Inpatient Services - Service Excellence Standards
11. Long-Term Care Services - Service Excellence Standards
12. Medication Management (For Surveys in 2021) - Service Excellence Standards
13. Mental Health Services - Service Excellence Standards
14. Obstetrics Services - Service Excellence Standards
15. Perioperative Services and Invasive Procedures - Service Excellence Standards
16. Point-of-Care Testing - Service Excellence Standards
17. Public Health Services - Service Excellence Standards
18. Reprocessing of Reusable Medical Devices - Service Excellence Standards
19. Substance Abuse and Problem Gambling - Service Excellence Standards
20. Transfusion Services - Service Excellence Standards

- **Instruments**

The organization administered:

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

Overview by Quality Dimensions

Accreditation Canada defines quality in health care using eight dimensions that represent key service elements. Each criterion in the standards is associated with a quality dimension. This table shows the number of criteria related to each dimension that were rated as met, unmet, or not applicable.

Quality Dimension	Met	Unmet	N/A	Total
Population Focus (Work with my community to anticipate and meet our needs)	103	0	3	106
Accessibility (Give me timely and equitable services)	111	1	2	114
Safety (Keep me safe)	684	12	111	807
Worklife (Take care of those who take care of me)	162	2	3	167
Client-centred Services (Partner with me and my family in our care)	456	4	17	477
Continuity (Coordinate my care across the continuum)	97	0	3	100
Appropriateness (Do the right thing to achieve the best results)	894	13	168	1075
Efficiency (Make the best use of resources)	57	0	8	65
Total	**2564**	**32**	**315**	**2911**

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
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Leadership	49 (98.0%)	1 (2.0%)	0	95 (99.0%)	1 (1.0%)	0	144 (98.6%)	2 (1.4%)	0
Infection Prevention and Control Standards	40 (100.0%)	0 (0.0%)	0	29 (100.0%)	0 (0.0%)	2	69 (100.0%)	0 (0.0%)	2
Population Health and Wellness	4 (100.0%)	0 (0.0%)	0	35 (100.0%)	0 (0.0%)	0	39 (100.0%)	0 (0.0%)	0
Medication Management (For Surveys in 2021)	89 (92.7%)	7 (7.3%)	4	46 (95.8%)	2 (4.2%)	2	135 (93.8%)	9 (6.3%)	6
Community Health Services	44 (100.0%)	0 (0.0%)	0	80 (100.0%)	0 (0.0%)	0	124 (100.0%)	0 (0.0%)	0
Community-Based Mental Health Services and Supports	45 (100.0%)	0 (0.0%)	0	94 (100.0%)	0 (0.0%)	0	139 (100.0%)	0 (0.0%)	0
Critical Care Services	57 (95.0%)	3 (5.0%)	0	101 (96.2%)	4 (3.8%)	0	158 (95.8%)	7 (4.2%)	0
Diagnostic Imaging Services	36 (92.3%)	3 (7.7%)	29	7 (100.0%)	0 (0.0%)	62	43 (93.5%)	3 (6.5%)	91

Standards Set	High Priority Criteria *			Other Criteria			Total Criteria (High Priority + Other)		
	Met	Unmet	N/A	Met	Unmet	N/A	Met	Unmet	N/A
	# (%)	# (%)	#	# (%)	# (%)	#	# (%)	# (%)	#
Emergency Department	70 (97.2%)	2 (2.8%)	0	105 (98.1%)	2 (1.9%)	0	175 (97.8%)	4 (2.2%)	0
EMS and Interfacility Transport	112 (100.0%)	0 (0.0%)	7	121 (100.0%)	0 (0.0%)	0	233 (100.0%)	0 (0.0%)	7
Inpatient Services	59 (98.3%)	1 (1.7%)	0	83 (97.6%)	2 (2.4%)	0	142 (97.9%)	3 (2.1%)	0
Long-Term Care Services	56 (100.0%)	0 (0.0%)	0	99 (100.0%)	0 (0.0%)	0	155 (100.0%)	0 (0.0%)	0
Mental Health Services	50 (100.0%)	0 (0.0%)	0	92 (100.0%)	0 (0.0%)	0	142 (100.0%)	0 (0.0%)	0
Obstetrics Services	71 (100.0%)	0 (0.0%)	2	88 (100.0%)	0 (0.0%)	0	159 (100.0%)	0 (0.0%)	2
Perioperative Services and Invasive Procedures	111 (98.2%)	2 (1.8%)	2	108 (99.1%)	1 (0.9%)	0	219 (98.6%)	3 (1.4%)	2
Point-of-Care Testing	16 (100.0%)	0 (0.0%)	22	14 (100.0%)	0 (0.0%)	34	30 (100.0%)	0 (0.0%)	56
Public Health Services	47 (100.0%)	0 (0.0%)	0	69 (100.0%)	0 (0.0%)	0	116 (100.0%)	0 (0.0%)	0
Reprocessing of Reusable Medical Devices	82 (98.8%)	1 (1.2%)	5	40 (100.0%)	0 (0.0%)	0	122 (99.2%)	1 (0.8%)	5
Substance Abuse and Problem Gambling	45 (100.0%)	0 (0.0%)	1	80 (100.0%)	0 (0.0%)	2	125 (100.0%)	0 (0.0%)	3
Transfusion Services	10 (100.0%)	0 (0.0%)	75	4 (100.0%)	0 (0.0%)	65	14 (100.0%)	0 (0.0%)	140
Total	**1093 (98.2%)**	20 (1.8%)	147	1390 (99.1%)	12 (0.9%)	167	2483 (98.7%)	32 (1.3%)	314

* Does not includes 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: Safety Culture			
Patient safety incident disclosure (Leadership)	Met	4 of 4	2 of 2
Patient safety incident management (Leadership)	Met	6 of 6	1 of 1
Patient Safety Goal Area: Communication			
Client Identification (Critical Care Services)	Met	1 of 1	0 of 0
Client Identification (Diagnostic Imaging Services)	Met	1 of 1	0 of 0
Client Identification (Emergency Department)	Met	1 of 1	0 of 0
Client Identification (EMS and Interfacility Transport)	Met	1 of 1	0 of 0
Client Identification (Inpatient Services)	Met	1 of 1	0 of 0
Client Identification (Long-Term Care Services)	Met	1 of 1	0 of 0
Client Identification (Mental Health Services)	Met	1 of 1	0 of 0

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

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

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

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Medication Use			
High-Alert Medications (EMS and Interfacility Transport)	Met	5 of 5	3 of 3
High-Alert Medications (Medication Management (For Surveys in 2021))	Met	5 of 5	3 of 3
Infusion Pumps Training (Critical Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Emergency Department)	Met	4 of 4	2 of 2
Infusion Pumps Training (EMS and Interfacility Transport)	Met	4 of 4	2 of 2
Infusion Pumps Training (Inpatient Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Long-Term Care Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Mental Health Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Obstetrics Services)	Met	4 of 4	2 of 2
Infusion Pumps Training (Perioperative Services and Invasive Procedures)	Met	4 of 4	2 of 2
Narcotics Safety (EMS and Interfacility Transport)	Met	3 of 3	0 of 0
Narcotics Safety (Medication Management (For Surveys in 2021))	Met	3 of 3	0 of 0

Required Organizational Practice	Overall rating	Test for Compliance Rating	
		Major Met	Minor Met
Patient Safety Goal Area: Worklife/Workforce			
Client Flow (Leadership)	Met	7 of 7	1 of 1
Patient safety plan (Leadership)	Met	2 of 2	2 of 2
Patient safety: education and training (Leadership)	Met	1 of 1	0 of 0
Preventive Maintenance Program (Leadership)	Met	3 of 3	1 of 1
Workplace Violence Prevention (Leadership)	Met	5 of 5	3 of 3
Patient Safety Goal Area: Infection Control			
Hand-Hygiene Compliance (EMS and Interfacility Transport)	Met	1 of 1	2 of 2
Hand-Hygiene Compliance (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Hand-Hygiene Education and Training (EMS and Interfacility Transport)	Met	1 of 1	0 of 0
Hand-Hygiene Education and Training (Infection Prevention and Control Standards)	Met	1 of 1	0 of 0
Infection Rates (Infection Prevention and Control Standards)	Met	1 of 1	2 of 2
Reprocessing (EMS and Interfacility Transport)	Met	1 of 1	1 of 1

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

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

Summary of Surveyor Team Observations

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

Eight surveyors from Accreditation Canada spent a full, engaging week with Western Zone, from February 11- 16, across 13 different sites and assessing 28 priority processes. All interactions were positive and the organization, since its last survey in 2018 had experienced significant advances on a number of fronts. Overlaying ongoing advances, are major system transformations and increasing pressures – human resource, financial, technological – that are requiring and will require even more change in the coming years. Western Zone exhibits resilience and a commitment to its values of care, excellence, accountability, transparency, collaboration, and respect in all that it does, and it is hoped that this report may reinforce this fact and further encourage the organization to advance. What follows is a brief overview of some key areas, all of which are expanded upon in the body of the report.

Community and Community Partnerships:

Western Zone covers a large geographic area and although Census Canada data shows a decrease in population numbers from 2016 to 2021, the complexity, including average age of the populations served across the Zone has increased over time. To better understand the needs of the Indigenous population served, the Mi'kmaq community was engaged by Western Zone, Western Regional School of Nursing, Grenfell Campus, and Qalipu First Nation to understand how Mi'kmaw ways could be embedded into healthcare delivery and policy. Seven themes and 36 recommendations were identified and prioritized for action. The Journey of Collaboration project is an extension of the Person and Family Centered Care Framework developed by Western Zone in 2018, which outlines the organization's commitment to planning and delivering person-centered care. This project is an example of efforts by the organization and the program to integrate Indigenous voices in the co-design of health and wellness strategies addressing calls to action outlined in the Truth and Reconciliation Commission of Canada.

More broadly, Western Zone is viewed as a strong partner with whom to engage. A detailed discussion with a number of key system partners – police, fire, search and rescue, women's health, education and an Indigenous navigator highlighted this fact and reinforced the importance of ongoing dialogue around mutually exclusive priorities. The role all partners can play in recruitment and retention was discussed at length, with everyone recognizing that all sectors contribute to success. Western Zone's commitment to recruitment was noted, including a significant focus on international recruitment and it was suggested that both "stay" and "exit" interviews should be consistently undertaken to ensure opportunities to strengthen retention are identified. Patient flow was discussed through the lens of police and emergency departments and the need for police waiting due to offload delays. This was complemented by the fact that the organization partners with the police in the area of community mental health (FACTT), and this program is seeing significant advances. It is a good example of showing that by looking at different, integrated ways to support people, we can better serve them in the environments conducive to their needs. Western Zone is urged to continue to advance these partnerships and to enter into broader, partner discussions with services not under the Western Zone umbrella to identify additional ways working together can help further strengthen health and wellness on the west coast.

Staffing and Worklife:

A significant emphasis is being placed by the organization on a Just Culture, including identifying and training subject matter experts who are going to be engaging across the organization on this important topic. Complimenting this is an enhanced focus overall on engagement including the establishment of structures to formally focus attention on this important topic. Quarterly micro-surveys have been introduced to enhance the larger, less frequent opinion surveys, and the team is committed to addressing results as appropriate. An increased emphasis on Diversity, Equity and Inclusion is also noted and it is suggested that Anti-Racism be formally added to the focus as is the case in other jurisdictions across the province.

Feeling safe is in incredible motivator of retention and the organization is commended for the increased focus being placed on this area. Enhanced Code White training to support inpatient mental health teams, and continued emphasis of management of aggressive behaviour (MOAB) training are giving people more tools to feel valued and safe in their work environment. Continuing to focus on this, including in smaller, rural environments will be important.

Recent recruitment successes, largely through international efforts are paying dividends across the organization. There is no more important or challenging issue facing healthcare currently than the recruitment and retention of healthcare professionals. This issue faces all regions of the country, however, is particularly concerning in smaller, lower volume centres. While there are certainly no obvious solutions to this issue, and all positions advertised across Western Zone are currently being advertised in every jurisdiction in Canada.

The support to nursing staff across the rural sites to adopt advanced practice skills is impressive. On these sites, nursing staff rotate between working in the emergency department, the inpatient unit and the long-term care unit. Educational opportunities and a wide variety of training for staff were identified during tracers by both leaders and frontline staff as major strengths of Western Zone. Allied health professional support to the rural sites, however, is lacking. The organization is encouraged to explore ways to ensure patients transferred to the rural sites for "conditioning" be provided with timely access to allied health assessments, including leveraging the virtual technology already in use in the organization to facilitate more timely admission assessments and goal setting or continuation of rehab and other goals when patients transfer from Corner Brook to the rural sites. Access to educators at the bedside may help in accessibility as well as identifying when staff don't know what they do not know. At the rural sites an embedded RN/CNE position was suggested by staff and leaders when asked "what one thing they would change" to make the care they provide better.

Delivery of Care and Services:

Patient flow and addressing barriers to discharge are major foci across all programs in the organization, and they should be congratulated for the implementation of the National Early Warning Score, v2 (NEWS2) scoring system to track illness severity and trigger assessment of patients at risk for deterioration. NEWS2 has now expanded through the Western Zone, which was reported to be the only zone that uses the scoring system when patients are transferred from observation beds to inpatient admission. Across all locations plans for the implementation of Family Care Teams is being welcomed, as almost half of patients are currently admitted without a primary care provider.

The survey team was impressed by the organization's complete commitment to quality and safety. There were a number of examples, as evidenced by the organization being awarded several Accreditation Canada Leading Practice Awards, shared with the team. The Strategic Issue of Innovation is very much a focus in Western Zone and the team is commended for its commitment to advance the system in ways not seen elsewhere in the province. Commitments including standardizing best practice in obstetrics, reducing blood wastage, CensiTrac utilization, centralized orthopaedic booking, community paramedicine, Daisy best-practice in infection prevention and control, and maximizing staff scope are just a few examples of the many ways Western Zone is redefining itself.

Service mix for a system structured like Western Zone appears reasonable, with more specialized services centralized in Corner Brook and, where higher acuity exists, NL Health Services – Eastern Zone. Western Zone does however face the reality currently faced by every similar system in Canada – sustaining services in low volume, small centres is more and more challenging by the day. Examples of services being maintained only because of the heroic efforts of a few are common; services being restricted due to unavailability of staff equally common. Strong leadership is required therefore, to truly identify, driven by quality and access, what services need to be offered in which settings. Absent this conversation, and the resulting focus on re-tooling education and recruitment systems, provinces will continue to experience an erosion of all services in rural communities, something that can be avoided, at least partially, with a longer-term vision. The Newfoundland Health Accord provides hope that adherence to its principles, combined with the leadership of Newfoundland Health Services will allow Newfoundland to position itself well into the future as it meets the health and wellness needs of the various populations it serves.

Leadership:

Leadership across the entire zone is stellar. The ongoing transformation is creating significant uncertainty, and it has been flagged that completing the management level realignments as soon as is practical needs to be a top priority. Despite the overarching uncertainty, and the positive outcomes that will result, the organization is seeing significant advances overall. In areas including emergency preparedness, principle-based care and decision making, communication, integrated quality improvement, resource oversite, human resources, and planning and service design the organization is demonstrating significant leadership.

Emergency preparedness is stellar, with a number of real-life examples of issues requiring response being addressed proactively and responsibly. The consolidation of emergency preparedness to Newfoundland and Labrador Health Services (NLHS) is going to expand resources available to the zones and will assist is standardizing protocols, not only in Western Zone but also provincially. The recent signing of a contract to roll EPIC out across the province and across all health sectors is a game-changer. While significant work lays ahead for all those engaged in the project, the resulting integration of data is going to be of significant benefit to both providers and consumers alike.

NLHS's inaugural Strategic Plan is directional in nature and will allow all zones to align their priorities accordingly. Its focus on people, access, transformation, and quality nicely supports and compliments Western Zone's previous strategic priority "People, Quality and Safety, and Innovation".

At a granular level, and as noted by a surveyor traveling across more rural parts of the zone, leaders from every site meet virtually weekly to learn about every patient designated as "alternate level of care" (ALC) in order to review discharge barriers and to collaboratively explore strategies to address these barriers. This connectivity is important, both as a sign of support for leaders in different settings, but also as an example of how working together, we are all stronger.

Client Satisfaction:

Client satisfaction and engagement is a key priority for Western Zone. Of note, all residents and family members interviewed during the tracers in long-term care gave scores of 5 out of 5 when asked to rate the quality of care, where 5 is the highest score possible. A noteworthy quote from a family member: The biggest relief of my life and my brother's was when she (their Mum) moved in at Bonne Bay. My constant worry disappeared as soon as she moved into this wonderful place.

There are a number of examples where initiatives, such as focused patient feedback have been introduced to augment the patient voice in decision making. A number of programs, including the Substance Abuse and Problem Gambling Program, put forth client feedback directly into service planning decisions to ensure a true patient-focused delivery of services. The organization's commitment towards expanding person-centred care is laudable. Patient partners engaged throughout the accreditation process were passionate about their roles and very much appreciated that care is better for all when the voice of the client informs decision-making. While the ongoing work is impressive, the organization is urged to advance patient partner engagement at the highest level of decision-making, including the Board of Directors and the Medical Advisory Committee.

It was an absolute privilege to survey Western Zone and all eight team members will follow the organization, and NLHS with interest as it sets the tone for Canada for a truly integrated and innovative health system that, at its core is committed to advancing the health and wellness of all populations served as its number one priority.

Detailed On-site Survey Results

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

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

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

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

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

See Appendix B for a list of priority processes.

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

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

!	High priority criterion
ROP	Required Organizational Practice
MAJOR	Major ROP Test for Compliance
MINOR	Minor ROP Test for Compliance

Priority Process Results for System-wide Standards

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

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

Priority Process: Planning and Service Design

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

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

A good discussion was held with representatives of the Zone as well as NLHS on strategic and operational planning. Both the recently completed Western Zone Strategic Plan and the newly created NLHS Strategic Plan were discussed, primarily through the lens of process and outcomes.

Western Zone is very much commended for the approach it took in developing its most recent plan. Planning started in 2019 – Year 0, and there was a significant amount of engagement and consultation. The resulting engagement process saw 1400 responses and allowed the organization to identify common themes, validate vision and values, and complete a community health needs assessment. An environmental scan of the zone flagged population health needs, and this was complimented by a jurisdictional scan across Canada to see some broader priorities. Following this higher-level consultation, a two-day planning session was undertaken to develop a short list of priorities. This engagement involved patient partners as part of the day.

Three strategic issues were identified as an outcome of the initial planning – People, Quality and Safety, and Innovation, with a subsequent process identifying four strategic goals for each issue. These goals subsequently have driven operational planning at Western Zone, with programs and services expected to align accordingly. An overall assessment of the organization shows these efforts as being successful and a good springboard to the newly developed NLHS Strategic Plan.

As the province proceeds with transformation, it is very much enabled by the Health Accord for Newfoundland & Labrador – A 10-Year Health Transformation. This Accord recognizes that a successful plan for health actually leads with the investments necessary to support the health and wellness of the populations served. It includes six strategies, namely social determinants of health, community care, quality health care, aging population, digital technology and hospital services. The Accord and its strategies are the building blocks for NLHS and the subsequent inaugural strategic plan.

The provincial plan includes as its key strategic issues: transformation, people, access, and quality. It is very much developed through the lens of engagement. NLHS is also clearly embedding patient partners in the process, including oversite and monitoring. In confirming specific strategies to be employed, a detailed risk analysis will be undertaken to inform priority setting, and legacy plans from across the zone will be key.

With the emphasis on standing up the provincial health authority, zones will need to ensure that they keep focused on local operations and engaging frontline staff and physicians. They will also need to be a conduit to their local communities to ensure a good understanding of the provincial strategies and their resulting impact in local care and services. Relentless engagement is going to be a fundamental part of the roll-out success over the next few years and the leadership resilience will be the number one criterion to achieve the Accord's Vision.

As part of the tracer, team members accountable for the new hospital build were engaged. An overview of the history and of the process followed revealed a clear commitment to engagement and to creating an end-product of which people could be proud. Engagement strategies included providers and the community alike, and there was an interactive process followed during design to ensure the right voices influenced the project. The hospital, when commissioned later this year, will be an outstanding addition and it will have an immediate and longer-term impact on the quality of, and access to care moving forward. Once open, attention will need to be turned to those remaining in the old hospital, including laundry services, and to programs such as the Nursing School which, despite being approved for new facilities, is not yet set to see development begin.

These are exciting times in Newfoundland, however resilience in leadership will be required to make decisions necessary to provide high quality and sustainable healthcare into the future.

Priority Process: Resource Management

Monitoring, administering, and integrating activities related to the allocation and use of resources.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

The survey team met with representatives of the Resources portfolio, both from NLHS and Western Zone. The discussion focused on both capital and operational planning, and in the former, both facilities and equipment planning.

There is a clear transformational impact on resource oversite, notably due to having four legacy Meditech systems providing Zone financials and data to the NLHS team. This variation in reporting adds a complexity to broader system reporting, however the team is working through this reality in as positive a way as possible. It does however reinforce the important need to ensure business systems are selected to compliment the new EPIC installation moving forward, as these supports – finance and payroll as examples, were not part of the signed EPIC agreement.

The newly implemented Program and Zone Capital Infrastructure Review Committee was reviewed and discussed. Designed to ensure a clear line of sight to all provincial priorities, the committee is starting to bring clarity to the immediate and longer-term capital needs of the province's healthcare system. As with every province, there are financial demands far greater than current available resources, therefore, to ensure that all dollars are invested in the most appropriate manner will be key. Having a longer-range plan will also be important notably due to the commitment recently made to secure an EPIC Information System. This will consume significant capital dollars and a resulting spike up, at least through planning and installation of operating costs. Optimistically, efficiencies post implementation will be realized, however those will be five years out at best. The plan will also need to consider alternative funding strategies, including the P3 funding approach to the new Western Memorial Regional Hospital build. It was also noted during the conversation that having access to provincial Project Managers has been a significant benefit.

Deferred maintenance pressures are significant and a risk for the province. This process will help ensure that dollars made available through the Treasury Board will go to the place of greatest need. Underlying this however is a clear commitment at the provincial level to protect a percentage of capital funds for projects that are perhaps behind the scenes – air handling, roofing, versus those that are much more visible, such as hospital renovations. It is also acknowledged that the province has made great strides in identifying multi-year priorities which too will assist in fiscal planning moving forward, and has a strong commitment to shared purchasing when appropriate.

The priority setting process within Western Zone is thorough and has identified all necessary investments. Rolling this up to the provincial review table has started and, while the most appropriate approach to take, attention will need to be placed on the newly formed provincial programs such as diagnostic

imaging. Traditionally, purchase decision for these items have been determined regionally, however as they are now province-wide, ensuring coordination of priority setting processes, and criteria setting will be important.

With an annual operating budget of $3.2B, Newfoundland and Labrador Health Services is the provinces largest line item and employer. As such, having clear processes and structures in place to oversee operational spending and priority setting is foundational. An in-year projected deficit of $150M does not consider pending salary adjustments which has and will put pressures on the Zones from a fiscal accountability perspective. Western Zone accounts for 15% of the NLHS operating spend and has very good internal processes in place to develop and oversee budgets. In saying this, with certain programs being pulled out of the zones and being centralized, the ability to report on expenditures in a coordinated manner is a challenge. This is recognized as a by-product of transformation, and it is acknowledged that it is a priority to address moving forward.

Utilization management was discussed with the team and benchmarking is a priority for the organization. Cognos software is utilized to assist with peer-benchmarking and the organization can access various data sources such as CIHI and BIG Data. Elevating a focus on this provincially will be beneficial as it will push alignment with best practice. NLHS should also consider doing a broader assessment of tools available – if not completed already, such as Choosing Wisely Canada, to promote standardization.

A very poignant point was raised during the discussion on transformation and the need for the "human glue" to make it work – throughout all priority process meetings including resources, significant time was spent both on the benefits that will accrue through standardization and the somewhat challenging and unknown journey that will be required to get there. It will be successful through the commitment and dedication of the team, and all are commended for the passion and commitment they bring to their roles.

Priority Process: Human Capital

Developing the human resource capacity to deliver safe, high quality services.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

The survey team had the opportunity to engage with team members accountable for medical recruitment and retention, the human resources team, including Occupational Health and Safety and Volunteers, and to review human resource files.

Working in the human resources space is one of the most challenging in healthcare with the significant supply and demand gap, the changing work-force expectations, the ever-present pressures stemming from day-to-day work, and the residual effects of the pandemic. All these realities, and more, elevate the focus on ensuring those tasked with supporting people have the supports necessary to excel at what they do.

Medical supports are strong, including the broader provincial focus on recruitment. The province, and the zone are very visible nationally and internationally, and are ensuring recruitment benefits and incentives are consistent with those offered elsewhere. Like all providers, they are suffering from the changing face of medical services, and absent educational or policy changes to support them. As such, fewer family physicians interested in comprehensive care are available and, as increasing numbers of specialists retire in larger centres, these locations are aggressively recruiting. Regardless of this, the medical team is very responsibly positioning Western Zone.

A review of the onboarding credentialing process revealed it to be very thorough and inclusive, with the systems set internally to ensure accountability is well understood. As the province continues to undergo transformation, including a refreshing of the medical staff by-laws, it will be important to ensure that these accountabilities remain clear.

The organization has focused significant energy and effort on supporting a just culture and focusing on enhanced engagement. The most recent opinion survey identified a number of areas of focus including driving positive staff experiences; connecting staff with leadership; and removing obstacles in staffing. The materials shared with the survey team, and the discussion with the human resources team highlighted a clear focus on continuing to address the priorities as identified, with notable advances including but not limited to: establishing a Diversity, Equity and Inclusion Committee; introducing quarterly micro-surveys; launching an Emerging Leaders program; undertaking focus groups with staff around overall employee experience; and developing a workplan through the Psychological Health and Safety Committee.

The organization has a very responsible focus on safety. Elevating the Code White team to include trained security guards has had an immediate and positive impact. Ensuring the violence prevention policy is updated and visible is positive, and undergoing hazard assessments and developing safety plans is noted

with approval. MOAB training is ongoing, focusing on non-violence and de-escalation, and this continues to be well-received.

Recruitment and retention were discussed in detail and the team is commended for their efforts in this regard. Introducing the organization to high schools and being visible at various recruitment events was also noted with approval, and the reviewed Talent Management Plan provides the organization with the foundation from which to focus recruitment efforts. The organization offers virtual onboarding and, while easier from a logistical perspective may want to be assessed. The province is taking more of a national approach to recruitment and has recently seen a tremendous response to international recruiting efforts. The Come Home Year program is helping bring back people who have previously left the province and the advancement of a Buddy System when onboarding is noted. The organization is also ensuring cultural sensitivity, including recently introducing a Smudging Policy, and is very much emphasizing its focus on diversity and inclusion.

The organization is commended for its strong union relations through an open and transparent focus on relationships and its commitment to recognition through initiatives such as the Western Outstanding Worker (WOW) award.

Volunteers continue to be a focus, with efforts ongoing to re-engage as per prior to the COVID-19 pandemic. Long-term care and the cancer program are primary areas of emphasis currently, with a tactical plan being developed to help assist in these areas. Notably, high school students starting at age 14 are engaged in the organization which lays down roots for future engagement and, hopefully, employment moving forward.

There are lots of moving parts within the Human Resources portfolio, including the ongoing centralization of several roles. Staff remain positive and focused on improving and feel that a broader lens at the provincial level will be beneficial to the Zone. Technological advances will be important to consider, and continuing to ensure innovative approaches to staffing and education will be key. The team is commended for its commitment and dedication.

Priority Process: Integrated Quality Management

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

The organization has met all criteria for this priority process.

Surveyor comments on the priority process(es)

A very positive dialogue took place with the Integrated Quality Team focusing on the efforts of the team and organization in advancing a quality agenda across the Zone. With the ongoing transformation, the Quality Framework is now provincial, as is occurrence reporting. There is a strong internal focus on quality and safety across Western Zone and, moving forward it will be important to ensure that the provincial leadership is reflected in all areas.

A good discussion took place around the results of the Patient Safety Culture Tool. As outlined through other priority processes, promoting a Just Culture is a major focus of the organization. 16 Champions on Just Culture have been identified, with management training ongoing, and an early spring roll out. This ties in nicely with the focus on enhancing engagement and doubling down on quality of work life motivators. This supports both individuals and also the broader collective – positive culture leads to retention; retention leads to enhanced recruitment.

The team is taking a leading role in ensuring that patients are engaged in ongoing projects and committees focusing on quality, safety, and risk mitigation. The Patient Safety Act 2017 has set a tone that has and is being advanced across Western Zone with the organization ensuring quality and safety remains visible. Patients are thanked for bringing items forward for discussion, and they have been embedded in quality meetings as the organization attempts to ensure Patient Advisors are visible across the organization.

Occurrence reporting system – Datrix – is delivered provincially. There is an Office of Adverse Events, and the system is set up to ensure proactive and timely notifications. There has been good training on the system for educators and patient care coordinators, and there are standard "what to report" lists available to all. New chiefs are oriented to the importance of occurrence reporting and there is an acknowledged need to increase line-of-sight for physicians in this area, as well as with disclosure. This system is helping identify areas of focus from a risk mitigation perspective, including developing an early warning system for patient deterioration and focusing, moving forward on the development of a rural sepsis pathway.

The organization's disclosure process is well established and understood. There is a clear commitment towards ensuring that patients and family members are necessarily engaged in the process, with patient experience being the focus of ongoing reviews. There is a significant effort across the Zone to engage more Patient Advisors and this will very much benefit the quality program moving forward.

A discussion around the Integrated Risk Management Framework highlighted a detailed process that assists in identifying where investments need to be made corporately. The process followed is in line with the vision and values of the organization. This framework has assisted in the development of a new risk registry. The 2021-23 Risk Assessment identified culture, access, and measurement of priority wait times, all items incorporated into various priorities and goals across the organization.

The medication reconciliation process was discussed, notably the corporate focus on this important area. The team identified that the crosswalk helped them a lot in advancing medication reconciliation across the organization, with medication reconciliation in the home and community mental health being introduced. The approach is structured around required organizational practices (ROPs) - including medication reconciliation – e-learnings with the roll out being structured. Discussion ensued around where this process should land corporately, with Pharmacy flagged as an area where this may make sense.

Few areas stand to benefit more through standardization driven provincially than quality, safety, and risk mitigation. The current philosophy of using the best provincially from the legacy Zones is positive and will allow the profiling of some of the great work that is ongoing at Western Zone. Kudos to the team for their commitment to excellence, and passion for quality.

Priority Process: Principle-based Care and Decision Making

Identifying and making decisions about ethical dilemmas and problems.

The organization has met all criteria for this priority process.
Surveyor comments on the priority process(es)

A very dynamic Ethics Committee has been in place since 2007. This committee is more advanced relative to others in relation to a provincial presence in that it has been centralized since 2012. The Program, Provincial Health Ethics Network of Newfoundland and Labrador (PHENNL) is well- resourced and has very strong Ethicist support through Memorial University. This "arms-length" relationship is noted with approval as it removes any potential perceived bias from consultations within the health system. Ethicists are available on request/as needed and are clearly passionate about their role.

The relationship between the local committee and the provincial team is very strong, and complimentary. The Provincial Health Ethics Network of Newfoundland and Labrador (PHENNL) online Ethics Education Program is noted with approval. The 16-module certificate program is comprehensive and easily accessible – it is a strong example of strengthening ethics capacity at all levels of the organization. A good, granular example of the relationship is the current work to develop a policy for long-term care spouses wishing to stay together. The local committee is also asked to observe consults which is very educational for staff. The consult service itself is noted to be very strong – timely, thorough, summaries are well written, and the feedback process used is very effective.

Local education and visibility appear strong. There are a number of topics available, and the Committee does education for the organization including person to person, with Person and Family Centred Care Team, and Community Advisory Committees. Medical grand rounds are used for ethics education, and half-day sessions are offered periodically to support awareness. Front page visibility on the website is noted and as the centralization of social media posting advances, it is expected this will assist in promotion and visibility. Fast facts were also noted with approval.

Community and patient partners are actively involved with ethics in the organization. Patient partners attend all the ethics meetings and are included in ethics consults. They are involved in work plan review and have a strong presence overall. They assist in policy review and provide commentary, as these impact patients and families.

The Ethics framework is noted with approval. It is comprehensive and has been recently reviewed. It clearly outlines both the services available as well as the ethical decision-making expectations and criteria. It links to provincial resources and very appropriately positions ethics as an accessible service to all.

With respect to research ethics, there is an Act that governs research through the Health Research Ethics Authority. There are detailed expectations and processes, with ethics approval going to this body. The

authority reviews the research proposals, including impact on clients and necessary consents. This is outlined in the Zone Framework noted above.

Significant effort and energy have gone towards ensuring a Just Culture across the organization and the work in this area is noted with approval. Key to this are clear expectations with respect to conduct. The organization has gone through a 2-3 year review process resulting in a very robust policy framework that is very visible and advocates for supporting a blame-free, values-based culture. Just Culture also forms part of the performance appraisal process.

The organization has lots to be proud of in its focus on principle-based care and decision-making. Moving forward, clearly balancing the provincial and local lens will be important. Ensuring comprehensive penetration of the service for all staff – currently estimated at 50%, will continue to be a priority, including ensuring a clear line of sight to all resources at the governance level. The service is comprehensive and timely and is committed to ensuring all voices are heard. The team's passion and its commitment to visibility will ensure the continued growth of this valuable service and all are commended for their leadership, compassion, and empathy.

Priority Process: Communication

Communicating effectively at all levels of the organization and with external stakeholders.

Unmet Criteria	High Priority Criteria
Standards Set: Leadership	
11.3 Policies and procedures to support the collection, entry, use, reporting, and retention of information are implemented and reviewed and updated regularly.	❗
Surveyor comments on the priority process(es)	

A very engaging meeting was held with members of the Communications team, with the session including NLHS representatives, communications, health records, systems, and privacy and confidentiality.

As NLHS evolves, local communication will strengthen. During the initial transformation, direct access to certain tools, such as Twitter and Facebook, have been consolidated centrally from the different regional health authorities. While this makes sense strategically, priority needs to be placed on ensuring the Zones can access social media in a timely manner, particularly when addressing time sensitive issues. There is an escalation process in place that allows for emergency response and the call system in place now has greatly improved.

Huge kudos to the team for making the recent decision to implement the EPIC Information System right across the province. The opportunities that will exist by integrating data provincially and across sectors are significant and, once operational, will provide immediate benefit to both consumers of service and providers. How NLHS migrates from where the system is now, to an anticipated "go live" date in two years will determine the success of the implementation. It was noted during the meeting that upwards of 10,000 clinical decisions will need to be reviewed to ensure consistency and standardization, a monumental endeavor that will need to be a top regional priority from the perspective of resource allocation.

Currently, staff are being trained and will be certified by EPIC. Through the open call in 2022, the procurement process was very inclusive, with over 400 people involved in demos and providing feedback. All necessary partners were engaged including staff, physician leaders, patient, and citizen representatives. The team is commended for the approach that was taken in reaching the decision to sign the contract.

The 2022 – 2025 Communications Plan for Western Zone was reviewed and discussed at the meeting. It was recognized that there is ongoing transformation, however the local tools used were noted with approval. The "Our Stories" blog, social media use, Community Advisory Council and municipal engagement, news releases, e-mail distribution, and newsletters all play a part in messaging with the communities, both internally and externally. The separate communication process around the new build,

including offering tours to groups, is a very good reminder that despite strong, clear, proactive communications it is important to use different communication approaches, tailored to the intended audience for maximum effect. The process in developing the plan was well done specifically the engagement of the seven neighbourhoods and taking suggestions, including around distribution methods. This helped inform the approach to introducing non-traditional means of engaging, for example through Church bulletins. To assist NLHS to better position itself in the ever-changing media landscape, a Manager of Strategic Initiatives has been hired, and the provincial government has hired a marketing company to ensure Newfoundland and Labrador are profiled in a positive light.

Privacy and confidentiality are proactively managed by the organization with the necessary policies in place across the organization with easy access to the Personal Health Information Act and a strong focus on information integrity. There are strong lines of communication with the Office of the Privacy Commissioner. The organization has been tested through breaches and has responded appropriately, including through maintaining user access audits and ensuring readily available education. The recent initiation of a newsletter will further strengthen communication.

All records are safely and responsibly stored and supported. As with most organizations, there is a blend of online and paper access files, however the organization manages both very well. The migration to EPIC will result in the automation of much of what is currently paper, so a clear focus on what needs to be included and retained will be important. On this last point, it was noted that Newfoundland directed in 2001 that all records be retained. Fortunately, this policy is being reviewed provincially and will, optimistically, be brought in line with current retention standards.

Despite the uncertainty that always results from transformations, the organization is commended for its forward-thinking approach to leveraging change in a positive way. Consolidation of communication infrastructure while preserving a local face is a priority, as is leading the province into an information technology roll-out. The organization is using the reality of today as a "reset" point that allows it to reengage and introduce new and innovative structures and processes to advance communication. The planned Provincial Communication Patient Advisory Committee is an example of this enhancement.

Congratulations to all for their enthusiasm and passion.

Priority Process: Physical Environment

Providing appropriate and safe structures and facilities to achieve the organization's mission, vision, and goals.

Unmet Criteria	High Priority Criteria
Standards Set: Perioperative Services and Invasive Procedures	
3.1 The physical layout of the operating and/or procedure room(s) and equipment are designed to consider client flow, traffic patterns, the types of procedures performed, ergonomics, and equipment movement logistics.	
3.2 The area where invasive procedures are performed has three levels of increasingly restricted access: unrestricted areas, semi-restricted areas, and restricted areas.	!
Surveyor comments on the priority process(es)	

This team is to be commended on their work towards keeping staff and patients safe and keeping the buildings up to CSA standards. All equipment is monitored for function, with routine maintenance. Patient feedback is sought, reviewed, and acted on. Backup strategies for failures are in place.

The Western Memorial Regional Hospital is a very tired building and staff are anxious to move into the new building on June 7, 2024. During the walk through it was noted there are leaking ceilings, walls needing paint, multiple hoppers being used and simply put, "old infrastructure". During the summer months there tends to be high humidity in the operating suites. Staff are equally concerned regarding the intentions for this site once the move has been made as there are multiple infrastructure needs to keep the building going. The hospitals have monitoring systems that support the daily review of all systems and the air quality.

While the communities are very proud of their hospitals it is hoped the proposal (which is currently at the government level) to have a new building in Bay St. George will be approved as it is particularly difficult to keep this space running due to multiple infrastructure concerns. There is currently new construction for a Stephenville Family Care Team Clinic.

Efforts to reduce the environmental footprint have been initiated as is planning to reduce its carbon footprint. There is a process for managing external contracts for ensuring maintenance is in place for all components of the physical plant and lifespan is considered in capital budget requests. Manufacturers' standard operating procedures (SOPs) and guidelines are used to maintain and update the mechanical systems.

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)

As with several of the programs, services and supports offered through Western Zone, emergency preparedness has migrated to a centralized program coordinated through NLHS. The overall structure balances centralized coordination and control with zone leadership and is aimed to standardize where appropriate and ensure consistent readiness to respond to all emergencies.

Centralization is also highlighting more consistency access to a broader range and depth of supports that will assist with planning and readiness moving forward. A good example of this is the current All Hazards Emergency Event Plan that is currently in draft form with NLHS.

From an emergency preparedness perspective, outbreak management is handled well. Outbreak management is directly linked to Public Health in Western Zone has an updated policy. Infection prevention and control (IPAC) staff have clear escalation protocols in place and the organization has a number of key practices, including Family Presence Practices that compliment outbreak response. An epidemiologist was added to the team three years ago and this position provides valuable input into planning efforts and can investigate patterns and causes of disease and injury. The recent evacuation in the Central Zone that sent 86 long-term care patients to Western Zone was a very good example of the organization's ability to adhere to strong IPAC protocols as a number of the evacuees had COVID-19 and were co-located safely into homes that were COVID-free.

The organization has had to implement various emergency plans over the recent years and months with several external events – a cyber-attack, Hurricane Fiona, significant rain events, and Code Green/Orange initiation due to fires in the Central Zone. All these events had been handled professionally and responsibly and had ensured detailed reviews of relevant responses to allow for the translation of experiences into planning documents. The response to Hurricane Fiona was particularly impressive as it challenged all aspects of the Zones' planning assumptions. Priority activities were identified through the Emergency Operations Centre, where all members of the team were assigned accountabilities. As well, priority was placed on supporting the vulnerable, and plans were implemented to ensure access to goods and services despite there being no passable roads. The team, through this and other responses, was able to ensure the mental health needs of those impacted – directly and indirectly – were supported through the recovery period.

The organization has developed very strong partnerships with advanced weather forecasters and is made aware, through these relationships of possible weather events in advance of them materializing locally. This advanced planning is helpful in contributing to a timely and appropriate response. Partnerships also exist with Emergency Management at the provincial level that allows for insight into municipal, provincial, and federal information which is helpful in planning.

Internal codes were reviewed and discussed, and the team is commended for the recent changes to the Code White response, largely in the area of mental health. Through a new security partnership, the organization has a much more responsive team of security guards, all of whom have had training in non-violent crisis intervention.

Maintaining the integrity of emergency management is important – Zone managers will be required to bring standardization to the organization. "Dry Drills", tabletop exercises, and community planning risk assessments will all assist in further readiness, and a soon to be implemented Provincial Learning Management System will bring Universal Codes training online.

The organization's overall emphasis on emergency preparedness is commendable. Recent events have reinforced the importance of relationships and teamwork and have very much confirmed the benefits of standardization. Plans are being responsibly updated and new and existing partnerships are being strengthened. The team is commended for its holistic response to emergencies, including empathetic follow-up post event. A strong resilience has built up across the organization due to the magnitude of recent events and it will be important for leadership to continue to support this important support. Increasing emphasis on Code Red training and continuing to support and strengthen standardization and access to supports right across the Zone.

The team should be proud of its accomplishments and is commended for setting a very high bar for emergency preparedness.

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)

Western Zone (WZ) embarked on a journey toward people-centred care as a cultural norm in 2017/18. The foundations laid in those early days have yielded significant results observed in many areas of service planning and care delivery across the organization.

Care at the direct intersection of providers and patients (inclusive of their family care partners) was seen to be compassionate, empathetic, and intentionally focused on individual patient preferences. Those receiving care described feeling welcomed as full partners in decision-making. They felt they had easy access to information and resources to enable better self-management in their healthcare journey. Many programs and areas of care have excellent orientation handbooks or materials to familiarize patients and families with their care teams and setting. The organization is encouraged to continue assessing programs where creating those materials would ensure patients know what to expect during their care.

Many staff have received training in the principles of equity, diversity, and inclusion as well as the key principles of Indigenous culture and approaches to care. 75% of staff have received orientation to people-centred care in the form of an e-learning module. The module was co-created with patient advisors who voiced distinct pride in having taken part.

Patient and family satisfaction is assessed using a variety of tools. Online surveys using a QR code, program-specific surveys, calls and emails to client relations all allow those accessing services to share their observations, both positive and negative. Western Outstanding Worker award (WOW) boards offer forums for feedback to filter down to frontline staff. Western Zone is encouraged to explore more robust mechanisms to ensure providers and care teams are aware of trends in compliments and concerns.

Signage and wayfinding across many sites show evidence of efforts to ease navigation through spaces. The organization is encouraged to continue the work of simplifying signage throughout care areas. In some areas clinical information for staff is mixed with messaging meant for patients and families. The organization has welcomed the voices and lived experiences of those they serve as equal partners in co-designing care. Patient-Family Centred Care (PFCC) Advisors are unique volunteers offering insight on many streams of work: creation and revision of educational material, space design, signage and wayfinding, process improvement, and policy creation. They are seen as true peers who work alongside providers and leaders to create models that put the patient at the centre of each care encounter. Although currently there are 50 active PFCC Advisors, more are needed to sustain growth. Western Zone has a comprehensive recruitment strategy in place to bring more diverse voices forward for inclusion.

PFCC Advisors are members of many program quality committees and there are plans to insert them in more as capacity allows. Including PFCC Advisors in complex, nuanced work such as ethics, strategic planning, and facility design shows an evolved and trusting relationship with these volunteers. An over-arching Person- and Family- Centered Care (PFCC) Steering Committee is a high-functioning forum for exploring engagement opportunities. It is comprised of PFCC advisors from across Western Zone and PFCC Advisors who are representatives from the Hospital Care and Long-Term Care Advisory Councils and the Community Advisory Committees.

There are many inspiring examples of client/patient/family focused initiatives across the Zone. The Daisy Program and Making Memories in long-term care are noteworthy for the inclusion of the LTC Resident Council in their inception.

Removing barriers to care remains a focus for Western Zone. An enhanced community paramedicine program allows for IV treatment without the need to attend in-person clinics. The addition of palliative care skills for medics will give comfort to those choosing to remain in the comfort of their home through a difficult journey. A virtual emergency department in rural locations using nurse practitioners mitigates the impact of gaps in physician coverage. Virtual consultation pathways created in response to the COVID-19 pandemic continue to reduce travel time and costs for those where distance is a factor.

The Journey of Collaboration project is an extension of the Person and Family Centered Care Framework developed by Western Zone in 2018, which outlines the organization's commitment to planning and delivering person-centered care. This project is an example of efforts by the organization to integrate Indigenous voices in the co-design of health and wellness strategies addressing calls to action outlined in the Truth and Reconciliation Commission of Canada.

Western Zone demonstrated a collegial and collaborative relationship with their community partners. These key partners will be useful in allowing the organization to connect to marginalized and under-represented communities across the Zone. Growth in the PFCC Advisor complement will be further enabled through partnerships like these. Recruitment of a youth advisor, currently in progress, might be facilitated by engagement through youth-based agencies in the community.

The submission of a request for $100,000 in yearly government funding to support client and family engagement is a clear indication that Western Zone is committed to long-term and sustainable growth. Allowing advisors to take part in learning opportunities, collaborate more broadly, and build their skills will serve the Zone well as it enters the next phase of integration as a provincial health authority.

Priority Process: Patient Flow

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

Unmet Criteria	High Priority Criteria
Standards Set: Emergency Department	
3.2 A proactive approach is taken to prevent and manage overcrowding in the emergency department, in collaboration with organizational leaders, and with input from clients and families.	!
3.11 Protocols to move clients elsewhere within the organization during times of overcrowding are followed by the team.	!
Standards Set: Leadership	
13.1 Client flow information is collected and analyzed in order to identify barriers to optimal client flow, their causes, and the impact on client experience and safety.	
Surveyor comments on the priority process(es)	

A multidisciplinary working group actively engages to facilitate the movement of patients throughout the organization. Recent successes include the Home First Symposium which brought shareholders together to share expertise and resources. It is recognized that rural sites face different issues than urban sites in managing patient flow, requiring unique strategies and resources.

EMS is responsible for patient transport over a wide geographic area. Service amalgamation is planned for April 2024 with the hope that the provincial strategy will include a central dispatch for critical patients. Due to the distance to the Health Sciences Centre, there is heavy reliance on fixed wing for emergency transport.

Heart Force One is a provincial initiative that successfully supports improved access to the Cath Lab with regular air transport of cardiac patients. Same-day transportation to and from St. John's decreases the strain on NL Health Services – Eastern Zone bed availability. The province is commended for this initiative and its positive patient-centred management of cardiac patients. Western Zone and NLHS are encouraged to review program successes and determine opportunities to expand platform access to other services.

Emergency room avoidance and admission prevention are a priority. The community paramedicine program provides at-home support to address issues and prevent emergency room visitation. The Home

Dementia Care Program has similar success in providing access to physiotherapy, occupational therapy, community nursing, and a nurse practitioner (NP) to support patients at home.

High CTAS 4 and 5 numbers remain a concern. The organizational focus on community primary care and developing the infrastructure to support the primary care team and access in the community is commendable.

EMS offload remains an issue at Western Memorial Regional Hospital (WMRH) and the team is encouraged to prioritize registered nurse (RN) triage availability to improve offload times and reduce delays. EMS and patient transport resources are limited and solutions to minimize downtime are a priority as access significantly impacts other areas of patient flow.

The emergency department at WMRH has access to a Seniors Community Care Coordinator and a mental health liaison to help identify services to prevent admission to the unit. Other sites also benefit from their expertise.

The organization has an overcapacity plan but there is a disconnect between staff and leadership in its activation. It is recommended that the plan be redeveloped with staff involvement. Managers and educators in the department during high volume periods would help to identify gaps, ensure that the plan is activated when appropriate, and that the staff feel supported. With EMS provincial amalgamation, the overcapacity plan may have more flexibility in identifying areas in which EMS could safely provide transport services after hours.

There is a significant investment in providing rural NPs with advanced training to manage physician gaps in order to maintain 24/7 emergency department coverage. To support continued success, regular training for all clinicians in rural areas to demonstrate competency is recommended. The Virtual Emergency room concept for support to rural areas is excellent.

Nursing staff are supported with the implementation of and training around the NEWS2 scoring system to support recognition of a deteriorating patient.

Implementation of Estimated Date of Discharge (EDD) is incomplete due to reluctance to assign an EDD based on admission diagnosis. The teams are encouraged to determine an acceptable method to assign an EDD. By communicating the EDD at admission, discharge barriers can be identified earlier, and expectations managed.

A review of acuity classification may be considered as the admitting diagnosis does not take into account frailty and co-morbidities which directly impact nurse staffing levels. Depending on the site, access to allied health is limited and nursing takes on many of these tasks, especially after hours. Deconditioning occurs rapidly without mobilization and extends the length of stay. Including personal care attendants (PCAs) on selected units may be a consideration to assist nurses in motivating mobilization and other tasks to allow nurses to focus on care plans and ultimately improve the length of stay.

Continued efforts and monitoring to ensure that specialist consultations, laboratory tests, and medical imaging are prioritized for emergency and admitted patients.

The organization is encouraged to quantify bed flow bottlenecks. Discharges should be planned the day prior with paperwork completed by the night shift. Discharge orders should be prioritized as the morning's first task. The traditional expectation of an 11 a.m. discharge is fraught with challenges and is directly impacted by lunch, nursing, environmental services, patient transport, and other key services being short-staffed. Many retirement and personal care homes have a repatriation expectation that cannot be met with an afternoon discharge. All discharged patients should promptly move to a waiting area outside the unit to await pick-up.

Alternate levels of care (ALC) patients awaiting placement continues to be a challenge. Community Support assessments are completed to identify support requirements. Home care resources in the communities are variable and recruiting and retention is an ongoing challenge. Provision of IV antibiotics when required more than once a day is also a barrier to discharge. Utilization of Personal Care Homes to provide outpatient care is a great program that effectively manages patient needs outside of the hospital setting.

The perioperative team employs multidisciplinary huddles to identify potential barriers. The "wheels in" time for the operating room is tracked and delays are reviewed. The team is proactive in new initiatives including same-day surgery and evaluating the processes to promote long-term success. With provincial integration, advocating for province-wide central booking to manage wait times will be important.

Priority Process: Medical Devices and Equipment

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

Unmet Criteria	High Priority Criteria
Standards Set: Perioperative Services and Invasive Procedures	
4.9 Contaminated items are transported separately from clean or sterilized items, and away from client service and high-traffic areas.	!
Standards Set: Reprocessing of Reusable Medical Devices	
3.5 Appropriate environmental conditions are maintained within the MDR department and storage areas.	!
Surveyor comments on the priority process(es)	

The Medical Device Reprocessing (MDR) team is successful in recruitment and retention and fortunate to have a mix of experienced and new staff. The technicians are proud to be CSA certified and participate in ongoing medical education to maintain their certification. As the provincial integration progresses, there is an opportunity to develop standardized e-learning modules in conjunction with the other health zones to support ongoing education and maintain core competencies. The MDR staff are passionate about their work and recognize the pivotal role they play in patient safety.

The MDR at the WMRH has developed procedures to mitigate potential cross-contamination due to aged building design. These issues are considered in the new facility and the team looks forward to moving into a modern and purpose-designed space. The team at Sir Thomas Roddick Hospital has developed methods to manage the physical distance separating the MDR and the perioperative department and is encouraged to continue to monitor their processes.

The MDR department enjoys a close working relationship with both the perioperative team and infection prevention and control. With provincial integration, standardization of the reporting structure for each Zone is recommended to maintain consistency. It should be ensured that there is continued recognition of the importance of MDR and its role in patient care and safety within the reporting structure.

There is an opportunity to further standardize the types of trays and instruments processed by the MDR. Continued efforts to reduce individual provider variability in preferred equipment will help contain costs, reduce procedural variation, and reduce risk.

The team has a preventative maintenance spreadsheet to track all the equipment, service calls, and preventative maintenance, however the system lacks decision support prompts and validation. With the move to the provincial Archibus platform, the team will benefit from standardization and automated prompts. Standardizing the responsibility for monitoring and maintaining the preventative maintenance

contracts within this platform should be consistent throughout the province. Processes to ensure that all service calls and other communications with vendors are standardized to ensure capture is vital to identify gaps in coverage and opportunities to engage to improve service.

The team tracks competencies and qualifications for the separate areas of the MDR at the WMRH. Traditionally, staff have been hired into a specific area on the MDR, but now, new hires are expected to maintain competencies throughout the department. Continuing to ensure that staff are designated for the competencies they hold and maintain is an important consideration for supporting cross-coverage within the department.

Instrument care and cleaning at the point of care were identified as an area of concern. The department developed a memo detailing expectations and rationale which was shared with the supported sites. This document empowers the team to identify when point-of-care procedures weren't followed and to communicate directly with the site to provide education. As a result, the standard of presentation rates has improved with a reduction in instrument loss.

The sites process a large number of procedure trays used at other sites. A review of tray volume and transport costs may be considered to determine if the substitution of single-use trays is a viable alternative.

Censitrac has proven to be a reliable and user-friendly tool for tracking instrument movement and utilization. The team is excited to utilize further functions to benchmark with other zones to verify contamination rates, measure turnaround times, and identify potential issues to support quality initiatives.

The team is commended on their proactive approach to quality and their efforts to identify and track data pertinent to the department and its functions. The robust quality improvement initiatives undertaken by the department are demonstrated in their identification of potential issues, investigations, and resolutions.

Priority Process Results for Population-specific Standards

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

Priority processes specific to population-specific standards are:

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

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

Unmet Criteria	High Priority Criteria
Priority Process: Population Health and Wellness	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Population Health and Wellness	

The organization chose children, and youth as the focus of population health and wellness for this discussion. This is a high performing group who have a strong sense of teamwork and a supportive culture. Represented at the meeting were staff from Diabetes, Mental Health & Addictions, Public Health, Community Support, Primary Health Care, Maternal Newborn and Women's Health and Developmental Health (Developmental Psychology, Audiology, Speech-Language Pathology and Direct Home Services). There was also a family advisor present, as well as partner representatives from Newfoundland and Labrador Schools. This group was brought together, at this time, to provide a focus on children and youth in conjunction/support of the new provincial Child and Youth Community Health (CYCH) model of services to these populations that is being developed – due to identified gaps/needs for streamlining services to these clients.

The goals of this collective group are to improve access, improve effectiveness of information and patient/family flow, improve identification of children and youth requiring services, and to create linkages with other opportunities and programs. There have been many successes to date: improved programing of school wellness awareness, improved services from social work, addictions, and improved awareness of community supports with contacts. There is strong advocacy across the programs particularly for the more complex child and youth cases.

At this time the goals of the program sectors (the new CYCH model) continue to be accessibility, efficiency and to develop the working structure of the team. Access indicators are wait times, no shows and reasons, time with each client, and timeliness of documentation. As the program sectors/new model becomes more mature it may be considered to use indicators by the successes of the interventions such as percentage of youth meeting improvement goals, (activities, verbalization motor skills) or youth graduating high school.

This collective group has an advantage of having a patient advocate as a member. Their experiences have highlighted various gaps in service. As the team matures perhaps work can be done to implement a program for infant and women's health on post-partum depression and suicide screening.

Several IT systems are used among programs servicing children and youth which include Meditech, CRMS, Electronic Medical Records (EMR) and paper-based. Physicians and acute care staff use Meditech, while public health, mental health, and developmental health use CRMS. Public Health also uses EMR. Some staff have access to more than one system. For example, Speech-Language Pathology and Developmental Psychology have access to both CRMS and Meditech. IT systems are not integrated.

There is effort to build workflows to enhance integration but there are also limitations. Client health records are scanned into some of the IT systems. The second concern for this collective group is the staffing. Currently in many services there are vacancies in the rural areas for public health, speech, and social workers. Staff voiced a hope to see more executive leadership presence in the future.

Service Excellence Standards Results

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

Priority processes specific to service excellence standards are:

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

Clinical Leadership
- Providing leadership and direction to teams providing services.

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

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

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

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

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

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

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

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

Public Health

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

Transfusion Services

- Transfusion Services

Standards Set: Community Health Services - Direct Service Provision

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

The Western Zone Community Support Program aims to provide care across the lifespan. There is a coordinated central intake process to ensure client needs are appropriate for services provided. They are commended for their home first philosophy to support clients at home. Numerous services are offered to support clients and families with disabilities, nursing care, housing assistance, rehabilitation, and home supports to name a few.

Client and family-centered care is well integrated in all programs and services offered. There is a strong sense of client and family advocacy which was voiced by several staff interviewed. A Senior Community Care Coordinator was just recruited to support the emergency department at Western Memorial Regional Hospital. This position will help identify and support frail seniors presenting in the emergency department with the goal to return them home safely. Programs are codesigned with clients and families which is evident within the Home Dementia Care Program. Identifying caregiver burnout and providing support is an important component of the program which drives the success. There is however opportunity to streamline the Home Dementia Care Programs which also exists in Central and Eastern Zones of Newfoundland. All three programs have different designs and resource allocations.

Excellent community partnerships exist within all programs. Some include Flexible Assertive Community Treatment Team (FACTT), Doorways, and Alzheimer's Society.

Resource requirement gaps are identified and communicated to management. This was exemplified within the Palliative, End-of-Life Program. Education gaps were identified with home support workers. As a result, a more tailored approach to education is offered to enhance the home support worker role when caring for palliative clients.

Priority Process: Competency

Training and education are well defined for all team members. There are many core competencies that all staff are required to take and maintain as well as additional role specific competencies which are all taken through e-learning. Performance reviews are done every two years and staff goals are reviewed and opportunities for growth are discussed. Staff interviewed feel very supported and recognized for their great work from both their director and manager. Staff also highlighted the great culture that exists within community support programs.

Standard communication tools are used such as SBAR when transferring care. Teams work in collaboration with clients and families to support their needs. A caregiver pamphlet was designed as a result of this collaboration within the End-of-Life Program.

Priority Process: Episode of Care

Community Support programs central intake process also addresses urgent cases through a triaging process. They strive to see clients in the right place at the right time. A strong presence of client and family-centered care was noted in all programs and services they offer. They build trusting relationships with their clients and go above and beyond to support them when needed. A client interviewed expressed heartfelt gratitude for the support she has received from the Home Support Program. She said "I know I can call anytime if I need help even on weekends, they help me".

Increased collaboration is underway in Community Support programs as they are currently establishing Family Care Teams that will offer all wrap around services to support clients and families to enhance access and flow.

Clients and families are engaged in care plan development and client rights and responsibilities are consistently reviewed in a collaborative way. The Home First program is an example where clients are engaged in managing their care. Clients are empowered to self-administer IV medications or do dressing changes.

Community Support is commended for their outstanding work to improve the lives of those living in the Zone. They continue to build capacity in communities across Western Zone by providing optimal healthcare services in the comfort of client homes. Well done!

Priority Process: Decision Support

Various information technology (IT) systems are used in community support programs along with paper-based charting. IT systems are not integrated resulting in staff using many systems to navigate their work. Time is wasted doing a paper-based intake process which is then entered in the customer relationship management system (CRMS). The CRMS does not include referral forms. Administrative clerks expressed a challenge with the self-referral intake which can take up to 45 minutes at times, which is too long.

Charts are maintained and policies regarding securely storing, retaining, and destroying charts are followed. Administrative clerks interviewed were knowledgeable about protecting client privacy and healthcare information.

Priority Process: Impact on Outcomes

A culture of continuous quality improvement was demonstrated throughout community support programs. A quality board highlighted their successes and performance measures.

Quality improvement projects are designed well with excellent use of data. Baseline indicators are established to monitor progress. The Aging Well Project is an example of how data related to healthcare management of frail seniors provided an opportunity for improvement. Reducing emergency department visits and admissions to an acute care bed to allow frail seniors to age in place is showing success. The program in 2022/23 had 511 referrals and 90 active clients. Aging in place is improving quality of life for seniors. Congratulations!

Identifying safety risks in all community support programs was demonstrated. Environmental scans are routinely carried out. Staff check-ins occur on arrival and departure from home visits. Staff are aware and trained to use the incident reporting system.

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

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

Western Zone exemplifies outstanding client and family-centered care throughout all aspects of care. This was evident on the mental health inpatient psychiatric unit where a family member indicated "she feels like part of the healthcare team and involved in her loved one's care". Mental health staff across all programs do heavy work and are commended for their passion and resilience.

A recovery-orientated approach is taken which focuses on client well-being among mental health programs. There is excellent client and family engagement when developing goals and objectives for their programs. The community based FACTT program collaborates with clients who have lived experience to help inform their program planning.

Western Memorial Regional Hospital has a mental health liaison nurse who supports patients seen in the emergency department. Work is currently underway with the emergency department to encourage mental health consultation for patients seen with alcohol withdrawal so further opportunities for support can be offered. This work is a great example of ensuring clients' needs are being addressed. Well done!

Western Zone is commended for their impressive integration of mental health across all access points.

Referral pathways are well established among various community programs such as FACTT, Doorways, Child Senior Social Development (CSSD), Humberwood Rehab, Opioid Dependency Treatment (ODT), Community Supports and Xavier House. There is excellent collaboration among community partners. An established Mental Health Quality Improvement Committee provides an opportunity for community partners, patient advisors, and staff to seek out prospects to enhance service delivery.

Mental health resource requirements and gaps are identified and communicated to senior leadership. This was recently demonstrated on the mental health inpatient psychiatric unit. A lack of security presence on the unit was recently identified. Patient aggression incidents were increasing which was impacting staff safety and morale. Staff were not feeling safe while at work. A recommendation was made to implement a full-time security officer on the unit 24 hours a day. This was supported by senior leadership and implemented in January 2024. Staff, patients, and families are realizing positive outcomes. There has already been a significant reduction in Code White calls from the unit. Staff, patients, and families reported feeling safer at work.

The FACTT program is an excellent example of a program that focuses on well-being. This program provides hands on assistance for clients with daily activities of living, medication management, mental health support and counselling, and coordinating access to food and housing. A client interviewed stated "they saved my life."

Priority Process: Competency

Mental health staff expressed satisfaction with the orientation, training, and education offered to support them in their roles. There is well established education and training defined for all team members. A full-time mental health Clinical Nurse Specialist supports education and training for mental health staff. The Clinical Nurse Specialist is also involved in policy development and research. Opportunities do exist for staff to attend education sessions, webinars, and conferences.

A good understanding was noted among staff interviewed related to the organizational ethical framework. Staff were aware of resources and how to access them. It was however mentioned that the ethics learning webinars that were offered prior to the pandemic have not been reinstated. It is suggested these be offered again to staff as there is value to this learning opportunity.

Staff interviewed indicated they do receive annual performance appraisals. They are recognized by their managers for the great work they do but expressed lack of recognition and appreciation from senior leadership. There is opportunity for Western Zone to explore staff appreciation events and ways to recognize staff for their contributions and boost staff morale.

Non-violence crisis intervention training is provided to all mental health staff. Simulations are carried out to increase staff competency in dealing with workplace violence, abuse, aggression, and threats. There is opportunity to expand this training to families who are supporting loved ones at home with aggressive or violent tendencies.

Priority Process: Episode of Care

Western Zone has built capacity to manage and meet the needs of clients requiring mental health services. Clients do not get referred out to higher level of care facilities. Access to essential and urgent mental health services is available 24 hours a day. Occupancy rates are currently 77% for the mental health inpatient psychiatry unit at Western Memorial Regional Hospital. Waitlists do exist for community programs such as Humberwood Rehab which is currently 12 weeks. A pre-treatment program has been established to assist those on the waitlist.

Patient length of stay for the mental health inpatient psychiatric unit at Western Memorial Regional Hospital is currently 10 days which is below the provincial average of 12 days. Their readmission rate however is increasing and is above the provincial rate. There is opportunity to review and compare this data to further understand operational impacts and processes.

Excellent collaboration exists among community partners to respond to the needs of clients in emergency or crisis situations. The FACTT team for example can obtain support when needed for clients who are relapsing or in urgent crisis and require possible hospitalization. There are good relationships among community and hospital psychiatrists.

Clients and families are actively involved in their care. Assessing client capacity is continuous and staff respect and meet clients where they are at. Medication management is an area where clients often need support. FACTT, for example, work to increase client confidence managing medications. Client wishes to be involved in their care is respected.

Processes are in place to investigate and respond to claims that clients' rights have been violated. The mental health inpatient psychiatric unit did undergo a client appeal to certification and violation of rights. An appeal team was established, and an investigation was carried out. Robust documentation by staff assisted the investigation which was successfully closed.

Client care plans and safety plans are well implemented across all mental health programs. There is no policy regarding how often safety plans should be reviewed. There is opportunity to implement a policy to regularly review safety plans as some clients are long term in community programs. Changes and adjustment to care plans are well documented.

There are standardized tools used to effectively communicate care during transitions. SBAR is used consistently among all mental health programs as well during hospital interdepartmental transfers.

There is opportunity to involve client and families in research activities that may be appropriate for their care.

Priority Process: Decision Support

There is technology and information system variation across the Western Zone mental health programs. The mental health inpatient psychiatric unit uses a hybrid model of paper charting and Meditech. Physicians do not chart in Meditech, but nursing staff do. Meditech is also the electronic medical record. Community programs use CRMS and systems are not integrated. There is opportunity for Western Zone to implement a system-wide integrated technology and information system.

Accurate and up-to-date health records are maintained for each client. Standardization of health information is collected and documented.

Priority Process: Impact on Outcomes

A Safety Committee exists within Western Zone where safety issues are addressed. CSRSS reporting system of incidents are also reviewed and opportunities for improvements are explored. Patient safety incidents are disclosed to affected clients and families according to policy.

Quality improvement work is well integrated across mental health programs. Quality boards were well established and display measures such as hand hygiene rates, length of stay, and improvement projects. Staff are knowledgeable about quality improvement and rigour is applied to projects.

Implementation of a security officer on the mental health inpatient psychiatry unit at Western Memorial Hospital is an example of a quality improvement (QI) project where data was used to establish baseline indicators. These indicators are being tracked to identify progress over the next year. There is early indication that this project is showing success.

Standards Set: Critical Care Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
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	
15.2 The procedure to select evidence-informed guidelines is reviewed, with input from clients and families, teams, and partners.	
15.3 There is a standardized process, developed with input from clients and families, to decide among conflicting evidence-informed guidelines.	!
15.4 Protocols and procedures for reducing unnecessary variation in service delivery are developed, with input from clients and families.	!
15.5 Guidelines and protocols are regularly reviewed, with input from clients and families.	!
17.2 The information and feedback gathered is used to identify opportunities for quality improvement initiatives and set priorities, with input from clients and families.	
17.4 Indicator(s) that monitor progress for each quality improvement objective are identified, with input from clients and families.	
17.11 Quality improvement initiatives are regularly evaluated for feasibility, relevance, and usefulness, with input from clients and families.	
Priority Process: Organ and Tissue Donation	
The organization has met all criteria for this priority process.	

Surveyor comments on the priority process(es)

Priority Process: Clinical Leadership

There are eight funded beds for critical care between the two sites (Western Memorial Regional Hospital and Sir Thomas Roddick Hospital) with expansion to 15 beds if required with Western Memorial Regional Hospital (WMRH) also providing pediatric care. Both sites deliver cardiac monitoring, but all other cardiac services are offered in WMRH. This has created a problem with patients waiting in hospital for transfer to the cath. lab in St. John's. This bottleneck has been reduced within recent months with the advent of the 'Heart Force 1' program where patients are flown for the day to St. John's.

Both units are closed units however, the unit in WMRH has adequate physician support while Sir Thomas Roddick Hospital (STRH) has only one internist to support the ICU.

The new WMRH site will have 12 funded beds and is opening in June of 2024. Both units surveyed work collaboratively especially around education, training, and quality improvement.

Population surveys have been done to review needs in the community. There is patient and family involvement in planning at the leadership level with the organization, but it is varied with local planning. Much of the program is reactive to the needs of the population as they present to the hospital with specific critical care needs.

The critical care program works well with community partners. A recent program to recognize the deteriorating patient at an earlier stage with more appropriate and rapid transfer has been highly successful with serving this population more appropriately, it also supports the critical care team to work to their full scope of practice as they assess and treat deteriorating patients within a care pathway.

Currently there is a good skill level within critical care which could possibly be leveraged to provide more local services. Particular attention needs to be paid to Sir Thomas Roddick Hospital to ensure adequate resources for the care of the critically ill are available.

Priority Process: Competency

The level of support to obtain the skills required to work in the critical care area is high. Staff have access to regular training and upgrades appropriate to the area they work. This is recognized generally by staff. They work in a highly collaborative manner and support one another in this high stress workplace.

There has been a lot of turnover in staff resulting in a smaller number of highly skilled senior staff. Western Zone is working through education and training to ensure new employees are sufficiently skilled to fill the gap.

New programs such as the one on recognizing and treating the deteriorating patient earlier, bring a new opportunity to staff to practice beyond their usual scope.

The skilled staff in this area must continue to be nurtured to do their job well.

Priority Process: Episode of Care

The episode of care is characterized by high attention to the needs of the patient and family combined with high attention to the evidence-based criteria of accreditation. The teams do their work well. Patients are highly appreciative of the care. This attention to quality care is commended.

There is a potential risk area at Sir Thomas Roddick Hospital where issues of medical coverage and nursing coverage are adequate now but without any flexibility in the system. They are sometimes dependent on one person.

Priority Process: Decision Support

There is a complete chart on each patient with all appropriate documentation. However, currently there is a mixed system of recording between an electronic legacy system (Meditech) and a paper chart. This has created multiple work arounds by the staff to make for an efficient recording and transfer of information.

A review of these processes along with potential investment in an electronic system would assist in reducing time spent and the potential for transcription errors.

Priority Process: Impact on Outcomes

A culture of quality improvement is strong within the clinical team. They place patients and families at the center of everything they do and there are many examples of quality improvement initiatives that have become part of everyday life, including the improved crash carts. There is a strong central support with regular feeds of data and multiple audits for the group to work with. They recognize the need for a more formal roll for patients in the quality agenda and have recently recruited a public member to help. This should help their ability to improve care processes in a way that will not only impact the care team and the patients but will be particularly relevant to patients and families in a very visible way. Good luck on this journey!

Priority Process: Organ and Tissue Donation

There is a strong provincial program for organ and tissue donation which Western Zone supports. The teams are aware of the program and thankful for recognition from the program when there is a successful transplant as a result of their work.

Standards Set: Diagnostic Imaging Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Diagnostic Services: Imaging	
3.6 The team's medical director and physicians are imaging specialists credentialed by the appropriate professional college or association.	!
11.10 When medications such as contrast media, sedatives and radiopharmaceuticals are administered to the client, the team ensures it has immediate access to staff trained to deal with medical emergencies (e.g. CPR training), emergency cart, and oxygen equipment.	!
15.4 The team prepares for medical emergencies by participating in simulation exercises.	!
Surveyor comments on the priority process(es)	
Priority Process: Diagnostic Services: Imaging	

The Diagnostic Imaging (DI) department has assets across the Western Zone, providing clinical decision support in hospitals and health centres. The WMRH provides a range of medical imaging, including MRI, CT, ultrasound, mammography, x-ray, nuclear medicine, and interventional radiology. The STRH provides x-ray, ultrasound, and CT. The rural health centres provide x-ray services to their supported communities.

Provincially, the medical director of diagnostic imaging is a radiologist. Regionally, there has been a gap in this position and the leadership role is not filled by an imaging specialist. Western Zone would benefit from an imaging specialist in a leadership role within the department.

The radiology team is well-staffed with radiologists who provide interventional services. While recruiting technologists is an ongoing challenge consistent with that faced by the rest of the country, the organization has been able to maintain services and continues to be optimistic about the growth of the DI program. Rural sites have been able to maintain x-ray services by cross-training staff in both imaging and laboratory, maximizing services available to the communities served with a minimum number of providers.

Concerns around the recruitment and retention of qualified technologists are a frequent theme and Western Zone is encouraged to explore options and remove barriers to improve coverage. Provincial licensure/credentialing to enable intra-provincial coverage and locums is one consideration to improve support for smaller sites with the added benefit of improved sharing of external expertise and knowledge.

With large numbers of small sites with low imaging volumes, maintenance of competency is a priority for the DI team. Opportunities for rural imaging technicians to come to a larger centre for expanded

experience and peer support and ongoing review of images for discrepancies and teaching opportunities help to mitigate these concerns. With the move from a regional to a provincial health authority, there is an increased opportunity to work with other Zones for increased peer support and education and for the sharing of new technologies, techniques, and learning.

Wait times are routinely monitored and Western Zone has consistently met and exceeded the recommended benchmarks. No-shows have become more of an issue, especially for CT, and the team is evaluating means to decrease these rates and improve communication with patients awaiting imaging to ensure that gaps are closed. It was noted that the services do not maintain a cancellation list. As part of the service optimization priority, a cancellation call-in list for waitlisted modalities may be considered to maximize the utilization of available appointment slots.

Nuclear medicine is a small department with the added responsibility and role of Radiation Safety Officer (RSO) in addition to clinical responsibilities. With the provincial integration, the potential support of the corporate RSO is a value-added resource to support the regional site.

With the implementation of a comprehensive electronic health record (EPIC), the implementation of a comprehensive provincial booking system for DI with high wait times is planned. This is an exciting accessibility expansion for the province.

Education and training in emergency response are part of the core competencies required for the DI team. Practicing these skills and conducting regular scenarios within each of the departmental areas at each site is recommended. Ensuring that teams are aware of emergency procedures and the location of emergency equipment (crash cart) is essential. It was noted that at one location, there were no code buttons in the DI department. Access to the crash cart was also noted as a concern. Code responses should be reviewed to ensure that staff communication of emergencies is supported, and that emergency equipment is accessible when required.

Incomplete and illegible requisitions are an ongoing problem from offices that do not have electronic requisition capability. Movement to an electronic format for all is encouraged and will be further supported once the electronic health record (EPIC) is fully implemented.

The practice of having female patients sign that they have addressed the pregnancy questions and are not pregnant is a notable safety practice that merits mention.

Standards Set: Emergency Department - 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	
7.3 Clients are offloaded from EMS and an initial assessment is conducted and documented by a nurse or other medical professional in a timely way.	
9.1 There is an open, transparent, and respectful relationship with each client.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Priority Process: Organ and Tissue Donation	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

Within Western Zone, which covers a large geographic area, there is an overall good understanding of the population served by the leadership. The team surveyed two Category A hospitals (WMRH and STRH) which have in-house physicians and access to diagnostics, lab and consultants, and Category B rural and remote sites (Bonnie Bay Health Centre, Rufus Guinchard Health Centre, Calder Health Centre, Dr. Charles L. LeGrow Health Centre) that have access to physicians (who may or may not be onsite), nurse practitioners, virtual and telehealth care, which is dependent on availably at the time. The Category B sites have either point-of-care testing or a small lab that can run a basic blood panel. Category B sites may or may not have access to acute inpatient beds as many of them are attached to long-term care facilities. All sites noted that they are able to care for all patients (such as pediatric, pregnant, trauma, cardiac, and mental health) with virtual and telehealth wrap around supports until they are transferred to definitive

care which is usually at the WMRH and if higher level of care is required the patients are then transferred to St. John's. Due to geography and weather, the small centers sometimes have long wait times for patient transfer. In these situations, the site including all resources in the community come together to support the patient until they are transferred. Depending on the site-specific resources this could include the local private EMS, police, fire, volunteers, and staff. There is a huge sense of pride and commitment demonstrated in the communities. The community in essence is the informal integrated collaborative care team and if/when needed, all rally to support the healthcare providers.

Within the Zone, many rural communities have dwindling populations with low birth rates and a notably high aging population. This coupled with aging infrastructure and limited human capital has put many of the communities at risk. In some communities such as Burgeo, the staff wonder what their future holds. Due to the health human resources (HHR) limitations, there are many staff who exceed the fatigue policies as they all come together to support each other as well as the patients. The leadership are all well aware of the challenges that the zone face in being able to care for the patients, and the leadership are encouraged to visit the rural and remote sites more frequently and have more open dialogue about the challenges the staff face.

In all communities visited both urban and rural, there is excellent demonstrated engagement with communities. Some good examples of this are the use of social media, public service announcements, radio announcements, and when certain situations arise, Code Greens, Code Yellows, etc. This truly demonstrates the communities' commitment to supporting each other in times of need. The rural community centres are also very dependent on the RCMP's support when dealing with clients certified under the mental health act by diverting them to a higher-level site. For the rural centres when RCMP is no longer present such as Burgeo, this puts the team at risk and their dependence on volunteer fire or private EMS is essential until they are able to transport.

In all the emergency departments (ED) the staff are very resilient and have created site specific work policies and workflows to safely provide care. The new WMRH will also address the current physical limitations with a well thought out and designed space that meets and supports ED best practice. The organization has worked tirelessly to address the unmet criteria from the previous visit and should be commended on addressing the issues.

Priority Process: Competency

In each ED visited, there is a demonstrated full and expanded scope of nursing skill mix; most sites have an RN/LPN mix. The staff state that they feel they have excellent access to continuing education and training and have supports when needed, be it in person, online, or virtual. Most staff work to an expanded scope and in some sites there are delegated functions such as airway control, suturing and simple casting assigned based on their circumstances and the resources available. In the rural sites, when needed, sites reach out to EMS for support, however this is dependent on the level and skill set of the EMS. Overall, there is a high level of competency in the EDs visited. It was noted however that some of the contracted staff that are working in the EDs require more training and the staff were encouraged to report this up to the leadership as the company that supplies the contracted staff are obliged based on

Each department has standardized equipment needed to support emergency and resuscitative care. The ED team in smaller sites supports Code Blue in the site, however it was noted at a site that the resuscitation cart was not present in the department and was in another part of the site. Each site is encouraged to check all equipment and place it in the appropriate, easy to access area that supports care in the department. If the site has limited crash carts, it is encouraged that procurement of more equipment to support care is considered. At many of the rural sites, the ability to access timely Diagnostic Imaging can be a challenge and transfer to higher level of care at a Category A site is required. Standardized documentation and communication tools are used in the EDs. In many EDs where home and community care are at capacity, they also support infusions and other ambulatory care.

Based on scenarios presented in the ED, at times all hands are required to support care. In many communities the EMS will support the EDs as required, as will firefighters in some situations. Resources vary at each site and the sites where the RN is also the only RN onsite and also supporting long-term care (LTC) and acute beds, this can be challenging for the staff. Regardless of where you are geographically situated, the acuity and complexity of patients presenting for care in the EDs has become higher. At the sites with limited staff this can be a major challenge and staffing levels should be adjusted to address the issue. Historical staffing levels may leave the site unsafe in the event of an emergency, pulling all resources to the ED, leaving other clients and patients at risk. In many of the rural sites (Category B EDs) the sole RN wears many hats. This poses as a challenge when the client requires transfer to a higher level of care. This is a challenging situation especially after hours and on weekends and requires thoughtful planning and discussion with the staff. This also requires community engagement and planning as the province continues amalgamation.

As a whole, the emergency teams, inclusive of allied health where and when available, visited are proud of their work and are collaborative as they work tirelessly to support their clients' needs, the department, the site, and the community and are very resilient which is required in today's changing healthcare environment.

Priority Process: Decision Support

The ED visits currently use standardized regional documentation on paper forms which are scanned into Meditech at discharge. There is a plan to migrate to EPIC however, at this time, there is no date to move the organization to one EMR. All sites reviewed have easy to access, online, evidence-based protocols available that are used. Health records staff are available in at some sites depending on resources. The health records staff are also doing the registration of the patients who present to the ED. For sites that are remote, they use a sister site for registration virtually and documents, such a name tags are remotely printed off at the sites. As most of the communities are small in nature and the EDs are the hub for the community, the staff noted that they are vigilant in maintaining privacy of their patients.

Priority Process: Impact on Outcomes

There is a regional approach to all guidelines and policies that the EDs use. A standard data set is collected, and standard quality indicators are used and reported on. The data is pushed up to the Zone and the output is circulated down to the sites. There are quality posters displayed at all the sites that are

public facing and all standard indicators are displayed. The local teams at some sites have created their own informal indicators and are tracking some other data, however this practice of local quality engagement is still in its infancy stages and is not fully widespread in the Zone. The Zone is encouraged to work with each site to create their own quality initiatives and indicators that are meaningful to their site, program, and community. They should also be encouraged to integrate the findings and display them on their quality boards. This should enable and further facilitate a deeper integration in their respective communities and will allow them to inform the leadership of their unique challenges and situations that need to be addressed from a quality lens. One other suggestion is the possibility to present the quality data in a more public way that is easy for clients and family to understand the importance of the data and how it relates to them and their care.

Priority Process: Organ and Tissue Donation

Currently the Microbiota Therapeutics Outcomes Program (MTOP) in Halifax is the lead centre that supports the Atlantic Provinces including Newfoundland. The MTOP program works in partnership with the leadership and program in the Zone and province and the members of the public are encouraged to register to be organ donors. Due to the geography and unique nature of organ procurement many communities are not able participate in the program as fully as they would like, however in optimal circumstances when donors are identified at the WMRH they are supported and transferred to St. John's and then onto Halifax when appropriate.

Standards Set: EMS and Interfacility Transport - 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.	
Priority Process: Medication Management	
The organization has met all criteria for this priority process.	
Priority Process: Infection Prevention and Control	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

Western Zone covers a huge geographic area that includes urban, rural, and rural remote communities that EMS services. The current model is in the process of moving towards a provincial model. At present there are only two sites that are under the Newfoundland provincial umbrella: the WMRH in Corner Brook and the Rufus Guinchard Health Centre in Port Saunders. The rest of the sites are supported by contracted private EMS and community funded EMS. The integration to one EMS provider is underway with the goal being to have a full provincial publicly funded model by summer of 2024. Concurrently the province is out for tender for procurement of an external agency to provide management and day to day operational oversight and for new provincial EMS program. The movement towards a provincial model of care and standards for EMS is a massive change for the province and not a simple undertaking. The regional leadership interviewed were all relatively new to their roles. They were positive, encouraged about the change, engaged and hopeful for a better prehospital future for Newfoundland.

With such a large and diverse area, the dependence on a well-coordinated integrated EMS system is great.

The current service model and staff complement differs in the Zone based on jurisdiction, however existing agreements are in place to support just-in-time care in all environments, and in many situations the EMS support care in the EDs when needed. Equipment moves between public and private sectors when required and the system has historically had a goal for standardization in procurement to ensure better outcomes and ease for staff who are dependent on using the equipment and vehicles. Standardized policies and evidence-based protocols are in place and have been observed. Medical oversight is provided by medical leaders in St. John's. Staffing is comprised of advanced care paramedics (ACP) and primary care paramedics (PCP) as well as emergency medical responders (EMR) in the rural areas. In many situations when the public EMS are at capacity the backfill is done by a private car, this happens daily and seamlessly as the volumes continue to increase in the Zone.

As the amalgamation into one provincial program moves forward and a new external private contractor manages, the leadership are encouraged to continue to partner with its community partners openly and with transparency ensuring a public voice and accountably is in place. This is needed to continue to build trust during this massive change. There are two current, publicly funded programs still present with Western Zone logos and uniforms, and at this time there is no timeframe for this to change.

Priority Process: Competency

All EMS staff that were met during the survey visit were ACP or PCP trained, met standard qualifications which are reviewed every two years, and are accountable to the Provincial Medical Oversight program. They have a high level of training and continuing medical education (CME) is easily and readily available. All staff are trained on the infusion pumps and the pumps and lines are standard in both EMS and in the hospitals which makes it easy for transfer and handover. Staff interviewed had regular performance reviews and felt that they had open and respectful communication with their leadership and peers in most situations. If issues or complaints came either internally or externally, they were reviewed and responded to in a timely manner. Staff stated they felt recognized by their peers, leadership and the public. They regularly had students training (over half the year, however no students were training on the shifts observed). Roles and responsibilities were clearly outlined, and policies and procedures easily accessed on apps on their phones.

Priority Process: Episode of Care

Although no ride alongs occurred, scenarios and situations were discussed with the crews at the sites visited. The ACP and PCP staff provide both routine interfacility transfers as well for all levels of calls. There are agreements in place for private EMS to back up the public EMS teams on calls. Both groups work in partnership to provide safe and accessible care. The EMS were able to navigate the environment and general area, and in cases where electronic maps are not updated or do not exist, binders with maps are in place in all cars to ensure they are able to find even the most remote locations. EMS intercepts are done where and when they are able, to ensure teams and vehicles are not out on long delays. When required EMS works in partnership with the Coast Guard and Search and Rescue to safely transfer the patient for care.

In many sites, the EMS partners in care to support the site and nursing staff, although this is not fully widespread due to private providers. It would be recommended that this practice continues as the EMS system transitions to a fully funded provincial model, especially in rural and remote jurisdictions when human resources are a challenge, there are long delays and EMS skills and competencies are hard to maintain due to low volumes of acute calls.

EMS staff respect the rights of the clients to refuse care, however in certain situations try to advocate for the clients by encouraging them to be treated and transferred to the hospital. Information is gathered and reported on all calls using a standardized communication tool. Comprehensive information is gathered on the call through dispatch. All vehicles have satellite phones and in the publicly funded vehicles they have access to infrared cameras on the dash to support personal and animal-centred care. This initiative came from the local teams, and they should be commended on bringing this forward to support safety.

Depending on the site and busyness of the site, unit clerks may take the calls. It is encouraged at those sites to have the triage nurse be the only recipient of the calls to ensure that the salient information is gathered and reported to avoid any errors and delays in care.

With the new Code Stroke program, EMS are able to preregister the patient in the field, this has allowed the seamless admission and transfer from EMS to ED without delays.

Although at this time there is no centralized integrated call centre in Newfoundland to support EMS and interfacility transfer (as well as medical support and connection to the Search and Rescue and Coast Guard teams) it is hopeful that the province will create a program similar to other provinces in the future. This would allow staff a one stop shop for calling and decrease the burden of staff calling through switchboard to locate and find admitting providers when in crisis and would allow the staff at the sites to focus on direct patient care when needed.

The equipment is safely secured in the vehicles, and safety straps are used on all transfers. Standardized protocols and guidelines are used to assess and treat all patients, and charts reviewed were thoroughly completed and signed off.

Two person identifiers are used in all situations, and with the ability to register the clients ahead of time in certain circumstances like Code Stoke, the EMS are adept in procuring the information required. It was noted that many people have similar names in the zone, so they are vigilant in ensuring two person identifiers are used, even when the client is known to them.

Although standardized information tools are used during handover it was noted that based on busyness of the ED, some nursing staff are reluctant to listen to full handover at times. All staff are encouraged to continue to use standardized communication during handover to ensure that salient information is not missed during transitions in care. When the acuity of the patient is high, the EMS call ahead to prepare the teams for the arrival. It is also encouraged that the ED staff support the EMS with more vigilance with regards to handover and offload delays to ensure that teams are redeployed to the streets in a timely fashion as their call volumes continue to rise in the area.

Priority Process: Decision Support

EMS are currently using paper documentation in the prehospital environment which is standardized in the jurisdictions observed. There are polices in place to support privacy and confidentiality and all documents are kept and stored in appropriate places. Though no patients and families at this time have requested seeing their records, when reviewing cases, the documents are pulled and reviewed to address the issue or complaint in a timely fashion.

Priority Process: Impact on Outcomes

There are set performance targets set for EMS and standard process are monitored and evaluated such as response times and offload delays. High Acuity Low Occurrence (HALO) events are regularly reviewed and monitored. Evidence informed guidelines are used as well as standardized procedures, protocols, and policies are in place to support a high level of quality for EMS. When new programs are put in place such as the Code Stoke program and Community Paramedical Program, rigour and evidenced-based practice are used to evaluate them on a regular basis. EMR charts are regularly reviewed, and feedback is provided to the health providers in a timely fashion. When sentinel events happen, the EMS are invited to join in the debrief and case review at the hospitals.

Priority Process: Medication Management

Currently, EMS solely uses Fentanyl as their narcotic. The narcotic is locked and double checked appropriately at beginning of shift, end of shift, and when wasted. Although not witnessed, the staff walked through their processes for administration and documentation when required. All medications including narcotics are restocked from the ED Pyxis.

Priority Process: Infection Prevention and Control

Currently the infection prevention and control (IPAC) coordinators situated at the acute care sites support EMS for all IPAC related issues and practices. The stations situated adjacent to the hospitals have hospital housekeeping clean the stations except for the vehicles and bays. When needed, the hospital housekeeping will also assist in doing the deeper cleaning of the vehicles, although this practice is not widespread and is dependent on staffing. The bays and stations visited were tidy and well maintained. Stock and supplies are taken from multiple areas depending on the station. Hospital linens were also used in the vehicles. The inside of the cars were neat and tidy with regular deep cleaning schedules in place. Drawers and cabinets were all closed with content locks to ensure that when they are opened, they are relocked in a timely fashion and other cabinets are not cross contaminated during the calls. Personal protective equipment (PPE) was easily accessible and used on all calls. Hand hygiene standards are adhered to and compliance in high. The new hospital in Corner Brook will also house a new EMS bay. The surveyor team was fortunate to informally tour the site and many issues with current space will be addressed when the team moves into their new space.

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

Unmet Criteria	High Priority Criteria
Priority Process: Infection Prevention and Control	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Infection Prevention and Control	

The IPAC team is a dynamic and energetic team working hard to support the eight LTC, multiple personal care homes (PCH), six acute care sites, community clinics, renovations, and new builds. This is a team of 4.2 FTE to manage the IPAC in Western Zone. At this time, briefing notes have been created for the addition of 4.0 FTE to ensure all of the facilities in the Zone have consistent IPAC support to meet the national standard for IPAC staff per bed numbers.

The organization is highly encouraged to create a formal provincial interprofessional IPAC practice council who meet regularly to create standardized policies and processes with the intent of having a similar reporting structure in each Zone. It is also suggested there be representation on the Quality Committee similar to that of the NL Health Services - Eastern Zones.

During the site tours there were several practices of non-compliance to best practice noted such as inappropriate use of PPE in the soiled laundry and kitchen. With relation to medication refrigerators, one was found to contain staff lunches. Vaccination temperatures were good and recorded, however there was one Tuberculosis Vaccine found with an opened date of December 5, 2023, which was past expiry at the time of the survey visit.

The IPAC team does great work tracking the audits of hand hygiene, healthcare associated infections, C. Difficile, MRSA, urinary tract and catheter associated infections, and surgical site infections for hips and knees. The team is currently trying to reinstate many past programs that had shut down during the pandemic. Currently, data is reported to the provincial government on the above however, there are varying interpretations of how the data is captured. It is suggested the data collection process and indicators be standardized for the province, so data is comparable. Overall, the team is a small but mighty, providing the best oversight of IPAC they can.

Standards Set: Inpatient Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
1.4 Services are co-designed to effectively serve pediatric and youth populations, where applicable.	
Priority Process: Competency	
3.13 Team members are supported by team leaders to follow up on issues and opportunities for growth identified through performance evaluations.	!
6.1 The workload of each team member is assigned and reviewed in a way that ensures client and team safety and well-being.	
Priority Process: Episode of Care	
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	

Western Zone covers a large geographic area and although Census Canada data shows a decrease in population numbers from 2016 to 2021, the complexity, including average age of the populations served by the inpatient program has increased over time. Other impacts on the program since the last onsite accreditation survey includes the pandemic. The program relies on environmental scans and community health assessments to guide their program planning, as well as the Newfoundland Health Accord that provides information about the health of the population. Length of stay for older adults due to barriers to discharge and the specific needs of the Indigenous peoples served in the Zone were noted as areas of focus. With regards to barriers to discharge, the Senior Friendly Guidelines that are applied at admission to proactively assess barriers to discharge and to initiate early referrals was rolled out two years ago. It is noteworthy that input from geriatricians, interdisciplinary clinical leaders and clinicians, as well as patients and families was provided in its development and implementation. The program is excited about the implementation of an Acute Care Unit for the Elderly (ACE) at the new WMRH site that will have staff with dedicated training to care for elderly patients with acute care issues. With regards to better understanding the needs of the Indigenous population, the Mi'kmaq community was engaged by Western

Zone, Western Regional School of Nursing, Grenfell Campus, and Qalipu First Nation to understand how Mi'kmaw ways could be embedded into healthcare delivery and policy. Seven themes and 36 recommendations were identified and prioritized for action. The Journey of Collaboration project is an extension of the Person and Family Centered Care Framework developed by Western Zone in 2018, which outlines the organization's commitment to planning and delivering person-centered care. This project is an example of efforts by the organization and the program to integrate Indigenous voices in the co-design of health and wellness strategies addressing calls to action outlined in the Truth and Reconciliation Commission of Canada.

Priority Process: Competency

The support to nursing staff across the rural sites to adopt advanced practice skills is impressive. At these sites, nursing staff rotate between working in the ED, the inpatient unit and the LTC unit. All RNs and LPNs must complete advanced practice training to meet the mandatory ED practice standards within the first year of employment. For example, RNs receive education on phlebotomy, simple suturing, and airway management (i-Gels). Nursing staff reported that the organization prompts them when certifications are due for renewal and that Western Zone ensures training is accessible to them. Educational opportunities and a wide variety of training for staff were identified during tracers by both leaders and frontline staff as major strengths of the organization. Certification in use of blood products, IV starts and palliative care is underway for LPNs, and palliative care and LEAF for PCAs. All staff reported having received training in non-violent crisis intervention training.

Across all sites visited during inpatient tracers, all members of the interdisciplinary team reported feeling involved in decision-making regarding their work with their patients and reported feeling listened to when they have suggestions for improvement. Across all locations there appeared to be a strong sense of camaraderie amongst the staff.

Allied health professional support to the rural sites is lacking. Physiotherapists, occupational therapists, aides, dieticians, and social workers are shared resources with some sites having access to these resources approximately one day per week (if weather permits travel). An admission on a Friday may require a full week before the next visit from an allied health professional. It is recommended that the organization explore ways to ensure patients transferred to the rural sites for "conditioning" be provided with prompt access to allied health assessments. The organization is encouraged to explore leveraging the virtual technology already in use in the organization to facilitate more timely admission assessments and goal setting or continuation of rehab and other goals when patients transfer from Corner Brook to the rural sites.

While the organization has an excellent education and training program, there is a gap in supporting nurses (especially junior nurses) in consolidating basic skills. It was noted that nurses were unclear on some practice areas and educators and peers are not readily available for spontaneous teaching at the bedside. One example is pressure ulcer management with nurses unclear on how to reduce load on at-risk areas or which mattresses or dressings to use. Access to educators at the bedside may help in accessibility as well as identifying when staff don't know what they do not know. At the rural sites an embedded RN/CNE position was suggested by staff and leaders when asked "what one thing they would change" to make the care they provide better.

Priority Process: Episode of Care

Inpatient services were visited during the onsite survey at four locations including two hospitals and two health centres: Dr. Charles L. Legrow Health Centre (Port au Basque), Rufus Guinchard Health Centre (Port Saunders), Sir Thomas Roddick Hospital (Stephenville) and Western Memorial Regional Hospital (Corner Brook).

Patient flow and addressing barriers to discharge are major foci across the program. The program is congratulated for the implementation of the National Early Warning Score, v2 (NEWS2) scoring system to track illness severity and trigger assessment of patients at risk for deterioration. NEWS2 has now expanded through Western Zone, which was reported to be the only Zone that uses the scoring system when patients are transferred from observation beds to inpatient admission. A new Senior Community Care Coordinator position focuses on geriatric assessments and discharge complications.

Nurse practitioners and general practitioners/general practitioner hospitalists support for the inpatient program across all sites has been well received by both staff and patients (as evidenced by results of surveys). In the rural sites nursing staff cover both the inpatient and emergency units with advanced practice skills, however, there is a gap in these locations of allied health professionals to support timely admission assessments in support of the program's goal to achieve estimated length of stay targets.

With the exception of the WMRH, the inpatient units presented as bright and clean. The organization is encouraged to ensure that the focus on the new facility does not preclude the motivation to maintain the current WMRH inpatient space during the transition.

There is an opportunity to use white boards and Patient Oriented Discharge Summaries (PODS) more effectively across all sites, specifically to formalize how the information provided is presented and communicated. Patients asked during tracers reported they did not understand the purpose of the PODS forms, resulting in them leaving the form in the room on discharge. To support the program's goals to address barriers for alternate level of care (ALC) patients to discharge, white boards could be used to post reminders for patients to mobilize, especially but not limited to, those admissions or transfers for the purpose of "conditioning". With the gap in allied health support in the rural sites and the observation that the PODS and white boards were not used to facilitate mobilization, deconditioning (rather than conditioning) risks downstream impacts on length of stay.

At the WMRH site, patients, staff, and leaders reported issues when patients waiting for care in St. John's, for example cardiac catheterization, are bumped from scheduled air transport, then lose their bed/spot. Improvements, such as, HeartForce1 (a regular contracted transport plane for patient movement) are noted.

Across all locations, plans for the implementation of Family Care Teams is being welcomed, as almost half of patients are currently admitted without a primary care provider.

Priority Process: Decision Support

All charting/medical record documentation is well done; however, the program is encouraged to explore processes for streamlining (current processes involve significant amounts of printing) and reducing double charting and transcription to mitigate the risks inherent in the hybrid chart until the implementation of EPIC and a comprehensive health record.

The inpatient program is commended for how well the flow of patient information is coordinated among team members. An example is how the program actively addresses issues that impact patient flow. Leaders from every site meet virtually every week to review every patient designated as ALC to review discharge barriers and to collaboratively explore strategies to address the barriers.

Priority Process: Impact on Outcomes

Quality improvement for the program is centrally driven and appears to have patient and family input. At the local/site level patients and families were very well engaged at the bedside with a focus on goal setting, involvement in decisions about their care, discharge planning, etc.

Some metrics are posted on a quality board, including hand hygiene compliance rates, occupancy rate, top five reasons for admission, Braden Risk and Falls Assessment, and selected Patient & Family Experience scores. The program is encouraged to engage frontline staff and patients/families in root cause analyses to identify opportunities for improvement. Staff could point out the location of the quality board and speak to how they are addressing specific issues related to falls and pressure sores, for example, at the individual patient level, however, consistently unable to relate the metrics to how the location is performing against targets or specific initiatives underway in an effort to make improvements.

The program is congratulated for the implementation of the National Early Warning Score, version 2 (NEWS2) scoring system to track illness severity and trigger assessment of patients at risk for deterioration. Leaders noted they attended training through the Canadian Patient Safety Institute, following a quality review that identified an opportunity to more promptly recognize and respond to patient deterioration in an appropriate and timely manner. Staff and leaders report they have been given tools and training to better identify patients in the early stages of deteriorating health to facilitate earlier appropriate transfer and treatment. Implementation of NEWS2 across Western Zone has been evaluated and has shown fewer, more appropriate and timely transfers for care. In the major centers it is supported by ICU nurses with expanded scopes of practice within the clinical care pathway. NEWS2 has now expanded throughout Western Zone and it is the only Zone that uses the scoring system when patients are transferred from observation beds to inpatient admission.

When asked to provide a rating on their overall satisfaction with the quality of the care received on an inpatient unit, the patient and family member interviewed provided a rating of 5 out of 5, on a scale where 1 is the worst care possible and 5 is the best. They reported they were involved in decisions about their care, felt they received explanations in a way they could understand, noted the food was "not bad" and that the staff were responsive ("they are prompt at taking care of you"). When asked what could be improved, one noted that they would like to see more doctors and more staff, stating "they are all run ragged".

Standards Set: Long-Term 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	

Western Zone has over 500 beds serving level 3 and 4 needs in long-term care (LTC). Of these, 84 are situated in rural communities. Each community also has a range of supported living options in private personal care homes which mostly serve those with level one and two needs. As well there are 40 beds within four bungalows for those with dementia. Independent living situations within small cottages and apartment buildings also exist in the communities.

There remains an unmet need which is identified through many people admitted to hospital and remaining in acute care for many weeks after their immediate concern is addressed awaiting their final care home. This can be as many as half the inpatient beds in small facilities.

There is a wide range of styles of accommodation within the care homes. This ranges from private rooms with private baths in the newer facilities to centers that continue to have four bed wards sharing bathrooms. The newer facilities are very well and purpose built. The older facilities have structural issues but are well kept and the residents are happy to be near their families and in the communities they know well.

Staffing issues are a concern in LTC as they are across the Zone. Part time positions are a particular challenge in recruiting. Staff are often required to work alone or in conditions that do not provide adequate support.

Dementia is a major issue and growing as a driver for more supported living and LTC beds.

Priority Process: Competency

Staff are appropriately credentialled and supported with both orientation and developing the skills required to performing well in their jobs. There has been a shift in the type of worker and an enhanced scope of practice for all.

Specialized training specific to the role in LTC is available – this is seen in the new adapted tool to recognize the deteriorating patient. Using the skills of a personal care worker, their intimate knowledge of their patients and modified tools will bring the success of the program that recognizes deteriorating patients early in their course and provide more appropriate care.

The model of care is highly collaborative. This is evident in both rural and urban sites.

Many of the sites have a designated nurse practitioner to manage the day-to-day medical needs of the residents. This has worked well for LTC. Consideration of this model at all sites could resolve some of the availability issues.

Priority Process: Episode of Care

Care provided within the LTC homes of the Zone is well done and much appreciated. There is currently difficulty with access to care and also access to respite care in some areas because of the high demand on these beds. There is collaboration between the LTC team and other resources in the community. Unfortunately, application forms are often separate processes which adds delays into the system for movement between resources depending on their management.

There is good documentation in all areas with accurate and complete sharing of information as appropriate. Remembering to use all the cues to identify patients using two identifiers is good discipline for staff once they get to know the residents very well.

New programs that have been added which are making differences to the residents include a Home First perspective. Some residents are going back home or to lower levels of care requirements when their polypharmacy is resolved.

The Pleasurable Dining program is spreading across the Zone and resulting in improved nutrition and much more engaged residents. Once clients are up for their first meal, they often stay up and participate in other activities.

The Daisy program which celebrates life with a specific quilt, an honor guard by the residents and staff and a tribute to the individual as they exit by the front door has been a desired program. Many individuals in the care facilities have signed up to participate when they die. This respectful program has changed the language and attitude of the care providers and others in the home towards their management of death.

The care within the facilities is only hampered by the availability of staff.

Priority Process: Decision Support

Record keeping is done in a hybrid model. This creates increased work with dual entry, transcription of information, and the need to find work arounds for some tasks.

Communication within the teams occurs in a variety of ways from formal huddles, message books, informal chats in the smaller units to the regular patient assessments and team hand-offs that occur.

Completion of tasks is well documented.

Priority Process: Impact on Outcomes

The Zone supports a strong quality initiative centrally. The teams are supplied with data and boards to share their data with the residents and the public. There are multiple small quality initiatives in each of the facilities generated through the resident council, staff huddles or managerial initiatives. These are evidenced by the development and spread of programs such as the Daisy program, the deteriorating patient program, dining pleasurably program and many others.

Residents and families are happy with the care. This was evident even in the facilities that were quite old and crowded. Families feel supported to care for their loved ones.

Involvement of patients and families is done both through resident councils and individual conversations. Many examples were brought forward of small changes made to accommodate individual needs of the residents. These were affected very quickly and were much appreciated.

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

Unmet Criteria	High Priority Criteria
Priority Process: Medication Management	
7.3 Teams have access to an on-call pharmacist and prescriber to answer questions about medications or medication management.	!
9.2 There is a process to determine the type and level of alerts required by the pharmacy computer system that includes, at minimum, alerts for medication interactions, medication allergies, and minimum and maximum doses for high-alert medications.	!
9.4 Alert fatigue is managed by regularly evaluating the type of alerts required by the pharmacy computer system, based on best practice information and input from teams.	
13.8 Pending removal, expired, discontinued, recalled, damaged, or contaminated medications are stored separately in the medication storage areas from medications that are in use.	!
14.3 Chemotherapy medications are stored in a separate negative pressure room with adequate ventilation and are segregated from other supplies where possible.	!
15.1 A structured program has been implemented to reduce the risks associated with polypharmacy, especially with frail or vulnerable clients.	!
18.1 Medication packages or units are labelled in a standardized manner.	!
19.4 When automated dispensing cabinets are used, there are policies and procedures that address access, location, type of medication information, verification, and restocking of medications.	
27.1 The interdisciplinary committee maintains the organization's patient safety incident management system and ensures it is used to report patient safety incidents involving medications.	!
Surveyor comments on the priority process(es)	
Priority Process: Medication Management	

Pharmacy services across Western Zone are in transition as a result of the amalgamation of the four former regional health authorities into one entity with the objective of streamlining programs and services to ensure consistent and high-quality care delivery across Newfoundland and Labrador. The policy

framework for the amalgamated pharmacy, once established, will require review and approval of 600+ policies. Until this is in place, legacy policies continue "as is", pending the approval of new medical staff bylaws and the new Medical Advisory Committee structure. A new Pharmacy and Therapeutics Committee, with a physician lead being recruited, will report to the Medication Advisory Committee (MAC) with zone-based committees. Medication safety will continue to be a corporate priority moving forward with the new structure. Provincially there are approximately 300 pharmacy employees: approximately 50 in Western Zone.

Decisions about single provincial versus zone-based committees is yet to be determined. In the interim, the legacy committees remain in place. A change already implemented was the strategic decision to contract all pharmacy services for the LTC sector to a private contractor (Lawtons); Lawtons is not a new supplier, having supported LTC sites in other health Zones. All resources that were formerly allocated to supporting the LTC sites in Western Zone will now be redeployed to expand the work of both technicians and pharmacists within the organization, allowing them to work to full scope and to address areas requiring attention, e.g., to better serve the Zone's senior population dealing with polypharmacy. A formal process and agreements are needed around medication errors or incidents involving medications in LTC, as Lawtons' pharmacists report they are not able to see Safety Learning System (SLS) reports and are not notified of incidents unless forwarded to them. In this case, they enter the incident in their own incident system, however, they do not connect to the Western Zone SLS. It is recommended that a formalized agreement or memorandum of understanding be put in place between the two organizations that allows direct information sharing, such that all incidents that occur in LTC sites managed by Lawsons are automatically forwarded by the Quality Committee/Office to Lawtons for review and participation in root cause analysis. Several sites have two pharmacy providers (one for inpatients; Lawtons for LTC). The complexity of one small facility using two pharmacy providers presents risks. In addition, in some sites, they share the same medication cart and medication room for both (half the cart is inpatient, the other half is LTC with two different providers); this puts the onus on the nurse to manage the reconciliation between the two providers. It is recommended that a risk assessment be conducted to address and mitigate risk and redundancy. Other discrepancies in processes between the two pharmacy providers were noted that require attention. For example, at the Corner Brook LTC and Protective Community Services sites, again with two suppliers of medications, the units supplied by Western Zone do not have insulin pens or insulin vials labeled; where there is a label, it is on the removal cap. The contracted pharmacy labels both the pen hub and the insulin inserts. It is recommended that standardized labelling be adopted by both pharmacy providers with best practice being the labelling currently in place by Lawtons.

Telepharmacy was initiated in Western Zone prior to amalgamation. Telepharmacy is seen as a future model of care for the province given the ongoing and significant recruitment challenges for pharmacy personnel. The Telepharmacy platform leverages the provincial telehealth Jabber platform, allowing for clinical support from a full-time pharmacist based in St. John's. Telepharmacy is seen as the first step towards the vision of "one pharmacy with 24/7 remote verification for prescriptions" and peer to peer consultation between providers.

Good processes were in place provincially to manage drug shortages with NL Health Services – Eastern Zone as the single point of contact for provincial and territorial discussions about shortages, supply constraints and alternatives. A provincial manager for procurement is being established and will work with

the Drug Shortages Leader. A single formular process for the province will be established. A Western Zone committee is aligned to a provincial committee to address microbial usage with strong collaboration across all Zones.

An Interdisciplinary Medication Safety Committee includes the recent addition of a patient partner. A Western Zone Medication Safety Scorecard tracks quarterly metrics in relation to targets and showcases change over time from the previous fiscal year to the current one to permit trending/monitoring over time. Transcription errors were presented during the Medication Management Program meeting as an example of how medication metrics are used to inform QI initiatives. Results are reviewed by the Committee and are shared through bulletins and huddles with frontline staff. CNE's reinforce policies and conduct "spot checks" with nursing staff, physicians, and students. Tests of change are implemented as needed to address root causes.

Standards Set: Mental Health Services - Direct Service Provision

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

Western Zone exemplifies outstanding client and family centered care throughout all aspects of care. This was evident on the mental health inpatient psychiatric unit where a family member indicated "she feels like part of the healthcare team and involved in her loved one's care". Mental health staff across all programs do heavy work and are commended for their passion and resilience.

A recovery-orientated approach is taken which focuses on client well-being among mental health programs. There is excellent client and family engagement when developing goals and objectives for their programs. The community based FACTT program collaborates with clients who have lived experience to help inform their program planning.

Western Memorial Regional Hospital has a Mental Health Liaison nurse who supports patients seen in the ED. Work is currently underway with the ED to encourage mental health consultation for patients seen with alcohol withdrawal so further opportunities for support can be offered. This work is a great example of ensuring clients' needs are being addressed. Well done!

Western Zone is commended for their impressive integration of mental health programming across all access points. Referral pathways are well established among various community programs such as FACTT, Doorways, Child Senior Social Development (CSSD), Humberwood Rehab, ODT, Community Supports and

Xavier House. There is excellent collaboration among community partners. An established Mental Health Quality Improvement Committee provides an opportunity for community partners, patient advisors and staff to come together and collaborate in a meaningful way.

Mental health resource requirements and gaps are identified and communicated to senior leadership. This was recently demonstrated on the mental health inpatient psychiatric unit where a lack of security presence on the unit was identified. Patient aggression incidents were increasing which was impacting staff safety and morale. Staff were not feeling safe while at work. A recommendation was made to implement a fulltime security officer on the unit 24 hours a day. This was supported by senior leadership and implemented in January 2024. Positive outcomes are being realized by staff, patients, and families. There has already been a significant reduction in Code White calls from the unit. Staff, patients, and families reported feeling safer at work.

The FACTT program is an excellent example of a program that focuses on well-being. This program provides hands on assistance for clients with daily activities of living, medication management, mental health support and counselling, and coordinating access to food and housing. A client interviewed stated "they saved my life".

Priority Process: Competency

Mental health staff expressed satisfaction with orientation, training and education offered to support them in their roles. There is well established education and training defined for all team members. A full-time mental health Clinical Nurse Specialist supports education and training for mental health staff. The Clinical Nurse Specialist is also involved in policy development and research. Opportunities do exist for staff to attend education sessions, webinars, and conferences.

A good understanding was noted among staff interviewed related to the organizational ethical framework. Staff were aware of resources and how to access them. It was however mentioned that the ethics learning webinars that were offered prior to the pandemic have not been reinstated. It is suggested these be offered again to staff as there is value to this learning opportunity.

Staff interviewed indicated they do receive annual performance appraisals. They are recognized by their managers for the great work they do but expressed lack of recognition and appreciation from senior leadership. There is opportunity for Western Zone to explore staff appreciation events and ways to recognize staff for their contributions. This would also boost staff morale!

Non-violence crisis intervention training is provided to all mental health staff. Simulations are carried out to increase staff competency in dealing with workplace violence, abuse, aggression, and threats. There is opportunity to expand this training to families who are supporting loved ones at home with aggressive or violent tendencies.

Priority Process: Episode of Care

Western Zone has built capacity to manage and meet the needs of clients requiring mental health services. Clients do not get referred out to higher level of care facilities. Access to essential and urgent mental health services is available twenty-four hours a day. Occupancy rates are currently 77% for the mental health inpatient psychiatry unit at the WMRH. Waitlists do exist for community programs such as Humberwood Rehab which is currently 12 weeks. A pre-treatment program has been established to assist those on the waitlist.

Patient length of stay for the mental health inpatient psychiatric unit at WMRH is currently 10 days which is below the provincial average of 12 days. Their readmission rate however is increasing and above the provincial rate. There is opportunity to review and compare this data to further understand operational impacts and processes.

Excellent collaboration exists among community partners to respond to the needs of clients in emergency or crisis situations. The FACTT team for example is able to obtain support when needed for clients who are relapsing or in urgent crisis and require possible hospitalization. There are good relationships among community and hospital psychiatrists.

Clients and families are actively involved in their care. Assessing client capacity is continuous and staff respect and meet clients where they are at. Medication management is an area where clients often need support. FACTT for example work to increase client confidence managing medications. Client wishes to be involved in their care are respected.

Processes are in place to investigate and respond to claims that clients' rights have been violated. The mental health inpatient psychiatric unit did undergo a client appeal to certification and violation of rights. An appeal team was established, and an investigation was carried out. Robust documentation by staff assisted the investigation which was successfully closed.

Client care plans and safety plans are well implemented across all mental health programs. There is no policy regarding how often safety plans should be reviewed. There is opportunity to implement a policy to regularly review safety plans as some clients are in community programs long term. Changes and adjustment to care plans are well documented.

There are standardized tools used to effectively communicate care during transitions. SBAR is used consistently among all mental health programs as well during hospital interdepartmental transfers.

There is opportunity to involve client and families in research activities that may be appropriate for their care.

Priority Process: Decision Support

There is technology and information system variation across Western Zone mental health programs. The mental health inpatient psychiatric unit uses a hybrid model of paper charting and Meditech. Physicians do not chart in Meditech but nursing staff do. Meditech is also the electronic medical record. Community programs use CRMS. Systems are not integrated. There is opportunity for Western Zone to implement a system-wide integrated technology and information system.

Accurate and up-to-date health records are maintained for each client. Standardization of health information is collected and documented.

Priority Process: Impact on Outcomes

A Safety Committee exists within Western Zone where safety issues are addressed. CSRS reporting system of incidents are also reviewed and opportunities for improvements are explored. Patient safety incidents are disclosed to affected clients and families according to policy.

Quality improvement work is well integrated across mental health programs. Quality boards were well established and display measures such as hand hygiene rates, length of stay, and improvement projects. Staff are knowledgeable about quality improvement and rigour is applied to projects.

Implementation of a security officer on the mental health inpatient psychiatry unit at WMRH is an example of a QI project where data was used to establish baseline indicators. These indicators are being tracked to identify progress over the next year. There is early indication that this project is showing success.

Standards Set: Obstetrics Services - Direct Service Provision

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

The clinical leadership is congratulated for their availability and visibility with both staff and patients. Leadership was easily able to describe how engagement and information from the clients is obtained. Mothers are provided with a safe private room to deliver and recover with their infant until discharged.

Priority Process: Competency

The obstetrics department is fortunate to have a dedicated nurse educator and a very engaged team of five OB/GYN practitioners. Competencies of the staff nurses are monitored by the nurse educator and the chief OB/GYN tracks the physicians. Nurses are provided with a focused and thorough orientation. Staff performance is documented and performed every two years. Staff are offered many opportunities of growth by the management team. All transitions in care are completed and documented in the SBAR format.

Priority Process: Episode of Care

This is an amazing team who care very deeply for the health and welfare of their patients. The WMRH obstetrics team delivered 413 infants in the past year. In Western Zone this is the only hospital delivering infants. Unfortunately, it is noted the birthrate in this Zone has been decreasing in the past three years by

9%. The team is excited by the upcoming move to the new facility and having access to the operating room on the same floor by a single double door. The program works in partnership with the Janeway Children's Health and Rehabilitation Centre in St. John's for high-risk deliveries, for infants born prior to 35 weeks, and those requiring NICU.

Prenatal visits are made with the obstetricians for assessment and follow through once they have been referred by their community general practitioner (GP). These visits are in person or virtually. It is during these visits the women are prepared for many of the potential decisions they may need to make during the delivery process including C-sections. Physician charts are available close to the infant delivery date and form the basis of the patient chart. Upon discharge the mother and infant are referred to community services for follow up.

The C-section rate in the community is currently 25% and is tracked. Once the OB/GYN decides there is a need for an emergency c-section, there is 30 minutes to incision. It may be considered to see if this rate could be reduced as per the guidelines for obstetrics services and gestational age.

Priority Process: Decision Support

Western Health has a standardized set of health information collected for each admission. Unfortunately, the organization is using both computerized and paper charts. There has been a selection of software through a request for proposal for all charts to be electronic. This will be implemented post move to the new site.

Priority Process: Impact on Outcomes

Each of the four zone obstetrics programs meet regularly to share policy, concerns and new opportunities. The teams use the Canadian Pediatric Guidelines, Fetal Health Survey and ALARM to ensure best practice is being standardized in the health authority. There is proactive quality work being completed for risk with the High Rock-Risk assessment group. There is evidence of six initiatives being completed from 2018 to 2022. The team is currently working on two more initiatives in current work. Each module involves completion, QI methodology, tracking, and staff education.

Recently the federal government had restricted access/notification of mothers dealing with substance use. This means the woman is unknown and unexpected for the staff. This could create a risk for staff, mother, and infant. The team is encouraged to touch base with the NL Health Services – Eastern Zone and other organizations to understand how they mitigate this gap.

Many other projects and quality initiatives happen in this unit, many arising from their participation in MoreOB. This also allows them to compare their statistics with those of like obstetrics programs. Keep up the great work!

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

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

Surveyor comments on the priority process(es)
Priority Process: Clinical Leadership

The perioperative services include operating rooms at Western Memorial Regional Hospital (WMRH) and Sir Thomas Roddick Hospital (STRH). WMRH is the main site with six operating rooms and STRH has two. Both sites also support endoscopy services. WMRH provides a wide range of surgical services including general surgery, orthopedics, urology gynecology, ophthalmology, ENT and dental. The hospital does not provide neurosurgery, cardiac surgery/catheterization or plastic surgery. STRH has struggled with recruiting and maintaining surgical expertise. Anesthesia coverage is also a concern. The perioperative team is working to define the role of the STRH site and determine the appropriate and sustainable utilization of the space to support patient care and perioperative priorities across the Zone.

Western Zone has implemented many of the recommendations presented in the 2023 Provincial Surgical Backlog Task Force document. Virtual pre-assessment clinics utilize Choosing Wisely data and refer to nearby facilities for testing when required. Utilizing personal care homes for short stays has also been successfully implemented. Exploring ambulatory day surgery opportunities and expanding operating room hours are other Task Force recommendations in the process of implementation.

Western Zone has worked to develop service-specific goals and objectives for the perioperative services which align with and are bench-marked against provincial objectives. Information about the surgical program services regarding surgery-specific wait times is available on public websites, demonstrating transparency.

The organization demonstrates wait times shorter than that offered by other zones and has the infrastructure capacity to increase surgical provision if surgeons and nursing expertise are available. Recruiting efforts and initiatives to attract local and distant locums to use the available operating room space are ongoing.

The provision of mentorship for new physicians, nurses and allied health professionals should also be embedded for support. Streamlining the process to credential and share physicians and staff across and between health authorities may also provide opportunities to improve support for perioperative services across the province.

There is an opportunity for educators, managers, and senior leadership to spend more time in the department to share the frontline experience and recognize areas for further focus.

Priority Process: Competency

Education and training are a priority for perioperative services. With the WMRH move to the new facility, a training focus on the new equipment and procedures has rightfully been a priority for this site. Team members report being well-supported in their education and training within the organization. The organization may consider increasing access to support for external education and professional development opportunities for healthcare providers to bring new learning and ideas back to the organization.

The STRH perioperative team is a mix of experienced and new staff with the complexity of cross-training across all areas of the perioperative department. The organization provides the opportunity for a refresher and consolidation training at WMRH. The STRH team reports feeling well-supported in maintaining competencies and enjoying the professional challenge and variety that the cross-training provides.

The organization has welcomed an increasing number of agency nurses and international medical graduates. As the cultural dynamic of the organization evolves, recognition of cultural differences could be celebrated as part of the diversity training.

Priority Process: Episode of Care

The perioperative team includes multidisciplinary team huddles to review upcoming cases and ensure that barriers to the proposed list are identified and managed proactively.

Centralized orthopedic booking is established within Western Zone. With the provincial integration, a province-wide system to facilitate orthopedic surgeries is a priority. It is anticipated that ophthalmology central booking will follow and, optimistically, the extension to general surgery lists will provide the infrastructure to support patients accessing required care on a prioritized basis. Standardization of surgical bookings and prioritization on a provincial level will help support a consolidated approach to managing wait times across the province. Western Zone is well-positioned with infrastructure, physicians, and staff to contribute to waitlist reduction.

The STRH has the physical infrastructure to support a robust day surgery program. However, surgical and anesthesia coverage is an ongoing concern and physician coverage and utilization require significant investment to support creative recruitment plans. The organization is encouraged to be deliberate about the plan for utilizing this space. The organization, in conjunction with the NL Health Services, needs to define a sustainable program suitable for the facility, available human resources, and geographic location. Patient exclusion criteria also need to be defined with consideration of available hospital resources.

The STRH perioperative staff are cross trained to support recovery, the operating room, and post-operative areas. The mix of experienced and new staff requires different approaches to ensure that competencies and confidence across the wide range of clinical practice are maintained. Infusion and pain clinics are also covered by this team. During periods of operating room downtime, there is an opportunity to designate perioperative team members (nursing, environmental and administrative support) as float assets to support units in the rest of the hospital.

It was noted that at the STRH site, expired equipment and medications were stored within clinical areas. When the perioperative areas are in a planned downtime, returning medication to the pharmacy may be considered so staff can focus on work outside of the department.

The surgical pre-assessment clinic conducted via telephone has improved surgical cancellation rates due to unanticipated medical issues. Using local health centres for testing is patient-centred and reduces the requirement for travel.

The same-day total joint program is a new initiative with the potential for considerable expansion and development. A 24-hour follow-up by phone has been instituted for all same-day joint patients to ensure that there is an opportunity to identify concerns. Rural and remote patients are held in town at a hotel to encourage early independence but retain geographic proximity.

For admitted patients, there is an opportunity to use the whiteboard as a communication tool. Mobilization and motivation may be improved by presenting this expectation on the whiteboard and empowering the patient to record their success.

Priority Process: Decision Support

The organization is currently using a hybrid chart utilizing a combination of Meditech and paper documentation. The approval for EPIC and the move to a consolidated province-wide electronic health record is a significant step forward. The teams are excited about the future implementation of a comprehensive platform for information charting and sharing. The increased capability for monitoring to support audits and quality improvement initiatives is also eagerly anticipated.

Priority Process: Impact on Outcomes

Western Zone has done extensive work to standardize processes and procedures throughout the Zone. As the perioperative team develops and consolidates inter-zone relationships and collaboration, there will be a requirement for extensive work to extend the standardization throughout the province.

Quality improvement activities are in place throughout the perioperative service. The surgical surgery checklist is used as an opportunity to introduce the patient to the team, recognizing the individual as central to the surgical event.

With the implementation of same-day mastectomy and total joint surgeries, there is a significant opportunity to demonstrate surgical success, fiscal benefits, and improved patient satisfaction.

Priority Process: Medication Management

Medications within the perioperative area are appropriately stored and locked in a secure area and within an Automated Medication Dispensing (AMD) system at WMRH and in a secure room at STRH.

Expired medications were noted in the STRH perioperative area, and the team is encouraged to review their procedures and to work with the pharmacy team to identify procedural gaps and reduce future risk. Expired medical supplies were also noted.

Anesthesia carts are standardized within the organization in both composition and layout. As the organization moves further with provincial integration, anesthetist engagement from across the province will be required to promote standardization across and between Zones wherever possible.

Anesthetists are responsible for withdrawing narcotics from the AMD as required for their cases at WMRH. At STRH, the anesthetist signs out controlled medications with a nurse as a second signature.

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

Unmet Criteria	High Priority Criteria
Priority Process: Point-of-care Testing Services	
The organization has met all criteria for this priority process.	

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

Western Zone offers point-of-care testing (POCT) for glucose, COVID-19, pregnancy, and urinalysis. There is a supervisor who oversees the operations of all POCT in the zone based out of Corner Brook. Training on all POCT is provided by both the supervisor and clinical nurse educators. Sites also have superusers that offer additional support to staff.

Western Zone has demonstrated great compliance with POCT standard operating procedures. There are consistent quality control checks performed on glucometers. All results are documented in the client record. It was noted that staff manually enter the glucometer result in the electronic chart and there is no direct interface from the glucometer to the electronic system. This was mentioned in the last survey as an opportunity for consideration.

In Stephenville the ED is currently providing POCT for pregnancy and urinalysis. This is due to reduced lab services only being on call after midnight until 0700hrs. Staff shortages with three vacant fulltime positions are also contributing factors.

When glucometers are noted to be malfunctioning, they are removed from circulation and sent out for replacement from the vendor. Sites have additional machines if needed. Congratulations for demonstrating excellent compliance with POCT!

Standards Set: Public Health Services - Direct Service Provision

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

Surveyor comments on the priority process(es)
Priority Process: Clinical Leadership

This leadership team is the picture of a true team. Each member respects and supports each other. Every effort is made to ensure continuity of the clients & families in their care.

Priority Process: Competency

The scope of practice and services provided at Rufus Guinchard Health Centre by Public Health were described as the same as those provided in any urban centre in the organization and the province, however, the way services are delivered in the rural centres differ due to the large geographic catchment areas and the smaller populations.

Position roles are clearly defined, and there is standardized training and education monitored during performance appraisals for currency. Recognition is provided by their newsletter, shout outs, during meetings and huddles and with WOW nominations.

Priority Process: Impact on Outcomes

Data informs the work of the public health team. Their epidemiologist is responsible for surveillance, environmental conditions monitoring, current health of communities, utilization of health services, demographics of the communities, social determinants, health equity and population health wellness. There are several patient advisors sitting on the quality committee providing feedback.

One example of a quality project is the current year long initiative for the Health Promotion Network. The project is bringing education on the opioid crisis to the public. The wellness team is working with health networks, Indigenous peoples, communities, and schools to ensure there is awareness on not only the danger but for the distribution of Narcan, safe needle education, swapping needle programs and warnings to the public on new harmful drugs.

Longitudinal continuous relationships with public health nurses are seen as the reason for high vaccination rates. Resident Care Coordinators are responsible for rollout of vaccine delivery to LTC homes and personal care homes.

Priority Process: Public Health

This compassionate, enthusiastic team is new from the restructuring of the Newfoundland Health Services and is a provincial program. Participants included public health nurses, a communicable disease nurse, nurse consultant, nutritionist, wellness facilitator and the public health epidemiologist.

The public health team focuses on, Growth and Development, Health Promotion, and Centres for Disease Control. The community health nurse focuses on research of best practices. The frontline staff are focused on creating partnerships with municipal government, community services such as the food banks and charitable organizations and schools. With these contacts, information can go from the community to the organization and vice versa. There are several contacts to the Indigenous communities, and the integrated youth services. Lots of education is provided to family resource training. Health promotion is available in schools by public health nurses, who provide information on benefits of non-smoking, and education on cessation.

Outbreaks are monitored in the community and there have been multiple examples of these. The public is informed of outbreaks by multiple strategies – posters, TV, Radio, and software platforms. The communication department prepares the messages and is then distributed by the Public Health Wellness nurses. The injury prevention consultant monitors trends and places mitigation plans and education to help reduce them.

The focus on health promotion for the elderly is on falls prevention and dementia friendly communities with a goal of healthy aging.

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

Unmet Criteria	High Priority Criteria
Priority Process: Clinical Leadership	
The organization has met all criteria for this priority process.	
Priority Process: Competency	
The organization has met all criteria for this priority process.	
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Decision Support	
The organization has met all criteria for this priority process.	
Priority Process: Impact on Outcomes	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Clinical Leadership	

The visit to Humberwood Addictions Centre included a focused discussion with a very engaged team, a tour of the centre, meeting and discussing accreditation with additional staff, as well as the opportunity to engage with clients of the program.

The program is remarkably client focused, with a detailed on-boarding program aimed at ensuring maximum client comfort while at the same time developing a mutually agreed on care plan aimed directly at supporting their reason for admission.

Strong partnerships exist with community programs that support the same clientele, including AA. Information on all services available is shared with clients in a proactive manner. The environment created by the staff is positive however there are acknowledged opportunities for improvement, including the development of a more functional gym.

Staff are remarkably well supported and have access to strong health and wellness supports as needed. A number of staff commented on the benefits that would be realized with additional program hours and the manager is advancing the necessary justifications for this to be considered. In saying this, all staff were

remarkably knowledgeable of their roles and accountabilities in all aspects of care, and this was reflected in the satisfaction of all.

This program was simply outstanding and addressing an unfortunately increasing need across the community.

Priority Process: Competency

The team supporting this program is outstanding. The culture exudes positivity and promotes compassion and caring. All team members engaged were committed to personal growth and development, and to supporting one another. Educational supports are available, and all staff avail themselves of them. Development plans stem from a thorough performance appraisal process and the management support of the team is stellar.

There is a strong focus on safety throughout the program. In saying this, the culture created and maintained is respectful and does not activate violence of any kind. Onsite security is available to the team and the program has community access should a need arise. All clients have commitments to being tested regularly due to them having privileges to leave the centre, and these processes are all respected.

The team regularly celebrates accomplishments and always promotes incredible collegiality. Even regular dad jokes seem to have a place in the program!

Priority Process: Episode of Care

The Rehabilitation Annex in Stephenville sees mostly opioid dependent clients with very few clients with gambling problems. The vulnerable population is growing, and they have experienced a significant increase in referrals to their opioid dependency program (ODP). It has increased from 30 clients in 2018 to 190 clients in 2023. Clients can self-refer, and they also have central intake. They do not address medical needs of clients due to capacity issues. This gap in providing wrap around services is a missed opportunity, however, staff do their best to connect clients with other resources. Lab services are by appointment only which is a challenge for the population they serve. No walk ins are accepted.

There is a great team culture and staff work well together. Excellent client and family-centred care is embedded in programs. There is a patient advisor on the QI Committee and recently had a patient with lived experience work on the "Home Based Withdrawal Management Pilot Project" for Alcohol dependency which is being launched in April 2024 as part of the five-year provincial Alcohol Action plan. The biggest challenges are financial constraints and access. There is no transportation of those living in remote areas to access their services. Sublocade is only covered under NLPDP and by some private insurance companies which is a huge barrier for those with no coverage. A monthly injection costs $700.00.

There is still a lot of work to do in promoting harm reduction. Access to naloxone kits needs to be increased and community partners need to be engaged (municipality, RCMP, all pharmacies).

The caring, compassionate staff won a provincial award for the leading practice in Sublocade use.

The program at Humberwood Addictions Centre is geared to provide as much access to service as possible. There is a continuous intake to ensure that all spots are occupied should people leave the program mid-stream for various reasons. Clients yet to access the program can attend the Doorways service that links people directly to services in the community that are of assistance. Translation services are also available, with team members speaking directly to examples with Inuit clients accessing the program.

Comprehensive client data is collected on admission, and all are supported to maximize success. Client confidentiality is respected and, as appropriate, family members are engaged in the process. All clients are valued and respected, a point confirmed when meeting with two clients at the end of their 28-day cycle. Both could not have spoken more highly of the entire team and the process they underwent. All appropriate medication reconciliations occur, with Best Possible Medication Histories undertaken on admission. Suicide Risk Assessments are undertaken on admission and discharge, and necessary connections made based on the client's care needs.

As clients transition out of the program, regardless of the reason, the team ensures that all necessary information beneficial to the transition is available both to the client and any appropriate subsequent care provider. Good relations also exist with the inpatient unit and the ED, again to maximize program success.

Priority Process: Decision Support

The addictions program has comprehensive policies and procedures in place and has access to the broader services available both throughout the Zone and NLHS. Good education supports are available, and through the performance appraisals, individual development plans are made to allow both the program to have access to current training, but also to allow for broader staff development.

Records are appropriate and maintained per organizational policy. Technology enhancements would be beneficial moving forward.

Priority Process: Impact on Outcomes

The program is highly structured, follows best-practice guidelines, and has an 85% success rate. There is a clear expectation that you get out of the program what you put in and there is a real emphasis on proactively engaging clients in their success, both during the program and in follow up post discharge. A Best Possible Discharge Plan is developed in consultation with the client, and clients are urged to stay connected with other graduates on departure. In fact, in discussions with two specific clients, both acknowledged that they would remain close and supportive of one another after the program.

Program planning occurs each year and is guided by client feedback, cultural competencies, gender responsive standards, and wait times. They focus on trends and engage community partners as necessary

in complimentary manners. The team accepts as many students as possible, including currently supporting Master of Social Work (MSW) students, one of whom was engaged in the survey process and very complimentary of the supports and opportunities provided.

The team is aware of the ethics framework and were confident, were it necessary, that they would access the supports in a timely and supportive manner.

Standards Set: Transfusion Services - Direct Service Provision

Unmet Criteria	High Priority Criteria
Priority Process: Episode of Care	
The organization has met all criteria for this priority process.	
Priority Process: Transfusion Services	
The organization has met all criteria for this priority process.	
Surveyor comments on the priority process(es)	
Priority Process: Episode of Care	

N/A

Priority Process: Transfusion Services

Western Zone transfusion services is well integrated across the Zone with one regional hub laboratory located in Corner Brook. This integration is demonstrated through their excellent management of blood products with reduced wastage. They are commended for their great work. All blood products are provided by Canadian Blood Services based in St. John's.

There is a full time Transfusion Safety Officer who supports all of Western Zone. Excellent collaboration with Regional and Provincial Transfusion Committees occurs on a regular basis. Western Zone transfusion services does not have a Hematologist. There is opportunity to examine recruitment efforts for this important role that remains vacant. Increased and long-standing vacancies were also evident across labs. Staff are working increased hours and being mandated to work contributing to high burnout.

There is excellent implementation of standard operating procedures (SOP) and staff interviewed expressed there is good communication and education when new SOPs are developed. Staff who carry out blood transfusions had good knowledge of how to safely administer blood products.

There is remarkable team culture and cohesiveness when engaging with teams. There is a strong sense of pride among staff. One staff indicated she is most proud of "the high quality of work they provide".

There is only one blood donation site in Newfoundland which is located in St. John's. There is increased demand for blood donations in the province and opportunity exists for Western Zone to advocate for a site in the Zone.

Instrument Results

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

Governance Functioning Tool (2016)

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

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

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

- **Data collection period: September 8, 2021 to October 12, 2021**

- **Number of responses: 6**

Governance Functioning Tool Results

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
1. We regularly review and ensure compliance with applicable laws, legislation, and regulations.	0	0	100	93
2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed.	0	0	100	94
3. Subcommittees need better defined roles and responsibilities.	67	17	17	69
4. As a governing body, we do not become directly involved in management issues.	0	0	100	86
5. Disagreements are viewed as a search for solutions rather than a "win/lose".	0	0	100	92

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
6. Our meetings are held frequently enough to make sure we are able to make timely decisions.	0	0	100	92
7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable).	0	0	100	94
8. Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	0	0	100	93
9. Our governance processes need to better ensure that everyone participates in decision making.	50	17	33	63
10. The composition of our governing body contributes to strong governance and leadership performance.	0	0	100	92
11. Individual members ask for and listen to one another's ideas and input.	0	0	100	94
12. Our ongoing education and professional development is encouraged.	0	0	100	81
13. Working relationships among individual members are positive.	0	0	100	96
14. We have a process to set bylaws and corporate policies.	0	0	100	94
15. Our bylaws and corporate policies cover confidentiality and conflict of interest.	0	0	100	98
16. We benchmark our performance against other similar organizations and/or national standards.	0	33	67	77
17. Contributions of individual members are reviewed regularly.	0	0	100	66
18. As a team, we regularly review how we function together and how our governance processes could be improved.	0	0	100	80
19. There is a process for improving individual effectiveness when non-performance is an issue.	0	40	60	61

	% Strongly Disagree / Disagree	% Neutral	% Agree / Strongly Agree	%Agree * Canadian Average
	Organization	Organization	Organization	
20. As a governing body, we regularly identify areas for improvement and engage in our own quality improvement activities.	0	17	83	84
21. As individual members, we need better feedback about our contribution to the governing body.	40	20	40	43
22. We receive ongoing education on how to interpret information on quality and patient safety performance.	0	17	83	78
23. As a governing body, we oversee the development of the organization's strategic plan.	0	0	100	95
24. As a governing body, we hear stories about clients who experienced harm during care.	0	17	83	75
25. The performance measures we track as a governing body give us a good understanding of organizational performance.	0	0	100	88
26. We actively recruit, recommend, and/or select new members based on needs for particular skills, background, and experience.	0	25	75	90
27. We lack explicit criteria to recruit and select new members.	60	40	0	77
28. Our renewal cycle is appropriately managed to ensure the continuity of the governing body.	0	40	60	84
29. The composition of our governing body allows us to meet stakeholder and community needs.	0	17	83	90
30. Clear, written policies define term lengths and limits for individual members, as well as compensation.	0	25	75	90
31. We review our own structure, including size and subcommittee structure.	0	17	83	85
32. We have a process to elect or appoint our chair.	0	0	100	87

Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to:	% Poor / Fair	% Good	% Very Good / Excellent	%Agree * Canadian Average
	Organization	Organization	Organization	
33. Patient safety	0	17	83	84
34. Quality of care	0	0	100	86

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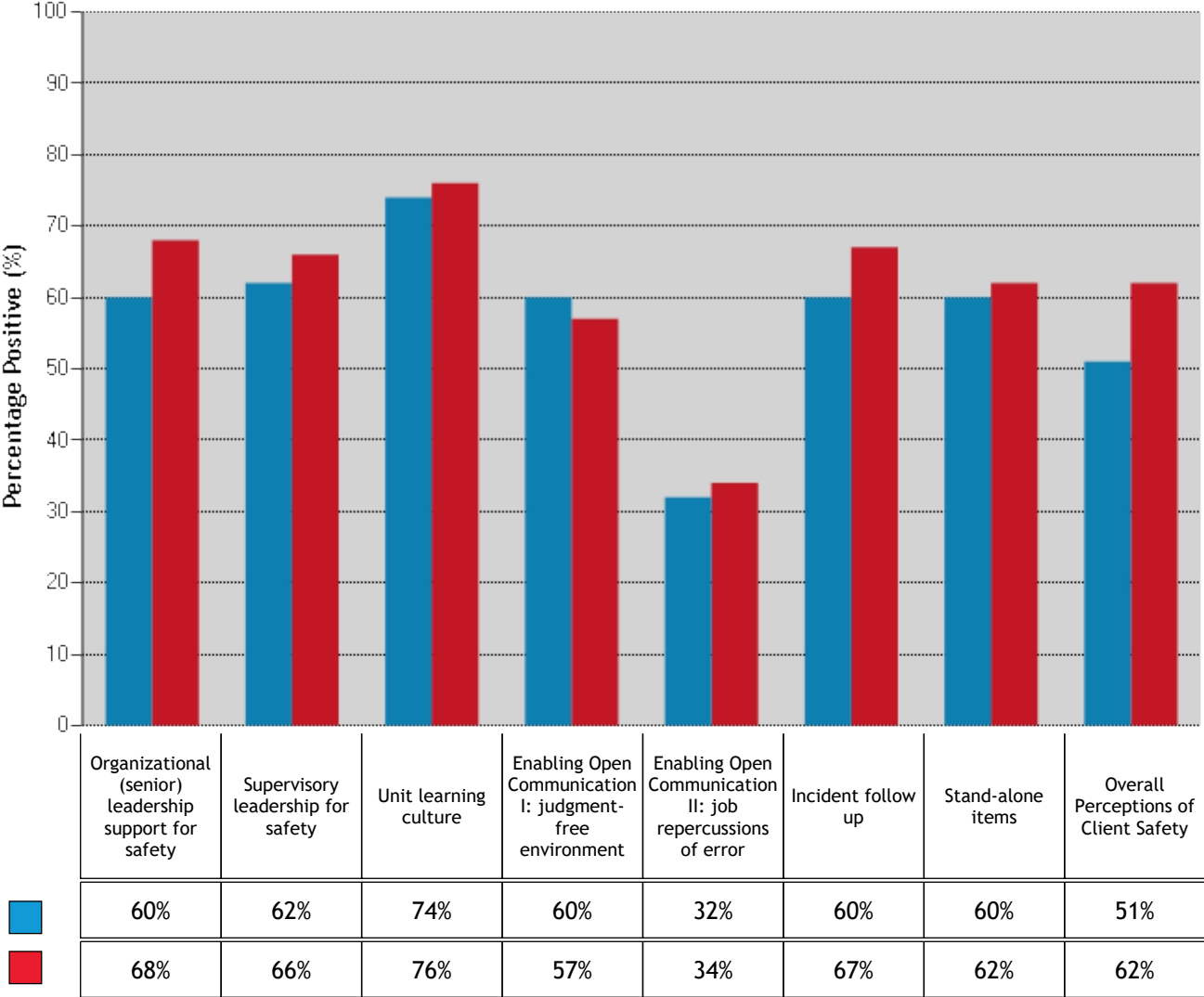
Canadian Patient Safety Culture Survey Tool

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

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

- **Data collection period: September 10, 2021 to October 20, 2021**

- **Minimum responses rate (based on the number of eligible employees): 325**

- **Number of responses: 367**

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

	Organizational (senior) leadership support for safety	Supervisory leadership for safety	Unit learning culture	Enabling Open Communication I: judgment-free environment	Enabling Open Communication II: job repercussions of error	Incident follow up	Stand-alone items	Overall Perceptions of Client Safety
🟦	60%	62%	74%	60%	32%	60%	60%	51%
🟥	68%	66%	76%	57%	34%	67%	62%	62%

Legend

🟦 NLHS – Western Zone

🟥 * Canadian Average

*Canadian average: Percentage of Accreditation Canada client organizations that completed the instrument from July to December, 2023 and agreed with the instrument items.

Worklife Pulse

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

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

The organization used an approved substitute tool for measuring quality of Worklife. The organization has provided Accreditation Canada with results from its substitute tool and had the opportunity to identify strengths and address areas for improvement. During the on-site survey, surveyors reviewed actions the organization has taken.

Client Experience Tool

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

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

Respecting client values, expressed needs and preferences, including respecting client rights, cultural values, and preferences; ensuring informed consent and shared decision-making; and encouraging active participation in care planning and service delivery.

Sharing information, communication, and education, including providing the information that people want, ensuring open and transparent communication, and educating clients and their families about the health issues.

Coordinating and integrating services across boundaries, including accessing services, providing continuous service across the continuum, and preparing clients for discharge or transition.

Enhancing quality of life in the care environment and in activities of daily living, including providing physical comfort, pain management, and emotional and spiritual support and counselling.

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

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

Appendix A - Qmentum

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

As part of the Qmentum accreditation process, client organizations complete self-assessment questionnaires, submit performance measure data, and undergo an on-site survey during which trained peer surveyors assess their services against national standards. The surveyor team provides preliminary results to the organization at the end of the on-site survey. Accreditation Canada reviews these results and issues the Accreditation Report within 20 business days.

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

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

Action Planning

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

Appendix B - Priority Processes

Priority processes associated with system-wide standards

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

Priority processes associated with population-specific standards

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

Priority processes associated with service excellence standards

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

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